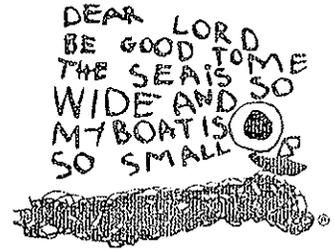


March 24, 2008



Children's Defense Fund

The Honorable Jim McDermott
Chairman, Subcommittee on Income Security
and Family Support
Committee on Ways and Means
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman McDermott:

I am enclosing, with answers, the five questions that you forwarded to me earlier this month as a follow up to my testimony on behalf of the Children's Defense Fund (CDF) at the Subcommittee's Hearing on Improving the Child Welfare System on February 27, 2008. The Children's Defense Fund appreciated the invitation to testify and the opportunity to respond to the questions that you and Rep. John Lewis raised. I would of course be happy to discuss with you in further detail any of the points raised in my answers.

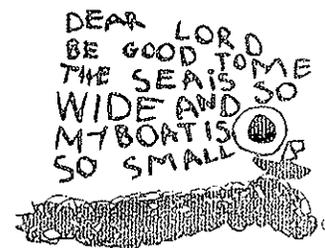
CDF looks forward to working with you this year to improve outcomes for some of our nation's most vulnerable children. Your Invest in KIDS Act makes long overdue improvements on their behalf. Thank you for your continuing leadership.

Sincerely yours,

MaryLee Allen
Director, Child Welfare and
Mental Health

Encls.

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Children's Defense Fund

Responses of The Children's Defense Fund to Questions about Improving the Child Welfare System

**Follow Up to
Hearing on
Improving the Child Welfare System
Before the
Subcommittee on Income Security and Family Support
Of the
Committee on Ways and Means
U.S. House of Representatives
February 27, 2008**

**Prepared by
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Chairman Jim McDermott:**Question:**

Based on the comments of many of the witnesses who appeared before the Subcommittee, it is clear that a lot of effort has been made by the child welfare community to determine what changes are needed in the child welfare system to reduce the need for foster care and improve the well-being of those children who are placed in the system. Is it fair to say there is general consensus among child welfare advocates and researchers that many of the provisions that are included in the Invest in KIDS Act (H.R. 5466) would improve the outcomes of children who come to the attention of the State child welfare agencies? If so, please explain.

Answer:

It is fair to say that there is growing consensus among advocates for children and families, researchers, public and private providers and public officials about the outcomes that we all want to see for children and the big steps that must be taken to improve outcomes for children. The Invest in KIDS Act addresses many of the areas where there is growing consensus and takes important steps to improve outcomes for vulnerable children and their families.

There is consensus that if children are to grow and thrive and move to successful adulthood that they must be safe from abuse and neglect and live safely with a permanent family. There is growing agreement that efforts must be made to keep children safely with their birth families and to find children who cannot remain with or return safely to their families new permanent families through adoption or other permanent placements with relatives. No child should leave foster care without a permanent family or other permanent adult connection. Children who have been subjected to trauma and spent time in foster care may also need ongoing post-permanency services to prevent them from bouncing in and out of care. The provisions in the Invest in KIDS Act—the new Child and Family Services Program, the Family Connection Grant Program and extension of federal funding for children in foster care living with legal guardians and for older youth in foster care, the expansion of the Adoption Incentive Program, the improvements in the child welfare workforce, the attention to health care and education, and the emphasis on keeping siblings together—all help promote better outcomes for children.

There is also consensus about the importance of changes in federal policies to facilitate new service delivery approaches and improved outcomes for children. The vast majority of federal child welfare expenditures are for children in out-of-home care or benefiting from adoption assistance payments. Only limited funds are available for prevention or post-permanency services that can help keep children safely with their families and out of foster care or can ensure permanent families for children once they leave foster care. The Department of Health and Human Services' (HHS) own data indicate that nearly 40 percent of children who are abused and neglected receive no services whatsoever from the child welfare system after investigation. There is

recognition that we need increased flexibility in how funds can be used as well as increased funds in order to shape service responses to the needs of individual children and families. The Invest in KIDS Act recognizes the need for both. The Child and Family Services Program provides increased funds and gives states flexibility in how federal funds can be used. The Act also recognizes the importance of federal funds to assist with child placement activities. It makes more children eligible for these activities by delinking eligibility for foster care from outdated parental income standards.

Changing federal financing structures, however, is a challenging task. CDF urges the Subcommittee, as it moves child welfare financing changes forward, to consider various other financing proposals that have been put forward, and to look specifically at the policy recommendations of the Partnership to Protect Children and Strengthen Families that I asked be admitted into the record at the time I testified. The challenges in child welfare financing come in finding the best way to achieve better outcomes for children in a timely manner and on a national scale, especially given the great variation among states in progress already made in improving outcomes for children and in their current use of different federal funding streams.

The Invest in KIDS Act brings together many of the policy, practice, and program components that have been recognized as essential to improve outcomes for children. It joins measures to improve child welfare financing and programs and practices for children at risk of placement and in out of home care. The changes in financing and improvements in practice and program are directed toward increasing the capacity of states to invest in prevention and early intervention, specialized treatment and attention to children's basic needs while in care, enhanced permanency options for children and post-permanency services, improvements in the quality of the child welfare workforce and enhanced accountability for outcomes and service improvements, all of which will help to improve outcomes for children. The bill also requires states to use promising approaches based on past experiences with services and programs, thereby helping to increase the likelihood of improved outcomes.

Finally, the Invest in KIDS Act has been introduced and is ready to go. Hopefully it can be a bipartisan vehicle for moving the debate forward. There is growing consensus that change is needed *now*. We have already missed more than a generation of children in the 27 years since the Adoption Assistance and Child Welfare Act was passed. It has been more than 10 years since the Adoption and Safe Families Act was passed. We have learned a lot in these intervening years about what works and how to use dollars more effectively to match children's needs. Foundation initiatives have been instructive in promoting effective policies and practices and highlighting racial disproportionality and disparities in child welfare and strategies for addressing them. State experiences with the child welfare waivers, especially in the area of kinship care, have suggested new directions for services. The voices of youth and caregivers who have experienced the system also have enriched the lessons learned. It is time to act.

Chairman Jim McDermott:**Question:**

The new Child and Family Services Program proposed in the Invest in KIDS Act (H.R. 5466) will guarantee States funding for services to safely reduce the number of children in foster care, safely reduce their stay in care, and improve the well-being of children in the system. Do States already have a sense of the types of activities that would achieve these objectives? Why is it so important for the federal government to support these types of activities?

Answer:

To achieve the goals in the Child and Family Services Program – safely reduce the number of children in foster care and their stay in care and improve the well-being of children in the system—states will have to increase their capacity in prevention and early intervention, specialized treatment and basic support for children, permanency and post-permanency services, and child welfare workforce improvements. States have a sense of the types of activities in each area that could help to achieve the goals in the Act. There is evidence of promising approaches in each area and different states are making progress in different areas. Many of these services and activities require new efforts to fully engage parents, other family members, youth themselves and the community in decision making throughout a child's time in the child welfare system.

States have been patching together funding strategies to move forward in these areas, but have not been able to extend the reach of these strategies. The increased flexibility and increased resources in the Invest in KIDS Act will help ensure that effective approaches already identified can reach many more children. The funds will also encourage the development of new approaches and enable states to implement several approaches at the same time. Requirements for reporting across states on how expenditures are used, the services and activities undertaken and improved outcomes for children will teach us all more about the most effective strategies.

Below I describe several examples of approaches being used by states in each of four areas that are key to helping to achieve the stated goals for the Child and Family Services Program in the Invest in KIDS Act.

Prevention and Early Intervention

The Child and Family Services Program will allow states to use Title IV-E dollars for services to prevent child abuse and neglect and the reabuse of children and to keep children safely with their families and out of foster care. The challenge of course will be to ensure that states are willing to invest scarce resources in prevention given the enormity of other treatment needs. One possibility might be to provide a higher federal match for prevention services, which have been particularly underfunded in the past.

Home visiting is a key prevention program that can be used to prevent child abuse and neglect in the first instance or keep it from repeating and negatively impacting the children and families being served. Chief of Police Gil Kerlikowske testified for Fight Crime Invest in Kids at the Subcommittee's Hearing on Improving the Child Welfare System about evidence on the effectiveness of quality home visiting programs. While the Nurse Family Partnership model has the best evidence of long-term effectiveness, there are other quality approaches as well. The RAND Corporation and the Harvard Family Research Project both analyzed a variety of home visiting program evaluations and noted that programs with better trained caregivers, that targeted particularly high risk families, and that incorporated both home visiting as well as center-based services generally generated greater benefits for children. Many states are using a variety of home visiting approaches and are trying to match them to the needs of individual families and children.

A number of states have implemented an Alternative Response service track (sometimes referred to as a dual or differential response) for families who are reported for abuse or neglect, screened in, and then diverted from the traditional child protection investigation to a range of community support services to keep children safely with their families. The American Humane Association has been following progress in this area and working closely with states as they develop such approaches. They explain that differential response was established because, in many states, large numbers of cases were never opened for services even when the cases were originally screened in as suspected abuse or neglect cases. Differential response offers a way for screened-in reports to get services at an earlier stage and is usually applied to reports that do not allege serious and imminent harm. The Child and Family Services Program funds will help states develop the community services necessary for such an alternative track. To date, data from states that have instituted it report that children are as safe as with the traditional response, and actually get services, where in the past they most likely would not have been served.

Both Minnesota and Missouri have taken their alternative response systems statewide, recognizing that serving families early is less costly than waiting for the harm to occur. Working with the Institute of Applied Research, Minnesota has followed approximately 4,000 families for an average of 3.6 years in a random assignment controlled experimental design study. The state learned that families served under what Minnesota calls "Family Assessment Response" were twice as likely to receive services as those in the traditional investigative track. The families also had fewer subsequent reports of child maltreatment, fewer subsequent out-of-home placements, and significantly lower service costs over time.

Services to help children being raised by grandparents and other relatives outside of the child welfare system, including kinship navigator programs, which help connect children to the services and supports for which they are already eligible, can help reduce the number of children in foster care. If caregivers are not supported as they seek to raise the children of parents who are incarcerated or struggling with substance abuse, the children are at risk of entering or re-entering foster care. Ohio and New Jersey were among the first states to develop statewide kinship navigator programs, developing hot

lines and kinship navigators to help connect children to services. Since then, a variety of navigator models have gotten underway in Indiana, New York, Connecticut, Washington and other states, but often funding is scarce and is patched together with private funds. In states that have laws requiring that relatives be notified when a child enters care, this new funding can help ensure that notice actually occurs and can help reduce the number of children in care or certainly the length of time that the child stays in care.

Specialized Treatment and Attention to Children's Basic Needs

The Invest in KIDS Act also recognizes the need for attention to the special treatment needs of children at risk of placement or already in care and their parents. States are likely to choose to fund specialized treatment services under the Child and Family Services Program. Up to 80 percent of the children entering care in some states are from families challenged by substance use or abuse. The new grant funds could be used for comprehensive family treatment for families affected by substance use, which is widely regarded as one of the most promising treatment models available for these families. This comprehensive approach provides prevention and intervention services, family counseling, parenting skills training, an array of mental and physical health services, legal services and transitional services. Arizona has established Arizona Families F.I.R.S.T., which offers a range of services, including comprehensive family treatment to parents whose substance abuse is a significant barrier to maintaining or reunifying the family. In 2006, 98 percent of the families participating in Arizona Families F.I.R.S.T. had no new substantiated reports of abuse or neglect after six months of treatment. Family Treatment Drug Courts also offer comprehensive supervision, frequent drug testing and immediate sanctions and incentives for participation in treatment. Child welfare agencies could use Child and Family Services Program funds to assist with such services.

Mental health services are also critically important. In testimony in July 2007 before this Subcommittee, Dr. John Landsverk reported that youth in foster care are five times as likely as other youth in their communities to exhibit problems requiring a mental health assessment or intervention. He also testified, however, that three out of four youth in child welfare were not receiving mental health care within 12 months of their investigation. These services and mental health support for parents can be provided with the Child and Family Services Program funds. Research by Barbara Burn and her colleagues at Duke University has identified a number of evidence-based therapies, including out patient, in-home and out-of-home models, that can be modified to meet the needs of children and youth in the child welfare systems. They include various models of cognitive behavior therapy, functional family therapy and parent child interaction therapy. Multi-systemic therapy is another effective model. Mobile Response Teams have also been used effectively to help address children's needs and to prevent the disruption of foster care or therapeutic foster care placements. Wraparound services can also be especially effective for children with serious emotional problems. These services and new funding sources for them are especially needed because Medicaid regulations being implemented by the Centers for Medicare and Medicaid Services are chipping

away at case management and targeted case management services that help children with disabilities in foster care connect with the health and mental health services they need.

The Child and Family Services Program also can help better meet children's basic needs for health and education services. This may mean paying for health and education specialists to offer help to child welfare staff in planning for children's needs or a health or education ombudsman that can help respond to inquiries from birth or foster parents who are trying to get appropriate services for children. Specialized tutoring may also be helpful in keeping a child on track. The provisions in the Act requiring attention to a health oversight and coordination plan and also to educational stability will reinforce dollars being spent under the Child and Family Services Program. School-age children in foster care encounter numerous barriers to academic success, many related to their high mobility. As children move from placement to placement, they often must change schools and are at risk of facing challenges both socially and academically. Research demonstrates a connection between school mobility and poor academic outcomes, including increased risk of failing a grade in school and behavior problems.

Enhancing Permanency Options and Post-Permanency Supports

The Invest in KIDS Act recognizes that no youth should age out of care without permanent lifelong family connections that will be there for them in good times and bad. The Child and Family Services Program can also be used for services to help keep children safely with family in the first instance and to promote permanency for children who have to enter foster care through reunification, adoption and permanent placements with relatives. For example, states that have been using Family Group Decision Making, kinship navigator programs, or Family Finding, may decide to expand the reach of these programs with the Child and Family Services funds. Other states just beginning to explore such activities may seek to apply for Family Connection Grants.

Family Group Decision Making, which has documented results in some jurisdictions, uses a family group conference of nuclear and extended family members, professionals and others considered by the family to be important in their lives in making care and protection decisions. The family group conference is used at both the front end of the system to explore alternatives to foster care placements as well as when children are preparing to leave care—both of which offer permanence to the family.

Family to Family is another family engagement model being used in a many sites round the country that also incorporates team decision-making. In addition, it focuses on recruitment, training and support of foster families and relative homes, building community partnerships, and self-evaluation. An effort is made to keep children in their same neighborhoods when out-of-home placement is necessary and to help the community better support families. Foster families and relative families work closely with birth families to resolve permanency decisions in a timely manner. Family team meetings are held not just at the time of initial placement but at other decision making points as well. Denver, Colorado has been using Family to Family for more than five years and now 90 percent of the children entering the system in Denver have family team

decision making meetings, and the use of congregate or group care declined from 57 percent of first placements in 2002 to 22 percent in 2006. Use of kinship and foster family placements have increased over 60 percent. Community collaboratives are also engaged in trying to keep children out of foster care in the first place.

Intensive family finding can also be used effectively to find permanent family connections for youth in care. This will be especially important for older youth, who, under the Invest in KIDS Act, states may allow to remain in care to age 21. Kevin Campbell, whose approach is called "Family Finding", has worked with numerous counties and states to prove that all children have family connections somewhere. He assists caseworkers to find at least 40 connections for every child, and then works with them to help reconnect the youth with some family members. Often the youth and relatives had been unaware of each other's existence or the relatives may have lost track of the youth many years earlier. Preliminary results in counties in California, Washington, and Illinois, which were among the first to use Family Finding, indicate that foster youth who reconnect with relatives through this approach run away less, do better in school, and are less likely to be hospitalized for mental illness. Family finding promotes both permanency for and the well-being of children in foster care. Its use can be expanded in states with the Child and Family Services funds.

Benchmark Permanency Hearings have been used in Illinois and other states to help youth ages 16 and over prepare for the transition from foster care. This model, identified as a "Promising Approach" by the Children's Bureau in HHS, addresses the unique needs of teens in care and offers them the range of services they need for their transition. The Adoption and Adolescent Resource Teams in New Mexico have also been used successfully to accelerate adoptive placements for children in foster care. They give special attention to children who have been waiting in care for adoptive families for over one year. The work of the teams is complemented by a Permanency Obstacle Removal Team that addresses specific barriers to moving children to adoption in the state. Nationally, there are 114,000 children in foster care waiting for adoptive families.

The Child and Family Services funds can also be used to offer post-permanency services to children who are returned home, adopted or placed permanently with kin. The Invest in KIDS Act will provide subsidized guardianship payments, similar to adoption assistance payments, for relatives who care for a child permanently and actually provide states incentives to offer such assistance. Generally though other funding sources must be used to pay for post-permanency services to help children, particularly those with special needs, get the extra help they need in their new family so they don't bounce back into foster care. The Maine Adoption Guide Program and the SNAP Program in Kentucky are two post-adoption service models that could be expanded with the grant program and perhaps modified to assist relatives who are caring for children permanently as well.

Promoting a Quality Workforce

A well-prepared, trained and competent workforce is key to better outcomes for foster children. Staff must know how to accurately assess and provide what children and families need, have the necessary resources to meet children's needs and be connected to children, families and communities with which they are working. Without an effective workforce, even the best new policies, programs and practices cannot be implemented in ways that truly help children. Training and support for the child welfare workforce is essential to the implementation of quality work with children and families, especially approaches like those above that involve family engagement, strength-based practices, and collaborative service models. The Invest In KIDS Act recognizes this. It fixes many of the longstanding problems with the Title IV-E training program. It also establishes a new Child Welfare Service Quality Improvement Grant program that guarantees funds to states to improve caseloads for caseworkers providing various services, supervisor/caseworker ratios, the retention and duration of supervisory and non-supervisory staff, the educational qualification of staff, and the range, scope and participation in training.

The Child and Family Services Program can complement these other efforts by supporting the establishment of staff specialists who can assist caseworkers and supervisors in addressing specialized service areas, such as mental health, substance abuse and domestic violence, which require special expertise. There are models in each of these areas where the presence of such specialists has helped to ensure a timely response to the special needs of parents and to facilitate appropriate support when reunification or other permanency plans are being considered. These funds might also be used to support peer mentoring and coaching approaches. A number of jurisdictions are pairing a parent who has successfully exited the child welfare system with a parent who is just entering the system, or a parent in recovery from substance abuse with a parent in treatment whose child just entered foster care to help promote timely permanency planning.

Chairman Jim McDermott:**Question:**

Many of the provisions included in the Invest in KIDS Act require States to track outcomes for children to ensure additional federal funding is producing positive results. Why are these reporting requirements so important?

Answer:

The Children's Defense Fund believes that in order to improve outcomes for children the Nation must increase accountability for improved outcomes for children, improvements in service delivery, and the effective use of public funds. Government funds should be used to improve outcomes for children, and state and local governments charged with the care of children must be held accountable for outcomes for children and for improved service delivery. It also is important to track the progress states are making in implementing practices and programs that are linked to improved outcomes for children. States must be held accountable for reducing child abuse and neglect and reabuse, for keeping children in safe permanent families, and for addressing the well-being of children in out-of-home care.

Requirements for reporting, such as those in the Invest in KIDS Act, help to improve accountability for children. They can help track how dollars are spent and how dollars are being used to address overall goals and outcomes for children. They can track services being developed and provided; describe how children are benefiting from these services; and report on the improved outcomes that result. Reporting can also help address other indicators of child welfare performance. Most importantly, they will track progress over time so changes can be assessed and connections made between improvements in service delivery and outcomes. The Congress and the Department of Health and Human Services have important roles to play in reporting by requiring and helping to establish a detailed uniform system for reporting that will provide a consistent picture of activities across states.

The reporting required for the Child Welfare Service Quality Improvement Grants in the Invest in KIDS Act, for example, requires an assurance of reports of annual expenditures and the effect of the expenditures on improving performance on a variety of indicators. The indicators include caseloads for caseworkers providing various services, supervisor/caseworker ratios, the retention and duration of supervisory and non-supervisory staff, the educational qualification of staff, and the range, scope and participation in training. The reporting requirement also establishes baseline data for the relevant indicators so performance can be evaluated over time. It is important though in making such assessments to allow time for new practices, procedures and programs to be implemented so their impact can be assessed. It is not realistic, for example, to expect changes in outcomes in the first year of implementation or to make any causal connections at that early stage.

It is important in the Invest in KIDS Act, where possible, to try to get at the connection between the dollars spent, improvements in performance and improved child outcomes. For example, annual reporting for the Child and Family Services Program should describe how funds were used for specific services and activities to 1) safely reduce the number of children in foster care; 2) safely reduce the length of stay for children in foster care; 3) increase the percentage of foster children who are cared for in family-like settings; and 4) improve the well-being of children in foster care, or children benefiting from adoption or kinship guardianship assistance and periodically track gains in those areas.

It is important to note that evaluations are also key to assessing improvements in child outcomes and should complement the information obtained through reporting. Both should be required, and states should be helped to fully cooperate with both. Reporting describes overall directions of change, but good evaluations can tell more about progress being made and what has and has not affected the progress observed. The Invest in KIDS Act sets aside funds for evaluation.

Finally, Congress and the Department of Health and Human Services should also ensure that, in addition to reporting on activities under grants and conducting careful evaluations, existing federal and state data and information systems will be amended appropriately to accurately reflect the impact of policy changes in the Invest in KIDS Act. Such data include state reports on Title IV-E expenditures, the Adoption and Foster Care Analysis Reporting System (AFCARS), and the Statewide Automated Child Welfare Information System (SACWIS). Components should also be added to the Child and Family Services Reviews, as appropriate, to reflect new changes in federal child welfare laws. Title IV-E expenditures, for example, should include a separate look at the impact on caseloads of expanding eligibility for IV-E foster care and adoption assistance, including new federal support for children in foster care after attaining age 18 and for kinship guardianship assistance payments. The changes in the Title IV-E Training Program should be monitored. Attention should also be given to the impact of the direct receipt of Title IV-E by Indian tribes and tribal organizations so we can learn more about the numbers of Indian children benefiting from the Title IV-E Program. Congress should also carefully review the new AFCARS data being developed by HHS to see how it might be helpful in assessing the impact of different provisions in the Invest in KIDS Act.

Rep. John Lewis:**Question:**

What do you think about the proposal in President Bush's FY 2009 budget request for the Department of Health and Human Services (HHS) Administration on Children and Families?

Answer:

President Bush's \$3 trillion 2009 Budget reflects highly skewed priorities in favor of wealthy Americans, while ignoring the needs of our most vulnerable children. While calling for large increases in military spending and permanent extension of his 2001 and 2003 tax cuts, the President significantly reduces funding for multiple programs providing vital services to children and families, especially those with low incomes.

Overall President Bush's FY 2009 Budget Request reflects a legacy of failure. Over the past seven years, the nation has seen widening inequality, stagnant wages, and most recently, rising insecurity from a weakened economy. Millions of children across America continue to struggle. 12.8 million children live in poverty, an increase of 1.2 million since 2000, and 9.4 million children are without health insurance, representing an increase of over one million children in the past two years alone.

The President's Budget, were it to be approved, seriously threatens to increase the number of children in America who are poor, uninsured, lack access to quality early childhood and education programs, and lack services to treat child abuse, mental health problems and substance abuse. In looking at the Budget for the Administration for Children and Families (ACF), it is important to keep in mind this larger context because the Budget is really about choices that a President, and then later Congress, chooses to make. Some of these bigger choices dictate what choices must be made at the individual program level. It is also important when you look at individual programs, especially programs for children who are abused and neglected, that you look at what is proposed to address problems that bring children to the attention of the child welfare system. For example, for 2009, President Bush proposes more cuts and the underfunding of programs vital to children's physical and behavioral health. Since the Budget was announced, the Centers for Medicare and Medicaid Services within HHS also has implemented a new rule for Medicaid Case Management and Targeted Case Management that will result in millions of lost dollars to provide help to children in foster care. The new regulations will make it much more difficult for child welfare staff to link abused and neglected children with special health problems to the health and mental health care they need.

The headline for the President's ACF Budget request is that it includes no new help for abused and neglected children or other vulnerable populations and offers less support to families with young children. It also proposes a 22 percent reduction in the Low Income Heating and Energy Assistance Program (LIHEAP), which provides energy assistance to low income families. This proposal disregards official forecasts that

households will have to spend on average almost \$1,000 on heating fuels during this winter, an 11 percent increase from the previous winter. Obviously, rising fuel costs also have an impact on other programs serving children and families.

No Help for Abused and Neglected Children and Other Vulnerable Populations

Despite continuing substantial unmet needs of vulnerable children and families, the President's Budget includes deep cuts in core social services targeted to protecting children from abuse and neglect, assisting children and adults with disabilities, and helping homeless seniors.

- The \$6 million Community Service Block Grant, which provides resources to children and adults in counties across the country, is again proposed for elimination.
- The Social Services Block Grant – a major source of child welfare funding – is cut by 30 percent for 2009 and would be eliminated in 2010.

The President has proposed to eliminate these two block grants on the grounds that they cannot demonstrate results, but has admitted that block grants' results are difficult to measure. Yet, at the same time, the President's Budget recommends block granting the currently open-ended federal foster care program for abused and neglected children.

- The President proposes for the sixth year in a row to create a foster care block grant that would give states the option to end guaranteed funding for the federal foster care program and instead accept funds in a block grant form. With a cap on funding, it will be extremely difficult for states to meet their ongoing obligations to foster children who need foster care now or will need it in the future, and at the same time provide the increased investments in prevention and substance abuse and mental health treatment that are needed to reduce foster care caseloads and the length of time children spend in foster care.
- The President again this year freezes at last year's funding levels most other programs for abused and neglected children, including the Child Abuse Prevention and Treatment Program and several adoption programs.

Less Support to Families With Young Children.

The President's 2009 Budget fails to fund the Head Start Program or the Child Care and Development Block Grant at even their last year's levels, taking into account inflation, leaving states with a Hobson's choice: drop children from the program or cut funds for teacher training and quality improvements.

- For the seventh year, Head Start funding has failed to keep pace with inflation. If funded at the President's recommended level, funding for Head Start in 2009 will

be 12 percent below its 2002 level, after adjusting for inflation. This action ignores the call within the bipartisan Improving Head Start Act of 2007, signed into law this past December, for increased funding, quality improvements, and new investments in infants and toddlers.

- Funding for the Child Care and Development Block Grant would also be frozen for the seventh year in a row. The request to flat fund the program would cause 200,000 children to lose access to child care assistance.

Rep. John Lewis:

Question:

Do you have thoughts on how to improve the structure or the effectiveness of the Administration for Children and Families and its operations?

Answer:

The Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS) in its own words is responsible for federal programs that promote the economic and social well-being of families, children, individuals and communities. Through its work on income supports, early childhood programs, child welfare and youth development, and the special attention it gives to persons with developmental disabilities, refugees, Native Americans and migrants, it has the potential to impact the futures of our most vulnerable children, families and other adults. Through its collection of program responsibilities, it acknowledges that children need strong nurturing families and communities to survive and thrive.

I do not at this time have recommendations for improving the structure of the Administration for Children and Families. However, I would like to suggest some important questions about ACF. Perhaps the answers could be used to begin a discussion of how to improve the effectiveness of the Administration for Children and Families in meeting the needs of some of our country's most vulnerable children and families.

- **Legislation and Regulations:** To what extent do current laws and regulations, which ACF is charged with implementing, help to increase the economic independence and productivity of families and their ability to support and nurture their children? How well do they ensure that all eligible children benefit from quality childhood experiences, are protected from abuse and neglect, and are assured safety, permanence and well-being when they need to be removed from their homes and placed in foster care? How well do they promote youth development? What changes in laws and regulations would better help to promote these goals and increase the likelihood that they will be realized?
- **Data Systems and Technology:** Do current data systems used by ACF give a complete picture of the needs of children and families served across offices within ACF and the impact of strategies underway to address their needs? What more needs to be done? To what extent are there opportunities for ACF to help states track the movement of children across child-serving systems?
- **Funding:** What program funding would ACF need to truly fulfill the responsibilities it has for children? Consider for example that nearly 40 percent of children who are abused and neglected receive no services from the child welfare system, that 114,000 children are in foster care waiting for adoptive families, and that an estimated 22,000 children age out of foster care each year. Consider that Early Head Start, which has had strong evaluations of its positive impact, is serving only three percent of the eligible children and Head Start is

serving fewer than half of the eligible children. The problems of homeless youth also go unmet.

- **Coordination:** Coordination within ACF and among other agencies with responsibility for outcomes for children should also be improved. What mechanisms does ACF have in place to ensure frequent communication and collaboration among its various Administrations, Bureaus and Offices so that policy and practice strategies used complement one another and will result in improved outcomes for children? What formal mechanisms are there for communicating with other Administrations and Centers within HHS whose policies and practices also impact children? For example, recent regulatory changes to the Medicaid Program will seriously impact services for children with mental, emotional and physical disabilities in the child welfare system. How can ACF better work with the Centers for Medicare and Medicaid Services so that such harmful policies are prevented? Similarly, how can ACF have more of a role in working with the Department of Education as it implements the amendments to IDEA to better address the need of children in foster care or the McKinney-Vento provisions in the No Child Left Behind Act that address children who are awaiting foster care placement?
- **Child Impact Statement:** To what extent across ACF and the HHS is there any attempt to systematically assess the impact of legislative, regulatory, or other policy changes on children? What would a model Child Impact Statement look like?
- **Bully Pulpit:** How can ACF better use its bully pulpit role to highlight for the public, those working with children, and policymakers evidence of best practices and effective strategies for supporting families and protecting children? To what extent has it reached out to business, the faith community, and others to suggest roles that they can play in protecting children and supporting families? Keeping children safe must be everybody's business.