

***** THIS TESTIMONY IS EMBARGOED *****
***** UNTIL THURSDAY, JUNE 16, 2011 AT 9:00 A.M. *****

American Humane Association™
The nation's voice for the protection of children & animals™

Testimony

American Humane Association

U.S. House Committee on Ways & Means

Subcommittee on Human Resources

*Improving Programs Designed to
Protect At-Risk Youth*

June 16, 2011

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Chairman Davis, Congressman Doggett and members of the Subcommittee, my name is John Sciamanna, I am the Director of Policy and Government Affairs, Child Welfare for the American Humane Association. I am pleased to submit this testimony to the Subcommittee on Human Resources on child welfare policy in general and more specifically on the reauthorization of Title IV-B part 1 and 2 of the Social Security Act.

Since 1877 the American Humane Association has been a national leader in developing programs, policies, training, research and evaluation, and cutting-edge initiatives to prevent and respond to child abuse and neglect. We work to strengthen families and communities and enhance child protection and child welfare systems at the state, county and local levels. Our work in research, Family Group Decision Making, Differential Response and father engagement are a few examples of efforts to strengthen families and improve the lives of some of our most vulnerable children.

THE REAUTHORIZATION OF TITLE IV-B PROGRAMS

Child Welfare Services and Promoting Safe and Stable Families are two important sources of child welfare funding that if used effectively can help address many of the causes of children being removed from their families and can remedy the causes that lead far too many children to be abused and neglected. Short of a comprehensive reform of child welfare financing built on entitlement funding, these two funds provide important support to policies and practices to address the prevention of child abuse and neglect, alternatives to removal and support for children and families who adopt, are providing kinship care or are reunified. This morning I will use my time to focus on potential improvements that can be made through Title IV-B.

Title IV-B of the Social Security Act was first established as part of the original law when it was enacted in 1935. Congress has authorized \$325 million annually and in FY 2011 Congress appropriated \$281 million. The appropriation has never reached \$325 million with the highest level peaking in 1994 when just under \$295 million was provided.

States must submit a five year "Child Welfare Services Plan" that is developed with the federal government. The plan requires several assurances and commitments and directs the states to outline how various parts of child welfare will be coordinated.

The Promoting Safe and Stable Families Program began as the Family Preservation and Support Services Program in 1993 and is an important federal source of funding for an array of support services for families and children. Within child welfare it is one of the few sources of targeted federal funds for services that may prevent child removal by strengthening families. After its creation in 1993 it was revised and reauthorized in 1997

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under the Adoption and Safe Families Act (AFSA) and reauthorized in 2001 and 2006. At its inception in 1993 funds had to be used for family preservation and community-based family support services. The 1997 reauthorization added two additional categories of service: time-limited reunification and adoption promotion and support. Under program guidance to states, no less than 20% is to be allocated to each of the four categories of services.

Since the last reauthorization funding is divided between a total of \$345 million in mandatory funds and an additional \$200 million in discretionary funds. The authority for discretionary funding was a result of the 2001 reauthorization proposal by the George W Bush Administration. Since the additional discretionary funding was created Congress has never appropriated more than \$100 million in discretionary funding. In fact part of the challenge since discretionary authority was created in 2001 has been that appropriators have reduced funding in recent years, now at \$62 million.

Importantly, tribal governments receive three percent of the mandatory funds and three percent of whatever additional discretionary funds Congress approves. Tribes are also eligible for the substance abuse funding on a competitive basis.

The last reauthorization resulted in a reallocation of funding from other parts of federal child welfare programs, new funds were provided for grants to improve permanency outcomes for children affected by methamphetamines or other substance abuse and for strengthening the child welfare workforce.

Substance abuse funding starting at \$40 million in the first year now at \$20 million annually is awarded in methamphetamine/substance abuse treatment through competitive grants of up to \$1 million for a maximum of five years. The successful grants must be collaborative between the state child welfare agency and least one partner drawn from a list of 13 that includes state substance abuse agencies, community health and mental health providers, courts, non-profit agencies and tribal governments. In awarding the grant, the Department of Health and Human Services must place greater weight on those partnerships that address methamphetamine use.

The workforce funding is set at \$20 million and is awarded to all states but is conditioned on states collecting data and providing evidence that they are successfully conducting monthly visits to children in foster care. If states meet the standard, they are allocated a share of the \$20 million. Funding can be used for caseworker recruitment, retention training and technology use.

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KEY PROGRAMS UNDER PROMOTING SAFE AND STABLE FAMILIES (PSSF)
Services Provided

As noted, the vast majority of PSSF supports four categories of services: family preservation, family support, time-limited family reunification, and adoption support. During the 2006 reauthorization discussion there was some suggestion of combining all four categories of services because many of the services provided through these four programs could look very similar but while the services may be similar, the families are not. We would argue that the families served may be very different and the four categories help to assure all four families' needs are addressed.

Reunification Services

Under PSSF time-limited reunification services are intended to address the needs of children and families who are involved in the foster care system. Services are provided within 15 months of when the child entered foster care.

Successful family reunification may include some of the same services used to implement a successful family preservation approach: small caseloads, access to services including health, mental health and substance abuse treatment, counseling and sound best practice.

Support for reunification is limited. Only Promoting Safe and Stable Families allocates a portion of its funding for reunification. Other reunification services may have to be drawn from other programs or sources including some case management that may be drawn from the administrative costs under Title IV-E foster care. Once a child has been reunified with his or her family access to after care may be limited since Title IV-E funds provides for support only when a child is in foster care not after.

Earlier this week the American Humane Association worked with the American Bar Association's Center on Children and the Law to conduct a Capitol Hill briefing on reunification. We heard from family members on how their families were able to come back together. Their compelling testimony underscored the fact that some families can come back together with the proper support. The latest data available, from 2009, indicates that of the 276,000 children that exited foster care 51 percent or 140,000 were reunified with their parent or parents. Reunification is the case plan for a majority of children in foster care.¹ Results will vary from state to state from nearly 70 percent leaving for reunification in a few states to a low of nearly 30 percent in other states².

In recent years progress has been made. According to the 2004-2007 Outcomes Report issued by Health and Human Services³ examining the population of reunifications, the median percentage of reunifications amongst states for those that took place in less than 12 months time is 68 percent. There are challenges however. There are variations between

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states which may be driven by the particular characteristics of the foster care population or state child welfare policy. Additionally HHS data indicates that states were less successful in reunifying children with a diagnosed disability and states have had less success in reunifying children who had been in foster care for more than 24 months. We have limited information on why these conditions exist, what are the best strategies, and how to address possible barriers.⁴

Recommendation: *American Humane Association recommends that if we cannot enact a comprehensive finance reform, then we should examine strategies to extend Title IV-E entitlement funds to services for reunification, allow dollars to address the only permanency option not currently funded under Title IV-E (adoption and subsidized guardianships the other two). We also recommend that the current 15 month limit on the use of funds tied to when a child enters foster care be eliminated since it may allow very little ability to have funds follow the child home. Finally we would urge that further study and research be dedicated to examining effective reunification strategies, why states differ in their results and how we can better address the harder to serve population such as children in care longer than 24 months and children with disabilities.*

Adoption Services

Adoption services are services aimed at encouraging an increase in the adoption of children in foster care, these services can be used to help children and families prepare for adoption and address their post-adoptive needs. The nation has made significant progress in moving more children into adoptive homes. In 2009 more than 57,000 children had been adopted from foster care. At the same time we know that more than 114,000 children were waiting to be adopted.⁵ This Subcommittee was part of the key congressional leadership that oversaw the enactment of the Fostering Connections to Success and Increasing Adoptions Act (PL 110-351). That law importantly started us toward a more comprehensive finance system by eliminating the link between Adoption Assistance and the 1996 AFDC eligibility standard. As states realize a savings from this change Congress included a requirement or maintenance-of-effort, for states to reinvest any savings in state funds back into child welfare services.

Since 2002 the number of adoptions from foster care has exceeded more than 50,000 children each year and the number of children categorized as waiting to be adopted has decreased from more than 135,000 to the 114,000 listed for 2009.⁶ It is projected that more than 470,000 children will be in homes receiving adoption assistance in FY 2012.⁷ At the same time, for a small percentage of these families there will be a need for post adoption services. Most children will do very well but there are some instances where some children may have behavioral, learning, medical or emotional problems. These problems may be related to prior abuse and neglect. As the population of children adopted from foster care increases, there is a growing need to address post-adoption services. Such services may

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include respite care, support groups, crisis response, mental health services and training for professionals attempting to help these families.

Recently a coalition of adoption groups led by Voice for Adoption held a Capitol Hill briefing to highlight these challenges. Among the joint recommendations and statements by more than a half dozen organizations was a suggestion that a major reason for the current gap in post-adoption services is the lack of a dedicated and reliable source of federal funding. Further they urged policymakers to consider providing funding that is both flexible and sustainable, allowing states to rely on the funding in the future to enable longer-term investments in a post adoption services infrastructure.

Recommendation: *American Humane Association recommends that the definition of adoption services be refined to focus more funding on post-adoption services. We also suggest that Congress examine the maintenance-of-effort requirement under the adoption assistance delink enacted through the Fostering Connection Act. Guidance (ACYF-CB-PI-09-08) indicated that states have the flexibility to determine the methodology for calculating savings from this MOE and that the state does not have to provide a specific accounting of these funds. We propose a stronger documentation of this MOE and that this committee consider new language that would direct these savings from adoption assistance to be re-invested into post-adoption services.*

Family Support and Family Preservation

Family preservation services are designed to help children and families in crisis. These may be families in great crisis so caseloads are low and workers focus on a few families at a time. Programs may provide follow-up services and services to improve parenting skills. At times family preservation has had its critics but like any practice area, in at least this field, it is important to distinguish between best practices and practices that do not follow standards. A 2006 study by the Washington State Institute for Public Policy that reviewed rigorous evaluations of Intensive Family Preservation Service programs that adhere to the Homebuilders model significantly reduced out-of-home placements and subsequent abuse and neglect. The study indicated that such programs produce \$2.59 of benefits for each dollar of cost.⁸

Family support services include a broad spectrum of community-based activities that promote the safety and well-being of children and families. Intended to assist families not yet in crisis, these services include structured activities involving parents and children, respite care services for parents and caregivers, parenting skills training, and information and referral services. Programs may also include services outside the traditional scope of child welfare, such as health care, education, and employment.

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Recommendation: *American Humane Association recommends that these two service categories continue as they are currently written. The great challenge for these two funding sources and in fact all four services described here is that congressional appropriators have looked at past increases (even in areas such as the courts and substance abuse treatment) in Promoting Safe and Stable Families reauthorizations as an excuse to make reductions on the discretionary side. It is absolutely critical that, unless there is a more comprehensive reform of the financing structure, we add to funding for prevention and interventions services as outlined here.*

The Need For Substance Abuse Services

A 2009 study of the New York City child welfare population by Children's Right, "*A Long Way Home*" found that "the most common allegations and other concerns identified when children entered foster care were inadequate guardianship/lack of supervision (57%), parental drug/alcohol misuse (54%), parental mental illness (27%), inadequate food/clothing/shelter (25%), physical abuse (21%)⁹..." Other surveys that have looked at the child welfare system across the states from social services, family courts, foster and adoptive agencies have indicated that at least 70 percent of cases involve a substance abusing parent.¹⁰ In the last reauthorization Congress inserted new mandatory funds directed at substance abuse with a specific emphasis on methamphetamine. The funds were generated when new restrictions were placed on state placement decisions and the use of Title IV-E administrative funds.

While it is important to recognize the significant impact methamphetamine can have on some families in some parts of the country we can't lose sight of the fact that substance abuse of any kind can have serious consequences. As Rebecca Project has documented, "Crack-cocaine continues to be the drug of choice for many low-income and vulnerable families. Parental addiction to alcohol, heroin, and prescription drugs continues to tear apart the lives and relationships between parents and their children. It is estimated that 8.3 million children in the United States live with at least one parent who abuses alcohol or who is in need of treatment for illicit drug use."¹¹

While we are still evaluating the outcomes for some of the substance abuse grants issued under the last PSSF reauthorization we are realizing results for comprehensive family treatment programs. Evaluations by the Substance Abuse and Mental Health Services Administration (SAMHSA) in regard to this approach document not just greater recovery and success but results that show greater reunifications and stability for children. One evaluation indicated that 88 percent of the children who were treated in the programs with their mothers remained stabilized and living with their mothers 6 months after discharge.¹²

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Recommendation: *American Humane Association recommends that greater funding be invested into these substance abuse grants and that these grants emphasize the use of family-based treatment. We urge the Subcommittee to invest more funding in this area. We also recommend that the specific emphasis on methamphetamine be removed since such a preference could have the unintended consequence of favoring one community or population over another. Funding should be awarded on the basis of need and the strongest proposals and programs.*

Workforce Development Caseworker Visits

Experienced child welfare workers are essential to ensuring abused and neglected children and their families are getting the support they need during times of crises. Yet, according to a 2001 study by the American Public Human Services Association (APHSA), 43 states reported an average annual worker turnover rate of 22% and a vacancy rate of 7%.¹³

A stable and fully staffed workforce is critical to successful outcomes in child welfare. Congress created a mandate for states to maintain monthly caseworker visits. It is equally critical that these visits be quality visits. One of American Humane Association's initiatives involved a Washington State Children's Administration Workload Study on how social workers spend their time in required activities.¹⁴

This study estimated how much time each task would take if mandated results were achieved. For example workers are expected to meet with their child-clients for at least one hour each month. That is the amount of time thought to be necessary for a worker to assess the child's condition and progress. When the actual time per case spent on face to face visits with children was calculated, the mean time spent was lower. This led the researchers conducting the study to recommend greater efficiencies in other activities and increased staffing. Reductions in caseloads would permit workers to spend the requisite amount of time meeting with children. States have had difficulty meeting the caseworker visit standard. In addition we are concerned that in light of state budget cutbacks, we could see a regression in whatever progress has been realized in workloads and staffing .

Recommendation: *Funding for workforce development should be maintained as well as the caseworker visit standards. If funding cannot be increased beyond the current \$20 million then funds should be converted into a type of "race to the top" competitive grant that would be awarded to a few states with the most comprehensive long term strategy to improve their child welfare workforce.*

Court Improvement

Court improvement funding is critical to an effective child welfare system. Generally funding from the various child welfare funding streams does not flow to the courts yet courts are an obvious and critical partner to any successful reforms.

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Some important initiatives have been developed in recent years that seek to better coordinate state child welfare systems and the state and local courts. Zero to Three has instituted a groundbreaking program, *Safe Babies, Strong Families, and Healthy Communities*, operating in ten diverse sites. The principle strategy of the Safe Babies program is the Safe Babies Court Team, which combines judicial muscle with child development expertise and community partnerships so that babies and toddlers are given life-changing help. By working together, multidisciplinary teams are implementing comprehensive research-based approaches to promote better long-term developmental outcomes for maltreated infants and toddlers. Training for judges has been a critical component for this and other programs.

Recommendation: *American Humane Association recommends that court improvement funding be increased so that successful models can be effectively extended in all fifty states.*

Child Welfare Services

Title IV-B part 1 is an important source of flexible child welfare funds but it also sets out a series of requirements for states to follow. It outlines priorities for all fifty states in establishing a coordinated child welfare system.

Recently, the American Humane Association joined with Zero to Three, the Child Welfare League of American, the Children’s Defense Fund and Center for the Study of Social Policy to issue a report on infants and toddlers, “*A Call to Action on Behalf of Maltreated Infants and Toddlers.*”¹⁵

Infants and toddlers are the age group most vulnerable to maltreatment and its aftermath. Every year, almost 200,000 children come into contact with the child welfare system. And 76,862 are removed from their parents’ care.¹⁶ They constitute more than one quarter of all children who are abused or neglected.¹⁷ Of the estimated 1,740 children who died from abuse and neglect in 2008, more than three quarters (79.8%) were 3 years old or younger.¹⁸

Infants and toddlers are the largest single group of children entering foster care. Of the children who entered foster care during fiscal year 2009, 31% were less than 3 years old. Once they have been removed from their homes and placed in foster care, infants who enter care at less than 3 months old are in foster care 50% longer than older children and are much more likely to be adopted than reunified.¹⁹

Neuroscientific research on early brain development indicates that young children warranting the greatest concern are those growing up in environments, starting before birth, that expose them to abuse and neglect. It is during the first years of life when the brain undergoes its most dramatic development and children acquire the abilities to think, speak, learn, and reason. Early experiences, both positive and negative, have a decisive effect on

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how the brain is wired.²⁰ In fact, early and sustained exposure to risk factors such as child abuse and neglect can influence the physical architecture of the developing brain, preventing infants and toddlers from fully developing the neural pathways and connections that facilitate later learning.

Maltreatment alters the brain's architecture.²¹ These changes in the brain give rise to several psychological difficulties—cognitive delays, poor self-regulation, and difficulty in paying attention.²² Maltreated infants and toddlers may also struggle with poor self-esteem, behavior control, attachment formation and may have difficulty showing empathy, controlling their behavior in social situations, and initiating social interaction.

To fully address the needs of this very vulnerable child population we need to increase our focus of attention and practice at every level. This is not at the exclusion of another population but to recognize the critical child development needs of these infants and toddlers.

Recommendation: *American Humane Association recommends that Congress direct states to include in their Title IV-B state plan how they are addressing the needs of infants and toddlers that come in contact with the child welfare system.*

THE NEED FOR CHILD WELFARE FINANCE REFORM

It is important that as Congress reauthorizes these two programs and acts to possibly extend waiver authority, it not be viewed as a way to delay more significant reforms.

We recognize that these are challenging budget times. If a comprehensive reform cannot be enacted as one measure or bill then we suggest interim steps be taken to reform current financing. We propose these steps be done in a way that maintains the IV-E entitlement.

One area may be to examine ways to extend services for reunification through Title IV-E. Congress should also look at the possibility of freezing the current Title IV-E income eligibility to stop further erosion of federal funding for IV-E foster care and kinship care. Additionally we should look for ways to allow greater use of IV-E funding for innovation and front-end services such as differential response and Family Group Decision Making.

American Humane Association also believes that tribal governments or consortia of tribal governments need to share in any reforms or additional funding that may become available.

American Humane Association believes that research and evaluation are critical as we continue to make progress within the child welfare field. At times it may be possible to have random control trials as has been the case in some of the differential response sites such as Minnesota and Ohio. In other circumstances other evaluation designs may be included

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along with a strong comparison group model. It is critical to understand the link between practice and results, especially as it affects child well-being and families. At the same time this should not inhibit innovation or new approaches but instead become a tool to understand ways to improve how we are help this country's most vulnerable children.

In closing we appreciate the efforts of this Subcommittee and others to pursue these matters in a bipartisan and bicameral way. As some members of this committee have pointed out in the past, children in foster care and protective services are in fact our responsibility. Through no fault of their own these children have us as their parents. It is in every citizen's interest that we make a commitment to give every child a real family where he or she will thrive to become the leaders of our future.

FOOTNOTES:

¹ U.S. Department of Health and Human Services, Administration for Children and Families, The AFCARS Report: Preliminary FY 2009 Estimates as of July 2010 (17). Retrieved June 13, 2011 from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report17.htm.

² The Annie E. Casey Foundation. (2009). Kids Count Data Center. Retrieved June 1, 2011 from <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=6277>

³ U.S. Department of Health and Human Services, Administration for Children and Families, Child Welfare Outcomes, 2004-2007. Retrieved June 13, 2011 from <http://www.acf.hhs.gov/programs/cb/pubs/cwo04-07/cwo04-07.pdf>.

⁴ Ibid.

⁵ U.S. Department of Health and Human Services, Administration for Children and Families, The AFCARS Report: Preliminary FY 2009 Estimates as of July 2010 (17). Retrieved June 13, 2011 from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report17.htm.

⁶ Ibid.

⁷ U.S. Department of Health and Human Services. Budget Briefing Fiscal Year 2012. U.S. Department of Health and Human Services, 2011, <http://www.hhs.gov>.

⁸ Washington State Institute for Public Policy. (2006). *Intensive Family Preservation Program: Fidelity Influences Effectiveness—Revised*. Olympia: Author.

⁹ Children's Rights. *The Long Way Home: A study of Children Stranded in New York Cities Foster Care*. (2010). Retrieved November 24, 2010 from http://www.childrensrights.org/wp-content/uploads/2009/11/2009-11-02_long_road_home_full_report_final.pdf.

¹⁰ National Center on Addiction and Substance Abuse at Columbia University. *Shoveling Up: the impact of Substance Abuse on state budgets*. New York, New York: The National Center on Addiction and Substance Abuse, 1998.

¹¹ The Rebecca Project for Human Rights. *Memorandum: Cost Benefit Analysis of Family Treatment*. Washington D.C. The Rebecca Project for Human Rights.

¹² Center for Substance Abuse Treatment. "Residential Woman and Children/Pregnant and post-Partum Women fact Sheets." Rockville, MD: Substance Abuse and Mental Health Services Administration, 2003.

¹³ Gary Cyphers, *Report from the Child Welfare Workforce Survey: State and County Data and Findings*, 2001. American Public Human Services Association. Available at <http://www.aphsa.org/policy/doc/cwwsurvey.pdf>

¹⁴ Walter R. McDonald & Associates, Inc. (2007). Washington State Children's Administration Workload Study, 8-11.

¹⁵ American Humane Association, Center for the Study of Social Policy, Child welfare league of America, Children's Defense Fund, ZERO TO THREE: *A Call to Action on Behalf of Maltreated Infants and Toddlers*, 2011. Washington DC. Available online: <http://www.zerotothree.org/child-development/health-nutrition/childwelfareweb.pdf>

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ National Research Council and Institute of Medicine, *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Jack Shonkoff and Deborah A. Phillips, eds. Washington, DC: National Academy Press, 2000.

²¹ Jack Shonkoff, 2007. Interviewed in *Helping Babies From the Bench: Using the Science of Early Childhood Development in Court*. Washington, DC: ZERO TO THREE

²² Brenda Jones Harden, *Infants in the Child Welfare System. A Developmental Framework for Policy and Practice*. Washington, DC: ZERO TO THREE Press, 2007.