NACHSA
NATIONAL ASSOCIATION OF COUNTY HUMAN SERVICES ADMINISTRATORS

Statement for the Hearing Record

Submitted by the National Association of County Human Services Administrators

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

Senate Finance Committee

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The National Association of County Human Services Administrators (NACHSA) is an affiliate of the National Association of Counties (NACo). NACHSA supports NACo's human services policies and the policies and positions outlined in their statement for the hearing record. As noted in that testimony, in nine states, county governments are responsible for administering the child welfare system: California, Colorado, Minnesota, New York, North Carolina, North Dakota, Ohio, Pennsylvania and Virginia. These states generally offer significant authority and much-needed flexibility to county child welfare agencies, and counties are in turn responsible for contributing towards the non-federal share required for different federal funding streams. In Nevada and Wisconsin, counties share administration of the child welfare system with the state in a "hybrid" system.

Together, the 11 states with a county role in the child welfare system represented 33.8 percent of the population of children served in formal foster care in 2022. However, even when states are the primary entity with jurisdiction over child welfare, counties are important partners on the ground in efforts to prevent child maltreatment and neglect and reduce the number of children entering the foster care system.

NACHSA reached out to county directors and county associations in a number states and asked them to highlight some of the challenged they face in implementing the Family First Prevention Services Act (FFPSA) specifically and in their child welfare systems generally. Those responses follow.

California

California's counties have not been able to draw down IV-E prevention services funds because the state is in the middle of transitioning its SACWIS system to the California Automated Response and Engagement System (CWS-CARES). Barring any implementation issues, CARES is not slated to launch until Oct 1, 2026. Meanwhile, counties continue to have discussions with the California Department of Social Services on the possibility of creating an interim claiming system.

California and its counties were pioneers in adopting reforms to congregate care. Before FFPSA was enacted, California was already implementing Short-Term Residential Therapeutic Programs (STRTP) and the use of non-family foster care settings was already declining. The use of congregate care in California has dropped by 56 percent since 2020 and by 70 percent since 2017.The drop is due to both reforms started before FFPSA, but has been exacerbated by the loss of QRTP providers due to the IMD rule, national worker shortages, higher costs to operate these programs, and greater liability and claims against providers due to accepting higher acuity kids.

California's STRTP model was used as a foundation for FFPSA's Qualified Residential Treatment Program (QRTP). Unfortunately, FFPSA overlaid a number of other requirements on top of STRTP that have made it challenging for California's counties to comply with the law. The requirements have exacerbated the lack of quality placement options, as many facilities have chosen to no longer provide beds to high acuity needs children. All too often, those children have behavioral health needs, a developmental or intellectual disability, or became justice-involved and their families do not have the skills to care for their youth within the home. When that occurs, child welfare becomes the system that is called upon to assist.

Further exacerbating the QRTP issue is the shortage of mental health clinicians in the state. They serve as the Qualified Individual (QI) for purposes of QRTP placements. The shortage of QI's delays the QRTP determinations which results in the loss of IV-E when a QI determination is delayed beyond the federally-required timeline.

NACo, NACHSA and California's counties have supported a change to IV-E to enable periodic virtual visits to foster youth 18 years of age and older who are not residing in the county where their case is held and who are in school or with relatives. The option would only be used if the youth agrees to it and it is clear that the virtual visit is appropriate and meaningful. The flexibility would also be far less costly to the county in terms of travel and staff time, and would allow the caseworker to focus on more than that one case that day.

Minnesota

Minnesota's counties note that given the decrease in the numbers of children eligible for IV-E maintenance support, due to the 1996 AFDC income standards, the overall level of federal support for children in the child welfare system continues to decline. It is exacerbated by the lack of FFPSA prevention funding due to the numerous funding restrictions, many of which are due to the Clearinghouse process. However, given that funding environment, counties continue to serve families and children in need of services and support through county and sometimes state funds.

Counties also face the challenges of measuring and analyzing the degree to which a Clearinghouse approved program is implemented as intended. Monitoring the fidelity of Motivational Interviewing - one of the two services approved in Minnesota – is onerous for the workforce to implement. While the service/practice will be helpful, its implementation will require hiring and/or dedicating additional county staff to maintain and structure the caseloads. The additional costs ultimately comes from county board approved general revenues if the state does not dedicate sufficient funding.

Minnesota's counties also note that they make additional investments in training of FFPSA staff only to have those individuals find other employment, resulting in turnover of staff who understand the need to preserve the fidelity of the FFPSA prevention service and their consistent and reliable contact in working with the family. While this challenge is not unique to child welfare, turnover in these jobs requires additional time and effort to continue to provide the FFPSA-approved prevention services.

North Carolina

North Carolina's counties report that 22 counties out of 100 have implemented Homebuilders, the first evidence-based prevention program for FFPSA in the state. Staff in five additional counties are currently being trained. One of the barriers to implementation is meeting the fidelity measures of the model to reach all areas of the state. The providers have to live within a 60-mile radius of the family. To address this issue there is now a rate differential built into the model to ensure better coverage of rural communities. The state is uncertain when there will be statewide implementation, given the need to train and staff the provider network.

North Carolina is working on launching a second evidence-based prevention program, Parents as Teachers, but no implementation timeline has been set yet.

Given the Institutions for Mental Diseases barrier to creating Qualified Residential Treatment Programs (QRTP), North Carolina has not implemented them. Consequently,

youth end up in hospitals, step-down placements or other inappropriate settings, including social services department offices or facilities out-of-state.

Ohio

In February 2022, the Public Children Services Association of Ohio, representing the 88 county public children services agencies (PCSA) in the state, released a report highlighting the profound placement and treatment crisis for youth with multi-system needs. The study found that 24 percent of youth who entered PCSA custody in 2021 were diverted from juvenile justice (9.3 percent of all cases) or entered primarily due to behavioral health needs (12.1 percent), or developmental/intellectual disabilities (2.4 percent). Notably, 58 percent of those youth diverted from juvenile justice were reported to have no maltreatment or neglect concerns. The study further found that 26 percent of the youth who were diverted from juvenile justice system were accused or convicted of a felony. This represents 2.4 percent of the youth who came into care in 2021, or approximately 300 youth with felony convictions being placed, managed, and funded by the child welfare system. Finally, this study revealed that 6 percent of youth who came into care in 2021 had to spend at least one night at the county PCSA due to no available facilities willing to accept that child's level of care.

The state's Ohio Department of Job and Family Services confirmed this research with its report in October 2022 that showed 503 youth had slept in local PCSAs in SFY2022, with the majority being between the ages of 11 and 18 years old, and 20.4 percent of those youth (103) had juvenile justice involvement or a direct order of custody from court. When youth must stay at the local PCSA, it is the children services caseworkers – who are neither clinicians nor direct care providers --- who provide around-the-clock care and supervision. In some situations, PCSA contracts with law enforcement to provide additional security for the youth and for staff. A multi-department placement workgroup has been meeting since last fall to develop short- and long-term solutions for Ohio's placement and treatment crisis.

Pennsylvania

Similar to other states, Pennsylvania has experienced enormous challenges in finding appropriate services for complex needs children. The County Commissioners Association of Pennsylvania (CCAP) created a work group to look at these cases and to make recommendations on how best to address them. They worked to initially define the 'complex cases" population so that they could make recommendations. Their definition is:

Minors who are in the custody of the county for whom there is not a level of care sufficient to meet their mental, behavioral, or physical needs. This includes dependent and/or delinquent youth for whom there is not an appropriate level of care available, such as those sleeping in a Children and Youth Services office or hotel. This also includes those for whom a higher level of care is recommended, but for whom that level of care cannot be located, is unavailable, or simply does not exist.

The CCAP Complex Case Work Group issued a report in February 2024 outlining numerous findings and recommendations for action.

Virginia

Virginia's counties report that there are only three approved clearinghouse services implemented to date. (Functional Family Therapy, Multisystemic Therapy, and Parent-Child Interaction Therapy). The Commonwealth of Virginia has created a website at https://familyfirstvirginia.com/ which provides an overview of FFPSA initiatives. Shortly after approval, all three were accepted by the state Medicaid program as reimbursable. Consequently, there have been small numbers of children and families who have accessed these programs if they do not qualify for Medicaid or their private insurance does not cover the cost. As with other jurisdictions, there are limited services provided in rural parts of Virginia. Providers have considered offering the services but, as the programs have age limits, after analyzing potential numbers of clients, they were unable to provide the services.

Virginia is implementing Motivational Interviewing (MI) and High Fidelity Wraparound Services in the near future. Local departments of social services may be able to draw down funding if staff are properly trained in MI; however, it will be a challenge to properly document the use of MI for caseworkers.

Virginia suspended the QRTP designation in March 2023. The Commonwealth found that the financial errors associated with documenting QRTP requirements kept pace with federal funding drawn down for the placements. There was a clear administrative plan in place - however, caseworkers struggled with the process, and it placed another burden on an already overwhelmed workforce.

Virginia is now implementing a Kin First culture statewide. However, Kinship Navigator programs are underfunded and do not serve the entire Commonwealth. Only 16 percent of Virginia's children in foster care are placed with kin. The counties note that there is limited funding available to support models to sustain kinship placements, and additional approved clearinghouse models would assist their efforts.

The child welfare workforce is under tremendous strain in Virginia, given an approximate 25 percent vacancy rate statewide. There are limited placements available for children with high acuity needs. To tackle these issues, in 2022 Virginia implemented a statewide initiative called the Safe and Sound Task Force. The Task Force's three phases aim to secure safe placements for displaced youth, expand kinship placements, and implement policy changes to address root causes of gaps and needs in the child welfare system that affect all youth and families.

At any given time, there are approximately 20-25 displaced children housed in local offices and/or hotels in Virginia.

Wisconsin

Wisconsin implemented FFPSA in October 2021. Their QRTP licensing regulations have been implemented and the prevention services plan submitted and approved. The state, however, has yet to claim any IV-E prevention services funding.

In Wisconsin, most residential care centers and some group homes converted to a QRTP. Some residential care centers did not convert to a QRTP due to the IMD restriction. County human service departments in general do not believe that QRTP implementation has improved the quality of residential care – it is the same level of service with a new name. Additionally, residential care providers have significant workforce challenges, resulting in fewer available beds and less capacity to take high acuity needs children.

Wisconsin counties report that the Clearinghouse requirements for prevention services that are well supported by research continues to be a major barrier to claiming prevention service reimbursements. The strict fidelity to the research supported practice model makes it difficult to make services available on a broad scale and meet the needs of families. County directors note that families need services that are flexible and can respond to changing circumstances. Additionally, service providers are hesitant to become certified to deliver new prevention services due to the unpredictability of the prevention service revenue. Service providers also have significant workforce turnover and limited capacity to train staff in new practice models.

While Wisconsin has embraced the family first approach to child welfare services, the specific federal funding mechanisms in the FFPSA have not worked to date. QRTP implementation has not made a significant difference in the availability or quality of residential care. The requirements for prevention services are so complex that there is a county concern that the state might never be able to claim IV-E prevention funding, absent a change in federal law or guidance.