ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, D.C. 20201 | www.acf.hhs.gov

February 28, 2023

Dear Child Welfare Colleague:

The Children's Bureau (CB) within the Administration for Children and Families (ACF) is committed to fostering a child welfare system that is focused on supporting families. The Family First Prevention Services Act (FFPSA) and its title IV-E prevention program provides a watershed opportunity to create more equitable outcomes for children, youth, and families before they face the tumult and devastating consequences of maltreatment and separation. We have worked diligently to support jurisdictions as they develop, submit, revise, and implement prevention plans, and we are continuously examining how to streamline processes and improve supports. As we approach the fifth anniversary of the passage of FFPSA, we are excited to share resources to aid jurisdictions as they develop their plans, including links to prevention plans that have been approved, sample program plans, resources for tribes, and responses to policy questions.

As of February 28, 2023, CB has approved 39 prevention plans from 35 states, 3 tribes, and the District of Columbia. The status of submitted plans and links to approved plans can be accessed on the CB website. We encourage jurisdictions to review approved plans to determine whether there might be programs or practices that could inform their prevention work.

As the following figure indicates, most jurisdictions have included in their prevention plans evidence-based practice (EBP) programs and services that are rated well-supported by the Title IV-E Prevention Services Clearinghouse. See the "Programs and Services in Approved State Prevention Program Plans" infographic by Capacity Building Center for States (Center for States), which will be updated periodically with the most recent information, for an expanded version of the figure.

Figure: Programs and Services in Approved State Prevention Program Plans

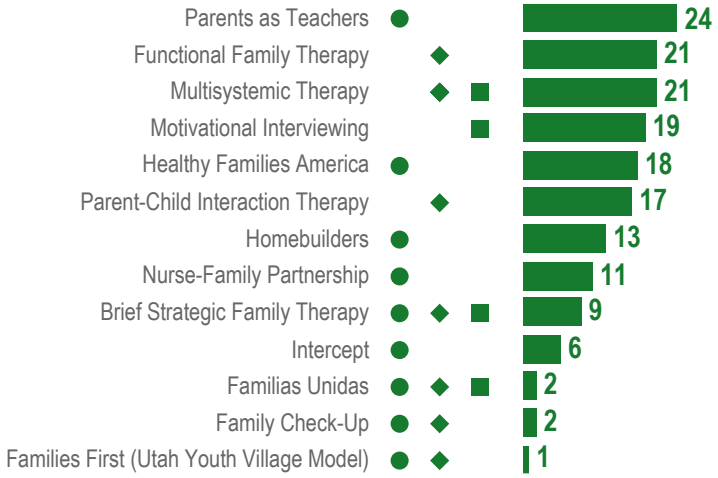
The Family First Prevention Services Act (FFPSA) provides states, territories, and Tribes with new optional title IV-E funding for prevention services for specific mental health, substance abuse, and in-home parent skill-based programs. Jurisdictions can select from among 62 programs and services that have been rated as **well-supported**, **supported**, or **promising** by the Title IV-E Prevention Services Clearinghouse.

39 approved state, jurisdiction, and Tribal title IV-E prevention program plans to date have identified **13 well-supported**, **5 supported**, and **5 promising** evidence-based programs (EBPs) and services for reimbursement in the delivery of prevention services.

Most states have opted to include EBPs that are rated as **well-supported** by the Title IV-E Prevention Services Clearinghouse in their prevention program plans. The most chosen program across plans is the **Parents as Teachers** program.

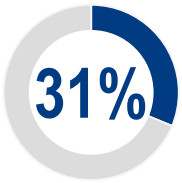
Well-Supported

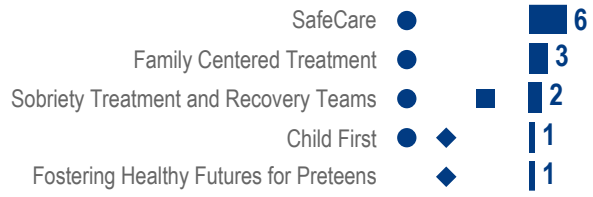
The clearinghouse has rated a total of **17** programs as **Well-Supported** and states, jurisdictions, and Tribes have identified and been approved to claim for **13** of those (13 out of 17 = 76%).



Supported

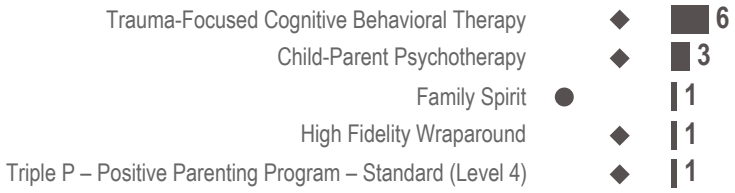
The clearinghouse has rated a total of **16** programs as **Supported** and states, jurisdictions, and Tribes have identified and been approved to claim for **5** of those (5 out of 16 = 31%).





Promising

The clearinghouse has rated a total of **32** programs as **Promising** and states, jurisdictions, and Tribes have identified and been approved to claim for **5** of those (5 out of 32 = 16%).



● In-Home Parent Skill Based ◆ Mental Health ■ Substance Abuse

For access to all programs and services please click here: https:/ /preventionservices.acf.hhs.gov/program
*The information contained within the infographic is point in time, and, because jurisdictions may amend their plans, is subject to change.

Last Updated: January 12, 2023

Building Title IV-E Prevention Plans

Every jurisdiction that has submitted a title IV-E prevention plan has worked to ensure that it meets the needs of children and families in that jurisdiction. Many jurisdictions are leveraging the title IV-E prevention program to enhance prevention efforts and mitigate the factors that place families at risk of child welfare involvement. The following provides examples from approved title IV-E prevention plans.

In-home parenting skill-based programs and services: Many jurisdictions are capitalizing on the opportunity afforded through the title IV-E prevention program to initiate or expand home visiting programs. These programs are provided to new parents, including pregnant and parenting youth in foster care, to support their families by increasing child safety, child well-being, and family functioning. Home visiting programs build upon decades of scientific research showing that home visits during pregnancy and early childhood improve the lives of children and families, including those involved with child welfare. These programs include, but are not limited to Nurse-Family Partnership, Healthy Families America, and Parents as Teachers.

The title IV-E prevention program can serve as a catalyst for facilitating and deepening interagency partnerships to provide prevention services to children and families more effectively. By collaborating with other programs—such as, for example, those supported by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program—jurisdictions can maximize available federal funding to reach significantly more families and expand programs' impact and reach. This type of collaboration presents an opportunity to strengthen relationships between child welfare agencies and state agencies that administer MIECHV or other programs, which can lead to stronger referral mechanisms across home visiting and child welfare programs and ultimately help ensure families across the spectrum of needs receive home visiting services.

Through partnerships between child welfare, early childhood education, and health-care providers, jurisdictions can also collaborate to expand availability and access to effective home visiting services for families that are involved, or likely to be involved, with the child welfare system. For example, the Michigan Department of Health and Human Services (MDHHS) and the Michigan Department of Education, along with additional state-level partners, are collaborating to expand availability, access, and state infrastructure to support evidence-based, effective home visiting services for families who are or are likely to be involved with the child welfare system. Managers and staff from MDHHS' Children's Services Agency and Family Preservation Program have joined several home visitation workgroups to further increase agency collaboration to expand home visitation services to meet the needs of the child welfare population.

Utah is implementing Families First (Youth Villages), a well-supported in-home parent skills-based program. The state has designed the program to increase child safety via a reduction in recidivism within the home of origin as well as a reduction in delinquent behavior. To achieve these results, families of children aged 0–17 receive 8–10 hours of services per week in their homes for a duration of 8–12 weeks. Utah continues to expand this program throughout the state, focusing on rural areas and exploring potential community partnerships so that it can provide additional services to more children and families.

Mental health programs and services: Mental health is an important contributor to child and family well-being, and mental health challenges are a well-recognized risk factor for child welfare involvement. FFPSA allows jurisdictions to support youth and family mental health by funding and expanding the use of evidence-based mental health programs. The most common EBPs to support mental health that jurisdictions have included in their title IV-E prevention plans include functional family therapy (FFT), multisystemic therapy (MST), and parent-child interaction therapy. These evidence-based programs are provided to families and youth and aim to support them by increasing protective factors, improving the quality of parent-child relationships and attachment, and decreasing externalizing child behavior problems, including criminal activities.

Across approved plans, jurisdictions selected EBPs that address mental health needs to fill service gaps and support specific subpopulations within their larger target populations. For example, New Hampshire's prevention plan includes support for youth who are dually involved with the child welfare and juvenile justice systems. This population is of particular importance given the significant overlap between child maltreatment and involvement with juvenile justice. Iowa's two-part prevention plan includes support for youth involved in its child welfare and juvenile justice systems. As part of its plan development, Iowa created a cross-walk of the needs of youth related to recidivism and risk factors for child abuse and neglect. This focus on using data to identify the most pressing needs of identified children and families allowed jurisdictions to link family needs with appropriate EBPs in the agency's title IV-E prevention plan. For these jurisdictions, providing comprehensive mental health support and treatment to the entire family is an important piece in a larger comprehensive approach to preventing child abuse and neglect.

South Carolina chose three prevention-based interventions for older youth with behavioral challenges: MST, FFT, and Brief Strategic Family Therapy (BSFT). It is already implementing BSFT in several counties and, as part of its plan amendment, is actively ramping up efforts to determine partners for its MST and FFT interventions. South Carolina opted to use interventions that would support a reduction of entries of older youth into foster care as well as decrease their congregate care placements.

As part of its prevention service array, Nebraska chose prevention-based interventions for older youth with behavioral challenges: MST, Family Centered Treatment, Familias Unidas, and Parents Anonymous. Nebraska chose these interventions because they help to reduce older youth from entering foster care as well as to decrease its congregate care populations.

Substance use disorder (SUD) prevention and treatment programs: Struggling with SUDs is a key factor that underlies the abuse or neglect that many children in the child welfare system experience. In response to the needs and service gaps that jurisdictions identified, many of the approved plans include EBPs focused on the prevention and treatment of SUDs. The three most common SUD programs in approved plans are MST, motivational interviewing (MI), and BSFT.

Several jurisdictions have opted to bundle SUD prevention and treatment EBPs with MI. MI is a method of counseling designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes to promote behavior change and increase motivation to change. Many jurisdictions already use MI, and it is deeply embedded in those agencies' service

arrays. As such, jurisdictions envision using MI in their prevention plans as both a SUD intervention and an engagement tool.

For example, Kentucky's approved title IV-E prevention plan includes using MI across multiple avenues, including for use with child welfare case managers in the title IV-E agency. Kentucky selected MI to use as part of its title IV-E prevention program because it already utilized it as part of the agency's child welfare and human service array. For example, Kentucky has used MI to address the opioid epidemic and other SUDs that challenge families within the commonwealth. In adapting to title IV-E prevention, Kentucky is leveraging its success while remaining faithful to its MI model that includes family collaboration with child welfare case managers. This enhances family engagement with evidence-based programs and services and, therefore, can maximize positive outcomes for the families and youth served. Kentucky has trained supervisors and regional specialists in basic and advanced MI and is working toward contracting training for those positions on a clinical assessment tool prior to training workers in basic MI to ensure adherence to fidelity monitoring processes.

Ohio's FFPSA prevention plan includes the Ohio START (Sobriety Treatment and Reducing Trauma) program. Some counties in this county-administered state have already started to implement START. Families with one parent diagnosed with a SUD and at least one child aged 5 or younger may be recommended for this intervention. START provides support to the families via a multi-organizational team that includes members from children's services, the juvenile courts, and behavioral health. Ohio's START trainings are required for all staff that are on local START teams, including "Intervention of Substance Use Disorders (UNCOPE);" "Trauma & Resilience;" and "Family Team Meetings." In addition to the required trainings, the START program provides trainings on related topics that will help to advance the practice of the START teams. Those additional trainings include "Break the Cycle: Understanding and Treating Generational Trauma;" "Nurturing Parenting; Introduction to Motivational Interviewing;" "Secondary Traumatic Stress & Provider Resilience;" "Navigating Relationship Dynamics;" and "Understanding the Culture of Poverty."

Tribal Title IV-E Prevention

At this time, 12 tribes operate title IV-E foster care programs and are eligible to submit a title IV-E prevention plan. Tribal title IV-E agencies often have unique considerations and challenges when developing a title IV-E prevention plan. In recognition of these challenges, the Social Security Act provides tribal title IV-E agencies with flexibility when developing a title IV-E prevention program in a way that strengthens and reflects tribal norms, customs, and practices that promote healing and overall well-being.

For example, a tribal title IV-E agency that has an approved title IV-E prevention plan is not required to use prevention programs that the Prevention Services Clearinghouse rates as meeting the EBP criteria ratings of promising, supported, or well-supported. Instead, these agencies may determine the practice criteria for services that are appropriate to the culture and context of the tribal communities served. Some examples of tribal EBP criteria include longevity of the practice in Indian Country, the teachings on which the practice is based, values and principles incorporated into the practice, community leader/elder approval, community feedback, and the evaluation of the practice. These are just select examples and do not represent a comprehensive

list. Another example of a flexibility afforded to tribal title IV-E agencies is that they can define what constitutes a trauma-informed service in a way that recognizes and reflects the significant historical trauma that is unique to each tribe. CB explains additional tribal flexibilities in ACF-CB-PI-18-10.

Many evidence-based programs and services can be adapted to meet the needs of tribal communities. The Prevention Services Clearinghouse reviews such adaptations or modifications to determine which are allowable under the title IV-E prevention program. For example, some adaptations change examples used in the program or service to match the cultural background of participants, provide the intervention in a different language, or deliver the service or intervention in a home rather than in an office. More information on the Prevention Services Clearinghouse's review process and examples of allowable adaptations can be found in ACF-CB-IM-21-04.

We encourage title IV-E agencies to work with tribes to identify which prevention services will be most helpful to tribal communities and to make allowable adaptations to services that will be responsive to tribal culture. Through close consultation and coordination, prevention programs are more likely to align with the needs of tribal communities, highlight cultural norms and expectations, and strengthen formal and informal supports that can be mobilized on behalf of children and families.

We also encourage tribes to consider how to use other flexibilities that the Social Security Act provides when designing title IV-E prevention plans, including in terms of how to define "foster care candidate," so that tribes can provide title IV-E prevention services to as many eligible families as possible. For example, a tribe can determine when a child is at "imminent risk" of placement into foster care and can define "foster care candidate" to include children who are not yet involved with the child welfare agency.

Policy: New Questions and Answers

CB has issued several policy questions and answers to help address some of the ongoing issues that agencies have faced when developing their title IV-E prevention programs. These questions and answers are housed in the *Child Welfare Policy Manual* (see attachment A). For example, we are aware that agencies have asked whether an agency is required to open a child welfare case when providing title IV-E prevention services to a family. Similarly, we have addressed whether an agency must use the specific phrase "imminent risk" when communicating with a family that will receive or is considering receiving title IV-E prevention services. We will continue to consider and address these policy issues as they arise and encourage agencies to continue to be in close contact with their Regional Offices whenever needed. (See attachment B for a list of Regional Office program managers.)

When designing title IV-E prevention plans, we encourage jurisdictions to consider how to use the flexibilities that the Social Security Act provides, including in terms of how to define "foster care candidate," so that title IV-E agencies and their community partners can provide title IV-E prevention services to as many eligible individuals and families as possible.

Technical Assistance

The U.S. Department of Health and Human Services (HHS) has made various technical assistance (TA) documents and toolkits available that can support jurisdictions' prevention planning and implementation. For example, the HHS Office of the Assistant Secretary for Planning and Evaluation has developed a toolkit about title IV-E prevention.

Similarly, CB's Center for States provides TA support. We understand that developing a comprehensive prevention plan takes time. Additionally, we know that many agencies continue to manage unprecedented workforce and leadership challenges and changes. Since the passage of FFPSA, the Center for States has provided customized support to state and territorial child welfare agencies developing and implementing prevention plans. To support these efforts, the Center for States provides a continuum of TA to jurisdictions, including the following:

- Providing tailored, expert coaching and consultation through direct TA around prevention program plan development and implementation and related efforts (contact your regional Center for States liaison for more information)
- Supporting peer groups that allow child welfare professionals to virtually connect with colleagues working in similar practice areas or on common initiatives
- Developing and disseminating resources, including publications and tools on prevention-focused systems and FFPSA
- Conducting needs assessments related to prevention service array (identifying candidates, needs, and analyzing service array gaps), including providing support to states in selecting appropriate prevention interventions
- Refining internal processes related to in-home services and provider relationships, such as effective in-home case planning and service identification in partnership

State Example: Oklahoma

The Oklahoma Department of Human Services (OKDHS), whose title IV-E prevention plan has been approved, is an example of how a jurisdiction can partner with the Center for States to develop its title IV-E prevention program plan. The following are examples of the results of this partnership:

- Partnering with the Oklahoma Indian Child Welfare Association to ensure the OKDHS title IV-E prevention plan includes the priorities and feedback of 38 federally recognized tribes in the state
- Developing a communication plan to support consistent and concise messaging to help partners understand some of the complexities and nuances of FFPSA implementation
- Creating a coordinated and collaborative approach to align prevention planning with the development of the Program Improvement Plan and Child and Family Services Plan
- Developing increased coordination and strengthened relationships between OKDHS and tribal partners in order to work toward equitable access to effective, culturally responsive title IV-E prevention services for all families in Oklahoma
- Recognizing emerging opportunities for program codesign that reflect OKDHS' belief that system transformation must be led and informed by lived experts

To learn more, visit the Oklahoma Human Services: Family First Support Project page on the Center for States website.

with families, ongoing safety and risk monitoring, collaboration and coalition building among partners, workforce support, training, and coaching
- Conducting strategic planning related to prevention program plan development (including enhancing key partnerships related to prevention) as well as efforts to come into alignment with the National Model Foster Family Home Licensing Standards
- Ensuring children and youth are placed in settings that align with their needs, reducing the use of congregate care, and helping states conduct root cause analyses and strategic planning related to changing the culture and climate of their agencies, including shifts toward a more prevention-based model

We encourage agencies to contact the Center for States to discuss how best it can support their prevention planning and implementation. The Center for States can be reached at **capacityinfo@icfi.com** or 1.844.222.0272.

Conclusion

CB continues to partner with jurisdictions to submit and implement title IV-E prevention plans and programs. As jurisdictions continue to implement their title IV-E prevention plans, we encourage them to make full use of all the resources and support that CB can provide to help foster a more equitable, comprehensive prevention framework in support of children, youth, and families. We also note that jurisdictions may amend their approved prevention plans as they determine that certain interventions that had been included in their plans may no longer be suited to their population or determine that certain interventions that were not included may be important to include. We also encourage jurisdictions to reach out to one another, exchange ideas, and support each other as they submit, amend, and implement prevention plans.

The title IV-E prevention program provides a unique opportunity for title IV-E agencies to support and create equitable outcomes for children and families in individualized, creative ways so that they do not face family separation and all of the challenges stemming from that. CB looks forward to supporting jurisdictions as they continue this important work.

ATTACHMENT A: CHILD WELFARE POLICY MANUAL QUESTIONS AND ANSWERS
ATTACHMENT B: CHILDREN'S BUREAU REGIONAL PROGRAM MANAGERS

Attachment A: Child Welfare Policy Manual Questions and Answers

CWPM §8.6B Eligibility

Question: Are title IV-E agencies required to have an open child welfare case for a child who is receiving title IV-E prevention services? For example, if an otherwise eligible child is provided title IV-E prevention services by a community provider, does the title IV-E agency need to have an open child welfare case for that child?

Answer: No, there is no requirement in the statute that the title IV-E agency have an open child welfare case for a child who is receiving title IV-E prevention services. The title IV-E agency, however, must still meet the requirements of the agency's title IV-E prevention 5-year plan regarding these children.

For example, section 471(e)(5)(B)(ii) of the Act requires that the agency describe how it will monitor and oversee the safety of children receiving title IV-E prevention services in the 5-year plan. This must include periodic risk assessments throughout the 12-month period, and if the risk of the child entering foster care remains high despite the provision of the services, the agency must reexamine the child's prevention plan during the 12-month period. While the statute does not specify who must conduct the periodic risk assessments, the agency must ensure that it can fulfill its responsibility to examine the prevention plan as necessary based on these risk assessments and provide oversight.

Another example of a title IV-E agency responsibility is eligibility determinations. Determinations with respect to foster care candidacy for the purposes of eligibility for the title IV-E prevention program must be made by employees of the title IV-E agency, or the employees of another public agency that has entered into an agreement with the title IV-E agency pursuant to section 472(a)(2)(B)(ii) of the Act. However, the title IV-E agency may enter into a contract or agreement with community providers to assist in gathering all of the necessary information for the title IV-E agency to make the determination of candidacy.
Source/Date: [insert publication date]
Legal and Related References: Social Security Act - sections 471(e)(5)(B)(ii) and 472(a)(2)(B)(ii)

CWPM §8.6B Eligibility

Question: In the process of determining eligibility for and providing title IV-E prevention services, does title IV-E require that the title IV-E agency and/or community provider use language indicating that the child is "at imminent risk of entering foster care" in communicating with parents?

Answer: No, section 471(e) of the Act does not address what, if anything, the title IV-E agency must communicate to parents about a child's eligibility for title IV-E prevention services and status as a candidate for foster care. The law specifies only that a child's eligibility for title IV-E prevention services as a candidate for foster care who is at imminent risk of entering foster care absent the provision of title IV-E prevention services must be documented in the child's title IV-

E prevention plan (section 471(e)(3)(A) of the Act). However, good practice dictates that title IV-E agencies approach families with integrity. The IV-E agency should consider potential practice implications related to family engagement and agency transparency with involved families when providing prevention services.
Source/Date: [insert publication date]
Legal and Related References: Social Security Act – sections 471(e) and 471(e)(3)(A)

CWPM §8.6A Program Requirements

Question: Are title IV-E agencies and community partners required to inform a family receiving title IV-E prevention services that information about the child, services provided, and outcomes will be collected and shared with ACF?

Answer: No. Nothing in section 471(e) of the Act specifically requires title IV-E agencies to inform families about the details of the data collection and submission requirements of sections 471(e)(4)(E) and 471(e)(5)(B)(x) of the Act. Title IV-E agencies operating a title IV-E Prevention Program are required to collect and report child-specific data title IV-E prevention services (sections 471(e)(4)(E) and 471(e)(5)(B)(x) of the Act). As clarified in Revised Technical Bulletin #1 (published June 30, 2021), the information shared with ACF for the purposes of the title IV-E prevention data collection must use a unique child identifier number that is encrypted in accordance with ACF standards. This ensures the confidentiality of the children and families receiving title IV-E prevention services while allowing ACF to collect and analyze the data as required under 471(e)(6) of the Act.
Source/Date: [insert publication date]
Legal and Related References: Social Security Act – sections 471(e), 471(e)(4)(E) and 471(e)(5)(B)(x), and 471(e)(6), and TB #1 revised 6/30/21)

CWPM §8.6B Eligibility

Question: What guidance has been provided regarding when a title IV-E agency can consider a child to be at "imminent risk" of entering foster care under the definition of "candidate for foster care" for the title IV-E prevention program?

Answer: As stated in ACYF-CB-PI-18-09, we are not further defining the phrase "candidate for foster care" as it appears in section 475(13) of the Act or further defining the term "imminent risk" of entering foster care for the title IV-E prevention program. Therefore, states and tribes have the flexibility to define and operationalize the concept of "imminent risk" in a way that fits within the scope and goals of the agency's 5-year title IV-E prevention plan, consistent with the statute.
Source/Date: [insert publication date]
Legal and Related References: Social Security Act – sections 471(e) and 475(13), and ACYF-CB-PI-18-09

Attachment B - Regional Program Managers – Children's Bureau as of February 2023

1	**Region 1 - Boston** Acting: Tina Naugler tina.naugler@acf.hhs.gov (202) 205-6733 **States:** Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	6	**Region 6 - Dallas** Janis Brown janis.brown@acf.hhs.gov (214) 767-8466 **States:** Arkansas, Louisiana, New Mexico, Oklahoma, Texas
2	**Region 2 - New York City** Shari Brown shari.brown@acf.hhs.gov (202) 934-4232 **States and Territories:** New Jersey, New York, Puerto Rico, Virgin Islands	7	**Region 7 - Kansas City** Kendall Darling kendall.darling@acf.hhs.gov Federal Office Building, (816) 426-2262 **States:** Iowa, Kansas, Missouri, Nebraska
3	**Region 3 - Philadelphia** Evan Steel evan.steel@acf.hhs.gov (215) 861-4030 **States:** Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	8	**Region 8 - Denver** Marilyn Kennerson marilyn.kennerson@acf.hhs.gov (303) 844-1163 **States:** Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
4	**Region 4 - Atlanta** Dianne Kelly dianne.kelly@acf.hhs.gov (404) 562-2781 **States:** Alabama, Mississippi, Florida, North Carolina, Georgia, South Carolina, Kentucky, Tennessee	9	**Region 9 – San Francisco** Sharon King sharon.king@acf.hhs.gov (415) 437-8513 **States and Territories:** Arizona, California, Hawaii, Nevada, Outer Pacific—American Samoa Commonwealth of the Northern Marianas, Federated States of Micronesia (Chuuk, Pohnpei, Yap) Guam, Marshall Islands, Palau
5	**Region 5 – Chicago** Cindy Lowder cindy.lowder@acf.hhs.gov (312) 886-4918 **States:** Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	10	**Region 10 - Seattle** Nadia Nijim nadia.nijim@acf.hhs.gov (206) 615-3662 **States:** Alaska, Idaho, Oregon, Washington