

Family First Prevention Services Act: Candidacy Considerations

Introduction

The Family First Prevention Services Act of 2018 (Family First) allows states and tribes with approved Title IV-E Prevention plans to claim federal reimbursement for certain prevention services provided to eligible populations of children and their caregivers.

Who is eligible for services?

Family First specifies two groups who may receive prevention services:

A. A child who is a “candidate for foster care” but can remain safely at home or in a kinship placement with receipt of evidence-based services or programs categorically identified in the Family First Act (mental health, substance abuse, in-home parenting services that have a well-supported, supported, or promising evidence-based as defined in the Act)

B. A child in foster care who is a pregnant or parenting foster youth.

The law allows for the child, parents or kin caregivers of these children to receive the prevention services.

How does Family First define “a candidate for foster care”?

The Family First Prevention Services Act and the Program Instructions (PI) issued by the Administration for Children and Families allow states and tribes with Title IV-E plans the discretion to determine who is a “candidate for foster care,” as long as the child meets each of the following parameters¹:

- 1) At imminent risk of entering foster care
- 2) Identified in a child-specific Prevention Plan
- 3) Can remain safely at home with provided evidence-based prevention services

A. The PI states that “The term ‘child who is a candidate for foster care’ means, a child who is identified in a prevention plan under section 471(e)(4)(A) as being at imminent risk of entering foster care (without regard to whether the child would be eligible for foster care maintenance payments under section 472 or is or would be eligible for adoption assistance or kinship guardianship assistance payments under section 473)

¹ <https://www.acf.hhs.gov/cb/resource/pi1809>

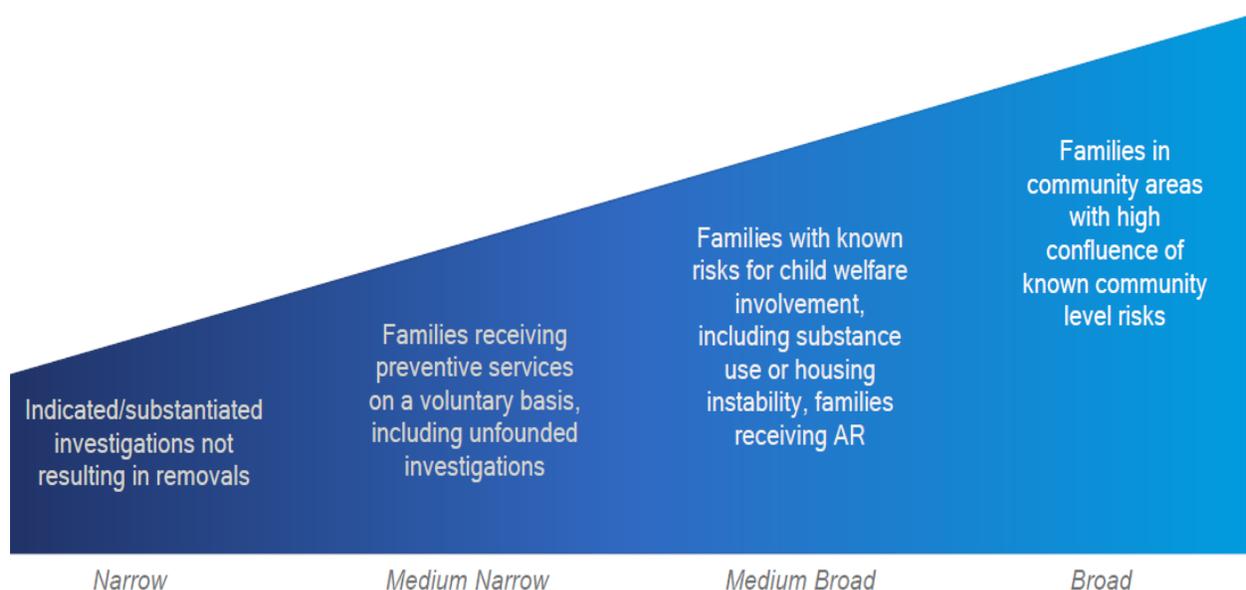
but who can remain safely in the child's home or in a kinship placement as long as services or programs specified in section 471(e)(1) that are necessary to prevent the entry of the child into foster care are provided.”

B. The PI explains that a candidate for foster care cannot be a child who is already under the placement and care responsibility of the Title IV-E agency (i.e., in foster care). However, children who have been reunified with their families following foster care, are living with relatives/kin who is not a foster care provider, or are in an adoption or guardianship arrangement at risk of disruption or dissolution can be candidates.

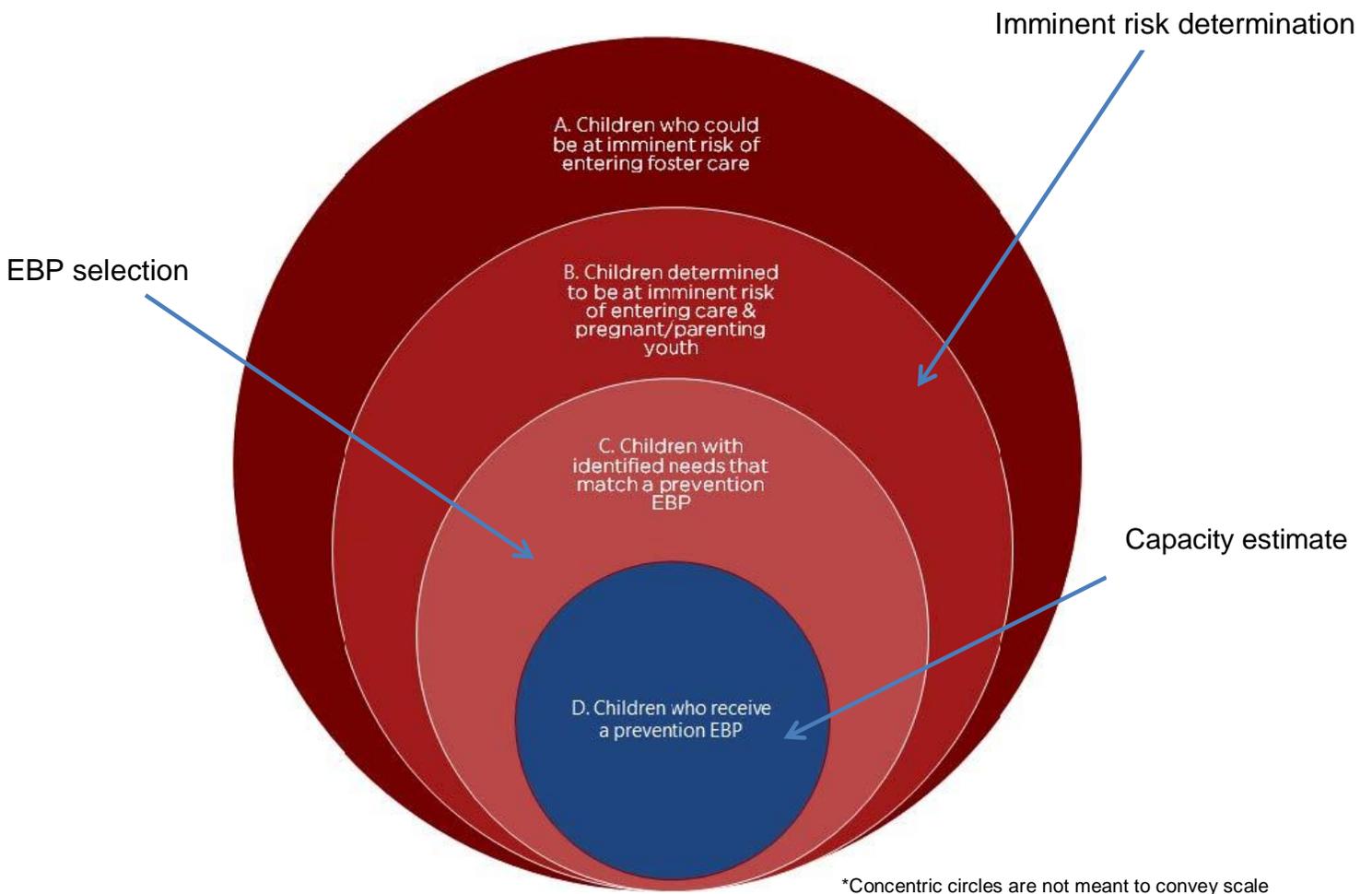
What are the criteria for imminent risk of entry into foster care?

A. The Family First Act does not set criteria for imminent risk of entry into foster care. States are determining state-specific criteria in various ways based on their assessment of child, family and community needs, how their child welfare agency and system operate, and a review of the potential fiscal and operational impacts of Family First.

B. Determining the criteria for imminent risk of entry into foster care can be thought of along a continuum of narrow to broad with some states using Family First to deepen existing practice. For example, some states are choosing a narrow definition that includes children at high risk who are already being served by the child welfare agency via in-home family preservation services. Others are exploring how to expand practice using a broader definition that includes children in the community with significant risk factors who are not known to the child welfare agency until a referral for services is made.



Conceptualizing Candidacy



Considerations for Potential Candidate Populations

- Level of assessed risk of maltreatment
- Types of maltreatment
- Prior involvement with CPS
- Reasons for involvement with CPS
- Prior stay in foster care
- Age or other demographic considerations at a population/community level

Implications of Candidacy Considerations

- Workforce –What workforce will be needed to conduct risk assessment, determine candidacy, develop a prevention plan, monitor, connect child/family to EBP, etc.?
- Technology –What IT system modifications will be necessary to capture and document assessment of imminent risk, candidacy determination, facilitate prevention planning, measure child and family outcomes, evaluate EBPs and conduct CQI?
- Fiscal –What are the immediate and long term costs and/or savings with investments in title IV-E prevention services? How will state provide its 50% of services and administrative costs?
- Capacity to deliver evidence based interventions –Are public system or community based delivered interventions available in sufficient numbers to serve the identified population? What are the prospects for building capacity in the short term and over time?