

SENATE FINANCE TESTIMONY

David Reed, MSW, LCSW, CSAYC

Deputy Director, Child Welfare Services

Indiana Department of Child Services

5/22/2024

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

Dear Chairman Wyden, Ranking Member Crapo, and Members of the Committee. Thank you for the opportunity to testify here today. My name is David Reed, and I am the Deputy Director of Child Welfare Services for the State of Indiana. I first want to thank Chairman Wyden and the members of the committee for inviting me to speak today about FFPSA. It's an honor to share Indiana's experience in recent years.

I have been working in child welfare as a social worker and in many different roles and capacities for 30 years. As I begin my testimony, I thought it would be helpful to review the history of foster care in Indiana prior to the passage of the Family First Prevention Services Act (FFPSA) in 2018. In late 2017, just before the passage of FFPSA, Indiana had over 17,000 children in formal out-of-home care, and it was at that time that I came to the Department and assumed my current position. Indiana ranked 4th most children in foster care in the entire country, with only Florida, Texas, and California having more children in care than Indiana. Each of those states has over three times our population. In addition, we also had over 1,000 children living in congregate-care, non-family-based settings. While there can be value in residential treatment for kids who need that level of intensity, we do not want kids to grow up in those programs as we know from research that kids do best with families. Also, there were not many evidence-based services or interventions happening across the state, and, like the rest of the country, significant removal disparities by race existed. Black/African-American children and multiracial children were removed at higher rates than White children. That's especially concerning as national studies demonstrate that across the country children of color have worse outcomes when they are removed from their families--they spend significantly longer in foster care, have significantly higher rates of congregate-care placements, are much less likely to exit care with family-based permanency, and if they are adopted, it is more likely to disrupt.

That was the child-welfare landscape in 2017. It was believed to be resultant of focusing support and resources too late in a child's life. Indeed, when you look at the nationwide outcomes of former foster youth as they enter their adult lives—only 52% complete high school or earn a GED, 45% are in legal trouble within just six months of being on their own, nearly half experience homelessness by age 21, and the rates of substance abuse and mental health disorders, such as clinical post-traumatic stress disorder (PTSD), exceed those of adult *combat* veterans.

As a country, we must remind ourselves that our work is *for* our youth, not done *to* our youth. I've spent my life working with children who have been involved in foster care and the child welfare system. Most of the time I see wonderful outcomes. However, I also see the challenges that remain within our systems and opportunities for better outcomes.

FFPSA passed in February 2018. Traditionally, resources were available to states generally, only once a child had sustained harm and needed intervention. Now, thanks to FFPSA, states can use those same federal dollars proactively to deliver services to help prevent children and families from ever entering foster care. This was research-informed as we now clearly know the developmental and emotional damage that occurs when bonding is disrupted and children experience traumatic separations. Make no mistake, entering foster care and being separated from family *is* traumatic for children and research has helped make this clear. I have worked hard to educate myself and my colleagues and other child-welfare professionals and stakeholders on current child-welfare research as we have learned so much during my three decades doing this work. Numerous studies have shown that comparatively maltreated children fare better when they can be safely maintained with their own families than if they enter foster care; they are more likely to maintain employment and healthy relationships; and are less likely to be arrested as juveniles or young adults or experience early or unwanted pregnancies.

The passage of FFPSA was well-timed for Indiana. Its research-based focus on keeping families safely together sparked national conversation about addressing disproportionality in child welfare. Respectfully, however, the rollout was challenging and slow. We were eager for things like the Title IV-E Prevention Services Clearinghouse to finally list evidence-based models that were actually available in my state to act upon, and we recognized early that a one-model-at-a-time approach to serving families was not sufficient. Our families are much more diverse and complicated than that, and we needed something more comprehensive. Indiana, much like when FFPSA was first being debated in Congress, decided to use as much research as we could to create our approach to try to keep more kids safely with their families. However, we knew that although our model should be comprehensive, it needed to be flexible and capable of responding to the needs of *all* Hoosier families. As such, we developed our Indiana Family Preservation Services model, or INFPS (or, “family pres” as it is called in Indiana), using a foundation of evidence-based interventions that were already studied and much more widely available, but we added more research-informed and repeatable and manualized components. We required providers delivering INFPS to focus on the development of well-researched and understood protective factors—these are things that we know we can teach families, and when we do, they keep children safer. These protective factors include things like parental resilience (so many of our parents have had their own trauma when they grew up), social connectedness, so families have people they can lean on when they need help (raising kids is hard work—any parent will tell you that), knowledge of child development, so parents have realistic expectations for their kids, and *access to concrete support in times of need*. Much research exists about how families who have access to economic and concrete support when they need them have safer children. It is a well-researched and clearly identified protective factor ([SF Concrete-Support-in-Times-of-Need.pdf \(cssp.org\)](#)). While the value is apparent, the challenge has been how to manualize the provision of these supports, which is increasingly important in a “Family First” world. We

wanted to ensure that these valuable resources could be used, when needed, to prevent removals and to keep kids safe, and that is what we did. The INFPS model requires that concrete support be provided to families when not doing so would result in children having to come into foster care. That is the plain language in our manual, and it is clear those supports have been some of the most valuable interventions we have provided since we launched the service--statewide--on June 1, 2020.

Here is one example of how the provision of concrete support within INFPS has impacted a specific case. DCS was called about a neglect allegation involving a single mother who had seven children, all of whom were school-aged or younger. This mother worked but struggled financially. DCS was called because she was unable to take all seven of her children in rural Indiana to school and/or daycare at the same time so that she could go to work. She took them in “shifts” leaving some children home alone. This resulted in the neglect allegation and the opening of a DCS case. The provider delivering INFPS to this family recognized what this mom really needed to ensure that her children could all be transported together—a bigger vehicle—and used the concrete supports built into INFPS to purchase her a used minivan. That \$3,000 van “solved” the reason for DCS’ involvement and very likely prevented seven children from coming into foster care, which is exactly what most likely would have happened prior to INFPS. In addition, had foster care been the outcome, the likelihood that all seven children would have been placed together in the same foster home is very low, with the resulting separation of siblings further adding to the trauma each child would have experienced. Further, while Indiana has been working very hard to reduce the time that kids spend in foster care, we know that nationally children who enter foster care spend on average 15.5 months in out-of-home care, with costs often exceeding \$100/day per child (often much more). The \$3,000 cost of the minivan is a “bargain”.

When the financial costs of foster care are considered, let alone the emotional, developmental, social, and mental health costs, the value of providing concrete support to prevent removal, assuming it is safe to do so, is hard to overstate. This is what we have built into our repeatable intervention, and now, nearly four years to the day later, and with 95 provider agencies across the state delivering INFPS, we have served over 27,000 kids and nearly 14,000 families. We have seen the number of kids in out-of-home care drop by more than 50% from our peak, and markedly improved child safety as well. More kids are home with their families with their wellbeing and all their known relationships intact. While this has been gratifying, what has been even more inspiring is the drastic improvement to our removal disparities by race. We have seen a 66.9% decrease in our Black/African-American removal disparity, and an extraordinary 86.2% reduction for our multiracial children. This is measured by how many *more* children of these races were removed per 1,000 than their White peers from our peak disparity levels. Indiana’s goal is that there is *no* removal disparity by race in our state. Importantly, we are very close to that reality.

As previously mentioned, not only has Indiana seen the number of children in foster care reduce dramatically, but we have also seen marked improvement in child safety. This is evidenced by the percentage of children who have experienced substantiated abuse and/or neglect who go on

to experience *another* abuse or neglect event within six months. The benchmark (established by the Children’s Bureau for Indiana) was set at: at least 94.6% of children will *not* have another maltreatment event within six months. I am thrilled to say that beginning in February 2022, Indiana exceeded that target with 94.95% of our children not experiencing repeated maltreatment that month. What is more, we continued to exceed the target for 24 straight months. More children were home, and they were safer, which is the clear goal of not only INFPS, but also FFPSA.

Just last month INFPS was designated a “Promising Practice” by the California Evidence-Based Clearinghouse for Child Welfare ([CEBC » Program » Indiana Family Preservation Services \(cebc4cw.org\)](https://cebc4cw.org)), and it is currently under review by the Title IV-E Prevention Services Clearinghouse. While we are hoping for a favorable review as it will allow us access to significantly more funds to do this work, we also see other areas where FFPSA can be improved to help realize the lofty goals of this research-informed legislation. First, it is clear that economic and concrete support when available to families helps to keep kids safe, and FFPSA should be amended to allow for more access to them for families whose children are at risk of foster-care entry. The Prevention Services Clearinghouse should give special consideration to models that include access to concrete support and should consider adding a separate category altogether to the four existing service areas for concrete-support-alone models. These models could then be available to pair with other models from the Mental Health, Substance Abuse, In-Home Parent Skill-Based, and Kinship Navigator categories to increase their impact. FFPSA has the potential to wholistically reshape our country’s approach to child welfare. It can take the country to a place where we no longer remove children from their families for things that could have and should have been addressed proactively. It can very likely dramatically reduce the number of children in care, without increasing risks to safety and result in *significant* cost savings as well. FFPSA can do all of that while protecting children’s wellbeing and futures.

Second, the notion of “foster care candidacy” should be reconsidered to allow evidence-based interventions to be delivered with the families upon which they were studied. Indeed, that is what Indiana did in integrating Healthy Families America into our Title IV-E Prevention Plan, and it was not easy. Healthy Families Indiana is a phenomenal model, and that is not just my opinion. It has been well-researched and is listed as “well supported” on the Title IV-E Prevention Services Clearinghouse. Most importantly, I know it is a phenomenal model from Indiana’s outcomes, too. We have had Healthy Families available in Indiana for over 30 years, and it is available in all of our 92 counties. Over 10,000 families participate in the service every year going back to well before the passage of FFPSA. Over those now-30 years, almost none of those families have experienced substantiated abuse or neglect allegations or any formal involvement with DCS. None of those families participated in the service under the threat of losing their children to foster care. When Healthy Families Indiana appeared as “well-supported” on Title IV-E, I knew I wanted to find a way to integrate it into our Prevention Plan. However, I wanted to deliver the program in the manner that it was intended. The federal definition of “foster care candidacy” is families whose children who are at risk of “imminent risk of entering foster care.” Healthy Families Indiana targets more upstream before there is an imminent risk. Fortunately, the Children’s Bureau communicated to states consistently after the passage of FFPSA that they

could “further define” candidacy, and I took Jerry Milner at his word and crafted our definition of “candidacy” to include families who participated in Healthy Families. While it was not easy and it took many discussions with the Children’s Bureau, Indiana’s Prevention Plan was approved with that definition in place on June 30, 2022. Since then, other states have also successfully followed suit and prevailed with the Children’s Bureau. While fortunate, it should not require so much deliberation. States should be empowered to implement models that appear on the Title IV-E Prevention Services Clearinghouse with the youth and families for which the models were developed and upon which they were researched. Making this shift would allow resources to be moved further upstream and help families before they are ever involved with child protection services.

Another recommended change is to remove the requirement that at least 50% of a state’s prevention services’ spending be on well-supported interventions. While it is understandable to want IV-E funds to be used on the most researched and effective models, this has unintended consequences. First, given that well-supported models are eligible for a waiver for the evaluation requirement, states are choosing to *only* put well-supported models on their Prevention Plans to avoid the burdens and expenses of having to complete evaluations. This reduces the opportunity for models that have evidence of effectiveness but are not yet well-supported from being further evaluated, or even available at all, despite possessing research support. Many emerging models, with INFPS being a very clear example, are just now being evaluated on their effectiveness with specific populations, and many models that are designated as “well-supported” have not been studied on special populations at all. This is despite encouragement to have evidence-based programming available to these groups and the emphasis that the Title IV-E Clearinghouse has on evaluating models that do have evidence of effectiveness with unique groups. Since launching INFPS statewide in Indiana in 2020, there is clear evidence that special populations are benefitting as demonstrated by a stark reduction in removal disparities. However, even in an ideal situation, the model can only reach a “promising” level of evidence because it has not had the opportunity to be evaluated enough to attain a well-supported designation. INFPS is an intervention that helps keep kids safe and out of foster care, and it is effective across *all* populations (see Table 1 below). INFPS launched June 1, 2020, and although the model was only available for 7 months that year, removal disparities went to new all-time lows for both Black and multiracial children and continued to reduce each subsequent year with 2022 being the most current data available. The requirement to have 50% of a state’s spend be on well-supported models will directly impact the federal resources available to deliver the model in Indiana and will also limit its ability to be implemented in other states as well. I believe strongly that outcomes like Indiana’s are possible anywhere with an intervention like INFPS.

Table 1: “Black Disparity” and “Multi Disparity” reflect how many more children of that race per 1,000 were removed as compared to White removals for that calendar year.

Calendar Year	White removal per 1,000	Black removal per 1,000	Black disparity	Multiracial removal per 1,000	Multiracial disparity
2012	3.97	8.38	+4.41	9.61	+5.62
2013	4.65	7.93	+3.29	11.08	+6.37
2014	5.78	9.68	+3.93	13.6	+7.84
2015	7.10	10.82	+3.76	17.05	+9.85
2016	7.77	12.14	+4.38	19.08	+11.34
2017	7.56	11.35	+3.82	18.15	+10.50
2018	5.91	8.54	+2.63	13.51	+7.5
2019	5.24	8.52	+3.28	12.25	+6.93
2020	4.81	6.92	+2.13	10.38	+5.42
2021	4.33	6.02	+1.69	7.41	+3.11
2022	3.87	5.33	+1.46	5.43	+1.56

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

Sincerely,



David Reed, MSW, LCSW, CSAYC
 Deputy Director, Child Welfare Services
 Indiana Department of Child Services