BUILDING A FOUNDATION FOR FAMILY WELL-BEING: CREATING A ROADMAP FOR CROSS-SYSTEM INVESTMENTS

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Introduction

The American Public Human Services Association (APHSA) and the Association of State and Territorial Health Officials (ASTHO), with support from Casey Family Programs, are committed in their partnership to support transformation of the child welfare system through a prevention first model. APHSA and ASTHO are collaborating to construct a national plan to ensure a culture for systemic change, longer-term policy, and program development and implementation.

Childhood trauma is costly but we know by taking action early on, we can prevent problems from getting worse and costing more. What if public sector systems partnered to find new ways to fund true primary prevention? What if community resources were available to all families that helped support their strength and resiliency? What if we were able to connect with families to bolster protective factors of the care for our children? What if we could prevent the need for families to become part of a "child welfare system" that, in its current form, does not well serve to preserve the family unit? Childhood trauma costs all of us. The cost of services delivered through the child welfare system after maltreatment and trauma has occurred are disproportionately high, relative to the cost of providing families with preventative services that address the drivers of children into the child welfare system—poverty, lack of health services, parenting supports, and lack of quality child care.[1] Health and human services systems have historically relied on narrowly focused federal funding streams and programs that only target incidences of maltreatment and abuse after they happen. At this point, the interventions may be too late to protect the child from trauma, or to prevent family disruption. Most federal and state funding is allocated to the care of children only after they have been removed from their biological families–after trauma has occurred and been exacerbated by the removal.

Historically, federal child welfare services have been narrowly focused on preventing a child from immediate danger, with prevention services under-utilized as a solution to long-term individual and community trauma. In FY2018, of the $9.5 billion appropriated federal for child welfare programs, only $158 million of that was specifically earmarked for prevention programs and services.[2] Shifting funding to primarily prevention programs focusing on the reduction of adverse childhood experiences (ACEs) will result in a downstream reduction of critical community health measures.[3] In contrast, public health programs like the Maternal and Child Health (MCH) Block Grant spend 30% of the overall appropriations on prevention services. MCH funding supports robust population-based prevention programs, instead of the individualized response inventions used primarily in child welfare services.

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[2] Stolzfus, E. (2018)., i-10 Child Welfare Funding in FY2018, https://fas.org/sgp/crs/misc/R45270.pdf

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APHSA American Public Human Services Association

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Prevention as Practice

For every $1 spent on prevention, between $4 and $20 is saved in subsequent costs (e.g., foster care, mental health issues, youth detention, incarceration, academic losses).[4] ACEs contribute to a number of downstream poor health outcomes and increased costs, including mental health and substance misuse disorders. ACEs are most commonly connected to mental health, accounting for an estimated 30% of anxiety disorders and 40% of cases of depression, with a total annual cost in the United States of $82 billion. Drug abuse, alcohol misuse, and cigarette smoking can also be connected to the numbers of ACEs an individual experienced.[5] Adults who experienced four or more ACEs during childhood are at significantly increased risk of heart disease, stroke, cancer, chronic obstructive pulmonary disease (COPD), diabetes, Alzheimer's, and suicide.[6]

Prevention of ACEs is in the interest of public health and when effectively implemented, can have a success rate of 90% to 95%.[7] Investment in community health and prevention programs improves quality of life and helps reduce cycles of poverty and maltreatment. The loss of financial and personal growth opportunities impacts generational community health and well-being. With healthy and stable families, communities can focus on building the infrastructure that enables the conditions for further economic advancement and development.

Child welfare and public health can partner in incorporating evidence-based and promising practices such as B'MORE for Healthy Babies[8] and Kentucky's Sobriety Treatment and Recovery Team (START) program.[9] By partnering across systems (e.g., public health, substance use disorder, child welfare, juvenile justice, education, early childhood, health), states can align prevention funding and efforts for better long-term financial and well-being outcomes for children, families, and communities. Across the human services system, states and local leaders share many of the same goals, but orbit around each other in siloed subject areas. The following information may help child welfare agencies explore existing planning barriers and serve as a guide in coordinating prevention services.

Getting Started

Funding to support the health and well-being of children and families spans federal, state, and local agencies and is anchored in public health, Medicaid, K-12 education, economic supports, etc. Each funding stream comes with distinct statutory and regulatory requirements, as well as variations in state planning and reporting timing and requirements, target populations, data systems, and outcome measures. Moreover, state agencies have distinct organizational structures, cultures, and strategic priorities. State agencies have the ability within existing funding structures to:

- Recognize and identifying families at greatest risk for experiencing ACEs.
- Refer families to the child welfare system who are concurrently served by health, Medicaid, public health, early childhood, and education systems.
- Identify families at greatest risk for experiencing shared priority outcomes related to family well-being.
- Build protective factors to counter the impact of ACEs.
- Create a continuum of prevention and strengthening services for families.

System transformation that knits services across program areas require careful planning, building political will, and navigation through administrative barriers and boundaries. Some funding sources may require enabling current legislation or federal budget authority to shift toward a combined and streamlined funding stream. State policymakers must engage representation from all program areas under consideration, along with state budget office leaders, to successfully analyze available funding, and how to combine resources, while ensuring compliance with requirements for each funding source.

B'MORE FOR HEALTHY BABIES

In 2009, the City of Baltimore hit a record high infant mortality rate of 13.5 per 1000 live births, an unfortunate and grim measure of overall community health. As a result, an urgent initiative of public and private organizations was launched to dig into the root causes of health disparities in Baltimore to improve family health and well-being throughout the city.

B'MORE for Healthy Babies (BHB) recognized that persistent racism, poverty, access to quality schools, health care, and housing contributed significantly to maternal health outcomes and infant mortality rates within the city. They worked together to introduce population-level prevention services that addressed the root causes of disparities. BHB worked simultaneously with local and state leaders to address systemic challenges and mobilize resources.

After more than 10 years of intensive work, the infant mortality rate in the city has decreased by 35%, along with a reduction in premature or low-weight births, and a 49% decrease in the teen birth rate.

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[4] https://caseyfamilypro-wpengine.netdna-ssl.com/media/TS_Research-return-on-investment-maltreatment-prevention.pdf

[5] https://www.psychologytoday.com/us/blog/experimentations/201909/how-adverse-childhood-experiences-cost-133-trillion-year.

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THE ALABAMA NETWORK OF FAMILY RESOURCE CENTERS

The Alabama Network of Family Resource Centers is an organization of non-profit centers that provide a wide array of services designed to strengthen and support families in Alabama. Each year, thousands of families receive intensive services at Family Resource Centers. These services include case management, counseling, home visitation, parenting training, health training, employment readiness preparation, and emergency services.

The Alabama Network outlined 25 standards that provide oversight of service delivery, fiscal management, and center administration and accountability to each center. These standards are known as the Alabama Model. Membership in the Network is based on the proven implementation and maintenance of each of these 25 standards.

It is estimated that centers provide aid to over 224,000 people per year. For every $1 invested in the Alabama Network of Family Resource Centers, the state of Alabama received $4.93 of immediate and long-term financial benefit.

1. **Inventory Community Needs.** The best population-based prevention programs are tailored to a community's unique needs. When considering programs to leverage, client and community voice is key to planning effective community programs that focus on engagement. Leaders must also engage with community leaders, families with lived experience, and direct support workers who know the needs of the community. Development of community needs also includes aligning shared programmatic work and assessing quick gains through enacting low-hanging fruit opportunities.

2. **Bi-Directional Learning and Changes.** Forging relationships with community and professional peers at other agencies is advantageous, and success hinders on gubernatorial, cabinet-level, or other executive leadership ownership of building and expanding prevention services. When improvement of child well-being is highlighted as a key initiative, senior leadership will encourage and support coordination of agencies to collaborate and find methods to improve and enhance funding. Partnerships and priorities incentivize cooperation and empower agency leaders to push beyond typical internal boundaries to create better outcomes.

3. **Construct the Team.** Establishment of co-leadership models among child welfare and public health are essential to success. The partnership will engage a whole systems approach to supporting child and family well-being through active primary prevention activities and strategies. Secondly, a funding streams work group will assist in identifying: (1) duplication of services, (2) state funds that can be used as "new" match for federal funding, and (3) underutilized services. Standing and collaborative meetings at all levels (i.e., leadership, programmatic, administrative) are held to monitor progress toward outcomes achievement.

4. **Emphasis on Advancing Prevention Activities.** Engage in early activities that adopt a common definition of prevention. Continue to engage other partners as unique state needs are identified. Participants could include, but may not be limited to, decision maker representation from: child welfare, K-12 education, behavioral health, public health, child care, early childhood, juvenile justice, judicial branch, substance abuse/mental health, Child Find, Head Start, Early Head Start, community action agencies, United Way, Chamber of Commerce, private philanthropy, community and faith-based partners, child advocacy agencies, etc.

5. **Map Data and Funding Systems.** Administrative data can point to populations at highest risk of health outcomes due to geography, economic instability and distress, lack of services, child welfare involvement, etc. Analyzation of funding streams coupled with data leads to a better understanding of which funding streams are available to support highest risk populations for the greatest impact. The attached appendix can assist with conducting an inventory of funding stream options. Every state organizes and administers programs in different ways.

6. **Understanding the Administrative, Regulatory, and Legal Environment.** States can identify the authority needed to make any changes to current funding or programming. Understanding how other departments have enacted change in policies or to programs may address barriers or challenges. The following questions should be considered:
   a) Do proposed changes require a state plan amendment?
   b) Does the state legislature need to institute legal and regulatory change to child care eligibility requirements?
   c) Are there any pending federal regulations that could affect this work?
   d) Are administrative or regulation changes needed?
   e) Can changes be made through interagency memorandum?
   f) Are there any private organization partnerships that can be leveraged?
   g) Are there executive level funding or contracting policies that need to be altered?

7. **Partner with Chief Financial Officers and Medicaid.** The chief financial officers and the state Medicaid Director's (or a designated decision maker) involvement is critical in ALL conversations about child welfare services. Establishing an open atmosphere that supports and moves from the status-quo toward family and child outcomes is important. A well-being agenda for children must be identified and build on prevention and constructed on population health goals, such as overall reduced deaths from child injuries. The involvement and collaboration of contractual tools could include agencies issuing the same outcomes to achieve in each agency goals.

Medicaid is complex, but also has potential for accessing federal funding to improve health outcomes for Medicaid-eligible beneficiaries, which usually includes children in the child welfare system. Medicaid directors and other Medicaid agency staff are highly knowledgeable and know how to use funding. If the state is able to direct state funding toward qualifying state share match, state Medicaid agencies are in a position to assist in the draw down of a federal matching funding.

8. **Leverage Federal and National Partners.** Federal and national partnerships and funding opportunities may yield flexibility for funding and qualifying activities through waivers, demonstrations, identifying discretionary grant programs, and integrating cross-agency participation. Philanthropic and national networks whose core values include prevention of child abuse and neglect may be leveraged. Organizations like Casey Family Programs, Annie E. Casey, APHSA, ASTHO, National Governors Association, the Aspen Institute, Zero to Three, Prevent Child Abuse America, etc. are conveners for states innovation—especially if interventions can be replicated in other states or at the local level.

Conclusion

Funding availability within these programs will vary by state. States have differing approaches and establish different priorities, and certain funding may not be available or utilized in a state. Due to a myriad of reasons, some states may have unused funding (e.g., Temporary Assistance for Needy Families, Workforce Innovation Opportunity Act (WIOA) Youth funding). Collaboration with program leaders on utilizing unused funding
in new and innovative programming may provide new opportunities.

Working among and across agencies can be complicated but must be instituted. Of paramount importance is building a coalition of state and community leaders who are committed to a primary prevention approach, utilizing funding, engaging local communities and families, and applying effective and efficient methods. Supporting children and families in a holistic manner includes movement away from a fragmented system toward a system where child and family well-being belongs to all of us.

KENTUCKY SOBRIETY TREATMENT AND RECOVERY TEAM (START)

The Kentucky START program uses an intensive intervention and multiservice model that combines substance abuse treatment, family preservation programs, community organization partnerships, and addiction services.

Designed for families with co-occurring substance use and child welfare involvement, the program aims to reduce the occurrence of child maltreatment, while also improving substance abuse disorder (SUD) treatment rates.

The program increases the county's and state's capacity to address substance misuse, a significant cause of child maltreatment. It was adapted in 2006 from the START model developed in Cleveland, Ohio.

APPENDIX

Child Welfare Funding Sources

Funding categories are listed in alphabetical order and can be prioritized specific to state's available partners and funding streams.

Child Abuse Prevention and Treatment Act (CAPTA)	
Funding Source	Federal grant.
Description	The intent of CAPTA is to improve the intake, assessment, screening, and investigation of reports of child abuse or neglect; to develop, improve, and implement risk and safety assessment tools and protocols, including use of differential response; and improve case management, ongoing case monitoring, and delivery of services and treatment provided to families.[1]
Challenges	Funding is extremely limited and subsumed into the child welfare agency.
Innovative Strategies	Engage your state substance abuse/mental health agency to partner with your child welfare prevention team on strategic planning and funding aimed at addressing maternal health for mothers with SUD and the needs of infants born with prenatal drug exposure. Partner with community action agencies to leverage CDBG funding and create a coordinated referral system/process to connect children not at risk of imminent harm to community services.
Child Care and Development Block Grant (CCDBG) and Child Care and Development Fund (CCDF)	
Funding Source	Federal block grants.
Description	Provides subsidies to assist low-income families in obtaining child care so that parents can work or participate in education or training activities. It also funds child care quality initiatives.[2]
Challenges	States have great flexibility in developing the CCDBG policy and eligibility requirements. Utilization of these funds can vary widely.
Innovative Strategies	Ensure there are provisions set-aside or special eligibility considerations in place for at-risk children. This can be accomplished through state statute or administrative regulation. Explore how home visitation services are being provided in your state and connect these programs to required quality child care initiatives such as parent choice, parents as first teachers, and early literacy.
Community-Based Child Abuse Prevention (CBCAP)	
Funding Source	Federal grant.
Description	The purpose of the CBCAP program is to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect. ICBCAP supports the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect. It also is intended to increase understanding of diverse populations to effectively prevent and treat child abuse and neglect.
Challenges	Funding is extremely limited and tied to strict federal guidelines for administration. The governor must designate a lead agency to administer the grant. The intent of the grant could be lost depending on which agency has the lead for these funds/efforts.
Innovative Strategies	Shift the lead agency for CAPTA to a community-focused agency with presence in all counties within the state. Require the state public health agency to engage with the CAPTA lead agency as part of its state plan.

Early Head Start/Head Start (EHS/HS)	
Funding Source	Federal grants.
Description	Federal funding is used to promote school readiness of children ages zero to five who are from low-income families. EHS/HS programs offer service models that are responsive to local community needs.[3]
Challenges	Funding opportunity is competitive and provides little incentive for applicants to work together.
Innovative Strategies	Engage your state's EHS/HS grantees to request inclusion of child welfare and public health agencies in the annual community needs assessment process to further identify strengths and gaps in available prevention services. Collaborate with EHS/HS grantees to find ways to expand identification of abuse/neglect risk factors using parent engagement and home visiting. Engage the National Center on Early Childhood Health and Wellness (NCECHW) to provide technical assistance on best practices in combining child welfare and public health approaches.[4]
Juvenile Justice	
Funding Source	Formula and discretionary grants, cooperative agreements, and payment programs.
Description	Funding is used to support state, local, and tribal efforts to reduce and prevent delinquency, improve the juvenile justice system, and protect children from violence and abuse.[5]
Challenges	There is no coordinated approach for the application process, and funding is often fragmented across a state. Many states do not even apply for this funding.
Innovative Strategies	Partner with your state juvenile justice agency to apply for grant funding to focus on providing services to youth who have been exposed to violence.
Labor/Workforce Innovations and Opportunities Act (WIOA)	
Funding Source	Federal formula allocation (set by a formula allocation that changes annually).
Description	Funding formula is established by state, depending on each state's total number of unemployed, number of those unemployed longer than 12 months, and number of disadvantaged youths.[6]
Challenges	Different types of WIOA funding can be very restrictive and have specific requirements on who can determine eligibility and administer funding.
Innovative Strategies	Examine your state's use of WIOA youth funding and connect it with Chafee Foster Care Independence Program to leverage additional resources based on the low-income and at-risk status of most foster youth aging out of care. Review how WIOA Vocational Rehabilitation (VR) funding is being used in your state. Some of our vulnerable families with young children have disabilities that can impact their abilities to care for their children. VR funding can help to support parents with disabilities through financial support for vocational training and postsecondary education, rehabilitation technology and training, transition and preemployment transition services, supported employment services, transportation, and other services and supports they need to be able to support their children. Engage workforce to partner with parents who are veterans, and whose service-connected condition(s) may be impacting their ability to care for their children. Available veterans' funding within WIOA could be used to provide supportive services to these parents.
Medicaid and Children's Health Insurance Program (CHIP)	
Funding Source	Federal entitlement program (Medicaid), federal block grant (CHIP).
Description	Provides health coverage to eligible children through both Medicaid and separate CHIP programs. CHIP is administered by states in accordance with federal requirements. The Medicaid program is funded jointly by state match and the federal financial participation (with the federal share ranging from 50% to 93%, depending on the population being served and other factors).[7]
Challenges	Extensive, complicated eligibility and compliance rules make many states shy away from using Medicaid outside of "normal" health coverage. Many states are unaware of flexibilities available through Medicaid or lack state resources needed to provide match funding and draw down additional federal support.

Innovative Strategies	Implement or expand "free care" school-based services to improve availability of both physical and mental health services to children at risk of entering the child welfare system due to medical neglect. Partner with Managed Care Organizations (MCO). Require a specialized child welfare approach through contractual provisions. Engage MCO foundations to provide seed funding for pilot projects combining health, education, social supports, etc. Leverage health provider partners and health advocacy associations. Ask them to provide local services for prevention and intervention. Some services could be reimbursable if providers are Medicaid-enrolled. Expand case management services to provide targeted case management, which includes services such as those needed to assist eligible individuals in gaining access to needed medical, social, educational, and other services. Eligible providers can receive a bundled rate for performing these services. Establish community health workers (CHWs) as Medicaid providers through a Medicaid state plan amendment (if needed in your state) and engage them as part of community health services to support child well-being.
Post-Secondary and Adult Education – Child Care Access Means Parents in School (CCAMPIS) Program	
Funding Source	Federal block grant.
Description	Funds are used to support or establish post-secondary child care programs for children of low-income students Funds can either be used for direct child care services or contracting for provision of such services in the community, including before- and/or after-school services.[8]
Challenges	Application and funding is on a four-year cycle, and there is no coordinated strategy to focus on at-risk children or families. In addition, parents must meet income requirements that necessitate completion of the federal aid application process, which can be a barrier to some students.
Innovative Strategies	Establish a partnership between the child welfare, public health, and post-secondary education agencies in your state to apply for a CCAMPIS grant focused on supporting parents whose poverty circumstances contributed to increased risk of child neglect.
Public Health: Preventive Health and Health Services Block Grant	
Funding Source	Federal block grants to states.[9]
Description	Provides all 50 states, Washington D.C., two American Indian tribes, and eight U.S. territories with funding to address their unique public health needs in innovative and locally defined ways.
Challenges	State public health systems typically are separate from child welfare agencies, and local public health departments have struggled with both expanded demands on resources (e.g., Hepatitis C, COVID-19) and spending unnecessarily through duplication of services under the ACA.
Innovative Strategies	Expand availability of home visiting programs and services through local public health departments and school health services. Create an opportunity to cross-pollinate community health workers by engaging them in child welfare checks/supports.
Public Preschool – Elementary and Secondary Education Act (ESEA), Every Student Succeeds Act (ESSA)	
Funding Source	Federal, state, and local funds.
Description	Title I funds are used to support operation of preschool programs or for coordination with other preschool programs.[10]
Challenges	How Title I funds are used is a local decision, and there is no requirement for services to be implemented in a coordinated manner. Children who receive services must meet income eligibility requirements.
Innovative Strategies	Seek to engage the child welfare and public health agencies as partners in developing the state's public preschool state plan. Partner with the state public preschool agency to find ways to maximize the use of home visiting programs as part of public preschool services.

Social Services Block Grant	
Funding Source	Federal block grant.
Description	Flexible funding source intended to reduce dependency on government assistance and promote self-sufficiency; protects children and adults from neglect, abuse, and exploitation; and helps individuals who are unable to take care of themselves to stay in their homes or to find the best living arrangements.[11]
Challenges	Funding has not kept pace with inflation. Block grant funds are typically subsumed into existing community services and not focused as a strategy for prevention.
Substance Abuse and Mental Health Services	
Funding Source	Federal block grant.
Description	The Substance Abuse Prevention and Treatment Block Grant (SAPT BG) provides funds to states, territories, the Pacific jurisdictions, and one Native American tribe to plan, carry out, and evaluate activities to prevent and treat substance abuse.[12]
Challenges	This funding typically is not coordinated with or used as part of a prevention approach with child welfare agencies. State substance abuse programs and funding are usually housed in a separate agency from the child welfare agency, so collaboration to align prevention strategies for parents who have SUD is minimal.
Innovative Strategies	Have your substance abuse (SA)/mental health (MH) and child welfare agencies co-apply for the SAMHSA block grant to ensure accountability for results in prevention/addressing families with SUD. Engage your state SA/MH agencies to partner with your child welfare prevention team on strategic planning and funding aimed at addressing maternal health for mothers with SUD and the needs of infants born with prenatal drug exposure.
Supplemental Nutrition Assistance Program (SNAP) – Education, Employment, and Training Programs	
Funding Source	Federal entitlement.
Description	The SNAP Employment and Training (SNAP E&T) Program helps SNAP participants gain skills, training, or work experience to increase their ability to obtain regular employment that leads to economic self-sufficiency. States are provided a set amount of 100% federal funding and have an opportunity to draw down uncapped 50% federal match when a state (or state partner) provides the initial 50% investment.[13]
Challenges	SNAP 100% funding is very limited. Enrollment as a SNAP 50/50 partner can be a lengthy/ bureaucratic process.
Innovative Strategies	Use SNAP Education funding dollars to provide family nutrition educational services to families at-risk of neglect for food insecurity purposes. Develop SNAP 50/50 partnerships (employment and training focused) specifically designed to improve family financial circumstances for families at risk of child neglect for lack of sufficient resources to care for children.
Temporary Assistance for Needy Families (TANF)	
Funding Source	Federal grant.
Description	TANF is designed to help eligible families achieve self-sufficiency. States receive block grants to design and operate programs that accomplish one of the purposes of the TANF program. The four purposes of the TANF program are to: • Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives. • End the dependence of needy parents by promoting job preparation, work, and marriage. • Prevent and reduce the incidence of out-of-wedlock pregnancies. • Encourage the formation and maintenance of two-parent families.[14]

Challenges	TANF helps very few struggling families with children. It imposes significant restrictions on states regarding what type of education and training activities can count toward a state's "work participation rate." Further, there is a very low rate of assistance provided to two-parent families; there are more married parents living in poverty than never-married parents. Financial stress increases risks of conflict and violence within a family unit. Finally, TANF amounts paid vary by state, and the benefit is so small it does little to address poverty, a leading contributing factor in child neglect cases.
Innovative Strategies	Assess state amount of TANF funding that is redirected annually to child care and child welfare/ maintaining children at home with their families and determine ways to focus specifically on supporting additional quality child care that can both improve early childhood outcomes and support parental employment and increased mobility. Enable payment of housing to maintain two-parent household (e.g., partner with U.S. Department of Housing and Urban Development). Increase TANF payment amounts for families identified as "at-risk" to enter child welfare system participation. Develop temporary emergency TANF eligibility framework or categories that permit limited time or one-time payments to mitigate temporary scarcity of resources that lead to child neglect (i.e., situational poverty).
Family First Prevention Services Act (FFPSA) Title V-E of Social Security Act	
Funding Source	Federal reimbursement.
Description	The funding stream supports foster care, adoption assistance, and guardianship assistance programs; states receive a level of reimbursements from the federal government for eligible claims. Title IV-E also includes the Chafee Foster Care Independence Program, a capped entitlement related to preparing youth in foster care for self-sufficiency when they transition out of care.[15] With the implementation of Title IV-E, optional new authority was given to states to use this funding for time-limited prevention services. Funding may be used for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth. However, without any new funding, states are faced with the challenge of how to support ongoing out-of-home care services with shifting funding to prevention services. Further, the funding is not eligible to be used as true primary prevention because the children have to be considered "candidates for foster care," which means the family is already engaged with the child welfare system through an incident that rose to the level of investigation.
Challenges	To be eligible for the Title IV-E Foster Care Program, children must: • Be in out-of-home placements. • Have been removed from families that are considered "needy" (based on 1996 criteria under the Aid to Families with Dependent Children program). • Have entered care through a judicial determination or voluntary placement. • Be in licensed or approved foster care placements.[16] None of these eligibility standards allow Title IV-E to pay for primary prevention services unless a state has requested and received a Title IV-E waiver, but these waivers will sunset with implementation of FFPSA. Another important note: Title IV-E funds support less than 60% of all foster children in the United States. Title IV-E funds cannot be applied to services provided by a child welfare agency that a judge would evaluate to make a determination of reasonable efforts as required under the Adoption and Safe Families Act (ASFA). Under ASFA, judicial officers in dependency cases are required to make findings as to whether a child welfare agency made reasonable efforts to prevent removal of the child from the home; reunify the child with his or her parents; and achieve permanency for the child if the child cannot be reunified.[17] Additional challenge: Waiver authority for these funds, which in the past has been used by many states to provide successful prevention services, currently is in question with the implementation of FFPSA.

FFPSA Title IV-B of Social Security Act	
Funding Source	Federal grant.
Description	Title IV-B includes Subparts 1, 2, and the Family Connections Grants. The Stephanie Tubbs Jones Child Welfare Services, Subpart 1, is focused on providing services in collaboration with community partner agencies to help kids stay safely home with their birth families. It can be used for: • Child protective services (including investigations of child abuse and neglect, caseworker activities, counseling, emergency assistance and arranging alternative living arrangements). • Family preservation services. • Time-limited family reunification services. • Family support or prevention services. The Promoting Safe and Stable Families, Subpart 2, is a flexible-use funding stream that allows states to develop, establish, or expand community-based programs to support: • Family support and preservation. • Time-limited family reunification services. • Services to support adoption. Family Connection Grants provides support services to help kids in foster care, or those at risk of entering care, stay connected to their families. These services can include: • Kinship navigator programs. • Family finding. • Family group decision making. • Residential family treatment.[18]
Challenges	Title IV-B funding is extremely limited, and states must pay administrative costs for service provision. States must provide a 25% funding match.

Endnotes

[1] acf.hhs.gov/cb/resource/capta

[2] https://www.acf.hhs.gov/occ/plans#:~:text=The%20Child%20Care%20and%20Development,services%20available%20to%20eligible%20families

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