



Title IV-E Prevention Services Make Up Less Than Two Percent of Overall Program Expenditure Reimbursement Claims

Many States Do Not Claim Expenses at All

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KEY POINTS

- As of December 2025, fewer than one-third (28 percent) of the 95 programs rated by the Title IV-E Prevention Services Clearinghouse as well-supported, supported, or promising are included in the approved prevention plans written by states, territories, and Tribes.
- Sixty percent of states, territories, and Tribes had never submitted any claims for prevention expenditures, as of FY2023.
- Approved plans most commonly include the programs Multisystemic Therapy (12 jurisdictions), Parents as Teachers (12), and Functional Family Therapy (11).
- Plans incorporate an average of 5 programs (range 1 to 11 programs).
- While reported expenditures for Title IV-E prevention services have increased nearly 20-fold from FY2020 to FY2023,* this bucket of spending is minuscule compared to other Title IV-E program spending. In FY2023, reported reimbursement claims on Title IV-E prevention services amounted to less than two percent of overall Title IV-E program reimbursement claims.
- Similarly, while the average monthly number of children served from Title IV-E prevention services has increased more than 15-fold between FY2020 and FY2023, this is only around two percent of the total number of children served from Title IV-E programs.

BACKGROUND

In 2018, Congress passed the Family First Prevention Services Act (FFPSA) as part of Division E of the Bipartisan Budget Act (P.L.115-123).¹ FFPSA expanded federal support for services to *prevent* the need for children to enter foster care in the first place, in response to criticism that most federal child welfare dollars are available only *after* a child has been removed from their home. Federal support for Title IV-E prevention services is available for up to 12 months for 1) any child a state determines is a candidate[†] for foster care, 2) pregnant or

* For context, while the Title IV-E Prevention Program is an optional entitlement program, almost all states have opted in and are in the beginning stages of implementation; jurisdictions began submitting claims in FY2020 and have up to two years to submit claims.

† The law defines a candidate for foster care as a child “at imminent risk” of entering foster care. The child can remain safely in their home or kinship placement as long as the Title IV-E prevention services necessary to prevent the entry of the child into foster care are provided. States have the flexibility to define and operationalize this within the scope and goals of their plans.

parenting youth in foster care, and 3) the parents and kin caregivers of those children and youth, if the service would enable the child to remain safely in that home.² Since fiscal year (FY) 2020, any state, territory, or eligible Tribe providing these prevention services through the Title IV-E program is entitled to receive federal funding equal to at least 50 percent of certain costs, including both prevention services for eligible children and allowable administrative costs under Title IV-E.³ Thus, these prevention services represent an optional entitlement program that is still fairly new. As described below, 52 states, territories, and Tribes have opted into the program as of December 2025, though implementation is still in its early years. Unlike other areas of Title IV-E, prevention services are not linked to AFDC income criteria.

The Title IV-E Prevention Services Clearinghouse was established in 2019

In 2019, in accordance with FFPSA, ACF established the [Title IV-E Prevention Services Clearinghouse](#) to systematically review research on programs and services intended to prevent foster care placements.⁴ The Clearinghouse reviews eligible studies of programs or services. Reviewers assess studies and assign one of four ratings to each program or service: 1) well-supported, 2) supported, 3) promising, or 4) does not currently meet criteria.⁵ The relevant criteria for well-supported, supported, or promising ratings are described below in Table 1, and all three ratings also include a standard that there is no likely risk of harm that exceeds the benefits. For more information, see the [Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures Version 2.0](#).

Table 1. Title IV-E Prevention Services Clearinghouse Rating Criteria

Program or Service Rating	Number of Studies with Favorable Effects	Length of Sustained Effects	Usual Care or Practice Setting where Services are Provided
Well-supported	At least 2 eligible RCT or QED studies each with 1 or more favorable effects from contrasts with a design and execution rating of high or moderate.	At least 1 sustained favorable effect occurs 12+ months after the end of treatment.	Required
Supported	At least 1 eligible RCT or QED study has 1 or more favorable effects from contrasts with a design and execution rating of high or moderate.	At least 1 sustained favorable effect occurs 6+ months after the end of treatment.	Required
Promising	At least 1 eligible study, using some form of control, has 1 or more favorable effects from contrasts with a design and execution rating of high or moderate.	N/A	Not required

States Must Submit Prevention Plans

States, territories, and Tribes planning to provide Title IV-E prevention services must submit a five-year plan, including a description of how the jurisdiction will assess children and their parents or kin caregivers to determine eligibility for prevention services, as well as the HHS-approved prevention services the jurisdiction will provide.⁶ To receive approval by HHS, the Title IV-E prevention services that jurisdictions propose to implement must be rated in the Title IV-E Prevention Services Clearinghouse as well-supported, supported, or promising, with at least 50 percent of the amounts expended meeting the well-supported criteria. Jurisdictions must ensure that supported or promising programs are accompanied by a rigorous evaluation study, and they may seek a waiver of the evaluation for well-supported programs.

Title IV-E prevention is the payer of last resort. That is, any costs resulting from the provision of Title IV-E prevention services must be paid by public or private providers that would have paid for the service if not for the enactment of the Title IV-E Prevention Program (for example, private health care or Medicaid) before the Title IV-E program pays. One exception is that Title IV-E prevention funds can be used to pay for the timely provision of early intervention services, pending reimbursement from the public or private source that has ultimate responsibility for payment.^{7,8}

Jurisdictions Face Administrative Burdens and Implementation Challenges

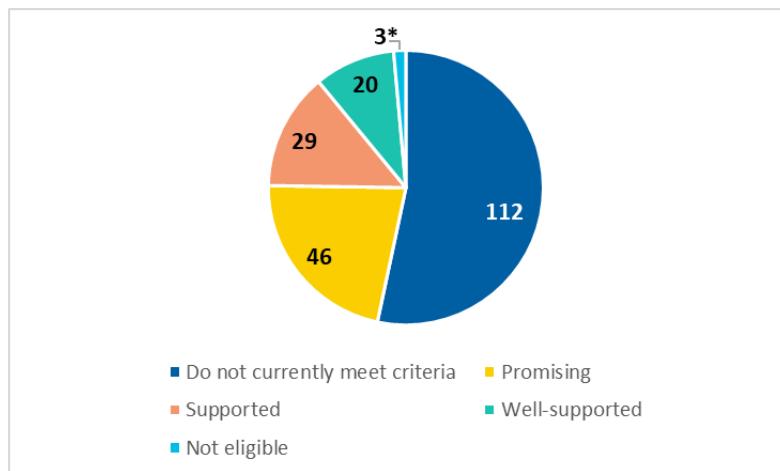
Researchers and practitioners have identified several concerns with the processes used to determine Title IV-E prevention services program eligibility, implementation, and reimbursement, which may impact the provision of services. These potential challenges may include but are not limited to:

- **Administrative burden:** The workforce may be burdened by the addition of state plans and processes requiring more than one service plan or documentation process specific to Title IV-E prevention services funding.⁹ These burdensome reporting requirements may redirect dollars otherwise available for services.¹⁰
- **Evaluation requirements:** Jurisdictions may struggle to pay for evaluation studies without dedicated funds,¹¹ particularly in rural communities.¹²
- **Community needs:** Jurisdictions may find it difficult to meet the 50 percent requirement for well-supported programs, given a possible mismatch between what is currently rated as well-supported and the needs of the community.¹³ Communities may not be able to identify a well-supported program from the Title IV-E Prevention Services Clearinghouse that is appropriate for the families being served.¹⁴
- **Caseworker competencies:** The skills of a caseworker aiming to support families staying together are different than those of a child welfare investigator.¹⁵ Changes to the recruitment, hiring, and training processes could reduce staff turnover and improve retention.¹⁶

ONLY 28 PERCENT OF ELIGIBLE TITLE IV-E PREVENTION SERVICES PROGRAMS ARE INCLUDED IN STATE PLANS, AND 60 PERCENT OF STATES WITH APPROVED PREVENTION PLANS WERE NOT CLAIMING ANY REIMBURSEMENT AS OF FY2023

The Title IV-E Prevention Services Clearinghouse program and service reviews are ongoing, and the information described below in Figure 1 summarizes the program ratings and plans as of December 2025.

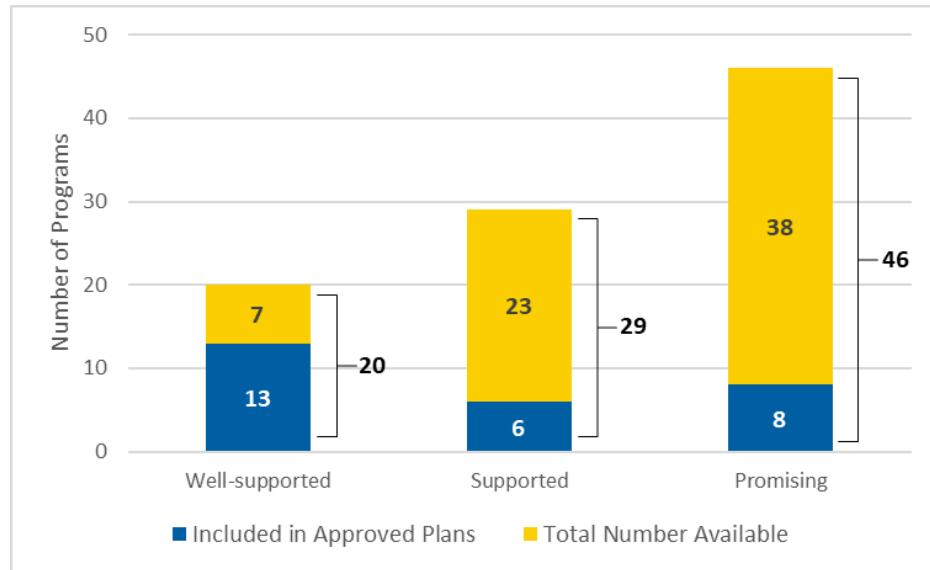
Figure 1. Only one-fifth of the programs meeting Title IV-E Prevention Services Clearinghouse criteria for inclusion in state plans (n=95) are rated as “well-supported,” December 2025



Source: The Title IV-E Prevention Services Clearinghouse website: <https://preventionservices.acf.hhs.gov>
Note: Three programs are currently rated as “Not eligible for review at this time,” which could be because (1) the program or service does not meet the criteria for inclusion, (2) written documentation is not available to the public to support implementation, and/or (3) the Clearinghouse does not have sufficient information to define the program or service.

As of December 2025, 95 programs (or 45 percent of all rated programs) are rated as well-supported, supported, or promising, and therefore available for inclusion in a jurisdiction’s Title IV-E prevention plan. Of those 95 eligible programs, only 27 are currently written into plans by at least one jurisdiction (28 percent, see Figure 2 below).

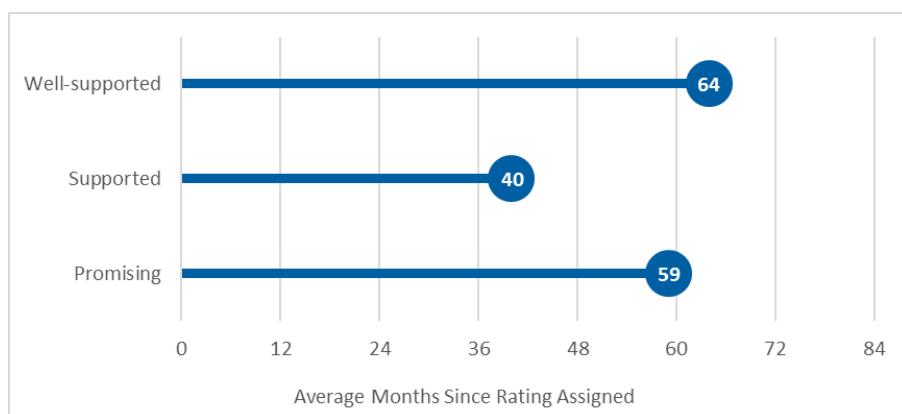
Figure 2. Fewer than one-third of available Title IV-E prevention services programs are included in approved plans



Source: Original analyses by HHS/ACF

States, territories, and Tribes tend to incorporate Title IV-E Prevention Services Clearinghouse programs that were assigned ratings years ago (see Figure 3). Analyses conducted by HHS/ACF reveal that the eight promising programs incorporated into approved plans were approved an average of 59 months ago (4.9 years). The six supported programs in plans were approved an average of 40 months ago (3.3 years), and the 13 well-supported programs were approved even longer ago - an average of 64 months (5.3 years).

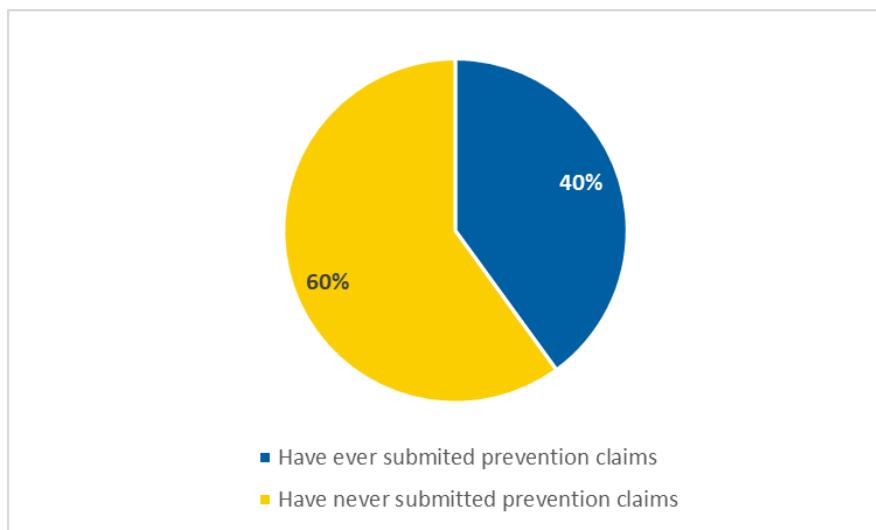
Figure 3. Programs incorporated in approved prevention plans were rated by the Title IV-E Prevention Services Clearinghouse more than three years ago, on average



Source: Original analyses by HHS/ACF

As of the end of FY2023, 48 jurisdictions had approved Title IV-E prevention plans: 42 states, two territories (Washington, DC and Puerto Rico), and four Tribes. Jurisdictions proposed implementing an average of 5 programs into their plans (range 1 to 11 programs). Forty percent of states, territories, and Tribes with approved prevention plans had ever claimed reimbursement for prevention services as of FY2023 (19 of 48). The other 60 percent (29 of 48) had not claimed any prevention services reimbursement as of FY2023 (see Figure 4 below).[†] States, territories, and Tribes have two years to submit claims. Jurisdictions can submit amendments to their plans, which may change the effective date of their plans. Preliminary unpublished data from FY2024 and FY2025 suggest that while additional jurisdictions have continued to claim expenditures over time, approximately one quarter have never claimed.

Figure 4. Sixty percent of jurisdictions with approved Title IV-E prevention plans have not claimed any IV-E prevention services reimbursement as of FY2023



Source: The numbers for this figure were calculated using Title IV-E Programs Expenditure and Caseload Data. The total FY2023 FFP claims costs from the “FY 2023 Title IV-E Six Year Summary” spreadsheet and the total Title IV-E prevention services FFP costs from the “FY 2023 Title IV-E Prevention Services Claims and Caseloads Data” spreadsheets were used. Colorado, Illinois, and Oklahoma were removed from the analysis of “FY2023 Title IV-E Prevention Services Claims and Caseload” spreadsheet data due to reported data inaccuracies. For more information on the data, see here: <https://acf.gov/cb/report/title-iv-e-programs-expenditure-and-caseload-data>

Of the 23 programs and services included in approved plans for the 19 jurisdictions that had claimed reimbursement for prevention services as of FY2023:

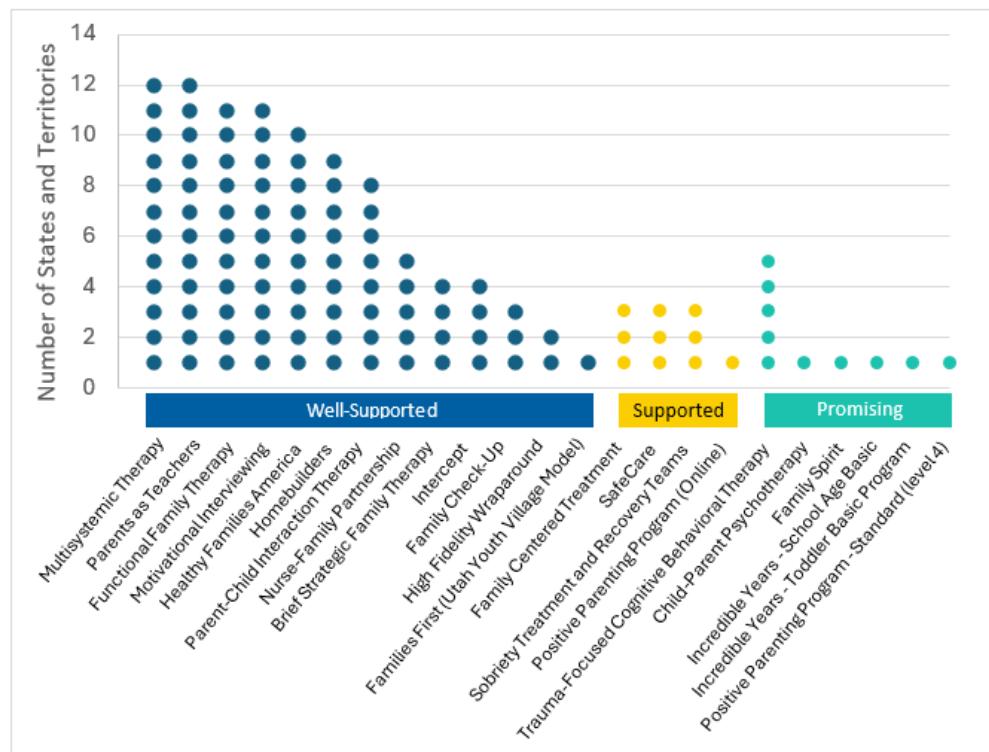
- Jurisdictions have incorporated an average of approximately 6 (5.9) programs into their plans (range 2 to 10 programs)
- 13 of 20 programs (65 percent) categorized by the Title IV-E Prevention Services Clearinghouse as well-supported programs are incorporated by an average of 7 jurisdictions (range 1 to 12)
- 4 of 29 supported programs (14 percent) are incorporated in an average of 2.5 plans (range 1 to 3)
- 6 of 46 promising programs (13 percent) are incorporated in an average of 1.7 plans (range 1 to 5)

The Title IV-E Prevention Services Clearinghouse programs are categorized into program or service areas.⁵ Of the 23 programs and services included in plans for jurisdictions that have claimed reimbursement as of FY2023:

- 15 (65 percent) are categorized as In-Home Parent Skill-Based programs.
- 12 (52 percent) of the 23 programs and services in approved plans are categorized as Mental Health programs
- 4 (17 percent) are categorized as Substance Use programs

Many of these programs can also be described as early childhood home visiting programs. Nine of the 23 programs (39 percent) included in approved plans for jurisdictions that have claimed prevention services expenditures serve children birth to age five with a home visiting component. Forty-seven of all 112 programs (42 percent) in approved plans are early childhood home visiting programs (see Figure 5).

Figure 5. Multisystemic Therapy and Parents as Teachers are the Title IV-E prevention services implemented by the largest number of jurisdictions that have claimed reimbursement for prevention services as of FY2023



WHILE PREVENTION SERVICES EXPENDITURE CLAIMS AND CASELOADS HAVE GROWN SINCE IMPLEMENTATION OF FFPSA, THEY REMAIN A SMALL FRACTION OF OVERALL TITLE IV-E PROGRAMMING

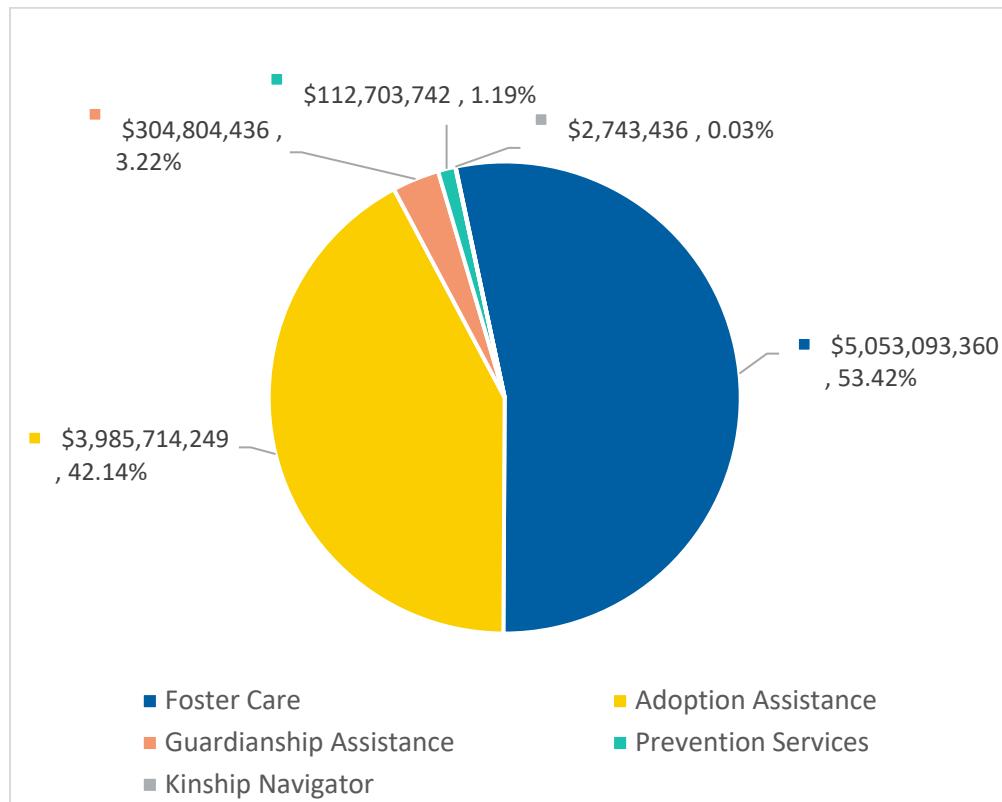
Overall reported expenditure claims^{**} for the Title IV-E Prevention Program have increased since its implementation began, suggesting a shift in spending toward services that keep families together and away from foster care placements.¹⁷ However, reported expenditures for prevention are still relatively minuscule

⁵ Six of 23 programs are assigned to more than one category (e.g., Mental Health and In-Home Parent Skill-Based), so percentages total to more than 100.

^{**} All funding comparisons in this brief are cost-adjusted to FY2023 dollars.

compared to other Title IV-E program claims; in FY2023, federal reimbursement claims for prevention totaled to approximately \$112,703,742, or less than two percent of all federal Title IV-E program reimbursement claims^{††} (see Figure 6^{‡‡}). The Congressional Budget Office projects prevention spending will continue to represent a low percentage of all federal Title-IV program expenditures, estimating growth up to five percent in 2029, more than a decade after the passage of FFPSA.¹⁸ The majority of Title IV-E claims are instead spent on foster care and adoption assistance.

Figure 6. Prevention services made up less than two percent of Title IV-E reported reimbursement claims in FY2023



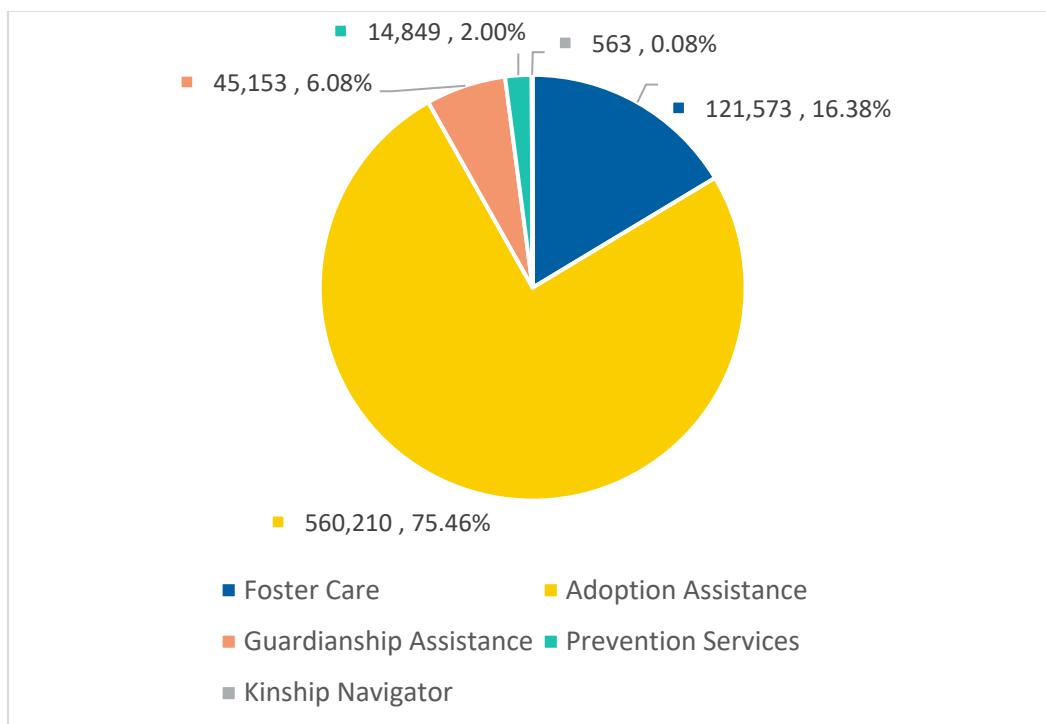
Similarly, the number of children served through Title IV-E prevention services (approximately 14,849) is around two percent of the total number of children served from Title IV-E programs; again, the majority of children are being served either through Title IV-E adoption assistance or foster care (see Figure 7^{§§}).

^{††} Note: In all FY2023 Title IV-E prevention data analyses, Colorado, Illinois, and Oklahoma were removed due to reported data inaccuracies.

^{‡‡} The numbers for this figure were calculated using Title IV-E Programs Expenditure and Caseload Data. The total FY2023 FFP claims costs from the “FY 2023 Title IV-E Six Year Summary” spreadsheet and the total Title IV-E prevention services FFP costs from the “FY 2023 Title IV-E Prevention Services Claims and Caseloads Data” spreadsheets were used. Colorado, Illinois, and Oklahoma were removed from the analysis of “FY2023 Title IV-E Prevention Services Claims and Caseload” spreadsheet data due to reported data inaccuracies. For more information on the data, see here: <https://acf.gov/cb/report/title-iv-e-programs-expenditure-and-caseload-data>

^{§§} The numbers for this figure were calculated using Title IV-E Programs Expenditure and Caseload Data. The reported average monthly number of children served through Title IV-E assistance payments or provision of services from the “FY2023 Title IV-E Six Year Summary” spreadsheet and the total Title IV-E prevention services caseloads from the “FY 2023 Title IV-E Prevention Services Claims and Caseload” spreadsheet were used. Colorado, Illinois, and Oklahoma were removed from the analysis of “FY 2023 Title IV-E Prevention Services Claims and Caseloads Data” due to reported data inaccuracies. For more information on the data, see here: <https://acf.gov/cb/report/title-iv-e-programs-expenditure-and-caseload-data>

Figure 7. Prevention services caseloads made up around two percent of the average monthly number of children served through Title IV-E Programs in FY2023

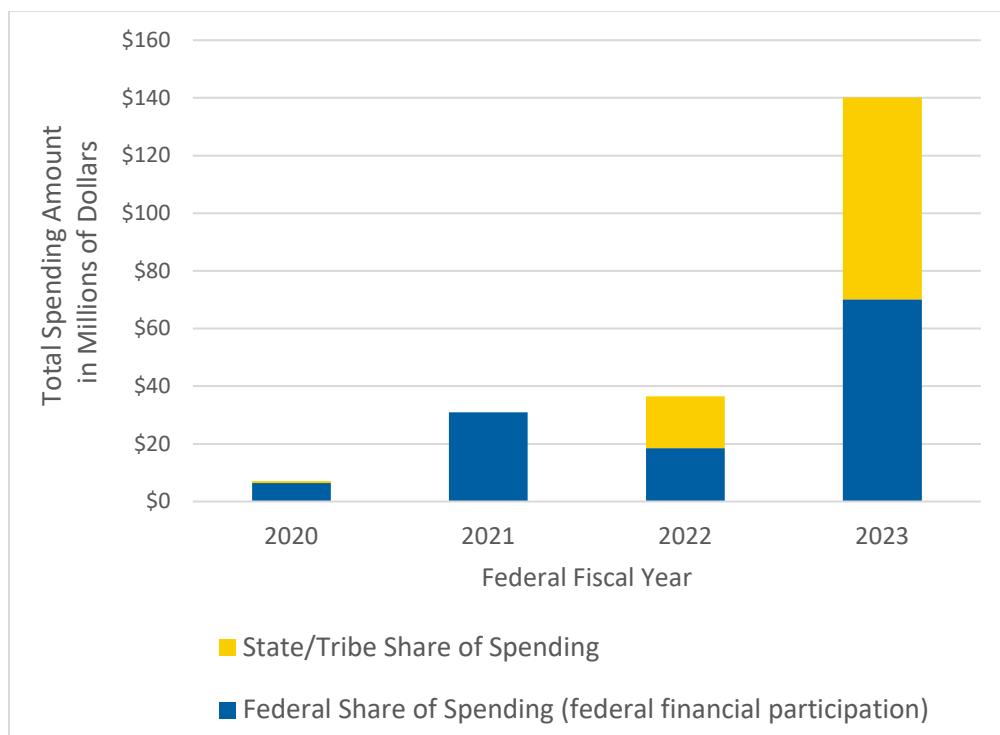


Title IV-E prevention services claims for well-supported, supported, and promising practices and administrative expenditures have increased substantially since FY2020, with administrative costs exceeding service provision costs for some years

Although it is still a small fraction of overall Title IV-E spending, between FY2020 and FY2023, total reported expenditures for well-supported, supported, and promising Title IV-E prevention practices increased by nearly 20-fold from \$7,105,718 in FY2020 to \$140,112,068 in FY2023 as more jurisdictions have begun participating in Title IV-E prevention services (see Figure 8 ***). This increase could be a result of claims from jurisdictions with newly approved plans, as well as additional claims from those with previously approved plans. Along with this growth, there has also been an increase in Title IV-E prevention expenditure claims for administrative expenses and training, and these claims have been nearly equal to or far more than the claims amounts for prevention services provision in some years; for example, in FY2022, the total amount claimed was \$90,482,004 for administration costs and \$1,491,050 for training costs, while the total amount claimed for well-supported, supported, and promising practices was \$35,004,202.

*** The numbers for this figure were calculated by using Title IV-E Prevention Services Claims and Caseloads Data from 2020-2023. The “Total Title IV-E PSP-all practice levels” category was analyzed using the TC and FFP national totals amounts. The FFP amount was subtracted from the TC amount to calculate the state/Tribe share of spending. Expenses were cost-adjusted to FY23 dollars to account for inflation using CPI annual averages. For FY23, Colorado, Illinois, and Oklahoma were removed due to reported data inaccuracies. For more information on the data, see here: <https://acf.gov/cb/report/title-iv-e-programs-expenditure-and-caseload-data>

Figure 8. Between FY2020 and FY2023, reported Title IV-E prevention services expenditures on well-supported, supported, and promising practices increased substantially



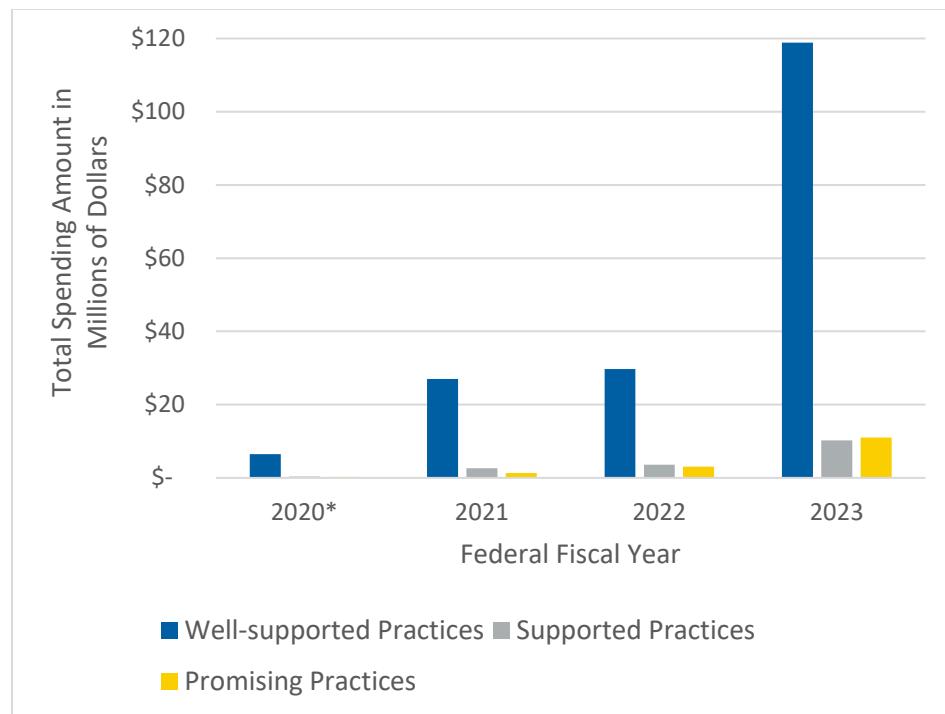
Note: While there has historically been a 50 percent federal spending match for Title IV-E prevention services, from April 1, 2020 to September 30, 2021, the Consolidated Appropriations Act of 2021 increased the federal reimbursement rate from 50 to 100 percent during the Covid-19 pandemic.

Within each of the three levels of evidence, expenditure claims have increased since FY2020. Each year, between 81 and 91 percent of the claims for the three levels of evidence went toward well-supported practices; for example, in FY2023, over \$100 million more was claimed for well-supported practices compared to promising practices or supported practices (see Figure 9^{†††}). Additionally, the average monthly number of children served from Title IV-E prevention services has also grown over time; the average increased by more than 15-fold between FY2020 and FY2023, from 989 caseloads per month on average in FY2020 to 14,849 caseloads per month on average in FY2023 (see Figure 10^{†††}). However, this still remains a small fraction of the overall number of children served through Title IV-E programs. For example, as depicted in Figure 10, the average monthly number of children served through foster care, while declining, was still eight times greater than the monthly number of children served through prevention services in FY2023 (121,573 caseloads versus 14,849 caseloads respectively).

^{†††} The numbers for this figure were calculated by using Title IV-E Prevention Services Claims and Caseloads Data from 2020-2023. Categories analyzed include the national total TC amounts for the following: Title IV-E PSP Well-Supported Practices, Title IV-E PSP Supported Practices, and Title IV-E PSP Promising Practices. Expenses were cost-adjusted to FY23 dollars to account for inflation using CPI annual averages. For FY23, Colorado, Illinois, and Oklahoma were removed due to reported data inaccuracies. For more information on the data, see here: <https://acf.gov/cb/report/title-iv-e-programs-expenditure-and-caseload-data>

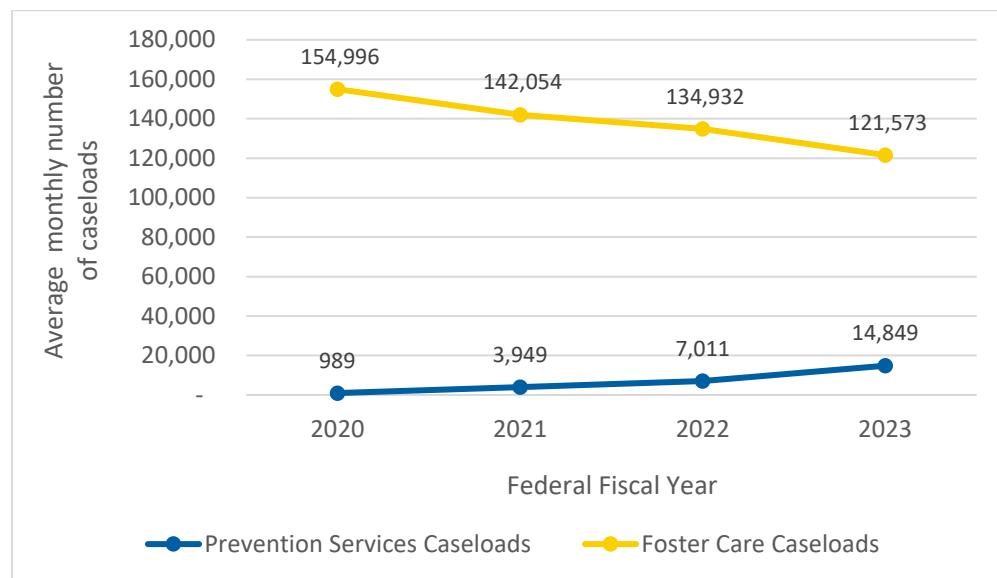
^{†††} The numbers for this figure were found using Title IV-E Programs Expenditure and Caseload Data. The reported average monthly number of children served through Title IV-E assistance payments or provision of services from the “FY2023 Title IV-E Six Year Summary” spreadsheet and the total Title IV-E prevention services caseloads from the “FY 2023 Title IV-E Prevention Services Claims and Caseload” spreadsheet were used. Colorado, Illinois, and Oklahoma were removed from the analysis of “FY 2023 Title IV-E Prevention Services Claims and Caseloads Data” due to reported data inaccuracies. For more information on the data, see here: <https://acf.gov/cb/report/title-iv-e-programs-expenditure-and-caseload-data>

Figure 9. At least 80 percent of prevention expenditure claims on the three levels of evidence went toward well-supported practices between FY2020 and FY2023



Note: In 2020, jurisdictions reported spending \$314,123 on promising practices and \$335,379 on supported practices (in inflation-adjusted terms).

Figure 10. Average monthly number of children served through Title IV-E prevention services has increased by more than 15-fold since the beginning of FFPSA, while remaining substantially lower than the number of children served through foster care

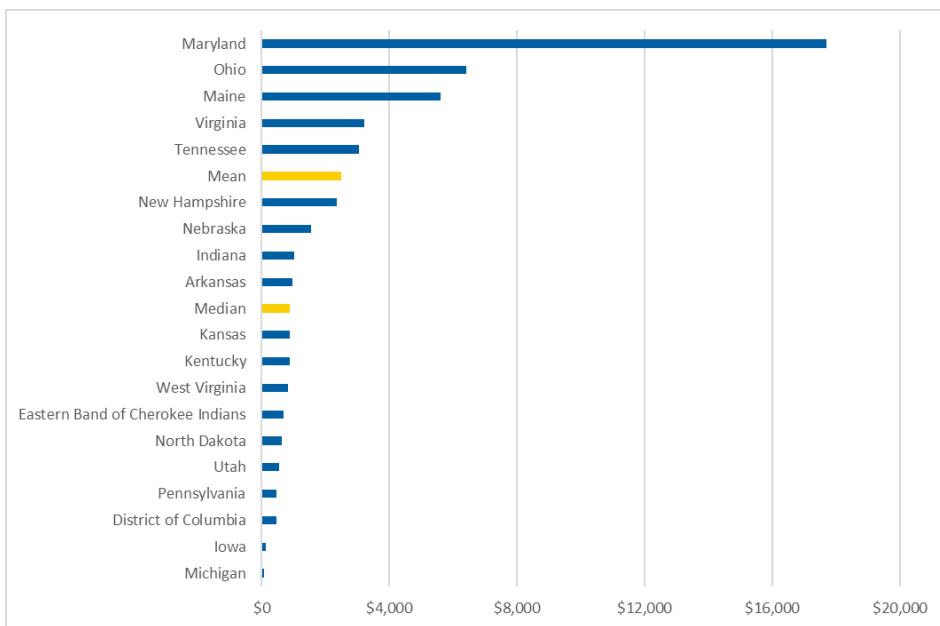


Title IV-E Claims for Prevention Services and Administrative Expenditures Vary Substantially by State

Data from FY2023 indicate that of the 31 states (including Washington, DC) and two tribes with data available on Title IV-E prevention services claims, 18 states (58 percent) and one tribe (50 percent) reported any expenditures for prevention services.^{§§§} Across those 19 jurisdictions, the overall FY2023 reported expenditure amount was approximately \$140,112,068 (across well-supported, supported, and promising practices). Figure 11**** presents the average Title IV-E prevention services costs per child by state and Tribe, for those with reported expenditures. The overall national mean of jurisdictions' expenditure claims amount per child was \$2,503 (median \$895), with a range of \$78.21 (Michigan) to \$17,710.67 (Maryland). By comparison, among states and Tribes that submitted foster care maintenance payment claims in FY2023, the national average expenditure claims amount per child was \$1,393 (median \$1,120), with a range of \$366 (Cherokee Nation of Oklahoma) to \$5,391 (New York).^{††††}

There is also variance in jurisdiction's claims on administrative costs and training for Title IV-E prevention. In FY2023, among the 19 states and 1 Tribe that claimed on administration, the average amount claimed was \$4,093,959, with a range of \$1,209 (New Hampshire) to \$13,469,569 (Maine). Among the 12 states and 1 Tribe that claimed for training, the average amount claimed was \$271,323, with a range of \$1,297 (Eastern Band of Cherokee Indians) to \$824,152 (California)^{††††}.

Figure 11. Among jurisdictions submitting prevention claims, the average cost per child across all Title IV-E prevention services varied widely in FY2023



§§§ Note: Excluding Colorado, Illinois, and Oklahoma from these analyses due to reported data inaccuracies, as noted above.

**** The numbers for this figure were calculated using "FY 2023 Title IV-E Prevention Services Claims and Caseload" data, removing Colorado, Illinois, and Oklahoma due to reported data inaccuracies. Average costs per child were calculated by using the categories: "Total Title IV-E PSP- All Practice Levels TC" and "Title IV-E PS Caseload- Any Service Provided". Caseloads were annualized by multiplying the reported monthly average by 12. For more information on the data, see here: <https://acf.gov/cb/report/title-iv-e-programs-expenditure-and-caseload-data>

†††† This information was calculated by using the total Title IV-E FCMP TC claims and caseload amounts from the "FY 2023 Title IV-E Foster Care Claims and Caseload" data. Caseloads were annualized by multiplying the reported amount by 12. The following states were removed from the FCMP analysis due to reported data inaccuracies: Arizona, Arkansas, Colorado, Mississippi, New Mexico, Ohio, Oklahoma, Oregon, Puerto Rico, Virgin Islands, Washington.

†††† This information was calculated using the TC amounts reported for administration and training from the "FY 2023 Title IV-E Prevention Services Claims and Caseload" data. Colorado, Illinois, and Oklahoma were removed due to reported data inaccuracies.

CONCLUSION

States, territories, and Tribes administer the Title IV-E Prevention Program, funded partially by the federal government, to improve child outcomes. Jurisdictions implement effective prevention programs and services to reduce the number of children entering foster care and improve the experiences of those that do. The Title IV-E Prevention Services Clearinghouse serves as a repository of evidence-based programs and services. As of December 2025, fewer than one-third of the available 95 evidence-based programs are included in states' approved prevention plans. Information on spending is not currently available at the program model level (e.g., Parents as Teachers), which presents a data collection opportunity. Sixty percent of jurisdictions have never submitted any claims for prevention expenditures as of FY2023. While both expenditure claims and the number of children served by Title IV-E prevention services have increased over the last several years, they remain at less than or around two percent of overall Title IV-E spending and children served, respectively, suggesting that prevention services represent an as-yet unrealized opportunity.

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¹⁵ Heaton, L., Creavey, K., Green-Rogers, Y. et al. (2025). Family first policy to practice: Using implementation science and CQI to advance prevention focused practice. *Child and Youth Services Review*, 176, 108403. Available here: <https://www.sciencedirect.com/science/article/pii/S0190740925002865>

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¹⁷ Weekly Wonk: How Family First Shifts State Spending. (October 6, 2025). Child Welfare Wonk. Available from: <https://www.childwelfarewonk.com/p/weekly-wonk-how-family-first-shifts>.

¹⁸ Congressional Budget Office. (January 2025). Foster Care, Adoption Assistance, and Guardianship: Baseline Projections. Available from: <https://www.cbo.gov/system/files/2025-01/51299-2025-01-fostercare.pdf>.

APPENDIX. TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE PROGRAMS IN APPROVED PLANS AND THE JURISDICTIONS IMPLEMENTING THEM

Programs in Approved Plans as of December 2025	States, territories, and Tribes with this program in their approved plan	Number of States, Territories, and Tribes
Well-Supported		
Motivational Interviewing	California, Washington, D.C., Delaware, Florida, Hawaii, Iowa, Idaho, Illinois, Indiana, Kentucky, Michigan, Minnesota, Mississippi, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, New York, Ohio, Oregon, Puerto Rico, South Carolina, Rhode Island, Utah, Vermont, Virginia, Washington, Wyoming, Cherokee Nation, Eastern Band of Cherokee Indians, Salt River Pima Maricopa Indian Community	32
Parents as Teachers	Arizona, California, Colorado, Connecticut, Washington, D.C., Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Maine, Michigan, Minnesota, Montana, North Carolina, North Dakota, Nebraska, Nevada, New York, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Utah, Washington, Wisconsin, West Virginia, Port Gamble	31
Functional Family Therapy	California, Colorado, Connecticut, Delaware, Florida, Georgia, Iowa, Indiana, Kentucky, Maryland, Missouri, Nebraska, New York, North Dakota, Ohio, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Utah, Virginia, Washington, West Virginia, Salt River Pima Maricopa Indian Community	25
Multisystemic Therapy	California, Colorado, Connecticut, Florida, Georgia, Iowa, Illinois, Kansas, Kentucky, Massachusetts, Maryland, Michigan, Missouri, North Dakota, Nebraska, New Hampshire, New York, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Virginia, Washington	24
Healthy Families America	Arizona, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Maryland, Michigan, Mississippi, Montana, North Dakota, Nebraska, New Hampshire, New York, Ohio, Pennsylvania, South Carolina, Wisconsin, West Virginia	23
Parent-Child Interaction Therapy	California, Colorado, Connecticut, Florida, Idaho, Kansas, Kentucky, Maryland, Missouri, Montana, North Dakota, Nebraska, Nevada, New York, Oregon, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Vermont	21
Homebuilders	California, Delaware, Florida, Hawaii, Idaho, Kentucky, Maine, Michigan, Mississippi, North Carolina, North Dakota, Nebraska, New Hampshire, New York, Pennsylvania, Rhode Island, South Carolina, Tennessee, Virginia, Washington	20
Brief Strategic Family Therapy	California, Connecticut, Delaware, Florida, Georgia, Idaho, Massachusetts, Michigan, Missouri, North Dakota, New Jersey, New York, Puerto Rico, South Carolina, Tennessee, Virginia	16
Nurse-Family Partnership	Arizona, California, Colorado, Connecticut, Florida, Idaho, Maryland, Michigan, Montana, North Dakota, New York, Pennsylvania, South Carolina, Tennessee, Washington, Wisconsin	16
Intercept	Arkansas, Delaware, Georgia, Kentucky, Louisiana, Massachusetts, Mississippi, New Hampshire, New Jersey, Oklahoma, South Carolina, Tennessee	12
Family Check-Up	California, Delaware, Kansas, North Dakota, Nevada, New York, Virginia	7

Familias Unidas	Idaho, New York, Rhode Island	3
High Fidelity Wraparound	Kentucky, Virginia	2
Families First (Utah Youth Village Model)	Utah	1
Supported		
SafeCare	Colorado, Iowa, Michigan, New Mexico, Oklahoma, Utah, Washington, Salt River Pima Maricopa Indian Community	8
Sobriety Treatment and Recovery Teams (START)	Kansas, Kentucky, North Carolina, Ohio	4
Family Centered Treatment	Arkansas, Kansas, Nebraska	3
Child First	Colorado, Louisiana	2
Fostering Healthy Futures for Preteens	Colorado	1
Triple P - Online (Positive Parenting Program)	Ohio	1
Promising		
Trauma-Focused Cognitive Behavioral Therapy	Illinois, Indiana, Kentucky, Michigan, Nebraska, Utah	6
Child-Parent Psychotherapy	Illinois, Washington, Eastern Band of Cherokee Indians	3
Triple P - Standard (Level 4) (Positive Parenting Program)	Illinois, New Jersey, Pennsylvania	3
Family Spirit	Michigan	1
Incredible Years - School Age Basic Program	Pennsylvania	1
Incredible Years - Toddler Basic Program	Pennsylvania	1
Triple P - Group (Positive Parenting Program)	New Jersey	1

Note: As of December 2025, Tribal communities also had the following programs, which are not in the Title IV-E Prevention Services Clearinghouse, in their approved plans: Cognitive Behavioral Therapy, Cultural Resiliency, Family Connections, Family Group Decision-Making, Fatherhood (LEARN), Healthy Relationships (LEARN), Honoring Children Making Relatives, Honoring Children Mending the Circle, Honoring Culture for Healing, Mentorship (LEARN), Multi-Family Group Therapy, Nurturing Parenting, PGST Kinship Parenting Program, Positive Indian Parenting (PIP), Signs of Safety, S'Klallam Strong People Parenting, and Team Decision-Making.

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