

**Statement of the
Doris Duke Foundation
for the
Committee on Finance
of the
U.S. Senate**
***“The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for
Improvement”***
May 22, 2024

Thank you Chairman Wyden, Ranking Member Crapo and honorable members of the Senate Finance Committee for the invitation to provide technical assistance via testimony about the Family First Prevention Services Act. My name is JooYeun Chang, and I am the director of the Child Well-being program at the Doris Duke Foundation. I came to the foundation after serving as the acting assistant secretary at the Administration for Children and Families at the Department of Health and Human Services, and before that, as the head of Michigan’s child welfare system.

I appreciate the opportunity to talk about the critical role of the Family First Prevention Services Act in child welfare. Doris Duke Foundation’s mission is to build a more creative, equitable, and sustainable future by investing in child well-being, artists and the performing arts, environmental conservation, medical research, and greater mutual understanding among diverse communities. For the past 25 years, the Doris Duke Foundation has invested in programs designed to prevent abuse and neglect and to promote child well-being. We work with communities, human service leaders, and researchers across the country to identify and promote best practices and policies in child well-being. We have learned that, although all families struggle at times, some families lack access to services as well as the social and material resources needed to overcome challenging circumstances. For some of these families, meeting a child’s well-being needs with the help of community organizations that know and have the trust of families can stop needs from escalating to crisis. The Family First Prevention Services Act is landmark legislation that has helped change the tone and tenor of the child welfare field. For the first time, we have a glimpse at what we aspire to be: a society that acts proactively to prevent foster care, and equally importantly, prevents abuse and neglect in the first instance and that gives all children the opportunity to thrive.

Each year, approximately 7.5 million children are reported to state abuse and neglect hotlines. Over half of these calls will result in an investigation by a child protective services staff member. About 18 percent of all children investigated will be deemed a victim of abuse and neglect. Although most investigations do not ultimately lead to a finding of abuse or neglect, they still have negative impacts: it can be terrifying for the child and parent, can be damaging to communities, and can bias future agency decisions against families.

Abuse or neglect that causes serious and immediate harm to children requires child protection intervention, through either close monitoring or placement of a child into foster care—in addition to providing services to address the underlying concerns. But neglect cases and child well-being concerns that are often tied to poverty alone (or poverty in combination with other risk factors including domestic violence or mental health issues) should receive a different response—one that is voluntary, based on the unique needs and strengths of the family and its community, and that delivers services and supports primarily through trusted community partners rather than government agencies.

Unfortunately, the traditional child welfare system is not well equipped to provide this support in this manner. And, by focusing narrowly on the question of whether to remove a child, using the old tools of surveillance and coercion, we often exacerbate the very problems we seek to solve. Currently, most families reported to hotlines fail to receive any needed services or support. Many of these families will come back to the attention of child protective services through repeat calls to the hotline. Often it is only after challenges turn into crises that any intervention is provided, and it is commonly costly to the child, family, and community as a whole. We must do more to prevent this expensive, traumatic, and inefficient response to family needs.

The Family First Prevention Services Act was momentous legislation. It addressed a long-standing concern that a federal financing policy that only guaranteed funding for foster care had the unintended consequence of incentivizing foster care as an intervention over more cost-effective and humane prevention services. Your bold act to guarantee federal funds for prevention services provides a unique transformational opportunity in how our nation approaches child well-being. And yet, six years after passage, states have not fully realized the promise of this new policy. We believe we cannot let this opportunity pass us by. We must understand the systemic barriers to maximizing prevention funding

and prove that it is better for children, and for the bottom line, to invest in services and supports that prevent abuse and neglect and, importantly, keep families together when safely possible.

The Doris Duke Foundation believes that there are important structural roadblocks that must be addressed to ensure full implementation of Family First: community-based points of engagement for target populations; a trusted and effective workforce that can help isolated families engage in needed services; system navigation/care coordination; and economic and concrete supports to families. We seek to test practices and policies that fill these structural gaps through a demonstration project called Opportunities for Prevention and Transformation, or OPT-In for Families. Successful implementation of Family First requires child welfare agencies to partner with communities to offer families support outside the traditional context of child protection practices that come with the challenges of surveillance and coercion that are antithetical to a prevention paradigm and the science of prevention. In addition, state agencies must analyze data and engage communities to understand which populations are at greatest risk of abuse and neglect, and which populations, if left without services and supports, may result in deeper involvement with child protection and foster care. Once identified, we must provide targeted prevention services and supports that are tailored to meet needs. Furthermore, community providers need to deploy effective outreach and engagement strategies including a workforce that involves peer mentors and other trusted community partners including civic and faith-based organizations. This workforce must help families navigate a cumbersome and opaque health and human service system to address the often-complex mix of material, health, mental health, safety, and parenting supports that they need to thrive. Finally, we must better understand the interaction of poverty and abuse and neglect, including the extent to which addressing a family's material or economic needs can prevent unnecessary entries into foster care.

Even as child welfare and its community partners learn how to build an infrastructure that supports the effective delivery of prevention services and support, Congressional action to address the challenges that have emerged during the first phase of Family First implementation can make it easier for states to implement the law and ensure that more children and families benefit from your bold vision to promote prevention. We submit for your consideration the following recommendations for improvements to legislation that would clarify who is eligible, how prevention services are offered and deemed effective, and what is covered as eligible services:

- 1) *Clarify who is eligible for Family First interventions to include children and families who are at risk of child welfare involvement and ensure that services are delivered, and efficacy measured in a way that is humane and promotes program utilization.*

The current statute defines eligibility for an individual child who is a “candidate for foster care,” “at imminent risk of foster care entry,” and “if not for this service the plan for the child is foster care.” The literal interpretation of this conditional requirement that foster care is the immediate alternative to prevention services fails to appreciate the complex nature of predicting future harm, increases administrative burdens, creates stigma and fear, and reduces participation in the services and programs that can be helpful. The interpretation of who is eligible has led some states to require families to acknowledge in writing that they are at imminent risk of losing their children to foster care as a condition of receiving prevention services. This discourages families from taking advantage of the very prevention programs that Congress has made available through Family First. States should be given flexibility to identify risk at a population level based on data that shows who and where there is the greatest risk of foster care placement. Eligibility for prevention services under Family First could be modeled on other federal programs like the Community Eligibility Provision administered by USDA, which allows high-poverty schools and districts to provide breakfast and lunch at no charge to all students. Community eligibility reduces administrative paperwork, increases program participation, eliminates stigma, and makes it easier to implement innovative program models.

If states are permitted to determine eligibility at the population level, they should use population-level data to determine whether these evidence-based prevention services and engagement strategies are working. This would eliminate the need for community agencies to use the old tools of surveillance that stigmatize and make families reluctant to seek help. We have heard from community providers that families fear that child welfare agency collection of data about their participation in prevention services will be used against them in the future. This further promotes distrust and fear among the families we are trying to help. Allowing population-based eligibility for prevention services and, tracking the effectiveness of those services and supports through population-level data that measures both child safety and well-being outcomes, would promote innovative and more effective implementation of Family First. The jurisdictions selected for participation in OPT-In for Families are experimenting with this type of population-based prevention programming. In Oregon, the child welfare agency has partnered with its public benefits program to offer case management and peer support to parents who

are TANF-eligible and identified by community members as having child well-being needs. In Kentucky, families who have been screened out at the hotline because they do not meet state definitions of abuse and neglect are referred to community-based organizations for services and support. Both pilots suggest that providing families services and support at this early signal of need reduces the number of children entering foster care. These efforts embrace the spirit and intent of Family First, but a literal interpretation of eligibility hinders the national spread of such effective programs.

- 2) *Expand the scope of eligible prevention services to include services and support to address interpersonal violence, system navigation and care coordination, and material and concrete support for families.*

Interpersonal violence: Family First explicitly named three types of allowable prevention services: programs that promote positive parenting practices, substance use disorder treatment, and mental health services. The latest Child Maltreatment report from the Department of Health and Human Services shows that the largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. Drug use is a factor in 23.8 percent of confirmed child abuse and neglect cases. Domestic violence is a factor in 26.5 percent of confirmed child abuse and neglect cases. These are likely significant undercounts, as drug use and domestic violence are both difficult familial issues that child welfare workers may be reluctant to note without strong evidence from the investigation. Although Family First included services to address substance use, services to address domestic violence were left out of allowable uses for Title IV-E Prevention program dollars. This is a serious oversight, particularly as child welfare agencies in many cases hold the abused parent – most often the mother – responsible for stopping another person’s abusive behavior, for example by removing the child. Domestic violence is a complicating factor when it comes to addressing other risk factors such as substance use disorder and mental health because trauma and violence both contribute to those conditions and treatment programs are often less effective in cases of domestic violence if the domestic violence is not addressed. Allowing domestic violence, fatherhood supports, and abusive partner intervention programs – all of which have evidence supporting their efficacy in improving outcomes for children and families – to qualify for Title IV-E Prevention funding would help children remain safely at home while also stopping intergenerational cycles of violence.

Care coordination: Many of the families who are at greatest risk of abuse and neglect and future involvement with foster care are families with complex and interrelated needs. Providing access to individual services is necessary, but not sufficient, to prevent child maltreatment and ultimately child welfare system involvement. Families who are struggling with multiple hardships with few resources often need help navigating bureaucratic service systems. Mitigating risk requires that all needs that create risk are addressed and that providers coordinate services to ensure that comprehensive needs are met. A model for this type of intensive case management exists in healthcare. Research shows that for patients with multiple and complex health needs, such as those suffering from mental health disorders, outcomes are determined by the combined actions of the care providers they visit and their interactions.

Economic and concrete supports for families: Many referrals to child protective services and child welfare system involvement are driven at least in part by economic insecurity and cumulative material hardship. In a recent national survey conducted by the American Public Human Services Association and Chapin Hall Center for Children, 64.1 percent of responding states reported that “inability to meet economic need is often a contributing reason for family involvement in child welfare.” 100 percent reported that the inability to meet economic needs is at least “sometimes” a contributing reason. Although economic need is a significant factor in family risk of abuse and neglect and entry to foster care, the current child welfare policy framework orients assessment and intervention predominantly at parenting behaviors and capacities (e.g., substance use and mental health) thereby leaving unaddressed this key driver of child welfare involvement. An ever-growing body of evidence clarifies that when economic and concrete supports are provided—via macroeconomic and universal policies (e.g., earned income tax credit, child tax credit, paid family leave) and human service sector strategies (e.g., childcare, cash assistance, health care, housing) —child maltreatment and involvement with child protection are reduced.

An alternative system response that can meet the comprehensive needs of families at risk must be able to attend to not only a family’s service needs through effective engagement strategies and care coordination but must also address the time-sensitive material needs that contribute to maltreatment and foster care placement risk. Providing a framework for the use of material through Family First can help ensure that poverty is not the primary reason a child is entering foster care.

Thank you again for the opportunity to be here. I look forward to your questions.