



Family First Prevention Services Act: Questions and Answers

This resource was developed to provide information on the Family First Prevention Services Act (Family First) and the opportunities within the Act to provide prevention services for families at risk of entering the foster care system. Prevent Child Abuse America and [Healthy Families America](#) are committed to helping states understand the complexities of Family First and the opportunity to advocate for the inclusion of HFA in their state's Prevention Plan.

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1. What is the Family First Prevention Service Act?

The [Family First Prevention Service Act](#) (Family First) was signed into law on February 9, 2018 as part of the Bipartisan Budget Act of 2018 (H.R. 1892). Family First includes historic reforms to help keep children safely with their families and avoid the traumatic experience of entering foster care, while emphasizing the importance of children growing up in families. There are two main components of the act, 1) a state option to use Title IV-E funding for prevention services for eligible children and 2) mandatory restrictions on Title IV-E funding for congregate care (e.g., group care, residential care, etc.).

2. What changes does Family First bring for children and families?

Family First changes the federal financing structure for child welfare programming by allowing states, territories, and tribes the option of using federal Title IV-E funds for prevention programs such as Healthy Families America, offering an opportunity for states to provide services to more families and prevent foster care system involvement. Previously, Title IV-E funds, the largest source of federal funding for child welfare, could be used *only* to help with the costs of foster care maintenance for eligible children, program expenses, training and other assistance costs.

In passing the law, Congress recognized that too many children are unnecessarily separated from parents who could provide safe and loving care if given access to needed programs and services.

Further, the Consolidated Appropriations Act of, 2021, was signed into law which, among other provisions, **temporarily increases the federal reimbursement rate up from 50% to 100% for the Title IV-E Prevention Program**, created under the Family First Prevention Services Act of 2018, for the duration of the COVID19 public health emergency period (April 1, 2020 through September 30, 2021).

Now under Family First, states have the option to use these funds to provide prevention services and programs *to families who are at risk of entering the child welfare system* allowing "candidates for foster care" to stay with their parents or caregivers.



3. What is the status of approved and submitted Prevention Plans in states?

There are at least 14 states with an approved Family First Prevention Plan and 17 additional states that have submitted their prevention plan to the [Children's Bureau](#) for review. Following is a table that details these plans as of September 2021, including links to these prevention plans when available.

State or jurisdiction	Prevention Plan Status*	HFA included (- - no or unknown)
Alaska	<i>Submitted</i>	--
Arkansas	Approved	--
Arizona	<i>Submitted</i>	--
California	<i>Submitted</i>	Yes
Colorado	<i>Submitted</i>	Yes
Connecticut	<i>Submitted</i>	Yes
District of Columbia	Approved	Yes
Hawaii	Approved	Yes
Illinois	<i>Submitted</i>	Yes
Indiana	<i>Submitted</i>	Yes
Iowa	Approved	Yes
Kansas	Approved	Yes
Kentucky	Approved	--
Maine	Approved	--
Maryland	Approved	Yes
Michigan	<i>Submitted</i>	--
Missouri	<i>Submitted</i>	Yes
Montana	<i>Submitted</i>	Yes
Nebraska	Approved	Yes
Nevada	<i>Submitted</i>	--
New Hampshire	<i>Submitted</i>	--
North Dakota	Approved	Yes
Ohio	<i>Submitted</i>	Yes
Oklahoma	<i>Submitted</i>	--
Oregon	Approved	Yes
South Carolina	<i>Submitted</i>	Yes
Tennessee	<i>Submitted</i>	Yes
Utah	Approved	--
Virginia	<i>Submitted</i>	--
Washington	Approved	--
West Virginia	Approved	Yes



* Not all of the prevention plans are available publicly and therefore this list may not reflect all approved or submitted plans.

Additionally, there are 20 states that have not yet submitted their 5-year Family First Prevention Plan: Alabama, Delaware, Florida, Georgia, Idaho, Louisiana, Massachusetts, Minnesota, Mississippi, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, Rhode Island, South Dakota, Texas, Vermont, Wisconsin, and Wyoming.

4. What has been the impact of states with an approved Family First Prevention Plan to date?

A number of states have had approved prevention plans in place for a year or more, allowing for the ability to draw down IV-E funds for the approved services in their plans. [Public spending records](#) from the Department of Health and Human Services indicate that prevention services funding in states began small, but has grown over the past months. As of early June 2021, \$36.3 million had gone to states with spending nearly doubling to \$60.5 by the last day of June. The states with noticeable spending of these Title IV-E dollars have been Kansas (\$16.6 million) and Kentucky (\$28.1 million).

5. What is the deadline for a state or jurisdiction to submit their Family First Prevention Plan? Can these plans be amended?

Title IV-E agencies that elect to provide the Title IV-E prevention program must submit a five-year plan for their Title IV-E prevention program to the Children's Bureau for review and approval ([ACYF-CB-PI-18-09](#)). States may not begin drawing down federal funding until the federal government approves the state plan.

A state or jurisdiction must submit their Family First Prevention Plan by September 30, 2021 to take advantage of this funding opportunity. States and certain Tribes are able to submit amendments to their approved Title IV-E Prevention Plan to the Children's Bureau at any time.

6. Who is eligible to receive prevention services?

Family First allows Title IV-E funding to be spent on prevention services for children and families to prevent children from entering foster care. Eligible target populations for evidence-based prevention services include:

- Children who are candidates for foster care and identified as being at imminent risk of entering foster care*,

- Parents or kin caregivers of candidates for foster care where services are needed to prevent the child’s entry into care or directly relate to the child’s safety, permanence or well-being, and
- Children in foster care who are pregnant or parenting. (*Recognizing the unique needs of pregnant and parenting youth in care as well as the intergenerational nature of child welfare system involvement – including services for this population is a key opportunity for preventing child abuse and neglect.*)

*Imminent Risk of Entering Foster Care is not defined in Family First. Each state will have to define the term for the purposes of the prevention services it provides under the new state option. PCA America encourages state child welfare agencies to support broad state definitions and employ broad criteria including child health, well-being, and economic stability outcomes when defining candidates for foster care.

7. What are the eligible prevention services or programs?

The act allows federal funds under Title IV-E to support evidence-based prevention efforts. As of October 1, 2019, state child welfare agencies who have received approval from the federal government may claim reimbursement for three categories of evidence-based prevention programs:

- *mental health services,*
- *substance abuse prevention and treatment services, and*
- *in-home parent skill-based programs.* In-home parent skill-based programs include parenting skills training like Healthy Families America, parent education and individual and family counseling.

Services must be evidence based – or shown to be promising, supported, or well supported as identified in the [Title IV-E Prevention Services Clearinghouse](#) – and included in the State’s approved Prevention Plan, which must be developed and submitted by the state Title IV-E agency to the Children’s Bureau by September 30, 2021. Funding can only be used in this capacity for 12 months at a time for children who are at imminent risk of entering foster care, their parents and relatives, and pregnant or parenting foster youth. Additional 12-month periods, with no limit, are allowable with redeterminations of eligibility and need by the child welfare agency.

8. What is the Family First Clearinghouse?

The [Title IV-E Prevention Services \(Family First\) Clearinghouse](#) was established by the Administration of Children and Families within the U.S. Department of Health and Human Services (HHS) to determine eligibility for services and programs intended to provide enhanced support to children and families and prevent foster care placements. Prevention services are for children, parents, kin, and caregivers regardless of income. There are 36 programs that currently meet the evidence-based criteria of promising, supported, and well supported with a number of services or programs included in a [working list](#) planned for the next systematic review.

It is important to note that the Department of Health and Human Services opened up a period of public comment to the Family First Title IV-E [Prevention Services Clearinghouse](#) which closed on August 16, 2021. Feedback was invited on the steps of the Prevention Services Clearinghouse systematic review process in their [Handbook of Standards and Procedures](#), including identification and prioritization of programs for review, literature search, study eligibility screening, evidence review, and program and service ratings. Comments will inform ongoing discussion about potential updates and clarifications to existing standards and procedures.

9. How does a state obtain funding for prevention services or programs under Family First?

To be eligible to receive federal funding for prevention of foster care services, states must:

- Opt-in and seek approval from the federal government through an approved 5-year Prevention Plan,
- Be compliant with the congregate and residential treatment requirements as outlined in Family First,
- Include services that are evidence based – or shown to be promising, supported, or well supported – by the Family First Clearinghouse, and
- Have at least 50% of expenses for services meeting the highest evidence rating of well supported.*

*This threshold has been impacted by the passage of the [Family First Transition Act](#). In FY2022 and FY2023, 50% of all spending on prevention must be spent on programs rated as “well-supported” or “supported” by the Clearinghouse. In FY2024 and beyond, 50% of all prevention spending must be on programs rated “well-supported”.



10. Why should **Healthy Families America** be included in a Family First Prevention Plan?

Healthy Families America (HFA) is rated as well-supported by the Family First Clearinghouse. Over the past several years, HFA has developed child welfare protocols that provide additional guidance to Local Implementing Agencies (LIAs) when serving families referred from Child

Welfare, while maintaining the expected rigor and fidelity requirements providers have

Healthy Families America's evidence of effectiveness is based on nearly 30 years of implementation and research. The flexibility of enrollment offered through the child welfare protocols, and its **well-supported evidence rating** by the Family First Clearinghouse make HFA the best prevention choice for states and child welfare organizations seeking to stabilize families.

expected from HFA for almost 30 years. HFA sites must request national office approval to utilize child welfare protocols and are able to extend enrollment for families with a child up to 24 months of age referred by the child welfare system. Consistent with HFA requirements, voluntary services are offered for a minimum of three years, regardless of the age of the child at intake.

11. What are the congregate care or residential treatment requirements needed in order for a state to draw down prevention funds?

In order to claim federal reimbursement for evidence-based prevention services, states must come into compliance with the congregate care provisions in the law.

The provisions under Family First are intended to ensure that congregate care is a time-limited, focused treatment intervention to support youth with pathways to permanency and living in family homes. Family First limits foster care payments for group homes (non-foster family placements) to 2 weeks. The congregate care provisions under Family First restricts federal financial support for children in child care institutions to include:

- Facilities that meet the *Qualified Residential Treatment Program (QRTP)* criteria (e.g., accredited, trauma informed, engages family and provides after care, accessible clinical staff) for any child's stay beyond 2 weeks, and
- Children who have an assessment completed within 30 days of placement that indicates their clinical needs are best met in that setting.

There are additional safeguards for children placed in QRTPs include specific case planning requirements, review and hearing requirements, and court approval of placements. States may delay the implementation of the congregate care part of the legislation for two years, until September 29, 2021, but if they choose to do so they will delay funding for prevention services for the same length of time.

12. What can I do to stay informed around Family First in my state?

There are a number of ways in which you can stay informed on how your state is responding to the opportunities within Family First. A few include:

- Connect with your state child welfare agency to see if your state plans to opt-in and develop a Prevention Plan under Family First.
- Ask your state agency to include HFA into any written Prevention Plan as a well-supported program.
- Seek out any state working group or stakeholder convening on Family First that you can join.
- Become familiar with any introduced or enacted legislation in your state.
- Educate your policymakers on HFA, the populations it serves, and the outcomes of the program model in areas impacting child and adult well-being, family functioning, and positive parenting practices.

13. What is the Family First Transition Act?

On December 19, 2019, Congress passed the [Family First Transition Act](#) as part of an omnibus appropriations bill to address some concerns from states regarding the implementation of Family First. Among other items, the law:

- Provides \$500 million to all states and jurisdictions distributed through Title IV-B subpart I. Funding has already been distributed to states, and they have two years to spend the funds. To view the estimated allocations under the Family First Transition Act for your state, click [here](#).
- Delays the evidence-based spending requirements for Title IV-E prevention services included in the original law. Under the new legislation, states can now spend prevention dollars in FY 2020 and FY 2021 on any programs approved by the clearinghouse, regardless of their rating. Starting in FY 2022 and 2023, states will have to spend at least 50 percent on well-supported and supported programs and then in 2025 states will have to meet the original 50 percent threshold on the well-supported programs.

14. Where can I find more information on Family First and supporting the inclusion of HFA in my state's Prevention Plan?

Below are links to a number of helpful resources:

- [Family First Prevention Services Act \(FFPSA\) & HFA home visiting](#)
- [HFA and Family First one-pager](#)
- [Planning Title IV-E Prevention Services: A Toolkit for States](#)
- [FamilyFirstAct.org](#)
- [Database of State Legislation Related to Family First Implementation](#)
- [Family First Prevention Services Act: Candidacy Considerations](#)



- [Multi-state Overview of Interventions that States Plan to include in their FFPSA State Plan](#)
- [Resource on candidacy from Public Consulting Group](#)
- [Implementing the Family First Prevention Services Act: A Technical Guide for Agencies, Policymakers, and Other Stakeholders](#)