



*Senate Human Services Committee*

January 14th, 2026

Andrew Grover, MPH



## Agenda

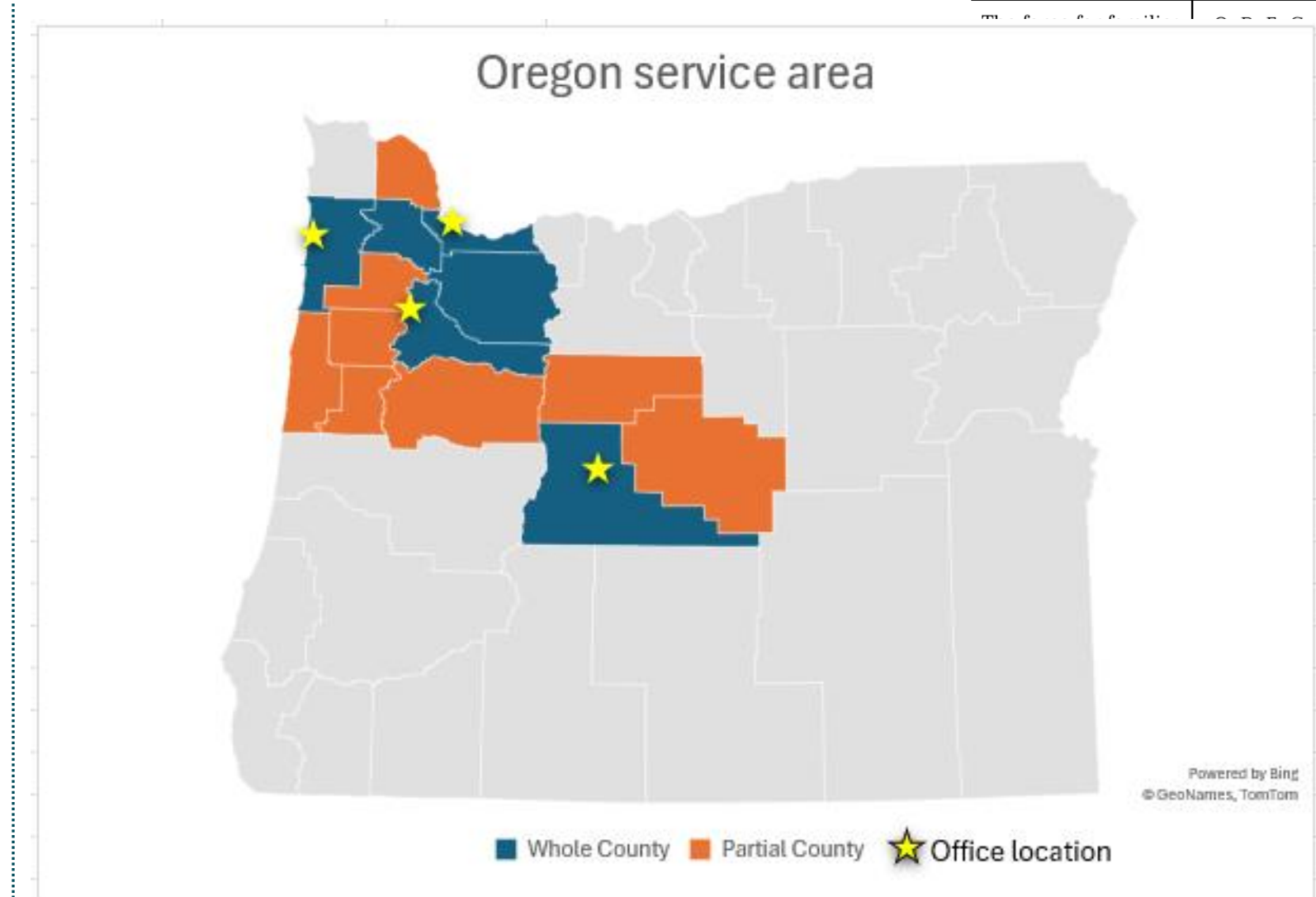
- Introduction
- Brief background on Youth Villages: *Who we are, what we do, where we do it*
- FFPSA through a National Lens
  - Opportunity to transform child welfare across the country
  - Federal funding for services utilized by state (so far)
  - Foster Care rates
  - Model states and elements of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

# Youth Villages- Oregon

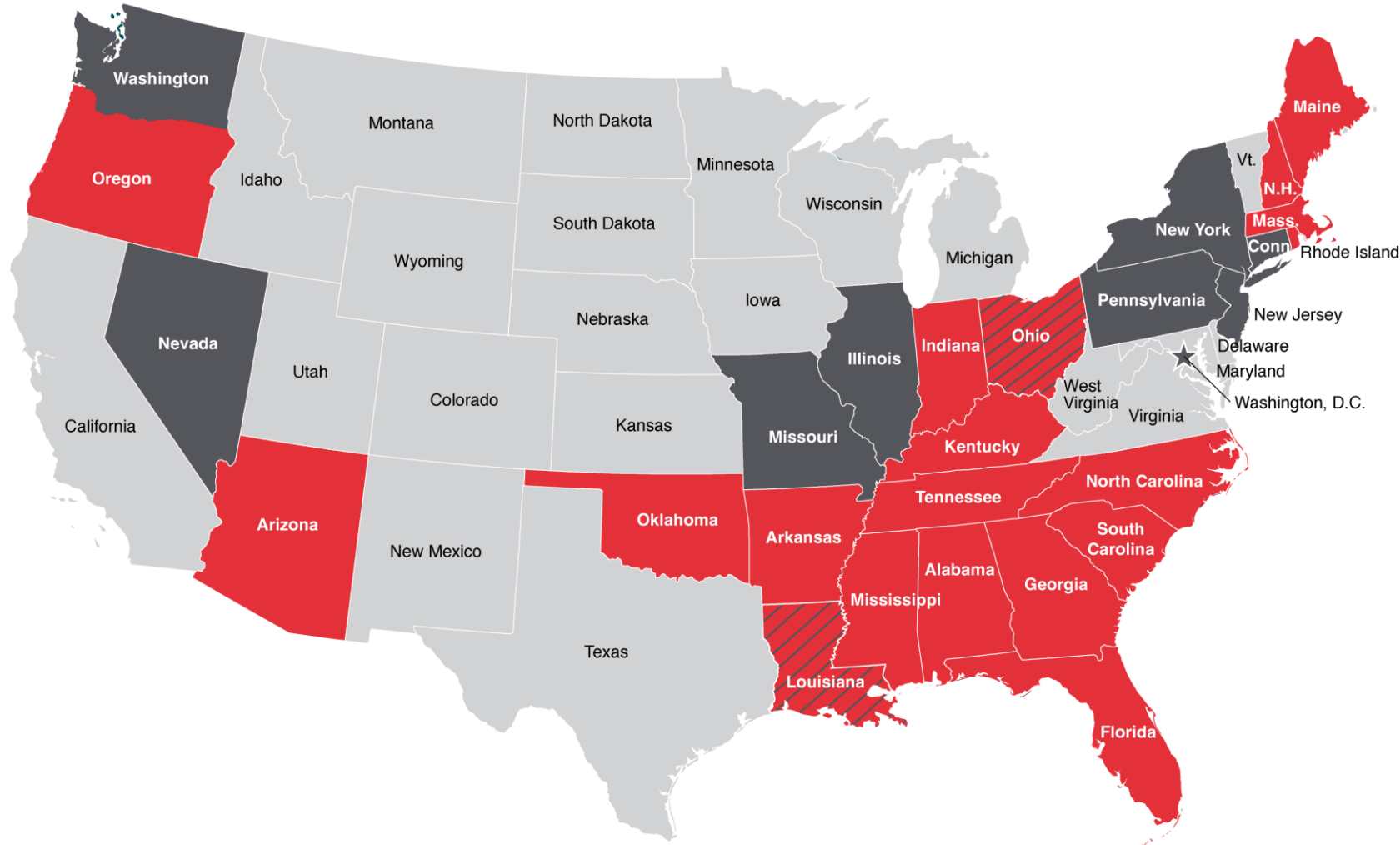
## ➤ Youth Villages Oregon

- 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



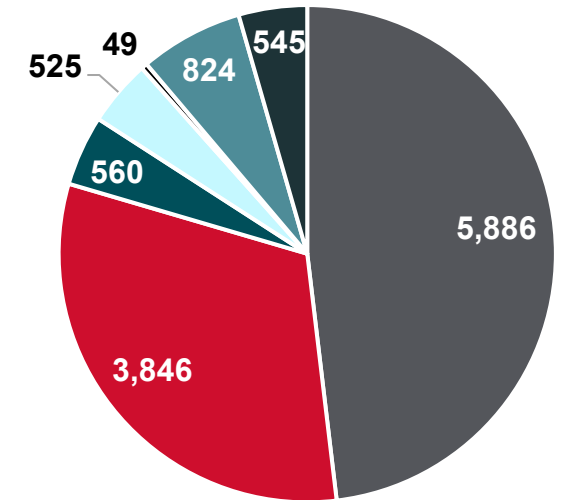
# Youth Villages National Footprint



- 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)

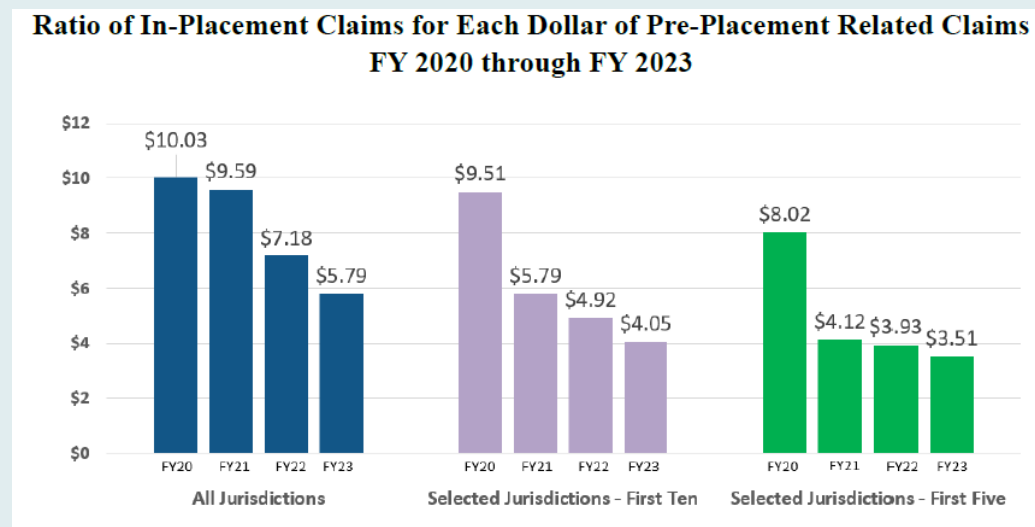


- In-home Services
- Transition-Age Services
- Foster Care
- Residential
- Group Homes
- Wraparound
- SWITCH

# 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:**



“The Impact of Family First on Title IV-E Expenditures” (2024)



# 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\*

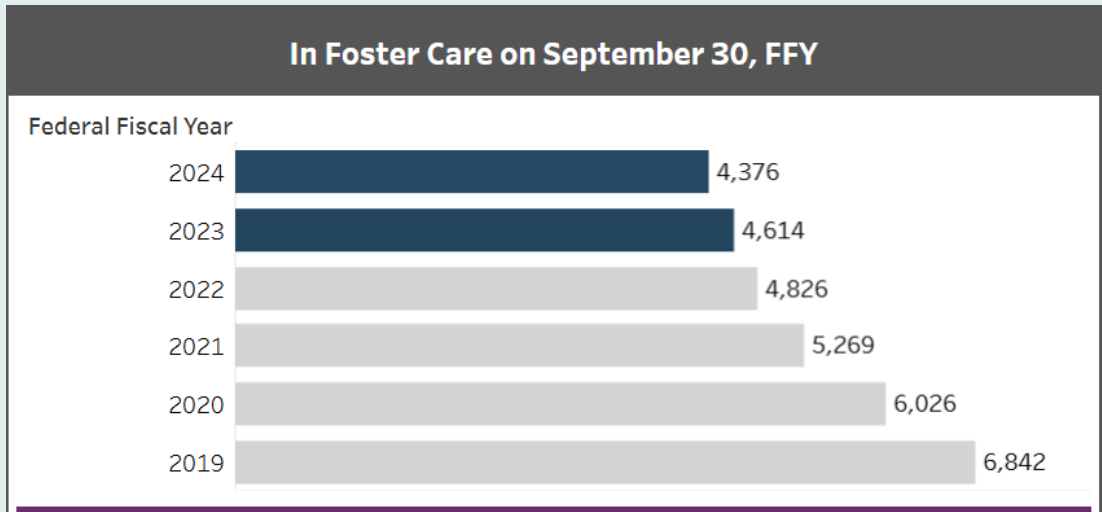
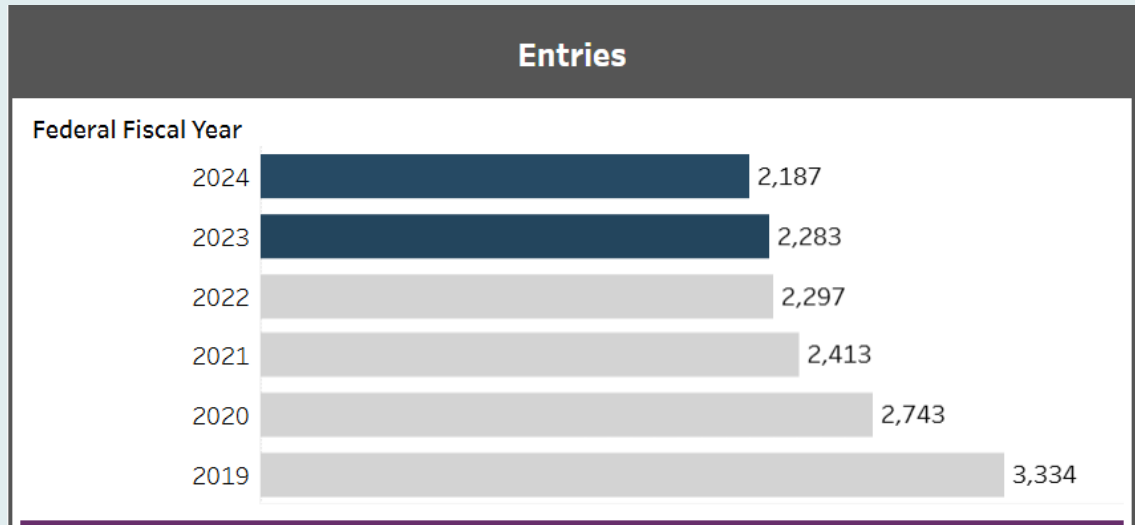
Subset of states with highest and lowest federal reimbursement\*

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

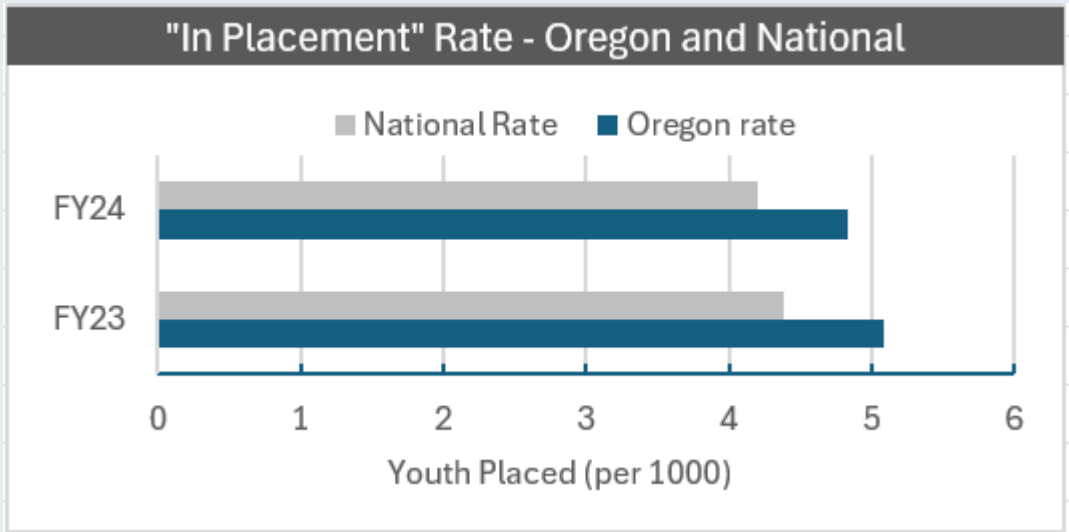
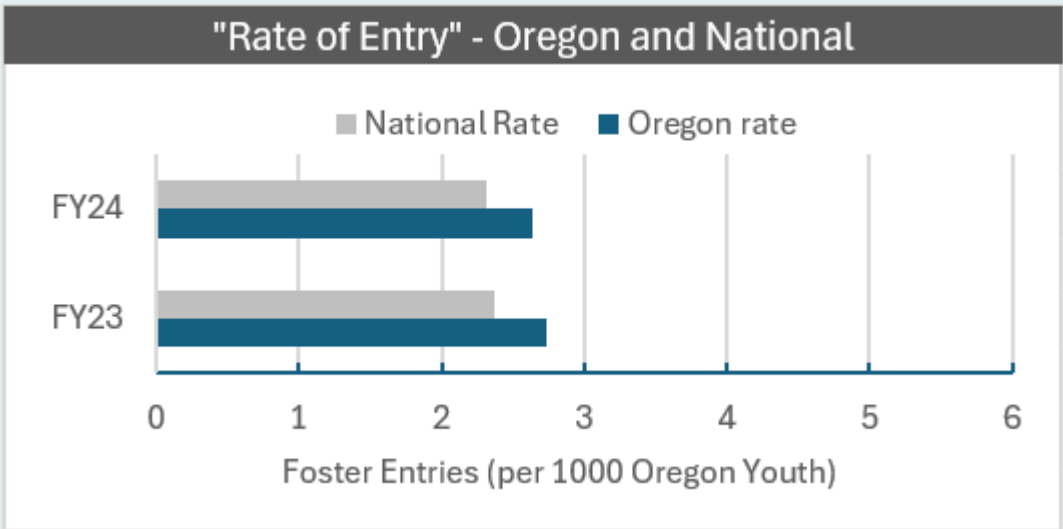
Data source: [Title IV-E Programs Expenditure and Caseload Data 2023](#)

*\*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).



# 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	Well-Supported
	Intercept®	Well-Supported
	Sobriety Treatment and Recovery Teams	Supported

*\*<https://kypolicy.org/family-first-is-an-opportunity-to-expand-2-generation-approaches-to-addressing-the-opioid-epidemic-in-kentucky/>*

# 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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