



Senate Human Services Committee

January 14th, 2026

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Agenda

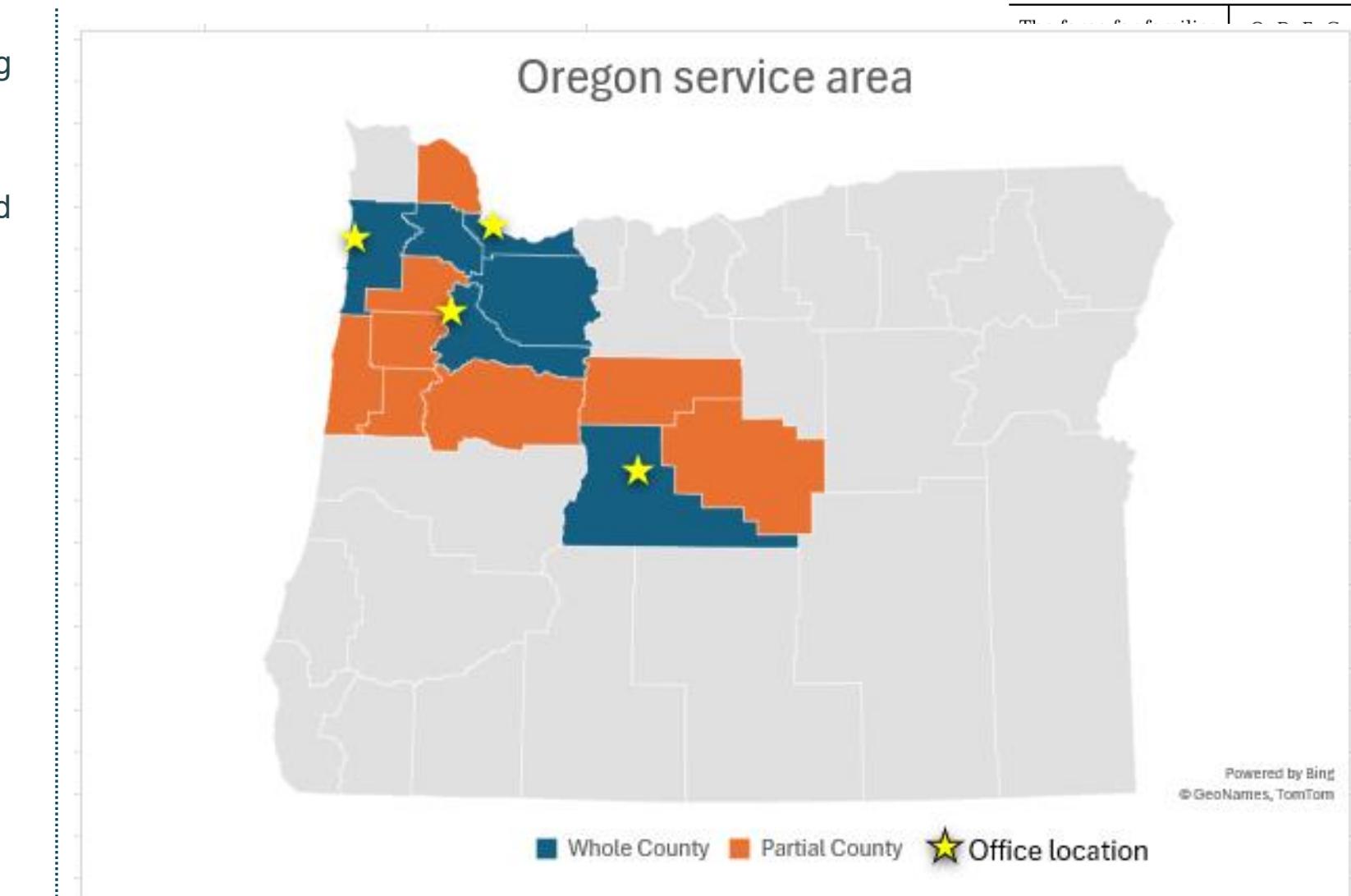
- Introduction
- Brief background on Youth Villages: *Who we are, what we do, where we do it*
- FFPSA through a National Lens
 - Opportunity to transform child welfare across the country
 - Federal funding for services utilized by state (so far)
 - Foster Care rates
 - Model states and elements of success and lessons learned
- What's next is what matters

Youth Villages- Oregon



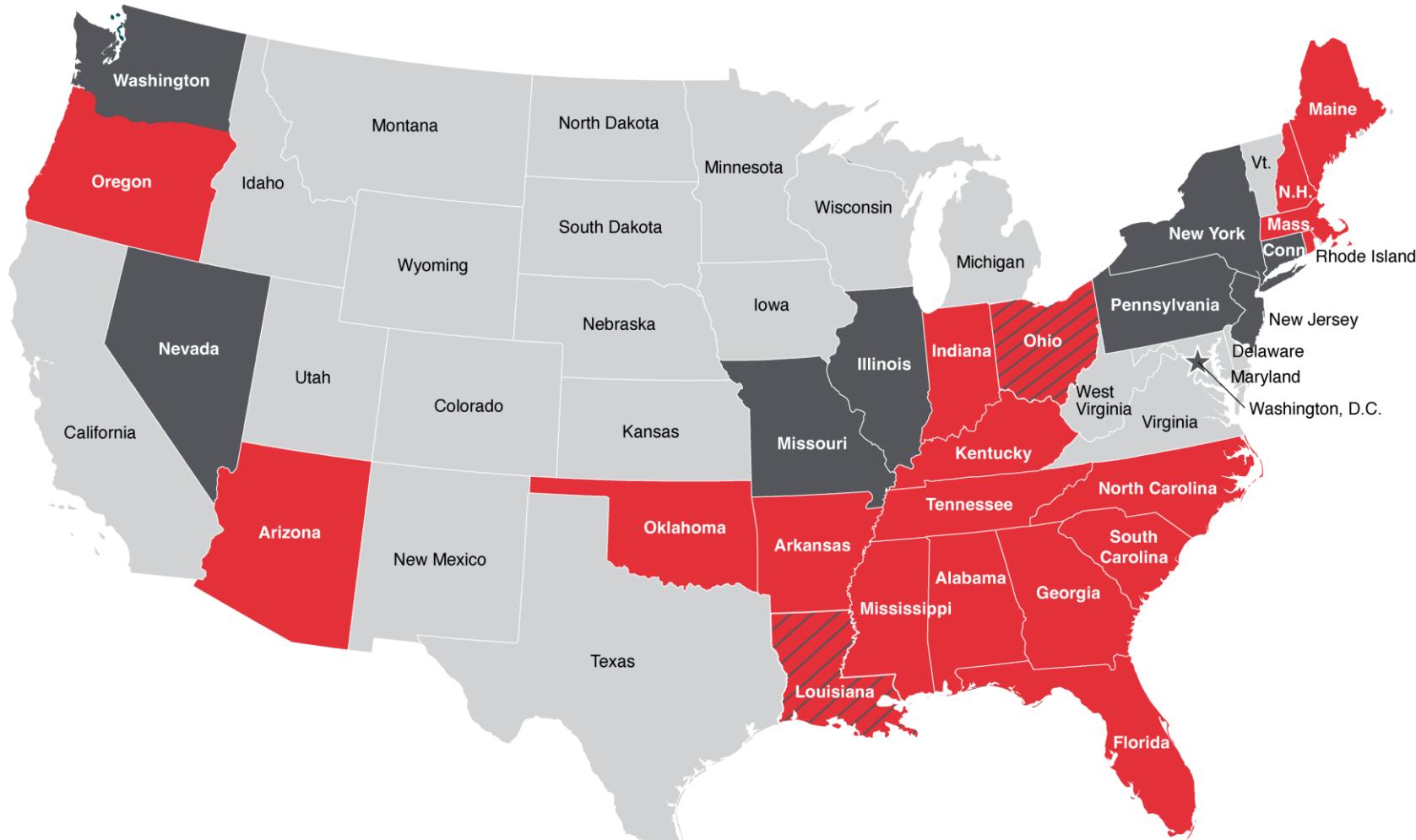
➤ Youth Villages Oregon

- Youth Villages has been serving Oregon youth/families since 2011.
- Since that time, we have helped over 4,500 of Oregon's youth and families:
 - 3,086 through in home services (*Intercept*)
 - 1,426 Transition Aged Youth Services (*Lifeset/ILP*).
- Currently serving 400 youth/families across 14 counties - and growing.



*Does not include crisis/MRSS services

Youth Villages National Footprint



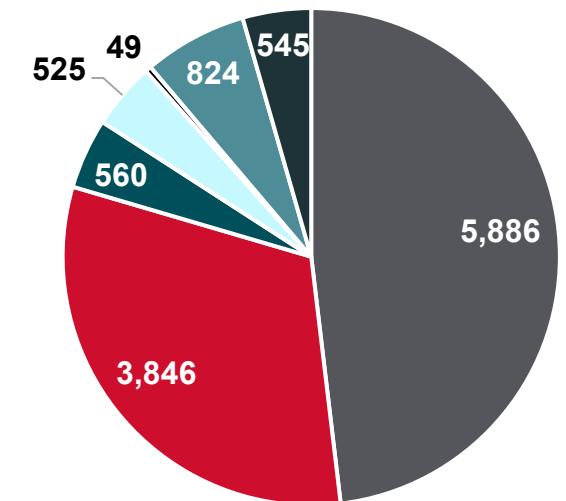
■ Youth Villages direct service delivery

■ Implementation of Youth Villages' services through partners

Louisiana and Ohio serve children and families through both partnerships and direct services.

12,235

Current Census by Program
(As of May 1, 2025)

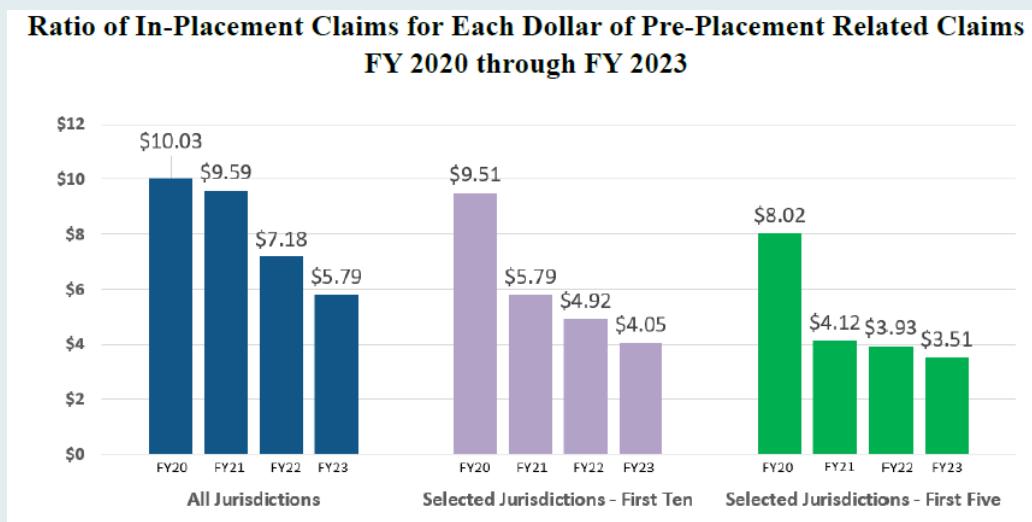


- In-home Services
- Transition-Age Services
- Foster Care
- Residential
- Group Homes
- Wraparound
- SWITCH

FFPSA Nationally: The Opportunity

- Passed in 2019, offers *uncapped* federal matching funds for [eligible prevention services](#)
- [A recent analysis](#) from Bolder Horizon shows that since passage:
 - There has been a 9% reduction in foster care claims overall (nationally); and
 - *“When Family First implementation began, states spent just over \$10 on foster care for each \$1 of prevention. Within two years, this dropped to less than \$6 for each \$1.”*
 - **States who were the first to begin “claiming”** have seen prevention services grow significantly.

Article by Don Winstead, a national expert on Child Welfare financing shows:



FFPSA Nationally: Federal matching for services

- As of September 2024

- 34 states have Prevention Plans
- 26 of them have drawn down federal funding to support prevention plans*

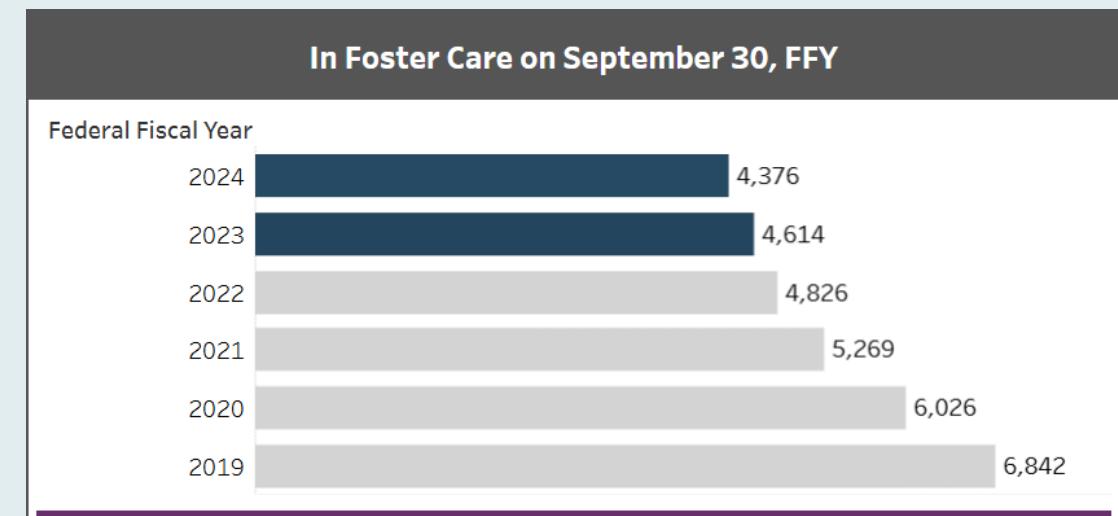
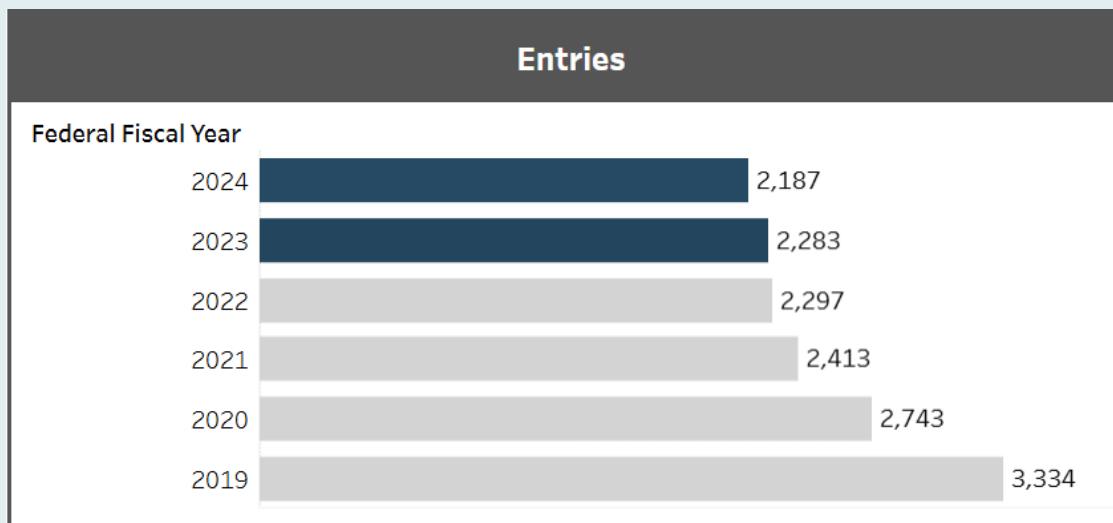
Subset of states with highest and lowest federal reimbursement*

Title IV-E Agencies With Approved Prevention Services (PS) Plans* ²	Title IV-E PS Plan Effective Date	Caseload - Any Service Provided	Prevention Services Total Costs - TC	Prevention Services Total Costs - FFP* ³
Indiana	10/1/2021	6,091	75,899,822	37,949,916
Kentucky	10/1/2019	2,556	33,124,962	16,562,487
Michigan	10/1/2021	3,282	13,097,641	6,548,826
District of Columbia	10/1/2019	363	12,054,205	6,027,103
Kansas	10/1/2019	961	11,683,656	5,841,834
North Carolina	1/1/2022	0	0	0
Oregon	10/1/2020	0	0	0
South Carolina	1/1/2021	0	0	0
Vermont	10/1/2021	0	0	0
Washington	10/1/2019	0	0	0

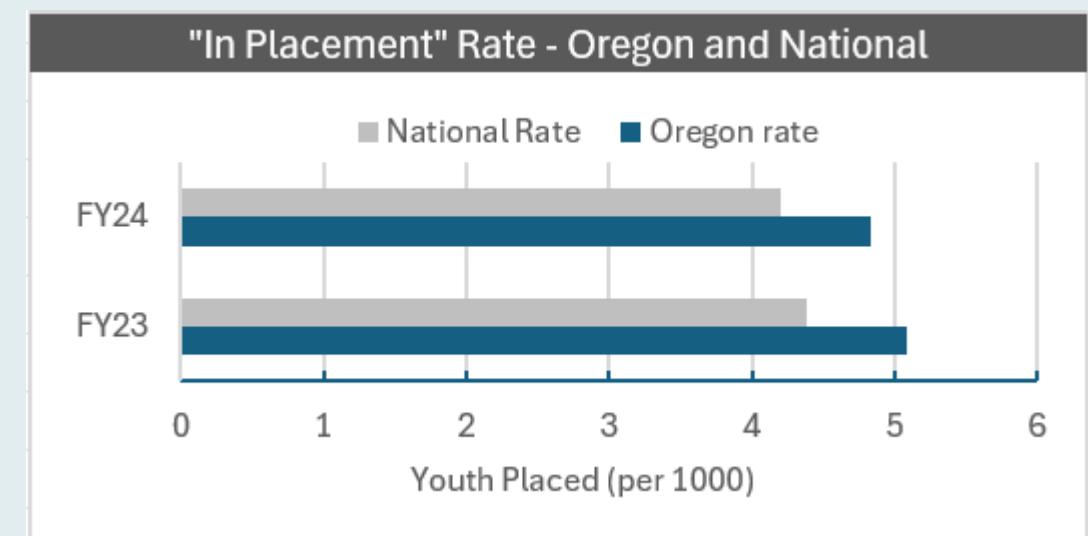
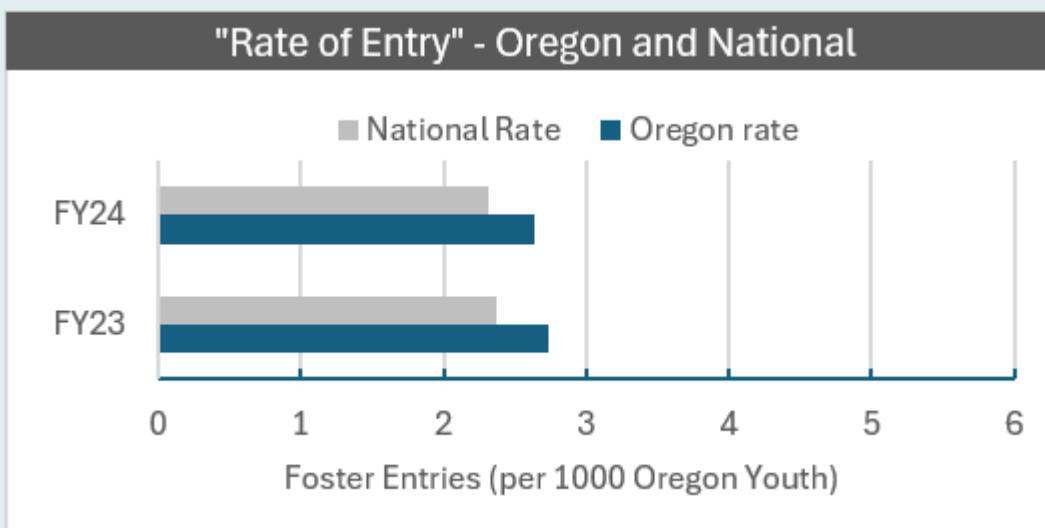
Data source: [Title IV-E Programs Expenditure and Caseload Data 2023](#)

**All states received “transitional funds” not counted in these figures
Transitional funds have been broadly used to stand up new services and/or comply with “QRTP standards”*

FFPSA Nationally: Foster care rates – Oregon and National



Foster care entries in Oregon declined from 3,334 (FY2019) to 2,187 (FY2024). Additionally, the number of children in care dropped from 6,842 (FY2019) to 4,376 (FY2024).



As of FY2024:

Oregon's Entry rate: = 2.64 per 1,000, ~14% higher than national (2.32).
Oregon's In-placement rate = 4.83 per 1,000, ~15% higher than national (4.2).

FFPSA Nationally: Example states and elements of success

New Hampshire

- Child Welfare agency draws down Medicaid or IV-E funding, depending on the eligibility of the youth
- IV-E is payer of last resort, so it is only utilized for youth who are NOT Medicaid-eligible (e.g. youth with no mental health diagnosis, including young children under 5)
- In practice, this approach allows a model to serve a broad population of youth to prevent entering custody
- This approach that maximizes federal reimbursements

FFPSA Nationally: Example states and elements of success

Kentucky

- One of the first five states to begin claiming IV-E under FFPSA
- Utilizing IV-E to rapidly scale programs like Intercept;
- Targeted approach to EBP inclusion, including addressing its biggest need areas, such as parental opioid use*
- Highly successful in achieving federal reimbursement

EBPs included in Kentucky's Prevention Plan:

Table 1: DCBS proposed prevention programs with a Title IV-E Prevention Services Clearinghouse rating

Prevention Program categories	DCBS Proposed Evidence-Based Programs	Title IV-E Prevention services Clearing-House Rating
Mental health treatment	Functional Family Therapy	Well-Supported
	Multisystemic Therapy	Well-Supported
	Parent-Child Interaction Therapy	Well-Supported
	Intensive Care Coordination Using High-Fidelity Wraparound	Promising
	Trauma Focused-Cognitive Behavioral Therapy	Promising
Substance abuse treatment and prevention	Motivational Interviewing	Well-Supported
	Multisystemic Therapy	Well-Supported
	Sobriety Treatment and Recovery Teams	Promising
In-home, skill-based parenting programs	Homebuilders Intercept® Sobriety Treatment and Recovery Teams	Well-Supported Well-Supported Supported

FFPSA Nationally: Example states and elements of success

Tennessee

- Bringing services to scale:
 - Thousands of families receiving prevention services across all 95 counties
 - Approximately 50% of cases are funded through Medicaid Managed Care Organizations (for youth who meet medical necessity criteria); approximately 50% funded through IV-E claimable Prevention funding
 - This fiscal year, state child welfare increased investment to concentrate on counties with highest foster care entry rates
- Challenges/lessons learned:
 - Early challenges with claiming, driven by SACWIS issues and technicalities
 - Models included in plan have been slow to be operationalized or scaled

It's not about policy or numbers - What's next is what matters



With all of this in mind, Oregon should consider:

- **Setting goals** like: “Oregon will safely reduce the number of youth in foster care by half in the next five years”
- **Keeping it simple:** Bring a small set of impactful well supported services to scale while investing another set of promising and culturally specific services
- Have a **detailed plan for claiming** (Oklahoma example)
- **Partner with providers:** Greater transparency, collaboration
- **Be aware of pitfalls** – build in solutions, be nimble
- Consider **Map to Impact** approach
- Above all: Diving into FFPSA opportunity with **urgency**

THANK YOU

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