The Family First Prevention Services Act (FFPSA) provides a new opportunity to increase supports to prevent foster care, keeping children in their homes whenever safe and possible, through the provision of select, evidence-based prevention services that are newly reimbursable through title IV-E. As a result, child welfare systems can now more effectively provide mental health, substance use, or parenting services to families whose children would otherwise enter foster care. In order for child welfare systems to claim title IV-E reimbursement for these services for children and families, the system must deem the child to be a “candidate” for foster care “but for these services.”

States have the ability and the responsibility to develop their operational definition of “candidacy” within the parameters of the law. This is extremely important as it will determine which children and families receive these prevention services and frame how child welfare systems use the law to meaningfully expand federally funded prevention activities. In order to do this well, states must focus on serving the right children and families—those who need these services to be provided through the child welfare system. This is a challenging task for states given the historic lack funding for meaningful primary prevention services in most communities and the desire to maximize federal funding as much as possible. However, deeming all children to be candidates of foster care is not the solution. The following are guiding principles for states to consider as they work to identify a definition of candidacy that fits within the context of their state policies and prevention service array.

**Responsibly Defining Candidacy within the Context of FFPSA: Five Principles to Consider**

**What is Imminent Risk?**

FFPSA defines the term ‘child who is a candidate of foster care’ to mean “a child who is identified in a prevention plan under section 471(e)(4)(A) as being at imminent risk of entering foster care…but who can remain safely in the child’s home or in kinship placement as long as services of programs specified in section 471(e)(1) that are necessary to prevent the entry of the child into foster care are provided.” (Sec. 50711).

The Child Abuse Prevention and Treatment Act (CAPTA) requires states to define child abuse and neglect to mean:

- “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation”
- “an act or failure to act which presents imminent risk of serious harm.”

State laws provide greater detail for what constitutes child abuse and neglect within their state statute and additional case law has refined how “imminent risk” or “imminent danger” is operationalized within each state.

Therefore, there is already considerable variation in how states currently define “child abuse and neglect” and “imminent risk.” These variations will impact how each state defines candidacy within their FFPSA Title IV-E Prevention Plan.
Five Principles to Consider

- Evaluate state and local data to understand the needs of children who are currently entering foster care and those who are “short stayers.” Identify the number, location, and characteristics of children entering care that could remain at home if prevention services were available? What is known about their needs and the needs of their families and caregivers?

- Extreme care and attention must be taken so that the definition of candidacy does not further structural and institutional racism. For example, all children from specific communities with certain socioeconomic and demographic characteristics should not be defined as candidates for foster care because of their zip code or address.

- States should not define candidacy so broadly that the potential of federal funds results in children and families becoming involved with child welfare unnecessarily. We know from research⁴ that when children and families are brought into the child welfare system, typically surveillance and monitoring of the family increases and families can be pushed deeper into the system.

- Build a broad prevention continuum to support children and families with varying degrees of needs. To do this well, child welfare agencies must partner with other public human service agencies—including behavioral health, health, and income support agencies. While FFPSA provides an opportunity to claim federal funding for some prevention services, it must be seen as only one narrow slice of a states’ prevention plan. States must have a comprehensive prevention continuum that is able to support and engage families well before they come into contact with child welfare. Child welfare, through the required Title IV-E Prevention Plan, should serve the smallest population and be considered a final prevention/intervention service.

- Consider the impact of the definition of candidacy on state budgets for primary prevention programs. As states increase the number of children and families eligible for prevention services under FFPSA, states will have to make decisions about how to budget state and local dollars designated for all levels of prevention. States must still fund prevention services for children and families to prevent involvement with child welfare and must not inadvertently limit a family’s ability to access necessary services and supports outside of the child welfare system.

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¹ These services must be in support of mental health treatment, substance use prevention or treatment, or in-home parent skill-based programs that are deemed to be evidence-based, as defined by the soon-to-be-published Clearinghouse.

² Child welfare systems can also receive title IV-E reimbursement for these services provided to pregnant and parenting youth in foster care, regardless of whether or not their child is deemed to be a candidate of foster care.
