

How To Fund Services and Provider Capacity Development

Presented by

Mary Sowers –
NASDDD Executive
Director

August 07, 2026

Kirsten Beronio –
Senior Advisor,
NASMHPD
Brian Hepburn –
Executive Director,
NASMHPD

Kristina Rosinsky, MPP
Senior Research
Scientist, Child Welfare
and Early Childhood
Systems Building

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Recording for Today's Session

Please note that we are recording the didactic portion of today's session. While we will not record any group discussions, the recording from today's presentation may be considered for posting on the CMHIS Learning Lab for public use and/or be made available to attendees.



A Service Paradigm Based in Neuroscience

A Place the is Safe



- Relationships are the Key
- Person-centered and Trauma-Informed Practices
- Physical Space Responsive to Needs
- Behavior is Communication
- Promote Physical and Brain Health
- Supporting Caregivers
- Plan for Crises

Treatment to Heal Physical and Mental Health Treatment



- Treat Physical Health Conditions
- Learn the Person's History
- Treatment Strategies/ Habilitation
- Treatment Strategies/Somatic
- Treatment Strategies People Can Use
- Treatment Strategies Based on Communication
- Treatment Strategies/Family-Focused
- Psychopharmacology

Opportunities to Grow Habilitation and Education



- Going to School
- Playing with Other Children
- Developing Interests
- Participating in the Life of the Community

MEDICAID FINANCING • HCBS

Home- and Community-Based Services for Children with Complex Needs

Key Tools to Ensuring A PLACE THAT IS SAFE

Mary Sowers, NASDDDS Executive Director



Grounded in Cross-System Strategies to Support Children with Complex Behavioral Health Conditions — The Link Center / NASDDDS (Thaler, 2026)



The National Association of State Directors of Developmental Disabilities Services (NASDDDS) represents the nation's state agencies, Puerto Rico, American Samoa, and the District of Columbia providing services to children and adults with intellectual and developmental disabilities and their families. NASDDDS promotes visionary leadership, systems innovation, and the development of national policies that support home and community-based services for individuals with disabilities and their families.

Cross-Systems Strategies to Support Children with Complex Behavioral Health Conditions

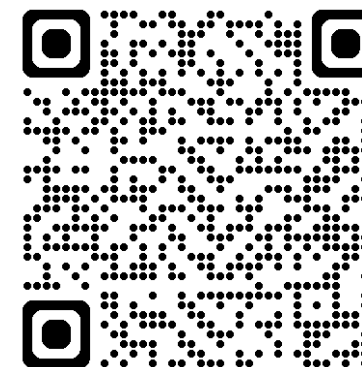
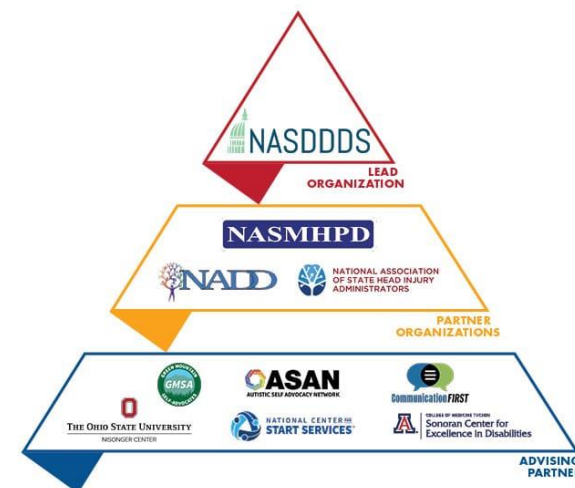


The Link center is a project led by NASDDDS, in close partnership with NASMHPD, NASHIA, and NADD

Advancing systems of care for people with co- occurring conditions

The Link Center works to improve supports for children and adults with intellectual and developmental disabilities (I/DD), brain injuries, and other cognitive disabilities who also experience mental health conditions.

[Learn more about The Link Center](#)



Home and Community-Based Services (HCBS)

- HCBS can be critical to creating **A PLACE THAT IS SAFE** with **EFFECTIVE TREATMENT** and **OPPORTUNITIES FOR GROWTH**.
- However, HCBS is not an entitlement under EPSDT—states must voluntarily create an HCBS waiver. States have considerable latitude in designing HCBS programs. They may target specific populations by condition, age, and geographic location, and choose which waiver services to provide.
- HCBS waivers can be designed to serve children with complex behavioral health needs of any age, whether living with biological families, foster families, adoptive families, or in small community residences.
- Children in the child welfare system can be made eligible if they meet HCBS eligibility requirements. (p. 67)”

We are going to discuss these Medicaid options today...

WHY THIS MATTERS

Young people with complex needs, growing up connected to family and community

That's what home- and community-based services make possible.



What is Medicaid HCBS?

Home- and Community-Based Services are long-term services and supports that Medicaid funds so people can live at home and in the community — rather than in an institution.

Community-Based Services

HCBS grew out of the move away from institutional care — funding life in the community instead of nursing facilities, ICFs/IID, or hospitals

Supports and treatment

Ongoing help with daily life and skill-building — personal care, habilitation, respite, employment

Authorized several ways

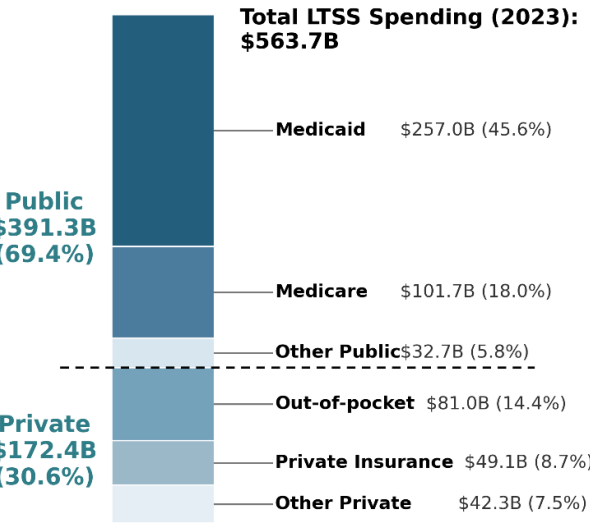
Not one benefit: states may choose among 1915(c) waivers, 1915(i), 1915(k), and 1115 demonstrations to build their HCBS array.

Often optional & capped

Unlike most Medicaid benefits, many HCBS authorities can target a population and/or cap enrollment

Why HCBS is growing — and why financing matters

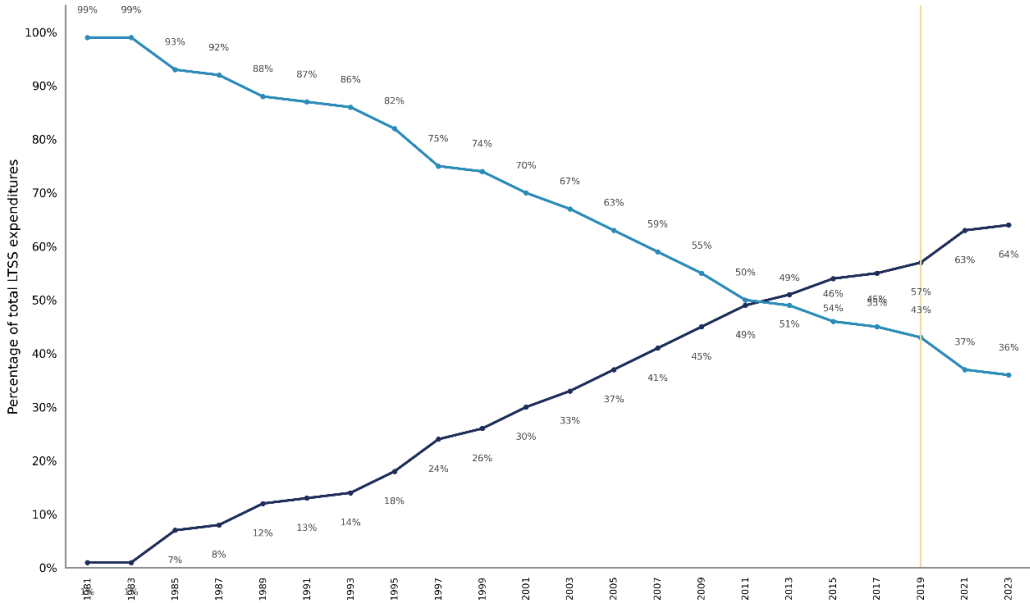
Figure 1. Long-Term Services and Supports (LTSS) Spending, by Payer, 2023 (in billions)



Source: CRS analysis of National Health Expenditure Account (NHEA) data obtained from the Centers for Medicare & Medicaid Services (CMS), Office of the Actuary, prepared December 2024. Notes: Analysis includes Medicare post-acute care spending in an expanded definition of LTSS spending. Percentages may not sum to 100% due to rounding.

Medicaid is the single largest payer for long-term care.

The backdrop: demand is rising and HCBS is the cost-effective setting — which is why how states finance it matters.



Reliance has shifted from institutions to HCBS — now the majority of Medicaid LTSS spending (1981–2023).

COST PER PERSON, PER YEAR

\$17,298

HCBS

\$54,462

Institutional care

Why HCBS is central for children with complex needs



The daily, habilitative, family-sustaining supports treatment alone can't cover.

Habilitation – A KEY ELEMENT IN TREATMENT

Skill-building and community participation — participation — Essential aspect of therapy, therapy, not separate from it.

Respite

Regular breaks for family, foster, and kin caregivers to prevent burnout.

Caregiver training & coaching

Co-regulation— caregivers are the “front-line “front-line therapists.”

In-home intensive supports

Parent coaching, crisis intervention, and skill-building in the home.

Access & independence

Assistive technology, home modifications, and transportation.

Community & transition

Supported employment and community participation toward adult life.

The point: HCBS is how states are best able to support children at home or in the community — and **out of emergency rooms, hotels, and out-of-hotels, and out-of-state placements.**

The HCBS toolbox — and how states use it for complex kids

1915(c) Waiver

- Targets a population; enrollment can be capped (waitlists allowed)
- Wide array of potential services – tailored to needs of population served
- Requires an institutional level of care

NEW OPTION: 1915(c)(11) – Enacted in HR1, will allow states to design 1915(c) waivers for individuals without regard to level of care – A potential new tool to really meet the needs of these children who may not fit neatly into one target group/level of care. Begins 2028 – but planning already underway in several states

1915(i) State Plan HCBS

- No waiver, no waitlist (states are unable to limit the number of people served); needs-based criteria
- No institutional level-of-care test
- Well-suited to behavioral-health HCBS for this population

1915(k) Community First Choice

- Personal care / attendant services and supports
- Enhanced federal match
- Complements (c) and (i) for daily living needs

Designing HCBS so providers can serve complex kids

1 Service definitions

Build in behavioral support, clinical supervision, and trauma-informed training; specify activities and settings.

2 Provider Qualifications and Rates that fit the work

Reflect the clinical competency and supervision supervision the service requires; Cross agency agency licensing strategies and joint provider provider capacity building

3 Financing that Makes Sense

A daily or weekly rate for 24-hour residential residential rather than hourly billing.

4 Flexible limits

Adjust frequency and duration for complex kids complex kids — more respite hours, higher staff higher staff ratios.

5 Authorization Periods Commensurate with Needs

Build authorization periods that reflect the real the real needs of the child.

6 Strategies for Seamless Support

One in-home support definition covering hab, hab, behavior support, community integration, integration, and crisis response.

Plus care coordination: a lead coordinator formally recognized across systems, with a way to bill for cross-system work.

Section 1115 Demonstrations as a Tool for Supporting Children

Section 1115 lets states test approaches that waive standard Medicaid rules. For this population, one use has dominated.

Another potential Medicaid Tool

Section 1115 of the Social Security Act allows the US HHS Secretary to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations. Demonstrations must also be "budget neutral" to the Federal government, which means that, during the course of the project, Federal Medicaid expenditures will not be more than Federal spending without the demonstration.

What this means...

Under the Section 1115 Medicaid authority, states may cover populations not traditionally eligible, provide services not typically provided, implement alternative payment structures, different care coordination models and managed care models; and modify benefit packages for different populations.

In short: 1115 has been the “reach beyond the standard rules” tool — but changes are underway.

New Jersey FamilyCare Comprehensive Demonstration

One 1115 umbrella behind the state's children's system of care.

What the demonstration carries

- The Children's System of Care runs behavioral health, I/DD, and substance-use services for children as one coordinated system.
- Care management organizations, mobile response & stabilization, and intensive in-home / in-community services.
- Medicaid (DMAHS) and the Department of Children & Families coordinate funding, service authorization, and claims.
- Alongside MLTSS and newer health-related social-needs supports — housing and a medically indicated meals pilot.

WHY IT FITS THIS POPULATION

A single 1115 umbrella lets New Jersey braid services across child welfare, behavioral health, and I/DD — including flexibilities the state plan alone can't reach.

THE DEMONSTRATION

Renewed 2023 — third five-year period
Runs through June 30, 2028

Source: nj.gov/humanservices/dmahs

What's ahead: under H.R.1, services here that the State Plan or 1915 could cover become MAPS — so comprehensive demonstrations like New Jersey's will be re-examined against the new budget-neutrality test.

Anticipated changes to 1115 Demonstrations under H.R.1

Section 71118 of P.L. 119-21 adds a statutory budget-neutrality test at §1115(g), effective January 1, 2027. (*CMS guidance in SMDL #26-003 — still ahead of rulemaking.*)

1 A new, tougher test

The CMS Chief Actuary must certify no increase in federal spending before any new any new demonstration, amendment, or or renewal. Administrative costs now count; count; savings rollover shrinks to 5 years; years; approvals capped at 5 years.

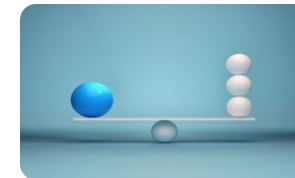
2 MAPS reshapes HCBS

Anything coverable under the State Plan or Plan or 1915 — including routine HCBS and and IMD/SED access — becomes MAPS: net-MAPS: net-zero, no savings, paid at state-state-plan terms.

3 Use other authorities first

CMS is steering states to State Plan and 1915 and 1915 authorities where available, reserving 1115 for genuine innovation it it can't otherwise support. Details tbd on on how they will evaluate these very specific specific and unique provisions within each each 1115.

Bottom line: for complex kids' HCBS, 1115 gets narrower and harder — build in State Plan + 1915 first.

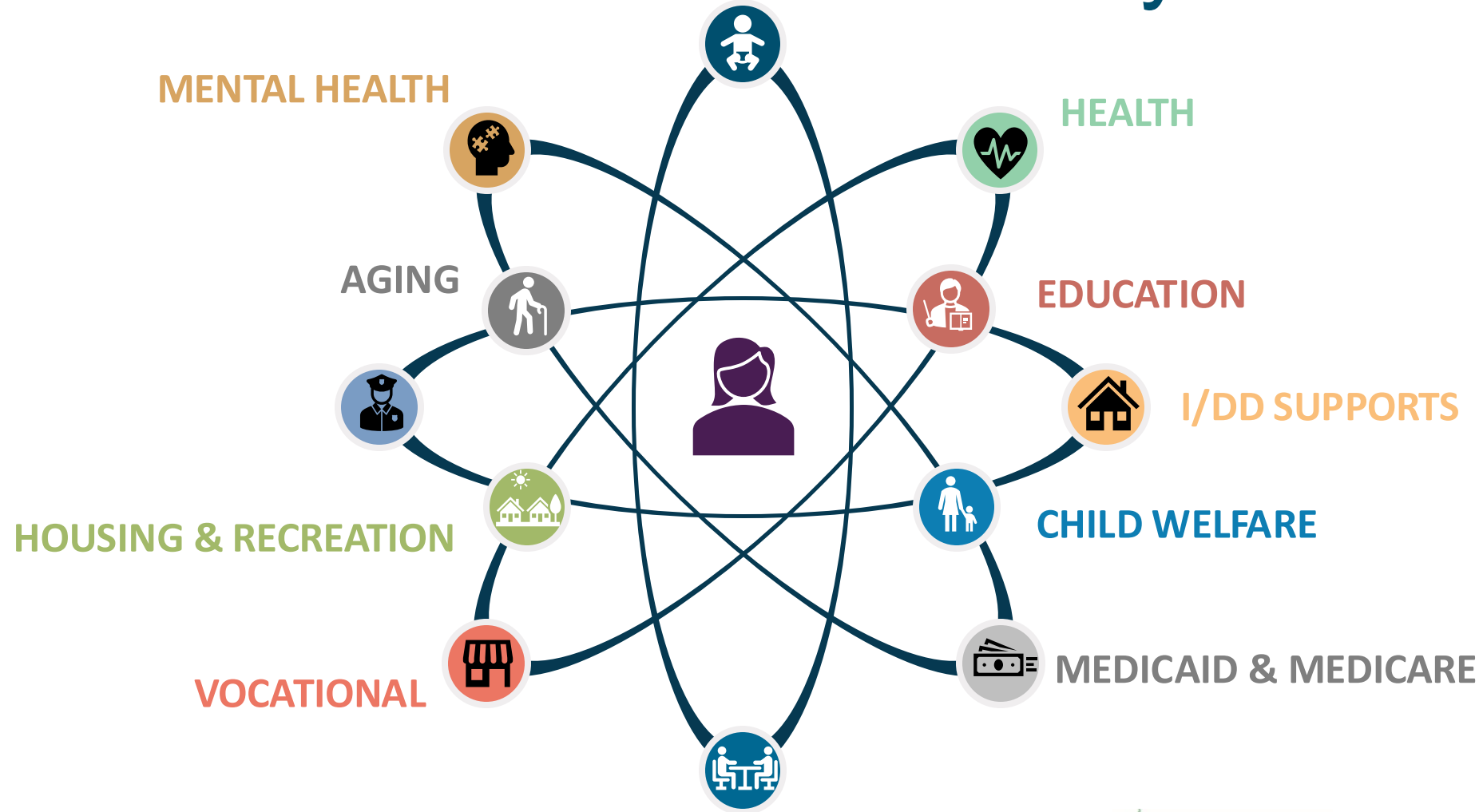


A photograph of a woman and a young girl swimming in the ocean. The woman, on the right, is wearing a large, light-colored straw hat and pink sunglasses. She has a joyful expression, smiling broadly. The young girl, on the left, is partially submerged, with her head and shoulders above water. She has dark, curly hair and is looking towards the left. The background shows a clear blue sky with scattered white clouds and a distant shoreline with green trees. The water is a deep blue with gentle ripples.

THE BOTTOM LINE

Financing HCBS well is how families stay together.

Systems Intersections Collaboration is Key



Takeaways – Designing a Real Way to Achieve a Place that is Safe



- HCBS is the engine for keeping complex kids home

Habilitation, respite, caregiver support, and community integration — key to supporting children and their families and, hopefully, to and, hopefully, to get upstream.

- Design the services you want to offer – then find best authority fit

State Plan + 1915; 1115 reserved and now budget-neutrality-tested (H.R.1 / SMDL #26-003, effective 1/1/2027).

- Whatever the authority, design is the difference-maker

Rates, definitions, flexible authorization, bundling, and coordination decide whether kids are actually served.

Key sources

- [Waiver Services Database - Nasddds](#)
- CMS Instructions and Technical Guide V7 [CMS Waiver Applications: Portal](#)
- CMS, SMDL #26-003, Budget Neutrality and Certification by the Chief Actuary for Section 1115 Medicaid Demonstration Projects (June 11, 2026).
- Public Law 119-21, §71118 (the budget-neutrality provision adding §1115(g) of the Social Security Act).
- CMS, SMDL #18-011, Opportunities to Design Innovative Service Delivery Systems for Adults with SMI or Children with SED (Nov. 13, 2018).
- Mathematica, Cross-State Analysis of Section 1115 SMI/SED Demonstration Monitoring Data (2025).
- The Link Center / NASDDDS, Cross-System Strategies to Support Children with Complex Behavioral Health Conditions (Thaler, 2026).
- CMS EPSDT guidance: State Medicaid & CHIP Toolkit for Children's Behavioral Health Services & EPSDT (2025); EPSDT Coverage Guide (2026).



Cross System Solutions - Everyone is Responsible

- A Place that is Safe



- Treatment to Heal



- Opportunities to Grow



- **Child Welfare: Title IV-E**
 - Family Preservation
 - Treatment and Therapeutic Services
 - Foster Care and residential alternatives
- **Mental Health: Medicaid EPSDT**
 - Treatment including inpatient
- **Developmental Disabilities: Medicaid**
 - HCBS Habilitation services including residential
- Education – IDEA
- Juvenile Justice

Medicaid Coverage of Prevention and Treatment for Children with Complex Behavioral Health Conditions

Presented by _____

Kirsten Beronio
Senior Advisor
National Association State Mental Health Program Directors

August 7, 2026

Medicaid and Children with Complex Behavioral Health Conditions



- Medicaid – critical source of coverage for treatment and preventive services that children with complex behavioral health (BH) conditions need
- Almost half of children and youth with complex conditions are covered by Medicaid --
 - High rates of BH conditions: anxiety ~37%, depression ~20%, behavioral or conduct problems ~31%, ADD/ADHD ~37%
- Co-occurring conditions are common in these children
 - ~40% having 4 or more conditions

*Source: Medicaid and CHIP Payment and Access Commission (MACPAC) Issue Brief “Access in Brief: Children and Youth with Special Health Care Needs” Aug. 2024 <https://www.macpac.gov/wp-content/uploads/2024/08/Access-in-Brief-Children-and-Youth-with-Special-Health-Care-Needs.pdf>

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)



- Core feature of Medicaid coverage for children under 21 years of age
 - Especially important for children with complex conditions
- EPSDT requires coverage of --
 - Early and periodic screening and
 - “such other necessary health care, diagnostic services, treatment, and other measures [coverable in a Medicaid state plan] to correct or ameliorate defects and physical and mental illness and conditions discovered by the screening services”*
 - Regardless of whether the state has explicitly included such services in its Medicaid benefits

*Social Security Act, sec. 1905(r)(5)

EPSDT Basic Requirements



- States must ensure Medicaid-eligible children and their families are --
 - Informed of what they are entitled to
 - Have access to required screenings, and
 - Able to obtain necessary diagnostic and treatment services to correct or ameliorate identified conditions in a timely way
- States set medical necessity requirements (within certain parameters) and may use utilization management with soft limits, e.g., prior authorization
- EPSDT does not extend beyond coverable Medicaid state plan benefits authorized under sec. 1905(a) of the Soc. Security Act
 - HCBS benefits – e.g., respite and certain community participation supports – coverage based on other Medicaid authorities

Importance of EPSDT for Children with Complex BH Conditions



- Ensures coverage of screening and assessment that can identify physical, behavioral health, and developmental issues as early as possible
- Requires coverage of a wide range of services critical for children with complex BH conditions including --
 - Intensive home-based therapy,
 - Outpatient services in community settings including school, workplace, and home,
 - Medication management,
 - Case management and care coordination,
 - Occupational therapy, and
 - Peer support including parent peers

*Source: Centers for Medicare and Medicaid (CMS), “Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Guide for States : Coverage in the Medicaid Benefit for Children” May 2026 <https://www.medicaid.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf>

CMS Guidance on EPSDT and Children with BH Conditions



- **State Medicaid & CHIP Toolkit on Children’s Behavioral Health Services and EPSDT Requirements** (Feb. 2026)
- CMS State Health Official Letter, “**Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements**” (Sept. 26, 2024)
- CMS Informational Bulletin, “**Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth**” (Aug. 18, 2022)
- **CMS State Medicaid and CHIP Applied Behavior Analysis Toolkit** (Aug. 4, 2026)

CMS Toolkit on Children's BH Services and EPSDT -- Requirements and Strategies



- Recommends states proactively “cover a robust array of services for children with IDD and behavioral health conditions”:
 - WA example: Wraparound with Intensive Services – team-based intensive mental health services including family therapy and care coordination for children with IDD and BH symptoms
- Includes descriptions, evidence, and state examples of services subject to EPSDT requirements including –
 - Peer support services for youth and family
 - Psychosocial rehabilitation (coping skills, family counseling, educational aide)
 - Screening, assessment, and early intervention
 - Skills training for independent living (rehab option)
 - Therapy and counseling services (individual, family, group)

Source: State Medicaid & CHIP Toolkit on Children's Behavioral Health Services and EPSDT Requirements (Feb. 2026)
<https://www.medicaid.gov/federal-policy-guidance/downloads/state-medicaid-chip-bh-epsdt.pdf>

CMS Toolkit on Children's BH Services and EPSDT -- Requirements and Strategies (cont'd)



- Stresses importance of care coordination and case management for these families:
 - Case management - must be covered if medically necessary under EPSDT
 - Care coordination – as component of other services (generally not subject to EPSDT) but required of Medicaid managed care plans
 - OH example: managed care waiver 1915(b) for children with complex BH includes tiered levels of care coordination depending on complexity of a child's needs
 - Critical for transition planning for youth with complex needs to adult services
- Recommends Medicaid managed care contract requirements focused on special

needs of children with complex BH conditions:

- Tailored plans or contract requirements in broader managed care arrangements requiring --
 - Specialized case managers, screening requirements, specific network requirements, family-centered treatment, performance measures specific to this population, dashboards on trends and outcomes
 - WA example: specialized managed care plan for children in foster care requiring screening for medical and BH condition, provision of complex care management, trauma-informed care

CMS Toolkit on Children's BH Services and EPSDT -- Best Practices



- Support providers to identify and treat co-occurring conditions:
 - AK example: MH and Developmental Disabilities Project for MH providers, disability service providers, and people with lived experience on collaborating in multidisciplinary teams
 - OH example: System of Care Project ECHO (partnership between OH Medicaid, Dept of MH and Addiction Services, and Dept of Developmental Disabilities) – for providers caring for youth with complex conditions and their families
- Provide trauma-informed care particularly for those involved in child welfare system:
 - RI example: requires assessment using CANS (Child and Adolescent Needs and Strengths) Trauma Version

CMS State Health Official Letter on Best Practices for Adhering to EPSDT



- EPSDT plus other Medicaid authorities cover “a care continuum to meet the behavioral health needs of children with mental health, substance use, and/or intellectual and developmental disorders” including -
 - Case management, psychiatry and psychology services, medication management, counseling, intensive in-home services, mobile crisis intervention services, and
 - “[E]nrichment activities to enhance community inclusion, social/emotional learning services, home and vehicle modifications, and respite care.”
- Clarifies that parent-facing services may be covered under the child’s Medicaid benefit if provided for the direct benefit of the child
- Specifies provider networks should include pediatric specialists and clear procedures for accessing out-of-network and/or out-of-state providers when necessary
- References requirement to provide transportation and scheduling assistance to ensure access to benefits covered under EPSDT

*Source: CMS State Health Official Letter, “Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements” (Sept. 26, 2024) <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>

Additional CMS Guidance on Providing Behavioral Health Services for Children



- CMS Info. Bulletin – highlights EPSDT requirements, strategies, and examples:
 - Strategy - not requiring a diagnosis for determining medical necessity of BH services for children
 - CA example: assessments and individual/group/family psychotherapy covered without diagnosis – also not required for specialty BH services for youth at high risk for BH disorder
 - Best practice - expand coverage of intensive in-home and wrap-around services
 - MA example: Children’s BH Initiative – comprehensive care continuum “including intensive care coordination, in-home BH services, family support and training, therapeutic mentoring, and mobile crisis intervention services”
- CMS Applied Behavioral Analysis Toolkit
 - Provides a helpful overview of Medicaid authorities covering components of ABA
 - Recommended strategies for states to ensure appropriate utilization and control cost

Child Welfare Funding Streams

Presented by _____

Kristina Rosinsky, MPP

Senior Research Scientist, Child Welfare
and Early Childhood Systems Building

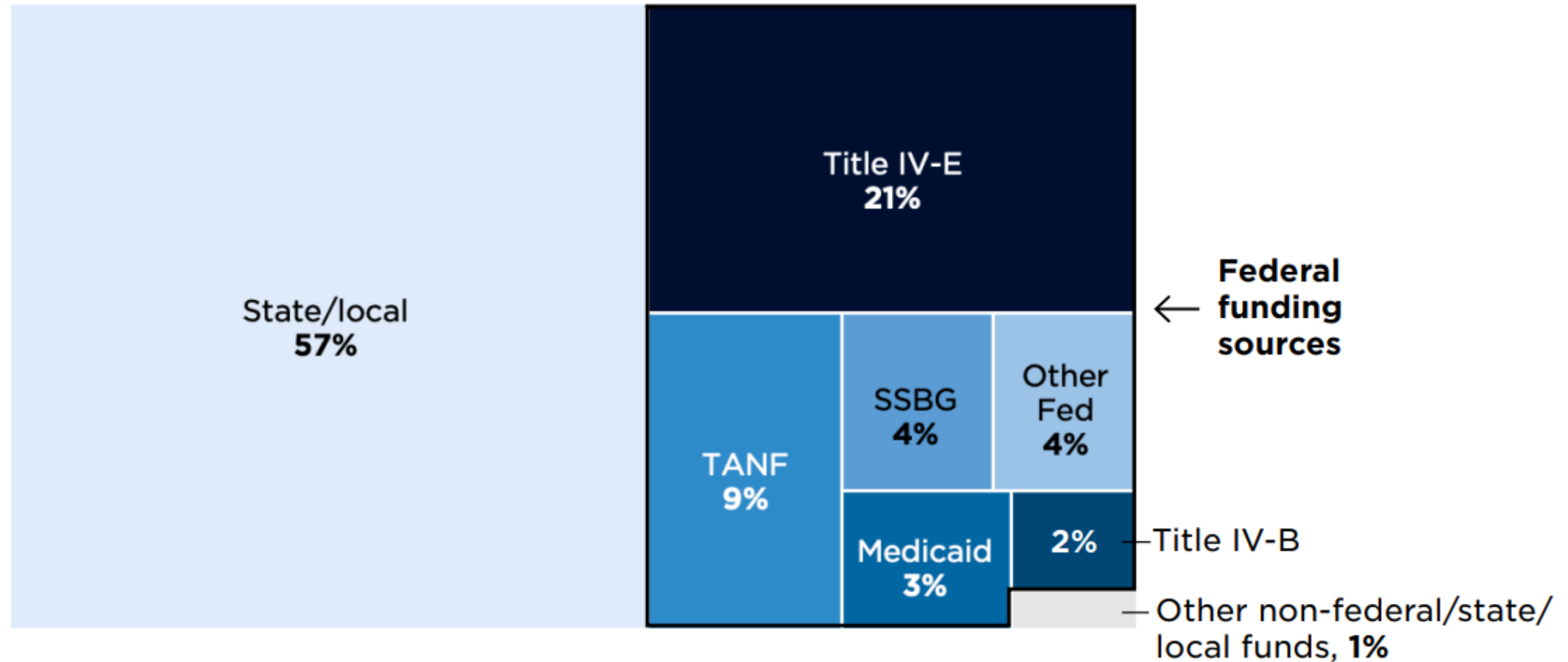
August 7, 2026

Federal sources used by child welfare agencies

- Title IV-E of the Social Security Act
- Title IV-B of the Social Security Act
- Temporary Assistance for Needy Families (TANF)
- Social Services Block Grant (SSBG)
- Medicaid
- Other smaller federal sources, such as:
 - Child Abuse Prevention and Treatment Act grants (CAPTA)
 - Adoption Opportunities
 - Adoption and Legal Guardianship Incentive Payments



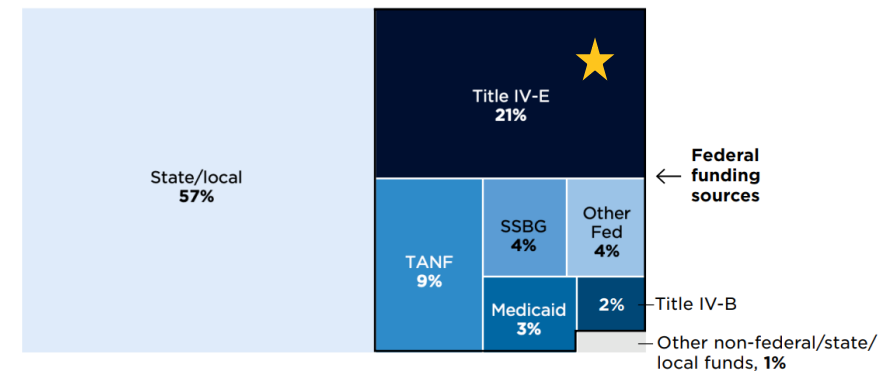
Relative size of each funding source



Title IV-E

- Provides funding for:
 - Foster care
 - Adoption & guardianship
 - Prevention of foster care entry
 - Kinship navigator programs
 - Supports for older youth transitioning to adulthood

- \$9.5 billion in SFY 2022



Title IV-E Foster Care Program

- Provides funding for:
 - Shelter, food, clothing
 - Administrative costs like case management
- Training for staff and foster parents

Special considerations

- Entitlement program
- Required state match
- Child eligibility criteria includes income
- Restrictions on reimbursement for congregate care placements

Title IV-E Adoption Program

- Provides funding for:
 - Adoption assistance payments (payments made to adoptive parents)
 - Administrative costs
 - Training for staff and adoptive parents

Special considerations

- Entitlement program
- Required state match
- Child eligibility criteria based on special needs, not income (anymore)

Title IV-E Guardianship Program

- Provides funding for:
 - Guardianship assistance payments (payments made to legal guardians)
 - Administrative costs
- Training for staff and legal guardians

Special considerations

- Entitlement program
- Required state match
- Child eligibility criteria includes income
- Not all states have a IV-E Guardianship Program

Title IV-E Prevention Program

- Provides funding for:



- Mental health and substance use prevention and treatment programs



- In-home parent skill-based programs

Special considerations

- Entitlement program
- Required state match
- Child eligibility criteria based on whether child is:
 - At imminent risk of entry into foster care
 - Pregnant or parenting
 - Income is NOT a criterion
- Services must meet evidence standards
- Services may be for the child and/or their parent or kin caregiver
- New program, states are still rolling it out

Title IV-E Kinship Navigator Program

- Provides funding for:



- Services and supports for kinship caregivers to meet the needs of children in their care and their own needs

Special considerations

- Entitlement program
- Required state match
- Eligibility criteria determined by state
- Services must meet evidence standards
- New program, states are still rolling it out

Title IV-E Supports for Older Youth

- Provides funding for:

-   • Independent living
-  • Post-secondary education and training vouchers
-  • Job placement & retention
-  • Financial literacy training
-  • Preventive health activities like nutrition education
- And other transition supports

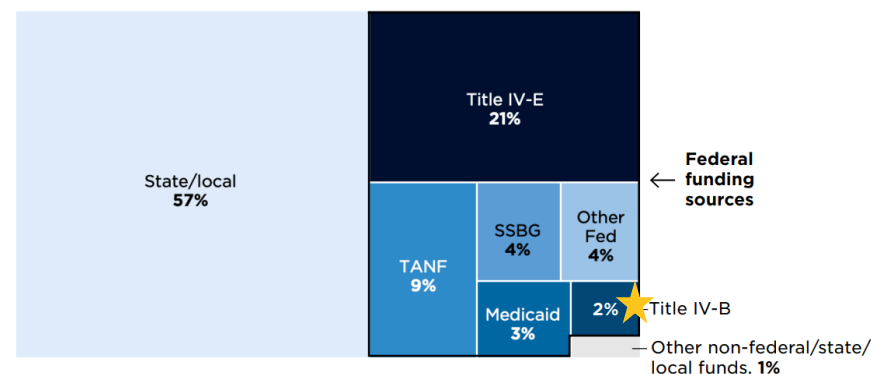
Special considerations

- Not an open-ended entitlement
- Required state match
- Youth eligible:
 - Youth age 14+ in foster care
 - Youth age 18-21/23 formerly in foster care
 - Youth who left foster care through adoption or guardianship at age 16+

Title IV-B

- Provides funding for:

-  Maltreatment prevention
-  Family preservation
-  Family reunification
-   Services for foster and adopted children
-  Adoption promotion and support
-  Kinship navigator programs
-  Services for children affected by parental substance use
-  Training for child welfare professionals



- \$632 million in SFY 2022

Special considerations

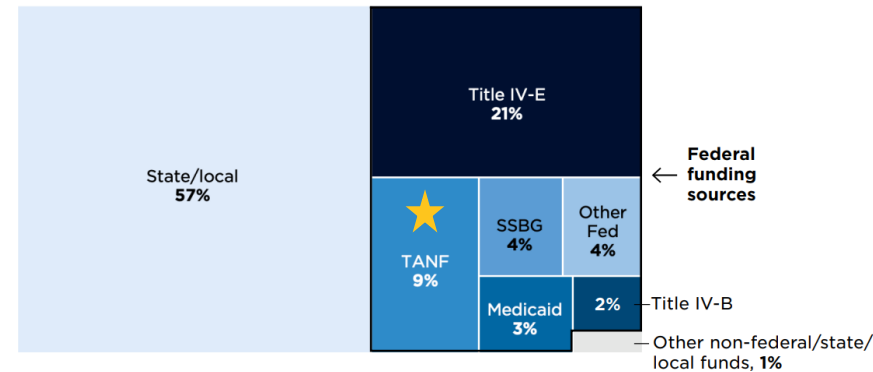
- Not an open-ended entitlement
- Required state match
- States determine eligibility

Temporary Assistance for Needy Families (TANF)

- Flexible funding that can be used to support any of TANF's 4 purposes



- “Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives”
- “End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage”
- “Prevent and reduce the incidence of out-of-wedlock pregnancies”
- “Encourage the formation and maintenance of two-parent families”



- Child welfare agencies spent \$2.9 billion in SFY 2022; this is just a portion of total TANF spending

Special considerations

- Block grant
- No state match, but there are state maintenance of effort requirements

Social Services Block Grant (SSBG)

- Flexible funding that can be used to support any of SSBG's goals:



- Achieve economic self-support



- Achieve self-sufficiency



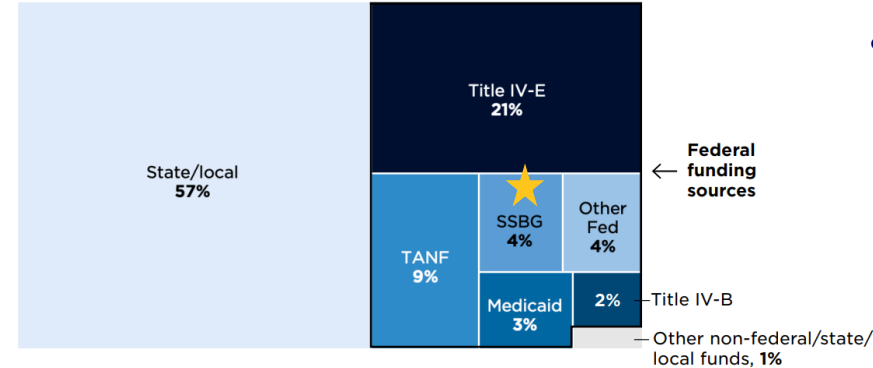
- Prevent or remedy maltreatment of children and adults; preserve/reunify families



- Reduce inappropriate use of institutional care



- Secure referral/admission to institutional care when appropriate; provide services to individuals in institutional care



- Child welfare agencies spent \$1.5 billion in SFY 2022; this is just a portion of total SSBG spending

Special considerations

- Block grant
- No state match
- States determine eligibility

Other federal funding sources

- Sources include:



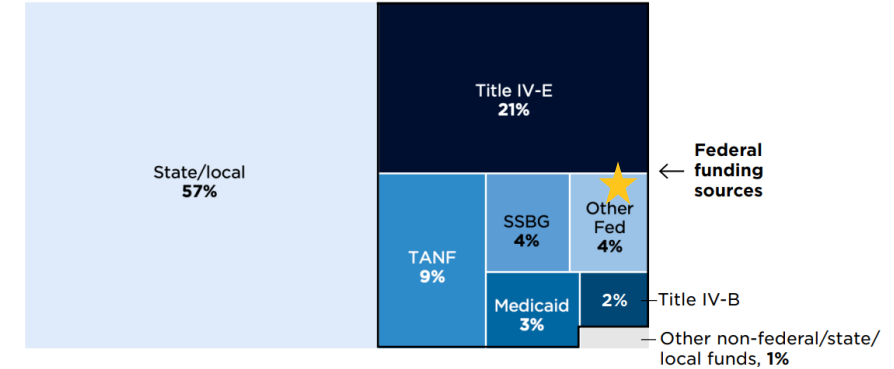
- Child Abuse Prevention and Treatment Act (CAPTA)** – child protective services, prevention, treatment



- Adoption Opportunities** – adoption promotion activities, post-adoption supports



- Adoption and Legal Guardianship Incentive Payments** – can be used on any IV-E or IV-B allowable uses
- Maternal, Infant, and Early Childhood Home Visiting** – provide home visiting programs



How Do I Use This Info?



- Understanding where money is coming from (and where it could come from) is an important step in implementing a strategic public financing approach

Step 1: What is currently being spent on the service/support we want to implement and where is that money coming from?

Step 2: What will it cost to provide the service/support with high quality and make it available to everyone who needs it?

Step 3: Identify and implement strategies to fill the gap

The slide features a dark blue background with decorative geometric patterns at the top and bottom. These patterns consist of multiple parallel lines in shades of purple, blue, and teal, forming a series of connected triangles and zig-zags.

Thank you!

State Break Out Discussions



- What does current capacity look like in your state systems?
- What types of providers do you have in your workforce?
- Identify challenges/supports regarding funding and workforce development

State Break Out Discussions



- Reflections from breakout discussions
- 3 teams willing to share something that stood out from their discussions or share something that might resonate with other state teams

Upcoming Sessions



State implementation successes and challenges:

Aug. 21, 2026

- An opportunity for participating states to present their efforts and challenges, to bring questions and to exchange strategies.
- Facilitator: Gabriella Imbriano, CMHIS