

Keep More Kids With Their Families and Out of Foster Care by Strengthening Key Mental Health Programs

Testimony to the Senate Health and Human Services Committee

Texas leaders have shown an increasing interest in helping more children stay safely with their families and out of foster care. When state leaders succeed in this effort, parents and children avoid traumatic and painful separation, and the state avoids adding more children to a foster care system that is difficult and expensive to manage and, in some cases, harmful to children. While most children enter foster care because of concerns about abuse or neglect, there is a separate population of Texas children who end up in foster care because they have complex mental health challenges that their parents are unable to manage. Texas has programs that provide effective mental health services to children in these circumstances, but the services are limited. This testimony includes five recommendations for ways that state leaders can improve access to those mental health services so that more children can get healthy and stay with their families rather than entering the foster care system.

Youth Mental Health Challenges Increased Over the Last Decade

Over the past decade, behavioral health challenges among Texas youth have increased significantly, mirroring a global trend where mental health and substance use disorders are the leading cause of disability for children and youth.¹ Suicide is the second leading cause of death among people aged 10-19 years in the U.S.²

In Texas specifically, nearly a quarter of parents surveyed from 2021-2022 (23 percent) reported their child has one or more mental, emotional, developmental, or behavioral problems.³ **From 2009 to 2019, the number of Texas high school students reporting suicide attempts rose by 35 percent.** One in five Texas high schoolers is estimated to be struggling with issues of depression, anxiety, trauma, or substance use disorders.⁴

Texas data from 2021 show alarming trends:

¹ Erskine HE, Baxter AJ, Patton G, Moffitt TE, Patel V, Whiteford HA. The global coverage of prevalence data for mental disorders in children and adolescents. *Epidemiol Psychiatr Sci.* 2017;26(4):395–402.

² Centers for Disease Control and Prevention. Web-based injury statistics query and reporting system (WISQARS). Available at: <https://www.cdc.gov/injury/wisqars>.

³ Data Resource Center for Child & Adolescent Health. 2021-2022 National Survey of Children's Mental Health. <https://www.childhealthdata.org/browse/survey/results?q=10526&r=45>.

⁴ Child and Adolescent Health Measurement Initiative. 2019-2020 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

- Nearly **one in two** Texas high school students felt sad and hopeless for an extended period, a 53 percent increase from 2011.
- Over **one in five** Texas high school students had seriously considered suicide, a 15 percent increase from 2019.
- **Less than half** of youth felt like they mattered to people in their communities, an 18 percent decrease from 2019.
- **One in eight** Texas high school students attempted suicide, reversing the decline in attempted suicide rate seen in 2019.⁵

A study published by the American Academy of Pediatrics showed a spike in mental health hospitalizations during the pandemic specifically related to suicidal ideation. The study concluded that “rapidly rising hospital use may reflect worsening mental illness and continued difficulty in accessing low-cost, high-quality outpatient mental health services.”⁶ **In Houston specifically, the number of children visiting Texas Children’s Hospital due to a mental health crisis increased by a shocking 800 percent after the pandemic.**⁷ According to their chief of psychology, in 2019, they typically saw fewer than 50 kids experiencing a mental health crisis per month. In 2022, they were seeing roughly 400-450 children and youth with suicidal ideation, suicide attempts, aggressive behavior, or other behavioral health crises.⁸ **This dramatic increase underscores the urgent need for improved access to mental health services for children and adolescents.**

Many Children Are Entering Foster Care Because of Inadequate Access to Mental Health Services

Most children enter foster care because of concerns about abuse or neglect. However, there is a separate population of Texas children who end up in foster care because they have complex mental health challenges that their parents are unable to manage without additional services and support. The number of cases highlights critical gaps in the system and the urgent need for more robust mental health services and support.

In FY 2023, **108 Texas children entered foster care due to unavailable mental health or intellectual or developmental disability services.**⁹ The data reflect the reason recorded by the investigator for removing the child from their parents. To determine whether a child is entering care due to a lack of mental health services, DFPS investigators check if parents have tried everything for their child's mental health by following doctor advice, finding

⁵ Texas Youth Risk Behavior Survey (YRBS) (2021). Conducted by the Texas Department of State Health Services and the Centers for Disease Control and Prevention. Available here: <https://static1.squarespace.com/static/5728d34462cd94b84dc567ed/t/63e133aabb48157ec67931b/1675703211702/2021TXH+Graphs.pdf>. The Texas Education Agency HB 906 Mental Health Task Force. Year 3 Report of the Collaborative Task Force on Public School Mental Health Services. January 2023.

⁶ Brewer, Audrey, et al. (2022). Trends in Suicidal Ideation-Related Emergency Department Visits for Youth in Illinois: 2016-2021. <https://publications.aap.org/pediatrics/article/150/6/e2022056793/189943/Trends-in-Suicidal-Ideation-Related-Emergency?autologincheck=redirected%3fnfToken%3d00000000-0000-0000-0000-000000000000>.

⁷ Bauman, Anna. (2022). Texas Children’s ER sees massive spike in kids with mental health crises like suicidal thoughts. Houston Chronicle. <https://www.houstonchronicle.com/news/houston-texas/health/article/Texas-Childrens-Hospital-ER-visits-17589153.php>.

⁸ *Id.*

⁹ Texas Department of Family and Protective Services. Monthly Data: Demographics of Children New in Substitute Care For Children Age 0-17. Number of Children Removed During Selected Fiscal Year By Age and Removal Reason. (FY 2023 and FY 2024). https://databook.dfps.texas.gov/views/cps_sa_19_dfps/fyagereasonsummary?%3Adisplay_count=n&%3Aembed=v&%3AisGuestRedirectFromVizportal=y&%3Aorigin=viz_share_link&%3AshowAppBanner=false&%3AshowVizHome=n

services nearby, evaluating the financial strain of needed services, and, for adopted children, using all available post-adoption help.¹⁰

Additionally, in FY 2023, **461 Texas children were placed in foster care due to “refusal to accept parental responsibility” (RAPR), often linked to a child’s mental health or behavior challenges.**¹¹ Typically, RAPR cases originate because a child was in a psychiatric hospital or juvenile justice facility, and their parents did not want to pick them up, possibly for fear of not being able to support their child or concerns about the safety of another child in the home.¹²

There are also cases in which the parents agree to share custody of their child with the Department of Family and Protective Services (DFPS) to access mental health services after exhausting all other options. During the first eight months of FY 2023, **there were 1,493 of these shared state-caregiver custody agreement cases, known as Joint Managing Conservatorship.**¹³ About 15 percent of these youth had previously been in foster care before reentering foster care through a shared custody agreement due to unmet mental health needs.¹⁴

Recommendations to the Legislature

Invest in Children’s Mental Health Services

Recommendation 1: Increase reimbursement rates for the YES Waiver program so more children with complex mental health services can receive services

The YES Waiver program serves children with complex mental health challenges, including children in DFPS conservatorship. The YES Waiver provides therapies like art and animal-assisted therapy, offers support services such as respite care and employment assistance, and helps families manage mental health challenges like severe anxiety, significantly improving a child's independence and overall well-being.¹⁵ State leaders developed the YES Waiver program so that children with serious mental health concerns who may be at imminent risk of out-of-home placement, including hospitalization, residential treatment, or foster care, can access treatment and specialized services that would otherwise not be available in their community. YES Waiver services work in preventing crisis – 2023 data shows that after youth engaged in YES Waiver services, crisis services utilization decreased by 48%.¹⁶

In FY 2023, 3,109 children inquired about being assessed for YES Waiver services; of this total, 242 were youth in DFPS conservatorship.¹⁷ This total represents a 53 percent increase since 2019 and a 43 percent increase since 2021.¹⁸ **Despite the increased inquiries over the last five years, the number of youth served has steadily**

¹⁰ Texas Department of Family and Protective Services. Policy Handbook: 2391 Assessing the Parent or Legal Guardian’s Access to Mental Health Services. (2024). https://www.dfps.texas.gov/handbooks/CPS/Files/CPS_pg_2200.asp#CPS_2390.

¹¹ Texas Department of Family and Protective Services. Monthly Data: Demographics of Children New in Substitute Care For Children Age 0-17. Number of Children Removed During Selected Fiscal Year By Age and Removal Reason. (FY 2023 and FY 2024). https://databook.dfps.texas.gov/views/cps_sa_19_dfps/fyagereasonsummary?%3Adisplay_count=n&%3Aembed=y&%3AisGuestRedirectFromVizPortal=y&%3Aorigin=viz_share_link&%3AshowAppBanner=false&%3AshowVizHome=n

¹² Texas Department of Family and Protective Services. Policy Handbook: 2395 Dispositioning Allegations Related to Children with Severe Emotional Disturbance. (2024). https://www.dfps.texas.gov/handbooks/CPS/Files/CPS_pg_2200.asp#CPS_2390.

¹³ Texas Department of Family and Protective Services. Children in Joint Managing Conservatorship with prior foster care. (May 2023). (on file with author).

¹⁴ *Id.*

¹⁵ Texas Health and Human Services Commission. YES Waiver. <https://www.hhs.texas.gov/services/mental-health-substance-use/childrens-mental-health/yes-waiver>.

¹⁶ Texas Health and Human Services Presentation to the House Youth Health & Safety Select Committee <https://www.hhs.texas.gov/sites/default/files/documents/presentation-to-house-youth-health-safety.pdf>

¹⁷ YES Waiver Inquiry List and Enrollment data provided by HHSC from FY 2018 - FY 2023. (on file with author).

¹⁸ *Id.*

declined, with 2,227 youth enrolled in FY 2023 compared to 2,826 in FY 2019 — a 21 percent decrease in enrollment.¹⁹

Mental health providers report that low reimbursement rates set by HHSC are a significant factor preventing providers from enrolling more eligible children into YES Waiver services.²⁰ Additionally, some providers report that administrative hurdles, such as limited case manager training opportunities and caseload limitations, hinder providers' ability to maintain consistent staffing levels to serve youth in the YES Waiver. Last session, both the House and Senate versions of the budget included an increase in YES Waiver reimbursement rates, but the conference committee removed this increase. In April 2024, HHSC held a hearing about whether to increase YES Waiver reimbursement rates, and the agency has included the YES Waiver as a strategy to provide intensive mental health services to more children and families in Texas in its 2025-2029 Strategic Plan.²¹ Increased funding for YES Waiver reimbursement rates would reduce unnecessary entries into foster care, enhance mental health support for youth, and strengthen families by fostering stability and well-being.

Recommendation 2: Address significant gaps in mental health care access by allowing reimbursement through Medicaid for the full range of children's mental health services

Medicaid health insurance serves millions of Texas children and youth, including about 45,000 children in foster care. Yet, in our state, Children's Medicaid does not cover several key children's mental health services that effectively prevent or address crises that could result in a child entering foster care if left unaddressed. With few exceptions, Texas Medicaid only covers two ends of the spectrum: basic therapy/counseling and medications or full inpatient hospitalization. **For youth to make progress in their treatment and prevent unnecessary hospitalizations, the whole continuum of care must be made available to ensure access to the right level of care at the right time.**

The following services are NOT covered by Medicaid and are shown to help children and youth recover and thrive.

- **Family Partner and Youth Peer Support:** Family Partners utilize parents' lived experience to help other caregivers navigate complex mental health systems for their children, strengthen parents' self-advocacy, and improve caregiver coping skills, ultimately helping youth receive the mental health care they need and preventing further crises from arising.²² Youth Peer Support specialists play a vital role in mental health recovery for youth by utilizing their lived experience to model positive coping strategies, offer valuable guidance in overcoming trauma, and facilitate access to resources, which together foster resilience in managing mental health challenges.²³ Despite recommendations from the Substance Abuse and Mental Health Service Administration (SAMHSA), these services are not covered by Texas Medicaid.²⁴
- **Effective Community Services for At-risk Youth:** Multisystemic Therapy (MST) and Functional Family Therapy (FFT) are evidence-based, home- and community-based interventions that improve family

¹⁹ *Id.*

²⁰ Texans Care for Children. Texas Leaders Must Help Parents Seeking Mental Health Support for Their Children (June 2022). <https://static1.squarespace.com/static/5728d34462cd94b84dc567ed/t/62b39015de529c420ab8f46b/1655934997320/Children%27s+Mental+Health+Policy+Brief+June+2022.pdf>.

²¹ Texas Health and Human Services Commission (HHSC). (2024). Health and Human Services Commission Strategic Plan for Fiscal Years 2025-2029, Part II. <https://www.hhs.texas.gov/sites/default/files/documents/hhsc-strategic-plan-2025-2029-part-2.pdf>.

²² Texas Health and Human Services Commission. Children's Mental Health Family Partner Support Services. <https://www.hhs.texas.gov/services/mental-health-substance-use/childrens-mental-health/childrens-mental-health-family-partner-support-service>.

²³ Texas Institute for Excellence in Mental Health. (2018). Texas Youth Peer Support Roundtable. https://txsystemofcare.org/wp-content/uploads/2019/06/Proceedings-YPSR-AART_09-18.pdf.

²⁴ Substance Use and Mental Health Services Administration and Center for Medicaid and CHIP Services. (2013). <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-05-07-2013.pdf>.

dynamics, reduce youth behavioral issues, and prevent foster care placements. MST focuses on youth with serious mental health challenges, enhancing family and school outcomes. FFT targets family relationships and has been proven to reduce criminal recidivism and out-of-home placements. Several Medicaid State Plans cover MST and FFT.^{25, 26}

- **Intensive Outpatient Programs (IOP) & Partial Hospitalization Programs (PHP):** IOP and PHP are intensive mental health services offered in clinics or hospitals that help youth “step down” from a higher level of care (such as mental health hospitalization) and back to their daily lives and help children who are struggling get more intensive therapies if they need more than regular therapy but do not need 24-hour hospital care. Therapeutic support and treatment are available for several hours per day so that children can return home at night, keep their daily routines, go to school, and live successfully in their communities. IOP and PHP are routinely covered by private insurers. But without Medicaid coverage, kids in foster care or those in low-income households have limited access to these options – leaving many caregivers to turn to hospitals and emergency rooms unnecessarily or leaving some youth in hospital-level care when it is no longer needed. IOP and PHP help avoid hospitalization, lower costs, and help children maintain their daily routines while receiving mental health care. More than 30 states cover IOP and PHP in their Medicaid programs.^{27 28}
- **Crisis Stabilization and Crisis Respite Services:** These services provide alternatives to emergency rooms and jails, reduce severe symptoms of mental or behavioral health challenges, and keep children safe in their homes and communities. In 2023, the Legislature funded state grants to some local mental health authorities to operate Youth Crisis Outreach Teams, intended to address the immediate needs of youth and provide up to 90 days of support. Yet, current funding supports eight total teams, including three prioritizing DFPS children, which leaves large portions of the state uncovered or with limited access to crisis stabilization.²⁹ Crisis stabilization provides immediate support to address acute symptoms through face-to-face counseling at a crisis stabilization unit, home, or school. Twenty-eight states cover stabilization services.³⁰ Crisis respite services offer short-term relief for families struggling to care for a loved one with severe mental illness, either in-home or out-of-home.

The Texas Legislature and HHSC have identified many of these services as evidence-based, medically necessary, and cost-effective. The state should add these mental health services to Children’s Medicaid so that children have the right level of care at the right time. This step would expand mental health access for youth, strengthen caregiver support, prevent crises and costly hospitalization stays, and reduce risks of foster care placement.

²⁵ MST Services. Funding Sources to Sustain an MST Program. (2021). <https://www.mstservices.com/our-community>.

²⁶ FFT LLC. Guide to Unlock Funding for Functional Family Therapy. (2024). <https://www.fftllc.com/blog/funding-functional-family-therapy>.

²⁷ Kaiser Family Foundation. Medicaid Behavioral Health Services: Intensive Outpatient Treatment.

<https://www.kff.org/medicaid/state-indicator/medicaid-behavioral-health-services-intensive-outpatient/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>. Kaiser Family Foundation. Medicaid Behavioral Health Services: Partial Hospitalization <https://www.kff.org/medicaid/state-indicator/medicaid-behavioral-health-services-partial-hospitalization/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>.

²⁸ Kaiser Family Foundation. Medicaid Behavioral Health Services: Partial Hospitalization

<https://www.kff.org/medicaid/state-indicator/medicaid-behavioral-health-services-partial-hospitalization/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

²⁹ Texas Health and Human Services Presentation to the House Youth Health & Safety Select Committee

<https://www.hhs.texas.gov/sites/default/files/documents/presentation-to-house-youth-health-safety.pdf> (slide 5 and 15)

³⁰ Kaiser Family Foundation. Medicaid Behavioral Health Services: Crisis Stabilization Unit. (2022)

<https://www.kff.org/other/state-indicator/medicaid-behavioral-health-services-crisis-stabilization-unit/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>.

Support Families Referred to DFPS

Recommendation 3: Sustain the Texas Family First Pilots

Over the last two sessions, the Texas Legislature has invested in the Texas Family First (TFF) Pilots as part of its commitment to prioritizing family preservation and reducing the number of children entering foster care. The Texas Family First pilot sites are making progress in helping families stay together and avoid foster care despite working with a relatively small number of cases due to legislatively imposed eligibility restrictions (discussed in Recommendation 5). For instance, 149 families have completed the pilot to date.³¹ Specifically, as of January 2024, Belong, the provider in South Central Texas and the Hill Country, had served approximately 50-60 families.³² Belong has fully and successfully resolved about half of these cases, with only 3-4 cases resulting in removal.³³ This indicates a strong success rate in keeping families together through the pilot's interventions. However, the Legislature's reliance on a Family First Transition Act federal grant funding is jeopardizing the good work happening in these pilots. The grant facilitating this work expires in 2025, and the state does not have a sustainability plan.

The Family First Prevention Services Act (FFPSA) allows states to access federal matching funds for evidence-based services to prevent children from entering foster care. To draw down this federal funding and continue the TFF Pilots after the grant expires, Texas must:

- Submit a Title IV-E Prevention Plan outlining state strategies for FFPSA implementation;
- Obtain federal approval for the plan; and
- Invest state funding in eligible evidence-based prevention services.

Texas is one of only four states that has not submitted its Title IV-E Prevention Plan. While DFPS works on its plan and awaits federal approval, the Legislature must also appropriate state funding to continue the TFF Pilots and keep families together.

State investment in the TFF Pilots will sustain critical support for children at risk of entering foster care and their caregivers by supporting the ongoing work that DFPS has started in partnership with Community-Based Care contractors to preserve families and keep children safely at home.

Recommendation 4: Expand the availability of evidence-based family preservation services

In the short term, Texas can support families by investing general revenue in expanding access to evidence-based services provided to children at risk of entering foster care that are eligible for a federal match under FFPSA. According to the national Title IV-E Prevention Services Clearinghouse, several evidence-based programs and services provide targeted support and effective treatment for children's mental health needs, helping families stay together and preventing the need for foster care placements.³⁴ Programs or services available in some Texas communities include:

- Trauma-Informed Cognitive Behavioral Therapy,
- Trust-Based Relational Intervention (TBRI),
- Functional Family Therapy (FFT),

³¹ Report on Federal Funds Maximization.

https://www.dfps.texas.gov/About_DFPS/Reports_and_Presentations/Rider_Reports/documents/2024/2024-08-30_Rider_36_Federal_Funds_Maximization_Report.pdf

³² Family First Workgroup Meeting. Updates from Organizations. (January 2024).

³³ *Id.*

³⁴ Programs and services reviewed. Title IV-E Prevention Services Clearinghouse. <https://preventionservices.acf.hhs.gov/program>.

- Intensive Care Coordination Using High Fidelity Wraparound,
- Dialectical Behavior Therapy for Adolescents,
- Family-Centered Therapy,
- Brief Strategic Family Therapy,
- Eye Movement Desensitization and Reprocessing (EMDR), and
- Multisystemic Therapy (MST).

Some of these services could be covered by Medicaid. However, FFPSA funding can provide a supplemental funding stream to pay for these effective services for children at risk of entering foster care, including children who don't have Medicaid health insurance. As an example, **86 percent of children at risk of entering foster care who receive MST remain at home and avoid placement in the foster care system.**³⁵ Texas currently has 24 MST teams across the state. Estimates from Meadows Mental Health Policy Institute indicate that **about 7,000 Texas youth and their families could utilize MST services, but Texas would need many more MST — about 140 total teams — to meet this need.**³⁶ Similarly, FFT significantly reduces the need for foster care by **making children 3.5 times less likely to be removed from their homes and 50 percent less likely to face new abuse or neglect allegations when mental health concerns are involved.**³⁷ Texas has eight certified FFT providers.³⁸ Geographic location, workforce shortages, or logistical barriers may hinder access to these services. Additional funding is crucial to address these barriers, scale up existing programs, and introduce new ones in Texas.

Recommendation 5: Broaden criteria for federal matching funds for evidence-based services

Longer-term, under FFPSA, Texas has an opportunity to draw down additional federal funding that would allow more children to participate in mental health services that help them avoid entering foster care. However, Texas should broaden the eligibility criteria for these services to access the funds for children's mental health services.

While federal law allows up to a 50 percent federal match for certain evidence-based programs provided to a child at imminent risk of entering foster care, the current criteria for families to participate in the Texas Family First pilots are limited. Texas currently has two definitions for "foster care candidacy" that dictate whether a service qualifies for a federal match under FFPSA. The first, a newer and narrower definition introduced through HB 3041 (87R), applies exclusively to the TFF Pilots. Meanwhile, the second, a more comprehensive and longstanding definition, applies to other family preservation services in Texas and would enable a broader range of referrals to services to be eligible for federal match funding.

The Senate Bill 910 Report from 2022, a collaborative effort between DFPS and Texas A&M University, shows that other states implementing FFPSA use even broader criteria than Texas' longstanding definition.³⁹ The Report recommended that Texas consider extending federal matching funds for evidence-based preservation services for

³⁵ MST Services. Keeping Children Out of Foster Care and at Home with Family. (2022).

<https://info.mstservices.com/blog/foster-care#:~:text=Multisystemic%20Therapy%20Helps%20Prevent%20Out%2Dof%2DHome%20Placements&text=MST%2DCAN%20is%20an%20evidence.person%20being%20maltreated%20%E2%80%93%20the%20child..>

³⁶ Meadows Mental Health Policy Institute, July 31, 2024 Testimony to the House Youth Health and Safety

Committee. https://mmhpi.org/wp-content/uploads/2024/05/Multisystemic-Therapy-MST-for-Texas-Youth_June-2024-2.pdf.

³⁷ Functional Family Therapy. Promoting the Well-Being of Children and Families Involved in Child Protection. (2024).

<https://www.ffitlc.com/blog/engagement-in-child-welfare>.

³⁸ FFT LLC. Functional Family Therapy Locations. (2022). <https://www.ffitlc.com/sites>.

³⁹ Department of Family and Protective Services. (2022). Study of Options for Implementing Family Preservation Services. CPS Reports and Presentations.

https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2022/2022-09-30_SB910_Family_Preservation_Services_Report.pdf.

a broader subset of children and families. This includes the following populations with particularly relevant recommendations in bold:

- Children in Family-Based Safety Services,
- **Those who have reunified with their family or been adopted,**
- **Children whose parents “Refuse to Assume Parental Responsibility,”**
- Children of families under Investigation or in Alternative Response, and
- **Children at risk of Child Protective Services (CPS) involvement in other service sectors like the juvenile justice or public mental health systems.**⁴⁰

Other red states have included the following populations, among others, in their approved FFPSA Title IV-E Prevention Plans:⁴¹

- **Children with Behavioral Health Challenges:** Arkansas, Florida, South Carolina, Utah, Missouri, North Dakota, Oklahoma, Indiana, and Kentucky.
- **Children Involved with the Juvenile Justice or Public Mental Health System:** North Dakota and Nebraska.
- **Adoption or Guardianship Disruption:** Arkansas, Florida, Missouri, Nebraska, North Dakota, and Utah.
- **Post-Reunification Support:** Maine, Nebraska, Georgia, Missouri, North Dakota, and Oklahoma.

The Texas Legislature should direct DFPS to use broad criteria in its FFPSA Title IV-E Prevention Plan to amplify state investments in high-quality children’s mental health services through federal financial participation.

⁴⁰ *Id.*

⁴¹ Administration for Children and Families. Status of Submitted Title IV-E Prevention Program Five-Year Plans. <https://www.acf.hhs.gov/cb/data/status-submitted-title-iv-e-prevention-program-five-year-plans>.