

**HEARING ON MODERNIZING CHILD WELFARE
TO PROTECT VULNERABLE CHILDREN**

HEARING
BEFORE THE
SUBCOMMITTEE ON WORK AND WELFARE
OF THE
COMMITTEE ON WAYS AND MEANS
HOUSE OF REPRESENTATIVES
ONE HUNDRED EIGHTEENTH CONGRESS
FIRST SESSION

SEPTEMBER 28, 2023

Serial No. 118–WW03

Printed for the use of the Committee on Ways and Means



U.S. GOVERNMENT PUBLISHING OFFICE

54–910

WASHINGTON : 2024

COMMITTEE ON WAYS AND MEANS

JASON SMITH, Missouri, *Chairman*

VERN BUCHANAN, Florida	RICHARD E. NEAL, Massachusetts
ADRIAN SMITH, Nebraska	LLOYD DOGGETT, Texas
MIKE KELLY, Pennsylvania	MIKE THOMPSON, California
DAVID SCHWEIKERT, Arizona	JOHN B. LARSON, Connecticut
DARIN LAHOOD, Illinois	EARL BLUMENAUER, Oregon
BRAD WENSTRUP, Ohio	BILL PASCRELL, JR., New Jersey
JODEY ARRINGTON, Texas	DANNY DAVIS, Illinois
DREW FERGUSON, Georgia	LINDA SANCHEZ, California
RON ESTES, Kansas	BRIAN HIGGINS, New York
LLOYD SMUCKER, Pennsylvania	TERRI SEWELL, Alabama
KEVIN HERN, Oklahoma	SUZAN DELBENE, Washington
CAROL MILLER, West Virginia	JUDY CHU, California
GREG MURPHY, North Carolina	GWEN MOORE, Wisconsin
DAVID KUSTOFF, Tennessee	DAN KILDEE, Michigan
BRIAN FITZPATRICK, Pennsylvania	DON BEYER, Virginia
GREG STEUBE, Florida	DWIGHT EVANS, Pennsylvania
CLAUDIA TENNEY, New York	BRAD SCHNEIDER, Illinois
MICHELLE FISCHBACH, Minnesota	JIMMY PANETTA, California
BLAKE MOORE, Utah	
MICHELLE STEEL, California	
BETH VAN DUYN, Texas	
RANDY FEENSTRA, Iowa	
NICOLE MALLIOTAKIS, New York	
MIKE CAREY, Ohio	

MARK ROMAN, *Staff Director*

BRANDON CASEY, *Minority Chief Counsel*

SUBCOMMITTEE ON WORK AND WELFARE

DARIN LAHOOD, Illinois, *Chairman*

BRAD WENSTRUP, Ohio	DANNY DAVIS, Illinois
MIKE CAREY, Ohio	JUDY CHU, California
BLAKE MOORE, Utah	GWEN MOORE, Wisconsin
MICHELLE STEEL, California	DWIGHT EVANS, Pennsylvania
LLOYD SMUCKER, Pennsylvania	TERRI SEWELL, Alabama
ADRIAN SMITH, Nebraska	
CLAUDIA TENNEY, New York	

C O N T E N T S

OPENING STATEMENTS

	Page
Hon. Darin LaHood, Illinois, Chairman	1
Hon. Danny Davis, Illinois, Ranking Member	2
Advisory of September 28, 2023 announcing the hearing	V

WITNESSES

David Sanders, Ph.D., Executive Vice President of Systems Improvement, Casey Family Programs	4
Tracy Gruber, Executive Director, Utah Department of Health and Human Services	18
Cherie Craft, Founding Executive Director, Smart from the Start	29
Katherine Marquart, Recruitment Manager, FosterAdopt Connect	37
Prudence Beidler Carr, Center Director, American Bar Association, Center on Children and Law	44

MEMBER QUESTIONS FOR THE RECORD

Member Questions for the Record and Responses from David Sanders, Ph.D., Executive Vice President of Systems Improvement, Casey Family Programs	149
Member Questions for the Record and Responses from Tracy Gruber, Execu- tive Director, Utah Department of Health and Human Services	161
Member Questions for the Record and Responses from Cherie Craft, Founding Executive Director, Smart from the Start	170
Member Questions for the Record and Responses from Katherine Marquart, Recruitment Manager, FosterAdopt Connect	172
Member Questions for the Record and Responses from Prudence Beidler Carr, Center Director, American Barr Association, Center on Children and Law	176

PUBLIC SUBMISSIONS FOR THE RECORD

Public Submissions	183
--------------------------	-----



United States House Committee on
Ways & Means
CHAIRMAN JASON SMITH

FOR IMMEDIATE RELEASE
September 21, 2023
No. WW-03

CONTACT: 202-225-3625

**Chairman Smith and Work & Welfare Subcommittee Chairman LaHood
Announce Subcommittee Hearing on Modernizing Child Welfare to Protect
Vulnerable Children**

House Committee on Ways and Means Chairman Jason Smith (MO-08) and Work & Welfare Subcommittee Chairman Darin LaHood (IL-16) announced today that the Subcommittee on Work & Welfare will hold a hearing on modernizing child welfare to protect vulnerable children. The hearing will take place on **Thursday, September 28, 2023, at 10:00AM in the Sam Johnson room located in 2020 Rayburn House Office Building.**

Members of the public may view the hearing via live webcast available at <https://waysandmeans.house.gov>. The webcast will not be available until the hearing starts.

In view of the limited time available to hear the witnesses, oral testimony at this hearing will be from invited witnesses only. However, any individual or organization not scheduled for an oral appearance may submit a written statement for consideration by the Committee and for inclusion in the printed record of the hearing.

DETAILS FOR SUBMISSION OF WRITTEN COMMENTS:

Please Note: Any person(s) and/or organization(s) wishing to submit written comments for the hearing record can do so here: WMSubmission@mail.house.gov.

Please ATTACH your submission as a Microsoft Word document in compliance with the formatting requirements listed below, **by the close of business on Thursday, October 12, 2023.** For questions, or if you encounter technical problems, please call (202) 225-3625.

FORMATTING REQUIREMENTS:

The Committee relies on electronic submissions for printing the official hearing record. As always, submissions will be included in the record according to the discretion of the Committee. The Committee will not alter the content of your submission but reserves the right to format it according to guidelines. Any submission provided to the Committee by a witness, any materials submitted for the printed record, and any written comments in response to a request for written comments must conform to the guidelines listed below. Any submission not in compliance with these guidelines will not be printed but will be maintained in the Committee files for review and use by the Committee.

All submissions and supplementary materials must be submitted in a single document via email, provided in Word format and must not exceed a total of 10 pages. Please indicate the title of the hearing as the subject line in your submission. Witnesses and submitters are advised that the Committee relies on electronic submissions for printing the official hearing record. All submissions must include a list of all clients, persons and/or organizations on whose behalf the witness appears. The name, company, address, telephone, and fax numbers of each witness must be included in the body of the email. Please exclude any personal identifiable information in the attached submission.

Failure to follow the formatting requirements may result in the exclusion of a submission. All submissions for the record are final.

ACCOMMODATIONS:

The Committee seeks to make its facilities accessible to persons with disabilities. If you require accommodations, please call 202-225-3625 or request via email to WMSubmission@mail.house.gov in advance of the event (four business days' notice is requested). Questions regarding accommodation needs in general (including availability of Committee materials in alternative formats) may be directed to the Committee as noted above.

Note: All Committee advisories and news releases are available on the Committee website at <http://www.waysandmeans.house.gov/>.

###

HEARING ON MODERNIZING CHILD WELFARE TO PROTECT VULNERABLE CHILDREN

THURSDAY, SEPTEMBER 28, 2023

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON WORK AND WELFARE,
COMMITTEE ON WAYS AND MEANS,
Washington, DC.

The subcommittee met, pursuant to call, at 10:00 a.m., in Room 2020, Rayburn House Office Building, Hon. Darin LaHood [chairman of the subcommittee] presiding.

Chairman LAHOOD. Good morning, everybody.

I want to welcome everyone to our Work and Welfare Subcommittee hearing this morning.

I want to welcome our witnesses here on our subcommittee hearing entitled, “Modernizing Child Welfare to Protect Vulnerable Children.” And so grateful to have the opportunity to have this hearing this morning.

I am going to begin with an opening statement here and then turn it over to my colleague, Ranking Member Danny Davis. And then we will introduce our witnesses here today.

So welcome, everybody. I want to, first of all, thank everyone for joining us today for this hearing. My name is Darren LaHood, a Congressman from the 16th congressional district, covering much of central Illinois and northwest parts of Illinois.

This hearing begins our important work this Congress on evaluating challenges faced by Americans’ most vulnerable children within our Nation’s child welfare system.

As chairman of the Work and Welfare Subcommittee, I have tremendous respect for the longstanding bipartisan work that has been done by this subcommittee to reform and fortify the safety net for children who have experienced the trauma and hardships of abuse and neglect.

In 2018, this subcommittee paved the way for a significant bipartisan victory with the passage of the Family First Prevention Services Act. That legislation transformed Congress’ approach to child welfare by moving away from the historic practice of providing funding solely after a child entered foster care in directing resource toward evidence-based prevention services to keep families together.

In 2020, under the exemplary leadership of Ranking Member Davis and former Ranking Member Jackie Walorski, this subcommittee worked to provide critical resources and much needed support to foster youth during the pandemic. Child welfare policy

has seen significant changes in recent years. But, with nearly 4,000 children in foster care, more needs to be done.

The purpose of this hearing is to review a program within our subcommittee's jurisdiction called Title IV-B. Title IV-B is less than an endearing name, but the program needs to be reauthorized.

As you will hear from our witnesses today, this program plays a pivotal role in family preservation and providing flexible funding to States and Tribes, to promote the safety, permanence, and well-being of children in foster care.

The program was first created in 1935 with the original passage of the Social Security Act and expanded in 1993 to include a new subpart called Promoting Safe and Stable Families. Title IV-B as a whole has not had any significant reform since 2008.

I strongly believe it is our responsibility and obligation to ensure government programs are meeting today's needs and that they are maximizing the impact of taxpayer dollars. Too often, Congress creates a program and then fails to circle back and ask what has come of our investment, how company this funding complement other Federal programs that serve similar populations.

This perpetuates a social safety net that is siloed and disconnected. We have a unique opportunity to modernize and reimagine the function and structure of Title IV-B, building on the success of the Family First Act while maintaining the flexibility that States rely on.

Earlier this month, I sat down with Commissioner Rebecca Jones Gaston of the Administration of Children, Youth, and Families at the Department of HHS. Our conversation was very productive and revealed a number of areas where Title IV-B could be improved.

In addition, stakeholders from both sides of the aisle have highlighted persistent challenges. Title IV-B could be—where it could be reformed to address—including some of our witnesses that will speak today. These include improving outcomes for the 19,000 youth aging out of foster care each year, supporting the grandparents and family members caring for the 2.5 million children who might otherwise enter foster care, strengthening the capacity of family courts, and ensuring legal representation and transparency for parents, fulfilling the promise of family resource centers to provide upstream interventions that catch families before they fail, and addressing the nationwide shortage of caseworkers.

Families form the bedrock of a strong society, and it is crucial to have a child welfare system in place that supports children in moments of crisis and keeps families intact whenever possible.

I look forward to the insights and valuable testimony of our witnesses that will—that they will provide today as they shed light on various components and programs funded through Title IV-B. Together, we can find lasting, bipartisan solutions to address the challenges facing vulnerable children and families.

I want to thank our witnesses and our guests for being here today and look forward to your testimony.

With that, I am pleased to recognize the gentleman from Illinois, the ranking member, Mr. Danny Davis.

Mr. DAVIS. Well, thank you, Mr. Chairman.

And I also want to thank each one of our witnesses for being here with us today. And I thank all of those who have come.

Mr. Chairman, I am proud to be a part of the long tradition in the Ways and Means Committee of enacting important bipartisan legislation to improve foster care and better prevent child abuse and neglect. I want to continue this tradition in partnership with you, and I appreciate your thoughtful assembly of our panel of experts today.

I would be remiss if I did not note that in just 2 days the Republican leadership's inability to govern our Chamber will likely mean that the authorization and funding for the programs we are discussing today will expire. Many parents will lose their childcare, and the Federal Government will shut down, cutting off lifelines for many needy families.

I hope we can work together to persuade your colleagues to prevent a shutdown and continue the foster care-related programs under Title IV-B, while we work on a bipartisan reauthorization law that puts children first.

I was disappointed that recent Republican proposals did not include a IV-B extension. Like other States, our home State of Illinois struggles to meet our goal of permanent homes within 18 months for the 21,000 Illinois children in foster care.

Although children from all races and ethnicities suffer from abuse and neglect at similar rates, Black children are overrepresented at each decision point in the child welfare system. Further, Black, American Indian, Alaska Native youth are more likely than their peers to be placed in foster care and remain in care. Clearly, we have work to do.

Youth who have experienced foster care advise me that the best way to fix the foster care system is to help families from the start. IV-B programs to assist families while youth are in foster care are a key part of that continuum. So are the central services that prevent youth from entering foster care and subsidies guardianship programs that help them exit.

IV-B programs fund other key tools to help children in foster care including the Court Improvement Program that supports family courts, the regional partnership grants that successfully coordinate services for families struggling with substance abuse, caseworker visits and family stabilization that make it safe for children to go home, a wide range of assistance to adoptive families, and kinship guardians that gives a helping hand to go with the boundless love.

I believe we must do even more to strengthen families, reduce time in care, and address racial disparities, for example, by providing legal services to parents and children to represent their interests, by preserving the bonds between children and their incarcerated parents, and by providing mentors with lived experience to youth and parents.

The reality is that stabilizing families and keeping children safe requires additional investments. Yet IV-B funding has staggered since 2006.

I look forward to hearing from our distinguished panel of witnesses today and from my colleagues about their priorities for these important programs so that we can work together to make smart,

practical investments to protect vulnerable youth and strengthen families.

Again, I thank you, Mr. Chairman, for calling this important hearing and yield back the balance of my time.

Chairman LAHOOD. Thank you, Mr. Davis.

We will now move to introduce our witnesses here today.

Our first witness, Mr. David Sanders, is the Executive Vice President of Systems Improvement at Casey Family Programs.

Our next witness after that will be Ms. Tracy Gruber, who is the Executive Director of the Utah Department of Health and Human Services.

We will next hear from Cherie Craft, who is the founding CEO and Executive Director of the Smart From the Start program in Washington, D.C.

We will next hear from Katherine Marquart, who is the recruitment manager for the FosterAdopt Connect program in Missouri.

And then, lastly, we will hear from Ms. Prudence Beidler Carr, who is the Center Director for the American Bar Association's Center on Children and Law.

With that, Dr. Sanders, we will begin with you. And you are recognized for 5 minutes to deliver your opening statement.

STATEMENT OF DAVID SANDERS, PH.D., EXECUTIVE VICE PRESIDENT OF SYSTEMS IMPROVEMENT, CASEY FAMILY PROGRAMS

Mr. SANDERS. Good morning, Chairman LaHood, Ranking Member Davis, and members of the subcommittee.

My name is David Sanders, and I am the Executive Vice President of Systems Improvement for Casey Family Programs. Casey Family Programs is the Nation's largest operating foundation focused on reducing the need for foster care in the United States.

Thank you for inviting me here today. I want to thank this subcommittee for its vision and commitment to conversations and policy development whose goal is to improve the lives of vulnerable families.

I am going to focus on two issues during my brief presentation, and you have my written testimony which is more comprehensive. First, I will give some highlights on the history of Title IV-B. Second, I will provide some recommendations on the reauthorization of IV-B to continue the child welfare momentum this Congress has created.

Federal child-protection policy has always prioritized the safety of children as paramount in any decision. We know from research that the most effective way to keep children safe is to strengthen families and to seek to mitigate any risk to the safety of the child. This means the goal is to keep children safe with their families, not safe from their families.

This subcommittee over the past decades has advanced many significant pieces of legislation to fund State, territory, and Tribal efforts for children to remain safely with their families, most recently with the historic passage of Family First.

Alongside Family First, the funding and priorities supported through Title IV-B programs provide critical dedicated child wel-

fare funding to strengthen families and ensure children do not stay in foster care one day longer than necessary.

IV-B—the Mary Lee Allen Promoting Safe and Stable Families Program was created in the nineties. The creation of this program brought new additional funding for family support and family preservation services to families with children including foster care, adoptive, and extended families.

As part of the Adoption and Safety Families Act in 1997, the allowable use of PSSF funds were expanded to include time-limited family reunification and adoption promotion and support services.

Thanks to the leadership and vision of this subcommittee, Families First became law in 2018. The landmark legislation fundamentally shifted how the Federal Government partners with States, territories, and Tribes in the protection of children and strengthening of families.

I would note the two programs are different. Family First focuses on children right at the doorstep of foster care, and Title IV-B provides more flexibility for States to address issues at an earlier point and strengthen families who might be at risk.

However, the most important question is: Has congressional action impacted outcomes for vulnerable children in a positive way? If the goal is to have more children safely with their families, the answer is yes. From 2005 to 2021, the number of children in foster care has declined by 23 percent. The number of Black children in care has declined by 47 percent. And while the percent—and this has been accomplished without compromising safety as measured by recurrence of maltreatment and reentry into foster care.

Things are far from perfect, and I don't intend to present an overly Pollyanna view. But the key point is that this subcommittee has identified issues and used IV-B and IV-E to improve outcomes for children.

I am going close on the two issues that based on data call for addressing by this subcommittee.

First, while several safety measures have shown improvement in the Nation's child protection system, child abuse and neglect fatalities continue to rise nationally. Given the priority on safety, this is a glaring issue that requires this subcommittee's leadership to address. And this is an issue that can be addressed. Industries including aviation and healthcare have dealt with low incidence of high-impact occurrences using safety science, and we believe child protection can do the same. IV-B with the focus of supporting families can be a key tool in addressing this issue.

Second, the over 300,000 kids, almost 400,000 in foster care are in care for an average of 21.7 months. Think about that for a second. You might first picture a 17-year-old and might feel somewhat mollified, but now picture a 2-year-old. We have tens of thousands of children in this country in foster care who have only briefly, if ever, experienced the support, comfort, and caring of a permanent family.

Foster parents do an incredible job, but foster care is—by definition is short-term. We have allowed an intervention designed as temporary to be the primary tool to keep children safe, and we are harming thousands of children a day by not providing them the se-

curity they need. IV-B again can be a tool in strengthening families to accomplish this goal.

Thank you for your leadership.

[The statement of Mr. Sanders follows:]



David Sanders, Ph.D.
Testimony before the U.S. House of Representatives
Committee on Ways and Means Subcommittee on Work and Welfare
"Modernizing Child Welfare to Protect Vulnerable Children"
September 28, 2023

Good morning Chairman LaHood, Ranking Member Davis and members of the subcommittee. My name is David Sanders and I am the Executive Vice President of Systems Improvement for Casey Family Programs. Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care in the United States.

Casey Family Programs was founded in 1966 and has been providing, analyzing, developing, and informing best practices in child welfare for 57 years. We work with child welfare agencies in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 16 American Indian tribal nations, and the federal government on child welfare policies and practices. We partner with child welfare systems, policymakers, families, community organizations, national partners, philanthropy, American Indian tribes, and courts to support practices and policies that increase the safety and success of children and strengthen the resilience of families. Our mission is to provide and improve – and ultimately prevent the need for – foster care. We are committed to building what we call Communities of Hope, a nationwide effort to prevent the need for foster care by supporting families in raising safe, happy, and healthy children.

Thank you for inviting me here today. I want to thank this subcommittee for its vision and commitment to conversations and policy development whose goal is to improve the lives of vulnerable families.

My testimony will focus on three key areas:

- 1) Federal child protection policy has always prioritized the safety of children as paramount in any decision. With the creation of what is currently the Stephanie Tubbs Jones Child Welfare Services program back in 1935, policy and funding has been provided for over 85 years by the federal government for states, territories, and tribal nations to support families and keep children safely at home.
- 2) We know from research that the most effective way to keep children safe is to strengthen families and seek to mitigate any risk to the safety of the child. This subcommittee over the past decades has advanced many significant pieces of legislation to fund state, territory, and tribal efforts for children to remain safely with their families, most recently with the historic passage of the Family First Prevention Services Act of 2018 (Family First). Alongside Family First, the funding and priorities supported through the Title IV-B programs provide critical, dedicated child welfare funding to strengthen families and ensure children do not stay in foster care one day longer than necessary.

- 3) We have learned through our work with states and tribal nations, that policy can significantly impact outcomes for vulnerable families, as demonstrated by the reduction in the number of children in foster care that has occurred since Federal Fiscal Year (FFY) 2005. Looking ahead, how might further action by this subcommittee and Congress strengthen the ability of states and tribal nations to make further improvements? The data suggest two critical areas that warrant our focus: (1) the number of children who die from an abuse or neglect fatality and (2) the length of time children are unnecessarily kept from their families.

Title IV-B Programs and Their History

Federal funding to states, territories, and tribes through Title IV-B of the Social Security Act has been and remains a critical component of transformation efforts, as these programs provide important, dedicated child welfare funding in key areas shown by research to improve child and family outcomes.

Provisions related to the creation of what is now the Title IV-B Stephanie Tubbs Jones Child Welfare Services program were first authorized in 1935. In later years, federal policy was created to support states in their efforts to help children who could not safely remain at home by providing federal funding for what is now the Title IV-E foster care program. Recognizing that children should not remain indefinitely in foster care, federal funding and policy was also enacted to support children with families through adoption. The 1980s saw passage of a requirement for states to make "reasonable efforts" to prevent a child's placement in foster care and to reunite children who have been removed to foster care. Keeping children out of foster care and ensuring children have permanency are key outcomes uplifted in federal child protection policy.ⁱ

What is now the Title IV-B MaryLee Allen Promoting Safe and Stable Families (PSSF) program was created in the 1990s. The creation of this program brought new, additional funding for "family support" and "family preservation" services to families with children (including foster care, adoptive, and extended families). As part of the Adoption and Safe Families Act (ASFA) of 1997, the allowable uses of funds for PSSF were expanded to include "time-limited family reunification" and "adoption promotion and support services." Increased funding also was provided to support these areas, with mandatory funding reaching \$305 million in fiscal year 2001. The Promoting Safe and Stable Families Amendments of 2001 brought further funding and policy changes in a five-year reauthorization of this program that maintained mandatory funding for PSSF at \$305 million but provided authorization for up to \$200 million in discretionary funding. Mandatory funding for PSSF was further increased to \$345 million in the Deficit Reduction Act of 2005.ⁱⁱ

When PSSF was reauthorized in 2006 as part of the Child and Family Services Improvement Act, \$40 million per year of the mandatory PSSF was allocated for two priorities – targeted support to states to ensure children in care were visited at least once a month by their caseworkers, and competitive grants to regional partnerships to improve outcomes for children whose parent or caretaker was affected by methamphetamine or other substance abuse. The 2006 reauthorization of PSSF also replaced the permanent funding authority for what is currently the Title IV-B Stephanie Tubbs Jones Child Welfare Services program with a five-year authority that coincides with the funding authority for PSSF.ⁱⁱⁱ

Since 2006, Congress has used the PSSF program through policy and funding set-asides to address challenges in child protection. PSSF has been where one-time funding

increases have been provided (for example \$20 million was added just for Federal Fiscal Year (FY) 2011). More broadly, Title IV-B of the Social Security Act has been where additional activities in support of the courts and their role in child protection have been supported. It is also where funding to states, territories, and tribal nations in support of kinship navigator programs that seek to support relatives caring for their children has been provided, to name just two areas. Together, the funding, flexibility, and targeted priorities identified in both Title IV-B programs provide critical resources that seek to ensure no child is unnecessarily removed from their family, and for children in care that we relentlessly pursue permanency on their behalf. For FFY 2023, \$579.2 million was provided for these purposes. While most of the funds in both programs go to states and territories, tribal nations share in a 6% set-aside of funds.

The Family First Prevention Services Act

Thanks to the leadership and vision of this subcommittee, the Family First Prevention Services Act (Family First) became law in February 2018. This landmark legislation fundamentally shifted how the federal government partners with states, territories, and tribes in the protection of children and strengthening of families.

While Title IV-E funding still provides reimbursement to states, territories, and tribes for foster care, Family First allows access to additional Title IV-E funding for reimbursement for critical prevention and support services for families before there is a crisis and foster care placement is the only option. The goal of Family First is to safely allow children to remain at home with their parents, in lieu of foster care placement, by enabling and incentivizing child welfare agencies to provide the services parents need and services that work. These services must meet an evidence-based standard and are intended to strengthen families and keep children safely at home:

- Mental health prevention and treatment services
- Substance abuse prevention and treatment services
- In-home parent skill training, including programs such as home visiting¹

We know from research — and from providing direct services for over five decades — that in most cases children do best when they remain with their own families and can access services and supports that respond to their needs. Advances in early brain development and trauma research have underscored the importance of a child having a consistent nurturing caregiver — especially during the first 5 years of life. Responsive relationships and positive experiences build strong brain architecture.^{iv} By that we mean that children become emotionally secure, can depend on their caregivers to be consistent in how they treat them, and learn how to think clearly. That way children can be raised so they are ready to attend pre-school or grade school. But as the Centers for Disease Control^v and the Center for the Developing Child at Harvard University have discussed, children of all ages need a safe, stable, and nurturing family environment to grow and thrive.

Children thrive with their family. Being separated from family releases large quantities of Cortisol — a stress hormone. This stress hormone affects the brain, and surges in Cortisol can harm healthy brain development and emotional regulation.^{vi} By emotional regulation we mean

¹ Family First also includes key provisions to limit unnecessary placement in group care settings, instead requiring that such placements demonstrate clinical need, be trauma-informed and provide participation by family in the case plan as well as after-care supports when a child leaves their group care setting.

that children will not over-react to a stressful or dangerous situation. Healthy children are not overly anxious in new environments or in new groups, so they can do well in school or day care.

Foster care placement should be avoided if possible. Research shows that outcomes among children placed in foster care are worse than other children in terms of education, employment, homelessness, involvement in the criminal justice system, and mental health.^{vii}

We also know that removal from a parent can be extremely traumatic when parental incarceration is the cause. In the most recent Adoption and Foster Care Analysis and Reporting System (AFCARS) report, parent incarceration was a reason for entry for 6 percent of children who entered foster care. For children who experience the incarceration of parent, the traumatic effects can be like the loss of a parent through death or divorce. Often, the reasons for the parent's incarceration and reasons for child welfare involvement are not connected to each other, and a child's entry into foster care may be more related to a need for placement than abuse or neglect. For incarcerated parents, short sentences are common, and it is likely they will be part of their child's life after release, so efforts to support bonds between a child and incarcerated mother or father are occurring in a few jurisdictions.^{viii}

Moving Towards Transformation

The efforts of Congress and specifically this subcommittee to target resources to keep children safe and with their families has contributed to a significant reduction in the number of children in foster care.

According to the most recent data, the number of children in foster care is continuing to decline after an all-time high in 1999.^{ix} Between FFY 2005 and 2021, there has been a 23% reduction in the number of children in foster care.^x This reduction in the number of children in foster care has not compromised safety, as both the recurrence of maltreatment and the rate of re-entry in foster care also declined during this time period, 1% (8% to 7%) and 2% (8% to 6%), respectively. Black and American Indian and Alaska Native (AI/AN) children are overrepresented nationally in all stages of the child welfare system, and disparate outcomes for these children have been well documented for decades.^{xi} We know today how to reduce these disparities without compromising safety and it's important that we employ those effective strategies. Between FFY 2005 and 2021, there has been a 47% reduction in the number of Black children in out-of-home care (154,000 to 82,000). For American Indian/Alaska Native children there was an 11% reduction (10,300 to 9,200) between FFY 2005 and 2021.^{xii}

We have learned through our work with states and tribal nations, that policy can significantly impact outcomes for vulnerable families, as demonstrated by this reduction in foster care. Looking ahead, how might further action by this subcommittee and Congress strengthen the ability of states, territories, and tribal nations to make further improvements? The data suggest two critical areas that warrant our focus: (1) the number of children who die from an abuse or neglect fatality, and (2) the length of time children are unnecessarily kept from their families.

Safety should be paramount in any decision regarding a child. However, the data tell us that we are unnecessarily removing children from their parents and placing them in foster care for non-safety related reasons. There is no evidence that simply placing more children in foster care, or increasing their time in foster care, impacts their risk of serious injury or fatality. When we ask a caseworker to focus their time and attention on children and their parents when an

investigation from child protection is not warranted, we are preventing the caseworker from focusing on the children most at risk for serious injury or death. The most recent data from FFY2021 tell us that 1,820 children died from an abuse or neglect fatality, most of whom were infants.^{xiii} Congress can and should set a direction and communicate the expectation that it is possible to eliminate abuse and neglect fatalities.

Data also today tell us children remain in care far too long. For example, in Illinois, only 29% of children entering foster care in 2019 achieved permanency within two years of entry. Children thrive with their families and should not be in care one day longer than absolutely necessary. We also know that over 19,000 children age out of care without any connection to family.^{xiv} We must do better for all these youth.

Too often, the conversations on how to improve outcomes for vulnerable families focus on funding sources. Many of you read about kids staying in hospitals for extended time periods, or children in foster care sleeping in hotels or offices. What happens to these children is not about funding sources, it is about the choices we are making in response to the challenges these children and their families face. We should expect improved outcomes for these children and must look to our policies and resources for a new approach that can impact the lives of these children and their families. There is no question the continuum of services supported through the programs authorized by this subcommittee, which include the Title IV-E and Title IV-B programs can accomplish these goals.

Eliminating Child Abuse and Neglect Fatalities

Our child protection system should value families and ensure appropriate services and supports are provided. We know from data, however, that the child protection system is unnecessarily involved in the lives of too many families, causing harm and trauma. This not only impacts the ability of the system to engage with those children most at risk for harm, but it also imposes unnecessary harm and trauma on families and children.

The Commission to End Child Abuse and Neglect Fatalities was established by Congress through the bipartisan Protect Our Kids Act of 2012 and was charged with developing a national strategy and recommendations to reduce fatalities among children resulting from child abuse and neglect. The Commission released its final report, *Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities*, in March 2016.^{xv} In September 2016, the U.S. Department of Health and Human Services (HHS) sent a report to Congress, a requirement in the Protect Our Kids Act, responding to the report's recommendations. In their response, HHS identified 60 recommendations that require HHS action, some of which are being implemented.

Since October 2018, states have been required to include in their Title IV-B plan information about steps taken to track and prevent child maltreatment deaths. This plan must include a description of the steps the state has taken to compile complete and accurate information required by federal law to be reported by the state, including gathering relevant information on the deaths from the relevant organizations in the state, such as state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners. The state also is required to develop and implement a comprehensive statewide plan to prevent child fatalities that would involve and engage relevant public and private agency partners, including those in public health, law enforcement and the courts.

Child protection agencies operate under tremendous social and political pressure. Too often, a tragic outcome (such as a child death or serious injury) leads to a cycle of intense media scrutiny, blaming, and firing of individuals determined to be responsible, and an increased agency-wide focus on compliance and heightened practice monitoring. Such responses, driven by emotion, often contribute to organizational cultures of anxiety and defensiveness while doing little to improve safety.^{xvi}

Child protection agencies can learn much from other safety-critical industries — such as aviation, health care, and nuclear power — that have applied the principles of safety science to change organizational culture, improve practice, and reduce the incidence of tragic outcomes. Safety science involves applying scientific methods, research, and tools to understand, assess, and manage safety. In the context of child protection, this means using an evidence-based approach to inform preventive and responsive actions, rather than basing policy and practice decisions on emotion or assumption. When we employ safety science, we identify and apply lessons learned based on the best available research and evidence.^{xvii} In 2018, jurisdictions from across the country came together to form the National Partnership for Child Safety (NPCS), with support from Casey Family Programs and the National Center for Fatality Review and Prevention at the University of Kentucky. The mission of the NPCS is to use safety science to improve child safety and prevent child maltreatment fatalities by strengthening families and promoting innovations in child protection. There are currently 34 jurisdictions, including tribal jurisdictions, participating in the NPCS.^{xviii}

Promoting Timely Permanency Remains Critical

Well-functioning child protection agencies must effectively engage in prevention while relentlessly pursuing permanency for all children.^{xix} Despite the reduction in the number of children in care, permanency for children in foster care remains a challenge. Since FFY 2015, the percent of children entering foster care who exit to permanency within 12 months has declined from 39% to 35%, and these declines have occurred across all racial/ethnic groups. Children are spending too much time away from their family. Even when placement is necessary, 12 months is too long to allow children to be in what is supposed to be a temporary placement.

Over the past three decades, the research has increased demonstrating what services and strategies help to achieve timely permanency.^{xx} At a high level, it comes down to three key action areas. First, assessment and family engagement must occur at the outset of a child's placement in foster care. The child's situation must be assessed immediately with a careful, culturally informed focus on the key family circumstances and areas of functioning that need to be addressed for the child to come home safely. A behaviorally specific assessment and case plan must be completed. To do that, the staff must engage the birth family and the extended family on both the mother and father's side. Evidence-based strategies to accomplish this include the following:

- Family Finding^{xxi}
- Family Group Conferences^{xxii}
- Motivational Interviewing^{xxiii}
- Safety mapping^{xxiv}

Second, the research shows that assertive and diligent provision of needed services or other family supports while the child is in out-of-home care, and regular re-assessment of the

family situation must occur. This will help the child maintain, when appropriate, a strong relationship and connection with their birth parents. Strategies include:

- Child-birthparent visitation supports, as parent-child visits result in higher rates of returning home and shorter foster care placements^{xxv}
- Concurrent Planning^{xxvi}
- Cultural Brokers^{xxvii}
- Family Finding^{xxviii} (Repeated here again to consider relatives who might care for the child)
- In-home reunification-focused Family Preservation Services such as [Homebuilders](#)
- *KEEP* and *KEEP SAFE* as foster family support strategies to prevent placement disruption through healthy parenting^{xxix}
- Kinship Navigators can support relatives in providing kinship care^{xxx}
- *Mockingbird Hub Home Model* is a way of networking kinship and non-relative foster or treatment foster homes to better support the foster parents and the children.^{xxxi}
- Parent partners and use of “veteran parents” for support and guidance^{xxxii}
- Permanency Roundtables^{xxxiii}
- Permanency Values Training^{xxxiv}
- Rapid Permanency Reviews^{xxxv}
- Substance abuse treatment that is family-based and residential – that keeps families together.^{xxxvi}
- Wraparound Services^{xxxvii}

Third, once trial reunification or some of other form of permanency is achieved, post-permanency services need to be readily available. Post-permanency services help stabilize the children with their families so the children do not re-enter foster care.^{xxxviii}

- Family Preservation Services to address family crises as they arise such as [Homebuilders](#)
- On the Way Home^{xxxix}
- Parent partners and use of “veteran parents” for support and guidance^{xl}
- Treatment Foster Care Oregon^{xli}
- Wraparound Services^{xlii}

The list of services provided above includes many that are now part of the Title IV-E Prevention Services Clearinghouse. However, the list also includes evidence-based strategies that provide critical supports necessary to allow a child in foster care to return home to their family or be adopted. Through passage of Family First, additional funding is provided in three critical areas. However, it is important as we seek to improve outcomes for vulnerable families that resources remain targeted for both prevention and permanency efforts more broadly as allowed through the Title IV-B programs.

We also have learned from over 50 years as a provider of services and through our partnership with states, territories, and tribal nations that authentic and consistent engagement with constituents who know child welfare best — from the inside — is critically necessary to achieve the transformation we need in child welfare. Individuals with lived experience should be engaged at all levels of the system: as the experts of what their family needs at the individual case level; as peer mentors and partners who offer support and guidance to those newly involved with or trying to navigate the system; and as consultants who participate in leadership

and decision-making on policy development and implementation, as well as system transformation.

Fathers play an essential role in a child's physical, emotional, and social development throughout the lifetime of the child. However all too often, child welfare discounts the importance of a father's involvement in the lives of their children. Data show that outcomes for children improve through high quality relationships and engagement between fathers and their children. And we know from our work and from research that having an involved father lets a child know that they are loved, provides a child with emotional support and enhanced self-esteem, increases a child's intellectual development, moral development, and an increased chance for academic success. Conversely, lack of involvement with fathers can lead to even worse outcomes for children involved with child welfare.

This subcommittee has shown an ongoing vision and commitment to ensure that everything is done to prevent a child from unnecessarily being placed in foster care. As you consider how to further transform child protection policies, we offer the following recommendations for consideration:

- Conversations about policy changes to programs, which include the Title IV-B programs, should have clarity on what outcomes they seek to impact, specifically serious injury or fatality and time to permanency.
- As you consider reauthorization of the Title IV-B programs, we suggest you consider increased investments in the mandatory spending side of PSSF that align with and enhance efforts to engage with families and address disparate outcomes among children.
- Tribal child welfare spending also continues to be a significant need. Most tribes receive very little funding from the small set-asides included in child welfare programs. We offer for your consideration an increase in Promoting Safe and Stable Families mandatory funding that would specifically provide a consistent and significant source of funding to support tribal child welfare programs. Right now, the set-aside is approximately \$10 million, divided among more than 130 tribes.

We welcome the opportunity to continue to share the experiences of states, territories, tribes and, most importantly families, with the subcommittee and provide information based on our work to ensure best practices are in place and are supported throughout the country to ensure all children are safe and families are thriving.

I look forward to continuing to support the work of the subcommittee and am happy to answer any questions you may have.

ⁱ Legislative History of Child Protection, taken from the 2012 U.S. Committee on Ways and Means Green Book, available at <https://greenbook-waysandmeans.house.gov/book/export/html/422>.

ⁱⁱ *Ibid.*

ⁱⁱⁱ *Ibid.*

^{iv} See Center on the Developing Child at Harvard University (2016). Applying the Science of Child Development in Child Welfare Systems. <http://www.developingchild.harvard.edu>, page 5.

^v Centers for Disease Control. (2019). *Essentials for Childhood Creating Safe, Stable, Nurturing Relationships and Environments for All Children*. <https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf>

^{vi} See this article from the Mayo Clinic: <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress/art-20046037?text=Cortisol%2C%20the%20primary%20stress%20hormone,fight%2Dor%2Dflight%20situation>

^{vii} A large body of well-established research has found that outcomes for children in foster care, compared to the general population, are worse (e.g., Goemans, van Geel, van Beem, Vedder, 2016; Lawrence, Carlson, & Egeland, 2006; Maher, Darnell, Landsverk, & Zhang, 2016; Turney & Wildeman, 2016). And, outcomes for children who age out of care are particularly poor (e.g., Courtney et al., 2011, Pecora et al., 2010). See:

- Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chicago, IL: Chapin Hall at the University of Chicago. Retrieved from <https://www.chapinhall.org/wp-content/uploads/Midwest-Eval-Outcomes-at-Age-26.pdf>
- Goemans, A., van Geel, M., van Beem, M., & Vedder, P. (2016). Developmental outcomes of foster children: A meta-analytic comparison with children from the general population and children at risk who remained at home. *Child Maltreatment*, 21(3), 198-217.
- Lawrence, C. R., Carlson, E. A., & Egeland, B. (2006). The impact of foster care on development. *Development and Psychopathology*, 18, 57-76.
- Pecora, P. J., Kessler, R. C., Williams, J., Downs, A. C., English, D. J., & White, J. & O'Brien, K. (2010). *What works in family foster care? Key components of success from the Northwest foster care alumni study*. New York, NY and Oxford, England: Oxford University Press.
- Maher, E.J, Darnell, A., Landsverk, J., & Zhang, J. (2015). *The well-being of children in the child welfare system: An analysis of the second National Survey of Child and Adolescent Well-Being (NSCAW-II)*. Seattle, WA: Casey Family Programs.
- Turney, K. & Wildeman, C. (2016). Mental and physical health of children in foster care. *Pediatrics*, 138(5), 1-11. e20161118

^{viii} See for example <https://cbicc.acf.hhs.gov/wp-content/uploads/2018/08/Fil-Tip-Sheet-Supporting-Relationships-08-23-19-FINAL.pdf> and https://www.childwelfare.gov/pubPDFs/parental_incarceration.pdf

^{ix} 567,000 children were in care on the last federal fiscal day in 1999. See

<https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport12.pdf>

^x Sources for these data:

- Casey Family Programs, Data Advocacy.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2005-2021). AFCARS and NCANDS 2005-2021 [Dataset]. Available from the National Data Archive on Child Abuse and Neglect Web site, <https://www.ndacan.acf.hhs.gov/>
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (2006). *The AFCARS report preliminary FY 2005 estimates as of September 2006. (No. 13)*. Washington DC: US Department of Health and Human Services. Retrieved from <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport13.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2008). *Child Maltreatment 2006*. Washington DC: U.S. Department of Health and Human Services. Downloaded April 7, 2008 from <http://www.acf.hhs.gov/programs/cb/pubs/cm06/index.htm>
- U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). *Child Maltreatment 2021*. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>

^{xi} Harris, M. S., & Hackett, W. (2008). Decision points in child welfare: An action research model to address disproportionality. *Children and Youth Services Review*, 30(2), 199-215. For the most current AFCARS disproportionality data and trends see:

https://ncj.org/AFCARS/Disproportionality_Dashboard.asp

^{xii} See endnote ix.

^{xiii} The national estimate of child fatalities is calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. For 2021, 50 states reported fatality data. See U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). *Child Maltreatment 2021*. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>, p.ii.

- ^{xiv} U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (2022). *The AFCARS report preliminary FY 2021 estimates as of June 28, 2022. (No. 29)*. Washington DC: US Department of Health and Human Services. Retrieved from <https://www.acf.hhs.gov/cb/report/afcars-report-29>
- ^{xv} Commission to End Child Abuse and Neglect Fatalities. (2016). *Within Our Reach: A national strategy to eliminate child abuse and neglect fatalities*. Washington, DC: Government Printing Office. https://www.acf.hhs.gov/sites/default/files/cb/cecant_final_report.pdf
- ^{xvi} Casey Family Programs (2020). *How can child protection agencies use safety science to promote a safety culture?* Seattle: Author. <https://www.casey.org/safety-science-culture/>
- ^{xvii} Ibid.
- ^{xviii} <https://nationalpartnershipchildssafety.org/>
- ^{xix} Casey Family Programs (2023). *What is a high-functioning child protective services agency*. Seattle: Author. <https://www.casey.org/what-is-well-functioning-child-protection-agency/>
- ^{xx} See for example: <https://www.childwelfare.gov/topics/permanency/planning/> and Pecora, P.J., Whittaker, J.K., Barth, R.P., Borja, S., & Vesneski, W. (2019). *The child welfare challenge*. (Fourth Edition.) New York City: Taylor and Francis, Chapters 5, 6, 8 and 10.
- ^{xxi} The *Family Finding* model, developed by Kevin A. Campbell, offers methods and strategies to locate and engage relatives of children currently living in out-of-home care. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections that only a family provides. See: <http://familyfinding.org/>
- ^{xxii} *Family group conferencing* (FGC), a restorative approach to problem-solving that involves the children, young persons and adults in families in making their own decisions. Originally developed in New Zealand, the family group conferencing process has taken root worldwide and is now known by several different names, including family group decision making and family unity meetings, among others. Family group conferencing began in the field of child welfare and youth justice, but is now used in mental health, education, domestic violence and other applications. See:
- http://www.iirp.edu/article_detail.php?article_id=NDMz
 - Bredewold, F., & Tonkens, E. (2021). Understanding successes and failures of family group conferencing: An in-depth multiple case study. *The British Journal of Social Work*, 51(6), 2173–2190. <https://doi.org/10.1093/bjsw/bcab062>
 - Dijkstra, S., Asscher, J., Dekovic, M., Stams, G., & Creemers, H. (2018). A randomized controlled trial on the effectiveness of family group conferencing in child welfare: Effectiveness, moderators, and level of FGC completion. *Child Maltreatment*, 24(2), pp. 137-151.
- ^{xxiii} Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing*. (3rd ed.) New York: Guilford Press.
- ^{xxiv} <http://signsofsafety-stuff.s3.amazonaws.com/downloads/Mapping%20and%20Safety%20Planning%20PowerPoint.pdf>
- ^{xxv} See Adoptive and Foster Family Coalition. (2016). Visit coaching: Meeting children's needs. Retrieved from <http://aficny.org/fostercare/shared-parenting/visitation-resources/visit-coaching-supporting-families/> This can include visitation sessions hosted by local churches and special parent training/coaching strategies like STRIVE. See <https://partnersforourchildren.org/projects/strive>
- ^{xxvi} For a summary of concurrent planning benefits and pitfalls see: http://pacwcbt.pitt.edu/Curriculum209IntCCPlnPrwk/PW3_ConcurrentPlanningBenefitsAndPitfalls.pdf
- ^{xxvii} See: Montana, S., Rondero Hernandez, V., Siegel, D., & Jackson, M. (2010). *Cultural brokers research project: An approach to community engagement with African American families in child welfare*. Report. California Social Work Education Center (CALSWEC). University of California, Berkeley. And Siegel, D., Jackson, M., Montana S., & Rondero Hernandez, V. (2011). *Use of cultural brokers as an approach to community engagement with African American families in child welfare: An empirically-based curriculum*. California Social Work Education Center (CALSWEC). University of California, Berkeley.
- ^{xxviii} The *Family Finding* model, developed by Kevin A. Campbell, offers methods and strategies to locate and engage relatives of children currently living in out-of-home care. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections that only a family provides. See: <http://familyfinding.org/>
- ^{xxix} *KEEP* is an evidence-based support and skill enhancement education program for foster and kinship parents of children aged 5 to 12 and teens (*KEEP SAFE*). The program supports foster families by promoting child well-being and preventing placement breakdowns. See <http://www.oslc.org/projects/keep/> Also see *Is Project KEEP a meaningful support for resource parents?*
- ^{xxx} See <https://www.casey.org/what-are-kinship-navigators/>
- ^{xxxi} Seneca is the leading provider of Family Finding training and consultation services. See <https://www.familypermanency.org/>
- ^{xxxii} See for example:
- [How can birth and foster parent partnerships help families reunify?](#)
 - [How does the Parents for Parents program help parents reunify?](#)
 - [How do parent partner programs instill hope and support prevention and reunification?](#)
 - [How do parent partner programs instill hope and support prevention and reunification? \(APPENDIX\)](#)
- ^{xxxiii} For more information about Permanency Roundtables see:

-
- O'Brien, K., Davis, C. W., Morgan, L. J., Rogg, C. S., Houston, M. (2012). The Impact of Roundtables on Permanency for Youth in Foster Care. *Children & Youth Services Review* 34(9), 1915-1921.
 - White, C. R., Corwin, T., Buher, A., O'Brien, K., DiLorenzo, P., & Kelly, S. (2015). The Multi-Site Accelerated Permanency Project: Permanency Roundtables as a strategy to help older youth in foster care achieve legal permanency. *Journal of Social Service Research*, 41(3), 364-384.
- xxxxv Contact Casey Family Programs, for more information. For more information about permanency planning strategies see <https://www.casey.org/effective-strategies-achieving-permanency/>
- xxxxvi See https://caseyfamilypro.wpengine.netdna-ssl.com/media/SF_Effective-strategies-for-achieving-permanency-1.pdf
- xxxxvii For family-based substance abuse treatment models, see:
- SHIELDS for Families <https://www.shieldsforfamilies.org/>
 - Native American Connections and the Patina Wellness Center <http://www.nativeconnections.org/>
 - Rising Strong Program in Spokane: <https://www.cceasterlnwa.org/risingstrong> or <http://empirehealthfoundation.org/>
 - [What are some of the strategies being used to reunite families with substance use disorders?](#)
- xxxxviii Walker, J. S., & Bruns, E. J. (2006). The wraparound process: Individualized care planning and management for children and families. In S. Rosenberg & J. Rosenberg (Eds.) *Community Mental Health Reader: Current Perspectives*. Routledge.
- xxxxix Roberts, Y.H., O'Brien, K., & Pecora, P.J. (2017). *Supporting Lifelong Families Ensuring Long-Lasting Permanency and Well-Being*. Seattle: Casey Family Programs. <https://www.casey.org/supporting-lifelong-families/>
- xxxxx Trout, A. L., Lambert, M. C., Epstein, M. H., Tyler, P. M., Thompson, R. W., Stewart, M. C.,... Daly, D. L. (2013). Comparison of On the Way Home Aftercare Supports to traditional care following discharge from a residential setting: A pilot randomized controlled trial. *Child Welfare*, 92(3), 27-45.
- xi See for example:
- [How can birth and foster parent partnerships help families reunify?](#)
 - [How does the Parents for Parents program help parents reunify?](#)
 - [How do parent partner programs instill hope and support prevention and reunification?](#)
 - [How do parent partner programs instill hope and support prevention and reunification? \(APPENDIX\)](#)
- xii See: Fisher, P. A., Burraston, B., & Pears, K. (2005). The Early Intervention Foster Care Program: Permanent placement outcomes from a randomized trial. *Child Maltreatment*, 10, 61-71; Fisher, P. A., Kim, H. K., & Pears, K. C. (2009). Effects of multidimensional treatment foster care for preschoolers (MTFC-P) on reducing permanent failures among children with placement instability. *Child and Youth Services Review*, 31, 541-546.
- xiii Walker, J. S., & Bruns, E. J. (2006). The wraparound process: Individualized care planning and management for children and families. In S. Rosenberg & J. Rosenberg (Eds.) *Community Mental Health Reader: Current Perspectives*. Routledge.

Chairman LAHOOD. Thank you, Dr. Sanders.
We will now recognize Director Gruber.

**STATEMENT OF TRACY GRUBER, EXECUTIVE DIRECTOR,
UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Ms. GRUBER. Good morning, Subcommittee Chair LaHood, Ranking Member Davis, and members of the subcommittee.

I am Tracy Gruber, the Executive Director at the Utah Department of Health and Human Services, which includes our State's Child Welfare Agency, our Division of Child and Family Services, or DCFS.

Thank you for the invitation to highlight Utah's experiences leveraging Federal funding to strengthen families and protect children from abuse and neglect. Your efforts to modernize our Nation's child welfare system will help families.

Today, I will talk about how modernization means streamlining requirements and giving States flexibility to administer Federal dollars according to shared outcomes that are informed by data. Title IV-B reauthorization is the perfect time to do this. But, first, I want to share a success story.

Recently DCFS became involved with a family of five. During a DCFS in-home visit, we learned the family was struggling to make ends meet and was at risk of removing—of losing their homes. They relied on food from a local food bank, and their three children were on the brink of needing foster care services.

DCFS connected the family to short-term resources to pay rent and access to medical care for one of their children. These services were funded with Title IV-B and allowed three children to stay safely in their home, saving significant State and Federal dollars.

In other cases, we connect families to parenting skills classes. The Family First Prevention Services Act is truly an investment in prevention.

So here is our Nation's opportunity. How can these critical prevention activities expanded in Family First become the centerpiece of child welfare? Though funding—IV-B funding is a mere 2.5 percent of our State's overall child welfare budget, it carries important flexibility which States need to strengthen families and keep children safer from abuse and neglect.

We are proud of Utah's successes in using this funding, but here are just two of our challenges. Federal requirements such as set-asides and funding thresholds in IV-B hamper our ability to provide the services and interventions needed within our unique communities, and Title IV-E prevention requires programs to meet time-intensive and costly rigorous evaluation thresholds on the prevention clearinghouse. This hampers innovation.

Now, despite this, we leveraged IV-E funding for a uniquely Utah service, Families First, a parenting skills program recently placed on the clearinghouse. When approved, we expanded the service to families who are IV-E and IV-B eligible. This shift to IV-E freed up additional IV-B funds which we used to establish another new parenting skills program for adults who are lower functioning.

The current funding scheme is also challenging to administer. Title IV-B reauthorization is the perfect opportunity to reduce

these burdens. In doing so, States will have more capacity to serve families. A reduction in administrative burdens could include focusing on outcomes by allowing States to combine multiple funding streams to pilot comprehensive approaches for people in our services.

And about the people who serve? Ensuring the best outcomes for kids requires a stable and skilled workforce. We can't ignore their needs. The funding must afford States opportunities to support the well-being of our workforce so they are professionally and emotionally equipped to meet the needs of the children they serve.

To truly modernize the child welfare system to protect America's most vulnerable children, we must find ways to expand flexibility, eliminate set-asides, reduce administrative burdens, and focus on outcomes.

This hearing is a great starting point to highlight the opportunities to modernize this complex system.

My written statement provides a deeper look into the Utah child welfare system, supports the case for added flexibility, and highlights our challenges including 37 percent staff turnover and how Utah has innovated through these challenges.

Thank you, and I look forward to answering your questions.

[The statement of Ms. Gruber follows:]



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Health & Human Services

TRACY S. GRUBER
Executive Director

NATE CHECKETTS
Deputy Director

DR. MICHELLE HOFMANN
Executive Medical Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

**TESTIMONY OF TRACY S. GRUBER
EXECUTIVE DIRECTOR OF
THE UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEFORE THE HOUSE COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON WORK AND WELFARE**

SEPTEMBER 28, 2023

“Falling through the cracks: Modernizing Child Welfare to Protect America’s Most Vulnerable Children”

Thank you, Chair Smith, Ranking Member Neal, Subcommittee Chair LaHood, Ranking Member Davis and members of the Work and Welfare subcommittee. I am Tracy Gruber, executive director at the Utah Department of Health and Human Services (DHHS), a department serving Utahns across the lifespan. Our mission is bold: *To make sure that all Utahns have fair and equitable opportunities to live safe and healthy lives.*¹ As executive director, I oversee the state’s child welfare agency through our Division of Child and Family Services (DCFS).²

I am deeply grateful to the Committee for allowing me to discuss Utah’s child welfare system, the funding utilized to protect children from abuse and neglect through strengthening families, and the challenges our state confronts when leveraging federal funds to ensure children are healthy and safe in their families. Your interest in our experience demonstrates your desire to understand the approaches states take to implement the laws passed by Congress so that you can ensure we are achieving the intended outcomes of these laws. I appreciate the opportunity to share our experiences developing Utah’s child welfare system and providing recommendations as you consider exercising your authority to modernize the nation’s child welfare system.

Our department, DHHS, results from the 2022 merger of the state’s public health and human services departments. The union of these two departments reflects the understanding that there is a relationship between an individual’s well-being and outcomes and the health of an individual’s community. We also know that an individual’s health outcomes depend not only on access to medical care or genetics but are related to “health-related social needs.” The interrelated nature of community health and individual well-being is clearly illustrated in the individuals involved in the child welfare system.

¹ <https://dhhs.utah.gov/>

² <https://dcfs.utah.gov/>

Before my role as executive director of the department, I served Utah Governor Spencer J. Cox,³ then Lieutenant Governor, as the senior advisor of the state's Intergenerational Poverty Initiative.⁴ The Intergenerational Poverty Initiative's goal is to measurably reduce the incidence of Utah children experiencing intergenerational poverty through data, research, and implementation of outcome-focused programs. Through that focused attention, Utah moved from having a child poverty rate of 15.1% in 2012⁵ to its 2022 rate of 8.4%,⁶ and ranks second in the nation for overall child well-being.⁷ In 2012, when the Intergenerational Poverty Initiative began, Utah was ranked 11.⁸

Through the Intergenerational Poverty Initiative, Utah evaluated extensive data in four areas of child well-being to understand the relationship between each area and intergenerational poverty. That data included Utah's child welfare data, revealing that poverty, child abuse, and neglect are intergenerational. Utah's child abuse and neglect rate statewide hovers around 1.2%. But, among children experiencing intergenerational poverty, 21% were victims of a substantiated case of child abuse or neglect, and 28% of the adults experiencing intergenerational poverty were victims of abuse or neglect when they were children.⁹

Through this state initiative and outcomes from Utah's Title IV-E child welfare waiver demonstration project, Utah changed its child welfare system to invest in programs that support maintaining the family unit while addressing the drivers of child abuse and neglect. We have done this by leveraging our data, research, and state and federal funding, including Title IV-B and IV-E. The early results of these adjustments demonstrate that these data-driven and outcome-focused investments, made to prevent the removal of a child from their home, are mitigating the impact of childhood trauma, mental illness, addiction, and economic insecurity on healthy childhood development.

We continue to leverage our learning to build a child welfare system focused on keeping kids in families when it's safe to do so by utilizing the myriad funding sources and programs as efficiently and effectively as possible while creating opportunities for families facing significant challenges rather than contributing to ongoing intergenerational cycles of despair.

Utah's child welfare system is state-administered in DHHS through DCFS, which serves as the statewide child welfare agency. While removing a child from their parents is a profound exercise of governmental power, our child welfare system is designed to avoid exercising that power and instead realizes our mission of protecting children from abuse and neglect by strengthening families. This mission aligns with the three primary goals of federal child welfare policy: Ensuring children's safety, enabling permanency, and promoting the well-being of children, youth, and families. At its core, our shared mission is hope for our children's better and safer future.

Utah believes that healthy child development occurs when children are safe within their homes, with parents who nurture, love, and protect them. When this isn't possible, DCFS strives to place children with kin to maintain connections to their family and culture. While necessary in the child welfare system, foster care is intended to be temporary. At the same time, we support parents to provide safety for their children and work toward reunifying families as soon as safely possible. When foster care placements are needed, we prioritize family-based care, utilizing residential care only when necessary.

³ <https://governor.utah.gov/>

⁴ <https://jobs.utah.gov/edo/intergenerational/about.html>

⁵ U.S. Census Bureau. (n.d.). *ACS 1-Year Estimates Data Profiles 2012*. U.S. Department of Commerce. Retrieved September 24, 2023, from <https://data.census.gov/>

⁶ U.S. Census Bureau. (n.d.). *ACS 1-Year Estimates Data Profiles 2022*. U.S. Department of Commerce. Retrieved September 24, 2023, from <https://data.census.gov/>

⁷ <https://www.aecf.org/interactive/databook?ie=49>

⁸ <https://www.aecf.org/resources/the-2012-kids-count-data-book>

⁹ <https://jobs.utah.gov/edo/intergenerational/gp14.pdf> P. 36

Last year, our system received 47,382 calls to the Child Protective Services Hotline, 48% of which resulted in a new CPS case.¹⁰ Through these calls, Utah aims to create pathways for improvement in the lives of children, youth, and families rather than removal from their parents. The interventions implemented at this stage—in-home, family-driven, and solution-focused services—demonstrate strong outcomes on key national indicators. Among children receiving in-home services in SFY2023, 96.5% did not enter foster care within 12 months of case closure.¹¹

When a child cannot remain safely at home, Utah strives to place children with kin and works hard to ensure children do not linger in foster care. Placement with kin enables the child to maintain a greater connection to their family, culture, and community, reduces trauma, and leads to better outcomes than when placed in non-kinship care.¹² Utah is achieving positive outcomes through expanded kinship placement efforts. In Utah, among children who exited care to kin, 93.2% did not re-enter foster care within 12 months.¹³ Utah has also continued to prioritize children achieving permanency in a timely manner. These efforts have proven successful, as Utah was recently recognized as the national leader in how quickly children are placed in safe, stable homes through reunification, adoption, or guardianship.¹⁴

These strong outcomes could only be realized with the funding provided by the federal government, including Title IV-B, and from the Utah Legislature. DCFS' total budget is \$217.8M; 69% is state funding, and 31% is federal funding.¹⁵ We further leverage funding by coordinating with other state partners to braid funding across funding streams, shifting services to the most effective funding sources, and remaining focused on data and outcomes. However, significant barriers, including inflexible funding and complex funding schemes, place substantial administrative burdens on states and limit our ability to fully meet the needs of the nation's most vulnerable children, youth, and families.

While Utah is doing incredibly well in some areas, like states nationally, we are experiencing significant challenges within the child welfare system. We continue to experience a 37% turnover rate in key frontline staff.¹⁶ Many factors contribute to this high turnover rate, including significant stress, wages not commensurate with the demands of the job, and increasing caseloads with few resources to address the impact of these stresses and traumas. This high turnover rate directly impacts the outcomes for the children, youth, and families being served. We ensure positive outcomes for children, youth, and families through a committed, qualified, trained, and skilled staff.

While we are experiencing great success in keeping families together through our in-home and prevention services, we are experiencing a growing population of youth with unmet, complex behavioral health challenges entering the system and requiring foster care when they cannot remain healthy and safe in their homes. Utah's current provider network is struggling to recruit and retain foster parents equipped to deal with behaviorally complex youth, and due to limited funding, residential providers are struggling to recruit and retain the necessary staff to provide treatments and services at their contracted capacities.

¹⁰ <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>, P. 5

¹¹ <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>, P. 10

¹² Heidi Redlich Epstein, Kinship Care is Better for Children and Families, 36 ABA CHILD L. PRAC. TODAY 77 (2017).

¹³ https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol36/july-aug-2017/kinship-care-is-better-for-children-and-families/

¹⁴ <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>, P. 11

¹⁵ <https://www.aai.org/foster-care-report-card/>

¹⁶ <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>, P. 15

¹⁷ <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>, P. 16

Utah continues to leverage its resources from sources like Title IV-B and IV-E to assist us in addressing the challenges and allowing us to innovate within the confines of significant programmatic and administrative requirements. We are grateful to Utah's beloved senator, Orrin Hatch, who worked tirelessly with his colleagues to establish the Family First Prevention Services Act (FFPSA) that empowers and trusts states to know what's best for improving outcomes for families in the child welfare system. This belief provides the basis for much of Title IV-B and Title IV-E, and Utah accepts its responsibility for utilizing these funds responsibly and effectively to achieve results.

Title IV-B funding of \$5.4M through the Stephanie Tubbs Jones Child Welfare Services Program (CWS) and MaryLee Allen Promoting Safe and Stable Families Program (PSSF) is a key lever in achieving Utah's outcomes despite being merely 2.5% of Utah's total child welfare budget. These funds provide much-needed flexibility to states to innovate and invest in programs each state determines will meet the unique needs of their populations. Title IV-B funding supports critical investments in our child welfare system that our data demonstrates are leading to better outcomes. These investments include addressing the development of the child welfare workforce with CWS funds and investments in innovative programs designed to keep families together, but when that isn't possible, creating a framework for successful adoptions. The programs funded with CWS and PSSF funds are strengths-based, meeting families where they are, and incorporating parent and child voices in solutions at every point in the process. Combined, this family-centered approach leads to successful outcomes for children in our system.

Our efforts to leverage family voice are demonstrated in our teaming approach to address the needs of children in our child welfare system through our Family Action Meeting (FAM). FAM is a new initiative to strengthen the child welfare system's early response to child safety concerns to prevent the removal of children from their families. In the Family Action Meeting, we bring family members in early on a CPS case to problem solve and plan around safety issues and concerns. If removal is necessary, the focus becomes addressing safety issues quickly and effectively to ensure a child's safe return to their families as early as possible. This initiative means that caseworkers involve the family and others in the complex safety assessment and develop a safety plan acceptable to all parties.

A FAM may lead DCFS and the family to utilize another innovative program to maintain the family unit despite a parent's substance use disorder. Utah is one of only a few states that provide parent/child family-based residential substance use treatment programs under Family First Prevention Services Act (FFPSA) funding. Family-centered residential substance use treatment programs enable foster children to be placed with parents while the parents receive the necessary treatment to address addiction. Since 2018, this innovative program has served 237 children, 79% of whom were reunified with their parents upon exiting foster care, and 91% did not re-enter foster care within 12 months.

Title IV-B CWS funding supports DHHS in focusing on one of its core principles—our staff are our most important stakeholders. Investing in a stable, robust, professional, and experienced workforce demonstrates the strong relationship between that workforce and the outcomes for the children, youth, and families within the child welfare system. When the needs of our workforce are left unaddressed, we repeatedly fail our staff and the vulnerable families they serve. Research shows that a positive relationship with a caseworker is the most significant predictor of a family's success.¹⁷ When families experience multiple changes in caseworkers, we often see increased time in foster care and poor outcomes. Between 2010 and 2021, when our turnover increased from 15% to 35%, the median time children spent in foster care increased from 11 to 15 months, placing pressure on limited resources and, most importantly, negatively impacting the child's well-being.

¹⁷ Flowers, McDonald & Sumski (2005) http://www.uh.edu/socialwork/_docs/cwep/national-iv-e/turnoverstudy.pdf

Given the significance of this relationship, Utah utilizes Title IV-B, CWS, to support a stable, well-trained, and sufficiently staffed workforce to provide the highest quality services to families. We have used this funding and other revenue sources to support payroll costs to increase staffing levels for our 665 frontline staff.¹⁸

In the past year, we also utilized the PSSF Caseworker Visit Grant to bolster our child welfare agency by providing targeted training to caseworkers, supervisors, and managers statewide. These flexible funds allowed us to expand our capacity to provide remote training, increase the knowledge and skills of caseworkers to utilize and implement Utah's Child and Adolescent Needs and Strengths Assessment, the Utah Family and Children Engagement Tool (UFACET), and provide leadership training to our supervisors and managers to ensure they have the skills to support our frontline workforce effectively.

In addressing the complexity of needs and challenges of families served in child welfare, DHHS coordinates closely with other executive branch agencies and ensures a full-service array to families by braiding PSSF funds with other funding sources to enhance child safety, permanency, and improve child well-being. This allows us to leverage the 31% of our budget provided by the federal government to the fullest extent possible. The clearest example of this is the coordination of Title IV-B PSSF and Title IV-E funds, allowing us to optimize the funding framework established by Congress. We can now serve more families by expanding a few critical PSSF services that effectively keep families together by funding families with children at risk of removal and entering foster care to IV-E. We continue to serve families not at risk of removal or families working towards reunification with PSSF. As more of our programs and services meet the evaluation rigor of the IV-E Prevention Clearinghouse, we will make similar funding adjustments.

The flexibility of the federal funding scheme is critical to states, and Title IV-B provides a modest degree of this much-coveted flexibility. PSSF and its four categories of services have allowed DCFS to focus on keeping families together and, when we can't, provide resources to support successful reunification and adoption. Braided with other funding sources, Title IV-B PSSF funds are also invested by Utah to support children and families in various stages of child welfare involvement to enhance child safety, permanency, and positive child well-being.

Aligned with federal requirements, PSSF services in Utah include family preservation activities, which work to keep families together and support children to safely remain home or stabilize families when children return home from foster care. We distribute funds regionally to meet many needs of parents and children. This includes programs that support the development of parenting skills, providing behavioral health services, accessing temporary bridge and gap funding to ensure families can meet their basic needs, and supporting specialized skills training to support the healthy development of children with a history of trauma or complex behavioral health challenges. Our ability to provide resources to meet basic needs and ensure family success would be further enhanced by broadening the purpose of family reunification to allow us to provide temporary resources to meet basic needs for those working toward reunification.

A uniquely Utah program developed in 1993 and funded through IV-B until it was recently approved on the IV-E Prevention Clearinghouse as "well supported" is Families First, a family support services program.¹⁹ This intensive, in-home parenting skills program met the rigorous evaluation standards of IV-E Prevention given its impressive outcomes, which include a significant reduction in subsequent child maltreatment and sustained effects of the programming for at least one year from case end. Although Families First is on the Clearinghouse and available to those meeting IV-E Prevention eligibility

¹⁸ <https://dcfs.utah.gov/wp-content/uploads/PY23-annual-report-DCFS-Final-5.pdf>, P. 16

¹⁹ Utah is still providing access to Families First services by way of Title IV-B funding when Title IV-E funding requirements aren't met by a family.

requirements, we will continue providing Families First with IV-B funding to families not eligible for IV-E.

There are countless stories of success among families participating in Families First, like a family in an under-resourced community that was brought to the attention of DCFS for harsh physical discipline of their children. After meeting with DCFS staff, the family voluntarily participated in Families First. Families First focused on the family's strengths to establish new boundaries for parents and kids, increasing family harmony and decreasing harsh disciplinary practices. Often, these new skills lead to avoidance of further involvement in the child welfare system, personal growth, and an increase in economic stability. That was the case for this family when the mother returned to school and is now working towards completing her college degree.

The shift of families to IV-E prevention funds for Families First and other programs frees up IV-B funds for reinvestment. One example of this reinvestment allowed DCFS to develop a unique family support service providing in-home parenting skills to parents who are lower-functioning. This service, Adaptive Family-based Parenting, ensures that adults who are lower functioning with children are also able to thrive as a family through a parenting skills program adapted to meet their abilities and learning capacity.

Given the importance of family and the recognition that outcomes for children are better when they are with their parents, Utah strives for the reunification of families throughout their involvement in the child welfare system. Our family reunification services utilize PSSF and where allowable, Medicaid funding, to provide mental health and substance abuse treatment services, including fees for drug court; temporary emergency child care; and in-home parenting skills.

When a child cannot be reunified with their parents, our goal is to ensure permanency through successful adoption. The array of services and activities within PSSF for adoption promotion and support is also broad and designed to meet the unique needs of the children and their adoptive families. These resources help increase the likelihood that the youth will be placed in their "forever home" by providing supportive services to address the needs of youth experiencing challenging behaviors. When those adoptions occur, the adoptive families often require respite services, a Title IV-B-funded program in Utah.

While these funds and the services they support provide you with important context, the impact these funds have on families ensures we are making an impact and meeting your intent. Recently, we served a family of 5 with 3 young children in rural Utah. The family had recently moved to Utah, hoping to secure a job and permanent housing. They were living in one bedroom of a two-room apartment. When we became involved, the circumstances were challenging, and they were on the brink of homelessness. Our regional staff was able to quickly access Title IV-B PSSF bridge funding so they could remain safely in their home, connect a child to necessary medical care while awaiting enrollment in Medicaid, and the parents agreed to receive parenting skills services through DCFS.

Of course, not all outcomes are positive, and in many cases, DCFS is seeking placement with kin when a child can no longer remain safely in their home. Like other states, Utah utilizes the Kinship Navigator Grant to strengthen our capacity to provide the full range of kinship navigator services specified in FFPSA and prepare for expansion under Title IV-E using an approved evidence-based model. Utah is braiding federal funds with state funds to support its GRANDfamilies program so that critical kinship navigation services are more broadly available to support kin-caregivers of children in foster care and the community without child welfare involvement.

GRANDfamilies works to provide needed navigation services, including connecting families to mental health services, parenting classes, and navigating complex programs to obtain benefits to meet the basic needs of families. Like the parents, many kin are also struggling with economic insecurity, like a

grandmother recently referred to GRANDfamilies from a local homeless shelter. GRANDfamilies worked with the grandmother's case manager at the shelter and connected her to resources, including school supplies and housing opportunities.

Challenges and recommendations

While not perfect, federal funds are essential in establishing national priorities for protecting children from abuse and neglect. The consideration of the reauthorization of Title IV-B offers further opportunity for these funds to play an even more significant role by addressing the barriers and challenges that impede our ability to invest these funds in children and families fully. Congress should consider providing additional flexibility to states, increasing efficiency and effectiveness by reducing administrative burdens across multiple funding streams; structuring funding for expected outcomes across funding streams; and continuing to increase resources for prevention, which will decrease the need for more intensive, deep-end government involvement.

The federal funding for child welfare is complex and consists of several funding sources, each with its own purposes and programmatic and administrative requirements. Utah's approach and objective, which is also a priority of DHHS, is to build a seamless system of services and supports to address the needs of communities and families utilizing services throughout the state at incredibly challenging and vulnerable times. Governor Spencer Cox is challenging all executive branch agencies to function as a single enterprise to meet the needs of Utahns, as opposed to a complex bureaucracy of siloed departments only focused on their mission.

This is a recognition that all state government resources must be leveraged to ensure that our state's strong economy, healthy population, and opportunities for upward mobility are extended to all Utahns. It's a recognition that the siloed nature of government impairs our ability to work collectively to achieve the best results while being a trusted steward of taxpayer dollars. At the start of this year, Governor Cox signed an executive order that strives to do just that. Executive order 2023-01 requires executive branch agencies to share data, combine funding, and establish shared objectives, particularly when it comes to individuals who have challenges that cross multiple state agencies, such as individuals experiencing intergenerational poverty or homelessness, involvement in the criminal justice system, those with physical and mental disabilities, and of course, their children.²⁰

With collaboration and connection, a seamless system is attainable and requires partnership with you, our federal partners, to make the child welfare system a model. You have the opportunity to address the complexities associated with the child welfare system and allow states to leverage the full amount of federal funds to create a more efficient and effective funding system. The existing funding framework and its accompanying requirements hamper innovation and flexibility. Current funding structures do not focus on the outcomes that many of us agree on but instead on specific strategies and outputs, which redirect time and attention away from the overall purpose. The current framework for addressing complex social challenges, including child abuse and neglect, is designed for accountability of funds rather than how people live their lives. People cannot fragment their needs into easy boxes—parenting here, health care there, economic stability over there. The issues that lead to family challenges are interrelated and interdependent. The funding and the programs need the flexibility to address the complexity of the human experience. You have the opportunity to exercise visionary leadership to transform the nation's child welfare system and address these complexities.

Recommendation: Expand flexibility

The importance of the federal government granting expanded flexibility to the states cannot be overstated. This flexibility is even more critical when serving individuals whose lives are complex. State and federal

²⁰ <https://drive.google.com/file/d/17xyGtlCQ8akvqjBQDacv3T2Sc17N/view>

government needs to do a better job of placing the people being served at the center of government bureaucracy to provide a better and more efficient customer experience. When the federal government affords more flexibility with funds, it allows states to innovate, invest in programs achieving outcomes, and meet the needs of its residents. Expanded flexibility is achievable with minor changes in both Title IV-B and Title IV-E.

As you consider reauthorizing Title IV-B, I encourage you to center discussions around the principle of flexibility while holding states accountable to clearly defined outcomes you expect states to realize with the funding provided. States need to be allowed to develop the necessary strategies to meet the needs of our residents. The various set-asides and mandates to states with Title IV-B funding, including the Court Improvement Program, Regional Partnership Grants, and Kinship Navigation, along with requirements to spend specific percentages on specific activities assumes that states are all the same, facing the same challenges, which is not the case. By eliminating these earmarks or allowing states to meet distributional spending requirements over the 5-year Child and Family Services Plan, you balance the need for state flexibility with investment in activities you determine are priorities. A truly bold and visionary approach to expanded flexibility would be to provide states the opportunity to seek waivers to combine resources from multiple funding streams to pilot comprehensive approaches to meeting the needs of children, youth, and families involved in the child welfare system.

While these adjustments should be considered, the overall structure of these funds creates opportunities for Congress to encourage state innovation, which requires confidence and trust that states will properly balance risks while placing the children at the center of the innovations. As a state recognized for its commitment to implementing evidence-based policies, Utah understands the intent of the rigor associated with Title IV-E Prevention funding. However, that rigor limits states' abilities to innovate and invest in programs showing promise with available data. Congress should consider allowing more services to be funded with Title IV-E Prevention and Title IV-B PSSF, similar to the Kinship Navigator Grant, while we are developing our evidence basis. These rigorous evaluations require funds we often don't have available and time we can afford to lose as children receiving our services grow older each day.

Recommendation: Increase efficiency and effectiveness by reducing administrative burdens

We must reduce the administrative burdens on states and the individuals being served in this system supported by multiple funding streams. DHHS operates extensive administrative infrastructure to manage programs, finances, and reporting of federal programs and dollars. This includes workers in department- and division-level financial teams, DCFS regions, and eligibility determination teams exclusively to manage federal dollars. Our central office has over 20 program administrators responsible for various federal programs. Their duties include developing grant applications and reports, monitoring data and financials, and supporting the child welfare system through frontline support, coordination with community partners, and continuous quality improvement. Workforce capacity is also required for data system creation and adaptation and to meet federal Child and Family Services Review requirements. Title IV-B contributes to the need for this extensive administrative infrastructure simply by having different funding allocation formulas and purposes for its two parts. The process of budgeting and accounting alone creates challenges for the administration of the grants.

Additionally, the administrative burden placed upon caseworkers through required documentation results in more time spent at a computer than with a family. A caseworker can't be expected to provide quality care and thorough investigations, all while spending more than half of their time completing required documentation. Some federal programs mandate that frontline staff carry out a substantial number of requirements, the most demanding being Title IV-E Foster Care. These requirements require action on behalf of children and families, and the excessive Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting requirements take away from casework time to ensure that the 193 data

elements are reported.²¹ A streamlined, less-restricted process is necessary to get caseworkers back in the homes of children and families in the proper amount. On a critical indicator of family engagement, our staff have reported that they cannot engage with families to the extent they would like because countless administrative tasks burden them.

These burdens are also placed on the families. We must help families without creating bureaucratic barriers that prevent them from accessing resources and services, particularly given that these resources are a protective factor in preventing abuse and neglect. It keeps them from coming in contact with the child welfare system. Immediate barriers to resolve include lengthy forms, long wait times, and too narrow eligibility requirements. Reauthorization of Title IV-B allows the evaluation of these requirements in at least one funding source. However, similar requirements abound throughout child welfare funding and are often duplicative and redundant.

Please review the administrative burdens placed on states through requirements, funding structure, and multiple methods to ensure states are accountable for the funds provided by the federal government. Again, I emphasize that we should balance the need for accountability with ensuring states can serve families and keep them together.

Recommendation: Invest in prevention

While the Committee and Congress contemplate the best approach to achieve the outcomes it seeks, expanding resources to upstream prevention activities will lead to better outcomes and cost savings. Far too often, funding is only available in deep-end, costly programs when the window to improve outcomes for children and their parents is rapidly closing. To make real change and provide real hope, resources need to be available earlier when we see the first signs of challenge in a home and even earlier than that through resources available through the public health system. We know that when there are investments in prevention, there is an increasing likelihood that outcomes will improve. We see this in our investments of in-home services and community programs first-hand. In Utah, 96.5% of in-home child clients did not enter foster care within 12 months of case closure.

Through the reauthorization of Title IV-B, you have the opportunity to achieve your intended outcomes for families nationwide by addressing issues that exist in the current law, including expanding flexibility, eliminating set-asides on the funds, reducing administrative burdens and, focusing on outcomes while allowing states to innovate with respect to the strategies each determines is necessary to meet the unique needs of their populations.

To truly modernize the child welfare system to protect America's most vulnerable youth, we must look at the system overall. By identifying system gaps and barriers, states can continue to work alongside the federal government to serve children, youth, and families at the highest level, strengthening families to keep children safely in their homes. Through collaboration and tackling systemic hurdles, prevention of child abuse and neglect before they occur can become a reality for every family across the country.

Thank you, Chair LaHood, Ranking Member Davis, and members of the subcommittee for allowing me the privilege to share this critical and transparent information on the successes and challenges Utah is facing in our child welfare system. I appreciate the opportunity to appear before this Committee and thank you for the support that you have shown to the Utah Department of Health and Human Services Division of Child and Family Services. I look forward to answering any questions you may have.

²¹ <https://www.acf.hhs.gov/cb/training-technical-assistance/reporting-systems>

Chairman LAHOOD. Thank you, Director Gruber.
We will next turn to Cherie Craft, Executive Director of Smart From the Start program.
You are recognized for 5 minutes.

STATEMENT OF CHERIE CRAFT, FOUNDING EXECUTIVE DIRECTOR, SMART FROM THE START

Ms. CRAFT. Good morning.

I would like to begin by thanking Chairman LaHood and Ranking Member Davis for giving me this opportunity to testify before the committee this morning.

I am the founder, CEO, and Executive Director of Smart from the Start, which is a trauma-informed, family support, and community engagement organization that has as its mission to promote the healthy development of young children, youth, and families living in underserved communities by providing them the tools, resources, and supports they need to thrive.

Smart's multigenerational, evidence-based programming is embedded in communities where other social service agencies and providers do not go and where some of the highest rates of child welfare involvement exist.

Smart works with families to identify and build upon positive attributes and protective factors, employing a strength-based approach to mitigate the effects of trauma, economic hardship, and negative social determinates of health to promote wellness.

I grew up between the cities of Boston and D.C. and have spent my childhood living in a low-income housing community that closely resembles those of Smart's neighborhoods. I know firsthand the incredible strengths, gifts, and resilience of our families and have a broad understanding of the challenges and their origin.

I hire my team from the community we serve. Those roots ensure that our staff have the skills, deep understanding, and empathy necessary to provide and build and grow impactful relationships. Having walked the walk in the same tiny shoes as the young children and families we now fight for, we bring a unique perspective and unrivaled passion to this work.

I also share the experience of being a foster, kinship, and adoptive parent and have raised five children. I have witnessed firsthand the staggering dysfunction of our child welfare system and will tell you from my extensive personal and professional experience that the best way to prevent children from being traumatized by the system is to invest heavily in programs to strengthen families, increase the number of family resource centers across the country, particularly in underresourced communities, to prevent children from entering the system in the first place.

That is the mission of the Family First D.C. initiative funded by IV-B in the Bowser administration.

What we know unequivocally is we cannot serve a child in isolation from their family, and we cannot serve a family in isolation from their community. If our children are going to thrive, we must ensure that we are helping families to create environments that are conducive to healthy development, as well as safe and supportive communities.

It is vital to stand up community-based family resource centers like those funded by IV-B that serve as a one-stop shopping center where families can simultaneously engage in early education, adult and parenting education, mental health counseling and advocacy and where occasion givers can learn about budgeting and banking, pursue professional development and career opportunities, get help with their resumé, a bag of diapers, grocery, and even winter coats for their children.

When families have one place in the community that serves as a beacon of support and provides voluntary, nonstigmatizing, strength-based, and empowering programs and services, they enthusiastically and actively participate and are eager to make change.

We must invest in upstream holistic, evidence-based family wellness programming that ensures that children and family never end up in circumstances that result in involvement with the welfare—child welfare system in the first place.

When families do have open cases and children removed, easy access to support, advocacy, and resource—resources is essential in ensuring that service plans created for families are fair, that they are able to easily access the services mandated, and that they have safe, local visitation centers, when necessary, to continue to engage with their children until they reunified.

To do all of that, collaborative public-private partnerships like Family First D.C., funded through D.C.'s Child and Family Services Agency under Title IV-B, must be available to children and families in every community.

This funding must continue, and it must be expanded. This unprecedented partnership that is the cornerstone of our initiative gives vetted community-based organizations with proven track records of successfully serving families the infrastructure and long-term funding stability to offer the most comprehensive one-stop shopping motto of family support that I know of.

At the same time, D.C. gives us the autonomy through Title IV-B to create programs and services that meet the unique needs of each of our communities. This neighborhood-based model for prevention and support is what will keep our families strong and unified and children at home and out of the system. This initiative is a national model of best practice.

In conclusion, I ask you to imagine a country where every child in every city has the opportunity benefit from a neighborhood family success center. Imagine an America where every child can enjoy fun, enriching, educational experiences, where their families have their basic needs and supports met, as well as counseling and a path to self-sufficiency to the middle class and beyond. Imagine a country where we are able to keep all families together and thriving and where entire communities change.

Thank you for your time and for your support of the essential life-changing work that makes this possible in our communities.

[The statement of Ms. Craft follows:]



Cherie A. Craft, M. Ed
 Founder/CEO/Executive Director
 Smart from the Start, Inc.
 Public Testimony
 Committee on Ways and Means
 September 28, 2023

Good morning;

I'd like to begin by extending my gratitude to the Chairman and members for inviting me to testify before the committee. I appreciate your strong support for IV-B and the work that it funds in service to our children and families.

I am the founder, Chief Executive Officer and Executive Director of Smart from the Start (Smart) which is a trauma-informed, family support and community engagement organization that has as its mission to promote the healthy development of young children, youth and families living in underserved communities and facing economic challenges, by providing the tools, resources and supports they need to thrive. Smart's multi-generational, evidence-based programming is embedded in communities where other social service agencies and providers do not go and where some of the highest rates of child welfare involvement exist. Smart works with families to identify and build upon positive attributes and protective factors, employing a strengths-based approach to mitigate the effects of trauma, economic hardship, and negative social determinants of health. This is essential in breaking negative cycles and promoting positive, sustainable change for families and communities. Smart from the Start is an independent nonprofit organization that has the leadership, guidance, and support of a diverse, powerful, and committed Board of Directors and a powerful family leadership team.

I grew up between the cities of Boston and Washington, DC having spent my childhood growing up in a low-income housing community that closely resembles those of Smart's communities. I know first-hand the incredible strengths, gifts and resilience of our families and communities and have a broad understanding of the challenges and their origin. I hire my team from the communities we serve, all of them with roots in the neighborhoods where our programs and services exist. Those roots ensure that our staff have the skills, deep understanding, and empathy necessary to build and grow impactful relationships. Having "walked the walk" in the same shoes as the young children and families we now fight for. We bring a unique perspective and unrivaled passion to this work.

I also share the experience of being a foster, kinship and adoptive parent and have raised five children. I have witnessed first-hand, the staggering dysfunction of the child welfare system and will tell you from my extensive personal and professional experiences that the best way to prevent children from being traumatized by the system is to invest heavily in programs to strengthen families, increase the number of family resource centers across the country, particularly in under-resourced communities to prevent them from entering it in the first place. That is the mission of the Families First DC Initiative funded by IV-B.

The same issues have plagued some of the very same neighborhoods for generations. If we continue to do what we have always done, we will continue to get what we have always gotten – the same communities with the same

Smart from the Start, Inc.
 2357 Ainger Place, SE
 Washington, DC 20020
 Phone: (857) 380-3000
www.smartfromthestart.org

problems, and children and families robbed of an opportunity to reach their greatest potential. This is why Smart takes a different, comprehensive approach and has adopted an ecological, multi-generational, strengths-based approach to improving outcomes.

Smart empowers families with the concrete tools, resources and supports they need to set and achieve goals and by providing them access to culturally reflective and responsive services that promote physical and mental health and wellness. This enables us to disrupt cycles of inter-generational poverty and school underachievement; reduce disparities; prevent children from entering the child welfare and juvenile justice systems; and increase the self-sufficiency and overall wellbeing of children and families.

Smart's goals are:

- To provide high-quality educational experiences for the most vulnerable children that will equip them with the cognitive, language, physical, and social emotional assets that facilitate school and subsequent life success;
- To build on the strengths of under-served youth and families, developing relationships that will lead to the empowerment of youth and caregivers enabling them to set and achieve goals for their own self-sufficiency;
- To provide families with the resources, tools and support they need to achieve and maintain optimal health and wellness;
- To provide access to educational and career opportunities for parents and caregivers to ensure pathways to the middle class and beyond; and
- To increase the coordination and teamwork among stakeholders and agencies in our communities.

Programming and Services Include:

- Crisis Intervention and Family Support
- Early Childhood Play to Learn Program
- Prenatal Education and Support
- Baby Basics
- Smart 2 School Readiness Program
- Parenting Education
- Fun, Food and Fitness Program
- Community Health and Wellness Initiative
- Workforce Development/Certification Courses
- Career Counseling/Professional Development
- Health and Wellness Workshops/Programming
- Adult Education including GED/HiSet
- Computer Literacy Courses
- Financial Literacy and Economic Development
- Family Leadership Program
- Address the Stress Mental Health Wellness Program
- Focusing on Fatherhood
- LEAP - Leadership, Empowerment and Advocacy Program for Young Fathers
- Justice 4 All Initiative
- Restorative Justice for Healing Communities
- Youth Support and Development
- Tutoring/STEAM/Academic Enrichment
- YES Center Daily Dinner Program for Youth
- Therapeutic Mentoring
- Violence Intervention and Prevention
- NBCDI Family Empowerment Program

We have consistently invested in external evaluation. Data from the 2022-2023 Tufts University Independent Evaluation Report showed that we consistently generated positive outcomes. A few highlights are as follows:

1. Our Ages and Stages Questionnaire (ASQ) school readiness scores for Smart enrolled children entering kindergarten are between the 85th and 100th percentile in every domain (Tufts Independent Evaluation Report “Smart from the Start 2022”);
2. Our parents and caregivers consistently report a decrease in depressive symptoms, despite the challenges resulting from the pandemic as well as other stressors;
3. 92% of families reported that Smart programs and services were either “extremely helpful or very helpful” over the past year;
4. 90% of caregivers have used new strategies for addressing challenging behavior as opposed to yelling or spanking;
5. 87% of caregivers have adopted new coping skills effective in stress reduction;
6. 84% of caregivers report feeling “hopeful” about their future;
7. 82% of caregivers have set new educational and career goals for themselves;
8. 79% of caregivers have requested or followed up with referrals for ongoing individual, family, or group therapy;
9. Recidivism rates in our ward 8 DC programming dropped from almost 90% to under 8% among young fathers who successfully completed our Focusing on Fatherhood and Professional Development and Enrichment Program; and
10. 80% of adolescents participating in our youth development programming feel that they “have a supportive adult” at Smart and believe the program “has helped academically”.

For over 15 years, our family and community-driven organization has successfully served children, youth, and families in the underserved communities of Boston and Washington, DC and has forged strong partnerships with public and private agency partners, community leaders and stakeholders. We have consistently and successfully grown our budget, our work and our impact over the years and have become leaders in the fields of child development, family mental and physical health and wellness, family engagement, community empowerment, youth development and family leadership. Smart has been the recipient of several awards, prizes, and commendations and has been invited to present at conferences, seminars and summits, both nationally and internationally. We are now launching programming in Philadelphia and Greater Atlanta.

The latest research and data focusing on education, maternal and child health, social services, child welfare and health care both inform and drive our work. What we know, unequivocally, is that we cannot serve a child in isolation from their family and we cannot serve families in isolation from their communities. If our children are going to thrive, we must ensure that we are helping families create environments that are conducive to healthy development, as well as safe, supportive communities. It is vital to stand up community-based family resource centers that serve as “one stop shopping” centers – where families can simultaneously engage in early education, adult and parenting education, and counseling and advocacy. And where caregivers can learn about budgeting and banking, pursue career opportunities, and get help with a resume, a bag of diapers, groceries, and even winter coats for their children.

When families have one place in their communities that serves as a beacon of support and provides non-stigmatizing, strengths-based and empowering programs and services, they enthusiastically and actively participate and are eager to make change. We must continue to invest in upstream, preventative, evidence-based programming that ensures that children and families never end up in circumstances that result in involvement with child welfare in the first place. When families do have case open and children removed, easy access to support, advocacy and resources is essential in ensuring that service plans created for families are fair, that they are able to easily access the services mandated and that they have safe, local visitation centers when necessary, to continue to engage with their children until they are reunified.

To do all of that, collaborative, public/private initiatives, like the Families First DC Program (FFDC), funded through DC's Child and Family Services Agency (CFSA) under IV-B, must be available to children and families in every community. The unprecedented partnership that is the cornerstone of this initiative, gives vetted community-based organizations with proven track records of successfully serving families, the infrastructure and long-term funding stability to offer the most comprehensive one-stop shopping model of family support that I know of. At the same time, FFDC give us the autonomy to create programs and services that meet the unique needs of each community. Smart's Family Success Centers in Washington, DC offer families everything they need, including prenatal and parenting education, early education for little ones, tutoring, academic enrichment, social emotional learning, peer mediation and youth development for school-aged children and adolescents, adult education, job certification programs, economic advancement classes, crisis intervention, counseling, nutrition and exercise classes, and food pantry services. This neighborhood-based model for prevention and support is what will keep our families strong and unified and children at home and out of the system.

Traditional social service programming is paternalistic, employs a medical model - assessing and addressing families from a deficit-based approach, diagnosing what's "wrong" with people and "prescribing" how to fix them. This approach has failed repeatedly, and is why we have had generations of youth and families caught up in the same perpetual cycles. Additionally, many in our communities are re-traumatized and abused by disrupted, fragmented, and siloed systems and services that are supposed to be there to support and assist them. FFDC's approach offers a stark contrast, lovingly educating our children, empowering our youth and families, and uplifting our communities by fostering long term, consistent relationships built on mutual trust and respect.

There are several aspects of the FFDC model that have contributed to the early success of the initiative. Not only is the relationship between DC Government's Child Welfare Agency and our organization uniquely successful, it is rare. Despite the fact that the system is failing so many children and families, and outcomes for children in care and transitioning out are tragically abysmal, most child welfare organizations do not align themselves with community-based organizations in such a deliberate and collaborative working relationship. I am not aware of any that provide this level of funding, infrastructure, and support. The commitment that CFSA has, through its FFDC program, to ensuring that our Family Success Center Network has the resources, training, and oversight to generate the best outcomes is extraordinary. This initiative is a national model of best practice.

In addition to the unprecedented partnership and support, the way funding is allocated itself is uniquely supportive of the work. Our \$325,000 in annual funding for each Success Center is advanced at the beginning of the fiscal year, which permits us to have timely access to our funding for staffing, programs, and services instead of relying on the usual reimbursement model which would require that organizations utilize other funds to support this work and then invoice and wait to be reimbursed. Many smaller community-based organizations do not have the financial capacity to wait for reimbursements.

Our work at Smart has always been guided by our family leadership team. Similarly, FFDC requires each Success Center to recruit a Community Advisory Council to inform and lead the work we do in each community. Our parent and youth advisors provide us with an expertise that contributes to our efficacy and provides a high level of credibility and accountability. This results in high retention rates and great outcomes for the vulnerable families we serve.

Another facet of the model that has led to great outcomes is the powerful network of funded organizations they've created, all of whom work together seamlessly to serve families, share resources, and jointly problem solve and plan events. This prevents duplication of programming and wasted resources. The organizations selected to lead the 11 Success Centers in DC have established relationships within their communities and come to the network with expertise and experience that, collectively, is a powerhouse system of support for children and families.

The relationship we have nurtured with Families First DC has also led to other funding opportunities as a result of the strong partnership we have with the administration of Mayor Bowser. We now have secured additional funding to enhance our work at the Success Center and to fund our DC Youth Empowerment and Success Center.

In the three other cities where Smart serves children and families, we do not have funding like that from Families First which ensures that children, youth, and families have consistent, seamless access to programming and support. At those other sites, our funding is almost completely private, which means we are at the mercy of foundations and individual donors, leaving the stability of our programming and, therefore, of the families we serve, constantly in question.

I have been doing this work for over 30 years and have led Smart for 15. We have had our share of challenges in terms of resource development and funding. Despite being able to make ends meet and to stay afloat, often our ability to do so depends heavily on private foundations, donors, and who sits in City Hall. The FFDC model stands in stark contrast and thus has truly ushered in new opportunities to change the fabric of communities with this innovative and impactful model. While we have a strong, supportive relationship with Mayor Bowser, who has been extremely supportive of our work, the Families First Initiative adds the stability and predictability we lack in other cities and doesn't rely solely on Mayor Bowser.

For example, in our city of origin, Boston, Smart from the Start relies almost entirely on private foundations and donors to fund the same work we do with the support of Families First DC. In spite of the fact that Smart from the Start launched programming in Boston first, in 2008, (DC programming launched in 2013) and that we serve more than five times as many families as we serve in DC, we do not enjoy the same kind of support.

We once had a strong, collaborative partnership with city government but when a new administration took over city hall it was decided that the evidenced-based, trauma informed and comprehensive work we do at Smart from the Start was not a priority. Without the collaborative relationship we enjoy with the administration in DC as a result of the Families First DC programming, we were ousted from our citywide Child and Family Development Center in 2022, the very limited funding we received from the city was repurposed, and our children, families and the communities immediately surrounding that center were in a free fall. Had we been afforded an opportunity to stand up a federally funded Family Success Center in Boston, and had a more supporting relationship with our child welfare agency, we would not have been at risk of being uprooted and displaced and our children and families would not have been at risk of losing the counseling, educational and economic programming and support they were receiving at that center.

Gratefully, champions in the Massachusetts State Legislature and the private funding community stepped up and thankfully, we have a new home and resources to continue our work, but at this time, 80% of our funding is from foundations and donors and all public funding is provided through reimbursements, again, meaning we have to have the money to spend before having it allocated as a reimbursement. We serve eight neighborhoods in Boston and approximately 6,500 young children, youth, and adult caregivers. Support from the federal level would ensure adequate funding to prevent the uncertainty we have experienced in Boston, where the population we serve has been stagnant instead of growing the way that it has in Washington, DC.

While programs come and go, few have embedded in, truly partnered with, and committed to staying the course with families and communities regardless of the challenges, like Smart from the Start has. Thanks to the Families First DC Initiative and IV-B funding, we are able to confidently make promises to children youth and families that we will keep, thanks to the long-term support.

For over 15 years, our family and community-driven organization has successfully served children, youth, and families in the underserved communities of Boston and Washington, DC. It has forged strong partnerships with public and private agency partners, community leaders and stakeholders. It has consistently and successfully grown its budget, its work and its impact over the years and has become a leader in the fields of child

development, family mental and physical health and wellness, family engagement, caregiver and community empowerment, youth development and family leadership. It has been the recipient of several awards, prizes, and commendations.

The IV-B reauthorization is crucial to the sustainability of our impactful work in DC. I humbly ask you not only to ensure that FFDC continues to be funded but to imagine a country where every child, in every city has an opportunity to benefit from a neighborhood Family Success Center. Imagine an America where every child can enjoy fun, enriching educational experiences; where their families have the basic supports they need as well as counseling and a path to self-sufficiency and the middle class. Imagine a country where we are able to keep all families together and thriving, and where entire communities change and the need for the child welfare system as it is today will be dramatically reduced.

Thank you for your time and support. On behalf of myself, Smart from the Start, the Families First DC Network and the children and families, we serve I want to thank you from the bottoms of our hearts. We look forward to your continued and much appreciated support for the essential and life changing work that you make possible in our communities.

Chairman LAHOOD. Thank you, Ms. Craft.
We will now recognize Ms. Marquart for your 5 minutes.

**STATEMENT OF KATHERINE MARQUART, RECRUITMENT
MANAGER, FOSTERADOPT CONNECT**

Ms. MARQUART. Thank you.

And good morning, Chairman LaHood, Ranking Member Davis, and the other members of this committee.

My name is Katherine Marquart, and I was previously employed in child welfare with the State of Missouri for 5 years, 3 of which were frontline case management.

When my position as an adoption specialist was eliminated due to budget restrictions, I found my way to a nonprofit organization called FosterAdopt Connect, where I am currently employed. The agency works to place children with their relatives and kin via a few programs, but the one I am going to focus on today is 30 Days to Family. I currently oversee this program at our agency.

While I was at Children's Division for the State of Missouri, I had upwards of 30 cases on my caseload. And when I was leaving Children's Division, many workers had more than 50. In an ideal world, you would have between 15 to 20 cases so that you can truly focus your time and energy onto making positive change for those families. 50 cases per work is just an unrealistic number to manage and really puts workers at a higher risk of burnout and compassion fatigue, in addition to their already higher likelihood of developing secondary trauma due to the sole nature of this job.

This is one of the many reasons why added mental health services for frontline workers is vital. If an agency is able to retain their workers, they have a better chance of sending children home with their parents. With this in mind, added mental health services for the case managers leads to better outcomes for the children and their families.

Many agencies, the State of Missouri included, did not have the time, resources, or energy to devote to the children and their families, much less to devote to additional tasks such as relative and kinship location and placement. That is where 30 Days to Family comes in.

Kinship care is when the child is placed in the home of a relative or a family friend to which the child has some sort of existing relationship. 30 Days to Family is a program designed to come in at the very start of a case and provide intensive, short-term services to increase the number of children placed in relative and kinship homes within the first 30 days of entering foster care.

30 Days to Family is a highly beneficial program that really supports the current legislation in Missouri regarding diligent search for relatives. This legislation requires Missouri Children's Division to complete multiple tasks to provide diligent efforts to show location of family. 30 Days to Family does every single one of these tasks within the allotted timeframe as part of their program.

Before this act, the Families First Prevention Services Act was put in place in 2018. This opened many doors for many programs including 30 Days to Family and hammered home the need for children to be in the least restrictive setting so long as it is safe and appropriate.

This act put in place many prevention services to keep children safely in their homes. In addition to this, it also highlighted the need for children to be with family, i.e., the least restrictive setting.

Families First provided the opportunity for reimbursement of State funds from the Federal dollars to provide access to many things such as mental health services and substance use treatment.

This also heavily influenced the government agencies to look harder at their nonprofit family resource center counterparts such as FosterAdopt Connect, which had many prevention programs including family location services via 30 Days to Family.

30 Days to Family has proven that the children served in this program are likely to have fewer moves between placements, fewer behavioral challenges, higher satisfaction with their living situation, better relationships with their families, faster reunification with parents, and a lower chance of reentering foster care.

In addition to these outcomes, the children are also less likely to require services such as Extreme Family Finding later in the family's case.

Additionally, 70 percent of children served in this program are placed with a relative or kin, and 80 percent of those served remain with that family at their most recent update. And children who participated in the 30 Days to Family program are on average in care 91 days less than those who are not.

All this to say, it has been proven time and time again that by and large relatives and kin placements are the best practice for when children must enter foster care. Entering foster care always means some sort of major change in the lives of children. But kin can help ease that discomfort, especially when the home and the kin in the home are already familiar to that child.

Locating relatives and kinship is an arduous process, one that many agencies don't have the time or resources to devote. But we do. 30 Days to Family is an amazing program that really takes tasks off the plates of our State counterparts and puts relatives and kinship as plan A for those children in care who cannot safely remain with their parents.

Thank you for allowing me the opportunity to provide testimony on this issue.

[The statement of Ms. Marquart follows:]

Testimony of Katherine Marquart

U.S. House of Representatives, Committee on Ways and Means hearing titled "Falling through the Cracks: Modernizing Child Welfare to Protect America's Most Vulnerable Children"

Thursday, September 28, 2023

Subcommittee Chairman LaHood and Ranking member Davis and members of the Committee, thank you for allowing me the opportunity to testify in regards to America's Most Vulnerable Children.

My name is Katherine Marquart, I was an employee of the State of Missouri, Department of Social Services, Children's Division for five years. Three of those years were devoted solely to providing case management for children in foster care. I held a few other positions at Children's Division, but after my position as an Adoption Specialist at Children's Division was eliminated in response to budget restrictions, I made my way to FosterAdopt Connect to work in the Recruitment Programs, including both 30 Days to Family and Extreme Family Finding.

When first arriving at Children's Division, fresh out of college, I sat through the same 6-week training that everyone else did. I probably caught more than some, but no matter how much training you have, you never go into the child welfare system knowing everything. Nor do you feel prepared to handle what is going to be thrown at you and sometimes that includes literal items being thrown at you. I would love to say that I went into my position as a frontline case worker with the knowledge and the wherewithal to make positive changes in my family's lives, but that is just not the case. There are many things that you can't be prepared for, every case is unique, but there are definitely some things that could have been improved including manageable caseloads as well as additional mental health services for those experiencing secondary trauma.

As a caseworker, I held upwards of 30 cases and when I left the State, workers were holding more than 50. This number is unreasonable and unrealistic for anyone to safely care for the lives of children. There aren't even enough days in the month to see a child much less verify their safety and provide the appropriate amount of guidance to their parents to see them return home in a timely manner. Not to mention the completion of additional responsibilities such as attending and facilitating Family Support Team Meetings, writing a very detailed court report and attending the hearing, and in some cases supervising the visits for the family.

There were many situations in my time as a caseworker that I was not prepared to handle, including the expectation of being on call 24 hours a day. This was not explained to me upfront and it puts everyone in this field at high risk for burnout. Yes, there is an Employee Assistance Program (EAP), and although I think this has put us miles ahead of where we used to be, 6 or 8 therapy sessions are not enough to keep someone on the verge of burnout from quitting the field or lacking empathy with the children on their caseload because they're pouring from an empty cup. Secondary trauma is a term that is used all over the social work field and many know what it means, but unless you have done the work, specifically frontline work, you will not understand the intensity and hold that secondary trauma can have on your life. You're hearing the worst of the worst when it comes to child abuse and neglect and although many agencies try to do a preemptive "self-care plan" for days like this, there are these cases that will haunt you for years, sometimes forever.

I also wasn't prepared for having a child on my caseload who would require surgery and to have no one appropriate familial support during such a scary time in their young life. Something that my family has always done, is when someone is in pain or at the hospital, they are never alone, with this in mind, I couldn't in good conscience allow this child to go through this procedure without some support. So for this specific child who had major spinal surgery, I slept at the hospital because he had no one else. Many caseworkers would have chosen to check on the child here and there but my heart was breaking for this child in pain and in need of someone who cared about him. I didn't plan on being that person, but when it came down to it, this child needed someone more than ever and his caseworker was the best he could get. I was thankful when I woke, exhausted from a night of half-sleep in a hospital chair, to the child's friend and their family coming to visit him in the hospital. He was still tired and in pain, but was still his witty self when they visited. During this visit, the parents asked me about why no one had come to visit this child and how he had nowhere to go after discharge from the hospital. I explained that was the current reality and that he needed someone, anyone who was willing to take a chance on him. It was especially dire as our best option was a shelter that would not provide the care needed for this child to appropriately recover from the extensive surgery. As I sat there, explaining this and casually hinting at the thought of them looking into becoming a kinship placement for this child, they decided they needed some time to discuss it. I didn't have the time or energy to seek out a kinship or relative placement on that day and by some miracle, a kinship family walked into that hospital room and proved to me that kinship will almost always be better than foster.

I wasn't prepared to work with foster families who cared so little about the children they were caring for that when the child moved placements, the foster parent put all of their things in the yard and told the worker to "come and get it". These physical possessions were all this child had in the world that were truly theirs and they were thrown out like trash. I'm thankful that at the time I went to pick up these items, the child wasn't present to see them like that.

I wasn't prepared to have to attend the trial of a rapist of a 12-year-old child on my caseload and have to hear her describe the attack in detail to a room of strangers, nor was I prepared for her to ask that her father stay out of the courtroom because she didn't want him to look at her differently.

I wasn't prepared to hear a young man explain to me that he owned 3 pairs of underwear and he would just turn them inside out every day to make it last a week until he was allowed to do laundry. I went to the store that very minute and allowed him to pick out three packs of underwear that I paid for with my own money.

I wasn't prepared to be subpoenaed to be a witness in a criminal trial for a child on my caseload. Nor, was I prepared to be subpoenaed on the same case 5 years later, three years after I had no longer worked on the case.

I wasn't prepared to shoulder the immense responsibility of being the legal guardian of 30 children.

I wasn't prepared to have the sex talk with the teenagers on my caseload because no one else had or would.

I wasn't prepared to have a mother on my caseload die of an overdose or to help deliver that news to her children.

I wasn't prepared to genuinely like a parent on my caseload and still have to ask for their rights to be terminated because they weren't a fit parent.

I wasn't prepared to have that conversation with a parent and explain to them that I was walking into court and was going to ask them to no longer have legal rights to their child.

I wasn't prepared to appropriately provide comfort and support to a caregiver who was caring for a child with high behavioral and medical needs.

I wasn't prepared to have to go into the home of a suspected murderer, much less reunite him with his children.

There were many, many things I wasn't prepared for as a caseworker.

When I was a caseworker, I remember having nightmares about various parents wanting to hurt me, threaten me, and sue me. This is a major sign of secondary trauma and for some people who have done this work, even the words "secondary trauma" are traumatic. Many of us use humor as a deflection and have a skewed sense of humor. You have to, to be able to deal with the horrors that you see on a daily basis. Personally, I think a skewed sense of humor and good coworkers were one of the few reasons why I could manage to be a case manager as long as I did. There are many case managers who have been doing it for 10+ years in frontline work and they seem to either really know how to keep a work-life balance or work has completely taken over their lives leaving them jaded.

Just about everyone who is going into social services is an empathetic, passionate person with a good heart, but because of these many examples and the lack of support, the turnover rate for Jackson County, Missouri specifically, is much higher than average. According to an article from the Kansas City Beacon entitled "Turnover among child protection workers in Kansas City region far outpacing Missouri's average, deputy says", in 2022-Kansas City was at an all-time high with 88% turnover compared to a 37% turnover rate statewide. With this high turnover rate, it is commonplace for the children in foster care to linger in state custody due in part to the new caseworker simply not knowing the background of the case and not having time to really learn it. Maintaining staff is crucial to getting children safely back in the home with their parents and out of foster care.

From what I understand, the state has made positive strides towards improving turnover by giving higher pay and outsourcing many of its cases to contract agencies around the Kansas City area. Even with these strides, social work is now and always will be a stressful job that requires much more mental health services for its workers than is currently provided.

Managing that many children leaves no time for anything other than putting out the biggest fires. Although I was provided the statutes and the Child Welfare Manual, there was no time to give critical thought, much less action toward kinship care. Most of the time my focus was surviving the week without having a disruption and the threat of sleeping in the office with the child because I wasn't able to locate a suitable placement option in time. On more than one occasion, I called FosterAdopt Connect, my current employer who previously had a shelter, and begged, pleaded, and cried, for them to take one of my children just for the night, just so I could go home, shower and get a few hours' sleep before I had to do it all over again the next day.

Kinship care is when a child is placed in the home of a relative/kin or "family friend." This is an extremely underutilized service, but it is a gap 30 Days to Family can help fill. As a case manager, I didn't know these programs existed for many years, nor did I have the time or knowledge to look for family myself in most cases.

30 Days to Family is a program designed to come in at the very start of a case and provide intensive, short-term services to increase the number of children placed in a relative/kinship home within the first 30 days of entering foster care. 30 Days to Family is a highly beneficial program that really supports the current legislation in Missouri ((Sections 210.305 & 210.565)) regarding diligent search for relatives.

This act requires Missouri Children's Division to complete the following and provide to the court within 30 days of the child coming into care: a detailed narrative explaining the division's efforts to find and consider each potential placement and the specific outcome, the names of relevant information of grandparents and other relatives, steps taken by the division to locate and contact grandparents and relatives, the responses received from the grandparents and relatives, dates of the attempts to contact grandparents and relatives, reasons why a grandparent or relative was not considered and all efforts to place with a grandparent or relative via the interstate compact on the placement of children. 30 Days to Family does every one of these tasks within the allotted time frame as part of their program, this takes a huge weight off the shoulders of the case manager.

Before this act, the Families First Prevention Services Act was put in place in 2018. This opened many doors for many programs including 30 Days to Family and hammered home the need for children to be in the least restrictive setting so long as it is safe and appropriate. This act put in place many Prevention Services to keep children safely in their homes. In addition to this, it also highlighted the need for children to be with family i.e. the least restrictive setting. Families First provided the opportunity for reimbursement of state funds from the federal dollars to provide access to many things such as mental health services and substance use treatment. This also heavily influenced the government agencies to look harder at their non-profit Family Resource Center counterparts such as FosterAdopt Connect which had many prevention programs including family location services via 30 Days to Family.

30 Days to Family has proven that the children served in this program are likely to have fewer moves between placements, fewer behavioral challenges, higher satisfaction with their living situation, better relationships with their families, faster reunification with parents, and a lower chance of reentering foster care. In addition to these outcomes, the children are also less likely to require services such as Extreme Family Finding (another family location service offered by FosterAdopt Connect for children that have lingered in care) later in the family's case. At FosterAdopt Connect, the whole referral process for 30 Days to Family has changed, we understand the chaos that occurs when children enter care and therefore, we have no formal referral. We have done our best to eliminate any red tape that would keep a child or family from being referred to our service. We simply request an invitation to the initial meeting and the documents already provided to other members of the family's professional team.

I work alongside my staff on many cases and on multiple occasions, I have chosen to work an additional 30 Days to Family case when my staff didn't have the capacity. Seeing these families at their most vulnerable and in their darkest days always reminds me of why I chose Social Services in the first place. Being able to harness those raw emotions into locating relatives and kinship resources that I know my counterparts at the Children's Division don't have the time, energy, or resources to do. The whole idea of our programs, specifically 30 Days to Family is to take something off the plate of the case manager.

We know that they are overworked and often carrying more cases than they can safely handle. We like to make sure that locating a family member is as easy as reading an email and agreeing on a placement date.

On more than one occasion, a family member who was interested in placement attended the first meeting when a child comes into care and Children's Division just doesn't have the capacity to complete the necessary background checks, home walkthrough, and home assessment. That's where 30 Days to Family has often intervened and completed all of these items to get a child placed quickly. On the other hand, there are many cases where no one has expressed interest in taking placement of a child prior to them coming into foster care and that's really where we can dig in and find a family member or kinship resource. In one case, we looked and looked and although we had many relatives interested, there were minimal appropriate options within the family. We then looked at the broader scope of kinship and were able to locate a before and after-school provider with an existing relationship with the child and a desire to care for them as long as needed. As a 30 Days to Family Specialist, one of the most important traits is the ability to think outside the box and that's exactly what our specialist did to make sure this child was in an appropriate, safe, and loving home until he could return to his parents.

All this to say, it has been proven time and time again that by and large relatives and kin placements are the best practice for when children must enter foster care. Entering foster care always means major change in the lives of children, but kin can help ease that discomfort, especially when the home and the kin in the home are already familiar to the child.

Locating relatives and kinship is an arduous process, one that many agencies don't have the time or resources to devote but we do. 30 Days to Family is an amazing program that really takes tasks off the plates of our state counterparts and puts relatives and kinship as "Plan A" for those children in care who cannot safely remain with their parents.

Thank you for allowing the opportunity for me to provide testimony on this issue.

Chairman LAHOOD. Thank you, Ms. Marquart.
 We will now recognize Ms. Beidler Carr, the Center Director for the American Bar Association's Center on Children and Law.
 Thank—you are welcome. 5 minutes.

STATEMENT OF PRUDENCE BEIDLER CARR, CENTER DIRECTOR, AMERICAN BAR ASSOCIATION, CENTER ON CHILDREN AND LAW

Ms. BEIDLER CARR. Chairman LaHood, Ranking Member Davis, and members of the subcommittee, thank you so much for having me here today and the opportunity to provide testimony.

I am here on behalf of the ABA Center on Children and Law, which was established in 1978 and works collaboratively with attorneys, judges, and the courts across the country to promote access to justice for children, parents, and families.

In addition to serving as the center director, I am a lawyer by training and have worked on wide-ranging issues of constitutional law, which I will explain shortly. This brief statement will cover the following points.

First, I will explain child welfare is both a social services and a legal sector.

Second, I will demonstrate that child welfare law has an extremely large reach in our country.

Third, I will give examples of why child welfare law is especially complex.

And, finally, I will highlight how Congress' Title IV-B investment in the Court Improvement Program has provided invaluable support to this legal sector for the past three decades.

As you have heard from the other witnesses, child welfare work is comprised of a system of services. It is also comprised of a system of laws. Last term, the Supreme Court explained in *Brackeen v. Haaland*, a case concerning the Indian Child Welfare Act, that child welfare is governed by both Federal and State law. These laws are primarily designed to protect parents' rights and children's rights. They also address government responsibilities to protect its community members.

In child welfare work, the relationship between individual rights and Government responsibility begins most concretely at the time of a Child Protective Services investigation.

More than 37 percent of all children in this country will experience a CPS investigation before they turn 18. I want you to focus on that number, 37 percent of all children in America.

Most parents do not think about this at the time of bringing a child into the world, that we have a one in three chance of experiencing a government investigation into our families and our homes before raising that child from infancy to adulthood. I suspect even in this room most of us know someone in our own family networks and communities who has experienced an investigation.

Traditionally, parents have not had attorneys during that investigation. That is beginning to change. If a CBCF investigation leads to a child's removal from their family, the case transitions into a more formal court process. State courts oversee the cases of roughly 610,000 children in foster care each year. As a comparison, State courts hear about 75,000 real property cases. In other words, the

child welfare docket is approximately eight times larger than property law.

In addition to its massive reach, child welfare law includes structural elements that make it especially complex. For example, in the majority of civil and criminal cases, judges are required to apply the law to a set of facts that happened in the past. In child welfare cases, judges must examine three different time periods. They must look backward at government allegations supporting removal. They must look at current facts related to a parent's implementation of case plan services and requirements. And they must make future predictions about what will be in the child's best interest. None of that is easy.

As I mentioned, I have a background in constitutional law. I have worked on First Amendment, Fourth Amendment, and Tenth Amendment cases that have gone to the U.S. Supreme Court, addressing complicated national security, immigration, and maritime law topics. There is no area of law I have ever worked on that is more complex than child welfare.

In recognition of the high stakes for children and families and the connection between services and law, Congress established the Court Improvement Program in 1993 through bipartisan legislation. CIP grants enhance collaboration between the courts and child welfare agencies.

The program is budgeted at \$30 million a year, distributed across all 50 states, U.S. territories, and recognized Tribes. The funds go to the Supreme Court in each jurisdiction with a base amount and additional funding according to child population. For example, the Alaska CIP receives \$290,000, while Texas CIP receives \$1.8 million annually.

These CIP grants are the only Federal funds that State courts receive for child welfare work.

In 2020, again acting through bipartisan legislation, Congress authorized \$10 million in emergency CIP funding to facilitate time sensitive investments in things like Zoom licenses and trainings on how to hold remote hearings. That investment was invaluable in mitigating the risk of case delays when courts initially had to shut down.

In recognition of the value of this program and because annual funding has not changed since 2006, the President's budget in both the current and prior administrations have proposed an additional \$30 million in CIP funding through Title IV-B. Recent legislative proposals including by those in this room have also supported CIP expansion.

We commend Congress for focusing on the importance of this program from 1993 to today and for recognizing that child welfare is a large and complex legal sector.

Thank you again for holding this hearing and for providing me an opportunity to testify.

[The statement of Ms. Beidler Carr follows:]



STATEMENT OF PRUDENCE BEIDLER CARR

**Director
Center on Children and the Law
AMERICAN BAR ASSOCIATION**

submitted to the

**COMMITTEE ON WAYS AND MEANS
Subcommittee on Work & Welfare
U.S. HOUSE OF REPRESENTATIVES**

for the hearing

“Modernizing Child Welfare to Protect Vulnerable Children”

September 28, 2023

Chairman Smith, Ranking Member Neal, Chairman LaHood, and Ranking Member Davis,

My name is Prudence Beidler Carr, and I am the Director of the American Bar Association Center on Children and the Law. Thank you for the opportunity to participate in this hearing on “Modernizing Child Welfare to Protect Vulnerable Children.”

The ABA’s Center on Children and the Law has been in existence since 1978 and works collaboratively in the child welfare arena with judges, attorneys, and the courts nationwide to promote access to justice for children, parents, and families. In addition to serving as a nonprofit director for the Center, I am a lawyer by training, and have worked on wide-ranging issues of constitutional law, which I will explain shortly.

This brief statement will cover the following points:

- First, I will explain how child welfare is both a social services field and a legal field.
- Second, I will provide data demonstrating that child welfare law has an extremely large reach in this country.
- Third, I will give examples of why child welfare legal work is especially complex.
- Finally, I will highlight how Congress’s Title IV-B investment in the Court Improvement Program has provided invaluable support connecting the legal and social services sides of child welfare for three decades.

As you have heard from the other witnesses, child welfare work is comprised of a system of services. Child welfare work is also comprised of a system of laws. Last term, the Supreme Court explained in *Brackeen v. Haaland*, a case concerning the Indian Child Welfare Act, that child welfare is governed by both federal and state law. These laws are primarily designed to protect the rights of both parents and children. They also address the government’s responsibilities to ensure the safety of its community members.

The relationship between individual rights and government responsibilities begins most concretely when an agency conducts a child protective services (CPS) investigation into allegations of child maltreatment, a process that occurs with greater frequency than previously understood.

More than 37% of all children in our country will experience a CPS investigation by age 18. I want you to focus on that number – 37% of all children in America. Most parents do not think about this at the time of bringing a child into the world – that there is greater than a 1 in 3 chance of experiencing a government investigation into your home and family before you raise that child from infancy to adulthood. But I suspect even in this room most of us know someone in our own family networks and communities who has experienced a CPS investigation. Traditionally, parents have not had access to an attorney during these investigations and must navigate the legal implications on their own. That is beginning to change.

If an investigation leads to a child's removal from the family, the case transitions into a more formal court process. State courts oversee the cases of roughly 610,000 children in foster care each year. As a comparison, state courts hear about 75,000 real property cases annually. In other words, the child welfare docket is roughly eight times larger than the property law docket.

In addition to its massive reach, child welfare law includes several structural elements that make it especially complex. For example, in the majority of civil and criminal cases, judges are required to apply the law to a set of facts that happened in the past. In child welfare cases, however, judges must examine three different time periods. They look backward at government allegations supporting removal; they evaluate current facts, such as a parent's engagement with case plan requirements; and they must make a future prediction about a child's best interests. None of this is easy.

As I mentioned, I have a background in constitutional law. I have worked on First Amendment, Fourth Amendment and Tenth Amendment cases that have gone to the U.S. Supreme Court addressing complicated national security, immigration, and maritime law topics. There is no area of law I have ever worked on that is more demanding and complex than child welfare.

In recognition of the high stakes for children and the families involved and the connection between services and law, Congress established the Court Improvement Program (CIP) in 1993 through bipartisan legislation. CIP grants are designed to enhance collaboration between the courts and child welfare agencies. The program is budgeted at \$30 million a year distributed across all fifty states, U.S. territories, and federally recognized tribes. The funds go to the supreme court in each state, with a base amount and additional funding based on child population. For example, the Alaska CIP receives \$290,000, while Texas CIP receives \$1.8 million.

CIP grants are the only federal funds state courts receive for child welfare work. In response to COVID-19, Congress again acting through bipartisan legislation, authorized \$10 million in emergency CIP funding in 2020. This support was extremely effective in mitigating case delays after courts initially shut down because the funding facilitated time-sensitive investments in such things as zoom licenses and training on how to hold virtual hearings for judges, attorneys, and party participants.

In recognition of the value of this program and the fact that annual funding has not changed since 2006, the President's budget in both the current and prior administrations have proposed an additional \$30 million for CIP through Title IV-B. Recent legislative proposals have also supported CIP expansion and examined opportunities for greater investments in court technology and access to legal representation for both children and parents.

We commend Congress for focusing on the importance of this program from 1993 to today and for recognizing that child welfare is a large and complex legal sector. Thank you, again, for holding this hearing and for providing me with the opportunity to testify on behalf of the American Bar Association.

Chairman LAHOOD. Thank you.

I want to acknowledge and thank all of you for your very substantive statements here this morning, and we will now turn to the question-and-answer portion of the hearing. And I will begin by recognizing myself.

In government, we often add to programs over time in our quest for improvement. Regrettably this approach often results in fragmented and complex systems that burden administrators and hinder families from receiving the support they need, and I think we heard a little bit about that from all of you today.

Title IV-B represents 4 percent of Federal funding for child welfare. Yet it is entangled in a multitude of subprograms, many with their own unique requirements and funding structures.

This chart that I put up over my left shoulder and on the monitors here behind me looks at—is a visual representation of the two subparts of Title IV-B. As you can see, these parts were established at separate points in time and over the years have grown into a number of offshoots. There is no cohesive structure or set of singular outcomes that this funding is designed to achieve.

The agency responsible for administrating Title IV-B aptly likens its funding structure to a game of, quote, Chutes and Ladders, a comparison that resonates with many of us and I know you here today.

Obviously, I think we can do better to modernize the program—that is part of why we are here today—while keeping with the flexibility to address critical needs we just heard from all of you.

I am going to start with Director Gruber. As the administrator of the program in the State of Utah, I am wondering if you could comment on the structure of Title IV-B, how we can improve it, update it, make it more efficient, effective, and accountable and maybe some of the challenges you face.

Ms. GRUBER. Thank you, Mr. Chair, for the question.

And the system is both legally and administratively complex for the reasons that you describe.

In Utah, like so many other States—and it is truthfully not completely unique to this funding—Federal funding is very complex. And I think that the flexibility that Title B affords warrants recognition.

I do think that there are more opportunities to provide that flexibility and shift to a more outcome-focused framework for child welfare. Identify as the policymakers the outcomes you want States to achieve for families and children in the child welfare system and allow States the flexibility to address those challenges and achieve those outcomes, meeting the needs of their communities which are also completely unique.

In terms of Title IV-B funding, I think an elimination of the set-asides would be one thing that we would really recommend. All of our States are not the same. All of our communities are not the same. And that would be one place where we would recommend starting, and the percentages of those funds that need to be spent is another area that we would recommend looking into.

Chairman LAHOOD. Thank you for that.

I will now switch to Ms. Cherie Craft.

Obviously, you talked about your program and experience. I am very impressed by the focus you put on data and tracking outcomes of the families you serve. Currently we don't have much visibility into the outcomes from Title IV-B.

What are the right outcomes we should be focused on at the Federal level to help us better understand the impact of the program?

Ms. CRAFT. Thank you, Chairman LaHood, and thank you for question as well.

We need to be tracking outcomes as they relate to family, child, youth, and community well-being. Those outcomes should be related specifically to indicators such as economic self-sufficiency and mobility, social supports, educational achievement for kids, families, and adults.

We should be looking at family functioning as a whole in terms of outcomes with co-parenting, you know, drilling down to things as specific as parenting methods and, you know, spanking and, you know, positive parenting redirection.

Our outcomes related to child well-being are social, emotional. They are physical, developmental. Outcomes for youth, in terms of their academic achievement, what their social supports are, all of these things are indicators of overall well-being that are precursors or protective factors for children, youth, and families entering the child welfare system.

So, we look at a whole variety of long-term and short-term outcomes as they relate to all facets of child, youth, and family well-being, including those that are economic, including those that are physical health, mental health, social supports, and community supports as well.

Chairman LAHOOD. Thank you for that.

Those are my questions.

I will turn to the ranking member, Mr. Davis.

Mr. DAVIS. Thank you, Mr. Chairman.

And, Dr. Sanders, first, let me thank the Casey Family Programs for the excellent work it has done and continues to do.

When we look at Title IV funding and recognize that it has been stagnant since 2006, what strategic investments should we consider to strengthen Title IV-B to prevent maltreatment, the unnecessary separation of children from their families, and promote reunification with families?

Mr. SANDERS. Thank you for the question.

I would emphasize the importance of IV-E and IV-B combining to support families, that the—and I—and providing that support as early as possible, which IV-B allows.

The challenge with even with Family First is that often children have to be identified as being at risk and that—that presents challenges in and of itself. It is critical for families to be able to access the supports they need to care for their children. And the—there are two areas that I would emphasize.

One is the—what—what I mentioned earlier and that is the—the length of time that children spend in care. The—some of the support that has been provided for kin, kin navigator programs, for example, as part of—as part of IV-B are vital. But we should—and as a country we should—be looking at kin being used much more than they are right now in the child protection system.

One of the reasons that we have many of the challenges that we do with having enough placements for children is because we aren't utilizing kin. We aren't finding them, we aren't utilizing them, and we aren't supporting them. And so I think that is one strategic area that IV-B could be—could be focused on.

I think a second is, if we look at what happens with Tribal children and American Indian children, they have struggled in the child protection system. And the resources that are provided to Tribes are very limited under IV-B right now. And I think that is a second area that I would emphasize as a strategic area to focus on.

Mr. DAVIS. Thank you. Thank you very much.

Ms. Craft, could you elaborate a bit on how programs in IV-B really can go from the start, from the beginning to assist families?

Ms. CRAFT. Thank you for the question, Ranking Member Davis.

Yes, we believe that by providing families in their communities where they live with easy access to supports including prenatal classes, including parenting education, including access to crisis intervention, programming, and advocacy right in the communities where they live, we give them an opportunity before they get into situations where they are unable to dial things back. We give them access to resources to help them to deal with challenges that, you know, most families face.

We provide for our communities access within walking distance. We are embedded in many public housing developments here in Washington, D.C. where families can walk over and get a winter coat, a bag of food, access to support if they are in a domestic violence situation.

If they need help with a child who is having challenges at school, we have advocates. We have early childhood professionals. We have mental health professionals. We have education and employment opportunities right in their community where they can walk right over that are run by people who represent the diversity of their community and who have roots in their community.

One great example of this is our LEAP Program for young men between the ages of 16 and 24. Many of these young men are fathers and a number of them come to us. They have had some challenges in their past and need some support. They come to us. We enroll them in the LEAP Program which provides them with professional development enrichment. It provides them with, those of them who are parents, parenting skills. Everyone gets a therapeutic mentor, and they set short- and long-term goals for their stability, self-sufficiency, parenting, and long-term success.

In that program, that demographic has gone from almost a 90 percent recidivism rate for those who have been involved in the criminal justice system to an under 8 percent recidivism rate at our success center.

And that is because we provide them with programs and services that are run by folks who understand what they have been through but also have the skills and the professionalism to give them what they need to set and achieve goals that they actually can—can accomplish and keeps them out of the system, in the community.

One example is a young man who came to us, had been incarcerated at 17, young father. As soon as he came home at 21, his community directed him to Smart from the Start. He came to us. We enrolled him in our professional development and enrichment program. Got his first job at the D.C. Housing Authority, and he is still there.

Mr. DAVIS. Thank you.

Ms. CRAFT. 86 percent of these young men are still employed after 2 years.

Mr. DAVIS. Thank you very much.

And I yield back.

Chairman LAHOOD. Thank you.

Recognize Dr. Wenstrup.

Mr. WENSTRUP. Thank you all for being here today.

And thank you, Mr. Chairman.

This is just a critical issue in my mind, caring for vulnerable children, one of the most important things I think that we can do.

And I appreciate all the—what each and every one of you do, especially supporting children before they may enter the foster care system or may be preventing them from even needing to go into foster care because of improvements that can be made in their lives. I think that intervening early in a child's life and intervening early in a family with a very young child is extremely important.

I have been involved for years with a program in Cincinnati called Boys Hope Girls Hope. And the earlier you have these kids enter the program, usually the better the results.

And these are situations where parents decide that we don't have the right environment for our child and our home. And maybe it is a single parent, but maybe it is, you know, a mother and a father in the home. And it could be for a lot of reasons: drugs, domestic violence. But they want the best for their child.

So they enter in this program. They live at this home. They have mentors. They are safe. They are fed. They go to good schools. And the parents are not separated. They are still part of this whole process.

And so there is a variety of ways that we can do this. But I think the younger the child is in that safe environment, the better off things can be.

There is a young man. He—a lot of these kids, they come into the program, kicking and screaming. But he went to my high school, St. Xavier High School his senior year. He had never played football. Coach says come out for football. He starts at defensive end. He makes First Team All-State. They win the State. He is going to any college he wants. He plays for Louisville. He goes to the NFL, wins two Superbowl rings, coaches then at the University of Cincinnati. Now he is a defensive coach for the New York Jets.

That opportunity would never have happened if he didn't have this opportunity and he wasn't separated from his family. When he was 17 years old, he stood up at an event, a fundraiser for the program. And he said, I do the announcements at school every day. Let me finish by what I say every day. Do your homework. Say your prayers at night. Tell your parents you love them.

There are lots of ways we can do these wonderful things and I—and I just appreciate hearing from all of you today.

Ms. Craft, with your programs, you are so focused on outcomes and that, to me, is important and the path to independence, not only for the child but for their entire family.

So how valuable are outcomes you see when you are able to provide these community-based support to foster youth?

Ms. CRAFT. Thank you, Member Wenstrup.

The foster youth that we work with, starting from those who are very young, whether they are in foster care, kinship care, or their family, is under the care of Child Protective Services. We provide a continuum of programs and supports.

When children get to be between the ages of 12 and 17, they are provided with a therapeutic mentor. We call this person a special mentor who helps them with a variety of supports. Their academics, their social supports, their, you know, any mediation that they need in school, they advocate for them.

We have a special program for our youth that we partner with Chase Bank, and we provide them with a great deal of financial literacy and economic development. They get to open bank accounts. We put money in there. They learn about, you know, how their career opportunities are related to their economic self-sufficiency and development.

And as they work through these—this continuum of programs and services, we help them to plan for their future. So those who are interested in postsecondary education, we help to prepare them on that track. For those who are interested in other careers, we take them out to visit folks at the stadium. We take them out to visit folks at Chase Bank. We take them to the welding academy if they are interested in working with their hands.

We have mentors from many different professional backgrounds that work with our kids. And each of them have a—an action plan that they set for themselves, and we provide programs and services to make sure that they are able to transition successfully into adulthood. And we stay with them as long as they need us. So it is voluntarily.

Mr. WENSTRUP. I think that is huge because early on they are getting a vision of opportunity in their lives, and it is a great motivator.

I am an adoptive parent, Ms. Marquart. And it is a beautiful thing. I have also—you talk about alternative thing—options for people. Young mothers, never expected to be pregnant, my wife has volunteered at a pregnancy center. And, you know, so we see young mothers who go on, have their child put up for adoption. Just not in a position to be a mother at that time. There is no father and later get married, have their own kids, and then adopt themselves.

Could you comment on those opportunities and some of the blessings you see through this?

Ms. MARQUART. Absolutely.

I think working in social welfare is really just an opportunity to see all of the good and the bad in the world. You really kind of see best of both worlds.

And some fabulous things that I have seen are foster parents or kinship or adoptive families that have really come back and have helped support other adoptive families in doing sort of, like, support groups.

And I feel like that has been one of the most positive things that I have seen is that, you know, really building that community around those families and providing support because, you know, kiddos from foster care have trauma. So there is going to be some sort of possible behavior that comes with that and being able to support them so that it's not a disruption later on.

Mr. WENSTRUP. Thank you.

I yield back.

Chairman LAHOOD. We are going to implement the two-to-one rule. We will next go to Mr. Carey from Ohio and then to Ms. Chu from California.

Mr. CAREY. Well, thank you, Mr. Chairman, for hosting this hearing to discuss ways we can modernize the child welfare system.

And thank you to the panel.

I am going to—I will try to get through all this.

You know, child—child welfare policy has seen significant changes in recent years, but it's clear from our witnesses' testimony—and I assure you that we get these testimonies. And while I wasn't able to be here to listen to most of them, it is tough to read some of the stories, especially from you.

Through the passing of the Family First Prevention Services Act, Congress has moved away from the historical practice of providing Federal funding solely after a child entered foster care, and it moved towards evidence-based prevention services.

These services support upstream interventions that prevent child abuse and neglect like the 30 Day program to the family programs. These open-ended prevention dollars mean that the States like Ohio can implement evidence-based programs such as the 30 Days to Family protection Ohio that provide services and supports to families caring for children at risk of entering foster care.

In Ohio, our governor, Mike DeWine, has made significant investments in kinship care, and the State has an impressive structure for recruiting and retaining kinship providers. Family First invests in family welfare has provided an opportunity to reevaluate State spending for child welfare and align fundings like Title IV-B to complement the success of Family First.

Ms. Marquart, I am going to just—I was going to ask you some questions on some of the—some of the examples that you gave. Can't do it. So I am going to do—stay on my prepared script.

30 Days to Family is an impressive evidence-based program and highlights how Federal dollars should be further invested in programs that produce outcomes. Can you share more about the families you are able to serve under this program and are unique for other kinship programs?

Ms. MARQUART. Absolutely. Thank you.

So there are kind of two different options that we have. So we have informal kinship care, and we have formal kinship care which is when they come into the foster care system. And that is generally when 30 Days to Family gets involved is at that initial meeting.

So we are there, and we are touching base with the family, and we are making sure that they feel supported, that they know that they have somebody on their side. And we want to do nothing but

locate a family member or a kinship resource that ideally the family is open to, sometimes not, depending on the relationship. And we just provide support to the family.

We do have other programs similar to this that are Extreme Family Finding and then Kinship Navigator that also helps support those families. But primarily that is what we are doing at the very, very beginning of a case is just supporting the family and trying to locate any and all options with a minimum of locating 80 family members.

Mr. CAREY. Okay. Ms. Craft, how does Smart from the Start help grow the capacity of individuals to make sure families are resilient? Do you—do you offer job training to help link parents with future employers?

Ms. CRAFT. Absolutely. So, upon voluntary intake into the Smart from the Start program, each family starts short-term and long-term goals. Their short-term goals are really to stabilize the family, so if they need food security, if they [sic.] housing security, that sort of thing.

And then they set their long-term goals, so, if they are interested in a GED or a HISET, they are interested in certain careers. And then we enroll them in our place-based career programs. So everyone gets professional development and enrichment which are basic job skills. We go through interviewing, timeliness, all of those basic skills. And then they get to self-select. So we have a number of programs. We have CDL programs. We have early childhood, food handlers programs. We have management programs. We have coding and computer science programs where folks can get a certification, green cleaning.

And then we have job developers who help to line folks up with jobs. And we have contracts with Enterprise and, you know, Rent-a-Car. And the D.C. government also offers our families jobs.

And we connect our families. Once they don't—we don't just give them a certification and send them out. We help our families to get into job situations. And then we provide them with economic development support, banking, budgeting, credit, first-time home buyers.

So we literally guide them through each facet of entering professional development or adult education, all the way through obtaining a job and then working towards economic self-sufficiency and hopefully a path to the middle class.

Mr. CAREY. What about transportation?

Ms. CRAFT. So we offer stipends for everything from lunch to transportation. We help with childcare. So we build a bridge if they need help with childcare until we are able to get them a subsidized childcare slot. We provide them with that. Just like the young man who, one of our young men that went to the Southeast Welding Academy, he needed a helmet and gear. And so we paid for those things. So we pay—we make sure they have everything they need to eliminate any barriers.

Mr. CAREY. Mr. Chairman, I appreciate your indulgence.

My time has expired. I want to thank you all and for your testimonies.

And with that, I yield back.

Chairman LAHOOD. Thank you.

Recognize Ms. Chu.

Ms. CHU. Dr. Sanders, the Indian Child Welfare Act is a Federal law that protects Native children entering foster care by prioritizing placements with the child's family and Tribal communities, which is an essential component of promoting kinship placements and preserving cultural identity.

In 1994, Congress added a Title IV-B plan requirement, directing States to develop an Indian Child Welfare Act, or ICWA, implementation plan in consultation with the Tribes. But 30 years later, Native children continue to be disproportionately represented in the foster care system with higher rates of entry and longer lengths of stay.

In California, they are 4.5 times more likely to enter care than their counterparts, despite being such a smaller portion of the population. That is because, despite the requirement under Title IV-B, Federal oversight of States' compliance with their requirement is unclear and not always exercised.

That is why I introduced a bipartisan bill, along with Representative Don Bacon of Nebraska, H.R. 3461, the Strengthening Tribal Families Act, to assist State child welfare agencies in implementing Federal protections for Tribal children by strengthening the reporting requirements for ICWA in Title IV-B.

This bill does not create a new mandate but merely carries out the original intent of the law by bringing ICWA into the larger child welfare system within the Department of Health and Human Services.

So, can you talk about how clarifying HHS's role in oversight of current Title IV-B plan requirements related to ICWA implementation could help States and improve outcomes for Tribal children and families?

Mr. SANDERS. Thank you, Representative Chu, for the question.

And I would just mention a couple of things. The—I mentioned earlier the reduction that has occurred in out-of-home care across the general population from 2005 to 2001—or to 2021.

While there has been a reduction in American Indian children, it is much smaller than the general population. And it is not a perfect example of how well the Indian Child Welfare Act is carried out, but I think it reflects the concerns that you have raised.

The—one of the issues has been historically the question of who has oversight authority at the Federal level. Is it Health and Human Services? Is it Interior? Is it anyone? And, at this point, really there has not been a consistent action demonstrating that oversight by anybody at the Federal level. And so I do believe that—that clarifying whose responsibility it is would be critical.

The—my experience, prior to coming to Casey, I was child welfare director in both Los Angeles and Minnesota and the Indian Child Welfare Act takes effort on the part of a State to fully implement. And so, without the kind of oversight that the Federal Government is providing, it is going to be very difficult for States, even the most motivated, to provide the necessary services that are part of Indian child welfare.

Ms. CHU. Thank you for that.

Ms. Marquart, you provide many striking and traumatic examples of what you weren't prepared for as a case worker for these children, including saying that you weren't prepared to have a

child on your caseload who was having surgery without any parent at all, and you took it upon yourself to sleep with that child because you didn't want him to be alone, and yet many examples of where you went above and beyond. But then you also as a caseworker remember having nightmares about various parents wanting to hurt you, threaten you, or sue you.

And so you remind me of the child welfare professionals in my area of Los Angeles County who describe similar burnout. And, in fact, L.A. County we have one of the largest county-governed agencies in the country and we are responsible for the welfare of over 2 million children.

How would an increase in Title IV-B funds for recruitment, training, and retention of staff help? How would it help to improve mental health support and self-care resources for these professionals and reduce burnout and improve retention?

Ms. MARQUART. Absolutely. I think specifically, if you can get to a manageable number on your caseload, you are retaining staff, they are able to have a manageable caseload of 15 to 20, then they are able to appropriately supervise and care for the children on their caseload. They are the legal guardian. In fact, they are the parent of that child at that time. I mean, I don't—I couldn't parent 30 children.

So, I think if you are able to really focus on the retention and really dig in a little bit more on appropriate training at the beginning of when you are hiring new staff, I think that would really be beneficial.

Ms. CHU. Would mental health resources help?

Ms. MARQUART. Absolutely. I think if you can provide some additional, mainly focusing on secondary trauma, because that is what is happening, then really being able to provide the mental health services would retain the staff and would create better outcomes for the children.

Ms. CHU. Thank you.

Chairman LAHOOD. I recognize Mr. Moore of Utah.

Mr. MOORE of Utah. Thank you, Chairman.

I appreciate all the witnesses being here today. This is—this is tough work, and it is incredibly important. Thank you for your tireless work on this issue.

Director Tracy Gruber, a personal thank you for being here with your exceptional team from Utah.

It will come as no surprise to my colleagues that I oftentimes mention all the ways that Utah leads the Nation in all of the—all the categories. This one really matters, though, that Utah has shown that we have an exceptional approach, strong leadership in placing—with timely placements and safe and proper family reunification.

I can't think of a better area to lead doing that. I know that the team here that you have is passionate about this, and just thank you for the involvement.

So we—you focus on results. You focus on reunification. You focus on kinship. You have talked to me about all of this. I want to just foc [sic.]—I want to ask a question. Just there have been challenges, though. You are doing a lot of great things in Utah, but

there are obviously key challenges. Highlight some of those for us and just share for us how you are overcoming those.

Ms. GRUBER. Thank you so much, Representative Moore, and just a personal thanks to you as well for being so interested and really a leader in our State on this issue.

There are challenges, and I think they—they are worth highlighting. Of course, there are challenges with what is going on with families in general right now. We know our system, and I think nationally it is a challenge, as well, that we are seeing increasingly youth with behavioral—behaviorally complex conditions. The causes of that I think are we are all still trying to grapple with.

That creates a challenge for finding foster care placements and recruiting families that have the skills. It also creates challenges for our workforce who may need different training to address the needs of those youth.

We also have extremely high turnover, and I don't think Utah is unique with that. Our caseworker turnover rate is 51 percent. Our frontline staff turnover rate is 37 percent. We know how important the caseworker is to get the outcomes that we all want.

Then, of course, there are the administrative challenges that I briefly touched on at the very beginning. You have got a very complex funding system. Just in Title IV-B you have got funding that was from the 19—a line from the 1930s and then one from 1993, different definitions, different reports.

How do we overcome all of this? Well, proper training for our staff using Title IV-B funds has been critical. And more can be done there.

We have an extensive administrative infrastructure just to handle our Federal grants. We have about 20 full-time staff just to handle that piece. That is how we are overcoming the administrative challenge, quite honestly. You have got to have the staff in order to ensure we are accountable to all of you for our funding.

And then we are braiding and blending funding. These are individuals and families with very complex needs. They are not just needs within the child welfare system. And we as a State are very focused, with the leadership of Governor Cox, to come together across the executive branch and braid funding and certainly doing it within Title IV-B and IV-E primarily.

Mr. MOORE of Utah. As you focus on measuring outcomes for Title IV-B, are there one or two specific things that we need to be focused on at a Federal level?

Ms. GRUBER. I think keeping families stable and safe children is paramount. I mean, we are all talking about child well-being here. So keeping children safely in their homes I think is the most—the most critical outcome and, when they can't be, making sure that they are stabilized in their placement and ideally getting those families back to the point that the child could be reunified.

And those are the outcomes that we really are focused on in Utah.

Mr. MOORE of Utah. Thank you so much.

Final question for Ms. Beidler Carr. Last Congress, I introduced the Connecting Forever Families Acts to expedite the process for placing those in foster care systems to—for support of forever homes. This Congress, our work is going to continue on that.

Any specific improvements or innovations do you—that you believe could be enhance the court improvement and its impact on these cases?

Ms. BEIDLER CARR. Thank you, Congressman, both for the question and for supporting the Court Improvement Program through the legislation that you have introduced previously.

I think one of the things that you had highlighted in that legislation was greater investment in technology to build on what we have learned from the past several years.

There is a lot of takeaways for our legal system at large but especially for child welfare cases related to times when the use of technology can really expedite a case and make sure that we don't have delays that are unnecessary.

In terms of party participation, we have also seen a lot of opportunities for engaging both the children and youth who are a part of these cases and parents, as well as other participants in these hearings, if they choose to do so, by remote technology. So that is one area.

And then I think another really pivotal topic that has come up a couple of times today is about access to counsel and especially when sort of instead of looking at different types of access to counsel both before there is a removal decision that occurs.

There is a number of CIPs around the country that have been investing in small-scale models right now of what we call prepetition or preventive legal advocacy.

And building up on some of those models I think would be a terrific area to develop more resources and more contributions from the CIPs going forward.

Mr. MOORE of Utah. Thank you. We will keep going down that path.

Thank you, witnesses.

Chairman LAHOOD. Mr. Smucker of Pennsylvania.

Mr. Smucker. Thank you, Mr. Chairman, for yielding.

Thank you for scheduling this hearing, and thank you to each of the witnesses for the work that you do and for taking your time to hold this discussion.

I think it is important we hear from you, as we look at reauthorization, to understand how we can improve the program to ensure that care is delivered as effectively and efficiently as possible.

I talked recently or heard recently from the Lancaster County—I represent the 11th District in Pennsylvania—the Lancaster County Children and Youth, which is the child welfare agency there. And, similar to some of your testimony, they described sort of the complications, the difficulties that they face with accessing Federal funding from many different programs. And each one has their own requirements, own reporting mechanisms.

And, in fact, this agency said that they actually employ a fiscal staff, seven people, just to track which pot money they are accessing, where the money is coming from, what requirements it entails, and other details.

There is another program in my district, Thrive to Five. They said they have a finance team of ten individuals, again, just to manage the Federal funding requirements.

So let's streamline this things because, if we can do that, both of those organizations and probably yours as well could spend more time meeting the needs of each family rather than spending all the time on administrative work.

So does that—I see a lot of heads nodding. Does that sound family to each of you?

So I do think it is really important as we—as we look at this, you know, how we can help you better deliver your services.

I think, Ms. Gruber, I will ask you. You know, we are looking at several different subparts here, Title—Title IV–B and other subparts. How do we—do you think they can be combined? Do you think that would help streamline it? What should we be looking at? What suggestions do you have?

Ms. GRUBER. Thank you.

And, yes, all of the above. I think if you—if you are just looking at Title IV–B is one funding stream that through authorization you have the ability to actually address, I think combining parts A—subparts A and B, establishing clear outcomes, combining definitions, making sure that those definitions are the same, and reporting requirements.

And—and your example is spot on. We have over 20 staff just administering Federal funds. We are a small State. And the administrative burden is significant, and it takes away from the frontline workers. For one of our funding streams, not this one but IV=E Foster Care, our staff are tracking 196 different data indicators. It might be time to evaluate whether or not those indicators are actually necessary to ensure the health and safety of the children that are in the child welfare system.

Mr. SMUCKER. I mean, I think it is certainly worth—I mean, I am sure you agree with all of us that we do need accountability. We want to ensure that the programs are working well, that, you know, there is accountability for the Federal dollars.

I don't know if you have any thoughts about that. Like how can we streamline things? How can we reduce the requirements, the regulations, but still ensure that there is accountability in the program?

Ms. GRUBER. Absolutely, there has to be accountability, and all the States would understand that there needs to be accountability. And the accountability is—is—has to be balanced with making sure that the health and safety of the kids are met, which is all of our objectives, and keeping them in safe and stable families. And evaluating the various reporting requirements is one way to streamline.

With Title IV–B—Title IV–B specifically, just reorganizing the structure, given that they were two subparts at very different times in our country, 1935 and I think 1993, now is a great opportunity for reauthorization to revise that framework and maybe even consider, as I provided in my written testimony, an opportunity for us to pilot some comprehensive approaches that allow us with outcomes defined by policymakers to maybe think creatively and allow States to innovate to meet the needs of their populations.

Mr. SMUCKER. I am out of time. I had some additional questions.

But I think this is really important, as we consider reauthorization, that we have this good discussion. So I think your input is going to be really, really important going forward.

And, again, I thank each of you for being here.

Chairman LAHOOD. Thank you.

Ms. Moore of Wisconsin.

Ms. MOORE of Wisconsin. Thank you so very much, Mr. Chairman and Mr. Ranking Member and all of the committee members who really see this as an extremely important part of our jobs and policy.

Let me just thank all of the witnesses. I wish I had more than 5 minutes because I have questions for each and every one of you. I just want to point out, Ms. Craft, Ms. Gruber, I want to especially thank you, Ms. Craft, Ms. Marquart, as well, because you guys are kind of the frontline workers.

And I was just noting your testimony, Ms. Marquart. We need to support the staff more, too. You said you just weren't prepared to attend the trial of a rapist of a 12-year-old child on your caseload and, you know, have her describe the attack. You weren't prepared for some young man to say he had three pairs of underwear and turned it inside out and you rushed out with your own money to buy him some underwear.

Just thank you all for really your stewardship.

And I hear that the Utah program is something we ought to all go visit to see how you do it, despite your, you know, your acknowledgment that it is legally and administratively complex.

And I want to thank you, too, Ms. Gruber.

And so, Mr. Chairman, before I start, I would like to ask unanimous consent to submit for the record a document entitled, "Focus IV on Families." It is a consensus recommendation regarding IV-B reauthorization from dozens of nonpartisan and bipartisan child welfare advocacy organizations like the American Academy of Pediatrics, the Children's Defense Fund, ZERO TO THREE, blah, blah, blah.

Chairman LAHOOD. Without objection.

Focus IV-B on Families

Title IV-B of the Social Security Act is a critical child welfare law that provides flexible funding to support thriving families, including prevention of maltreatment, supporting kinship and foster caregivers, and helping reunify families separated by the child welfare system. **Without Congressional action, Title IV-B expires on September 30th.**

Title IV-B is distinctly different yet complementary to Title IV-E of the Social Security Act, which provides resources for foster care placements and prevention of unnecessary foster care. Title IV-B reauthorization offers bipartisan policymakers the opportunity to continue aligning federal child welfare resources with the best outcomes for families, based on research and the insights of individuals who have experienced the child welfare system.

Reforms to the Title IV-B program can play an important role in shaping child welfare policy and services nationwide. Across the following shared priorities, we urge increased Title IV-B investments and a central focus on integrating lived expertise so states can learn from and tailor their programs to those they serve through three specific buckets:

- 1. Fund IV-B for Families** – Title IV-B needs increased funding for families. In 2018, Congress enacted the bipartisan *Family First Prevention Services Act* (“Family First”), which created the Title IV-E Prevention Program. Increased Title IV-B resources complement Family First in keeping children with their families as much as possible.
- 2. Support Families’ Mental Health** – Children thrive when their families thrive. When families encounter the child welfare system, they have already experienced trauma. They often have significant unmet mental health needs. Investments and improvements in Title IV-B will complement ongoing bipartisan mental health efforts and support a trauma-responsive child welfare system.
- 3. Build the Workforce Families Need** – Child welfare reform moves at the speed of its workforce. The child welfare workforce faces unprecedented strain and secondary trauma, and it needs urgent attention and investment to bring innovative solutions to severe workforce shortages. Failing to address workforce challenges puts children and families at risk. We need a Title IV-B that values, supports, and resources child welfare workers to support thriving families.

American Academy
of Pediatrics

Bethany

Children and Family Futures

children's
defense fund

Children's Home Society
of America

CHILDREN'S
HOME SOCIETY
of America

ALliance

CWLA

Dave Thomas
Foundation
for Adoption

Family
Centered
Treatment
Foundation

FIRST FOCUS
ON CHILDREN

FosterClub

generations
united

Because we're stronger together

THE KEMPE
CENTER

The Kempe
Center

NACHSA

NACC

NASMHPD

NATIONAL
ASSOCIATION
OF
COUNTIES

NACo

NATIONAL
CHILD ABUSE
COALITION

NATIONAL
CHILD ABUSE
COALITION

NICWA

PCSAO

Prevent Child Abuse
America

social current

think of us

Triple P

Voice for Adoption

ZERO TO THREE

We recommend the following policy recommendations in each of these priority areas:

1. Fund IV-B for Families

- **Increase investment in family support services to keep families from coming into the child welfare system.** To complement Family First, Title IV-B needs more resources to expand existing IV-B community-based prevention supports that help families upstream before they ever come into contact with the child welfare system.
- **Increase investment in reunification.** Almost half of children in foster care return home to their families. Expand Title IV-B's focus on reunifying families to help them succeed and prevent re-entry into the child welfare system.
- **Strengthen kinship supports.** Expand existing investments to develop and prove the effectiveness of innovative kinship approaches, eliminate barriers to kinship placements, and clarify Title IV-B services can support kinship families.
- **Support foster and adoptive families.** Strengthen kin and non-kin foster parent recruitment and support of foster and adoptive families.
- **Strengthen Tribal child welfare protections.** Strengthen the gold-standard Indian Child Welfare Act to ensure its continued protections for American Indian/Alaska Native children and families. Increase resources to and autonomy for Tribal child welfare services.
- **Reauthorize and expand the Court Improvement Program,** which plays a vital role in ensuring courts connect families to resources that prevent unnecessary foster care.
- **Reauthorize and expand the Regional Partnership Grant program** to allow more jurisdictions to support families who are affected by substance use disorders to prevent placement and reunify parents and their children.

2. Support Families' Mental Health

- **Provide funding, training, technical support, and accountability** so states and Tribes improve access to community-based mental health services for youth and families, to address trauma, improve outcomes, and reduce unnecessary institutionalization.
- **Increase investments in child and family well-being.** Many states and Tribes use flexible Title IV-B funds for critical services that address families' trauma and healing needs. This is especially important for families of young children who have experienced trauma during early development.

3. Build the Workforce Families Need

- **Fund workforce development.** Give child welfare staff the education, training, and mental health support they need for their complex work supporting children and families.
- **Expand and fund peer support/navigation services,** which engage peer experts who have experienced the child welfare system in supporting other families in the child welfare system.

TAKE ACTION:

Enact and Fund a Family-Focused IV-B Reauthorization

Ms. MOORE of Wisconsin. Okay. And it really sort of summarizes what some of our guests have said here today.

Let me just start out with you. It is going to be kind of Dr. Sanders and Ms. Beidler Carr.

I am not as good at organizing my 5 minutes as other people are.

But, Dr. Sanders, you said something in your written testimony about child protective agencies can learn much from other safety-critical industries such as aviation, healthcare, and nuclear power that have applied the principles of safety science to change organizational structure, improve practice, and reduce the incidents of tragic outcomes.

I am going to tell you why I am asking this question. You talked about reducing foster care. We talk about how African Americans and Native Americans are overrepresented in the system and how we need to do kinship care better.

But someone on the ground might have a difficult time sort of trying to discern who is really in danger and needs to be removed and who needs to stay in there.

Just briefly, if you can, share with us an example of how a safety person from other occupations has informed you all about how to do this.

Mr. SANDERS. Thank you. Thank you, Representative Moore, for the question.

And I would just reference some of the things that Ms. Marquart, I believe, talked about, that what happens in most agencies is that workers are far overburdened. And they have a number of children to attend to. With each of those children, they have a number of actions to attend to and end up caught day to day, dealing with crises on an ongoing basis.

They have little ability and time to step back and say who is really at risk here, who needs the services that we have to offer, and who doesn't.

And, oftentimes—and there have been several questions about mental health—oftentimes other agencies haven't been prepared to provide the support necessary. So it falls on the child protection work. And, because of that, they miss things.

Ms. MOORE of Wisconsin. Yeah.

Mr. SANDERS. They miss some things they could have picked up had they had the time, and that is the same that happens in many other industries. Unfortunately, in child protection, if workers miss things, they are fired. So it really—

Ms. MOORE. I got you. I want to thank you for that, Dr. Sanders.

I want to ask Ms. Beidler Carr. We have heard a lot about how the definition of neglect should be changed, like willful neglect to sort of prevent some of these removals from home.

I will give you an example, with your indulgence, Mr. Chairman.

Just say, for example, you are a mom. And you are doing happy hour or something. You are a barmaid, and you are working 5:00 to 9:00. You have got an 11-year-old who is 11 and 9 months old and a 2-year-old.

And, in order to run around the corner, you leave, you willfully leave your 11 and 9-month-old at home with the 2-year-old. They

are perfectly safe. This 11-year-old, almost 12, has been kind of adultified.

And say some, you know, ex-husband, ex-boyfriend or somebody, they get mad and call and tell on her, that she is leaving these two together.

That is an example legally of willful neglect and, you know, how this definition forces somebody on the ground to take action because it actually statutorily is a problem.

Should we change and look toward what willful neglect really is? Because, you know, here it would be a lot more damage to take one or both of those kids away probably. You need to find some childcare for this woman. This is—this is not a case of childhood abuse or neglect.

Probably—let me let you answer before the chairman gavels me to death.

Ms. BEIDLER CARR. Sure. I will be very brief. Thank you for the question, Congresswoman.

The short answer is we very much support reexamination of these definitions. There are a lot of states right now including several represented here that are re-examining these definitions, but I want to underscore especially on this panel, with these colleagues how so much of it comes down not just to the definition under law but to the training and to the support that frontline providers, judges, and attorneys all have, and what those definitions mean and how to interpret them.

Thank you.

Ms. MOORE of Wisconsin. So that would be somebody's assessment.

You know, Dr. Sanders, somebody might say, girl, you just need to figure out how to get a babysitter. But we are not going to take your kids from you just because Mr. Bugaboo was mad and found a way to retaliate.

Ms. BEIDLER CARR. Right. There is lot of variation in the subjectivity.

Ms. MOORE of Wisconsin. Right.

Ms. CRAFT. And that is where I think it is a—such an important component of training that there is legal training in addition to the social services training.

Ms. MOORE of Wisconsin. I wish I could go on.

I yield back, Mr. Chairman.

Thank you.

Chairman LAHOOD. Thank you, Ms. Moore.

I will recognize Ms. Tenney of New York.

Ms. TENNEY. Thank you, Mr. Chairman, Ranking Member.

And thank you to the witnesses.

Before I get started, I just would like to ask permission of the chair to enter into the record a report prepared by the Congressional Research Service entitled, "Side-By-Side Comparison of Title IV-B Formula Grant Programs for Child and Family Services."

This 34-page report I have here provides a comprehensive comparison of the two subparts in Title IV-B called, "The Child Welfare Services and the Promoting Safe and Stable Families."

Chairman LAHOOD. Without objection.



MEMORANDUM

September 18, 2023

To: House Ways and Means Committee, Work and Welfare Subcommittee
Attention: Cheryl Vincent and Isabella Dean

From: Emilie Stoltzfus, Specialist in Social Policy, estoltzfus@crs.loc.gov, 7-2324

Subject: Side-by-Side Comparison of Title IV-B Formula Grant Programs for Child and Family Services

This memorandum responds to your request for a side-by-side comparison of the two primary programs authorized under Title IV-B of the Social Security Act (SSA). These are—the Stephanie Tubbs Jones Child Welfare Services (CWS) program, authorized in Subpart 1 and the MaryLee Allen Promoting Safe and Stable Families (PSSF) program, authorized in Subpart 2.

Specifically, you asked for a comparison of program purposes, allotment formulas, service categories, required spending by service category, eligible populations, definition of administrative costs, limits on administrative cost spending, any other explicit limits on use of program funds, state plan requirements, requirements related to submission of the state plan, non-federal spending requirements, applicability of sequestration, tribal funding, non-supplantation requirements, expenditure and other reporting requirements, and any requirements concerning which state agency must administer the programs. Additionally, you requested that information be reported separately with regard to PSSF funds appropriated on a mandatory versus a discretionary basis, whenever requirements or provisions varied.

This information is provided in three tables. **Table 1** lays out information on each of the categories for which you requested specific information. **Table 2** provides information, primarily, on state plan requirements for each program. Finally, **Table 3** offers a more in-depth description of selected service categories funded under Title IV-B. Each table is preceded by a brief narrative overview review of what it shows.

Please note that the information in these table focuses specifically on the main formula grants provided to states and tribes for child and family services. Requirements related to programs that are funded out of the PSSF program (and which may be awarded on a formula or competitive basis) are not described. However, the reservation of funding provided under the PSSF funding authorizations is described (as part of the discussion of funding allotment in **Table 1**).

The information provided in this memorandum is expected to be of interest to other Congressional offices and some or all of it may be included in other CRS products. However, your interest in this specific information will remain confidential.

I trust this information will be useful. Please don't hesitate to be in touch with any follow-up or additional questions.

Comparison of Selected Issues

Table 1 compares selected aspects of the CWS and PSSF programs. Many aspects of the programs, including purposes, eligibility, service categories, limits on administrative costs, and definition of administrative costs are closely aligned, overlapping and/or consistent. Other requirements are identical or close to identical, including those related to non-federal cost share (“match”), the state lead agency, timing and format of plan submission, and, in most instances, accountability measures. Finally, however, the amount and types of funding authorized differ between CWS and PSSF programs as does the distribution of the funds, including the formula allocation of funds to states for provision of child and family services.

Closely Aligned, Overlapping and/or Consistent

With regard to purposes, both programs seek to strengthen families, and to keep children safely at home whenever possible. If children must enter foster care, both programs seek to ensure they are provided services to allow them to safely return home or, when that’s not possible, to find permanency via a new family. The purposes of the CWS program also explicitly mentions promoting the well-being of *all children* and protecting them from abuse, neglect, or exploitation. Additionally, it uniquely promotes efforts to ensure a well-qualified child welfare workforce.

Neither program includes any federal eligibility criteria. States are expected to identify, and serve children and families consistent with the program purposes. However, under the PSSF program, states are directed to describe how they identify and target services specifically on children who are at the greatest risk of maltreatment.

Both the CWS and PSSF programs may be used to provide family support, family preservation, family reunification and adoption promotion and support services. These broadly defined categories represent the full range of services that may be supported with PSSF funds. Further, states are expected to spend “significant” PSSF dollars on each of those service categories. By contrast, states may choose to spend their CWS funds on all, some, or none, of the PSSF service categories. Further, with some limitations, (as described in **Table 1**), they are generally free to spend CWS funds on any child welfare activity that maybe be supported by any federal child welfare program. This includes for example protective services (such as investigations, family assessments, and other work), independent living services for youth, caseworker training and retention, and foster and adoptive parent training and retention, among other things.

The amount of funds that may be spent on program administrative costs is capped at 10% for both the CWS and PSSF programs. However, that cap applies to federal dollars only in the CWS program but to both federal and non-federal (“matching”) dollars in the PSSF program. Also, while the definition of program administration costs are quite similar, certain unique costs are identified in both programs as not administrative and these exceptions (which might otherwise be considered administrative costs) are consistent with program purposes and/or requirements of each program (see **Table 1**).

Identical or Close to Identical

The state agency that administers the program must be the same for both the CWS and PSSF program. The agencies are required to submit their separate CWS and PSSF plan assurances, any updates to those plan assurances, and information about their planned and actual program spending on the same timetable. Also, states must provide not less than \$1 in non-federal program resources for every \$3 in federal funds they receive (i.e., 25% non-federal “match”). With one notable exception, they are subject to the same overarching accountability measures and potential penalties in the CWS and PSSF programs. The

exception concerns state compliance with CWS requirements related to meeting certain caseworker visit benchmarks. States must report data to enable HHS to determine compliance with the benchmarks, and those states that fail to meet one or both of them are required to provide greater non-federal support to access their full federal CWS allotment.

Differences

Funding for the CWS program is authorized on a discretionary basis and is not currently subject to regular ongoing sequestration.¹ Funding for the PSSF program is authorized on both a discretionary and capped mandatory basis. The PSSF mandatory funding is subject to regular ongoing sequestration applicable to nonexempt mandatory spending programs. This sequester means a portion of the mandatory funding appropriated for PSSF must be canceled in every year through FY2031 as part of enforcing certain statutory budget requirements;² PSSF discretionary funding is not currently subject to regular ongoing sequestration.

PSSF funding is reserved for a variety of activities and programs with the remainder (bulk of funds) provided for formula grants for child and family services. CWS funding has been wholly provided for formula grants for child and family services. However, the program was amended in January 2023 to require reservation of funds for a single competitive grant program (in the event program funding exceeds a specified level).

The allocation of CWS and PSSF funds to states and tribes is different. CWS funding is allotted first by providing a base allotment of \$70,000 to each state (an amount that was fixed in the 1960s) and then the remaining funds are distributed based on each state's share of the child (under age 21) population in the nation and a state per capita income factor. The per capita income factor acts as a measure of state capacity and ensures that states with lower per capita income, relative to the nation, receive more federal support per child. By contrast the PSSF program, which does not include a base or minimum allotment, distributes funds in accordance with a state's share of children (three-year average) receiving Supplemental Nutrition Assistance Program (SNAP) benefits among all children in the nation receiving those benefits. This formula factor then incorporates a measure of child population as well as low-income/child need. However, both are expected to be impacted by state implementation of SNAP and varying program take-up rates. (For more information see **Table 1**.)

Finally, tribal funding is distributed differently for CWS and PSSF and this may impact both tribes and states. Under the CWS program, funding is first distributed to states according to the formula described above. Afterwards, a portion of those allotment amounts is reserved for tribes operating CWS programs, but only in states where the tribal service population resides (and commensurate with the size of that population). Thus, states in which federally recognized tribes operate a CWS program see some reduction in their initial CWS grant, while states without such tribes receive the full initial allotment. By contrast, for the PSSF program, the statute requires that a portion of PSSF funds must be reserved for tribal PSSF

¹ The Balanced Budget and Emergency Deficit Control Act of 1985 (BBEDCA, P.L. 99-177), as amended, uses sequestration as an enforcement mechanism for statutory limits on defense and nondefense discretionary spending. Under the BBEDCA, a discretionary sequester does not occur on a regular ongoing basis. Rather a sequester (or cancellation) of nonexempt discretionary spending would occur if appropriations in either category were to exceed specified limits for a given year. The Budget Control Act of 2011 (BCA, P.L. 112-25) put statutory discretionary spending limits in place from FY2012-FY2021. Most recently, the Fiscal Responsibility Act of 2023 (P.L. 118-5) has specified discretionary limits for FY2024 and FY2025. The most recent sequester of nondefense discretionary spending occurred in FY2013.

² The BBEDCA, as amended, currently requires an annual sequester of nonexempt defense and nondefense mandatory spending for purposes of deficit reduction. Under the law, the annual mandatory sequester has occurred in each year since FY2013 and, as enacted by the BCA in 2011, was slated to end in FY2021. However, subsequent laws have extended the mandatory sequester through FY20231 (and through FY2032 for Medicare benefits payments).

grants before any funds are distributed to states. Therefore, the tribal award of PSSF funds affects the allotment in all states, not just those in which tribal programs operate a PSSF program.

For tribes, both CWS and PSSF funding is distributed based on tribal child (under age 21) population. However, in the CWS program, the share of funding a tribe receives is relative to children in the state (or states) in which they operate a program. By contrast, in the PSSF program, a tribe's share of funding is relative to its child population among the child population in all tribes participating in the program. Further, unlike the CWS program—where size of the tribe is not an issue—to participate in PSSF a tribe must have a large enough child population (relative to other tribes seeking an approved PSSF plan) to ensure it can receive at least a \$10,000 allotment.

See **Table 1** for a comparison of each of the factors outlined above.

Table 1. Side-by-Side comparison of the Stephanie Tubbs Jones Child Welfare Services (CWS) program, Title IV-B, Subpart I and the MaryLee Allen Promoting Safe and Stable Families (PSSF) program, Title IV-B, Subpart 2, Selected Issues
 Both programs are authorized in the Social Security Act (SSA) and all section references in the table are to the SSA unless otherwise noted.

Provision	CWS (discretionary funding)	PSSF (mandatory funding)	PSSF (discretionary funding)	Notes
Purposes	<p>To promote state flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families by—</p> <ul style="list-style-type: none"> • Protecting and promoting the welfare of all children. • Preventing the neglect, abuse, or exploitation of children. • Supporting at-risk families through services that allow children to remain safely at home, or to return home in a timely manner. • Promoting the safety, permanence, and well-being of children in foster care and adoptive families. 	<p>To enable states to develop, establish or expand, and operate coordinated programs of community-based family support services, family preservation services, family reunification services and adoption promotion and support services for the purpose of—</p> <ul style="list-style-type: none"> • Preventing child maltreatment among families at risk through the provision of supportive family services. • Assuring children's safety within the home and preserving intact families in which children have been maltreated, when the family's problems can be addressed effectively. • Addressing the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997 (ASFA; P.L. 105-89). • Supporting adoptive families by providing support services as necessary so they can make a lifetime commitment to their children. <p>Section 430</p>	<p>The purposes are written as general purposes for subpart 1 and subpart 2, respectively. Both subparts primarily fund child welfare-related child and family services. However, both also authorize additional related grants, projects, and research.</p> <p>PSSF funding provided to states and tribes for child and family services is generally subject to the same federal policy.</p> <p>Accordingly, throughout this table, whenever there is not a distinction between mandatory versus discretionary PSSF funding, the discussion is shown in a single cell (as it is in this row regarding purposes).</p>	
Service Population/Eligibility	<ul style="list-style-type: none"> • Providing training, professional development and support to ensure a well-qualified child welfare workforce. <p>Section 421</p> <p>Generally, understood as any child or family determined by the state to need CWS services</p> <p>Section 421</p>	<p>Generally understood as any child or family determined by the state to need PSSF services.</p> <p>However, states are expected to identify and target PSSF services on children at the greatest risk of maltreatment.</p> <p>Section 430 and Section 432(a) (10)</p>	<p>There are no specific income or other federal eligibility criteria given in the law for either CWS or PSSF.</p>	

Provision	CWS (discretionary funding)	PSSF (mandatory funding)	PSSF (discretionary funding)	Notes
Service Categories	<p>Not specified in statute.</p> <p>States may generally spend CWS funds for or on behalf of any child, for any activity calculated to meet the broad purposes of the program as listed above. [States typically report the largest amount of CWS spending on protective services and on family support, family preservation, and family reunification (each of which is a defined service category in PSSP).]</p> <p>Other planned uses of CWS include foster care maintenance payments, adoption promotion and support services, independent living services, staff and partner training, caseworker retention and recruitment, and other service-related activities.</p> <p>[Based on <i>Report to Congress on Child Welfare Expenditures, 2022</i>]</p>	<p>There are four service categories defined in PSSF:</p> <ul style="list-style-type: none"> Family preservation (also may be called crisis intervention and typically offered in the home). Family support (typically offered in the community). Family reunification (available to or on behalf of any child in foster care or who has returned home from foster care within the last 15 months). Adoption promotion and support. <p>Section 432(a)(4) and 431(a)(1), (2), (7) and (8)</p> <p>For more definition and description of these and several other service categories, including goals, examples of services, and target populations, see Table 3.</p>	<p>The CWS program was first funded in FY1936 and for many decades was the only federal child welfare program; it remains the broadest and most flexible with regard to use of funds.</p> <p>When it was enacted via the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66), the program now known as PSSF supported two services only, family support and family preservation. It was amended in 1997 by ASPA (P.L. 105-89) to add two new service categories: time-limited family reunification and adoption promotion and support. Effective with FY2019, the Family First Prevention Services Act (FFPSA; P.L. 115-123) renamed time-limited family reunification services as simply family reunification services and revised the definition to permit these services to or on behalf of any child who is in foster care as well as to children who have been reunited with their families (for up to 15 months after the reunification).</p>	
Required spending by service category	<p>No provision.</p>	<p>Each state must spend at least 90% of its PSSF child and family services funding to provide the four categories of PSSF services, including a significant portion for each category.</p> <p>Section 432(o)(4)</p>	<p>Under regulation, certain PSSF program costs, including for developing and implementing a service plan, consultation, coordination, training, quality assurance, evaluation, data collection, and supervision, may be counted toward the 90% requirement [but not toward the significant portion].</p> <p>45 C.F.R. §1357.2(h)(3)</p>	<p>In guidance, HHS has interpreted "significant" as 20% of a state's PSSF funds. If a state intends to spend less than circa 20% on a given category, it must provide "a rationale for the disproportion" in the narrative portion of its Child and Family Services Plan (CFSP) (see PL23-01, p. 49)</p> <p>In guidance, HHS notes that states may not include program costs when determining their share of spending on a given service category. PSSF program costs that are neither for services nor administration are to be reported as spending for other service-related activities.</p>
Limit on Program Administration Spending	<p>A state may not spend more than 10% of its federal CWS funds on program administrative costs.</p> <p>Section 422(b)(14) and Section 424(e)</p>	<p>A state may not spend more than 10% of its PSSF program funds on program administrative costs.</p> <p>This limit applies to both federal and non-federal (i.e., "matching") program spending.</p> <p>Section 432(o)(4) [restricts federal spending] Section 434(d) [restricts both federal and non-federal]</p>		

Provision	CWS (discretionary funding)	PSSF (mandatory funding)	PSSF (discretionary funding)	Notes
Definition of program administrative costs	Administrative costs are defined as any of the following costs to the extent they are incurred as part of administering the CWS plan— Procurement; payroll management; management, maintenance and operation of space and property; data processing and computer services; accounting; budgeting; auditing; as well as personnel functions and travel expenses (subject to the exceptions listed below).	Administrative costs are defined as cost of “auxiliary functions” allocable to the PSSF program, necessary for the direct administration of the program, and centralized in the providing a service to the program, and centralized in the grantees agency or another agency, including but not limited to costs related to— Procurement; payroll; management, maintenance and operation of space and property; data processing and computer services; accounting; budgeting; auditing; and personnel functions.	Administrative costs for the CWS program was added to the law in 2006 (Child and Family Services Improvement Act). A limit on the use of federal PSSF funds for administration was included in the law that established PSSF (Omnibus Budget Reconciliation Act of 1993). There is, however, no statutory definition of administrative costs in the PSSF program. The definition shown here is from federal implementing regulation.	
Costs not included in administration	CWS administrative costs do not include— <ul style="list-style-type: none"> with regard to personnel functions: the portion of supervisors’ salaries attributable to time spent directly supervising caseworkers in providing services with regard to travel expenses: costs related to provision of services by caseworkers or the oversight of CWS-funded programs. 	PSSF administrative costs do not include— program costs incurred in connection with developing and implementing the Child and Family Services Plan (CFSP) (e.g., delivery of services, planning, consultation, coordination, training, quality assurance measures, data collection, evaluations, supervision).		
Explicit Limits on Other Uses of Federal Program Funds	As of FY2007, states are permitted to spend federal CWS funds on following items only if, and to the extent (i.e., amount), they used federal CWS for the given purpose in FY2005: <ul style="list-style-type: none"> foster care maintenance payments adoption assistance payments child care [provided solely related to the employment or training of a parent or other relative with whom the child is living] 	45 C.F.R. §1357.32(h)(2) and (3) None noted.		CWS funding for these three items combined was earlier limited by the Adoption Assistance and Child Welfare Act of 1980. That law prohibited each state from spending CWS funds for these three items in an amount that exceeded the state’s total CWS allotment for FY1979 (when the program was funded nationally at \$56.5 million). The restriction on child care spending does not extend to child care services provided primarily for child welfare purposes. ⁶ For example, the PSSF definition of family reunification services, which may be supported with CWS or PSSF funds, includes “temporary child care and therapeutic services, including crisis nurseries.” (See Table 3.)

Provision	CWS (discretionary funding)	PSSF (mandatory funding)	PSSF (discretionary funding)	Notes
Other Explicit Limits on use of Non-Federal (matching funds)	As of FY2007, states are permitted to spend their required non-federal ("matching") CWS funds for foster care maintenance payments only if, and to the extent (i.e., the amount), they used such funds for this purpose in FY2005. Section 424(d)	None noted.		This statutory provision, added by the Child and Family Services Improvement Act of 2006 supersedes regulatory language at 45 C.F.R. §1357.30(e)(3), which permitted spending on foster care maintenance payments to count as CWS "match" without limit. ²
Non-Supplantation Requirement	No provision.	States must assure that they will not use PSSF funds to supplant existing [as of FY1992] federal or non-federal funds used to provide services consistent with PSSF goals and they must provide reports, as requested by HHS to ensure they meet this requirement. Section 432(o)(7) [see also 45 C.F.R. §1357.32(f).]		The Adoption Assistance and Child Welfare Act of 1980 required states to maintain their FY1979 level of spending under CWS (excluding certain costs). That requirement is still referenced in regulation [45 C.F.R. §1357.30(f)]. However, it was struck from the law by the Child and Family Services Improvement Act of 2006 and thus the regulation no longer has meaning. ² For the purposes of PSSF, non-federal funds are defined in the statute (via a 1997 amendment to the law) as state funds, or, at the option of a state, as state and local funds (Section 431(a)(9)). Accordingly, this statutory definition now supersedes the implementing definition given in regulation. ²
Funding Authorized	\$325 million/year (through FY2023) Section 425	\$345 million/year (through FY2023) Section 436(e)	\$200 million/year (through FY2023) Section 437(o)	The discretionary authorization of Title IV-B funding (whether for CWS or PSSF) has consistently been more than the appropriated level. CWS funding has been authorized on a discretionary-only basis since its first year of funding in FY1936. Before FY2007, the CWS authorization was on a permanent (no-year limit) basis. PSSF funding has been authorized on a capped (mandatory) basis since its first year of funding in FY1994. The Promoting Safe and Stable Reauthorization Act of 2001 (P.L. 107-133) added a discretionary funding authorization effective with FY2002. ² Both authorizations were enacted with time limits. With regard to state use of PSSF funds for child and family services, there is no distinction between funding that is appropriated on a mandatory versus discretionary basis. States receive one grant (combined funds) and use it under the same rules.

Provision	CWS (discretionary funding)	PSSF (mandatory funding)	PSSF (discretionary funding)	Notes
<p>Allocation of Appropriated Funding Reserved</p>	<p>In any year that funding provided for the CWS program exceeds \$270 million, HHS must reserve some of funds above that amount for competitive grants to enhance collaboration between state child welfare and state juvenile justice agencies when serving dual status youth, i.e., youth served by both agencies.</p> <p>HHS has the discretion to determine the amount of any funds provided above \$270 million that are to be used for these grants.</p> <p><i>Section 423(a)(2)</i></p>	<p>Out of mandatory PSSF funds provided, HHS must reserve—</p> <p>In each year—</p> <ul style="list-style-type: none"> \$6 million for PSSF-related research, evaluation, training and technical assistance \$30 million for the Court Improvement Program (CIP) 3% for tribal child and family services (only after set-aside of mandatory funds for Regional Partnership Grants and Monthly Caseworker Visits)^d <p>For each of FY2017-FY2023—</p> <ul style="list-style-type: none"> \$20 million for monthly caseworker visit grants (MCV grants) \$20 million for grants to regional partnerships (RPGs) to improve outcomes for children and families affected by parental substance abuse <p><i>Section 436(b)</i></p>	<p>Out of any discretionary funding provided, HHS must reserve—</p> <ul style="list-style-type: none"> 3.3% for PSSF-related research, evaluation, training and technical assistance 3.3% for the CIP 3% for tribal child and family services <p>[Beginning with FY2018, annual appropriations laws have modified how these program provisions apply. See <i>Notes column.</i>]</p> <p><i>Section 437(b)</i></p>	<p>The provision for reserving certain CWS funding was added to the law in January 2023 (via the Trafficking Victims Protection and Prevention Reauthorization Act of 2022, P.L. 117-348); it has not been used. The FY2023 appropriation for CWS was \$279 million. However, \$10 million of those dollars were made available only to pay for costs related to the consequences of Hurricanes Ian and Fiona. Accordingly, HHS determined there were no excess regular CWS funds appropriated to trigger the required funding of grants related to dual-status youth.⁵</p> <p>Mandatory PSSF funding is subject to sequestration, which reduces the funding available for distribution. The reduction must be applied at an equal rate to each activity that receives PSSF mandatory funds. (More on application of sequestration in a later row.)</p> <p>For each of FY2018-FY2023, annual appropriations laws have stipulated that only a portion of the appropriated PSSF discretionary funding (roughly \$59.7 million) is to be distributed according to program law, as described in the immediately adjacent column. Distribution of the PSSF discretionary funds provided above that amount was given in the FY2018-FY2023 acts as follows:</p> <ul style="list-style-type: none"> 5% must be reserved for evaluation and research (in addition to the other PSSF mandatory and discretionary set-asides for these purposes), and \$19 million is to be made available for kinship navigator grants to states and tribes with an approved IV-E program. <p>Other of the discretionary funds (provided above roughly \$59.7 million) have been directed to—</p> <p>(1) enhance funding for regional partnership grants (RPGs), and/or to (2) support the work of the Title IV-E Prevention Services Clearinghouse, including related research and evaluation work. However, the amounts and/or availability for each of these given purposes has varied by year.</p>

Provision	CWS (discretionary funding)	PSSF (mandatory funding)	PSSF (discretionary funding)	Notes
<p>Allocation of Appropriated Funding: Grants to States for Child and Family Services</p> <p>[As described in the notes column the formulas vary significantly between CWS and PSSF.]</p>	<p>From the amount appropriated and remaining after any set-aside of funds for child welfare and juvenile justice collaboration grants (as described in the row above), CWS funds are allocated to each of the 50 states, the District of Columbia (DC) and five territories (Puerto Rico [PR], Guam [GU], the U.S. Virgin Islands [USVI], American Samoa [AS] and the Commonwealth of the Northern Mariana Islands [CNMI]) (i.e., 56 jurisdictions).</p> <p>First: Each of these 56 jurisdictions receives a base grant of \$70,000.</p> <p>Second: Each of the 56 jurisdictions receives a portion of the remaining CWS funding, which is determined based on—(1) the jurisdiction's relative share of all children (individuals under age 21) across those 56 jurisdictions; and (2) the per capita income of the jurisdiction (relative to the nation).</p> <p>The per capita measure must be recalculated every two years and is used to weight the award so that states with lower per capita income (relative to the nation as a whole) receive somewhat greater federal support per child, as compared to states with higher relative per capita income.</p> <p>This amount is the initial state grant.</p> <p>Third: If the state does not have a tribe(s) operating a CWS program(s) in its state, the initial grant as described above is its final CWS allotment amount. If the state includes a tribe or tribes that operate a CWS program, the tribe or tribes receives a portion of the state's initial grant before CWS funds are awarded to the state. (Determination of amount for tribes is described in the immediately following row.)</p> <p>Section 423 and Section 428</p>	<p>From the amount of mandatory and discretionary funds that remain after each of the set-asides described in the row above (i.e., program set-asides for the Court Improvement Program (CIP), tribal child and family services; PSSF-related evaluation, research training and technical assistance; Monthly Caseworker Visit (MCV) grants; Regional Partnership Grants (RPGs), along with any amounts reserved out of discretionary PSSF funds via appropriations law), PSSF funds are distributed as follows:</p> <p>First: Each of the five territories (PR, USVI, GU, AS, and CNMI) receives an amount that is determined in same manner as funds are distributed to territories under the CWS program (as described in the preceding column of this row).</p> <p>Second: The remaining funds are then allotted to the 50 states and DC in proportion to the number of children receiving SNAP (Supplemental Nutritional Assistance Program) benefits in each of the 51 jurisdictions.</p> <p>The portion of children in a state receiving SNAP must be based on the average of three most recent years for which data are available.)</p> <p>Section 433(o)-(c) and Section 437(c)</p>	<p>The CWS formula is largely as it was established in 1958 legislation (P.L. 85-840), with modest tweaks in the 1960s. In using per capita income as a formula factor, it looks to a measure of state capacity to support services as part of determining level of federal support. (This approach is like the FMAP [Federal Medical Assistance Percentage].)</p> <p>The PSSF formula is as it was established in the 1993 law that established the program (with technical changes made to reference the revised program name). The use of SNAP receipt by children may be understood as a proxy for share of lower income children by state (so a measure of needy population). Variation in state policy and related SNAP take up rates may make it a less comparable measure of this issue across states as compared to current Census Bureau data. However, at the time this formula was developed, state-level Census estimates of children in poverty were less reliable than those that became available in the 2000s (via the American Community Survey [ACS]).</p> <p>The CWS formula includes a base allotment of \$70,000—an amount established in the first half of the 1960s; the PSSF formula does not provide any base (or minimum) funding allotment. A base grant, or alternatively a minimum allotment of funds, is typically offered to ensure that the smallest population states have no less than the specified amount to operate a program. For example, in the child welfare world, the Chafee general program, provides, effectively, a minimum allotment to each state of \$500,000 (out of total mandatory funding of \$140 million) [Section 477(b)(6)].</p> <p>The CWS and PSSF programs approach funding for tribal child and family services differently. Under CWS, funding is initially allocated to states and then that initial amount is reduced only for those states in which tribes operate a CWS program. In PSSF, funding for tribal programs is reserved before allotment of program funds to any state.</p>	

Provision	CWS (discretionary funding)	PSSF (mandatory funding)	PSSF (discretionary funding)	Notes
<p>Allocation of Appropriated Funds to Tribes for Child and Family Services</p>	<p>The HHS Secretary is authorized "in appropriate cases (as determined by the Secretary)" to make payments to any tribe within a state that has an approved CWS plan. Amounts paid to tribe must be considered as a part of the state's allotment determined under the CWS program before distribution of funds to tribes. Section 428</p> <p>As implemented by HHS, tribes with an approved CWS plan receive a direct federal payment that is taken from the initial allotment to the state (or states) in which the tribe's services population is located.</p> <p>The amount of the initial allotment to a state that is directed to the tribe is based on the share of children (individuals under age 21) in the state who are living in the tribal service area. This amount is weighted to ensure the maximum federal support per child in the tribal service area. See 45 C.F.R. §1357.40(d)(6)</p>	<p>Tribes (including tribal consortia) with an approved PSSF plan receive a portion of the PSSF funding reserved for tribal child and family services that is based on the tribe's share of children (individuals under age 21) among all children living in tribal service areas with an approved PSSF plan. However, no tribe may have an approved PSSF plan (i.e., be eligible for PSSF funding of any kind) if its allotment of PSSF mandatory funds would total less than \$10,000. Section 432(b)(2)(B), Section 433(a) and Section 437(c)(1)</p>	<p>For purposes of IV-B, tribes are defined, generally, to include federally recognized tribes and any recognized governing body of a tribe (i.e., tribal organization).⁴</p> <p>The PSSF program specifies tribal consortia may also be eligible. There is not a formal definition given but these consortia are expected to represent two or more tribes/tribal organizations. In the case of a tribal consortia the combined child (individuals under age 21) population must by law be used to determine any PSSF allotment [Section 433(a) and 437(c)(1)].</p> <p>The Biden Administration has proposed amending current law (Section 432(b)(2)(B)) to allow the determination of whether a tribe may have an approved PSSF plan (based on at least \$10,000 allotment) to include both mandatory and discretionary funds. This would likely allow a modest increase in the number of tribes eligible for PSSF dollars, but would not increase PSSF funding for tribes overall.</p>	
<p>Reallotment</p>	<p>Any CWS funds allotted to a state and which the state certifies to HHS Secretary will not be needed to carry out its CWS plan, must be available for reallotment.</p> <p>Any state or states that HHS determines has a need for, and will be able to use, additional funds to carry out its CWS plan may receive these reallotted funds.</p> <p>In reallotting funds to such states, the HHS Secretary must take into account (among the states eligible for re-allotment) the same factors used to initially distribute CWS funds (i.e., population under age 21, relative per capita income). Section 423(e)</p>	<p>Any PSSF funds allotted to a state or tribe and which the state or tribe certifies to HHS Secretary will not be needed to carry out its PSSF plan, must be available for reallotment.</p> <p>Reallotted funds must be distributed in the same manner in which PSSF funds are initially allotted to states and tribes. Section 434(d)</p>		

Provision	CWS (discretionary funding)	PSSF (mandatory funding)	PSSF (discretionary funding)	Notes
Sequestration Provisions discussed here are from the Balanced Budget and Emergency Deficit Control Act of 1985 (BBEDCA), as amended.	Only applicable to discretionary funding if appropriations exceed specified spending limits in a given year. ^h	Subject to annual sequestration (through FY2031) on non-exempt, nondefense mandatory funding. ⁱ	Only applicable to discretionary funding if appropriations exceed specified spending limits in a given year. ^h	Current law effectively sets the annual sequester of mandatory PSSF funding at 5.7% (applicable level of sequestration for FY2021) in each year through FY2031 (Section 251A(6)(B)(ii) of BBEDCA). Accordingly, an appropriation of \$345.0 million in mandatory PSSF funding results in a roughly \$19.7 million reduction and reduces available mandatory funding to \$325.3 million. That reduction in PSSF funding is shared proportionately across all programs or activities that receive mandatory PSSF funding (i.e., PSSF child and family services, the Court Improvement Program (CIP), Monthly Caseworker Visit (MCV) grants, Regional Partnership Grants (RPGs), and Evaluation, Research, Training and Technical Assistance).
Non-Federal Share of Funding [Required "match"]	A state must provide no less than 25% of total CWS program spending in order to receive its full allotment of federal CWS funding. However, a state that fails to meet one or both of the two required benchmarks related to completing monthly caseworker visits with children in foster care must provide additional non-federal funds in order to receive its full federal CWS allotment. The additional amount required is pegged to a state's level of failure to meet one or both of the caseworker visit-related benchmarks. It may range from a one percentage point increase (i.e., the state must provide not less than 26% of the total CWS program spending) to a no more than 10 percentage point increase (i.e., state must provide 30% of total CWS spending) to receive its full CWS allotment. (See also "Reporting on Caseworker Visits," in Table 2 .) Section 424(a) and (f)	A state must provide no less than 25% of total PSSF program spending in order to receive its full allotment of federal PSSF funding. Section 434(a)(1)		Effectively, then, in both CWS and PSSF, a state must provide no less than \$1 in non-federal support for the program for every \$3 in federal program funds it receives. However, under the CWS program, a state may be required to offer additional non-federal resources if it fails to meet specific benchmarks related to caseworker visits with children in foster care.

Provision	CWS (discretionary funding)	PSSF (mandatory funding)	PSSF (discretionary funding)	Notes
Requirements for Submission of Plan	<p>To be eligible for CWS funds a state must have an approved plan that meets all the requirements of Section 422 (see Table 2).</p> <p>Under the plan the states must agree to provide reports and any other information as the HHS Secretary may require.</p> <p>Section 422(o)(1) and (6) and 424(o)(1)</p> <p>Based on regulation and annually provided guidance, states are required to resubmit their CWS plan every five-years. Additionally, they must annually request CWS funding and provide plan updates as made necessary by amendments to the law, along with any other information required by HHS.</p> <p>The five-year plan re-submission and annual update are due June 30 of each year.</p> <p>45 C.F.R. §1357.15 and §1357.16</p>	<p>To be eligible for PSSF funds a state must have an approved plan that meets all the requirements of Section 432 (see Table 2).</p> <p>Under the PSSF plan, the state must agree to provide reports and other information as the HHS Secretary may require. Specifically, the state must provide a five-year plan that outlines its goals for child and family services, establishes measures to determine if the goals are being met, and provides for annual review and any updates as needed.</p> <p>Further, by June 30 of each year, the state must provide a description of services it plans to provide under the PSSF program in the upcoming fiscal year and the populations to be served.</p> <p>Section 432(o)(2), (5) and (8)(A)</p>	<p>Plan submission requirements are consolidated for CWS and PSSF (along with requirements for Child Abuse Prevention and Treatment Act (CAPTA) state grants, and Chafee funds (General and Education and Training Vouchers).</p> <p>Although states must make one submission, individual program requirements remain separate and a failure to show compliance with a given CWS state plan requirement, for example, would not impact the state's ability to access PSSF funds.</p> <p>State submission of five-year Child and Family Services Plans (CFSPs) and Annual Progress and Services Reports (APSR) are first reviewed at the ACF regional level to determine all required assurance and information is provided. CWS and PSSF funds are issued to states on a quarterly basis, starting usually in the first quarter of the fiscal year. Typically, there is time between the June 30 required submission date and the release of the first quarter of funds to resolve any identified issue(s) and this enables full ACF approval of plan/funding request ahead of the funding distribution.</p> <p>HHS releases separate guidance for tribes and for states. The most recent five-year CFSP was for FY2020-FY2024 and was due to HHS, ACF by June 30, 2019. The most recent APSR was due on June 30, 2023. States and tribes are expected to be required to submit their final APSR for the current five-year plan as of June 30, 2024. And, as of that same date, to submit a new five-year CFSP.</p> <p>Guidance for the current five-year CFSP was issued for states in February 2019 (PL-19-02) and for tribes in March 2019 (PL-19-04).</p> <p>Guidance for the most recent APSR submission was issued in February 2023, and is included in PL-23-01 for states and PL-23-02 for tribes</p>	

Provision	CWS (discretionary funding)	PSSF (mandatory funding)	PSSF (discretionary funding)	Notes
Availability of Funds on Expenditures	A state may only spend CWS child and family services funds during the fiscal year for which the funding was awarded and in the immediately following fiscal year. 45 CFR, §1.357.30(i)	A state may only spend PSSF child and family services funds during the fiscal year for which the funding was awarded and in the immediately following fiscal year. Section 434(b)(2)	The time limit on CWS expenditures is not included in statute but is given in regulations (and repeated in annual guidance. (See for example PL 23-01, p. 52.)	
Requirements for Reporting on Expenditures	The CWS program does not include a specific statutory requirement. However, under PSSF statute, states must annually provide certain information about planned child and family services spending, including under CWS. This reporting covers planned spending for a wide range of service categories and for CWS administration. In addition, they are required to annually provide final CWS spending information (for the most recent year for which actual expenditures are complete). This report includes actual funding for child and family services (one number) and, separately, actual spending on administration. This information is due by June 30 of each year and must be provided on a specific form created by HHS (currently CFS-101, Parts I, II, and III). Section 432(a)(8)(B)	States must report planned and final PSSF spending, by each of the four service categories, as well as "other program costs," and program administration spending. Planned spending must be provided for the immediately upcoming fiscal year and final spending must be provided in the first year for which actual final expenditures are available. [For example, for the reports due on June 30, 2023, states reported planned expenditures for FY2024 and final expenditures for FY2021.] This information is due by June 30 of each year and must be provided on a specific form created by HHS (currently CFS-101, Parts I, II, and III). [See also the row on "Annual Report" in Table 2] Section 432(a)(8)(B)	For grants management purposes, states are also required to annually submit an SF-425 Federal Financial Report for CWS and, separately for PSSF, 90 days after the end of each fiscal year (i.e., December 30 of each year). This includes an interim SF-425, providing information on federal and state spending under each program in the first fiscal year for which program funds may be spent and a comprehensive final SF-425 as of December 30 following the end of the second fiscal year. Please note that PSSF mandatory and discretionary funds are treated as a single program and so only one SF-425 is necessary for PSSF child and family services funding. However, PSSF funding distributed by formula to states for monthly caseworker visits and for kinship navigator programs are treated as separate programs and states must provide separate SF-425 forms for these programs.	
Accountability	States that do not meet CWS plan submission requirements may have funds withheld until those items are met. 45 CFR, §1.357.30(d), (which applies general grant HHS grant management provisions for grantees failing to meet requirements)	States that do not meet PSSF plan submission requirements may have funds withheld until those items are met. 45 CFR, §1.355.30 (which points to regulations applicable to grants programs under Title IV-B and Title IV-E generally, including HHS grants management regulation)	In addition to the CFR, a state's compliance with a CWS or PSSF state plan requirement may be subject to partial review, as described in regulation. HHS ACF is currently in the midst of the fourth round of the CFR. For more information, see Round 4 of the CFRs	
	State conformity with federal state plan requirements in Title IV-B and Title IV-E is primarily assessed through the Child and Family Services Review (CFSR). The CFSR is periodically conducted in each state to assess if the state is achieving 7 outcomes	Same as for CWS.		

Provision	CWS (discretionary funding)	PSSF (mandatory funding)	PSSF (discretionary funding)	Notes
	<p>related to safety, permanency, and well-being of children and families it serves and if it has in place 7 "systems" required in federal child welfare law. The review assesses CWS, PSSF, and IV-E requirements together. States found to be not in "conformity" with federal requirements must develop a program improvement plan (PIP). States that successfully implement all aspects of an ACF-approved PIP (usually a two-year plan), do not receive a fiscal penalty. States that do not successfully do this must pay fiscal penalties. These penalties are taken as a certain percentage of the state's total federal CWS and PSSF awards and the federal share of a state's Title IV-E administrative spending for the relevant period.</p> <p><i>Section 1123A, 45 C.F.R. §§1355.31 through 1355.36</i></p>			
Administering Agency	<p>In general, the agency that administers, or supervises the administration of the CWS plan must be the same state agency that administers the SSBG program in the state.</p> <p><i>Section 422(b)(1) (See also "Administering Agency" row in Table 2)</i></p>	<p>The agency that administers or supervises the administration of the PSSF plan must be the same state agency that does this for the CWS program in the state.</p> <p><i>Section 432(a)(1) (See also "Administering Agency" row in Table 2)</i></p>		
	<p>Source: Table prepared by the Congressional Research Service (CRS), based principally on provisions included in Title IV-B of the Social Security Act. References to any other federal laws necessary to describe the relevant policies are given in the table. In some instances, applicable federal regulation, as included in the Code of Federal Regulations (C.F.R.), is also referenced. On occasion, less formal guidance is noted, although this type of source is typically discussed in the final Notes column of the table only.</p> <p>Notes: When the requirements vary for these funds, the table includes separate discussion of PSSF mandatory versus PSSF discretionary funding. In most cases, however, the same rule applies regardless of the type of funding. In those instances, information for both types of PSSF funding is provided in the same table cell.</p> <p>a. With limited exceptions, the regulations regarding Title IV-B (45 C.F.R. §1357) were finalized in 1996 (or earlier). Accordingly, a number of those provisions, are inconsistent with statutory requirements enacted since that time. HHS typically notes this in its annual program instructions to states regarding the development of a five-year Child and Family Services Plan (CFSP) and/or an Annual Progress and Services Report (APSR). See for example, the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Administration on Children, Youth, and Families (ACYF), Children's Bureau, PL23-01, issued February 9, 2023, p. 23.</p>			

- b. The restriction on child day care spending added to the law by the Child and Family Services Improvement Act of 2006 (P.L. 109-288) built on a less stringent provision regarding this use of CWS funds earlier added by the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). The attention to child day care in the CWS program followed provisions added to the program by the Public Welfare Amendments of 1962. That law required that a portion of CWS program funds be reserved for provision of child day care (any kind) and added certain eligibility rules and standards that were required when using CWS for day care (e.g., must be for care provided in a state licensed facility or in a private family home). The explicit reservation of CWS funds for child day care remained in law for only a small number of years. However, provisions related to required child day care standards remained in the CWS program far longer. In fact, the Child and Family Services Improvement Act of 2006, struck from the law a CWS state plan requirement which stated that "[except for eligibility rules] the standards and requirements imposed with respect child day care under title XX shall apply with respect to day care" provided with CWS funds.
- c. In the lead up to the enactment of that law, Congress considered increasing the mandatory PSSF program authorization by \$200 million/year (as proposed by the George W. Bush Administration). Ultimately, however, it opted to approve legislation that authorized additional discretionary funding only. For more discussion of this legislative history, including the Administration's proposal and related Congressional action, see CRS Report RL30894, *Child Welfare: Reauthorization of the Promoting Safe and Stable Families Program in the 107th Congress*.
- d. The Child and Family Services Improvement Act of 2006 (P.L. 109-288) increased the reservation of PSSF funds for tribes from 1% to 3% of all PSSF mandatory funding. However, it effectively directed that the 3% was to be taken out of the level of PSSF mandatory funding that was provided for FY2005 (\$305 million) rather than for FY2006, and later years (\$945 million). See Section 438(f)(3) of the SSA. This means that the effective sequester of PSSF funding for tribal child and family services is a bit less than 2.7% of total annual mandatory PSSF funds.
- e. Communication received by CRS from HHS, ACF, February 23, 2023. All of the supplemental funding was made available to three jurisdictions directly affected by Hurricanes Ian and Fiona (Florida, South Carolina, and Puerto Rico). See HHS, ACF, ACYF, Children's Bureau, PL23-09, June 9, 2023.
- f. The per capita income factor is determined without reference to any of the five territories and each is statutory granted considered to have the lowest per capita income. See Section 423(b).
- g. For both the CWS [Section 428(c)] and PSSF [Section 431(a)(5) and (6)] program, the terms "tribe" and "tribal organization" are defined by reference (directly or indirectly) to the definition of those terms as given in Section 4 of the Indian Self Determination and Education Assistance Act (ISDEAA). Due to reorganization of the U.S. Code, the code citation to Section 4 of the ISDEAA, as included in Section 428(c), requires a technical correction. Specifically, Section 4 of the ISDEAA is now codified at 25 U.S.C. §5304.
- h. The Budget Control Act (BCA) of 2011 amended the Balanced Budget and Emergency Deficit Control Act (BBEDCA) of 1985 and established limits on discretionary funding for FY2013-FY2021. Those discretionary spending limits were exceeded in only one year (FY2013). Accordingly, in that year both CWS and PSSF discretionary appropriations were subject to sequestration. Title IV-B discretionary funding sequestered in FY2013 (i.e., sequestered) totaled roughly \$14.5 million in CWS funds and \$3.2 million in discretionary PSSF funds.
- i. The BCA amended the BBEDCA to provide for certain sequestration of mandatory funding to enforce the budgetary goals established for the Joint Select Committee on Deficit Reduction. That sequestration of mandatory spending was initially in place from FY2013-FY2021. However, a series of subsequent amendments to the BBEDCA have continued sequestration on non-exempt programs receiving mandatory funding in every year. Most recently, the Infrastructure Adjustment and Jobs Act (P.L. 117-38) extended the sequestration applicable to PSSF mandatory appropriations for each year through FY2031. Specifically, Section 25(A)(6)(B)(ii) of the BBEDCA currently sets the reduction of nonexempt, nondefense mandatory spending at 5.7% in each year. The sequester of some PSSF mandatory funding began in FY2013 with the percentage reduction fluctuating based on a required Office of Management and Budget (OMB) calculation. (The highest annual percentage reduction was 7.3% in FY2015.) The BBEDCA (Section 255(f)) provides for an exemption from this sequester for a number of budget accounts that fund "low-income programs," including, for example Medicaid, the Temporary Assistance for Needy Families (TANF) block grant, and the Title IV-E program (including Chafee mandatory funds). Federal administrative funding under any exempt program, however, remains subject to sequestration.

Program Creation and State Plan Requirements

The CWS and PSSF programs were enacted roughly six decades apart and in different contexts.

CWS was created in 1935, as part of the original Social Security Act (P.L. 74-271). At its enactment, the CWS program was the first and only federal program dedicated wholly to child welfare services. This may help to explain its broad aims even today. The Children’s Bureau, which was instrumental in writing the program into law, understood CWS grants as a way to “help get new services started; to reach more children with established services; [and] to improve the quality of services provided.”³ While the original program law directed states to focus their efforts on rural areas this limitation was removed in the Social Security Amendments of 1958 (P.L.85-840) and states were later directed to work to ensure services were available statewide. The program was enacted as part of Title V of the Social Security Act, but was moved to Title IV (in a new part B) by the Social Security Amendments of 1967 (P.L.90-248). It was renamed as the Stephanie Tubbs Jones Child Welfare Services (CWS) program by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351).

The Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66) established a program to fund family support and family preservation services in a new subpart 2 of Title IV-B. At the time, the number of children in foster care was climbing (along with federal spending on IV-E foster care) and new service models aimed particularly at preventing the need for foster care placement appeared promising. The 1993 law called for collaborative planning and development of community-based family support programs, along with family preservation services. It also authorized funding to evaluate these services, and provided (beginning with FY1995), a set-aside of program funding for the Court Improvement Program. As part of the Adoption and Safe Families Act of 1997 (P.L. 105-89), Congress expanded the program (and its mandatory funding) to include support for services to help reunite children in foster care with their families and to promote and support adoptions out of foster care. ASFA renamed the program, Promoting Safe and Stable Families (PSSF). In 2019, the Family First Transition Act (Division N of P.L. 116-94) renamed the program as the MaryLee Allen Promoting Safe and Stable Families program.

Compared to PSSF, CWS state plan requirements more often focus on required protections and procedures for children in foster care and on development and implementation of other plans for broader child welfare agency functions (e.g., disaster planning). CWS state plan requirements have been amended and added to many times. By contrast, amendments to the PSSF program have arguably more often focused on additional activities or grants supported out of the program’s funds, rather than to state plan requirements. For example, after ASFA added new service categories in 1997, the Deficit Reduction Act of 2005 (P.L. 109-171) expanded the Court Improvement Program (CIP) work, and the Child and Family Services Improvement Act of 2006 (P.L. 109-288), established grants for “targeted purposes,” i.e., Regional Partnership Grants (RPGs) to improve outcomes for children affected by parental substance use and Monthly Caseworker Visit (MCV) grants.

The origin and develop of some state plan requirements are discussed immediately below, followed by a discussion of access to CWS and PSSF by territories and tribes. Following this **Table 2** provides a side-by-side comparison of the state plan requirements given in the law for the CWS and PSSF programs. There is limited overlap in these requirements, although, as described in **Table 1**, HHS has ensured that plan submission and reporting provisions are done in a coordinated and consolidated manner. Further,

³ Mildred Arnold, “The Growth of Public Child Welfare Services,” *Children*, July-August 1960) This piece was part of a larger set of articles that commemorated the 25th anniversary of the SSA and were included in the magazine of the Children’s Bureau under the heading: “The Children’s Titles in the Social Security Act.” The titles discussed included, Title IV, which at the time included only the Aid to Dependent Children program (Title IV), and Title V, which in addition to the CWS program, included grants related to Maternal and Child Health, and separately, grants for Crippled Children.” The CWS program was moved to Title IV (in a newly created part B) by the Social Security Amendments of 1967 (P.L. 90-248).

both CWS and PSSF state plan requirements include some attention to coordination of efforts, although these provisions are more expansive in the PSSF plan.

CWS Requirements

Joint development (with the Children's Bureau) of a plan for child welfare services was required from the beginning of the CWS program (Social Security Act of 1935, P.L. 74-271). However, the first explicit "state plan requirements" were added to the program by the Public Welfare Amendments of 1962 (P.L. 87-543). The plan requirements have been amended many times since. Notably, the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) sought to revise and modernize the provisions. As did the Child and Family Services Improvement Act of 2006 (P.L. 109-288).

Coordination with Other Social Services

The current law provision that requires the state agency administering the SSBG program to also administer the CWS program had its genesis in an initial 1962 state plan requirement, which called on states to coordinate provision of CWS services with services provided under the Aid to Dependent Children (ADC) program. (At time the ADC program, later renamed Aid to Families with Dependent Children, AFDC, included social services funding.⁴) The Social Security Act Amendments of 1967 (P.L. 90-248) moved the CWS program from its original location in Title V of the SSA to a new Title IV-B and revised the coordination requirement to stipulate that the same agency that administered AFDC must administer the CWS program. When the AFDC social services funding was moved to a new Title XX Social Services funding; in 1981, it was revised again to reflect creation of the Title XX Social Services Block Grant (SSBG).

Foster Care

Although provision of foster care does not appear to have been intended as the primary focus of the CWS program, by the 1970s, it seemed to be widely acknowledged as the most expected use of the funds.⁵ The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) moved federal foster care support out of the AFDC program (where it had been established in 1961) into a new Title IV-E.⁶ The law included a focus on improved case planning and achievement of permanency for children in foster care and, as a part of this project, rewrote and revamped the CWS program. Notably it established an incentive structure whereby states that met certain requirements, including being able to show that they offered the same case

⁴ The Social Security Amendments of 1956 (P.L. 84-880) added funding for *social services* to the ADC program. This funding remained a component of the ADC/AFDC program until the creation of Title XX Social Services via the Social Services Amendments of 1974 (P.L. 93-647, enacted January 1975).

⁵ See for example, U.S. Congress, Committee Print 96-29, Senate Finance Committee, *Staff Data and Materials Relating to Social and Child Welfare Services*, September 1979, p. 8: "Most of the expenditures reported by States under the title IV-B program are used to provide foster care, including income maintenance for children who are ineligible for foster care under the Aid to Families with Dependent Children (AFDC) program." According to this document, federal FY1979 funding for Title IV-B (CWS) was \$56.5 million but states estimated their spending on CWS would total about \$793 million in that fiscal year and most of this (\$581 million) for foster care (see Table 11).

⁶ P.L. 87-61 (1961) established foster care as an optional component of the ADC program (later AFDC) on a temporary and short-term basis. The authority to provide foster care under the program was subsequently extended, and later made permanent. The Social Security Amendments of 1967 (P.L. 90-248, enacted in January 1968) required states with an AFDC plan to offer foster care.

planning and review protections for children in foster care (without regard to Title IV-E eligibility status) were able to receive an allotment of CWS funds out of a potentially larger pot of CWS funds.⁷

The Social Security Amendments of 1994 (P.L. 103-432) repealed that incentive structure and turned the incentive measures into state plan requirements. This made carrying out case plan and review procedures for all children in foster care (IV-E eligible or not) a requirement for receipt of any CWS funds. (The effective date of these changes was delayed until April 1, 1996).

Among the additional CWS state plan requirements that focus exclusively on children in foster care are those that address—the diligent recruitment of foster and adoptive parents (added by the Multi-Ethnic Placement Act, MEPA of 1994, P.L. 103-382), the creation of standards for frequency and quality of caseworker visits with children in foster care (added by the Child and Family Services Improvement Act of 2006, P.L. 109-288), and the development of a health oversight plan for children in foster care (added by the Fostering Connections to Success and Increasing Adoptions Act of 2008, P.L. 110-351).

Other

Other CWS requirements are diverse addressing a range of topics and dealing with general child welfare agency functioning, including working with volunteer (private) agencies, developing a pre-placement services program, consulting with tribes on meeting the Indian Child Welfare Act (ICWA) requirements, describing services for children adopted from other countries, and planning for continued operations and provision of services in the face of a disaster.

PSSF Requirements

By comparison to those in CWS, the PSSF plan requirements are less numerous. They are also largely center around collaborative planning for and review of agency goals and coordinated service strategies, as well as a requirement that service spending be done along a continuum, ranging from services to families in the community (family support), to those in crisis or where children have been removed from the home (family preservation and family reunification) and as well for identifying and supporting children in new permanent adoptive homes (adoption promotion and support services).

Since the 1993 enactment of the program, PSSF plan amendments have been revised to—stipulate that safety is to be of “paramount concern” in administering program services (Adoption and Safe Families Act of 1997, P.L. 105-89), make the reporting requirements under PSSF more specific (Child and Family Services Improvement Act of 2006, P.L. 109-288), and require states to focus services on children at greatest risk of maltreatment (Child and Family Services Improvement and Innovation Act of 2011, P.L. 112-34).

Access to CWS and PSSF for Territories and Tribes

For the most part, only a *state* or tribe with an ACF-approved CWS or PSSF plan is eligible to receive program funds

Under Title IV-B, the term *state* applies to each of the 50 states, the District of Columbia, Puerto Rico, American Samoa, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands.⁸ The District of Columbia and Puerto Rico must meet all of the same requirements that apply to any of the 50 states in order to receive CWS or PSSF funds. However, under federal regulations applicable to certain *insular*

⁷ Reflecting a concern about lack of reliable data, access to the broader pot of CWS funds was also conditioned on the state conducting an inventory of all children in foster care and development of a statewide information system regarding children in foster care.

⁸ See “state” as defined in Section 1101(a)(1) of the SSA and for purposes of Title IV-B specifically in [45 C.F.R. §1355.20\(a\)](#).

areas (45 C.F.R. §97), American Samoa, Guam, the Northern Marianas, and the U.S. Virgin Islands are permitted to receive CWS and PSSF funds as part of a consolidated social services grant. Accordingly, these jurisdictions do not need to meet non-federal matching requirements to receive these funds. Neither are they required to meet the specific requirements of each program consolidated into the grant. However, they must choose one of the programs that are part of the consolidated grant and meet its requirements. Currently, American Samoa, Guam, and the Northern Mariana Islands receive their CWS and PSSF funds as part of a consolidated social services grant and under the SSBG requirements.

Although the U.S. Virgin Islands is eligible for the same consolidated social services funding, it has relatively recently (effective with FY2017) received approval of a Title IV-E plan and has accordingly begun to submit CWS and PSSF plans and to receive that program funding under their specific rules. Presumably this is because HHS understands the Title IV-E state plan at Section 471(a)(2) of the SSA to require any state or tribe seeking approval of Title IV-E plan to also have an approved CWS plan. (It does not, however, require an approved PSSF plan).⁹

Definition of Tribe and Tribal Receipt of Funds

The terms *Indian tribe* or *tribal organization*, as used in Title IV-B generally refers, respectively, to a federally recognized tribe and a governing body of such a tribe or tribes.¹⁰ All tribes that receive CWS or PSSF funds must have approved plans under the program. Generally, the same requirements apply to tribes as to states. However, for tribes that do not operate a foster care program, certain CWS requirements are not considered applicable. In addition, HHS has used the authority granted to it in the PSSF statute to waive the requirements in that program related to spending significant sums on each of the four service categories and the limit on spending for administrative proposes. Finally, a tribe is not permitted to have an approved PSSF plan (i.e., receive PSSF funds) unless—subject to the amount of funding appropriated and the number of tribes applying in a given fiscal year—it has a child (under age 21) population large enough to ensure it would receive an allotment of at least \$10,000.

⁹ The Title IV-E plan (Section 471(a)(2)) requires that the state agency administering or supervising the administration of the Title IV-E foster care, prevention, and permanency program must be the same state agency that administers the CWS program. As interpreted by HHS, this means that no state or tribe may be approved to administer a Title IV-E program without separately having approval to carry out a CWS program. See HHS, ACF, ACYF, Children's Bureau, *Child Welfare Policy Manual (CWPM)*, Section 9.1, question 2; and CRS communication with HHS, ACF (August 2023), confirming that the policy stated in the CWPM applies not only to tribes operating a Title IV-E program but also to any state (including territories) doing this.

¹⁰ See the definition of this term in Section 4 of the Indian Self Determination and Assistance Act (25 C.F.R. §5304), which is cross-referenced in Title IV-B.

Table 2. Side-by-Side Comparison of State Plan Requirements/Approval and Some Related Requirements for the Stephanie Tubbs Jones Child Welfare Services (CWS) and MaryLee Allen Promoting Safe and Stable Families (PSSF) Programs

Provision	CWS	PSSF	Notes
Plan Approval Necessary for Receipt of Funds	In order to be eligible for payment of CWS funds, a state must have a plan for child welfare services that is (1) developed jointly by the Secretary of the U.S. Department of Health and Human Services (HHS) and the state agency that administers or supervises the administration of the plan, and (2) that meets all the requirements given in the law [listed below]. Section 422(a)	The HHS Secretary must approve the PSSF plan of each state or tribe that meets the requirements given in law [listed below], but only if the plan was developed jointly by HHS and the state agency, after consultation with appropriate public and private agencies and community-based organizations with experience in administering child and family service programs. Section 432(b)(1)	Joint development between the state and the Children's Bureau (now a part of HHS) of a plan for provision of child welfare services has been a feature of the CWS since its 1935 enactment in the original Social Security Act. Specific provisions, designated as "plan requirements," were added to the law via the Public Welfare Amendments of 1962 (P.L. 87-543). The PSSF requirements related to plan approval generally date to the program's 1993 enactment via the Omnibus Budget Reconciliation Act (P.L. 103-66).
Tribal Plans	The HHS Secretary is authorized to make payments to the governing bodies of federally recognized tribes that have an approved CWS plan. Section 428(a) and (c)	The HHS Secretary is authorized to exempt a plan submitted by a tribal entity from requirements concerning both significant spending across each of the four PSSF categories and limits on administrative spending, to the extent those requirements are considered inappropriate when taking into account the resources, needs, and other circumstances of that tribal entity. The PSSF plan of a tribal entity may not be approved unless the amount of PSSF mandatory funding that would be allotted to the tribal entity (under PSSF tribal allotment provisions) is at least \$10,000. Section 432(b)(2)	Authority for HHS to provide CWS funds to tribes was added to the law in 1980 by the Adoption Assistance and Child Welfare Act (P.L. 96-272). The PSSF provision related to approval of tribal plans date to the program's 1993 enactment. HHS has used its authority to exempt all tribes receiving PSSF funds from the requirement that significant funds be spent on each of the four service categories and from the limits on use of PSSF for program administrative costs. The Biden Administration has proposed amending PSSF to allow approval of tribal PSSF plan, based on allotment totaling \$10,000 out of both mandatory and discretionary PSSF funds. ^a Alternatively, some legislation introduced in past Congresses has sought to ensure each tribe may receive no less than \$10,000 in PSSF funds. ^b

All section references are to the Social Security Act (SSA) unless otherwise noted.

Provision	CWS	PSSF	Notes
State Plan Requirements	Each CWS plan must— <i>Section 422(a)</i>	A PSSF plan must— <i>Section 432(a)</i>	With regard to the agency that administers the CWS program, the 1980 provision on which this current requirement is based permitted an exception for any state that, as of December 1, 1974, separately administered its CWS and social services funding (see Section 103(d) of P.L. 96-272). Notably, in December 1974, this social services funding was a component of AFDC (Title IV-A). However, in 1975 that funding was moved to a new Title XX—Social Services. In 1981, Title XX was revised and renamed as the Social Services Block Grant (SSBG). ⁵
Administering Agency	Provide [generally] that the agency that administers, or supervises the administration of, the CWS plan must be the same individual/agency that administers the Social Services Block Grant (SSBG), and, to the extent child welfare services are offered by staff of the state or local agency administering the plan, child welfare services are to be provided by a single organizational unit in that state or local agency. <i>Section 422(b)(1)</i>	Provide that the same state agency that administers the CWS program must be the agency that administers the PSSF program. <i>Section 432(a)(1) and Section 431(a)(3)</i>	
Program Administration	No comparable provision.	Provide for such methods of administration as the HHS Secretary finds to be necessary for the proper and efficient administration of the program. <i>Section 432(a)(6)</i>	This PSSF requirement dates to the program's enactment in 1993.
Use of Voluntary Agencies	Provide for the use of the facilities and experience of voluntary agencies when developing services for children (as authorized by the state and in accordance with state and local programs and arrangements). <i>Section 422(b)(5)</i>	No comparable state plan requirement. However, as noted in an earlier row, HHS must approve a state's PSSF plan only if it was developed in consultation with public and private non-profit agencies, and community-based groups experienced in providing child and family services. [See Section 432(b)(1)]	The earliest version of this CWS requirement dates to the Social Security Act Amendments of 1950 (P.L. 81-734). The current iteration is the requirement as it was revised by the Adoption Assistance and Child Welfare Act of 1980.
Coordination with other programs	Provide for coordination between services provided under the CWS plan, and those provided under the Social Services Block Grant (SSBG), the Temporary Assistance for Needy Families (TANF) block grant, PSSF, Title IV-E, and any other state programs related to CWS, with a “view to provision of welfare and related services which will best promote the welfare of such children and their families.” <i>Section 422(b)(2)</i>	Provide (to extent appropriate and feasible) for coordination of PSSF services with services or benefits under other federal or federally assistance programs that serve the same populations.	This CWS requirement, some version of which has been in the law since 1962, appears to use the word <i>welfare</i> with two meanings. In the first instance it appears to reference provision of aid/cash assistance and in the second it appears to reference well-being of children. This PSSF requirement dates to the program's enactment in 1993.

Provision	CWS	PSSF	Notes
<p><i>Safety Paramount</i></p>	<p>No comparable provision identified.</p>	<p>Contain assurance that in administering and conducting services under the PSSF program, the safety of children served will be of paramount concern. Section 432(a)(9)</p>	<p>This PSSF requirement was added to the law in 1997 by the Adoption and Safe Families Act (ASFA, P.L. 105-89).</p>
<p><i>Identify and Serve At-Risk Populations</i></p>	<p>No comparable provision identified.</p>	<p>Describe how the state identifies the most at-risk populations and how it will target services on those populations. Section 432(a)(10)</p>	<p>This PSSF requirement was added to the law in 2011 by the Child and Family Services Improvement and Innovation Act (P.L. 112-34).</p>
<p><i>Plan for the Prevention of Child Maltreatment-Related Deaths</i></p>	<p>Documents steps taken to prevent child maltreatment-related deaths, including with regard to state efforts to—</p> <ul style="list-style-type: none"> • ensure it compiles accurate and complete information from all relevant entities; and • develop and implement a comprehensive, statewide plan to prevent these child fatalities (in consultation with public health, law enforcement, and other public and private entities). Section 422(b)(19) 	<p>No comparable provision identified.</p>	<p>The CWS requirement was first added to the law in 2011 when it focused on compiling complete and accurate information. It was amended by the Family First Prevention Services Act (FFPSA, Title VII, Division E of P.L. 115-123) to require, as of October 1, 2019, development and implementation of statewide prevention plan.</p>
<p><i>Develop Goals; Measure and Report on Progress</i></p>	<p>As given in regulation, use of CWS funding is generally expected to be incorporated into required planning for child and family services. (See notes column.)</p>	<p>Set forth goals to be accomplished under the plan by the fifth year of its operation, and every 5 years thereafter. Describe how the state will measure its progress toward achieving those goals. Assure that the state will annually review its progress toward meeting its plan goals and, will revise them, as needed, in first 4 years of the plan. Assure that after the end of each 5-year period the state will prepare a final report on progress in achieving its goals, will transmit this report to HHS, and will make it available to the public. Assure that in the same year, it will develop—in consultation with public and private non-profit agencies, and community-based groups with experience in administering child and family services—a new 5-year plan and goals. Section 432(b)(2)</p>	<p>These PSSF requirements date to the program's 1993 enactment (P.L. 103-66). In regulation (45 C.F.R. §1357.15 and §1357.16), HHS developed requirements for child and family services planning (applicable to Title IV-B generally), including development of a five-year Child and Family Services Plan, as well as an Annual Progress and Services Report (APSR). Each year, HHS issues guidance to states on submitting the APSR (and at five-year intervals) CFSR requirements. CFSR/APSR instructions in this annual guidance may supersede the regulation, which despite multiple changes to the law, remains largely unchanged since it was published in November 1996.</p>

Provision	CWS	PSSF	Notes
<p><i>Description of Services Areas Served</i></p> <p>Describe the services and activities the state will fund with its CWS program and, how those services and activities achieve the program purposes.</p> <p>Describe the steps the state will take to—provide child welfare services on a statewide basis, expand and strengthen existing services, and develop and implement services to improve child outcomes.</p>	<p><i>Section 422(b)(3) and (4)(A)</i></p> <p>Provide that the agency administering or supervising the administration of the CWS plan will, as the HHS Secretary may require, participate in evaluations and provide reports containing requested information.</p> <p><i>Section 422(b)(6)</i></p>	<p>Describe—</p> <p>(1) the service programs that will be made available with PSSF funding in the upcoming fiscal year;</p> <p>(2) the populations that will be served; and</p> <p>(3) the geographic areas where the services will be provided.</p> <p>Include separate descriptions with respect to PSSF family support, family preservation, family reunification, and adoption promotion and support services to be provided.</p> <p>Make this annual description of planned services available to HHS and the public by June 30 of each year.</p> <p><i>Section 432(a)(5)</i></p>	<p>These CWS requirements were rewritten in 2006 (P.L. 109-288), drawing on related and pre-existing plan requirements.</p> <p>These PSSF requirements date to the program's enactment in 1993.</p>
<p><i>Provide Reports and Participate in Evaluations</i></p>	<p><i>Section 422(b)(3) and (4)(A)</i></p> <p>Provide that the agency administering or supervising the administration of the CWS plan will, as the HHS Secretary may require, participate in evaluations and provide reports containing requested information.</p> <p><i>Section 422(b)(6)</i></p>	<p>Provide that the state will, as the HHS Secretary may require, participate in evaluations and provide reports containing requested information.</p> <p><i>Section 432(b)(8)(A)</i></p>	<p>This CWS requirement was added to the law by the Adoption Assistance and Child Welfare Act of 1980 and remains largely unchanged.</p> <p>This PSSF requirement dates to the program's enactment in 1993 (P.L. 103-66).</p>
<p><i>Annual Report</i></p> <p>[Reporting on CWS is included in HHS-created form referenced in PSSF requirement (see adjacent column).]</p>	<p><i>Section 422(b)(6)</i></p> <p>[Reporting on CWS is included in HHS-created form referenced in PSSF requirement (see adjacent column).]</p>	<p>Provide that by June 30 of each year the state using a form created by HHS will report on—</p> <ul style="list-style-type: none"> planned child and family services spending by the state for the immediately upcoming fiscal year final child and family services spending under CWS and PSSF programs for the most recent preceding year for which actual expenditures are complete. <p>The report on final expenditures is also to include information on the numbers of children and families and geographic areas served.</p> <p>States may opt to report actual final spending data for additional related programs.</p> <p><i>Section 432(b)(8)(B)</i></p>	<p>The PSSF requirement for annual reporting in this specific form was added to the law in 2006. In 2011, the law was further amended to require HHS to compile this annually reported information and to submit it to the House Ways and Means and Senate Finance committees by September 30 of each year. The compilation must include individual state reports and tables that present national totals, including planning and actual PSSF and CWS spending. HHS must also post this compiled information on its website (as of September 30 in each year). [See Section 432(c)]. The annual reports are posted on the Children's Bureau website, under the heading, "Annual Report of State Child Welfare Expenditures."</p>

Provision	CWS	PSSF	Notes
<p>Non-supplementation</p>	<p>No comparable provision identified.</p>	<p>Assure that federal PSSF funds will not be used to supplement federal or non-federal funds that promote the same purposes as this program and that the state will provide documentation of this as requested by HHS. Section 432(o)(7)</p>	<p>This PSSF requirement dates to the program's enactment in 1993. The base year used for comparison is FY 1992. See HHS, ACF, ACYF, Children's Bureau, PL23-02, p. 49.</p>
<p>Limits on use of funds for administrative costs</p>	<p>Assure that not more than 10 percent of federal CWS funding will be used for administrative costs. Section 422(b)(1)(4)</p>	<p>Assure that no more than 10 percent of federal PSSF funding will be spent on administrative costs. Section 432(o)(4) In order to receive PSSF funds, a state must ensure that no more 10% of its total PSSF spending (federal & state/non-federal "matching" dollars) is used for program administration. Section 434(d)</p>	<p>The CWS limit on administrative spending of federal CWS dollars was added in 2006 and made effective with FY2007. The PSSF limit on administrative spending of federal PSSF dollars dates to the program's enactment in 1993. The limit with regard to PSSF non-federal ("matching") dollars was added in 2006 and made effective with FY2007. The definition of "administrative costs" are mostly consistent between CWS and PSSF. For comparison of definitions used in current program see Table 1. The PSSF limits on administrative spending are not applicable to tribes.</p>
<p>Required spending by service category</p>	<p>No comparable provision.</p>	<p>Assure that at least 90 percent of federal PSSF funding is spent on services (including planning) with a significant share of the funds spent in each of the four defined service categories (family support, family preservation, family reunification, and adoption promotion and support). Section 432(o)(4)</p>	<p>This PSSF requirement dates to the program's enactment in 1993—when only two service categories were defined. It was maintained in 1997 (P.L. 105-89), when the number of defined service categories was increased to four. The statute does not define significant for this purpose. However, in guidance, HHS requires that any state that does not plan to spend at least 20% of its PSSF funding in each of the four service categories must provide a strong rationale for this plan. See for example HHS-ACF-ACYF-Children's Bureau, PL23-01, p. 49. This PSSF requirement is not applicable to tribes.</p>

Provision	CWS	PSSF	Notes
<p><i>Staff development and training plan</i></p>	<p>Describe the staff development and training plans of the state for child welfare services. Section 422(b)(4)(B)</p>	<p>No comparable provision identified.</p>	<p>This CWS requirement was added in 1980. Under longstanding regulations states must address in the CWS-training plan, all training activities and costs funded under their Title IV-E plan and all training related to both Title IV-B programs (CWS and PSSF). See 45 C.F.R. §1356.60(b)(2), finalized in 1982 as part of implementing the Title IV-E program, and 45 C.F.R. §1357.13(c), finalized in 1996 as part of implementing the program now known as PSSF.</p>
<p><i>Diligent Recruitment</i></p>	<p>Provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom such families are needed. Section 422(b)(7)</p>	<p>No comparable provision identified.</p>	<p>This CWS provision was added by the Multi-Ethnic Placement Act (MEPA, P.L. 103-382). Unlike nearly all other provisions of MEPA it was remained unchanged by the Inter-Ethnic Adoption Provisions of 1996 (P.L. 104-188).</p>
<p><i>Effective use of cross-jurisdictional resources</i></p>	<p>Contain assurance that the state will make effective use of cross-jurisdictional resources, including through purchase of service contracts and will eliminate legal barriers to enable timely adoptive or permanent placements for waiting children. Section 422(b)(10)</p>	<p>No comparable provision identified.</p>	<p>This CWS requirement was initially added by the Adoption and Safe Families Act of 1997, which included it in a section of the law titled "Adoptions Across State and County Jurisdictions." It was amended in 2006 by the Safe and Timely Interstate Placement of Children Act (P.L. 109-239), which added the reference to purchase of service contracts and eliminating legal barriers.</p>
<p><i>Statewide information system</i></p>	<p>Provide assurance that the state, to the satisfaction of the HHS Secretary, is operating a statewide information system that can be used to readily know the status, demographic characteristics, location and placement goals of every child who is in foster care, or was in care during the past 12 months. Section 422(b)(8)(A)(i)</p>	<p>No comparable provision identified.</p>	<p>The CWS provisions related to statewide information system, case review system, and service programs, were initially included as part of an incentive structure added to the law by the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). States that demonstrated compliance with each of these provisions were eligible to receive a portion of all CWS funding appropriated. States that did not were eligible to receive an allotment of CWS funds out of no more than \$141 million of that total. The Social Security Act Amendments of 1994 (P.L. 103-432) repealed this incentive structure</p>
<p><i>Case review system</i></p>	<p>Provide assurance that the state, to the satisfaction of the HHS Secretary, has a case review system in place for each child in foster care under which it has to procedures to ensure that—</p> <ul style="list-style-type: none"> the child is in a safe and appropriate placement setting in accordance with a written case plan, 	<p>No comparable provision identified.</p>	<p></p>

Provision	CWS	PSSF	Notes
<ul style="list-style-type: none"> the child's safety, and need for the child to be in care, is reviewed no less frequently than every 6 months, the child's permanency plan is established and regularly reviewed in annual permanency hearings, the child's health and education record is regularly reviewed, updated and provided to the foster care provider (and to any youth who is aging out of care), if a child has been in foster care for 15 of the last 22 months, or a court has found the parent to have abandoned the child or to have committed one of certain specified crimes, the state (unless citing an exception as provided in the law) must petition the court to terminate the parent's parental rights to the child, any foster parent or pre-adoptive parent or relative providing care to the child must receive notice of proceedings held with regard to the child and has a right to be heard, within 90 days of a youth's expected exit from foster care due to age, work with the youth to develop a specific transition plan, and annually check for any credit reports related to child in care at age 14 or older, and help such youth resolve any issues identified. 	<p>Meet certain additional provisions (e.g., plan for educational stability) that are part of a child's required case plan and some provisions specific to certain groups of children in care (e.g., those with a permanency plan of <i>another planned permanent living arrangement</i>).</p> <p>Section 422(b)(8)(A)(ii), see also Section 475(5), which defines case review system for the purpose of IV-E and IV-B, and incorporates in that definition the term case plan given at Section 475(1), and Section 475A, which includes additional requirements for certain groups of children in foster care</p>		<p>and provided that every state was required to meet each of these provisions as a condition of receiving CWS funding. However, the effective date of those changes was delayed and set as April 1, 1996.</p> <p>Please note that the language of Title IV-B cross-references the definitions given in Section 475 (a part of Title IV-E) and the case review requirements described in this row are based on that definition as included in current law.</p> <p>That definition has been amended many times over and is far more expansive now (and as described in this table) than it was in the 1980s (when meeting the case review requirements for all children in foster care enabled a state to access full CWS funding) or in 1994, (when the Social Security Act Amendments made provision of case review protections to all children in foster care a requirement for receipt of any CWS funds).</p> <p>Further, the Preventing Sex Trafficking and Strengthening Families Act (2014, P.L. 113-183)) added some additional related protections for specific populations of children in foster care to a new Section 475A, and to ensure these applied to all children in foster care (not just those who are IV-E eligible) it added a cross reference to them in this Title IV-B requirement.</p>
			<p>The 2014 Preventing Sex Trafficking and Strengthening Families Act restricted use of other planned permanent living arrangement (also referred to as another planned permanent arrangement or APPLA) to children age 16 or</p>

Provision	CWS	PSSF	Notes
<p>Service programs</p>	<p>Provide assurance that the state, to the satisfaction of the HHS Secretary, has a service program that helps children—</p> <ul style="list-style-type: none"> return to families from which they been removed (as safe and appropriate), or be placed in new homes via adoption or legal guardianship. <p>If the child is at least 16 years of age and, the state had documented for the court a compelling reason that returning home or preparing for/being placed in a new permanent family is not in the best interests of the child, the service program must help the child be placed in some "other planned permanent living arrangement," which may be a "residential educational program."</p> <p>Section 422(b)(8)(A)(iii) and (iv)</p>	<p>No comparable provision.</p>	<p>older, effective with September 29, 2015 for states, and September 29, 2016 for tribes. The reference to placement in a residential educational program was added by the Child and Family Services Improvement Act of 2006. It appears inconsistent with FFPSA placement policy (for children in IV-E foster care at least). FFPSA was enacted in 2018, and its provisions related placement settings were effective in some states as early as FY2020 and in all states as of FY2022.</p>
<p>Pre-placement services</p>	<p>Provide assurance that the state, to the satisfaction of the HHS Secretary, has a pre-placement prevention services program that is designed to help children at risk of foster care placement remain safely with their families.</p>	<p>No comparable provision identified. [However, states must use some of their PSSF funds to provide family preservation services, which are intended, in part, to enable at-risk children to remain safely at home.]</p>	<p>The 1980 Adoption Assistance and Child Welfare Act provided that a state that could demonstrate its compliance with this requirement was entitled to a share of all funds appropriated for the CWS program, while those that did not meet this requirement (but did meet the service program, case review, and statewide information system provisions) were only eligible for a share of CWS funding up to \$266 million. This incentive provision was repealed by the Social Security Amendments of 1994, effective with April 1, 1996, all states were required to assure under their CWS plan that they had a pre-placement services program.</p>
<p>Policies re Abandoned Infants</p>	<p>Provide assurance that the state/tribe has policies and administrative and judicial procedures for children abandoned at or shortly after birth that enable expeditious decisions with respect to the permanent placement of such children, and include policies and procedures to ensure legal representation of abandoned children.</p> <p>Section 422(b)(8)(B)</p>	<p>No comparable provision identified.</p>	<p>This CWS plan requirement was added to the law by the Social Security Act Amendments of 1994.</p>

Provision	CWS	PSSF	Notes
<p>Steps Taken to Comply with ICWA</p>	<p>Describe the specific measures the state takes to comply with the Indian Child Welfare Act (ICWA); a state must develop this description only after consultation with federal recognized tribal governments in the state. <i>Section 422(b)(9)</i></p>	<p>No comparable provision identified.</p>	<p>This CWS plan requirement was added to the law by the Social Security Act Amendments of 1994.</p>
<p>Adoption of Children from Other Countries; services and data</p>	<p>Describe the activities the state has undertaken for children adopted from other countries, including adoption and post-adoption services. Collect and report information on the number of children who are adopted from other countries and who enter into state custody as a result of a disruption or dissolution of the adoption, including the number of children, the agencies that handled the adoptions, the plans for the child, and the reasons for the disruptions or dissolutions. <i>Section 422(b)(1) and (2)</i></p>	<p>No comparable provision identified.</p>	<p>These CWS requirements were added to the law by the Intercountry Adoption Act of 2000 (P.L. 106-279). That law also requires that certain of the information collected by states must be included in an annual report on intercountry adoptions that is prepared by the State Department (see Tables 6 and 7 in the <i>FY2022 report</i>). States have generally provided this information in annual Title IV-B reports made to HHS. Beginning with FY2023, states are required to collect and report data on children in foster care who are, or were, intercountry adoptees via the Adoption and Foster Care Analysis and Reporting System (AFCARS) (see Element 43 in <i>Technical Bulletin #42</i>).</p>
<p>Collaboration with Courts</p>	<p>Demonstrate substantial, ongoing, and meaningful collaboration with state courts in the development and implementation of—the Title IV-B state plans (both CWS and PSSF); the Title IV-E foster care, prevention, and permanency plan; and any program improvement plan (PIP) required following any federal conformity reviews (e.g., Child and Family Services Review, CFSR). <i>Section 422(b)(13)</i></p>	<p>There is no PSSF state plan requirement with regard to court collaboration. However, a portion of PSSF funds have been annually reserved (beginning with FY1995) to support the Court Improvement Program.</p>	<p>This CWS requirement was added to the law by the Deficit Reduction Act of 2005 (P.L. 109-171, enacted in February 2006).</p>
<p>Health oversight plan for children in foster care</p>	<p>Provide that the state child welfare agency and the state Medicaid agency—in consultation with pediatricians, child welfare service providers, recipients of child welfare services providers and other stakeholders—will develop a health oversight plan for children in foster care. The plan must ensure a strategy to identify and respond to the health care needs of children in</p>	<p>No comparable provision identified.</p>	<p>The CWS requirement for a health oversight plan was added to the law in 2008, by the Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351). It built on a more limited requirement that was in the law at the time with regard to prescription medication. Several revisions or additions have been made to the requirements, since that time.</p>

Provision	CWS	PSSF	Notes
<p>foster care, including mental health and dental needs. It must outline the following—</p> <ul style="list-style-type: none"> • a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice; • how health needs identified through screenings will be monitored and treated; • how medical information for children in care will be updated and appropriately shared; • steps to ensure continuity of health care services; • oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications; • how the state actively consults with and involves physicians and other professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatments for them; • protocols to ensure that children in foster care are not placed in non-foster family homes settings based on inappropriate diagnoses of mental, behavioral, or physical health needs, or developmental disabilities; and • steps to ensure that the health care-related components of a <i>transition plan</i> (required to be developed with a youth who is within 90 days of aging out of foster care) are met. <p>Section 422(b)(15)(A)</p>	<p>Immediately following the health care oversight plan requirements, Section 422(b)(15)(B) stipulates that nothing about the requirements is to be construed as reducing or limiting the responsibility of the state Medicaid agency to provide care and services to children served under the CWS plan.</p>	<p>No comparable provision identified. However, note that the CWS provision requires the disaster plan be developed for CWS, PSSF, and Title IV-E operation.</p>	<p>States were generally required to have the initial disaster plan developed as of late September 2007.</p> <p>The disaster plan provision was added to the law in 2006, roughly a year after Hurricane Katrina (Child and Family Services Improvement Act, P.L. 109-288). Its content responds in some measure to concerns identified in that disaster. A 2021 report from the U.S. Government Accountability Office (GAO) on challenges faced</p>
<p><i>Plan for Continued Operation in Disaster</i></p>	<p>Provide that the state will have in place procedures for how the state will respond to a disaster (to ensure continued operation of CWS, PSSF and IV-E-programs), including how it will—</p> <ul style="list-style-type: none"> • Identify, locate and continue to make services available for children under state care or supervision who are displaced or adversely affected by a disaster; 	<p>No comparable provision identified. However, note that the CWS provision requires the disaster plan be developed for CWS, PSSF, and Title IV-E operation.</p>	<p>States were generally required to have the initial disaster plan developed as of late September 2007.</p> <p>The disaster plan provision was added to the law in 2006, roughly a year after Hurricane Katrina (Child and Family Services Improvement Act, P.L. 109-288). Its content responds in some measure to concerns identified in that disaster. A 2021 report from the U.S. Government Accountability Office (GAO) on challenges faced</p>

Provision	CWS	PSSF	Notes
<p>Addressing Needs of Young Children in Care or Otherwise Served by Child Welfare</p>	<p>Respond appropriately to new child welfare cases, and provide services, in areas adversely affected by a disaster;</p> <ul style="list-style-type: none"> Remain in communication with caseworkers and other essential child welfare personnel displaced by a disaster; Preserve essential program records; and Coordinate services and share information with other states. <p>Each of these disaster plan features must meet criteria established by the HHS Secretary.</p> <p>Section 422(b)(16)</p>	<p>No comparable provision identified.</p>	<p>by public child welfare agencies due to the pandemic, suggests the need for additional or different kinds of disaster protocols to be prepared for a public health emergency. In 2021, an updated disaster planning guide was released by a Children's Bureau technical assistance resource center.</p>
<p>Quality Caseworker Visits with Children in Foster Care</p>	<p>Describes the actions taken by the state to—</p> <ul style="list-style-type: none"> address the developmental needs of children under age 5 who are served by the child welfare agency; and reduce the amount of time children under 5 years of age spend in foster care. <p>Section 422(b)(18)</p>	<p>There is no PSSF state plan requirement with regard to monthly caseworker visits. However, a portion of PSSF funds has been annually reserved (beginning with FY2007) to support monthly caseworker visits. Annual funding for the grants has been circa \$20 million (pre-sequestration) in most years.</p>	<p>This CWS provision was added to the law by the Child and Family Services Improvement and Innovation Act of 2011 and was amended by FFPSA (2018) to clarify its scope (i.e., applicable to all young children served by the child welfare agency whether in foster care or not).</p>
<p>Reporting on Caseworker Visits</p>	<p>States must ensure that (1) no less than 95% of required monthly caseworker visits with children in foster care are completed; and that (2) at least 50% of those visits occur in the place (residence) where the child is living.</p>	<p>No comparable provision.</p>	<p>This reporting requirement and associated accountability provisions were added to the law in 2006 (P.L. 109-288). The first data were to be reported for FY2007. The way in which compliance was measured was revised in 2011 (P.L. 112-34). Previously reported</p>

Provision	CWS	PSSF	Notes
<p>States are required to report data to enable HHS to determine compliance with the requirement. If a state fails to meet one or both of the benchmarks, it's non-federal matching requirement for CWS funding is increased. A state in full compliance must fund 25% of total CWS costs. States not in compliance may be required to provide between 26% and 35% of those program costs, depending on their level of non-compliance on one or both measures.</p> <p>Information reported by states is published in the annual <i>Child Welfare Outcomes</i> book.</p> <p>Section 423(f) and Section 479A(g)</p>			<p>independently, beginning with FY2023, states are to report data needed to determine compliance with these standards via AFCARS (see elements 151 and 152 in AFCARS Technical Bulletin #20) The Child Welfare Outcomes data site indicates that for FY2021, all states met the requirement that 50% of visits be conducted where the child lived. However, 15 states did not meet the standard that 95% of required monthly visits were completed. Among the 15 states that did not meet the standard, the percentage of monthly caseworker visits completed ranged from 67% (NY) to 94% (CA, DE). Instead of the regular 25% non-federal funding requirements, these 15 states were required to provide non-federal CWS funding (for FY2023) of between 30% and 26% (in order to claim their full CWS allotment of funds).</p>

Source: Table prepared by the Congressional Research Service (CRS).

Notes: There is no difference in state plan requirements with regard to PSSF funding provided on a mandatory versus a discretionary basis. Accordingly, all PSSF information in this table is provided in a single column.

- a. The Biden Administration characterizes this change as largely technical. See U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), *Justification of Estimates for the Appropriations Committees*, FY2024, p. 315.
- b. See Tribal Family Fairness Act (H.R. 2762). Legislation with this same provision has been introduced in earlier Congresses (dating at least to the 116th).
- c. The effect or importance of this provision under current law is somewhat uncertain. For one thing, a single state agency may encompass many sub-agencies or units. Further, under current SSBG policy, state legislatures play a significant role in determining use of funds. One thing the inclusion of the requirement in the CWS state plan may convey, however, is that when Congress set the current basic structure of federal child welfare programs in 1980 (i.e., revised IV-B and created IV-E) it understood what we now refer to as SSBG as a part of the child welfare services funding environment. In fact, the 1980 provision followed earlier legislation in 1962 (P.L. 87-543), 1967 (P.L. 90-248), and 1974 (P.L. 93-247), each of which appear designed to ensure that CWS worked with social services provided under ADC/AFDC, later Title XX, further, in addition to establishing Title IV-E, and amending Title IV-B, the 1980 Adoption Assistance and Child Welfare Act (P.L. 96-272), amended Title XX to incrementally raise its annual funding ceiling to \$3.2 billion (as of FY 1989). However, OBRA of 1981 (P.L. 97-35), revamped the Social Services program, renamed it as SSBG, and lowered its annual funding (setting the maximum at \$2.7 billion for FY 1986 and any succeeding fiscal year). In 1996, PRWORA (P.L. 104-193), again lowered annual SSBG funding, setting it roughly at \$1.7 billion. At the same time, it allowed states to transfer TANF funding to SSBG.

Service Definitions and Descriptions

States can spend CWS funds on any of these five categories, along with nearly any service or activity authorized in any federal child welfare program. This includes for example, independent living services for youth in or formerly in foster care, staff training, caseworker retention and training, foster/adoptive parent recruitment and training, and other service-related work. Further, as stipulated by the Child and Family Services Improvement Act of 2006, states that in FY2005 used CWS funds for foster care maintenance payments, adoption assistance payments and certain child care, may continue to use CWS for those purposes (but not beyond the amount they spent on the given service in FY2005).¹¹

By contrast, states must spend their PSSF funds on four defined categories of services, family support, family preservation, family reunification, and adoption promotion and support services. The definitions of these categories frequently list goals (as opposed to types of activities to be provided). Further the goals and activities may be similar across different categories but focused on a different population.

Table 3 uses definitions in law, as well as description in policy guidance to describe the five most commonly supported IV-B service categories. The table lists the goal or objective for each category, gives service examples, and shows target populations.

Table 3. Selected Title IV-B Service Categories: Goals, Services, and Populations to be Served

Service Category	Goals (objectives)	Service Example <i>(as defined in law or given in guidance)</i>	Populations Served
Protective Services	Prevent or remedy the abuse, neglect, or exploitation of children	Investigation and emergency medical services Emergency Shelter Legal action Developing case plans , Counseling Assessment/evaluation of family circumstances Arranging alternative living arrangements (including preparing for foster placement, as needed) Case management and referral to service providers	Children at risk of, or experiencing, abuse, neglect, or exploitation
Family Support (provided in the community)	Promote the well-being of children; afford them safe, stable, and supportive family environments; and enhance their development Promote the well-being of families; increase the strength and stability of all families (including adoptive, foster, and kin families) Increase parents' confidence and competence in their parenting abilities Strengthen parental relationships and promote healthy marriages Support and retain foster families to provide quality family-based foster care	Center-based activities (e.g., drop-in interactions, parent support groups) Information and referral services , including for community & legal services Services to increase parenting skills Counseling Home visiting activities Respite care for parents/other caregivers Early developmental screening of children to assess needs; assistance in obtaining services to meet their needs Mentoring,³ tutoring and health education for youth	Families with children, including biological, foster, kinship, and adoptive families ⁵ Children/youth

¹¹ For FY2022, 15 states planned to spend CWS funds for foster care maintenance payments, 13 planned to use them for adoption (or guardianship) assistance, while no state indicated planned use for child care related to parental employment/education. See *Annual Report to Congress on State Child Welfare Expenditures Reported on CFS-101 (2022)*, January 2023, Attachment C.

Service Category	Goals (objectives)	Service Example <i>(as defined in law or given in guidance)</i>	Populations Served
Family Preservation (may be provided in the family home)	Prevent the need for children to be placed in foster care Allow children placed in care to be safely reunited with family Find permanency for children via adoption or legal guardianship (if reuniting is not appropriate) Place children in other planned permanent living arrangements (if reuniting, adoption, or legal guardianship are not appropriate).	Preplacement and preventive services , (e.g., intensive family preservation programs) Follow-up care for families with whom a child has been reunited Respite care to allow temporary relief to parents/caregivers (including foster parents) Services to improve parenting confidence, knowledge and skills (e.g., regarding child development, coping with stress, family budgeting, health, and nutrition) Case management services designed to stabilize families in crisis (e.g., assistance with housing and utility payments; access to adequate health care; transportation) Infant safe haven programs (that allow a parent to safely relinquish a newborn at a location designated in state law)	Families and children at-risk or in crisis, including when children are at risk of entering foster care and when children have been placed in foster care. ^b Children in need of new permanent families
Family Reunification	Facilitate safe, appropriate, and timely reunification of children placed in foster care. Ensure the strength and stability of the reunited family.	Counseling (individual, group, or family) Substance use disorder treatment (inpatient, residential, or outpatient) Mental health services Temporary child care & therapeutic services for families (e.g. crisis nurseries) Assistance to address domestic violence Peer-to-peer mentoring and support groups for parents/primary caregivers Facilitating access to and visits of children by parents and siblings Transportation to or from any of the above listed family reunification services	Parents/primary caregivers of children in foster care and those children; Parents/primary caregiver of children reunited with them from foster care (within the last 15 months) and those children
Adoption Promotion and Support See §431(a)(8) of the SSA	Encourage adoption out of foster care when this promotes the best interests of children Expedite the adoption process Support adoptive families	Pre-adoption services Post-adoption services	Children in need of adoption Prospective adoptive parents Adoptive families

Source: Table prepared by the Congressional Research Service (CRS).

Notes: Based on definitions given in the PSSF program at Section 431(a)(1), (2), (7), and (8) of the Social Security Act and services category descriptions provided in CFS-101 reporting instructions, including in the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Children's Bureau, [PI-23-01, Attachment B](#), pp. 6-8.

- a. *Mentoring* as used in the PSSF family support definition is given with a cross-reference to the definition of that term as included in the Mentoring Children of Prisoners (MCP) program. Under that program, mentoring is defined as "a structured, managed program, in which children are appropriately matched with screened and trained adult volunteers for one-on-one relationships involving meetings and activities on a regular basis, intended to meet, in part, the child's need for involvement with a caring and supportive adult who provides a positive role model" (see Section 439(b)(2)). The MCP program last received appropriations in FY2010.
- b. The statutory definitions of *family support* and *family preservation* services both refer to "extended" families. Presumably this is a reference to *kinship*, although that term is not used in the definitions. See Section 432(a)(1) and (2) of the SSA.

Ms. TENNEY. Thank you, Mr. Chairman.

I just want to thank all of the witnesses for what you do today.

I—in my first life as an attorney, I did a lot of pro bono work for what was the Legal Aid Society in New York and spent a lot of time in family court. Most of my—I started initially with paid clients, and then I did the pro bono work for family court. So I want to thank you for all of you for what you do in every aspect of this very, very important work.

This isn't about people showing up for a job. Once you get into this field, it is a calling. It is about saving families and children. And it is—I can't think of anymore important work that is happening in our communities and that it is so important that some of these—the reauthorization, the funding that we put forth is consistent and severance and meets the needs of the people like you all that are serving.

And I am—I was going to jump to a question. First, I want to—I would love to ask you all a question.

Ms. Moore, I know how you feel. This is just a lot here, and it is so important.

But I wanted to go to Ms. Gruber first, and you alluded to this just a few minutes ago about this overlap and the confusion.

And if we do a reauthorization, how can we better—and I know you kind of touched on it. But can you give me some specifics of how we can repurpose in a reauthorization these, you know, these two sources of funding that some are mandatory, some are discretionary?

Can we do that in a streamlined way for efficiencies and also to provide more—more resources for you on the front lines?

Ms. GRUBER. Thank you. Yeah, I mean, in terms of specifics on streamlining, it is very complicated, and I have mentioned this, to have just in that funding stream that is, again, only 2.5 percent of Utah's child welfare budget to handle those issues. Common definitions, one pool of funding with specifically defined outcomes that the States can leverage, and then reporting to those outcomes would be the primary way to streamline, to afford States the most flexibility that Congress is allowing to be afforded so that we can meet the needs of our population, which are all going to be different.

Ms. TENNEY. Can you just comment on the interaction—Utah is very different. I come from the State of New York—the interaction between the State and the Federal funding and how these localities can better access the funding, including some of the matches that come through on other programs?

Ms. GRUBER. Yeah. I think that being able to match the Federal dollars and putting up that match is one of the complexities, and it is different. The allocations are different even in subparts A and B. And being able to manage that, having one allocation formula with financing related to that is one streamline that can absolutely take place.

And they are all different across all the Federal funds. And these are complex families. We are leveraging dollars not just from child welfare, but through TANF and childcare development block grants, and a whole multitude of funding streams in order to meet the needs of these families.

Ms. TENNEY. Can you cite the one thing that you think, if you had to pick one thing, that we could fix and make this program better in terms of consolidating and streamlining?

Ms. GRUBER. Eliminate the set-asides.

Ms. TENNEY. Thank you. I appreciate that.

One last question. So, for Ms. Beidler Carr, I appreciate you being in court. I know how difficult this is. Can you just give us—and I don't have much time left—but just a quick overview of what is happening with the interactions with families as they go through the court system, the discretion of judges? I know my colleague, Ms. Moore, referred to discretion of judges.

I mean, these issues are really complex. They are—every family is different. I mean, it is—you can do, you know, an encyclopedia on what happens in family court and happens in these really sensitive issues. But if you could give us some—what are we seeing, and is there any discretionary guidelines we can give to the judicial system to this easier as well, including redefining some of the key terms?

Ms. BEIDLER CARR. Sure. Thank you for the question. And thank you for your own background having been in family court.

So I think the best way to answer this question is to just frame sort of what the sequence of events is for a family and when the court is most likely to become involved. So you have—a mandated report typically initiates, you know, the Child Protective Services' involvement. That can come from a school. It can come from a medical professional. It can come from social services or law enforcement. Then Child Protective Services decides whether to do an investigation. Through that investigation, they decide whether to provide preventative services or initiate a petition for removal. All of that happens before the court is even involved.

Typically, a court isn't going to actually be involved and see that child, see that family until after a removal has already occurred. And, in many instances, that happens well after the removal has occurred. So, under law, there is a lot of variation across the States where some courts will oversee the removal and confirm whether the removal needed to happen within 24 hours. Other jurisdictions, it is 48. Others, it is up to 3 weeks by law before they have to have a judicial order sort of confirming that that removal should have happened.

So there are a lot of things after that that then the judge has responsibility under both State and Federal law for overseeing implementation of placement. It depends, again, on State law. But there is a lot of sort of variation in the way that it all happens.

I think going to your sort of second part of that question about ways to implement change, one of the things that we would like to see is greater guidance and clarity around court oversight over that initial removal decision. I think there are a lot of circumstances—

Ms. TENNEY. Let me ask you—I know my time has expired—isn't that something that would be a State issue, that would be each State would be enacting—is there a model legislation on this that is something we can look to—that we could look to to at least provide a guidance to the States? And then I have to yield my time. I apologize. Thank you.

Ms. BEIDLER CARR. Yes. And it is an excellent question coming from New York, because New York does have some models, especially New York City, on that that would be great to look to.

Ms. TENNEY. Thank you, again. I yield back. Thank you, Mr. Chairman.

Chairman LAHOOD. Mr. Evans from Pennsylvania.

Mr. EVANS. Thank you, Mr. Chairman.

Dr. Sanders, in your testimony, you suggest that we should engage individuals with lived experience at all levels of the family first approach. You can also say that peer mentors are important to helping navigate this system. Can you describe how mentoring services for youth or parents interact with Title IV–B help those generally supported reunification of family preservation? How can you better incorporate peer mentoring and partners with implementing the policies that we are discussing today?

Mr. SANDERS. Thank you very much, Representative Evans. There are examples in jurisdictions across the country where the parents who have been through the child protection system or youth who have been through are assigned as mentors or peers to those who are going through the system today. And many of those—those examples have found that the experience is much better for the youth or the parent who is going through when they have a mentor, because they are able to talk to somebody who has had a similar experience, they are able to understand what is happening to them, and understand more directly from those who have experienced it.

And so the—we have seen in some jurisdictions the length of time that children spend in care is shortened, and so that the use of peers and/or mentors is with—for those with lived experience is something that we have supported quite strongly.

Mr. EVANS. Dr. Sanders, funding for Title IV–B has remained at its current level since 2006, barring occasionally a modest, modest annual probation increase. How have levels of funding impacted mentoring programs around the country? Have you noticed any significant impacts, specifically, communities of color?

Mr. SANDERS. The use of mentors at this point is funded through vehicles like IV–B or through State or local funding, and so there isn't a required funding. And so many States would say—and many jurisdictions would say that that is one of the challenges in the development of mentoring programs is a lack of resources that are really dedicated specifically for that purpose. So it, in my view, has had an impact on the initiation of those programs and expansion across the country.

Mr. EVANS. Mr. Chairman, I yield back the balance of my time. Chairman LAHOOD. Thank you.

I recognize Mrs. Miller of West Virginia.

Mrs. MILLER. Thank you, Chairman LaHood, and thank you, Ranking Member Davis, for letting me be here as part of this committee today. And thank you to all of you all for what you do and the time that you have spent coming here to talk about this important issue.

As a mother and a grandmother, I understand that children need to grow up in a safe and stable household. And because of one of the many hats I have worn throughout my life, I was able to stay

at home with my children and still work out of the house. And so I became that mother that walked the halls in the middle school or picked up the kids and took them places. So I was exposed from the time my children were little to many different households. And there were children who knew that they could come play in my basement and be safe. And I still have wonderful relationships with those children today, and they are in their forties; because it is so important for children to understand love and understand security and know that they are okay where they are.

Ms. Craft, I want to thank you for sharing your lifetime of work serving children and communities. Because we all know that the child welfare workforce is struggling to meet all the needs of the children and their families. The caseloads and the job duties that are expected of these caseworkers are such a heavy burden that they carry with them at all times. And many of the examples that Ms. Marquart shared from her time as a caseworker also highlight the need for innovation in child welfare services.

Caseworkers' capacity is absolutely stretched to the limits, and many cannot connect families to the necessary wraparound services and support that they need to prevent entry into child welfare. We should leverage technology to support families in real time and to prevent entry into child welfare.

Earlier this year, I introduced a Helping HANDS for Family Act. And my bill would permit States to use already allocated money to access online portals that connect families in need with resources. And this tool is designed to connect families with community-based providers, such as pregnancy centers, childcare programs, food pantries, churches, and nonprofits, as well as provide the one-on-one interactions to support families who are facing difficulties.

In your experience—I guess this is for Ms. Gruber, sorry. In your experience serving at-risk communities, how important is one-on-one interaction and case management in helping individuals and ensuring children are safe? And how do you think online platforms can help connect families to resources much like that you offer at your center? And would it alleviate the child workforce crisis?

Ms. GRUBER. Thank you for that question. I think the one-on-one case management is incredibly important, and leveraging the voice of the families in that one-on-one case management, as has been previously described, is really important. In terms of online applications, the State government level, we welcome the opportunity—[sic.]—the ability to innovate and try to figure out what is going to get the best outcomes for the families that we serve.

Mrs. MILLER. Thank you for that answer.

Now I am going to talk about court improvement programs. The courts play a huge role, as we know from other people's experience, in overseeing the success of foster care placements. Last Congress, I introduced the Strengthening Courts for Kids and Families Act. And my bill would reauthorize the Court Improvement Program through 2027. And it provides courts with the ability to implement training for judges, attorneys, and other legal personnel, as well as improve parent, family, and youth engagement in child welfare proceedings. And I am really excited to work with Congressman Blake Moore on introducing this bill.

So, Ms. Carr—there you are—thank you. Could you share an example of how the Court Improvement Program has been particularly effective in improving child welfare cases in a specific State or context?

Ms. BEIDLER CARR. Thank you for the question, Congresswoman Miller, and thank you for having introduced that legislation previously and continuing to work on reauthorization.

I do have several examples. One of the beauties of the Court Improvement Program is that every State has a Court Improvement Program director, and those directors are extraordinary individuals who do a lot of work and who responded very quickly when I reached out to all of them and asked them to give me some talking points.

So I can give you some data from West Virginia in particular. West Virginia has been doing a lot of work consistent, again, with one of the things that we have heard about around workforce development issues and issues, in particular, of recruitment and retention of legal professionals to go into this space. There has been a really big challenge as in many other States around that issue. And so they have been holding a number collaborative engagements with law schools and other legal services providers throughout the State in order to try to fill some gaps. And having an entity like the Court Improvement Program—excuse me—already established as a part of the supreme court in the State has just made a huge difference in being able to address that issue.

Mrs. MILLER. Well, thank you. I actually live right on the Ohio River, and so being in a tristate, we are directly affected by Kentucky, Ohio, and West Virginia, and share the children and the issues. And it is so interesting to see what might go on in Ohio that doesn't happen yet in West Virginia or vice versa in so many ways.

But thank you all for letting me be in here today, and I yield back my time.

Chairman LAHOOD. I now recognize Mr. Steube.

Mr. Steube, I think you were the first one here today, and thank you and Mrs. Miller for waiving on to the committee today to be a part of it. You are not part of the subcommittee, but it says a lot that both of you wanted to be here.

So thanks for your patience, Greg, in being here and for sticking around.

Mr. STEUBE. Yeah, of course. And thank you for allowing me to waive on to talk about a bill that I have worked on that is important to the State of Florida and homes that we have. And I will talk briefly about the Florida Sheriffs Youth Ranch. But I want to thank you for the opportunity to speak in support of H.R. 3852, offered by myself and Mr. Dunn of Florida.

This bipartisan bill, H.R. 3852, the Creating Accountable Respectful Environments for Children Act, addresses the shortage of foster home options for children by allowing cottage homes to be eligible for Federal funds that other programs already have access to.

This bill is simple, straightforward, and direct. The bill simply adds cottage family homes to the options of federally supported housing for foster children.

Make no mistake, our country is facing a foster care crisis.

Mr. Chairman, I would like to enter into the record a recent news article entitled, Inside America's critical shortage of foster homes, which reads: There is a critical shortage of foster homes. More than half of all States saw significant decline in licensed foster homes last year. Some States saw cuts as high as 61 percent.

Chairman LAHOOD. Without objection.

[The information follows:]

ON POINT



LISTEN LIVE: *Here & Now*



DONATE

[Home](#) // [Radio](#) // [On Point](#)

Inside America's critical shortage of foster care homes

[Share](#) [Print](#) [Code](#)

9/27/23, 12:10 PM

[Paige Sutherland](#) [Meghna Chakrabarti](#) [Tim Skoog](#)



(Lawren/Getty)

The U.S. foster care system is broken.

"We are in a massive crisis," Serita Cox, CEO and co-founder of the nonprofit iFoster, says. "And that crisis means that we have kids living in a casino or living in an office building or living in juvenile hall when they've done nothing."

WBUR is a nonprofit news organization. Our coverage relies on your financial support. If you value articles like the one you're reading right now, [give today](#).

There's a critical shortage of foster homes. More than half of all states [saw a significant decline](#) in licensed foster homes last year. Some states saw cuts as high as 61%. There are many reasons behind the decline. One of the main factors: new foster parents don't stay in the system.

"You could be getting all of these wonderful foster parents in, but if you're losing 50% of them in their first year ... it's basically a sieve," Cox says.

Today, *On Point*: The crisis in American foster care.

Guests

Serita Cox, CEO and co-founder of the nonprofit iFoster, the largest nationwide virtual network for children, families and organizations within the foster care system.

John DeGarmo, foster care advocate who's been a foster and adoptive parent of more than 60 children since 2001.

Also Featured

Brittany Yates, Jewell Harris, Enrique, and Glenda Wright, former foster youth.

Mikaila Reinhardt, a former foster child and now family recruitment specialist for the Children's Home Society of North Carolina.

John Connery, the director of recruitment at the South Carolina Youth Advocate Program.

Transcript

Part I

MEGHNA CHAKRABARTI: This is *On Point*. I'm Meghna Chakrabarti. The U.S. foster care system is broken. The number of licensed foster homes dropped last year in more than half of states, and in some states the drop was profound. For example, South Carolina lost more than 61% of its available foster homes last year. Meanwhile, more children continue to enter the child welfare system.

The shortages have forced several states to seek temporary shelter for children wherever it's available, including casino hotels, emergency rooms, retirement homes, and even former juvenile detention facilities. The Covid pandemic pushed the crisis out into the open, but it has been brewing for years.

Jewell Harris is 24 and lives in Ohio. She's been in and out of the foster care system since she was three years old. She aged out. Enrique lives in California. He went into foster care when he was 11. He's 25 now and has also aged out of the system. Glenda Wright is in Kentucky. She's 27, and first entered the foster care system when she was two. She often received kinship care from her grandmother, but her grandmother died when Glenda was 13. She's also aged out of the system.

This is what they experienced.

JEWELL HARRIS: I was probably like 13 years old, and we'd spend hours upon hours inside of the actual children's services agency. So in that lobby you'd see a bunch of different kids with a bunch of trash bags just sitting there and waiting and waiting. Then you get out of school and it's like, "Oh no, you can't go back there, you have some — the caseworker's there to pick you up and you have to go to the agency."

They have completely packed up all your things in trash bags. You don't know what they left, what they missed, or what they decided to disregard or discard, and that in itself was very demeaning. You lose your sense of autonomy. You feel like you don't have any control over your life.

ENRIQUE: There was times where I've had to stay at the command post, which is in downtown L.A. and it's like a big DCFS office, kind of, where when you're unhoused, they place you there. There's been times where I got removed from one group home and I had to stay at the command post basically for almost a week until they found me something new.

I got hospitalized one time and they made me stay in the hospital for almost a week longer than I should have been just because they were trying to find me a new placement as well. A lot of times they move people around and they don't have a set plan, so they'll move you out of your house, but they don't even have a home for you to go to. It's inhumane to be honest. Especially for a kid, you know, it's very traumatic.

GLENDA WRIGHT: My grandmother had just passed away. That's a significant loss. It's basically like my mother just passed away. And instead of thinking therapeutically, like, "Okay, these kids are always together. They need to stay together. And they need to be in a home-like environment as they kind of try to work through their grandmother dying." They decided that it would be better to put us in institutional care.

So what that looked like was me and my brothers getting split up by gender. So again, I just had my grandmother's death. It's the same night. I remember being in the room and laying on the bunk bed and just crying my eyes out. And I didn't have my built-in

support of my siblings, and so we were in that place for too long, first off, but really long, I don't really remember exactly how long. But to me, in that moment, it felt like months. It felt like years.

I know what's best for me, even if my age says that I don't. And so really just implementing youth feedback, both post-system and pre-system is really important.

CHAKRABARTI: That was Jewell Harris of Ohio, Enrique in California and Glenda Wright in Kentucky.

Serita Cox is the CEO and co-founder of the nonprofit iFoster, the largest national virtual network for children, families, and organizations within the foster care system. And she joins us today from Lake Tahoe, California.

Serita, welcome to *On Point*.

SERITA COX: Hello Meghna, and thank you so much for having me.

CHAKRABARTI: So we've only recently, I think more broadly have heard of this sort of precipitous crisis in the foster care system. But as we just heard from Enrique, Glenda, and Jewell, this has been going on for years. I mean, would you describe the current shortage of foster homes as different or more acute than it was before?

COX: I think it's happening nationwide at a level that we haven't seen necessarily before all at once, due to Covid. So Covid kind of put a spotlight on it. But this situation has been going on for a long, long time. You know, Jewell, Glenda and Enrique, you mentioned their ages now and they're talking about a decade ago and what they were going through. So yes, this has been a problem for a long time that just seems to have come to this massive head that the public is becoming aware of because of Covid.

CHAKRABARTI: Okay. I'd like to spend a few minutes talking about the lengths

that several different states and social service agencies in those states have had to go to in order to find places for children to stay who are in the foster system. I mean, for example, in California where you are, there are stories of children who have had to sleep in cots in former juvenile detention centers. Do you know more about that?

COX: That's correct. That's in Sacramento. It was investigated and the bottom line is, there were — and there are — no foster homes or kinship homes available for these children. And so it is the only facility they could find. It would be that or maybe office space at Department of Children and Family Services headquarters. Or it would be homelessness. That is the crisis. There are no beds.

CHAKRABARTI: Mm. Homelessness, even though these children are supposed to be in the care of the state?

COX: Correct. And homelessness does occur. I believe Enrique talked about that, that even while you're in care, it does not mean that you're guaranteed to be with a family, to be in a safe placement.

CHAKRABARTI: Okay. There are a couple of other other examples I want to go through just to really drive this point home about how dire the situation is. In Nevada, children have been housed in casino hotel rooms where state workers watched over them while they were waiting for foster beds to open. You're — I'm sure you're aware of that as well, right?

COX: Exactly. You know, at least it was a hotel. *(LAUGHS)* And you have to see the grim humor in it. But yes, that's happening there, too. Especially in the more rural areas, there aren't foster families, there aren't kinship families in which to place them.

CHAKRABARTI: Yeah. And I'm seeing here that in the, in the Nevada case, KFF News, or formerly Kaiser Health News, has reported that in one Nevada County

there were — in Elko County, Nevada, it's a rural but geographically large county, there were 12 foster beds in the entire county. Just 12. And they were all full.

And then in North Carolina, there were 11,000 youth in the North Carolina foster care system. Just prior to the pandemic, there were 7,100 licensed foster families in the state, but by 2022, the number had dropped below 5,500. And that led to a number of children having to stay, for example, another thing we've been reading about — and Enrique mentioned this — for extended stays in the hospital. Not because they needed medical care anymore, but simply because there was no place for them to go, Serita.

COX: Yes, that does happen. And let's be clear, it's not necessarily a hospital for physical care. In many times, it's a mental health facility. And you can imagine the trauma as a young person or a child being held in a medical health institution — or a mental health institution when you really don't need to be there.

CHAKRABARTI: I see.

COX: So this is a massive issue, and you can just imagine the trauma that is impacting on these children. They're already traumatized. They've been removed from their family due to abuse or violence or neglect. They were removed for a reason and they're being further re-traumatized by not being placed in a safe family environment for whatever temporary time they're gonna be in foster care. Instead, they're in offices, they're in casinos, they're in defunct juvenile holds that aren't even being used as juvenile holds anymore. You know, it is a crisis.

CHAKRABARTI: Mm-hmm. Well, the North Carolina Department of Health and Human Services responded to an inquiry from Queen City News who did some local reporting on this. And the NC DHHS said that they were aware of at least 50 children statewide who were waiting in emergency departments — like, living in the emergency room. Because of the fact that those particular children were waiting to be admitted into either a setting that could address their complex

needs, their mental health needs — that would be inpatient or residential — or a foster home that was supported by behavioral health and other services in the community. And those foster homes simply did not exist in adequate numbers.

So when we come back, Serita, I wanna talk a little bit more about the impact that Covid has had on this already ongoing problem and really what the dynamics are that are causing this crisis. So today we're talking about a crisis in the U.S. foster care system and the dramatic drop in foster homes for children to go to. And we'll have more when we come back.

Part II

CHAKRABARTI: Today, we're taking a look at a problem that the Covid pandemic helped to burst out into the open, and that is the dramatic drop in foster homes, in licensed foster homes in more than half of U.S. states. A drop that means that children in many of these states are bounced from home to home, or sometimes housed in inappropriate situations.

And we're trying to understand what's driving not only the recent drop in foster homes, but the longer term challenges that state child services departments are facing. And Serita Cox joins us today. She's CEO of the nonprofit iFoster, which is the largest virtual network for children, families and organizations in the foster care system.

Now, Serita, the fact that Covid made a bad situation worse is unfortunately a familiar refrain in so many aspects of American life. So I wanna just go back to what the bad situation even was before Covid. Because I'm reading that there's sort of a multifaceted set of problems here, and the first of all is that for quite some time, states have had a very difficult time in retaining new foster families. Can you tell me why that is and how bad the retention rate is?

COX: Yes. So the retention rate, you know, about 50% of new foster parents last

only a year or less. So you've got this huge outflow. And by the way, it takes — it can take almost a year to get licensed to be a foster parent. So they've gone through all this investment and then they leave.

And some of the endemic issues as to why this is — why we're seeing this. Well, we went out and asked the community. We run something called the Voice of the Community Survey. We just finished our second annual one. And about 3,000 caregivers from across the country — about 7,000 transition-age youth, caregivers and frontline workers — have responded.

And what the caregivers had to say is they really, they don't feel valued. Now, remember, caregivers don't get paid. They volunteer. And they don't feel valued. They don't feel that they're seen as anything but a bed and a driver, driving kids to their visitations or their doctor's appointments or to school or whatever.

They don't feel respected. They don't get the training and support they need. They're not sure how to access the resources that their children need or where to get them. And quite frankly, the stipend that they do get, which is supposed to invest in the child, is insufficient to meet the needs of that child.

CHAKRABARTI: Mm.

COX: And so when you add all of that up — and this feeling of they're already volunteering and they feel like they're not even a valued member of the team, their voice isn't heard in decision making around the future of that child even though they are principally responsible for the life of that child, for the majority of the time that that child's in care — you can see how things can fester and it becomes a very — nobody wants to be part of something like this.

CHAKRABARTI: Right. Okay. So not enough support for families who wish to be foster families. We will come back to that in a couple of minutes. But caseworkers themselves, I'm seeing, are feeling very overworked and burning out. Do you have

some, some data or stories around that?

COX: Yes. There, too. You can see the same. I believe the turnover rate, depends on the state, is between 30 to 50%, on frontline workers. These are the ones that are, are out there in the field. So there, too, huge caseloads — far exceeding what the state or federal guidelines suggest should be their caseloads. Not only that, but their caseloads are moving and switching all the time.

To give you a case example, in L.A. County, cases are done by — social workers are given a region that they operate in. So as kids move placements — as you heard Enrique and Jewell and Glenda talk about moving placements — and they move in and out of a social worker's area, that social worker may have a steady state of cases, but the actual case keeps changing because the children keep changing. So you can just imagine the — how can they possibly keep up? And they're under incredible pressure, too, because there's not enough homes. How do you think a social worker feels keeping a kid in their office?

CHAKRABARTI: Mm-hmm. Mhm.

COX: It's heartbreaking.

CHAKRABARTI: Yeah. Well, you know, we reached out to several states that are experiencing these critical shortages of foster homes. And several of them, a couple of them, did give back to us with statements.

One of them is Maryland. And according to at least one data set in 2000 — between 2021 to 2022, Maryland lost 38% of its available, or number of licensed foster homes in the state. And the state of Maryland responded to our inquiry with quite a long statement, but a portion of it says that currently there are 3,911 children and teens in foster care. And as of just this week, there are 2,640 licensed active resource homes in Maryland. And they gave us a couple of reasons about why that number has fluctuated in the past few years.

And they point to what seems like an administrative reason — that over the course of 2019 to 2021, the statement says, Maryland developed and launched the new child, juvenile and adult management system to better support DHS Child Welfare and Adult Services employees. And during the transition period to this new management system, they discovered, and have since corrected, programming issues with migrating the data from the state's old system to the new one, which resulted in some closed resource homes being reopened in the system inadvertently.

Now, what do you take from that, Serita?

COX: A lot of bureaucratic information. *(LAUGHS)*

CHAKRABARTI: *(LAUGHS)* Yes. Yes.

COX: Um...I...yeah, it's a mess.

CHAKRABARTI: Mm-hmm.

COX: I mean, how do you not know which of your families — and this just goes to what caregivers are saying — they're so low on the totem pole for being supported that an administrative error could turn off families.

CHAKRABARTI: Mm-hmm.

COX: It just underscores the value that is being placed on these caregivers who arguably are the biggest — from a child-centric point of view — they are the most important piece of the child welfare system.

CHAKRABARTI: Yeah. There's another piece of this that I wanted to get your impressions on. Because, again, thinking about the reporting that's come out of Nevada and some of — the tremendously acute need, especially in some of

Nevada's rural counties.

Officials there, again, told Kaiser Health News that what made the available number of foster families shrink dramatically there was actually larger problems in the community: higher poverty rates, greater geographical distances to services or even between communities, very limited infrastructure, fewer social workers in all. So the community itself was struggling, which meant that the number of foster families, even if they had the desire to do so, simply couldn't. They couldn't support bringing another child into their home, even temporarily. So it's like a reflection of bigger challenges in American life, don't you think?

COX: Absolutely. Absolutely. Especially if you have built a system upon the backs of volunteers. What other system of care that do we have in the United States that is so dependent on volunteers? In healthcare, we have home health workers, we have senior care, we have pre-K and childcare. All of those do not rely upon volunteers yet, the child welfare system does.

And where are the majority of children coming into the foster care system from? Well, again, if we go back to the surveys we've been doing, 78% of frontline workers said that the number one reason that drove children into the foster care system in the first place was poverty.

CHAKRABARTI: Mm-hmm.

COX: So that means that children are coming from communities like you just described about Elko. You know, poor communities, communities that are already struggling. And now we are saying as a child welfare system, we are flipping over to that exact same community and saying, "Yeah, you're struggling, but we're looking for volunteers. Will you sign up and take another child into your home?"

CHAKRABARTI: Mm.

COX: "Oh, and P.S., by the way, we're not gonna give you a stipend that's gonna cover everything that that child completely needs. Nor are we going to be able to give you all the supports and resources and everything else that you need because we ourselves are; you know, we don't have enough social workers, we're under stress, we don't have the capability to do that. And perhaps we don't value you that way either."

CHAKRABARTI: Right. We're gonna hear from a foster parent in just one minute here, but Serita I had one more question for you. Because you said "volunteer" multiple times. But then you also mentioned, correctly, that stipends are paid to foster families who do care for children in the system.

Now those stipends, monthly stipends can vary wildly, right? I mean, I'm seeing as low as \$200 a month in Utah to \$1000 a month in California. But you're still making the argument that that is an inadequate amount to care for the children that the foster parents are, foster families are taking in?

COX: Yes. And to be clear, foster parents aren't paid like a professional, right? And that's one thing caregivers have suggested is what if this was to be more of a profession? And we can talk about that.

But this stipend is somewhat of a compensation for the bed, for the roof over their head. And for the consumption of items that that child needs, whether it's clothing, food, being driven to and from school or visitations or programming, you know, things like that. So when you think about it's not a lot. It does go up based on the complexity of the trauma and the case that they are licensed to be able to have.

So a family who is trained and can handle very severe traumatic cases — children who have been sexually abused, children who have disabilities, children with severe mental health issues — obviously you need someone much more trained.

CHAKRABARTI: Mm-hmm.

COX: And they need much more supports than a child who doesn't need that. So that's why you see these varying in differences. But is it paid like one would see a home health worker being paid or a senior care worker being paid, or a childcare worker being paid? No.

CHAKRABARTI: Mm-hmm.

COX: It is not. And maybe that's why it's not valued.

CHAKRABARTI: Okay. Okay, well, Serita Cox, hang on here for just a minute because I wanna bring in the voice of someone who is a foster parent.

John DeGarmo joins us from Monticello, Georgia. He's been a foster parent and adoptive parent of 60 plus children since 2001. He's also a foster care expert and advocate, and the director of the Foster Care Institute. John DeGarmo, welcome to you.

JOHN DEGARMO: Thank you so very much.

CHAKRABARTI: Can you take a minute first to talk about how many kids you fostered, their age ranges when you started?

DEGARMO: Oh, absolutely. Thank you for asking. Started roughly 20 years ago, we've had over 60 plus children. We've had children as young as 27 hours of age and as old as 18 years of age. We averaged roughly nine children at a time. Several times, we had as many as 11 children at the same time, including seven in diapers. And there's a reason behind that.

You know, we've been talking about the shortage of foster parents and at the Foster Care Institute, we did a deep study on why that was. But you know, in our area,

there are simply not enough foster homes, and we have been asked several times to take well over the limit.

CHAKRABARTI: Well over the limit. I read that at one point in time, during one Christmas, were there 23 kids that came into your care?

DEGARMO: *(LAUGHS)* Well, we had 23 children. It was actually 2020, the year of Covid. We opened up our house to a lot of our former kids that came through our home, and we had 23 kids join us during that holiday season that were in foster care in our home at one time. You know, in our home, there's no label, there's no biological or adoptive or foster. They're all of our children. We love them equally.

CHAKRABARTI: Okay, so these, these were children that you had cared for before who came in for Christmas, the Christmas of Covid. Okay. Point taken. I appreciate that clarification. What, um, what drew you to become a foster parent in the first place?

DEGARMO: Well, there's a few reasons, and thanks for asking. Initially, my wife's from Australia and our child died in Australia from a condition called anencephaly. And my wife was in labor for 92 hours and I had a lot of anger at that time.

And then years later, we moved back to the United States and I was teaching in a rural system in Georgia. And two things hit me: The fact that many kids are coming through my high school classroom in this rural area that had issues of attendance issues of behavior, issues of academics. And I noticed a lot of it was stemming from their household environment.

And second of all, in this small rural county was a very, very large human trafficking ring led by a gentleman by the name of Dr. Malachi York. He was not a doctor, but that was his alias. He's now in jail for bringing over a thousand children over the state lines of Georgia for child sex trafficking. And so I asked my wife, you know, we lost our first child. We have three healthy children at that point.

How can we help other kids? And that led to the journey and adventure of foster parenting.

CHAKRABARTI: Wow. Well, I'm very sorry to hear about your first child but I'm grateful that you're joining us today, John. If you hang on for just a minute, I wanna talk a lot more about the realities of being a foster parent and what can be done to change the system so that the number of foster homes can grow in this country to meet the needs of children in the system. So we'll have a lot more when we come back.

Part III

CHAKRABARTI: Today, we're talking about the crisis in the foster care system that's really burst out into the open because over the last couple of years, at least half — I should actually say more than half — of U.S. states have experienced a dramatic drop in the number of licensed foster homes in each of these various states.

And today we're exploring why and what can be done about it. Serita Cox joins us. She's CEO and founder of the nonprofit iFoster. And John DeGarmo is with us as well. He's been a foster parent since 2001 and is the director of the Foster Care Institute. I just wanna hear for a moment from another person who was formerly in the foster care system.

Because we talked a few minutes ago about the fact that half of foster parents don't last a single year — or they exit the system as available foster families after just one year. And one of the things that means immediately is that children get bounced around from home to home. And that was the case for 25-year-old Mikaila Reinhardt of North Carolina. She entered the foster care system when she was nine due to drug abuse and trafficking in her biological home. And since then, she's been in more than 15 foster homes.

MIKAILA REINHARDT: I've had to sit down and actually write out like, the people I've lived with, like all of their names. And it's crazy because I had this list in front of me for like a week and I would just be like, "Oh, I forgot this person. Oh, I forgot this person." And so when I ended up coming to peace with like, everyone I had wrote down, I had wrote down 23 different families who had cared for me during the time I was in foster care.

And so I ended up in over seven different schools before I graduated. And I lived about two hours away at one point from, you know, like my community or the people that I'd known since like, elementary school. And a lot of my friends would say, you know, "One day you would just go missing and nobody knew where you were."

That was exactly how it was. Like, my friends, one day I'd be at school and the next day my friends would never see me again and I would never see them again until years later. It's quite an experience to wrap your mind around, being a child in foster care. It's a tornado constantly. Your life is a tornado.

CHAKRABARTI: Now, Mikaila says she's glad that she was initially removed from her mother's home. She does know it wasn't safe for her there. But the instability that she experienced afterwards really took a toll on her and she doesn't want other children to have to go through that, which is why today she's a family recruitment specialist for the Children's Home Society of North Carolina.

John, I'm wondering if I can ask you about what the — you think the primary challenges are for families in their first year of wanting to foster children? What those challenges are and whether or not in the training period that they go through with various states, if they're really adequately prepared for them by the child services that, that train the families?

DEGARMO: No, that's a fantastic question. You know, I recognized within 20 minutes of my first placement that I was not ready for the two children placed in my home. My wife and I thought we were ready, but we recognized within the first

20 minutes that wasn't the case. And that's the case for so many foster parents.

You know, we did a study, at the Foster Care Institute, and we asked over 5,000 foster parents, what's the number one reason why you are quitting after roughly 18 months? And by far, the response was foster parents felt that they did not get the help they needed during times of burnout, stress. During times of secondary traumatic stress, known as compassion fatigue, during times of feelings of grief and loss when a child leaves. They felt they weren't getting the support from their caseworkers. In truth, caseworkers are overworked, overwhelmed, under-resourced, under-supported, understaffed, and underpaid. And as we discussed here earlier, they quit as well.

So it's a very challenging time. And then during Covid, what I was hearing from foster parents was, when the child was removed — when we closed the schools down and the child was placed back into the foster care home, they were no longer getting their support services they needed in school because they were, on average, 18 months behind academically with issues of behavior and academics.

They were no longer getting their professional therapy or counseling services that they desperately needed. They were no longer getting in-person visitation services, and their anxiety levels were through the roof.

Well, foster parents were telling me, "Dr. John, I'm not a teacher. I can't help these kids with their academics. I'm not a therapist or counselor. I can't do visitations online five days a week." And their anxiety levels are through the roof. And that's one of the reasons why we lost so many good foster parents during 2020 and 2021. They just weren't getting the help they needed, and the children were in their homes 24 hours a day without any sort of help.

CHAKRABARTI: Ah. Okay. Serita Cox, you know, one might think, well, perhaps the community around where these foster families live could step up more, right? I mean, offers to babysit, carpooling, you know, assistance with laundry, whatever it

takes. You know, the things that friends and neighbors do for each other on an everyday basis.

But I am reading — and please correct me if I'm wrong — that in some states, like for example, if a foster parent just needed a little bit of a break from things and wanted to have a babysitter come in and look after the kids, that that babysitter would also have to be certified as a person who's able to give foster care by that state and so that maybe reduced the options that the foster parent has? Do I have that right or am I mistaken there?

COX: No, you are correct. It depends state by state, county by county. But yes, you can't just have, let's say, a teenage babysitter come over. It's what you'll hear termed as "respite care," caregivers being asked for respite care. *(DOG BARKING)* My apologies. My dog's barking.

CHAKRABARTI: That's okay. I'll let you take care — *(DOG BARKING)* I'll let you take care of that for a second. *(LAUGHS)* I'll give you a respite from the radio program for just a second and I'll turn back to John.

John, did you wanna fill in more on that, are there limitations on the kinds of assistance that a foster family can seek while they're caring for the children in their homes?

DEGARMO: That is correct. And my wife and I actually went six years without a date because we could not find somebody who was licensed through the child welfare agency for a respite care. There was no respite families available for us. We could not get a babysitter at that time. And that's true. That's one of the challenges that foster parents face.

And, you know, you mentioned about the community, there's — you know, not everybody can be a foster parent. To me, it's the hardest thing I've done. It's been the most rewarding thing I've done. But it's a challenging lifestyle. But everybody

can help a child in crisis and a foster family in some way. You know, when you have roughly 465,000 children in foster care, that means there's a child in crisis in every single community in our nation.

CHAKRABARTI: Mm. Well, let me just play another bit of tape here because I wanna move now towards talking a little bit about, not just sort of local solutions that we need to turn to in order to improve this situation, but maybe even statewide and at the federal level.

So we spoke with John Connery. He's the director of recruitment at the South Carolina Youth Advocate Program. It's a nonprofit that helps place foster children with families. And recall, South Carolina has had that 60% drop in available foster homes from 2021 to 2022.

Now, John's group has been around for more than 30 years. They've had some families who've been fostering kids with them for that entire time. And they also have more than 100 families who've been fostering with them for at least 10 years. And the reason why John says they have a more remarkable retention rate is that these families feel supported.

JOHN CONNERY: We do everything possible to support the families and the children they're fostering as much as possible, so these folks feel like they've got --they're part of the professional team and they have the support necessary to do what they're doing to take care of these foster kids. We have two mental health clinics that we operate. We have offices around the state and one in Columbia and one in Charleston.

We have psychiatrists, licensed therapists. We do telehealth with the families and kids so they don't have to travel if they live, you know, too far away, somewhere else in the state. We have no answering machines. So if a family needs us at two o'clock in the morning and they call, they get a live person and get connected to the staff person that's assigned to that family. So that's a big part of, of our operation is the support that we provide.

CHAKRABARTI: So that's John Connery in South Carolina. Serita Cox, how might we get more of the kind of services that John and his group provide to families into more states?

COX: I think what John just described is fantastic and is exactly what's needed. But let's be frank that that costs money. And I think a replication of that in other states would be wonderful and needed. But what is that investment going to take to enable that when what we're dealing with, where we are right now is we're bleeding, not just on the caregiver side, but on the social worker side as well?

And so if we are having the churn on the social worker side, they're overburdened, how do we get to a state that he described where you could have live help 24 hours a day? You could be so de-stressed that you could actually take on whatever is coming at you in terms of better supporting what caregivers need? Thinking far enough ahead to say, yes, let's put in place telehealth so people don't need to travel? What are the policies and procedures we need to put in in our county and our state to enable that?

CHAKRABARTI: Mm-hmm.

COX: So I think it's a fantastic idea, but it needs plans and implementations and funding.

CHAKRABARTI: Right. So, again, we reached out to several states for comment. I read a statement from Maryland before, and California also sent us a really long statement describing all the investments --

COX: *(LAUGHS)*

CHAKRABARTI: You're laughing, but they described all the investments they say they've made to improve the foster care system there.

And it seems there's quite a bit of money that goes along with it. \$43 million to counties through what they call the Complex Care Capacity Building system. \$18 million in ongoing funding to support urgent needs for youth with complex needs. \$61 million to counties and programs for a program called the Children's Crisis Continuum Pilot. \$224 million to support implementation of prevention plans. And \$2.2 billion in facility infrastructure through the Behavioral Health Continuum Infrastructure Program. That's just some of what California says it's invested.

Now, very briefly, Serita, that's a lot of money --

COX: Yes.

CHAKRABARTI: But are you, are you saying that perhaps it's not all going to the right places?

COX: Yes. So yes, you're right. That is a lot -- that's a staggering sum. Now let's also be clear: California has more kids in foster care than the next five states combined. We have somewhere around closing in, close -- somewhere between 50 and 60,000 children in foster care on any given day.

I think the bigger issue or the macro issue -- and you heard the young people at the beginning of the segment talk about this -- is the child welfare system is not child-centric. It's not built around the child. And I think this is why you're hearing from caregivers that they're not getting the support. You're hearing from the youth themselves that if the system itself was structured to be more child-centric, maybe where money flows would look different.

CHAKRABARTI: Okay. So that's an excellent --

COX: Was that helpful?

CHAKRABARTI: Yeah, that's an excellent point because it takes my mind back to something you said earlier, right? That many of these children obviously need to be removed from their homes because they are in dangerous situations, but a lot of them end up getting removed from their homes, not because anything is going wrong with the families themselves but because of poverty.

So on that point, I wanna hear from one more young person who's been in the foster care system. This is Brittany Yates. She's 24 now. She's from Kentucky. She spent nine years in and out of the foster care system, starting when she was 12. And she says her mother worked two jobs but still struggled to provide for her three children. There was no abuse, neglect, or drug abuse in the home. The family was simply poor.

BRITTANY YATES: I ended up couch surfing for about eight months before they found me and moved me an hour away and threw me into foster care. That placement was shut down very quickly for drug abuse, and I was moved into another house that had seven other children in a two bedroom, one bathroom home. It ended up getting shut down for physical and sexual abuse.

I bounced around to about 17 different homes through my time in foster care. And I feel like the services offered to my foster parents a monthly stipend to get her clothes, to get her toiletries. Here's reimbursement for gas mileage, you know, taking her to and from doctor's appointments — that should have been offered to my mother so I wouldn't have to get removed, and then that would've saved me a literal lifetime of trauma.

CHAKRABARTI: John, we've only got a minute left here, but this is such a compelling and important point to discuss. Do you think that there's a case to be made that for many families, instead of removing the child from the home, that the stipend that would've gone to a foster home could potentially go to the parents who are struggling just to make ends meet?

DEGARMO: Absolutely. Two of the three I've adopted are third generation foster

care, which means their parents and grandparents were also in the system and they never got the help they needed when they were children. We're facing the real pandemic, I believe now, is mental health for our children. 70% increase in teenage suicide attempts in girls. Teenage depression. Teenage anxiety.

These children need support. These families need support before they're removed from their families. It's a very traumatic experience, being removed from home and being placed into a foster care home. Foster parents can provide tremendous stability, structure, consistency, unconditional love, but it's a time of trauma and anxiety being placed into my home because I'm a stranger.

CHAKRABARTI: Mm. Well, so we've heard this hour, making the system more child-centric, providing significantly more supports to foster families, and of course, doing something about the underlying poverty that makes life so challenging for so many parents and children in this country.

Well, John DeGarmo, director of the Foster Care Institute, who's been fostering children since 2001. Thank you so much for joining us, John.

DEGARMO: Thank you.

CHAKRABARTI: And Serita Cox, CEO and co-founder of the nonprofit iFoster. Serita, I'm very grateful you could join us. Thank you.

COX: Thank you so much.

This program aired on July 20, 2023.

Related:

- How placing kids with family can radically change the way foster care works in the US

- Kids housed in casino hotels? It's a workaround as U.S. sees decline in foster homes
- In some states, an unpaid foster care bill could mean parents lose their kids forever



Paige Sutherland Producer, On Point

Paige Sutherland is a producer for On Point.
[More...](#)



Meghna Chakrabarti Host, On Point

Meghna Chakrabarti is the host of On Point.
[More...](#)

Tim Skoog Sound Designer and Producer, On Point

Tim Skoog is a sound designer and producer for On Point.
[More...](#)



Contact Us

(617) 353-0909

info@wbur.org

890

Commonwealth

Ave.

Boston, MA 02215

[More ways to get in touch.](#)

About WBURSupport

Who We Are

Inside WBUR

Careers

WBUR Staff

Community Advisory

Board

Board Of Directors

CPB Transparency

Diversity, Equity And

Inclusion

Licensing WBUR

Content

Ethics Guide

WBUR

Make A Donation

Become A Member

Member Services

Donate Your Car


Join The Murrow

Society


Become A Sponsor

Volunteer

Follow

 Facebook

 Instagram

 YouTube

 LinkedIn

Subscribe to our weekday newsletter

Add WBUR to your morning routine



Boston local news in one concise, fun and informative email



Mr. STEUBE. I would also like to enter into the record an NPR article titled, "Kids housed in casino hotels?" It is a workaround as U.S. sees decline in foster homes.

Chairman LAHOOD. Without objection.
[The information follows:]



DONATE

Shots

POLICY-ISH

Kids housed in casino hotels? It's a workaround as U.S. sees decline in foster homes

June 14, 2023 · 5:00 AM ET

FROM **KFF** Health News

By Jazmin Orozco Rodriguez



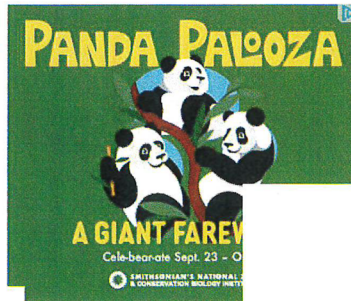
More than half of U.S. states saw a decline in licensed foster homes from 2021 to 2022. In Nevada, the decline was nearly 18%. In South Carolina, it was a 61% decline, the largest of any state.

Getty Images

ELKO, Nev. — Brandy Holbrook spent April driving hundreds of miles across four counties in northeastern Nevada to deliver a plea to local leaders about a smoldering crisis in the regional foster care system.

A shortage of homes for children and teens in need of care in this sprawling rural corner of the state pushed officials to temporarily house kids in casino hotel rooms, where state workers watched over them while seeking foster homes. Holbrook, a state social services manager based in Elko, said it's normal to see fluctuations in need but that early 2023 was the worst she has witnessed during her 20 years working for Nevada's Division of Child and Family Services.

Sponsor Message



"For this whole county, it's a total of 12 beds, and there's zero open," Holbrook told KFF Health News in April. "Literally no kids in this county could stay in their

community."



Brandy Holbrook, a state social services manager, is sounding the alarm about the lack of foster homes available for children in need in this rural northeastern corner of Nevada.

Jazmin Orozco Rodriguez/KFF Health News

The agency housed seven children from rural Nevada counties in casino hotel rooms, each for a short stint, over an 89-day stretch that ended in May. During those emergency placements, the state paid staffers overtime to tend to the children in a 1-to-1 ratio.

Jails and emergency rooms for foster kids, too

<https://www.npr.org/sections/health-shots/2023/09/27/1234567890>

The emergency in Elko County is not unique. More than half of U.S. states saw a decline in licensed foster homes from 2021 to 2022, according to a report on national trends by The Imprint, a nonprofit publication that reports on child welfare and family issues. The number of licensed foster homes declined by nearly 18% in Nevada, while South Carolina had a 61% decline, the largest of any state.

Leecia Welch, deputy litigation director for the advocacy group Children's Rights, says there's no question many states have been relying on inappropriate placements for children because of a lack of foster homes.

In North Carolina, where the number of licensed foster homes dropped 23% from 2021 to 2022, children are sleeping in jails and emergency rooms. State lawmakers there are working on a bill to give more funding to the child welfare system. In Montana, which also experienced a 23% decline in licensed foster homes, Republican Gov. Greg Gianforte signed legislation in May that provides \$7,500 in state income tax credit to parents who adopt foster children. In Sacramento County, California, children have been placed in a former juvenile detention center being used as a temporary shelter.

Sponsor Message



Simple Employee Time Track
Simple Online Time Tracking

[LEARN MORE](#)

Resorting to these kinds of placements is not only destructive for children, Welch says, but it also drains resources from state welfare departments. "It's not to say that I think any of these systems are choosing to rely on these practices, but the deeper they get into relying on them, they're just digging their hole deeper and deeper."

Good solutions are hard to come by, though. Nevada officials are looking at loosening licensing requirements for foster homes — a step some advocates say is needed. But proposals to relax oversight follow state audits that uncovered extensive problems even with venues already housing children.

Holbrook says by May there were five general licensed foster homes in 17,000-square-mile Elko County, where 54,000 people live. Four other homes in the county are licensed as kinship placements, in which relatives foster children who are in the system.

Because the counties neighboring Elko don't have foster home spots available either, Winnemucca, more than 100 miles away in Humboldt County, is the closest city where children from Elko County can be sent, Holbrook says. Many times, children are moved as far away as Reno, nearly 300 miles from Elko, or Las Vegas, 430 miles away. Moving children outside their community further destabilizes their lives, she says. Not only do they lose the normalcy of their routine with family, but they also lose contact with other critical people, like teachers, classmates, and coaches.

By April, Holbrook says, eight or nine children had been rotated in and out of casino hotel rooms, though they were relocated by May. As another temporary solution, the state purchased a house in Reno to avoid placing children in hotel rooms. It still requires caseworkers to stay with kids until the state finds a home for them.

The child welfare agency said there are 400 to 450 children in foster care at any given time in the rural parts of the state. Before the pandemic, there were 220 licensed foster homes in rural Nevada, but that's down to about 100 now — reflecting the acute

challenges rural communities face, including higher poverty rates, greater geographical distances to services and between communities, limited infrastructure, and fewer social workers. Multiple state and federal reports have painted a picture of a beleaguered Nevada system beset by health and safety concerns.

Sponsor Message

Audit finds violations in foster homes

Last year, a report from Nevada's legislative auditor declared that, of 30 homes inspected, 33% had health or safety deficiencies and 79% of foster placements had at least one regulatory violation. Four of the homes didn't comply with medication management requirements.

Another audit, published in January, noted incomplete medication records, missing documentation, and safety issues at governmental and private facilities for children, including two of the state's nine advanced foster care homes. These places, known as AFC homes, provide specialized care for foster children experiencing severe emotional or behavioral issues. "Care and living conditions at the AFC homes did not meet certain minimum foster care standards established" in state law, the report states.

Despite the laundry list of issues detailed in investigators' reports, state officials, amid their scramble to find homes for children taken into state custody, have suggested relaxing regulations governing foster homes.

The Division of Child and Family Services held a public hearing in late April during which officials considered changing licensing and regulatory rules in response to an executive order from Republican Gov. Joe Lombardo requiring all state agencies to suggest regulations to cut.

In the hearing notice, the state agency said lowering minimum requirements for initial licensing could remove barriers to placement. The rules currently require foster parents to pass a background check, submit fingerprints, and be cleared through a state registry system that flags instances of child abuse or neglect. Another proposal would change a section of the law that requires tuberculosis testing for initial licensing, then once every two years after that.

6 months for a license to be a foster parent

Licensing can be onerous for families, says Nathan Hornback, the lead teaching pastor at Living Stones Church in Elko and an advocate for foster children and parents. It can take six to nine months or longer to become licensed, especially in rural areas where state agencies are understaffed. In addition to the lengthy paperwork process and background checks, 27 hours of training is required in Nevada to prepare foster parents to take in children or teens who may be experiencing serious emotional or behavioral issues.

Sponsor Message

Welch thinks it's a good idea to review existing regulations to see if there are ways to remove barriers for those who want to foster and find homes for children without compromising safety.

In the meantime, social workers like Holbrook continue the search for safe homes.

In April, she made rounds to rally help at city council and county commission meetings. Now, she's moving on to school boards and other local groups. Religious leaders are also stepping up.

Hornback says that, before the pandemic, he traveled across the region with social workers to raise awareness about children in foster care. Now, he's focusing his efforts, and his church's, on supporting would-be foster families during and after the licensing process.

A baby left on their front steps

Hornback knows the challenges of fostering and adopting. A few years after his wife had a miscarriage, the couple adopted their first daughter through a private process in 2015. Then, a year later, they became emergency foster parents when a 7-week-old

baby was left on their front steps. It was a Sunday afternoon, Hornback says. He was preaching at church all day and needed to go back for another service.

The baby spent six weeks in the hospital being treated for neonatal abstinence syndrome. Eighteen months after the Hornbacks took the baby into their home, a judge ruled they could formally adopt her. She's 6 now.





After adopting daughters Finleigh May (left) and Lennon Ivy, pastor Nathan Hornback and his wife, Audrey, advocate for other families to become foster parents.

(Daniel Garcia)

Hornback says he knows fostering can be too much for families to take on without help. For him, that's where Foster the City, a California-based church coalition, comes in. The community support and encouragement it offers can be the difference between families renewing their licenses and not, Hornback says.

"We can mobilize," he says. "We can attack the loneliness and the discouragement of the process by surrounding people with love and care and support."

That looks like rallying church members to help foster families with child care, transportation needs, meals, or chores like yardwork. If the two families in Hornback's church who have stepped up to become licensed this year are successful, it will nearly double the number of homes available for foster kids in Elko.

Sponsor Message



Hornback says the coalition hopes to have a waitlist of homes in the community, not a waitlist of kids.

KFF Health News, formerly known as Kaiser Health News (KHN), is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs at KFF — the independent source for health policy research, polling, and journalism.

foster care adoption rural america nevada

Your mission, should you accept it...

Story by story, we are creating a more informed public. Grassroots support from you is essential. We invest every gift into funding reporters, amplifying essential stories, and more. If that is a mission you can get behind, signal that you are all in by donating today.

♥ YES, I'LL DONATE

More Stories From NPR



HEALTH

What happens to health programs if the federal government shuts down?



Mr. STEUBE. Casino hotel rooms, is that really the best option for our children? Cottage family homes offer a family-like living environment in a single-family residence with no more than two children per bedroom, unless it is in the children's best interest. For example, in the case of keeping biological siblings together, the cottage parents can supervise and nurture around the clock, creating a healthier stable environment.

Critics of this bill tempt to tempt the good deeds of this model by incorrectly asserting cottage homes are not safe. Make no mistake, the safety, health, and general well-being of children is critically important.

My bill stipulates requiring the implementation of a trauma-informed approach to care; prohibiting the use of seclusion, mechanical, or chemical restraints; requiring providers to have a system in place for children to alert a staff person if they have concerns or feel they have been unfairly denied their rights; requiring continuous quality improvement methodology that regularly solicits information from children concerning their perceptions of the quality of care.

I have the honor, in the State of Florida, we have Florida Sheriffs Youth Ranches, and I have seen firsthand—my family's in law enforcement. My brother's a deputy. My father's a former sheriff. And seeing the impact that it has had on kids that have been a part of these group homes, these cottage homes where there is a parent, family, familiar unit that has taken care of multiple different kids. And the kids tend to be a little older. Not your younger kids; your kids that have trouble in middle school or high school. And it is just a great environment.

It lowers recidivism rates. It has great outcomes. And to not include them in Federal funding, I think, is a mistake, and an opportunity to be able to close this gap on the 61 percent of the need in foster homes.

The time is now to solve this crisis. I look forward to working with the subcommittee to pass this bill and protect our children. I appreciate your time.

And, since I have 2 minutes left, quickly I will ask Ms. Marquart—thank you for sharing your experience as a caseworker. We know caseworkers have a challenging job and often receive little recognition. What do you think some of the common misconceptions or challenges are that caseworkers specifically face, and how can Congress better support them in the child welfare system?

Ms. MARQUART. Thank you for your question. I think the best way to support the caseworkers is by, one, trying to retain staff, and the best way to do that is to be able to provide better training so that people are more prepared when they are coming into that position. And then, additionally, providing mental health services, so that when they are feeling burnout and they are on the verge of that, they are able to get that appropriate care so that they do have the ability to continue to provide appropriate services for the children.

Mr. STEUBE. Thank you.

And, in the minute I have left, Mrs. Carr, I will yield to you since I am the last person to speak on the dais. If there is anything you

would like to add to the conversation in 52 seconds, you have got the floor.

Ms. BEIDLER CARR. Well, how fun. I wish I was at my family dinner table and got that.

No, I just want to say an enormous thank you to all of you for your engagement in this issue. And, Chairman, to you and your team for pulling this together. Ranking Member Davis, for your longstanding commitment to this work. It really means a lot that you have held this hearing today. So thank you.

Mr. STEUBE. I yield back.

Chairman LAHOOD. Thank you, Mr. Steube. And we look forward to working with you on your bill that you mentioned today.

That concludes our questions and answers today.

Let me just thank all of you for the valuable conversation today, the dialogue, the discussion, you answering the questions, giving us feedback so that we can look at how we make positive changes when it comes to IV-B. And so we are grateful for your perspective today.

And so I look forward, obviously, to working with Ranking Member Davis and my colleagues across the aisle to reauthorize and strengthen IV-B.

Just remind members, please be advised that members have 2 weeks to submit written questions to be answered later in writing. Those questions and your answers will be made part of the formal record.

With that, the committee stands adjourned. Thank you all.

[Whereupon, at 11:47 a.m., the subcommittee was adjourned.]

MEMBER QUESTIONS FOR THE RECORD



TO: Bella Dean, Professional Staff Member
Subcommittee on Work and Welfare, Committee on Ways and Means
U.S. House of Representatives
1139 Longworth House Office Building
Washington, D.C. 20515

FROM: Christine Calpin
Managing Director, Public Policy
Casey Family Programs

DATE: 10/27/2023

RE: Responses to Questions for the Record from David Sanders, Executive Vice President,
Systems Improvement, Casey Family Programs

Please find a copy of David Sanders' responses to the questions for the record for the
September 28, 2023, House Committee on Ways and Means Work and Welfare Subcommittee
hearing entitled *Modernizing Child Welfare to Protect Vulnerable Children*.

For the Record – Responses to questions of Ranking Member Danny Davis directed to Dr. Sanders, Ph.D., Executive Vice President of Systems Improvement, Casey Family Programs

1. Could you please elaborate about how Title IV-B and IV-E are distinct programs that complement each other and provide a continuum of important services that help families?

Under Title IV-E of the Social Security Act, states, territories, and tribes are entitled to receive partial federal reimbursement for the cost of providing foster care, adoption assistance and guardianship assistance for children who meet federal Title IV-E eligibility requirements.

In 2018, Congress expanded the services reimbursed through Title IV-E funds (entitlement funding) through passage of the Family First Prevention Services Act (Family First). Family First provides new, increased resources to allow children to remain safely with their family, and it also included policy changes to ensure that children are placed with family or in the most family-like setting. Family First expanded pathways to and provided more support for evidence-based prevention services – such as mental health and substance abuse treatment, in-home parenting training and family treatment – for parents whose children are at risk of being separated from their families, and also to support relative caregivers. These services were selected because the data showed that these challenges are the primary reasons children enter foster care.

We know from research that the most effective way to keep children safe is to strengthen families and mitigate any risk to the safety of the child. Alongside Family First, the funding and priorities supported through the Title IV-B programs provide critical, dedicated child welfare funding to strengthen families and ensure children do not stay in foster care one day longer than necessary. ***Title IV-B remains an important source of flexible funding that allows for a broader array of services, with much of the focus on permanency.*** The Stephanie Tubbs Jones Child Welfare Services program is funding which can be used to protect and promote the wellbeing of all children – in or outside the child welfare system. These programs also ensure safety and achieve permanency for children in foster care or in adoptive families. The provision of family support services – which are community-based services that assist and support parents in their roles as caregivers – is an essential use of Title IV-B funding.

The MaryLee Allen Promoting Safe and Stable Families Program focuses on family preservation and support services – again with more flexibility. Among other uses, the funding can be used to provide family preservation services and family support services to address children’s safety in the home so families may be safely reunified. The primary goal here is permanency with family, including supporting adoptive families with the pre and post adoption services needed to make a lifelong commitment to the children. This can include supports in parenting as well as creating a supportive family environment. And it also includes supportive services such as counseling services, peer mentoring, and support groups for parents and children.

2. Given the work of Casey Family Programs across states, can you speak about how having dedicated funding streams contributes to state adoption of specific activities, and how a lack of a specific funding stream affects the widespread adoption of particular services across states?

My written testimony touched on a few instances where Title IV-B funding parameters have helped direct practice – in adoption promotion and increasing kinship navigator programs or partnerships to improve outcomes for children whose parents are impacted by substance use. Congress also provided prevention funding in the Family First Prevention Services Act – which has increased state work in child welfare prevention. However, Congress must balance the need for flexible funding to states to meet the individual needs of children and families – which can vary state by state – and the dedicated purpose of funding.

More importantly is an examination of what outcomes do we still need to reach? Certainly, *we need to continue to reduce unnecessary placements and reduce re-entries into foster care.* Children should never be removed from their families in response to non-safety concerns, or when safety concerns can be addressed through community-centered supports or services, or other less intrusive interventions.

Timely permanency is critical for the well-being of every child. The latest AFCARS report shows that the average time a child is in foster care is 21.9 months, and time in care is even longer for children from Black/African American families. To promote timely permanency, more needs to be done to ensure that families involved in child welfare are receiving the services and supports needed to address the safety issues that led to child placement in foster care.

3. Based on your work and expertise in supporting children and families in foster care, please answer following questions:

- **What are the ramifications that long-term institutionalization has on the health and well-being of children and youth in foster care? How does it affect their long-term outcomes on the dimensions of health, education, permanency, employment, criminal justice system involvement, and economic stability?**

Over the past decade, the child welfare field has seen a major reduction in the number of youth living in group and institutional placements nation. While this is encouraging, research tells us that most youth treatment needs can be met in a less restrictive setting, and that group care should be used only when absolutely necessary and for the shortest amount of time needed to treat that acute condition.

Data show that group and institutional placements of children can result in poorer outcomes for children, when compared to youth placed in family-based settings. Overall, research indicates that youth who experience group placements:

- Have higher re-entry rates after exiting to reunification than youth in other types of out-of-home care settings.¹
- Are almost 2.5 times more likely than their peers in foster care to become delinquent.²
- Have poorer educational outcomes than youth in family foster care, including lower test scores in basic English and math.³
- Are less likely to graduate high school, when compared to youth in family foster care.⁴
- Are at risk of physical abuse when they are placed in group settings.⁵
- Are less likely to achieve permanency than those raised in non-relative foster families.⁶
- Lack opportunities to develop critical life skills and positive relationships.⁷
- Experience group or institutional placements as prison-like, punitive and traumatic.⁸

We would not choose to have our own children in institutional settings, so why is it acceptable for other children? We need to do better for every child. It is important to understand who is being placed in group homes or congregate settings. More than two-thirds (68%) of the young people in group placements are between the ages of 14 and 17. Black, multiracial, and American Indian/Alaska Native youth continue to be overrepresented in group and institutional settings.⁹ For example, in 2019, Black children and youth represented 26 percent of youth in congregate care, but only 14 percent of the total population.¹⁰ Therefore, ending the need for group and institutional placements is a key strategy for reducing disproportionate harm to young people of color in the child welfare system. In addition, LGBTQ+ youth are among those who are disproportionately placed in congregate settings.¹¹

- **What is the most effective way to meet the mental health needs of children and youth in care in the least restrictive environment?**

¹ Barth, R. P. (2002). Institutions vs. foster homes: The empirical base for the second century of debate. Retrieved from <http://bettercarenetwork.org/sites/default/files/Institutions%20vs%20Foster%20Homes.pdf>.

² Ryan, J. P., Marshall, J. M., Herz, D., & Hernandez, P. M. (2008). Juvenile delinquency in child welfare: Investigating group home effects. *Children and Youth Services Review*, 30, 1088-1099. Retrieved from: <https://doi.org/10.1016/j.childyouth.2008.02.004>

³ Annie E. Casey Foundation. (2015). Every kid needs a family: Giving children in the child welfare system the best chance for success. Retrieved from <http://www.aecf.org/m/resourcedoc/aecf-EveryKidNeedsAFamily-2015.pdf>.

⁴ Ibid

⁵ Ibid

⁶ Children's Rights. (2021). Families over facilities: Ending the use of harmful and unnecessary institutions and other group facilities in child welfare systems. <https://www.childrensrights.org/wp-content/uploads/2021/03/CR-Families-Over-Facilities-Report.pdf>.

⁷ Think of Us. (2021). Away From Home Youth Experiences of Institutional Placements in Foster Care. Retrieved from <https://www.thinkof-us.org/case-studies/away-from-home>.

⁸ Ibid

⁹ Children's Rights (2021) Families Over Facilities: Ending the Use of Harmful and Unnecessary Institutions and Other Group Facilities in Child Welfare Systems. <https://www.childrensrights.org/wp-content/uploads/imported-files/CR-Families-Over-Facilities-Report.pdf>

¹⁰ Capacity Building Center for States. (2020). Congregate care in the age of Family First: Overview. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

¹¹ Casey Family Programs (2019) How can child welfare agencies effectively support LGBTQ+ youth I care? <https://www.casey.org/lgbtq-programming/>

Young people can receive effective behavioral treatment in family-like settings when appropriate. This includes high quality outpatient counseling, therapeutic foster care, mobile crisis services, and wrap around services.

Mental health services can be provided through therapeutic foster care (TFC), an intensive treatment-focused form of foster care providing in a family setting by trained caregivers. Therapeutic foster care has been looked at by many states as a cost-efficient alternative to congregate care, although it is more expensive than traditional foster care. Specifically, TFC serves children whose needs cannot be met in traditional foster care – offering enhanced case management services, caregivers who are active members of the treatment team, and clinical services by the provider agency and community professionals. TFC services can be funded through Title IV-E and Medicaid. And some states are increasing the number of **relative caregivers** trained and licensed to be treatment foster parents.

In addition, many states have identified mobile crisis services to deliver services to children experiencing escalating emotional symptoms, behaviors or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school or community. For example, New Jersey has developed the Mobile Response and Stabilization Services (MRSS), an innovative approach to support and stabilize children so they can stay with their families. Under the program, a behavioral health worker is available to any family within the State of New Jersey at any time – 24 hours a day, 7 days a week, 365 days a year. MRSS operates through a trauma informed approach and works with the child and family to develop a plan to address the child and family's needs, including in home counseling, behavioral assistance, intensive in community services, medication management, and coordination of specialized services. Similar community-based mobile crisis intervention services have been authorized by the American Rescue Plan, and many states and jurisdictions are looking to that funding source (Medicaid 1115 waiver) to expand mobile crisis services to children and adults.

A robust Medicaid plan that covers a broad range of home and community-based behavioral health service is essential to enable children to remain in home and community settings. These services include individual, group, and family therapy, medication review and administration. States may provide these services through Medicaid benefit plans, home and community-based waivers and through state funds. Additionally, for families where a child is at risk of entering child welfare, in-home wrap around services can be funded through the Family First Prevention Services Act. In home behavioral support, education for caregivers on how to manage challenging behaviors, new skills in parenting, family peer support, and youth peer supports are just some of the services that are particularly important for children and families involved with – or at risk of involvement with – the child protection system.

- **What additional investments in community-based mental health services are necessary to reduce unnecessary institutionalization and promote family placement?**

Access to mental health services is essential for many families who are involved in child welfare, or at risk of child welfare. The Family First Prevention Services Act offers states with the opportunity and funding pathways to keep families together – providing the ability to pay for mental health services, when they are available. Yet there is a lack of adequate evidence-based programs and services listed in the Title IV-E Clearinghouse – with only 11 well-supported programs available. With low pay and high turnover rates in the behavioral health workforce, immediate access to mental health services can be difficult to find – especially for some of the complex or severe conditions that need to be treated in families involved with child welfare.

Community-based organizations are particularly well-positioned to advance child and family well-being, and provide the family strengthening and support services that can prevent unnecessary child placements. A presence in the community, knowledge of the strengths and needs of local families, as well as easy access to services enables families the opportunity to get the services they need – whether it be mental health services for the child or caregiver or other services that can contribute to the quality of life and reduce stress for families. Yet barriers exist to community organizations in achieving success – such as the lack of capacity, access to funding, lack of fiscal and data management, and onerous requirements to receive funding that can impede the ability of an organization to serve children and families. Congress should examine what is needed to build capacity of our local organizations and help drive community-based strategies to address families' needs and keep children safe and families together.

For the Record - Responses to questions of Congresswoman Gwen Moore directed to Dr. Sanders, Ph.D., Executive Vice President of Systems Improvement, Casey Family Programs

Dr. Sanders, in page five of your testimony, you mention that since 2018, IV-B requires states to include information about steps taken to track and prevent child maltreatment deaths in their plans. Do you believe that requiring states to expand their IV-B plans further would overburden state administrations? Furthermore, are there any specific things that you believe IV-B plan requirements should include that are currently missing?

As the Chair of the Commission to eliminate Child Abuse and Neglect Fatalities, I was able to travel the country and learn what was going on in the field. If there was one thing that all the commissioners agreed upon, it was that the child protection agency often intervenes too late, after a child has already been hurt. The Commission learned that reviews of fatalities and life-threatening injuries were not leveraged effectively to prevent future deaths. The 2018 requirements are essential to better understand family and systemic circumstances that led to the fatalities.

Data are essential to better understand whether we are achieving outcomes, yet the collection can impact the work of an already burdened agency and workforce. Child welfare is in a place of transformation – with a focus now on the front door. Current Title IV-B requirements could be reviewed to determine whether the purpose and intent remains a priority. Title IV-B programs and requirements should have clarity on what outcomes they seek to impact – specifically serious child injury or fatality, and time to permanency are two top priorities in my mind.

Dr. Sanders, on page five of your written testimony, you share that over 19,000 children age out of foster care without any connection to family. As we know, aging out of foster care can be the abrupt end to much needed services, such as mental health services. I was pleased that a previous bill of mine, the “Djay” Joi Immediate Coverage for Former Foster Youth Act, has come into effect to address these issues. Dr. Sanders, can you share ways that Congress can ensure Title IV-B also aids foster youth leading up to a during the transition of aging out of care?

Congresswoman, thank you for the work you do on behalf of children who are aging out of foster care. We know that well-being outcomes among alumni of foster care are poorer than those of peers in general population. Research shows that social support is vital for youth preparing to leave foster care.¹² Among other things, Title IV-B could be used to help train child

¹² See, for example: National Working Group on Foster Care and Education. (2018). *Fostering success in education: National factsheet on the educational outcomes of children in foster care*. Washington, D.C.: American Bar Association. Retrieved from <http://www.fostercareandeducation.org> Casey Family Programs, Research from the Field. "How do LGBTQ+ youth and youth of color experience social support after leaving from foster care (October 2023) <https://www.casey.org/social-support-lgbtq-black/>

welfare professionals in trauma treatment and other affirming practices that can strengthen relationships with family when safe and appropriate.

While we look to offer support youth who are currently aging out of foster care to ensure they have supports and relationships, we must understand that our focus and work on supporting families prior to a crisis can prevent children from being removed from their families, and hopefully will reduce the number of children in child welfare and those who age out of the system. ***We need to continue to reduce unnecessary placements and reduce entries in foster care.*** Children should never be removed from their families in response to non-safety concerns, or when safety concerns can be addressed through community-centered supports or services or other less intrusive interventions, such as home visiting and programs which help the development of healthy parenting skills. We also know from the data and research that ***timely permanency is critical for the well-being of every child.*** To promote timely permanency, more needs to be done to ensure that families involved in child welfare are receiving the services and supports needed to address safety issues that led to placement in foster care.

Dr. Sanders, on page seven of your written testimony you stated that IV-B funding is more broadly allowed to be used in cases targeted towards prevention and permanency efforts. Do you have specific examples which this IV-B funding is allowable which also would not allow funding from additional child welfare streams.

Title IV-B remains an important source of funding for a broader array of services and affords states and tribes more flexibility for innovation and experimentation in meeting the needs of children and families, including intervening earlier to address family problems before they become crises. As a result, states and tribes have more flexibility to use this funding to meet the needs of more children and families with a wider array of services.

Title IV-B funding can be a great complement in serving families to a state's prevention work within the Family First Prevention Services Act which allows Title IV-E funding to be used for evidence-based mental health, substance use and parenting skills support services for children, parents and kin caregivers to prevent unnecessary entries into foster care and strengthen families.

Dr. Sanders, in your testimony, you mentioned that child welfare efforts often discount the importance of a father's involvement in the lives of their children. Could you provide examples of how IV-B policies can support these father and father-figure relationships for children at all stages of the child welfare system?

Fathers have a significant role to play in children's physical, emotional, and social development, and they are essential partners in the prevention of child abuse, neglect, and foster care placements. We know from our work in direct practice and from research, but most importantly, from talking with youth directly that higher education, achievement, higher self-esteem,

decreased acting-out behavior, and higher levels of self-control in children have all been correlated to having a highly engaged and involved father.¹³

Unfortunately, child-serving systems often discount the importance of a father's involvement in all stages of their children's lives. Yet we know that data shows that outcomes for children improve, not by virtue of financial support from fathers alone, but also through high-quality relationships and safe and healthy interactions between fathers and children.

Several jurisdictions have developed robust father engagement programs, and have used the following strategies – organizational assessment and planning, dedication of staff to support fathers, father search and engagement – including family group conferencing, assessment and safety and permanency planning, father specific programming through network of providers, use of peer programming and home visits for fathers. These strategies could also be used for kin in the father-figure role to the child. Many of these strategies could be funded with Title IV-B funding.

We continue to hear in the news and from each of the witnesses in this hearing about the crisis we have in foster care placements. I am a Cosponsor of the “Recruiting Families Using Data Act”, [H.R. 3058](#), which was introduced by my colleague on both the Ways and Means Committee and CCFY, Congressman Kildee. I am glad that this bill has bipartisan support from my CCFY Cochair, Congressman Bacon, as well as my colleague Congresswoman Cherfilus-McCormick. Do you believe that the Family Partnership Plan Requirements, as stated in the bill, would be an effective use of IV-B to help alleviate this crisis? What else should we be doing to better support recruitment of kinship and non-relative foster families, and how can we better support foster and adoptive families to ensure an appropriate supply of family placements for children who need out-of-home care?

One thing we can do to address the lack of placements is to ensure that children are not being placed in foster care for reasons other than safety. Research shows that there are variations in how children are removed and data on why children are removed is insufficient.¹⁴ Using the complement of these two funding streams (Title IV-E and Title IV-B) states, territories and tribes could build on transformation toward family strengthening and support and further align with what we know works best for children and families.

However, when child protective services determine a child must be removed from the home and placed in foster care, that child deserves to be placed with kin. Research demonstrates that compared to non-kin care, kinship care yields greater placement stability,¹⁵ lower rates of re-abuse, better behavioral health, and a higher likelihood of permanency. Nationally about 35% of

¹³ Casey Family Programs (2019). "How can we better engage fathers in prevention?" <https://www.casey.org/engaging-fathers-prevention/>

¹⁴ Casey Family Programs, Research from the Field (2020) "How can we ensure that separating children from their families is an intervention of last resort?", <https://www.casey.org/media/20.07-QFF-RFF-Impact-of-removal-on-children-and-families.pdf>

¹⁵ Claire Kimberly, Chapin Hall, Policy Brief, (September 2023), "Promoting Stability in Kinship Foster Homes"

all children placed in out of home care are living with kin. Trends vary across the country, with state-level rates ranging from 10% to 53%.¹⁶

Placement with kin should be the expectation and goal rather than merely a practice alternative. There are many benefits to placing children with relatives or other kinship caregivers. Kinship care can reduce the trauma children experience from being placed with strangers, reinforce the child's cultural identity, and maintain family and community connections. Many in the field as well as those with lived experience have recommended that kin placement be used instead of placement in congregate or group settings. In fact, Santa Clara County, CA has prioritized kin as one of its strategies to safely eliminate group and institutional placements – providing more information about the youth's need to family members, including eco-maps as required components of reviews, and directing resources to family finding and engaging family members.¹⁷

Many components listed in the legislation referenced are important to building or restoring a youth's relationship and bond with kin and could be funded with Title IV-B funds, including the collaborative approach and calling for input from birth, kinship, foster and adoptive families, community providers, technical assistance providers, and youth with lived experience; using data to establish goals and measure outcomes, including increasing permanency and increasing placement stability; and family finding.

States should be encouraged to advance a kin-first culture by promoting the active engagement of families, addressing barriers to kinship care such as licensing, logistical and financial barriers, and the development of border agreements to support timely placement with kin in another state, to name a few. Community-based organizations that provide supports for kinship families – both with and beyond the child protection agency – can help holistically support kinship caregivers and ensure the wellbeing of the children in their care.

Recruitment of resource parents is also important, and many jurisdictions are now prioritizing coparenting relationships. Under this relationship, the resource family is expected to work with the family – especially the parents – with the goal of supporting the child and family reunification as the priority. Clarity in the recruitment process is essential for this to work. In many states the Quality Parenting Initiative (QPI) is being used, where meaningful relationship between parents and caregivers is a critical strategy. Launched in 2008, QPI has expanded to more than 80 jurisdictions in 10 states, including Louisiana where comfort calls and icebreaker meetings have been implemented statewide to help develop the relationship between parents and caretakers. Other states and counties have taken similar approaches, including New York City with a pilot coparenting program, and North Carolina which has a shared parenting policy, which allows the parents to meet the caregiver and allows the caregiver to ask parents questions about the child. Through these approaches, parents and caregivers have established healthy and trusting

¹⁶ Adoption and Foster care Analysis and Reporting System (AFCARS) data, available through the National Data Archive and Child Abuse and Neglect Data. June 2022.

¹⁷ Casey Family Programs (2021) "How is Santa Clara County, California moving to safely eliminate group and Institutional placements?" <https://www.casey.org/santa-clara-congregate/>

relationships, which can minimize the trauma of separation, ensure that children have the best support, and help families move toward reunification.

Foster care should serve only as a short-term, time-limited option focused on ensuring children return home safely to their parents or, if that is not possible, find a permanent home with relatives. On occasion, there are situations in which returning home or placement with relatives is not an option. In these cases, adoption into a new family can provide children and youth with the stability and sense of belonging they deserve. Research shows that the needs of children and youth and their families post-permanency can emerge over time.¹⁸ For older youth who have been in foster care for much of their lives and experienced many placements, adoption can be destabilizing. It is critical that youth have services available post-adoption to address the effects of separation, loss, and trauma, and that these services guide and fully prepare families to address new issues as they may emerge over the child's lifetime.

A common experience for children and families who come into contact with the child welfare system is trauma. What do the flexibilities of Title IV-B allow jurisdictions to do to address the trauma children and families experience, and what should we in Congress consider expanding and updating to improve the program's ability to address the trauma and mental health needs of families?

Child protection agencies have come to recognize the adverse effects of trauma and the critical importance of trauma-informed, healing-centered support for children and families. Additionally, the processes of investigation, removal, and placement — routine interventions and functions of any child protection agency — are increasingly being recognized as traumatic events in and of themselves. As a result, there is a need for child protection agencies to become intentionally trauma-informed in their approaches. Understanding the trauma history of both the children and their parents/caregivers can child protection agencies and providers better focus on symptoms of trauma such as substance abuse, depression and anxiety which can affect both the child and the caregiver.

While Title IV-E prevention funds enables a state to use funding for evidence based mental health services, very few programs (11) have been reviewed as well-supported under the Title IV-E Prevention Clearinghouse. While more programs are reviewed by the Clearinghouse, Title IV-B funding offers the flexibility for states to use funding to build capacity of community-based organizations which are well-positioned to advance child and family well-being and provide prevention and family strengthening and support services. In addition, the flexibility in Title IV-B can help a state or jurisdiction help families in early stages to address trauma or well child development, prior to a crisis occurring. Programs like home visiting and those that address parenting skills-building can help a family develop a foundation for a healthy relationship.

¹⁸ Robin H. Hartinger-Saunders, Scholar Works @ Georgia State University, (2015) "Underserved Adoptive families: Disparities in Postadoption Access to Information, Resources and Services"
https://scholarworks.gsu.edu/cgi/viewcontent.cgi?article=1063&context=ssw_facpub

Child welfare agencies can also work alongside other systems committed to child and family well-being to build robust, trauma-informed support at the individual, family, and community levels. This means adopting a cross-agency approach focused on healing and resiliency. Working together and blending the array of federal and state funding, including Title IV-B funding, could support a broad array of traditional and non-traditional service that are culturally responsive, developmentally appropriate, and provide individualized services that meet the family's need. More importantly, this could reduce the need for child protection agency intervention.



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Health & Human Services

TRACY S. GRUBER
Executive Director

NATE CHECKETTS
Deputy Director

DR. MICHELLE HOFMANN
Executive Medical Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

Written answers to questions for the record
from Tracy Gruber, executive director, Utah Department of Health and Human Services
for U.S. House of Representatives, Committee on Ways and Means
Subcommittee on Work and Welfare
Modernizing Child Welfare to Protect Vulnerable Children

October 26, 2023

Questions from Rep. Danny Davis (IL)

1. **What effects does unnecessary institutionalization have on the health and well-being of children and youth in foster care and on the budgets and service capacity of child welfare agencies serving them?**

Institutionalization, also referred to as congregate care or residential treatment, often has dramatic effects on the well-being of children and youth in foster care in both the short and long term. Utah recognizes this impact and uses a rigorous process to ensure foster youth are not unnecessarily placed in residential treatment. Utah's approach to assessing whether youth need care in a congregate setting meets the requirements of the Families First Prevention Services Act Qualified Residential Treatment Program and is thorough in identifying whether this is the necessary setting for the youth to have their behavioral needs met. While Utah emphasizes family settings, there are situations for which the congregate setting is appropriate and necessary. High-quality, customized congregate care may be essential for youth with complex clinical or behavioral needs who require a short-term stay in a residential treatment facility. While residential treatment may be a beneficial, short-term option for a small percentage of young people, we know that children and youth do best in families.

According to a report released by Casey Family Programs,¹ some short-term benefits may exist when youth are placed in an institutional setting. However, research indicates several negative outcomes associated with institutionalized settings that should be considered when placing youth in these settings to mitigate lasting negative impacts, including:

- Higher re-entry rates compared to youth in other types of out-of-home care settings;
- Delinquency rates are 2.5 times higher than youth peers in foster care; and

¹ <https://www.casey.org/group-placement-impacts/>

- Poorer educational outcomes and graduation rates than youth in family foster care.

In addition, youth in these settings view them as punitive and traumatic and lacking in opportunities to develop life skills and positive relationships. The research also indicates that youth who experience institutional placements are less likely to achieve permanency than their counterparts in non-relative foster family placements.

The Casey Family Report points to the importance of family foster home settings whenever possible. Extensive research cited in the report indicates that children and youth in this setting, as opposed to those in an institutional setting:

- Have fewer placements;
- Spend less time in out-of-home care;
- Are less likely to be re-abused;
- Are more likely to be placed near their community of origin; and
- Are more likely to be placed with their siblings.

The research aims to capture the daily experiences of professionals working with children and youth, and sheds light on the factors that need to be taken into account while placing youth in suitable environments that meet their specific needs.

DCFS has experienced significant difficulty finding and retaining providers to serve children and youth in state custody in the highest acuity category based on mental health needs and behaviors who are at risk of harm to themselves and others. Youth with complex behavioral needs are often unable to be cared for in traditional family settings or residential treatment programs. Child welfare agencies are required to invest in increased budget and service capacity to support these youth in placements with bolstered staff-to-client ratios (e.g., one staff for each client or even two staff for each client) within residential treatment or family settings. This has led to Utah using costly child-specific contracts to fill these gaps when traditional contracted providers do not accept these clients.

The daily rates set in the child-specific contracts are determined based on the market rate that the provider will agree to meet the needs of each high-acuity client. The daily costs for this group of youth ranges anywhere from \$350 to \$1,500 a day due to the high-acuity clients' needs for individualized services and additional staffing. As the state child welfare agency, DCFS has a legal duty to provide shelter and support for these youths to ensure the safety of its clients regardless of the level of their needs.

DCFS, other divisions within DHHS, and community partners are all working together to address this gap. Still, more time is needed to implement a solution that focuses on robust, intensive, and individualized rehabilitative models of care. Given the resources that will be required to develop and implement an alternative high-acuity model, the child-specific contracts for high-acuity care in family-based or residential treatment settings will, for now, continue to play a role in Utah's child welfare system for those children and youth with greater needs and for whom other options are not available or appropriate.

2. **How can investment in community-based mental health services help safely reduce unnecessary institutional placements and extend the impact of a child welfare agency's limited resources?**

Investment in community-based mental health services is critical to help safely reduce unnecessary institutional placements and potentially decrease entry into foster care. It is more cost-effective, and better for child development, for children to receive behavioral health services in their communities. This will hopefully allow them to remain in their homes and connected to their communities rather than being removed from their families and the costs associated with child welfare involvement. By developing a more extensive network of community-based mental health services and reducing involvement with state child welfare agencies, available resources for child welfare agencies may increase.

The expansion of community-based services creates a more efficient pathway for youth with behaviorally complex needs to be served with the appropriate community resources instead of the child welfare agency. Currently, there are limited resources available to build a community-based, behavioral health continuum, and workforce challenges are making the development of the continuum particularly challenging in rural areas. These constraints are impacting families and, in some cases, leading to involvement in the child welfare system due to increasingly challenging behavioral health issues. Often, parents are unable to address behavioral health challenges without support and guidance from behavioral health professionals. A related issue that needs to be addressed in ensuring there are community-based mental health services is challenges with insurance coverage for such services. Often, youth who are covered with Medicaid are better able to access mental health services than youth with private insurance due to limited commercial insurance coverage.

A prevention-driven approach of increased investment in community-based mental health services will reduce the likelihood of escalation and behavior, resulting in the need for foster care and residential treatment services. With improved investments, a variety of services could be expanded, including:

- Robust upfront assessments and connection to a broad array of community-based treatment and recovery support options;
- Increased access to alternative programs, such as day treatment or partial day programs;
- Use of behavioral-based interventions such as occupational therapy and applied behavioral analysis;
- Crisis placements that provide short-term respite for a family experiencing a youth in mental health crisis;
- Short-term stabilization placement when a youth is violent or aggressive;
- Peer mentoring and access to positive community-based activities;
- Increased access to lower levels of care, including peer support services and targeted case management; and
- Improved public and private partnerships across behavioral health and other providers to strengthen collaborative efforts for children and families (e.g., schools, private agencies, recovery-oriented agencies, advocacy agencies, etc.).

A robust community mental health system also addresses the social determinants that impact the well-being of individuals and communities and provides support and linkages to reduce the resulting familial stressors, which often exacerbate mental health needs.

Additionally, the ability to provide services to the entire family of a behaviorally complex youth is vitally important. Any additional investment in community-based mental health services should allow states to address the needs of the whole family so that a child or youth staying in their home, or transitioning back

to their home, is supported by adults whose own mental health needs have been met, creating more opportunity for a stable, safe home.

3. Given Utah’s long standing leadership on the issue of promoting family-based settings, what should federal policymakers know about how to best address the mental health needs of children and youth in foster care in the least restrictive environment?

Utah’s child welfare system is designed around the belief that children and youth are best served in their family home with support and services to help the entire family thrive. If a child or youth cannot safely remain within their family home, all attempts are made for a kinship placement. This allows children and youth to maintain connections to people and culture, nurtures existing positive relationships, and provides the greatest opportunity for normalcy. Foster family-based placements are the next best option for children and youth in state custody, which provide children and youth with opportunities to attend school, engage with peers, participate in extracurricular activities, and establish consistent routines.

Children and youth are part of a family system. Whether a family of origin, foster family, or adopted family, all individuals around that child are interconnected and experience the effects of the child or youth’s mental health conditions. To increase the likelihood of successfully addressing a child or youth’s mental health needs the needs of the entire family unit must be considered. A state’s ability to flexibly utilize funds to provide high-quality mental health services to the whole family may make the difference between the success of that family, its re-engagement with the child welfare system or repeat cycling into foster care.

To adequately address the family’s needs, investments are required to break down the barriers in community-based mental health services such as:

- Scarce availability of mental health resources in rural communities;
- Limited availability of trained mental health professionals, even in urban areas;
- Siloed systems that create a breakdown in the continuum of care; and
- Need for adequate availability or provider resistance to using varying modalities of treatment to meet individual clients’ needs.

Children and youth with mental health challenges who have come into foster care are more successful when emphasis is placed on building connections and support instead of behavior modification and punishment. Establishing opportunities and support for bonding and connection, even among older youth in care, helps promote positive mental health outcomes.

Through the Family First Prevention Act Title IV-E Prevention provision, Utah has been able to invest in new evidence-based mental health and parenting skills programs to support families and prevent entry of children into foster care. Services implemented under the Plan include:

- Functional Family Therapy
- Parent-child Interaction Therapy
- Trauma-focused Cognitive Behavioral Therapy
- Families First, Utah Youth Village
- Safe Care



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Health & Human Services

TRACY S. GRUBER
Executive Director

NATE CHECKETTS
Deputy Director

DR. MICHELLE HOFMANN
Executive Medical Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

Written answers to questions for the record
from Tracy Gruber, executive director, Utah Department of Health and Human Services
for U.S. House of Representatives, Committee on Ways and Means
Subcommittee on Work and Welfare
Modernizing Child Welfare to Protect Vulnerable Children

October 26, 2023

Questions from Rep. Gwen Moore (WI)

1. **Ms. Gruber, you have made some very valid and compelling benefits of the flexibility of IV-B funding. While this is one of the greatest assets of IV-B funding, what risks would expanding this flexibility further introduce? Does it hinder Congress's oversight of the quality of services which IV-B funds in a meaningful way?**

Utah supports expanded state flexibility balanced through implementation of outcome-driven accountability. If the law clearly defines the purpose, objectives, and basic parameters of the funding, Congress will be effective at ensuring accountability from states to meet those objectives. If done intentionally with the appropriate balance, Utah would anticipate minimal risks with expanding flexibility in the use of Title IV-B funds. Two examples of increased flexibility may include:

- A. Granting states flexibility to determine spending within the categories of services for Promoting Safe and Stable Families grant funding. This would allow states to allocate spending across the four categories in the ways best suited for the unique needs of the population and respond to changing needs so that spending is focused on the highest priority categories. Providing these plans in advance and reporting on the outcomes associated with the funding will ensure states are accountable for meeting the needs of children and youth.
- B. Expanding the definition of family reunification services to allow funds to be used for any expenses necessary to support a child returning home from foster care, not just the formal services currently permitted in the law. This flexibility allows for a family's short-term needs to be met to overcome barriers to a child returning home, such as a deposit for an apartment, vehicle repair so a parent has transportation means to support consistent employment, and purchasing a bed for a child so a child has a place to sleep.

Flexibility does not hinder the ability of Congress to oversee the quality of services under Title IV-B. The ability to ensure accountability to Congress with expanded flexibility is achievable by simply retaining the existing mechanisms for Title IV-B accountability. There is sufficient existing accountability in place

State Headquarters: 195 North 1950 West, Salt Lake City, Utah 84116
telephone: (801) 608-5715 | email: tracygruber@utah.gov | web: dhhs.utah.gov

for state child welfare agencies with extensive and duplicative reporting requirements. These requirements ensure states are accountable for the funds received while supporting Congress in achieving its objectives for the nation's child welfare system.

A good model for providing expanded flexibility while retaining state accountability is the Child Care and Development Fund, which was reauthorized in 2014. The reauthorization requires a comprehensive state plan outlining the uses of the multiple funds and purposes that make up the federal funding framework for child care. This state plan is accompanied by an annual report that includes data to account for the funds effectively. With respect to child welfare funds, a similar framework is in place with the submission of the comprehensive Child and Family Services Plan, as well as reporting on spending and myriad data elements required in the Annual Progress and Services Reports. These reporting requirements provide the foundation for enhancing state flexibility to utilize funds to meet the unique needs of each state while meeting the expected outcomes of Congress.

If all IV-B funds are streamlined into a single category with only a broad definition of how funds can be used, Congress will have less ability to see specific ways funds are being used. However, a balanced approach is achievable so that states are required to meet clearly defined outcomes and articulate their uses of the funding and submit reports to align with those outcomes. Accountability to the children and youth in the child welfare system is essential. Still, limitations with spending categories, frequent output, and detailed budget-focused reports do not improve the system and actually often limit the ability of states to act quickly to implement the services necessary for their communities.

2. **Ms. Gruber, in your testimony, you mentioned that Utah's DHHS has 'braided' IV-B funds with other funding sources to improve multiple elements of child welfare. Does the flexibility that IV-B provides allow states the option of using these funds with other sources? Is this ability to combine IV-B with other funds, despite IV-B only making up 2.5% of Utah's child welfare budget, part of why IV-B funding is indispensable to your state and others that use the funding in a similar way?**

The flexibility of Title IV-B does enable states the option of using these funds alongside other sources. With IV-B being 2.5% of Utah's child welfare agency funding, families' needs for service far exceed available IV-B funds. Identifying and using allowable and available funding sources strategically and in combination with other funding helps address families' needs and expand the use of available resources to the extent possible.

For example, family preservation services are essential to support at-risk families in safely caring for their children at home, preventing entry into foster care. If a family needs mental health and substance use treatment services as well as parenting skills training, an assessment will help determine their eligibility for support with available funding sources. If the family is eligible, Medicaid funds are used to support mental health and substance use treatment needs, and PSSF funds may be used for parent skills training if the children do not qualify for Title IV-E prevention. However, if the family is not Medicaid eligible, PSSF or state funds can cover the cost of mental health and substance use treatment. If the child is eligible for IV-E prevention, the parenting skills service could be covered under IV-E prevention.

The ability to effectively fund the child welfare system requires leveraging all resources, no matter how small. This includes Title IV-B despite its small contribution to the overall funding of Utah's child welfare system. However, the ability to combine IV-B funds with other funding sources to address families' needs allows us to optimize IV-B funds to contribute to our system significantly. The categories

of funding specified for PSSF compelled Utah to identify additional funding sources used in conjunction with PSSF to support family preservation, support, reunification, and adoption promotion and support services. In addition, IV-B subpart 1 funds and Caseworker Visit funds under IV-B subpart 2 are important resources to support child welfare workforce personnel and training expenses that otherwise are unavailable through other federal child welfare funds.

- 3. Ms. Gruber, you said in your testimony that you will continue to provide Utah’s Families First services through IV-B funding to families that are not eligible to receive IV-E funds. Can you expound upon how and why the continued use of IV-B funds is still necessary to reach as many families as possible with this service?**

Utah will continue to use Title IV-B funds to provide Utah’s Families First service developed by Utah Youth Village, which is now on the Title IV-E Preventions Services Clearinghouse as “well supported.” Title IV-B will continue to be used for families needing parenting skills training who are not eligible for Title IV-E prevention. Providing families with a service that has demonstrated effectiveness gives families the best possible opportunity for success. Utah anticipates evaluating whether Title IV-B will be used with similar programs once approved on the Clearinghouse. That will depend on the availability of IV-B funds.

An example of when a family would receive Families First services through Title IV-B rather than Title IV-E prevention is when parents, preparing to have their children return home, do not qualify for Title IV-E prevention due to the children still being in foster care. Reunification efforts may include strengthening parenting skills with Families First services while the children have transition visits before a formal exit from foster care. Providing these services at this critical time increases the likelihood of successful reunification.

- 4. Ms. Gruber, in your testimony, you highlighted that Utah’s unique Families First program was established with the only federal funding support coming from IV-B funds for many years before it became eligible for IV-E funding through the IV-E Clearinghouse. Personally, I strongly support the IV-E Clearinghouse as it ensures services that we provide to our most vulnerable children and families are evidence-based and effective. I, alongside my bipartisan CCFY co chair Rep. Mace even supported additional discretionary funds in the FY24 appropriations process for the Clearinghouse. That said, how would characterize IV-B’s role as a compliment to the IV-E prioritization of ensuring quality services? Do you see IV-B funding as necessary to stand up services and programs so that they can eventually be eligible for eventual Clearinghouse review? How are these services complimentary?**

There are two primary roles of Title IV-B as it relates to IV-E. The first relates to IV-Bs role in filling gaps for services that evidence-based services cannot provide; the second is the role it plays in supporting the development of innovative programs before a rating through the IV-E Prevention Clearinghouse.

Title IV-B complements Title IV-E prevention services in providing families with critical, quality resources. Evidence-based services are an important resource for families. However, these services do not always address the family’s needs to care for their children in the home safely. IV-B funding helps fill in some of those gaps, such as providing tangible support to families to help stabilize them during a challenging time, which may occur in conjunction with other evidence-based services.

Title IV-B also allows states to innovate in developing new services to address gaps in the system before approval of the Title IV-E Prevention Clearinghouse. Receiving a rating and approval on the clearinghouse is resource-intensive and takes several years. To continue to support the innovation of programs that are achieving preliminary success but not yet rated, Title IV-B is available before greater investments to evaluate a program are made. A Utah example of this is occurring in our recently developed Adaptive Parenting service. This service allows for personalized skills development training for parents who are lower functioning. Although this service has not been in operation long enough to conduct research needed for a Clearinghouse determination, it is now helping families in need.

Utah supports using Title IV-B funding to stand up services and programs before evaluation and approval on the Clearinghouse; however, the limited funds appropriated through Title IV-B limits extensive use of these funds for that purpose. The start-up of new services is costly, as is the thorough research needed to demonstrate effectiveness at the standard required by the Clearinghouse. It may be difficult for states to shift the use of IV-B funds for innovative services, given that the demand for IV-B services already exceeds the need. Additionally, it is challenging for states to identify funding for the costs associated with conducting the required evaluation of programs to receive Clearinghouse evidence rating.

- 5. Recently, a bill titled “Foster Youth Mental Health Act of 2023” was introduced in the Senate. I also have a shared interest with more of my colleagues on CCFY to expand foster youth’s access to forms of alternative mental health treatments based upon direct feedback we have received from youth with lived experience. We know that nationally, up to 80 percent of foster youth have significant mental health needs, and that these needs are often complex and require multifaceted interventions or treatments (such as alternatives to traditional talk therapy). Cases like these often include a greater workload on the caretakers of foster youth and the agencies responsible for foster youth in order to best address the youths’ needs. Ms. Gruber, what is the biggest unmet mental health need you are seeing for children and youth in foster care? What should Title IV-B support to better respond to youth with complex mental health needs?**

Children and youth in foster care often have mental health needs that must be addressed to stabilize and support their well-being and that of their entire family. In Utah, we seek input from the youth we serve to understand their behavioral health challenges through our Youth Advisory Council. Examples of mental health needs that are particularly challenging include:

- Problematic non-criminal sexual behaviors;
- Aggressive behaviors that are minimally provoked or unpredictable;
- Neurodivergence, such as autism, learning disabilities, and anxiety disorders that are further challenged by trauma;
- Grief and loss and its impact and outward expression; or
- Developmental issues for children experiencing early childhood trauma.

Youth with complex mental health or behavioral needs face serious challenges, and states struggle to identify appropriate and sufficient resources to address those needs. In cases where youth qualify for funding support through Medicaid, which includes most youth in foster care and approximately 50% of youth receiving in-home services, treatment is not always available to address those needs due to workforce shortages, geographic constraints, siloed systems, and an overall lack of resources. Utah attempts to overcome these challenges through partnerships with other state agencies supporting the state’s behavioral health system including our workforce and professional licensing agencies. Within the Utah Department of Health and Human Services, the Division of Child and Family Services works

closely with our Office of Substance Use and Mental Health to leverage the Mental Health Block Grant and the Substance Abuse Prevention Block Grant. Utah also has leveraged Child Care Development Funds to train child care providers to identify and address early childhood behavioral health challenges. The goal is to address these challenges early before they lead to more complex challenges that may result in child abuse or neglect and lead to involvement in the child welfare system. Additionally, the intense nature of child welfare puts caseworkers at high risk for experiencing trauma. If not addressed this can have a negative impact on the system and the ability for a caseworker to help children and families. Agencies need support in implementing strategies to build resilience in caseworkers, and to mitigate the negative impact of trauma. With respect to Title IV-B specifically, providing greater flexibility for family reunification services may enable states to access mental health resources with Title IV-B that are unavailable within the traditional scope of services covered under Medicaid to the extent funding is available.



October 27, 2023

Dear Representative Moore;

Thank you for the opportunity to testify before the House Ways and Means Committee hearing entitled "Modernizing the Child Welfare System to Protect Vulnerable Children." I am grateful for your kind words and support.

Please find below, the answers to the follow questions you posed and please forgive the delay:

Ms. Craft, in pages four and five of your testimony you mentioned how many small, yet essential, community-based programs don't have the financial capacity to rely on IV-B funding that is provided through a reimbursement model. You stated that Smart from the Start especially benefits from receiving IV-B and matched State funding through an advance at the start of the year. In the event that Congress fails to enact a long term reauthorization of IV-B funds, what are the risks to yours and other organizations hoping to move to this advance model in the event that States cannot rely on the consistency of IV-B funds?

The potential risk to organizations like Smart from the Start and the vulnerable populations we support would be great, in that we would be forced to lay off essential service providers, shutter programs, and leave children youth and families living in the most difficult circumstances without access to basic necessities, trauma informed mental health services, family advocacy, crisis intervention and ongoing support. Not only do we rely heavily on these resources to fund programming and services, but we must have seamless access to ongoing funding to provide seamless access to those we support.

Ms. Craft, your organization works with varying financial needs. While programs like TANF and Social Security can use improvement, I know that receiving such supports can serve as a protective factor against families entering the foster care system. In your experience, how have you seen these social programs work in concert with child welfare efforts effectively?

100% of the children, youth and families we engage live at or below the poverty level and many suffer from exposure to some form of direct, secondary, family or community-related trauma. The financial safety provided by programs like TANF, Social Security and SNAP are essential as we work to ensure that children are not homeless, hungry and suffering from extreme poverty, while creating some level of financial stability, which research proves helps to prevent child abuse and neglect. Our organization provides resources that tighten that safety net by supplementing what those services do not provide and by creating avenues for families to set and achieve educational and career goals that ultimately lead to economic self-sufficiency.

Ms. Craft, programs similar to Smart from the Start are eligible for IV-B funding, could you elaborate on the process which your agency and specific branches must go through in order to be eligible and ultimately receive IV-B funding from start to finish?

Smart from the Start is a grassroots, family and community driven organization founded by a woman of color who grew up in a low income housing development. Statistically, less than 7% of philanthropic dollars are allocated to organizations like ours and we often lack the relationships and resources to access higher level federal funding

Smart from the Start, Inc.
2357 Ainger Place, SE
Washington, DC 20020
Phone: (857) 308-3000 Fax: (617) 635-1187
www.smartfromthestart.org

opportunities such as IV-B funding. Notification of such opportunities often does not reach grassroots organizations and when it does, we do not meet many of the qualifications, and the registration and application processes are needlessly complicated, time consuming and confusing. Special consideration is often given to organizations with more of a "track record", or that are well known and who have previously received federal funding. It takes a sophisticated team of experienced professionals to navigate the online systems, processes and to produce the volume of paperwork required. Most organizations like Smart from the Start are fighting for children and families every day and utilizing every available hour and dollar to stand in the gap. We simply lack the time and resources when and if we even are aware of and given a fair chance to apply.

How can Title IV-B funding enhance access to mental health services for children and families, particularly in underserved communities? How can IV-B funding be used for family-based and community-based care specifically to improve mental health outcomes?

We leverage our Title IV-B funding to hire clinicians reflective of the diverse communities we serve and by creatively engaging families in ways that breakdown the stigma often related to traditional mental health services. Clinical services are place-based and embedded in neighborhoods where our families live to ensure that they feel comfortable and have easy access to ensure active participation in therapeutic programs and sessions. With the shortage of qualified mental health professionals in our communities, we have begun to train and support community health workers and therapeutic mentors to offer a range of supports to children, youth and families to enhance and supplement traditional therapy and to mitigate the impact of trauma and undiagnosed mental health challenges.

In addition to neighborhood based programming in community centers it is imperative to offer the option to engage in family and home-based clinical care. Again, with the stigma we often face as well as the level of depression and trauma, there are families who are simply unable to come out to the community center to fully engage. Our Title IV-B funding supports this work, as well. Parent partners, community health workers, therapeutic mentors and family support specialists work in close concert with clinicians to provide a full set of supportive services to children, youth and families in their homes and communities.

Our organization invests heavily in internal and independent external evaluation in partnership with Tufts and Brandeis Universities to ensure the efficacy of our programs and services and to inform continuous quality improvement. Our evaluation is funded in part by Title IV-B funding and our outcome data proves that Smart from the Start provides an impressive return on investment.

Washington, DC is the only Smart from the Start city where we receive Title IV-B funding. We often struggle to provide the same level of support for children and families in our other markets because we rely so heavily on the philanthropic community to resource our work. DC is unique in its commitment to invest in innovative, community-based organizations and we are grateful to both the Ways and Means Committee and the administration of Mayor Muriel Bowser for providing desperately needed funding to advance our mission to promote the healthy development of children and families.

I am grateful for your interest in Smart from the Start and for your strong, unwavering support of children and families as evidenced by your record. Please do not hesitate to reach out to me directly if you have any follow up questions or in additional clarification would be helpful. I also invite you to visit us at Smart from the Start whenever your schedule permits.

Very Respectfully,



Cherie Craft, M.Ed
Founder/CEO, Smart from the Start, Inc.

Smart from the Start, Inc.
2357 Ainger Place, SE
Washington, DC 20020
Phone: (857) 308-3000 Fax: (617) 635-1187
www.smartfromthestart.org

Testimony of Katherine Marquart in response to questions posed by Congresswoman Moore from the House Ways and Means Subcommittee on Work and Welfare

Katherine Marquart

Director of Recruitment Programs

FosterAdopt Connect

Previous Employee for the State of Missouri, Children's Division

Ms. Marquart, in your experience as a caseworker, you shared many instances in which you were expected to make life altering decisions that you did not feel prepared to handle. I have heard similar stories from caseworkers who had the sole responsibility of determining if a case qualified as neglect and would consequently result in family separation. Have you personally been expected to make subjective determinations on which cases constitute neglect? If so, did you feel you had a concrete understanding of what neglect was in a legal sense and the implications of that decision? Would it better prepare caseworkers for such situations to receive more training and clarity on neglect and poverty specifically for these circumstances?

In my time at the State of Missouri, I was employed in the Alternative Care sector (children who had already come into foster care). My primary responsibility was reunifying the families and when that was no longer an option, my job was to locate a permanency resource for the child. The counterpart to Alternative Care is Investigations and Assessments. Though I never worked in Investigations, I was responsible for determining the safety of the children on my caseload and sometimes this meant I had to make a split-second decision to remove a child from the home due to abuse or neglect. These instances most often occur when a sibling of one of the children is born while they are still in foster care or during "Trial Home Visits".

For the most part, I was prepared for these decisions with an alternative plan of action and the support of my supervisor.

I do think when reunifying children (or on the Investigations/Assessments side, removing children), there should be clearer guidelines as to what constitutes neglect. I've heard on more than one occasion, that it depends on the individual investigator, and generally what type of situation they grew up in as a child, as to what they will consider neglect versus poverty. I think it would be more than beneficial for there to be a strict discussion of neglect versus poverty while also taking into consideration cultural differences among individuals and groups.

Congresswoman Scanlon, my CCFY Cochair, introduced H.R.3443 "Foster Youth Mentoring Act of 2023" in collaboration with our bipartisan Cochair, Congressman Bacon. This bill seeks to support mentoring opportunities for youth involved in the Foster Care System. Peer support and navigation services are a great tool to support those going through the child welfare system. Is it reasonable to suggest that an increase in such peer support services would reduce the strain put on caseworkers to best serve foster children? What role do you see for IV-B to fund peer support services to complement the child welfare workforce and ensure it leverages the expertise of those who have been through the system?

I think peer support groups are a fabulous idea. At FosterAdopt Connect, we utilize a program called Community Connections Youthrive (CCYT) that is predominantly staffed by those who have experience as a youth in foster or kinship care. The youth and young adults served by the program are 17-26 years old who are—or were—in foster care. Our staff are able to relate to the youth and role model what is possible. Staff work with the youth to set their own goals and partner to reach those goals. They do this by providing driving lessons; supporting the youth in graduating high school, getting their GED, and/or continuing their education; offering life skills training, including employment assistance and a financial capability curriculum; and in some areas, we are even able to provide legal aid via our staff attorney.

In regards to IV-B funding for those with lived experience, we should be utilizing those with lived experience and providing more positions in social welfare that allow these individuals the opportunity and support needed to share their personal experiences in a way that helps us better serve families without exploiting their stories. Funding positions within social welfare that recognize that education comes from a life lived, not only a degree earned, would help provide these individuals with a voice and the ability to make change within the social welfare system. Furthermore, we amplify their voices by providing opportunities for professional development that will help further solidify their seat at the tables where decisions are being made. Additionally, we would also want to ensure these staff members have/are processing the trauma they no doubt have experienced so as to not compound the effects of the vicarious trauma prevalent in social work.

I was proud to partner with my bipartisan CCFY Cochair Congressman Nunn as well as Subcommittee Ranking Member Davis to request an increase in discretionary funding for the Regional Partnership Grant Program which provides funding for families who are experiencing difficulties with substance abuse. Ms. Marquart, you mentioned several situations in which substance abuse was a contributing factor toward involvement of the child welfare system. Would it have been helpful as a caseworker to have more services pertaining directly towards addressing substance abuse to better serve these families?

Substance use, especially in the Kansas City Metro is so incredibly high and if we had more services directed at substance use, I would venture a guess that we would have significantly fewer children in foster care because of it. My colleagues and I were just discussing what seems like all of a sudden, many

children are placed with relatives or kin or in foster care due to a parent's fatal overdose. If we can direct more funds to substance use treatment, this could prevent tragedies like these.

Several of this Hearing's witnesses discussed the crisis we have in foster care placements. Ms. Marquart, in your experience in Recruitment Programs including 30 Days to Family and Extreme Family Finding, what do you believe Congress should be doing to better support recruitment of kinship and non-relative foster families, and how can we better support foster and adoptive families to ensure an appropriate supply of family placements for children who need out-of-home care?

In my opinion, some ways that we can support our kinship families and non-relative foster families include, but are not limited to, Behavioral Interventionists, therapists, additional training and mental health services for caseworkers, incentives for foster families, and additional education on trauma for all of the families and professionals supporting these youth and families.

Following adoption from foster care, many providers report they are not interested in adoption due to the lack of support post-adoption. An additional support would be to provide a post-adoption subsidy payment similar to what the family received prior to adoption. Additional services similar to those stated above would also be beneficial for children adopted from foster care and could be included in the post-adoption subsidy contracts to be covered by the state.

Additional education surrounding private adoption versus adoption through foster care would also help eliminate some barriers when training families to become foster parents. There are many instances where families are trained and at the end of the training, they are reporting a very specific age of a child they wish to adopt, where adoption from foster care would most likely not meet their request.

In regards to recruiting non-relative foster families, something that is needed is being able to recruit more families of diversity. As we know, black and brown children are overrepresented in the foster care system and we don't have enough foster families that look like them to care for all of these children. In addition to that, we have many children who speak Spanish, who speak using sign language, or speak any number of other languages, but we do not have enough diverse families to help maintain these children's culture of origin.

Something additional that would help with foster, kinship, and relative families is some sort of normalization of parental leave when taking in or adopting a child from foster care. FosterAdopt Connect has already included this as part of our practice which includes receiving 20 work days of paid parental leave for purposes of a newly placed child for adoption. With additional 5 paid working days of paid parental leave for kinship and foster parents to adjust to a new placement in their home, with this being able to occur twice within the calendar year. There are additional factors that play into these decisions however having an Adoptive/Foster/Kinship policy in our agency has made a world of difference for those on our staff who are caring for children in the foster care system. Many foster parents or kinship parents are not able to continue caring for youth in their home due to the number of doctor visits, school conferences, team meetings, and

court hearings they must attend. Putting some sort of legislation in place to normalize this practice would be highly beneficial for recruiting more foster families as well as supporting adoptive and relative/kin families.

An additional support that would make a huge impact (and save the government money) is having more recruiters for programs such as Extreme Family Finding and 30 Days to Family. Locating relative and kin providers is time-intensive and is far less successful if the recruiter has a large caseload. Additional funding for these types of programs through NGO's would engage more relative providers and thus provide more homes for children in foster care.

**Center Staff**

Prudence Beidler Carr
Director

Salih Alexander
Sneha Barve
Claire Sandt Chiamulera
Cristina Ritchie Cooper
Joanne Correia
Heidi Redlich Epstein
Nyasha Justice
Kristin E. Kelly
Heather Kestian
Eva J. Klain
Steven Jessen-Howard
Kathleen McNaught
Ashley Moore
Emily Peeler
Jey Rajaraman
Jennifer L. Renne
Rhonda Serrano
Beverly Schullerbrandt

Commission Members

Brenda C. Robinson
Chair

Hon. Lucy Armendariz
Luis Beltran
Brain Blalock
Lisette Burton
Dr. Alison Caliendo
Abre' Conner
Lakeshia Dorsey
Kathi Grasso
Nolan Highbaugh
Walter Karnstein
Heather Krick
Hon. Patricia Miles
Okoye Morgan
Jennifer Nagda
Dr. Theodora Pinnock
Hon. Edwina Richardson-
Mendelson
Sandy Santana
Ashley Williams
Vanessa Williams

Special Advisor

Theodor Liebmann

American Bar Association
Center on Children and the Law
& Commission on Youth at Risk
1050 Connecticut Ave, NW, Suite 400
Washington, DC 20036
www.americanbar.org/child
Access to Justice for Children and Families

October 27, 2023

The Honorable Gwen Moore
Subcommittee on Work & Welfare
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Dear Congresswoman Moore:

I appreciated the opportunity to testify on behalf of the American Bar Association (ABA) at the recent hearing before the House Ways and Means Subcommittee on Work & Welfare on the topic of Modernizing Child Welfare to Protect Vulnerable Children. Thank you for your questions both during the testimony on September 28 and in follow up written correspondence. Below please find the ABA's responses to each topic area: neglect definitions; peer advocacy; tribal consortia; reunification services; and the Court Improvement Program.

Federal law does not provide a clear definition of neglect in either CAPTA or Title IV-B. How does this impact decisions made in family court cases? What is your recommendation on how to resolve these inconsistencies and in your view, what can Congress specifically do to resolve these inconsistencies?

Currently, federal law defines abuse and neglect under a joint definition that includes “an act or failure to act.”¹ It is wrong to lump these two large concepts – abuse and neglect – together as though they are coterminous.² Federal guidance offered through the Child Welfare Information Gateway describes physical abuse as a “nonaccidental physical injury” such as “punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise causing physical harm.”³

By comparison, the same guidance describes neglect as “the failure of a parent or other caregiver to provide for a child’s basic needs.” Examples of signs of neglect include a lack of “sufficient clothing for the weather . . . dental care, or glasses.”⁴

These neglect definitions do not address the intentionality behind failures to provide or the lack of individual agency to remedy them. This is a key area where the disparate impact across race and ethnicity is evident. The [child poverty rate](#) for white children in America is 8%. The rate for Black children is 18% and for Hispanic children it is 22%.⁵ If conditions of poverty – such as a lack of adequate food, clothing, shelter, medical care or supervision – can be used as a proxy for finding parental neglect under the law, then by extension Black and Hispanic children are significantly more likely to be separated from their parents for a “failure to provide.”

Congress and state legislatures have an important opportunity to revise child abuse laws to clarify that abuse and neglect are not the same. Distinguishing neglect from abuse in legal terminology does not necessarily mean, however, all examples of neglect should be eliminated from child welfare intervention. The National Scientific Council on the Developing Child provides a useful framework for delineating between different types of neglect and the means of addressing it. In relation to young children, those categories include: (i) occasional inattention; (ii) chronic under-stimulation; (iii) severe neglect in a family context; and (iv) severe neglect in an institutional setting. This framework offers a better method for determining when public interventions are needed, and what type of intervention is most appropriate.⁶

For example, *occasional neglect* occurs “on an intermittent basis in an otherwise loving and responsive environment” and likely requires no intervention. By contrast, *severe neglect* involves imminent risks to

¹ 42 U.S.C.A. § 5106g; [What is the definition of child abuse and neglect? | HHS.gov.](#)

² Although previously used as a term to assess parental fitness for receiving public benefits, the concept of “child neglect” did not typically provide a basis for removing a child from parental care under state law until the late 1950’s or under federal law until 1961. Bell, Winifred. Aid to Dependent Children, 1965. [ABA Resolution 606 \(2022\)](#)

³ [What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms \(childwelfare.gov\) \(page 3\).](#)

⁴ [What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms \(childwelfare.gov\) \(page 5\).](#)

⁵ National Academies of Science, Engineering and Medicine: [Child Poverty.pdf \(nationalacademies.org\).](#)

⁶ National Scientific Council on the Developing Child. (2012). The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12. <http://www.developingchild.harvard.edu>.

the child and can “produce serious physiological disruptions that lead to lifelong problems in learning, behavior and health.” As the Council explains, this category includes instances where a child has “no stable, adult source of reliable care and protection,” such as a baby or toddler who is left alone and ignored for many hours at a time. In this category, where “a child’s very survival is threatened,” intervention is appropriate even under a heading of neglect.

In all instances, the Council highlights that “the magnitude of decision-making” attached to defining neglect in a child welfare setting requires “a balanced blend of scientific knowledge, cultural values, and shared *public responsibility*” (emphasis added). In other words, if a child lacks sufficient food, clothing, housing, or medical care, the answer is not to leave the situation as is, but to ask how we can effectively meet a parent and child’s specific needs while maintaining constitutional liberty interests in parental and child rights to family integrity that do not require removal of a child from their parent.⁷

Key recommendations for Congress include:

- Revise the language in CAPTA and Title IV-B to:
 - Distinguish neglect from child abuse;
 - Delineate specific categories of neglect by including a focus on intentionality, parental agency and severity of impact for the child; and
 - Clarify that different concepts of neglect require different government response.
- Invest in legal services to support families whose basic human needs are at stake, including through an expansion of Legal Services Corporation funding at the federal level.⁸
- Ensure all parents have access to legal representation when a CPS investigation process begins.
- Invest in programs that address concrete supports for children and parents related to child care, housing, medical access, and tax credits to prevent child welfare referrals based on the concept of neglect.

Do you believe that mentoring from peers who have previously navigated being dual system youth could have a positive role in improving outcomes and experiences for current dual system youth? What role do you see for Title IV-B to fund peer support services to complement the child welfare workforce and ensure it leverages the expertise of those who have been through the system?

Peer advocacy has been proven to serve as an extremely effective tool for supporting system-impacted youth and parents. In the legal services space in particular, peer partners are critical components of

⁷ *Quilloin v. Walcott*, 434 U.S. 246, 255 (1978) (“We have recognized on numerous occasions that the relationship between parent and child is constitutionally protected.”); *Bohn v. City of Dakota*, 772 F.2d 1433, 1435 (8th Cir. 1985) (“We can conceive of no more important relationship, no more basic bond in American society, than the tie between parent and child”). [ABA Resolution 118 \(2019\)](#).

⁸ ABA House of Delegates Resolution 112A (adopted August 2006) (urging federal, state, and territorial governments to provide legal counsel as a matter of right at public expense to low income persons in those categories of adversarial proceedings where basic human needs are at stake, such as those involving shelter, sustenance, safety, health or child custody, as determined by each jurisdiction).”

multidisciplinary legal teams.⁹ For example, the Children’s Law Center of California (CLC) has a well-established program of youth peer partnership where children represented by an attorney through CLC also have access to a peer partner (an individual who has experienced foster care personally) who can help the represented child navigate the complexities of being involved in foster care. Similarly, peer parent partners have provided invaluable support for parents as part of multidisciplinary parent legal teams throughout the country.¹⁰

One of the benefits of the current Title IV-B structure is that it already provides for “Peer-to-peer mentoring and support groups for parents and primary caregivers” as a part of Reunification Services. To further the existing commitment in that area, Congress could clarify that reimbursable Reunification Services include mentoring and support provided for children and youth in addition to parents and primary caregivers. Congress could also encourage all states to report on how they use Reunification Services funding for peer partnerships that support legal system-involved youth and parents.

In addition to the power of peer partnerships in helping children and parents during a child welfare or dual system case, the role of lived expertise leadership in influencing system structures and laws has also been expanding in significant ways. The ABA adopted policy in 2020 that recognizes “effective reforms of legal systems that affect the fundamental rights of children and youth – including, but not limited to the child welfare, immigration, and juvenile justice legal systems – cannot be accomplished without active participation by individuals who experienced those systems as children and youth.”¹¹ To help facilitate that active participation, it would also be valuable to have federal legislation, including Title IV-B, specifically support lived expertise leadership in child welfare program design.

Can you expand on why funding through the Court Improvement Program is especially impactful to Tribal consortia?

In Indian Country there are numerous smaller tribes that don’t have the resources to establish a family court by themselves. In such instances, a consortia of tribes that are in close proximity to each other may establish a court that serves the tribes in the consortia together. In this situation, they may also utilize the consortia to support tribal child welfare agency services too, sharing administrative and service functions to provide child welfare services to the tribal communities represented in the consortia.

Can you elaborate on the importance of high-quality reunification services for supporting families, and what an increase in those resources could make possible for families?

Investing in high quality reunification services for children and their parents is invaluable. It is an important investment because reunification is the most frequent outcome for a child welfare case, with roughly 47% of all cases resulting in reunification in 2022.¹² In another sense, it is an important investment because this

⁹ See U.S. Dep’t of Health and Human Servs., Admin. for Children and Families, Admin. on Children, Youth and Families, Children’s Bureau, High Quality Legal Representation for All Parties in Child Welfare Proceedings, No. ACYF-CB-IM-17-02 (2017), available at [IM-17-02 | The Administration for Children and Families \(hhs.gov\)](#).

¹⁰ See U.S. Dep’t of Health and Human Servs., Admin. for Children and Families, Admin. on Children, Youth and Families, Children’s Bureau, Utilizing Title IV-E Funding to Support High Quality Legal Representation for Children and Youth who are in Foster Care, Candidates for Foster Care and their Parents and to Promote Child and Family Well-being No. [ACYF-CB-IM-21-06 \(hhs.gov\)](#).

¹¹ [ABA Policy 115 \(2020\)](#)

¹² [The AFCARS Report #29 \(hhs.gov\)](#).

data demonstrates that even though reunification is the primary goal for most cases, more than half of all children in foster care do not achieve that outcome.

Congress has recently made some important changes to the Title IV-B Family Reunification Services provisions. Specifically, in 2019, as part of the Family First Prevention Services Act, Congress expanded the period when a family can receive reunification services through Title IV-B.¹³ Previously, a family would be eligible for federally supported reunification services for only 15 months total, beginning on the date when a child entered foster care. Now, a family is considered eligible for federally supported reunification services during the full period a child lives in foster care and for up to 15 months after the child has reunified with family. This is a critical shift.

To realize the intended impact of this change, Congress can add to the list of services eligible for Title IV-B reimbursement, to include those related to concrete supports such as housing access, arrears payments for securing stable housing, hotel-motel voucher and emergency shelter, and opportunities for vocational, education and employment training and placement. One of the most important lessons about reunification success is that even after a child and parent reunify there is healing that takes time. As a result, it is important for states and tribes to support family-based aftercare options for at least six months.

Finally, the success of reunification services often depends on parental engagement in designing a service plan from the inception of the case. This includes access to quality family time that will most reflect “at home life” to ensure a better transition home. Parents should also be able to support their child’s access to therapy, mental health and educational services. Congress could reinforce the importance of parent-led service plans by clarifying in the Title IV-B Reunification Services provisions that federally supported agencies should work with parents as the primary architect of their own reunification services plans. Congress could also clarify that states should not charge parents for the cost of federally reimbursable reunification services.

What do you see as the biggest need for continuing to build on the Court Improvement Program’s success, and what would be possible with more resources that the program can’t support at its current level?

The Court Improvement Program has been extremely successful because it affects all states and is distributed in a manner that allows for each jurisdiction to use the funding to incubate ideas that improve the child welfare legal system. For thirty years, state courts have combined the CIP funds with state and local dollars, creating a synergy among judicial, executive and private resources, which has resulted in broad changes and jurisdiction specific innovations in how state courts handle child welfare cases.

Consistent with the President’s budget in both this Administration and the prior one, we support an annual increased investment in the Court Improvement Program by \$30 million. The CIP grants are the only direct child welfare-related federal funds that state courts receive. The funding is distributed to the highest court in each state, which receives a base amount with additional funding based on the state’s child population. Despite significant changes in court practice and costs, annual CIP funding has not increased since 2006.

¹³ Social Security Act Section 431 (a)(7), codified at 42 U.S.C. § 629a(a)(7).

Basis for Increased CIP Investment

Child welfare is both a social services and legal system. More than 600,000 children have cases before the state dependency court system each year. Increased investment in the Court Improvement Program would be extremely timely for every state to further enhance collaboration between child welfare agencies and the court system to prevent case delays for children, parents and child welfare agencies, ensure successful implementation of federal and state child welfare laws, and improve the quality of legal representation available to all parties.

Preventing Case Delays

In response to COVID-19, the CIP received an additional \$10 million in emergency funding in 2020, which was very effective in facilitating investments in technology, training and party participation in dependency hearings. Those investments mitigated the consequences of court delays when courts initially shut down across the country. Emergency CIP funding also demonstrated how well-equipped CIPs are to adapt quickly and innovate on the ground level in each state by ensuring access to the courts during crisis periods resulting from public health threats, natural disasters, cyber-attacks, or other disruptions. Building on the success of that emergency investment, enhanced CIP funding will help to prevent future disruptions in dependency courts. Enhanced CIP funding would also help alleviate court delays on a regular basis.

Implementation of Federal and State Child Welfare Laws

Through its extensive training component, CIP funding has long been critical to ensuring that attorneys, judges and other legal professionals are well trained and prepared to implement federal and state child welfare law through regular courtroom practice and decision making. Congress and State Legislatures establish important federal and state laws that affect child, parent, and family rights in dependency cases. These laws are only effective in practice, however, if they are properly implemented. Having judges, attorneys and other legal professionals who are well trained on what those laws mean and how they apply to individual cases is a critical component of implementation. CIP funding provides a critical tool for ensuring legal professionals in child welfare receive that training year after year.

Court Support Affects Quality Legal Representation

In addition to providing training assistance for lawyers, CIP funds also play an important role in ensuring that attorneys provide high quality legal representation to all clients. In 2019, the ABA Center on Children and the Law released a research report examining the effects of attorney funding for child and parent counsel throughout the State of California.¹⁴ In addition to concluding that attorney funding affects the quality of legal representation, the report documented extensive evidence that court funding and staffing also have a direct impact on the quality of legal representation attorneys can provide to clients. For example, court backlogs limit attorney time in and out of court. Likewise, court delays related to insufficient staffing and resources can lead to substantial increases in the amount of time a child spends in foster care before reunifying with family or experiencing a final guardianship or adoption outcome in the case. By contrast, when courts are properly supported, they are more accessible and allow attorneys to work on cases more efficiently and effectively serving both the client and community's interests.

¹⁴ ABA Center on Children and the Law. Effects of Funding Changes on Legal Representation Quality in California Dependency Cases (2020): [Impact of Funding on Quality Legal Representation \(americanbar.org\)](https://www.americanbar.org/publications/impact-of-funding-on-quality-legal-representation/).

Use of Funds

The Conference of Chief Justices and the Conference of State Court Administrators adopted a resolution in 2020 in support of increased CIP funding based on these growing demands on the child welfare court system. Specifically, the Chief Justices and Court Administrators noted that increasing CIP funding beyond the budget set in 2006 “would accelerate positive outcomes for children and families in their state dependency court systems.” For example, funds would be used to:

- Launch **multidisciplinary advocacy models** of child and parent legal representation, and CASA/GAL volunteers, which research has shown to expedite permanency and save costs;
- Promote **reasonable caseloads** so that advocates have sufficient time to thoroughly investigate each case, talk to clients, and prepare for hearings;
- Deliver **enhanced attorney, judicial and CASA training**, especially targeted to rural areas, focused on safety decision making and federal law;
- Improve **courtroom technology** for training delivery, virtual participation in hearings, and digitization of case files;
- Implement **quality review, assurance, and mentoring** to support recruitment and retention of high-quality legal representation, CASA volunteers, and child and family advocates;
- Support certification of attorneys as **Child Welfare Law Specialists (CWLS)**;
- Improve access to **meaningful data** to guide local court improvements and policy decisions; and
- Develop **pre-petition/ early intervention models of family advocacy** that enable advocates to address root causes of child maltreatment and prevent foster care entry.

We support these areas of enhanced support for the program and look forward to working with Congress on this topic. Thank you for focusing attention on this issue and allowing the ABA to offer its views.

Prudence Beidler Carr

Prudence Beidler Carr
Director, ABA Center on Children and the Law

PUBLIC SUBMISSIONS FOR THE RECORD

Modernizing Child Welfare to Protect Vulnerable Children

United States House Committee on Ways and Means, Subcommittee on Work and Welfare

Testimony of Donna Butts, Executive Director, Generations United

Thursday, September 28th, 2023, 10:00 AM

Chairman LaHood, Ranking Member Davis, and members of the Subcommittee:

Thank you for your commitment to families and the opportunity to submit written testimony about the critical role Title IV-B and Title IV-E programs play in the lives of grandfamilies or kinship families, where children are raised by grandparents, other relatives, and close family friends.

Generations United's mission is to improve the lives of children, youth, and older adults through intergenerational collaboration, public policies, and programs for the enduring benefit for all. As the only national nonprofit focused solely on intergenerational solutions, Generations United acts as a catalyst for stimulating collaboration among a wide range of organizations focused on aging, children, and youth and provides a forum to explore areas of common ground to advance innovative public policies and programs.

For nearly twenty-five years, Generations United's National Center on Grandfamilies has been a leading voice for issues affecting families headed by grandparents, other relatives, and close family friends. Through the Center, Generations United leads an advisory group of organizations, caregivers, and youth that sets the national agenda to advance public will in support of these families. The Center's work is guided by the GRAND Voices Network of grandfamily caregivers representing 46 states and 12 tribes. Center staff conduct federal advocacy, train grandfamilies to advocate for themselves, and raise awareness about the strengths and needs of the families through an annual State of Grandfamilies report, media outreach, weekly communications, and awareness-raising events. As of fall 2021, Generations United, along with five national partners and an array of subject matter experts, also operates the first-ever national technical assistance center on grandfamilies and kinship families, known as the Grandfamilies & Kinship Support Network (Network). Through a cooperative agreement with the U.S. Department of Health and Human Services' Administration for Community Living, the Network is providing a new way for government agencies and nonprofit organizations in states, tribes, and territories to collaborate and work across jurisdictional and systemic boundaries – all to improve supports and services for grandfamilies and kinship families now and into the future. More information can be found at www.gu.org, www.gksnetwork.org, and www.grandfamilies.org.

When parents are unable to raise their children, grandparents and extended family step up and wrap children in the protective cocoon of family, providing roots and connection to culture, keeping siblings under one roof, and showering children with the one thing money cannot buy –

love. Currently about 2.5 million children benefit from the sacrifices of grandparents, other relatives, or close family friends, and they thrive in this loving care. Collectively, they save our country more than \$4 billion a year by keeping children connected to their roots and out of foster care.

For every child being raised by relatives inside the foster care system, 18 children are raised by relatives outside of the system. These families usually step into this role with little to no warning and are left to navigate unfamiliar and complex systems to help meet the physical and cognitive health challenges of children who come into their care, many of whom have experienced significant trauma. Many of the current child welfare funding streams are designed to serve children within the foster care system only, which leaves many families who need access to basic benefits and supports. The Family First Prevention Services Act expanded the use of Title IV-E funding to include prevention services for children and families at risk of entering the foster care system. The vast majority of grandfamilies do not come to the attention of the child welfare system, but still need the benefit of supports and services as the caregivers step in often unexpectedly to care for children who usually come to them after being exposed to trauma. Title IV-B provides states with flexible funding to support grandfamilies/kinship families outside of foster care, such as through Kinship Navigator Programs, emergency concrete supports, and family stabilization services. Reforms to the Title IV-B program can play an important role in improving supports and services for grandfamilies/kinship families, as well as in shaping child welfare policy and services nationwide for children, parents, and caregivers.

Along with the following recommendations, Generations United aligns with the priorities outlined in the Focus IV-B on Families consensus recommendations read into the hearing record by Representative Moore and urges increased Title IV-B investments to ensure a strong, family-focused reauthorization.

Recommendations for Supports for Kinship Families in Title IV-B

Help Kinship Navigator Programs meet evidence-based requirements by authorizing five years of mandatory kinship navigator funds instead of requiring them to be subject to the annual appropriations process. Kinship Navigator Programs help connect grandfamilies to critical supports and services so that the children thrive, and it prevents their unnecessary entry into foster care. A five-year authorization of mandatory funds would ensure states could develop and evaluate strong evidence-based programs that are tailored to their local needs. Since 2018, Congress has appropriated funds annually for kinship navigator programs to develop, operate and evaluate kinship navigator programs. These funds are designed to help the programs meet the evidence-based requirements and qualify them to draw down reimbursement from the Title IV-E as authorized in the Family First Act. While the annual appropriations have been critical to recent progress increasing kinship navigator services, making the funds subject to the annual appropriations process has resulted in funding gaps and

uncertainty which make it difficult to plan, provide consistent programming, and conduct effective evaluation.

As a note, Kinship Navigator Programs have faced many challenges with the Title IV-E Prevention Services Clearinghouse including: lack of clarity about the requirements, poor communication from the clearinghouse, and limited technical assistance to help answer questions and address common barriers. Because of these challenges, to date only four kinship navigator programs have been approved by the clearinghouse, with two of them designed primarily to serve kinship families raising children inside of foster care. Five years of reliable funding for these programs will ensure they have the necessary resources, time, and stability to develop evidence-based programs.

Clarify that Title IV-B funding can be used to support and engage kin families. This includes support services and activities around crisis stabilization services, engaging extended family, re-establishing family relationships, including kin in planning for the children, and other services or assistance to strengthen and support kin.

Expand “Adoption and Promotion Support Services” to include guardianships. For many grandfamilies/kinship families, guardianship is the preferred permanency pathway for youth who cannot remain with their parents as it creates a legal relationship that provides a permanent family for the child without terminating parental rights- something kinship caregivers often do not wish to do.

Create additional dedicated Title IV-B funds for support services for kin caring for children who are not in the custody of the child welfare system. This includes support for emergency services and concrete goods to help stabilize kinship families and provide for the child’s wellbeing, preventing the need to enter child welfare system custody. Examples include but are not limited to: child care, transportation assistance, respite care, legal assistance, clothing allowance, bedding, cleaning supplies, child car seats, and limited utility and housing assistance.

Dedicate additional Title IV-B funds to address barriers to licensure for kin, and train, recruit and retain high quality foster parents including kin, particularly those caring for special populations such as sibling groups, children and youth with special behavioral health needs, adolescent and teen populations, and foster parents or other specialized placements for victims of sex trafficking. These funds could be used to help Title IV-E agencies implement kin-specific foster care licensing standards following [the new rule issued by the Administration for Children and Families](#), develop specialized kinship specific training for potential kinship foster parents, support the training and use of therapeutic kinship foster homes, and provide concrete support to help kin comply with licensing standards such as home modifications and safety equipment.

Authorize and fund a competitive grants program to support peer-to peer delivered services. Peer-to-Peer support programs are crucial for children and caregivers in grandfamilies/kinship families. Despite their demonstrated efficacy and their unique ability to build trust with children and families, most peer support programs serving children and caregivers in and around the

child welfare system cannot access the key funding and support opportunities available to other programs. Authorize and fund a competitive grant program to support peer-to-peer delivered services.

The purpose is to:

- Support families, including youth, kinship caregivers, and parents, so they do not go through experiences with child welfare or related systems alone/isolated.
- Increase knowledge of how to navigate the child welfare system or related systems.
- Connect families to existing services and supports to enhance family well-being.

A broad range of entities would be eligible to apply for the competitive grants, but they must partner with a lived experience entity (which are organizations, groups, or collaborations whose primary mission is to put people with Lived Experience in positions to support other individuals going through similar experiences.) The collaboration would include passing through a substantial part of the funds to the lived experience entity.

Thank you for the opportunity to submit testimony today on behalf of Generations United and the grandfamilies and kinship families we believe in and support. For additional information please contact Chelsi Rhoades, Generations United's public policy and advocacy coordinator, at crhoades@gu.org or (202)289-3979.

Resources for Further Information and Recommendations:

[Focus IV-B on Families Consensus Recommendations](#)

[Grandfamilies and Kinship Families: Strengths and Challenges Fact Sheet](#)

[Generations United's Annual State of Grandfamilies Reports](#)

[Grand Facts State Fact Sheets](#)

[Grandfamilies & Kinship Support Network: A National Technical Assistance Center](#)



October 11, 2023

The Honorable Jason T. Smith
Chairman
U.S. House Ways and Means Committee
1139 Longworth House Office Building
Washington, D.C. 20515

The Honorable Richard Neal
Ranking Member
U.S. House Ways and Means Committee
1139 Longworth House Office Building
Washington, D.C. 20515

The Honorable Darin LaHood
Subcommittee Chair
Work and Welfare Subcommittee
U.S. House Ways and Means Committee
1139 Longworth House Office Building
Washington, D.C. 20515

The Honorable Danny K. Davis
Ranking Member
Work and Welfare Subcommittee
U.S. House Ways and Means Committee
1139 Longworth House Office Building
Washington, D.C. 20515

Re: Testimony – Work & Welfare Subcommittee Hearing on Modernizing Child Welfare to Protect Vulnerable Children, September 28, 2023, 10 AM.

Dear Chairman Smith, Ranking Member Neal, and Members of the Committee:

Thank you for the opportunity to share with you a few thoughts. I am Rafael López and I serve as the Secretary of the Maryland Department of Human Services in Governor Moore's Administration.

As I said back in 2017 while serving in President Obama's Administration as the Commissioner of the Administration for Children, Youth, and Families at the U.S. Department of Health and Human Services, "We need to do far more, far quicker, around the way in which we deeply invest in prevention." That is still true six years later. I have seen from the federal and the state side how federal law and funding incentivizes policies that more deliberately focus on preventing child abuse and promotes family.

Child welfare caseloads are lagging indicators of policy failures across government and under investment in families and communities. We can spend less money and do less harm by shifting our focus from crisis intervention to strengthening families in the first place. Preventing children from entering foster care will require policy changes and investment in areas including criminal justice reform, housing, public education, food access, childcare, meaningful and dignified work and career opportunities, and family income sufficient to thrive and survive economic shocks. Modernizing the child welfare system requires us to invest in families earlier, often, and in tailored ways so children can live safely with their families, free of abuse or neglect. As we move into the second 25 years of the 21st century, Congress can change laws and make investments to deconstruct harmful systems, address the harms caused by our governmental systems, and build new pathways to prevent the need to remove children from their homes.

There are three things Congress can do now to deconstruct some of the most harmful aspects of child welfare systems. First, Congress can take honest account of the harms caused by family separation through foster care, even when removal is necessary for a child's safety. Second, Congress can remove arbitrary timelines that drive termination of parental rights leaving children with no legal family. Third, Congress can make it clear that conditions of poverty are not child neglect. In addition, Congress can invest in the young people who are aging out of broken child welfare systems. Congress should invest in ending intergenerational childhood poverty by increasing funding for culturally grounded prevention strategies in small communities that are disproportionately represented in foster care. Congress can make these investments across all states and tribes by ending the AFDC lookback criterion for Title IV-E eligibility.

Modernizing child welfare requires moving away from stranger foster care and turning toward families, culture, and communities to support families before, during, and after a crisis. Strong bonds between children and their families and communities ensure that children grow up feeling safe knowing they belong to people, places, and communities, not governmental "systems." The Family First Prevention Services Act (FFPSA) is a first step in the direction of empowering community support for families. As a result, states and tribes are increasingly relying on and investing in kin for out of home crisis caregiving and providing children and family services in communities through organizations that families know and trust. Placing children with relatives minimizes trauma from family separation and helps children and youth develop positive identities grounded in their family, their community, and their culture. There is increasing evidence that family separation through foster care, even when necessary for a child's safety, harms both children and their parents. When we evaluate the best interests of a child entrusted to our care, we could also include in the assessment harms caused by removal and family separation.

Modernizing child welfare also requires that we remove arbitrary timelines to legally sever parent-child bonds. Provisions of the Adoption and Safe Families Act (ASFA, 1997) related to permanency require that states file a petition to terminate parental rights once a child has been in foster care for 15 of the previous 22 months. There is no research that supports the need for this time limit on family reunification. Parents and children share their stories of pain and longing after unwarranted termination of parental rights, and data suggests ASFA has dramatically increased termination of parental rights. According to the National Institutes of Health 2019 evaluation of termination timelines, 1 out of 100 children will experience termination of their parents' rights, with terminations disproportionately impacting African American children, and American Indian and Alaska Native children. Too often, services do not line up with ASFA timelines, and concrete supports are not available, to ameliorate the reasons for children who enter foster care which prolongs family separation with the termination timeline poised over the family like an ax. We can, and must, do better.

In addition, more than 20,000 youth age out of the foster care system every year without ties to nurturing families or other caring adults who can provide support and opportunity as they transition from foster care to adulthood. Despite these astounding numbers and devastating impact on families, the Adoption and Safe Families Act is often defended for increasing adoptions. Yet for each child adopted since ASFA was implemented, two children remain behind in the system, legally "free" for adoption because their parents' rights have been terminated. I am also increasingly concerned about the failure rate of adoptions in the public sector which calls into question even the ASFA successes. Some experts estimate that roughly 25% of adoptions fail with the risk increasing based on the age of the child at the time of placement.

We must stop running an arbitrary clock on families and stop justifying this harmful policy. Maryland would be out of compliance with federal law and jeopardize federal financial participation if we changed policy tomorrow to reasonably exempt from ASFA family termination

timelines parents engaged in reunification plans, incarcerated parents, and children living out of home with kin.

Disciplined data and the knowledge of people who have experienced our systems are essential to modernize child welfare. People's experiences provide context and specificity, while data offers trends and measures to direct change. Our child welfare systems can do more to entrench the feedback and insights provided by people and data. It requires financial investment to employ people with lived experience, train frontline social workers and staff, and build and maintain effective information systems rooted in the cutting edge technology and innovation.

People and data tell us that the number one reason for separating a child from their family in Maryland and across the country is "neglect." Allegations of neglect are rooted in concerns about inadequate food, clothing, shelter, supervision, and/or medical care. These are conditions related more to poverty than parental fitness. Research demonstrates neglect shows up in child welfare systems as an indicator for families who are struggling for reasons that include intergenerational and persistent poverty and unstable housing. The hardships of poverty can impair family capacity to provide for their children; but incapacity to provide is not the same as an unwillingness to do so. Modernizing child welfare will require narrowing the definition of neglect to exclude conditions related to poverty and doing more to meet family needs. In its Report, *The Policy Levers for Preventing Child Maltreatment*, The National Conference of State Legislatures found that the link between family financial insecurity and increased risk for child welfare involvement is becoming clearer. Research demonstrates that a broad array of economic support, coupled with ongoing community-based social supports, are associated with reduced risk of family involvement with child welfare systems. The central role of family economic hardship as a driver of child welfare involvement underscores the importance of addressing the concrete needs of families and promoting their economic stability.

By the time they begin their transition to adulthood, youth in foster care systems have lived through multiple traumas and disruptive events. This can include abuse and/or neglect, multiple foster home placements, lack of continuity in education, and an array of relationship losses (e.g., friends, family, and/or siblings). When youth "age out" of the child welfare system with limited community and cultural connections or without the support of supportive, caring adults, they age into a precarious adulthood. Data shows disconnected youth have increased risks of unstable housing or homelessness, lack adequate elementary and secondary education, are unemployed or under-employed, don't have access to health care, and increase their likelihood of justice system involvement.

Congress can do more to support foster youth who are aging out of the foster care system by extending financial assistance, housing, education, childcare, legal, and employment support at least to age 26. Congress can make current and former foster youth categorically eligible for all federally funded social safety net and family support programs. Congress can also establish and expand mentorship programs that connect foster youth with adults and formerly fostered peers. Through mentoring relationships, former foster youth can provide and receive guidance, support, and positive role models. We must remember that each youth aging out of foster care is unique. Therefore, funding must be flexible enough for formerly fostered people to have choices and direct their adult lives; and for states and localities to fit their array of services to the specific needs of youth in their care.

A modernized child welfare system must address the needs of small populations that are disproportionately represented in child welfare systems. For small populations it is crucial that the services provided are culturally appropriate and responsive to those populations. This means tailoring interventions and strategies to meet the needs of families who are represented in child welfare systems, including those disproportionately represented— American Indian and Alaska

Native families; families of color; and lesbian, gay, bisexual, transgender, queer/plus children or youth. Congress can amend the Family First Prevention Services Act to enable states and tribes to implement the requirement that evidence-based prevention services are consistent with the community's culture and values.

Communities with small populations that are overrepresented in child welfare systems face an investment and measurement paradox. Even as they are disproportionately represented, they often make up a very small proportion of the child welfare system. This means that the impact of child removal on the small community is far greater than the impact on the child welfare system overall. The relatively small impact on the child welfare system leads to underinvestment in the children's and families' needs. Similarly, reaching statistical significance thresholds to establish cultural practices as evidence-based would require a child welfare involved sample size that would decimate small communities. We have to think creatively, recognize when statistical evidence of program efficacy is nonsense, and empower small communities to serve their children and families.

Congress can also exercise its oversight role to ensure that federal agencies are effectively implementing the FFPSA in a way that respects children's connections to culture and community and responds to the diversity of children and families. Congress can fund adaptations of evidence-based practices to different cultural contexts. For example, Congress can fund targeted research to identify effective strategies for increasing family acceptance of LGBTQIA+ individuals and learn what investments are needed to support family-of-choice. Congress could include research on how to effectively engage diverse communities, how to culturally adapt practices while maintaining their effectiveness, and how to measure outcomes in ways that are meaningful to the community affected.

Finally, modernizing child welfare requires bold action on the AFDC lookback which remains part of determining eligibility for Title IV-E. The AFDC lookback for IV-E eligibility is the antithesis of current or forward looking. It has rightfully been criticized for being contrary to the best interests of children and their families. The lookback used poverty criteria from 1996 and does not account for inflation nor changes in the cost of living over time. The lookback does not consider the current financial needs of caregivers which can create a burden for those caring for children at risk for entering or involved in the foster care system. In addition, the lookback requires states to apply outdated criteria, which can be administratively difficult and costly. We can and must do better.

There are reasonable alternatives to the AFDC Lookback for IV-E Eligibility. Congress can remove the lookback provisions. This is sometimes referred to as "delinking" because it would remove the statutory link between the prior law, Aid to Families with Dependent Children (AFDC) program, and the current law Title IV-E program. The eligibility criteria for Title IV-E could be updated to reflect changes in the cost of living and other economic factors since 1996. This would ensure that the criteria used for determining eligibility are relevant and appropriate for today's economic conditions in the 21st century. Finally, a new eligibility test could be developed that is more reflective of the needs of today's children, youth, and families. This could involve considering factors such as reasons for removal, current income, family size, and other relevant circumstances.

Modernizing child welfare to be more equitable and better support families in their communities is crucial for protecting children and youth. Congress can lead by changing laws to deconstruct harmful systems, address the harms caused by child welfare systems, and build new pathways that prevent the need to remove children from their homes. Congress can make investments to address intergenerational family and child poverty, more appropriately meet the needs of youth who age out of foster care, enable federal financial participation for culturally grounded FFPSA services for small populations, and end the AFDC lookback requirement. Maryland is on its way

towards shifting our focus from reactive, crisis driven measures to proactive prevention efforts and addressing unintended consequences of the state child welfare system. This could certainly be characterized as "modernizing," but more than that, it is about our disciplined focus on sustained support at the local level to ensure that we are being proactive and responsive to what Maryland's children and their families need most to thrive.

We appreciate your thoughtful consideration and thank you for the opportunity to provide testimony on these important issues.

In service,



Rafael López
Secretary



**Written Testimony for the Record in Response to
U.S. House of Representatives Committee on Ways & Means
Subcommittee on Work and Welfare
September 28 Hearing: “Modernizing Child Welfare to Protect Vulnerable Children”
Dr. Nancy K. Young, Executive Director, Children and Family Futures**

Chairman LaHood, Ranking Member Davis, and Members of the Subcommittee on Work and Welfare: Thank you for holding this hearing on child welfare and for your commitment to ensuring the safety, permanency, and well-being of children in the child welfare and foster care system. I look forward to continuing to work with you and your staff on issues facing children and families who are affected by substance use disorders (SUDs).

Children and Family Futures (CFF) is a national nonprofit organization focused on the intersections among child welfare, substance use disorders, health care providers, and the courts. We have over thirty years of experience working on policy and practice to improve coordination between the treatment and child welfare systems and courts, and thus improve outcomes for children and families who are affected by SUDs. Our testimony is aimed at providing additional information regarding this population of children and families and what works to ensure their safety, permanency, and well-being.

Summary of data

The percentage of children reported as entering out-of-home care with parental alcohol or drug abuse as an identified condition associated with child placement in out-of-home care has continued to increase since 2000.¹ Infants in particular are entering out-of-home care at increasingly high rates; they accounted for more than 70% of the total increase in entries to care from 2011 to 2018.² Families involved with child welfare services due to parental SUDs³ have a lower likelihood of successful reunification with their children if removed; their children also tend to stay longer in out-of-home care.^{4,5,6} Children and families from diverse racial and ethnic backgrounds involved with child welfare services often face further challenges. Black American and American Indian and Alaska Native children are overrepresented in out-of-home care.⁷ Children with diverse racial and ethnic backgrounds are more

¹ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2020). *The Adoption and Foster Care Analysis and Reporting Systems (AFCARS), Foster Care File 2019 Dataset*

² Crouse, G., Ghertner, R., Madden, E., & Radcl, L. (2021). *Foster Care Entry Rates Grew Faster for Infants than for Children of Other Ages, 2011–2018*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Available from: <https://aspe.hhs.gov/reports/foster-care-entry-rates-2011-2018>

³ There are differences in reporting and policies about how this data is captured and inputted into state data systems that feed the AFCARS data set. This variation likely contributes to a substantial undercount of children removed with parental alcohol or other drug use as a contributing factor.

⁴ Kaplan, C., Schene, P., De Panfilis, D., & Gilmore, D. (2009). Shining light on chronic neglect. *Protecting Children*, 24, 1-7.

⁵ Gregoire, K. A., & Schultz, D. J. (2001). Substance-abusing and child welfare parents: Treatment and child placement outcomes. *Child Welfare*, 80, 433-452.

⁶ Brook, J., & McDonald, T. (2010). The impact of parental substance abuse on the stability of family reunifications from foster care. *Child and Youth Services Review*, 31, 193-198. <https://www.doi.org/10.1016.j.childyouth.2008.07.010>

⁷ Adoption and Foster Care Analysis and Reporting System (AFCARS). (2020). *The AFCARS report*. Administration for Children, Youth and Families, Children’s Bureau. Available from: <https://www.acf.hhs.gov/cb/report/afcarsreport-27>

likely to experience longer stays in out-of-home care; less likely to be reunified with their families and find permanency; and more likely to have poor educational, social, behavioral, and other outcomes.^{8,9} They may also be less likely to be reunified due to inequitable access to services.^{10,11,12}

Regional Partnership Grants (RPGs)

Families and child welfare agencies have been affected by multiple drug epidemics over the past several decades. During the methamphetamine epidemic in the early 2000s, Congress made the largest-ever investment through demonstration grants to identify what works to improve outcomes for families affected by SUDs and ensure children's safety, permanency and well-being. A key shift in policy was that many of the communities that received these grants worked to prevent removal of children by providing services to children and their families while the children remained safely at home. This is a critical shift still underway in the child welfare field focused on preventing unnecessary child removals by providing support services to children and families. This committee made a huge down payment on supporting families to prevent child removals into foster care whenever safely possible by passing the Family First Prevention Services Act in 2018.

The demonstration grants included the Regional Partnership Grant Program (RPG) – created in 2006 by the Child and Family Services Improvement Act, which reauthorized the Title IV-B program. RPGs are a competitive grant program with funding over a five-year period to implement regional partnerships in states, tribes and communities to improve outcomes for children and families who were affected by parental SUDs.

RPGs provide funding to help states, tribes and communities in the United States achieve interagency collaboration and integration of programs and services. These grants have now supported 127 projects across 40 states and tribes to improve outcomes and change the trajectory of the lives of children and families to keep kids safely at home and out of foster care whenever possible. Critically, the RPGs have formed the basis for what we know works to help this population of children and families – building the evidence base as well as our understanding of the benefits of such approaches that serve families to prevent family separation.

Thanks to the RPG program, we now know the common ingredients and strategies that lead to positive outcomes for this population of families:

1. Identification—universal screening: a system of identifying families in need of SUD and mental health treatment

⁸ National Conference of State Legislatures. (2021). *Disproportionality and race equity in child welfare*. Available from: <https://www.ncsl.org/human-services/disproportionality-and-race-equity-in-child-welfare>

⁹ Center for the Study of Social Policy & Annie E. Casey Foundation. (2011). *Disparities and disproportionality in child welfare: Analysis of the research*. Available from: <https://casala.org/wp-content/uploads/2015/12/>

¹⁰ Child Welfare League of America. (2008). Statement submitted to hearing on racial disproportionality in foster care before the Subcommittee on Income Security and Family Support of the Committee on Ways and Means, U.S. House of Representatives, 110th Congress, second session, July 31, 2008. Government Printing Office.

¹¹ National Conference of State Legislatures. (2021). *Disproportionality and race equity in child welfare*. Available from: <https://www.ncsl.org/human-services/disproportionality-and-race-equity-in-child-welfare>

¹² Center for the Study of Social Policy & Annie E. Casey Foundation. (2011). *Disparities and disproportionality in child welfare: Analysis of the research*. Available from: <https://www.aecf.org/resources/disparities-and-disproportionality-in-child-welfare>

2. Equitable and timely access to and retention in services: Timely access to trauma-informed and culturally relevant SUD and mental health assessment and treatment for all individuals.
3. Recovery support services and engaging persons with lived experience: Increased peer support by other parents with lived experience of SUDs and mental health recovery and involvement in child welfare to help parents and families navigate access to recovery services and treatment
4. Family-centered approach: Services and treatment that apply a family focus to meeting the needs of both the individual with the SUD, their children, and other family members. Two-generation services that improve parent-child relationships
5. Evidence-based and evidence-informed practices: Use of EBPs and EIPs to treat substance use and mental health disorders and to improve parenting and parent-child interaction
6. Cross-system collaboration: Collaborative approach grounded in efficient communication and data driven decision-making across service systems and the courts that includes persons with lived experience

Implementation of these common strategies for collaborative policy and practice has shown five core outcomes – what we refer to as the 5 Rs:

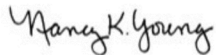
- Recovery: Parental recovery from SUDs
- Remain at Home: More children remain in the care of parents
- Reunification: Increased number and timeliness of parent-child reunification
- Reoccurrence: Decreased incidence of repeat maltreatment
- Re-entry: Decreased number of children re-entering out of home care.

Opportunities to Take What Works Into System-Wide Reform

Thanks to the RPG program, we can no longer say that we don't know what works for children and families affected by SUDs who touch the child welfare system. Congress must continue to invest in and expand the RPG program to allow more states and jurisdictions to benefit from the effective cross-systems collaboration supported by RPGs. Doing so will continue the committee's work to prevent children from entering foster care whenever safely possible, improve outcomes for families, and save the federal government precious resources.

When we ensure timely access to effective treatment, families recover, kids stay safely at home, and we save money. Now we can and must take these lessons into systemic changes across agencies to help children and families.

Sincerely,



Nancy K. Young, Ph.D., M.S.W.
Executive Director



WRITTEN STATEMENT FOR THE RECORD

**ON BEHALF OF THE NATIONAL ASSOCIATION OF COUNTIES & THE NATIONAL ASSOCIATION OF
COUNTY HUMAN SERVICES ADMINISTRATORS**

MODERNIZING CHILD WELFARE TO PROTECT VULNERABLE CHILDREN

**BEFORE THE COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON WORK AND WELFARE
U.S. HOUSE OF REPRESENTATIVES**

SEPTEMBER 28, 2023

The National Association of Counties (NACo) and the National Association of County Human Services Administrators (NACHSA) thanks the Subcommittee on Work and Welfare for the opportunity to submit this statement for the hearing record on Modernizing Child Welfare to Protect Vulnerable Children.

Regardless of population size, geography and available resources, counties are deeply invested in our residents' health and well-being. Counties invest over \$58 billion annually in federal, state and local funds in human services that safeguard residents' health and well-being and keep families stable.

In nine states, the administration of child welfare falls to county governments: California, Colorado, Minnesota, New York, North Carolina, North Dakota, Ohio, Pennsylvania and Virginia. These states generally offer significant authority and much-needed flexibility to county administrative offices. In Nevada and Wisconsin, counties share administration of the child welfare system with the state in a "hybrid" system.

In each case, the states are ultimately responsible for the mandates associated with each program, and often pass these mandates down to counties, creating an implementation system that can be extremely complex. Even when states are the primary entity with jurisdiction over child welfare, counties are important partners on the ground in efforts to prevent child abuse and neglect and reduce the number of children entering the foster care system.

Even as counties work to create comprehensive and systemic reforms to prevent child maltreatment, child welfare staff are at their core first responders as they enter homes to investigate reports of abuse and neglect, stabilize families with concrete supports, find temporary safe homes for children and work to secure permanency for children in their care. Their role is like that of law enforcement, firefighters, and paramedics. Every day, they knock on doors to respond to reports of child abuse and neglect, not knowing what is on the other side. Within the strict guidelines of federal and state laws, caseworkers make critical decisions every day, often working for low-to-average wages, and very little recognition. County child welfare staff truly are the definition of public servants.

Beginning in 2021, NACo and NACHSA have been holding bi-monthly calls with county directors and state executives of state-based county human services associations to discuss the implementation of the Family First Prevention Services Act and share successes and challenges in child welfare more broadly.

This testimony features contributions from counties in a number of those states. In addition to those contributions below, counties are continuing to express deep concerns over the lack of appropriate services and placements for children with complex needs who are not necessarily abused or neglected but come to the county's attention because the family no longer has the ability to care for that child. County child welfare agency staff then often place numerous calls to find a placement. Meanwhile, the child sleeps and is attended to 24/7 by a caseworker in a county office, hospital, hotel or other facility. While a small portion of the caseload, these cases demand significant attention and resources and states are often unable to assist in any meaningful manner.

Similar to many other sectors of the economy, many county agencies are also struggling to hire, train and retain caseworkers. Double-digit vacancy rates are all too often the norm, thus exacerbating the complex needs service and placement crisis and short-changing the other families in and out of the child welfare system. Any conversation focused on child welfare modernization and options to improve permanency must start with the need, across states and counties, to recruit and retain more

caseworkers. Reducing case load sizes speeds up the time a youth reaches permanency. Caseload reductions cannot occur without meaningful staff increases in this critical profession.

Below are examples of county child welfare innovations in prevention and permanency as well as feedback about the major challenges confronting local leaders in their efforts to protect children and stabilize families. As the Committee explores options for modernizing child welfare programs, we encourage you to consider avenues for federal child welfare programs, including but not limited to Title IV-B, to support states and counties in replicating some of the best practices outlined by our members. Additionally, we urge the committee to consider options for helping county child welfare agencies improve coordination and collaboration across systems and address critical shortages in funding, staffing and appropriate placements for children.

California

Sacramento County (pop 1.57 million)

WAYFINDER (WF) Family Services: The County contracts with WF to provide upfront, whole-family preventive services as well as “upfront” Family Finding for children first entering the foster care system and youth who are already in care. WF Family Finders attend monthly Permanency case reviews to learn about efforts to locate, identify, and/or connect with a child’s family and automatically generates a service referral in those meeting. Additional prevention services include guardianship supports to avoid entry, linkages to community resources via case management (food, clothing, and needs such as utility payments), Relative/Non-Relative Extended Family Member supports to promote and retain Family Resource Parents. These services have resulted in reduced entries and increased permanency.

Sierra/Stanford – Destination Families (DF): DF is a unique, youth focused recruitment program designed to achieve legal permanency for youth in foster care whose reunification services have ended per court order and face barriers to permanency. Youth who most benefit from DF services are often medically fragile, ethnically diverse, teenagers, or part of a sibling set that should not be separated. Without specialized permanency services, many of the youth served would age out of the system without family support or permanent connections. The DF team provides family finding, youth focused recruitment, and on-going family supports. The team links youth to community based resources, based on their identified need, prepares them for a family and, once a family is located, supports the family through finalization.

Los Angeles County (pop 9.97 million)

Family Preservation Program (FPP): The LA County Department of Children and Family Services (DCFS) FPP is a strength-based, collaborative prevention program aimed at helping families identify and build upon existing strengths; resolve problems causing child safety concerns; advocate for their children at school and in other public settings; and expand or establish connections to resources and supports in the local community. One of the primary goals of FPP is increased self-sufficiency within the family and a reduced reliance upon public agency intervention to ensure children remain safely in their own homes. FPP offers case management services which include an assessment of family needs, development of the individualized family plan, and connections and DCFS follow up to services provided by subcontractor(s) and other community resources. FPP serves 7,800 families annually, with the program yielding a recidivism rate (3.2 percent) much lower than the federal standard of 9.1 percent.

Prevention and Aftercare Program (P&A): In 2022, the P&A program served 6,621 DCFS-referred families without an open case and 7,575 families directly from the community that were not referred to DCFS. The program strives to prevent child abuse and neglect by engaging a greater number of families in supports available in their communities without having to bring them into the child welfare system.

P&A networks use a community-based approach to offer voluntary services to address social determinants of health (SDOH) through collaborative approaches to support and strengthen families. The three core strategies of P&A are to provide economic opportunities and support self-sufficiency, decrease social isolation, and increase access to a broad range of existing community-based resources, supports, and services. P&As embrace a “no wrong door approach,” meaning that a family with no connection to the CPS system or at any point in the CPS continuum (i.e., before any allegation to the CPS hotline, at the point of a call to the hotline, during or after investigation, while a child is placed in foster care, and following reunification) can be referred to a P&A network. A family can self-refer or can be connected to a P&A network through the Department of Child and Family Services.

The P&A program has been reviewed by researchers, with findings published in the Child Welfare League of America’s *Child Welfare Journal* demonstrating that families who completed P&A services were less likely to enter foster care compared to families never referred to P&A services. Results suggest that offering voluntary, community-based services may prevent out-of-home placement, especially if families engage in and successfully complete services.

Incarcerated Parents (IP) Program: Through its contractor, Friends Outside Los Angeles County, in collaboration with DCFS and the LA County Sheriff’s Department, this program works to decrease the emotional trauma experienced by children resulting from their parents’ incarceration.

The program coordinates and monitors visits between incarcerated parents and their DCFS supervised children. It creates opportunities for contact between parents and their children and works to ensure that these relationships are nurtured. Case management services are also provided to the incarcerated parents to assist them to access services to address underlying issues, and to support increased communication and attachment with their children.

Colorado

Weld County (pop. 340,036)

Promoting Safe and Stable Families (PSSF): The Weld County Department of Human Services receives Title IV-B funding for Child Welfare Services and for PSSF Program. Weld County uses PSSF funds within their Prevention Team to provide case management, in partnership with Catholic Charities, to s to residents of a community shelter and a Permanent Supportive Housing Project. The blend of preventive services and crisis intervention management are intended to stabilize families to ensure the well-being of their children by preventing future abuse/neglect and building safe, healthy, and nurturing environments for children. Families can work with a Case Manager under the PSSF program for up to six months. Families are provided community and Human Services resources and are offered Family Team Meetings to further assist in the development of a service plan. Case Managers complete a pre-assessment within the first two weeks of contact and a post-assessment to evaluate their successes using the Colorado Family Support Assessment 2.0.

Kinship Support Program: Weld County's Title IV-B funds are used to support families whose children are in foster and kinship placement to receive the services they need to reunify with their children. Those efforts include the County's Icebreaker Program - an effective method to improving the relationship and communication between the biological family and the caregivers. Research shows that icebreakers can help to decrease time to permanency either through reunification with parents or another permanency option. Encouraging a relationship between the families helps to promote the overall well-being of the child(ren) in care and improves communication between all parties. Because the biological parents and the caregivers have built a positive relationship starting with the icebreaker, many times they continue their relationship after the child(ren) returns home. The caregiver becomes a support for the family, in some cases providing daycare for the child and respite for the family.

Foster Parent Support During Reunification: The County's Foster Care Consultation service is often utilized when children are set to reunify with their birth family. The therapist/consultant works with the foster family on how to best prepare themselves and the child(ren) for the transition home. The therapist also works with the foster parents on dealing with their own grief and helping them to address the grief of the children in their home, including biological, adopted, and other foster children. This service contributes to the successful reunification of children out of foster care and the retention of foster parents who feel supported through this emotional experience. This program is currently funded through State Core Services dollars.

Minnesota

Stearns County (pop. 159,000)

Stearns' county's Parenting Inside/Out Program offers parenting education to individuals during incarceration. Additionally, the County has created a Juvenile Community Actions Team to work with community partners to work toward early identification and intervention. It is voluntary for families to work with the County, but it is able to offer services and fund services prior to them becoming involved in the system. The County also uses this approach with high acuity youth which allows it to pull resources together and provide them to those families. Like many other counties, Stearns County struggles with attracting health providers, given the low levels of reimbursement. This includes dental care for youth in foster care, which is a major issue.

Hennepin County (pop. 1.27 million)

Coordination Center: More than just a placement function, the Coordination Center embodies a trauma-informed approach: Teams coordinate placements to make intentional matches between kids and providers, and then support and stabilize those placements in the critical early days. This continues the county's work to reduce disruptions and the associated trauma whenever possible. The Placement Support Team launched in January 2022 to support children in initial placements by helping meet immediate needs. This includes concrete supports, especially for relative foster providers, and ensuring children can access comfort items from home. Practices include an emphasis on relative placements with peer support programs, initial foster care phone calls, early visits and icebreaker meetings to establish early connections between parents and foster providers, reduce trauma and promote successful reunification.

Relative Search app: Developed with Health and Human Services IT, this application allows kinship social workers to store relative search information as data points that can be queried rather than via a static document. This means the system can help find and answer important questions about identified relatives, far more quickly than was possible before. The relative search app improves efficiency and directly contributes to children thriving in safe, stable families, surrounded by support from relatives. The relative search functionality is just the first piece of a broader technical solution to better support children in out-of-home placement. Application development continues, reducing gaps in our current data system and allow for better matches between providers' strengths and capacities and children's needs.

Family Group Decision Making (FGDM): FGDM is a family centered, strengths based and culturally relevant approach to engaging families that can aid the collaboration between the family and the agency. FGDM gathers parents and extended family of children involved with Hennepin County Child Protection or other child welfare services to thoughtfully plan for the protection and safety of their children. This process provides families a true voice in decision making. The FGDM team includes ten full-time, DHS-trained social workers who are neutral facilitators and highly skilled in convening and engaging participants in family meetings. On a recent case, a Critical Family Response Meeting with the entire family – including the child – prevented the situation from escalating to out-of-home placement. During the meeting, the group took several mini-breaks during the meeting to allow Mom to call treatment centers and start making progress on critical items, with staff jumping in to help Google phone numbers and addresses.

Nevada

Clark County (pop 2.92 million)

Nevada child welfare services are delivered and funded in a state/county hybrid format. For Clark (Las Vegas, pop. 2.29 million) and Washoe (Reno, pop. 494,000), services are funded through a block grant from the State, comprised of State and federal funding. The block grant requires a 50 percent Maintenance of Effort (MOE) requirement for the state, Clark and Washoe Counties. Child welfare services in the rural counties are funded by both the State and rural counties, but based on the actual cost of providing services. Clark and Washoe Counties supplement with their general fund dollars, if needed, to deliver prevention, investigation, foster care, and adoption services in their communities.

Child Haven, Clark County's temporary emergency shelter for children, serves an average of 90-100 children a day. These children remain with the County an average of 13 days as it secures a temporary placement for the child. However, on average, over 60 percent of the children in custody have acute mental and behavioral health needs and/or intellectual and developmental delays and are in need of specialized care that is difficult to access in the state. The County has implemented a specialized foster care program for children who cannot be served by traditional foster care homes. Clark County has been subsidizing the rates paid to foster parents to care for these youths. However, many children need more clinical-level care beyond what can be provided via the specialized foster care program.

The responsibilities related to children's behavioral health are divided among several divisions within the State Department of Health and Human Services. Nevada has historically struggled to fully fund behavioral health care, particularly, clinical level residential care. This reality, coupled with state and county efforts to implement the *Family First Prevention Services Act* (FFPSA), and delays in approving

Nevada's State Plan Amendment has led to many challenges serving the County's most vulnerable children. However, earlier this year, the Plan Amendment was finally approved by the federal government to allow for Qualified Residential Treatment Program (QRTP) funding under IV-E. This action, coupled with Nevada state legislation just enacted this year to modernize related definitions, will ensure that the County is removing any barriers to maximize federal funding.

Ohio

START Implementation (statewide)

In 2022, Ohio had the nation's third-largest number of child maltreatment reports related to parental substance use. The Ohio *Sobriety Treatment and Reducing Trauma* (START) program is a specialized child welfare service delivery model that has been shown, when implemented with fidelity, to improve outcomes for children and families affected by parental substance use and child maltreatment. The model uses a variety of strategies to promote collaboration and systems-level change within and between child welfare agencies, substance use and mental health (MH) treatment providers, the judicial system, and other family-serving entities. Ohio began implementation of START in 2017 in 17 of the 88 counties; the model has spread to 53 counties in 2023 and has served over 1,000 families. Ohio counties are reporting the positive benefits of implementing START.

Ashtabula County (pop. 98,000)

Ashtabula County's START team has served 46 families since its implementation. The START team has not placed one child in foster care. This model is not only transforming families' lives, but agency culture as well. START is a supported program in the Title IV-E Family First Clearinghouse. Given the impact that START has on expediting permanency, this supported program is at risk of losing the full benefit of Family First prevention services 50/50 match on Oct. 1, 2024. An extension through 2026 would allow evidence-supported programs continue to gather research to become well-supported programs and allow states to claim 50/50 without penalty.

Montgomery County (pop. 537,309)

Montgomery County faces an ongoing workforce crisis and lack of adequate placement options for youth in care. Growth in high acuity cases has resulted in a greater number of children being removed from their homes and a significant increase in the cost of placements, due in part to the level of care required. The County has experienced a \$1.1 million dollar increase in monthly placement costs from 2021 to present. This is primarily driven by the number of children in the county's care, and compounded by the percentage of those children who require a level of care and treatment that is simply unavailable in a foster care setting.

Warren County (pop. 242,000)

START Program: The Child Welfare/Peer Support dyad provides intensive wraparound services including natural supports and formal service referrals to promote sobriety and increase parental protective capacities. The peer mentorship from this program has helped break down barriers engaging families and allow for more meaningful conversations around the topic of substance use and how this impacts

children. This program is rated as a promising practice on the California Evidenced-Based Clearinghouse. Warren County has served 82 families through this program to date, which is the highest in the state.

Youth Centered Permanency Round Tables: YCPRT's are structured case consultations for children aged 12-19 who have been in agency custody for 12+ months to conduct a thorough review of the file for missed opportunities, develop new permanency strategies, wrap life-long supports around the child, and to further engage the child in their own permanency planning.

When this program first started in Warren County, there were 39 children eligible to begin the YCPRT process. At that time, the eligibility criteria were 17+ months in care as opposed to the 12+ standard in place now. Currently, the County has 23 kids eligible for the program despite reducing the eligibility timeframe. Through this program, Warren County has identified kinship caregivers who have agreed to take placement of children, returned children to their parents after rights were previously terminated, and assisted children in emancipating with a strong support system around them.

Local strategies have focused on staff training, creating shared family-centered philosophies, and strengthening community partnerships who help serve these families. One example includes a quarterly meeting that is held between the County's Children Services Administrative Team, Juvenile Court Judge, Administrator, and Magistrates, the Court Appointed Special Advocate Director, and Juvenile Prosecutors. The child is invited to attend all their meetings if age and developmentally appropriate. This not only allows the child to have a voice in the hearings, but also helps the Magistrate have a more thorough understanding of case dynamics to ensure the best decisions are made on behalf of the child.

The above combination of strategies is working. There are now 126 children in agency custody compared to over 200 kids in 2018. This has also affected the length of time kids remain in care which has fluctuated between 10-16 months over the past few years. The length of stay now averages around eight months. Warren County's recidivism rate has remained under 5 percent compared to the federal standard of 9.7 percent.

The biggest challenges Warren County continues to face include staff retention, a lack of available placements for children, and the rapidly increasing daily per diems from congregate care facilities; many of which are beginning to charge over \$500-\$600 per child. The County is beginning to shift its efforts to address these issues and welcomes any available support from federal and state government.

Wisconsin

In Wisconsin, the state puts most of the IV-B Part 1 funds into the primary child welfare funding allocation to counties, so it is mixed in with state funds and other funding sources like the Social Services Block Grant (SSBG). The state uses IV-B Part 1 funds for other services including runaway youth, but those are not county administered.

Wisconsin IV-B Part 2 funds are allocated to counties for family support, preservation and reunification services and the adoption portion is used by the state for state-level adoption services. Counties receive individual IV-B Part 2 allocations and use the funds for support, preservation and reunification activities. However, because the individual county allocations are small, it is difficult to discern the unique impact of IV-B Part 2 funds.

Substance Use and Family Treatment Courts: Creating specialized substance use and family treatment courts have been helpful to Wisconsin county child welfare agencies to expedite permanency for parents, guardians and relative caregivers whose substance use contributed to child safety concerns and removals of children. Treatment courts help divert caregivers from incarceration for drug-related offenses. They have also helped ensure caregiver compliance with safety plans to prevent removal of children and conditions of return for reunification of children in foster care. Treatment courts require intensive involvement by judges and court staff. Wisconsin has state funding to support treatment courts, but the funding may cover only start-up and a portion of the ongoing operating cost. The individual county is usually responsible for funding most of the ongoing operating cost.

The success of these courts is dependent on adequate funding. Title IV-E policy allows child welfare agencies to provide IV-E administrative reimbursement for legal staff that represent the child welfare agency, caregivers and children in child protection court proceedings. However, Title IV-E currently does not allow child welfare agencies to enter into IV-E reimbursement agreements with courts to provide financial support for judges and court staff. This contrasts with Title IV-D child support policy which allows child support agencies to have IV-D reimbursement agreements with courts for hearing child support cases. Wisconsin counties would support a change in Title IV-E policy to allow child welfare agencies to have IV-E reimbursement agreements with courts similar to child support. That policy change would encourage expansion of treatment courts, helping to reduce removals of children and shorten lengths of stay in foster care.

Similar to many county-administered states, Wisconsin county agencies face the challenge of creating systems to claim for evidence-based services under the *Family First and Preservation Services Act*. In many states, documenting and tracking those claims will require that states build sophisticated service tracking capability in their state CWIS systems. Wisconsin counties request that the Committee consider providing an enhanced federal reimbursement rate through the IV-B reauthorization for systems development to claim those IV-E prevention funds.

Racine County (pop. 196,000)

Racine County has invested in intensive in-home services to keep families intact and bring about reunification. The focus includes: Intensive Case Management, Concrete Supports, Motivational Interviewing, One-on-One Parenting Education, Resiliency Building, Interactive Journaling, and Teaming. The County is 'putting families first and successfully keeping them intact'.

Racine County's results over the past six years has been impressive, including a 79 percent decrease in new admissions to out of home care; a 62 percent decrease in out of home placements; and an 85 percent decrease in residential care placements. Re-entry rates and length of stays have also decreased.

Virginia

This anecdote from a Virginia county social services director highlights a nationwide challenge where-in children with complex needs, including mental health challenges and aggressive behaviors, end up being referred to the child welfare agency

In late August 2023, a colleague reached out to a small group of other Virginia local social services directors with a brief question, "Do you have any open foster homes?" Each of the four directors began asking the basics - age, basic history, and presenting diagnoses.

The child in question was a 17-year-old with cognitive limitations (IQ 70). She had been adopted from foster care at age 11, but her adoptive parents relinquished custody as they felt they could no longer provide for her needs. She had been placed in a group home as there were no open foster homes. She was bullied relentlessly by the other residents, and the local director felt strongly that she needed a foster home placement. While the child had a few minor behavioral challenges, she had never been violent towards others and had no serious mental illness diagnoses. After approximately 25 calls to private and non-profit child placing agencies, there were no options but to have the child sleep at the local agency. Staff worked in shifts to provide care for the child while efforts continued to find a home.

Over the next three days, the group of directors continued to problem solve. It was one of the first times that a diverse group of local leaders had worked together in real time to provide support and placement suggestions. While Virginia has developed a process at the state and local level to provide solutions and the state also provided support to the local director in terms of providing additional placement options, best efforts still led to a child sleeping in a local agency for seven days. After staying a week at the local agency with staff working 24-hour shifts, a sponsored residential home was identified for the child. In Virginia, those homes are specifically for adults and children who are intellectually disabled and serve as options for community versus facility care.

This story illustrates key challenges facing county child welfare agencies in this moment. When local departments of social services cannot identify a placement for a child, there may be no other option than to have the child sleep at a local agency. This scenario leaves staff and leadership feeling helpless to do a fundamental part of their job - keep children safe and find a permanent home when they can no longer live with relatives.

Many local departments carry out the process of finding placements for children in isolation. There are limited statewide (or nationwide) databases that provide placement options in real time. In Virginia, a statewide Safe and Sound Task Force has created a framework to provide solutions for local agencies struggling with placement needs. These efforts have resulted in shorter stays for children in local agencies and need to be bolstered with additional federal/state funding. These efforts will lead to finding permanency for children more expeditiously.

Conclusion

As the above examples illustrate, counties are utilizing creative models to improve permanency and reunification among our child welfare caseloads. However, federal child welfare funding streams are often inadequate to help us meet our growing caseloads. While local agencies are pursuing comprehensive solutions to prevent and address child abuse and neglect, modernization hinges on sufficient, well-trained staff and adequate placement options for high-acuity youth and complex cases.

As the Committee pursues a comprehensive Title IV-B reauthorization and other improvements within child welfare, counties stand ready to lend our expertise and experience from the ground to ensure we have the resources and flexibility necessary to improve outcomes for children and families.



**Testimony submitted to the U.S. House of Representatives Committee on Ways and Means
Subcommittee on Work and Welfare**

"Modernizing Child Welfare to Protect Vulnerable Children"

Hearing held on September 28, 2023

Thank you, Chair Smith, Ranking Member Neal, Subcommittee Chair LaHood, Ranking Member Davis and members of the Work and Welfare subcommittee for holding this important hearing. The Children's Trust Fund Alliance (Alliance) is pleased to share the following testimony for your consideration.

Background:

The Alliance is a membership organization that provides support to state children's trust and prevention funds and strengthens their efforts to prevent child maltreatment. The Alliance members invest millions of dollars each year in prevention strategies for families. The Alliance also works with national partners, state organizations, parents, federal agencies, and others to impact policies, practices, systems changes and trainings. Through the Alliance National Parent Partnership Council (ANPPC), the Birth Parent National Network (BPNN) and other networks, the Alliance has elevated the voice of parents and others with valuable life experience in overcoming challenges and strengthening their families.

The noted pediatrician, Ray Helfer, MD, conceived of and advocated for state children's trust and prevention funds (CTFs) and the CTF was created in Kansas in 1980. In the following decade, CTFs were created by state legislative statute in all states across the country to provide a crucial state infrastructure with a focus on strengthening families to prevent child abuse and neglect before it occurs.

CTFs work to spearhead child maltreatment prevention efforts at the individual, family, community, and societal levels. They work in partnership with other public and private entities and across multiple domains and systems.

Children's trust and prevention funds work to ensure that proven effective and research-based innovative programs and strategies are broadly available to families and children by providing funding, technical assistance and training, linkage to other resources and other capacity building supports. CTFs annually provide about \$200 million in funding for statewide and community-based child abuse and neglect prevention strategies and leverage even greater amounts of funding.

CTFs are leaders in their states for child abuse and neglect prevention efforts. They usually have networks of grantees working across their state and serve as hubs for collaboration and leadership in areas related to child abuse and neglect prevention and family strengthening. Because CTFs are codified into existence, they often bring stability throughout other changes within state governments. They are usually organized outside the state child welfare agency which makes CTFs a key partner to help lead state efforts for the transformed new cross sector, multi-system approaches that the Commission has been deliberating in recent weeks.

The Children's Trust Fund Alliance is pleased to endorse the Consensus Recommendations for Title IV-B Reauthorization that have been compiled by our colleagues with the American Academy of Pediatrics, Child Welfare League of America (CWLA), Prevent Child Abuse America, and many others.

We also endorse Title IV-B Recommendations for Reauthorization from the National Child Abuse Coalition, of which we are honored to be a member. **In particular, we encourage Congress to provide full funding for this critical program including an emphasis on upstream prevention.**

Our nation has no higher priority than the protection of our children, so they can thrive. Title IV-B provides vital support that is necessary to fulfill our nation's commitment to our children and their future. This funding should include support for programs that work directly with families and support upstream prevention efforts. We cannot afford to wait until children are referred to child protection system before caring for their well-being.

We join the National Child Abuse Coalition in recommending that Congress build on the opportunities currently in Title IV-B to further promote prevention and reunification. Child welfare leaders are increasingly exploring new and innovative ways of braiding federal and state dollars to connect families to services that prevent foster care by intervening further upstream from what Family First allows to prevent families from coming into contact with child protective services (CPS) when they can be better supported in other ways.

Supporting families before a candidacy determination provided under Family First does more to promote child and family well-being, bolster child safety, and save public dollars that might unnecessarily be spent on CPS investigations and foster care. Family First also made an important down payment on expanding support for families in the child welfare system who reunify by eliminating the 15-month time limit on the use of Title IV-B funds for family reunification services.

Although family reunification is a core goal of the child welfare system, the federal reinvestment and infrastructure to help families reunify and prevent them from re-entering foster care is insufficient. Increased funding for the prevention and reunification aspects of IV-B would better serve children and prevent families from becoming involved – and for children who have been removed and placed into foster care before, re-involved – in the child welfare system. More funding can also help develop evidence-based prevention and reunification programs that will eventually qualify for Family First eligibility.

As noted previously, we strongly recommend increased funding for Title IV-B to strengthen its commitment to supporting families and community-based family supports. We urge Congress to encourage upstream prevention in more states by enhancing Title IV-B's current ability to fund community-based prevention services and support the development of additional evidence-based programs and services that will qualify for Family First.

We recommend:

- Increase discretionary funding to allow more child welfare agencies to use Title IV-B for upstream prevention services by requiring that a substantial portion of new Title IV-B dollars flow through a non-child welfare community partner, such as a state children's trust fund or other mechanism that pools funding to support resources and services for children and families

that build protective factors which could then flow through to other partners at a local community level, such as family resource centers.

- Require the Administration on Children and Families (ACF) to provide technical assistance to help states strengthen and develop the infrastructure and other strategies to support families before they become involved with the child welfare system.
- Promote innovative approaches to creating off-ramps for families who come to the attention of child welfare for reasons better addressed elsewhere – such as pre-petition legal services that help families access housing or economic support or assistance with obtaining a protective order.
- Build the evidence base for child welfare prevention services by leveraging Title IV-B to support the evaluation of programs that do not yet meet the evidentiary standards outlined in Family First but could be approved by the Clearinghouse in the future.
- Emphasize a strong child welfare services approach for infants and toddlers, who represent one-third of children entering foster care each year, and their families.
- Encourage states to use Title IV-B for domestic violence services, including programs that work with abusive partners to change their behavior, as a means to prevent and address domestic violence – the most prevalent risk factor for child abuse.
- Increase the Title IV-B investment in reunification services, particularly for concrete reunification support that families identify as most critical for their success.
- Leverage existing models for coordinating and navigating reunification services and connecting parents to peer mentors.
- Support other peer support programs including those working with youth, parents, and grandparents.

Title IV-B is an important funding source given its flexible structure and focus on prevention.

As outlined in the Capacity Building Center for States brief [here](#), the purpose of Title IV-B, subpart 2 of the Social Security Act, 11 42 U.S.C. § 629, is to enable states and Tribes to operate a coordinated program of community-based services for the following objectives:

- To ensure children’s safety within the home and preserve intact families in which children have been maltreated when the family’s problems can be addressed effectively (**family preservation services**)
- To prevent child maltreatment among families at risk through the provision of supportive family services (**family support services**)
- To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner (**family reunification services**)
- To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children (**adoption promotion and support services**)

In keeping with this purpose of Title IV-B to operate a coordinated program of community-based services for the aforementioned objectives, and the Subcommittee’s Hearing title: *Modernizing Child Welfare to Protect Vulnerable Children*, the CTF Alliance is pleased to offer the following document for consideration by the Committee, “*What Parents Say About Building a 21st Century Community-Based Approach to Strengthening Families*”, which we developed in collaboration with parents who are part of our Birth Parent National Network (BPNN).



“
It takes strong families to make a community of hope.
 Jeremiah Donier, Parent and Family Consultant, Washington

Introduction

The Children's Trust Fund Alliance (Alliance) and its Birth Parent National Network (BPNN) and the Casey Family Programs Birth Parent Advisory Committee (BPAC) collectively produced this document, drawing on some materials previously developed by the Alliance. The Alliance is highlighting the collective voices of the parents and their voice is primary throughout this document.

As members of the BPAC and BPNN, we are dedicated parent advocates. We share our lived experiences and perspectives with national, state and community leaders to transform the child welfare system and to raise awareness about the need for increased prevention strategies and resources for families before serious problems occur.

In this issue brief, we are focusing on strategies that can significantly improve the child welfare system as it currently relates to families and activities that promote earlier and more preventative supports for families. We hope it will be read and that our recommendations will be implemented by national, state and community leaders, service providers and other key stakeholders. We see that the best outcomes occur when parents are viewed as strong partners who can make important contributions to the work with their own and other families. We encourage you to ask yourself and your

colleagues the following questions and to consider your own and your organization's approach in relating to parents:

- How do you currently view and authentically partner with parents?
- Are you considering our strengths and what we have to offer or are you intent on rescuing us and fixing our problems?
- How does your system draw on parental strengths and possible contributions?
- Does your organization have an anti-racist agenda and standards of practice?
- What has your organization done to dismantle racism?

Anti-racism is an active process of identifying and challenging racism, by changing systems, organizational structures, policies and practices and attitudes, to redistribute power in an equitable manner (*Key Equity Terms & Concepts: A Glossary for Shared Understanding*, Center for the Study of Social Policy, September 2019). Undoing racism relates to moving beyond addressing the symptoms of racism and undoing the causes of racism so as to create a more just and equitable society (www.pisab.org/about-us).



Public Health Approach

The public health approach is a four-level social-ecological model to better understand challenges and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, community and societal factors.

(The Socio-Ecological Model: A Framework for Prevention, cdc.gov/violenceprevention/publichealthissue/socio-ecologicalmodel.html)

“
Consider a family in a car accident versus a family living in a car. Both are in crisis. Why are they treated differently? Be a kind responder, not just a concerned reporter.
 Jeremiah Doner, Parent and Family Consultant, Washington
 ”



Currently, many of us and other parents are working with systems leaders and policymakers to consider creation of a 21st century child welfare system where child protection services partners with community-based prevention strategies to help ensure that all families have access to needed resources and supports. One vision being discussed for a 21st Century child welfare system is that it will be transformed into a family well-being system that prevents child harm by working in partnership with children, families, communities and agencies, to assure all families have the capacity to care for their children, and all children thrive in safe, stable and nurturing families and environments (*Building a 21st Century Child Welfare System*, March Convening Issue Brief, Casey Family Programs, 4/15/19 and *What Is a Population-Based Approach to Child Welfare*, Transforming Child Welfare Systems Issue Brief, Casey Family Programs, updated 10/2019). Federal and state policy, including the Family First Prevention Services Act and the Child Abuse Prevention and Treatment Act, will be important tools to leverage as systems are transformed. We believe that to ensure success, this system would need to use a public health approach. This helps expand the focus beyond individual behavior and considers relationships and communities and the society in which families live.

We believe this is timely and important work and hope it will guide how communities, public and private agencies and parents will work together to support families. In this issue brief, we share our perspectives on:

- 1 Suggested ways that service providers, local leaders and stakeholders can begin to partner with parents and view them with a strengths-based lens.
- 2 Recommendations for how parents, service providers, communities and local leaders can work together to build and implement a 21st century child welfare/child well-being system that includes community-based prevention programs and resources.
- 3 The importance of access to resources and supports to ensure well-being for ALL children and families using a socio-ecological and public health approach.

1 Suggested ways that service providers, local leaders and stakeholders can begin to partner with parents and view them with a strengths-based lens.

We strongly value the importance of meaningful and authentic partnerships between parents and service providers, local leaders and stakeholders. These partnerships require genuine commitment from all of us and a belief that we as parents have strengths based on our life experiences. It is important that every relationship begins with identifying our strengths and helping us build on those strengths to create the kind of homes we want to provide for our children.

We hope that in the future, it will be common practice for leaders, service providers, child welfare workers and other stakeholders to respond to families' requests and needs in a way that builds trust and strengthens the capacity of parents. As parents, we want to feel comfortable calling a service provider and being able to ask questions when needed. For example, one of us might have a question relating to our child's limited use of words and wonder whether this is typical of the child's developmental stage or something we should worry about? We are asking for help in fulfilling our role as providers and caretakers for our children. We are not asking for you to fix our problems but to help us identify what is best for our family. We want YOU to help US help our children in the best way possible.

If you are a service provider, a child welfare worker, a systems leader or a mid-level supervisor we need for you to ensure there is a safe space that allows us to give you relevant personal information without fear that this information will later be used against us. We want to know that what is written about us in reports and notes is not a weapon but a tool to better serve us. We also want front-line workers, supervisors and administrators to have the supports you need to help us deal with our sometimes very complex life situations. We need your help in creating a system that is compassionate and helps families access services and supports

whenever needed. We need to know you are a team player, not only with your colleagues but with us and our families as well. We may not always agree and sometimes our roles of learner and supporter may be reversed.

Our hope is that families are, ultimately, connected to appropriate resources through the prevention system and that we are able to prevent families from becoming involved with the child welfare system. Please be the person who gives us real hope, not because you have all the answers but because you help us believe in ourselves. We challenge you to join with those who already focus their work on building relationships with families, being dependable and identifying strengths. As a service provider, always ask yourself, how have I worked in partnership with this family and supported them to reach their full potential? As a leader, ask yourself how have I partnered with family members to be sure our policies and practices reflect what will be most successful in my community or state. We, as parents need to be supported and guided in our journeys to address challenges that led us to reach out for support. Later, we want opportunities to use our life experiences to give back to the communities and agencies that helped us grow and change.

We are working to expand the recognition that supportive communities can help build strong families willing and able to ask for help. We must join together to change public perceptions regarding families. We are recommending that systems create opportunities for parents to work in partnership with community service providers, systems leaders (including child welfare leaders) and other key stakeholders to promote a culture shift where asking for help is normalized and seen as a strength. We have seen how powerful it is when parents and service providers work with community, state and national leaders to build a public perspective that values families and the importance of supporting their growth, including extended family, friends and other supportive individuals. When we all work together, we can change public attitudes and build support for this approach.

2 Recommendations for how parents, service providers, communities and local leaders can work together to build and implement a 21st century child welfare/ child well-being system that includes community-based prevention programs and resources.

Building supportive communities requires strong leadership, clear direction and the involvement of committed stakeholders. It is imperative we as parents are included as meaningful partners throughout this process. We are recommending that leaders collaborate with us and other parents to develop a plan to build and sustain the capacity of our communities and systems in providing needed resources. We encourage a particular emphasis on building linkages between child protection systems and prevention programs and strategies. We believe an inclusive community effort will help ensure that all necessary resources are available to meet the needs of families as early as possible. This will require cross systems collaborations, open communication, innovative funding strategies and a willingness to work with us and other parents to think outside the box.

This new system, using a public health approach, includes strategies for individual work with parents, supports for staff in systems and agencies, practices in systems and communities and broader societal changes as described below:

Strategies for individual work with parents/caregivers

- Trusting, authentic relationships with families
- Judgment free prevention services and supports (e.g. without bias, non-punitive, etc.)
- Safe space where we can share and ask for help
- Timelines and plans that are individualized and based on family needs and rates of progress

Children's Trust Fund Alliance Copyright © 2020

“
As parents the hardest thing in the world to face is not being able to meet the needs of our children and having to ask for help. We go back and forth in our thinking – should I pick up the phone and ask for help? Will you judge me for asking? Are you going to call child protective services? All we want to do is provide for our children.
 Kimberly Mays, Parent and Social Services Worker, Washington State Office of Public Defense
 ”



“
In order to achieve racial equity in prevention and other systems, organizational leadership and staff must first recognize the challenges of looking at race, racism and racial biases. They also need to look at how they view people of color, their individual biases and the organization's standards of practice. This begins with organizational leaders offering training and opportunities for staff to examine existing personal and organizational values. The next step is to explore other possible values and ways that leadership and staff can work with families and improve organizational policies and procedures. It is also vitally important to include a process for reflection and assessment to determine whether there is improvement in racial equity and a reduction in bias.

Corey Best, Parent,
 Motivational Speaker and Trainer, Florida

- Access to services and other resources when we most need them, with little or no wait times or other barriers
- Reflective listening where we are feeling heard and supported
- Help in identifying family strengths and building protective factors to support long-term well-being

Supports for staff in systems or agencies

- Training and easy access for staff to learn about the community-based prevention system, including such services as in-home based services, substance abuse prevention and treatment, mental health services, family resource centers and peer support programs
- Training and supports for staff related to engaging with parents in meaningful partnerships in all areas
- Training and supports for staff in helping parents build protective factors and to identify and build on strengths in a culturally respectful approach

Practices in systems and communities

- Policies and practices that promote racially and culturally equitable communities
- Information-sharing across agencies and systems while maintaining confidentiality
- Inclusion of parents in decision-making bodies that address policies and practices
- Opportunities for parents with lived experiences to work as staff alongside peers and/or professionals.
- A structural framework for recruiting, screening, supporting and partnering with parents in formal ways related to planning, implementation, oversight and evaluation of programs and other strategies
- A strong network of community-based prevention supports available to families based on needs and interests

- Policies and leadership practices that will support new ways of working with families and with parents as partners in all areas
- A continuous quality improvement (CQI) process that ensures leaders and staff engage with parents to assess how service delivery and other agency activities can be improved
- A cross-systems approach where parents, communities and public and private agencies are communicating and working together
- Strong linkages between the child protection system and community based prevention and family strengthening agencies and programs
- A view of parents as experts who are integral and critical to the system rather than resources just for vetting and feedback on policies, practices, documents, etc.

Broader societal changes

- Stable or increased funding for effective racially equitable supports and services that will ensure more families' needs are met to keep them safe and strong
- Ongoing research to identify best approaches to minimize and eliminate bias-driven practices
- Deepen knowledge of race, racism and race equity and how historical conditions promote disparity in all systems
- Embrace difference

This way of work requires incorporating intentional processes to ensure racial awareness and equity are present in every aspect of prevention and other systems that provide supports and services to families of color. This includes, but is not limited to: leadership development, workforce training and cross collaborations. This would support communities in developing strengths-based preventative approaches that are racially and culturally humble while successfully partnering with families. An effective 21st century system ensures that the services available meet the cultural needs of families in every community.

Defining the Five Protective Factors

Families are supported to build:

- Parental Resilience**
The ability to recover from difficult life experiences, and often to be strengthened by and even transformed by those experiences.
- Social Connections**
The ability and opportunity to develop positive relationships that lessen stress and isolation and help to build a supportive network.
- Knowledge of Parenting and Child Development**
The ability to exercise effective parenting strategies to guide and know what to expect as children develop in multiple domains (physical, cognitive, language and social and emotional).
- Concrete Support in Times of Need**
Access to supports and services that reduces stress and helps to make families stronger.
- Social and Emotional Competence of Children**
Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

cfalliance.org/protective-factors

The Importance of access to resources and supports to ensure well-being for ALL children and families using a socio-ecological and public health approach.

As parents, we know children benefit from strong families and safe communities where their needs are met. Many children are growing up with these supports, but there are many who aren't. Any parent can have difficulties meeting their children's needs. All families can benefit from having strong protective factors. In our BPAC and BPNN work, we focus on the Strengthening Families Protective Factors framework – a research-informed, strengths-based approach that promotes the well-being of all families by helping them identify and build their strengths through these five protective factors:

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Social and Emotional Competence of Children

When we are unable to provide for our child's concrete basic needs (e.g., food, clothing, housing, medical care, education, etc.) or their social and emotional needs, it is critical that the community and the broader society help fill these gaps. Often, when we have the security of having our concrete basic needs met, we can better focus on issues like higher education, employment and other important areas in our lives. For some of us, we are able to hold jobs because we receive support for child care costs and/or because we had support with transportation or other needs.

We recommend that all families have access to resources in our communities to help us be strong and stable. We know that investing in families and communities today will help us achieve better outcomes, including long-term cost savings and other benefits. For example, when we reduce the number of Adverse Childhood Experiences (ACEs), we save funds spent on health care

As a young parent, I struggled with drug addiction and often arranged for my children to stay with relatives or friends. The child welfare system became involved in my family when I got into legal trouble. I had to go to court and faced the possibility of a 30-year prison sentence. Despite all of this, my social worker believed in me and saw some strengths that I did not see in myself. He came to my court hearing and advocated for a lesser sentence for me, pointing out that it would be more beneficial for me to continue with substance abuse treatment instead of going to prison. I believe his support led the judge to give me a second chance. My social worker made a big difference in my life – he gave me the hope to move forward. Today, I am strongly committed to being a good parent, and am helping to raise my grandchildren. I work with other parents to give them hope and help them recognize their own strengths – just like my social worker did for me. I hope that everyone who works with families will stand beside parents in hard times to help them overcome the rough spots and move forward with their support.

Toni Miner, Parent, Family Support Partner, Facilitator for Circle of Parents, Colorado



“
As a parent, when I think about the socio-ecological model it reminds me that we all have a role to play in contributing to the well-being of families. It gives me hope knowing that our families don't need to be alone in our struggle to provide stable, nurturing supportive homes for our children. An understanding of the socio-ecological model is something that needs to be incorporated into the new 21st century child welfare system. This would support collective decision making with families that takes into consideration other long-term effects on the community and society-at-large. The socio-ecological model recognizes the responsibility of the entire community and society for promoting child and family well-being. In other words, families are not always responsible for some of the barriers that prevent them from providing for their children. In my case, if the community had responded to the urgency that my family had in locating concrete supports in mental health, I believe my son could have remained home with me instead of being placed in foster care.

Sandra Killeit, Parent and New York Social Justice Organizer



costs in later life (About Adverse Childhood Experiences, cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html).

We reviewed research-based recommendations from leading national organizations, such as the Centers for Disease Control and Prevention's (CDC's) *Essentials for Childhood*, which is intended to help guide community activities that will support safe, stable, nurturing relationships and environments for children and families (*Essentials for Childhood: Creating Safe, Stable and Nurturing Environments for All Children*, cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf). We believe that this and other strengths-based approaches will lead to the healthy and positive development of children and families. Families are the heart of communities and we as parents help guide and nurture our children to help them reach their full potential. It is important that national, state, community leaders, service providers and other stakeholders understand that positive outcomes are achieved through access to community-based resources within supportive environments.

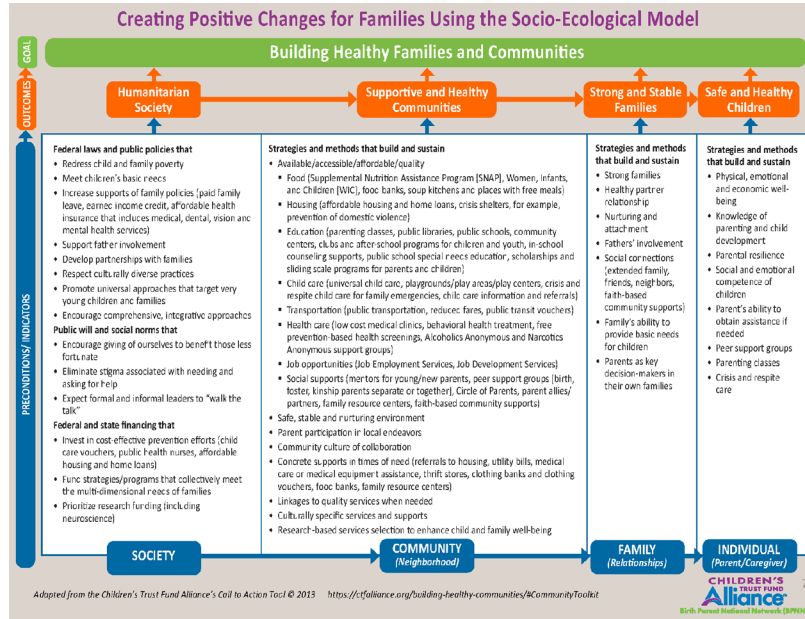
The successful public health approach to creating positive change requires addressing issues at all levels of the social ecology – individuals, relationships, communities, and the broader society. We, as parents raising our children, are also members of our communities and we are impacted by the policies and practices of our states and the federal government. We are supported daily by our personal relationships with others and those in our community. These reflect the four components that make up the socio-ecological framework. One example of using the socio-ecological framework (see definition on page 2) to achieve positive changes for families and communities is found in the Alliance's work in understanding how to build healthy communities and prevent child neglect. The Alliance reviewed the literature, conducted original research with many experts through key informant interviews and created multiple written resources, including a comprehensive theory of change. We reviewed the Alliance's theory of change on page 7, and made some additions and adaptations.

Across the top of the chart (in orange) on page 7, there are the four outcomes that reflect the four components of the social-ecological model: a humanitarian society, supportive and healthy communities, strong and stable families and safe and healthy children. In each area, we and the Alliance included indicators or strategies of what it takes to achieve these four positive outcomes at the individual, relationship, community and societal levels. We found that the Alliance's research-based strategies reflect many of our own life experiences and the positive outcomes listed align with our own hopes for our families and others.

As diverse parents in the BPAC and the BPNN, we have had the opportunity to hear from other parents about how their families are impacted by the kinds of resources and supports available in their communities. While our stories might be different, one thing is the same – we all love and want what is best for our children. We also realize the importance of relationships and the value of partnerships. We believe that everyone has a role in supporting families and creating safe and supportive environments for them and their children.

Conclusion

Implementation of this new approach will be most successful when we and other parents are equal partners and involved in all decision-making relating to planning, development, implementation and evaluation of programs and strategies across the service continuum. To achieve an effective 21st century system, we need to lift up the work that incorporates this approach, and where needed, to shift our thinking and explore how we can best partner with each other in a respectful and authentic manner. We and other parents are important contributors to the growth of healthy communities and bring valuable information, resources, experiences and solutions. We are ready to partner with service providers, national, state and local leaders and systems to create supportive communities that include a comprehensive prevention approach.



About Children's Trust Fund Alliance

Children's Trust Fund Alliance (Alliance) is a membership organization that provides support to state children's trust and prevention funds and strengthens their efforts to prevent child maltreatment. The Alliance members invest millions of dollars each year in prevention strategies for families. The Alliance also works with national partners, state organizations, parents, federal agencies and others

to impact policies, practices, systems changes and trainings. Through the Alliance National Parent Partnership Council (ANPPC), the Birth Parent National Network (BPNN) and other networks, the Alliance has elevated the voice of parents and others with valuable life experience in overcoming challenges and strengthening their families.

About the Birth Parent Advisory Committee (BPAC)

The Birth Parent Advisory Committee (BPAC) is a select group of parents from across the country that have a range of expertise and personal experiences within the child welfare system. They serve as strategic partners with Casey Family Programs and the Alliance. The BPAC members serve

in a variety of leadership roles such as parent mentors, policy advocates, grassroots organizers and organizational administrators. They utilize their advocacy skills to ensure that the voices of parents are heard in the development of policies and practices that affect families.

About the Birth Parent National Network (BPNN)

The Birth Parent National Network (BPNN) is a national platform for birth parents to work in partnership with organizations and policymakers to share their life experiences and make recommendations to improve policies and practices that impact children and families. The goal of the BPNN is to strengthen and support families and improve outcomes for families at risk or involved with the child welfare system. Our growing network includes hundreds of parent and organizational members, if you wish to make

a difference locally, in your state or at the national level, join the BPNN. To learn more about this dynamic national network visit the BPNN website:

ctfalliance.org/partnering-with-parents/bpnn

To join the BPNN, submit your membership application to: ctfalliance.org/partnering-with-parents/bpnn

For questions, please email us at info@ctfalliance.org



Children's Trust Fund Alliance Copyright © 2020



**U.S. House of Representatives Committee on Ways and Means
Subcommittee on Work & Welfare**

*Written Comments for Hearing, "Modernizing Child Welfare to Protect
Vulnerable Children"*

Chairman Smith, Ranking Member Neal, Subcommittee Chairman LaHood, Subcommittee Ranking Member Davis, and Members of the House Committee on Ways and Means, thank you for the opportunity to submit this statement for the record.

The Child Welfare League of America (CWLA) is a coalition of hundreds of private and public agencies that since 1920 has worked to serve children and families who are vulnerable. Our expertise, leadership and innovation on policies, programs, and practices help improve the lives of millions of children across the country. Our impact is felt worldwide.

We are grateful to the Chairman and Ranking Member for holding this important hearing and we appreciate the opportunity to submit our recommendations for the reauthorization of Title IV-B of the Social Security Act. CWLA acknowledges and applauds the long history of bipartisan leadership on child welfare issues. During the hearing, we heard many important themes and good ideas with which we agree, which we will highlight below. We also seek to caution against losing the progress that has been hard-won over decades of tireless advocacy for children, families, and communities.

Title IV-B Background and History

There are two child welfare programs created under Title IV-B of the Social Security Act: Title IV-B part 1 the Stephanie Tubbs Jones Child Welfare Services (CWS) program and Title IV-B part 2, the Marylee Allen Promoting Safe and Stable Families (PSSF) program. CWS provides much-needed flexible child welfare funding that assists state child protection systems and supports families through wraparound services. PSSF targets funding to help four categories of families: families who adopt, families who are reunifying, families avoiding foster care through preservation services, and family support to help many families who are vulnerable.

Title IV-B Part 1, Child Welfare Services (CWS) of the Social Security Act, was first established as part of the 1935 Social Security law. It evolved from a small source of federal funding for a range of children's services from the 1930s through the late 1950s. Although Congress can appropriate up to \$325 million, the program funding peaked at \$295 million in 1994 with current funding now down to \$269 million.

Title IV-B part 2, Promoting Safe and Stable Families, started in 1993 as Family Preservation and Family Support and was created to promote family preservation programs that prevent foster care placements through intensive focused and limited efforts to help families at a crisis stage. The Adoption and Safe Families Act (ASFA) in 1997 revamped the program to become the Promoting Safe and Stable Families (PSSF) block grant. Regulations require states to allocate at least 20% to each of the four service categories: family preservation, family support, reunification, and adoption support. CWLA has continued to advocate for this specificity because while the services could be the same, the four types of families served are different.

PSSF includes mandatory funding at \$345 million with \$20 million designated for Regional Partnership Grants to address substance use, \$20 million to promote the child welfare workforce and monthly caseworker visits and \$20 million to promote court training. Additionally, Congress can appropriate \$200 million more for the four services. Appropriations peaked at \$100 million in FY 2002 and are now down to \$69 million. Between mandatory and discretionary funding, the services reached their peak in 2004 at \$405 million. It is down to approximately \$360 million today. The Tribes receive 3% of the mandatory funds and 3% of the appropriated funds.

The Importance of Title IV-B

Title IV-B is a small portion of federal funding for child welfare, but it is an important piece of the puzzle. It provides flexible funding to states to target root causes of maltreatment and to provide families with connections to other systems for support. The very limited funding for prevention services stands in contrast to the far greater federal investment in paying for the costs of foster care, covered by Title IV-E, despite widespread recognition of the need to invest in upstream prevention. The Family First Prevention Services Act provides additional funding for evidence-based services to prevent families from entering foster care, while the flexibility of Title IV-B funds can complement the more rigorous requirements of Family First and help develop evidence-based models.

According to the annual Child Maltreatment Report, for fiscal year 2021, there are nationally an estimated 600,000 victims of child abuse and neglect. Child Protective Services (CPS) agencies received a national estimate of just under 4 million (3,987,000) total referrals, including approximately 7.18 million children. Forty-six states reported that an estimated 1,761,128 children received prevention services, and the biggest source of federal funding for these services was the IV-B Promoting Safe and Stable Families program. However, a large portion of children and families reported to CPS for suspected child maltreatment do not receive post-response services, and increased funding for Title IV-B would give states the ability to support additional children and families.

Key Focuses for Title IV-B Reauthorization

Increased Investment. As noted above, Title IV-B funding has declined over the years. Child Welfare Services funding peaked at \$295 million in 1994 with current funding now down to

\$269 million. Between mandatory and discretionary funding for PSSF, the services reached their peak in 2004 at \$405 million. It is down to approximately \$360 million today. Title IV-B has never been fully funded at the levels authorized, never mind the levels needed to truly transform the child welfare system.

Increased funding in Title IV-B would allow states to not only help address the crises they are facing, such as workforce concerns, a shortage of resource families, and the need for concrete supports and services, but also proactively work to improve core child welfare services such as family preservation, prevention, kin finding, and others. Programs and funding that focus on preventing child abuse and neglect before it happens and keeping children safely in their homes help to reduce the number of children entering the child welfare system, thereby reducing trauma and stress for families as well as reducing state and federal spending on costly out of home care and mental and behavioral health services for children and caregivers down the road. Congress has rightly shifted to supporting upstream prevention by allowing Title IV-E funding to be spent on evidence-based solutions through the Family First Prevention Services Act (FFPSA). However, some families need concrete and economic support, not evidence-based programs, to keep their children safely in the home. Additionally, these flexible funds could be used to help in the development of future evidenced-based approaches that will strengthen implementation and effectiveness of FFPSA. The Subcommittee should increase the availability of flexible funding for child welfare agencies to address primary prevention and family preservation to reduce child welfare involvement through increased Title IV-B funding.

Support the Child Welfare Workforce. A major theme that emerged from the witness testimony and Member questions was the need to better support the child welfare workforce.

Transformation and reform in the child welfare system moves at the speed of the workforce. A well-trained and well-staffed child welfare workforce is vital to the goals of legislators and the broader advocacy community. All the reforms enacted by Congress in recent years, including screening victims of sex trafficking, reducing group home care, expanding kinship care, finding more foster parents, enhanced foster parent training, increasing adoptions, more direct consulting with youth in foster care, addressing substance abuse and mental health needs within the families, and entering new data are all dependent on the caseworker.

Even before the COVID-19 pandemic, the child welfare workforce faced serious concerns. The labor-intensive and emotional nature of child welfare work leads to high levels of turnover. Now, the pandemic has worsened pre-existing issues within the workforce, with high turnover rates and rising concern over compassion fatigue, burnout, and secondary trauma. Increased turnover rates and the resulting higher caseloads perpetuate the caseworker crisis.

High turnover rates negatively impact children and families. According to the New York City-based organization Fostering Change for Children, up to 40 percent of child welfare caseworkers leave their jobs every year. Their data shows, “[c]hildren with one caseworker achieve permanency in 74.5 percent of cases. But the more caseworkers involved in a child’s life, the less chance a child has to achieve permanency, ranging from 17.5% for children with two

caseworkers, to the low rate of 0.1% for children who had six or seven caseworkers during their time in care.¹”

Strengthening the workforce and ensuring caseworkers have manageable workloads will achieve a reduction in child abuse, reduce the number of children going into foster care, and increase adoptions for children of all ages. Title IV-B reauthorization offers an opportunity to address the workforce crisis. CWLA recommends the following investments and policy changes:

1. Increase funding for workforce development and training. There is currently \$20M designated for workforce development in Title IV-B, dependent upon caseworkers visiting families on a monthly basis. Once split among all the state, county, and tribal child welfare programs, this \$20M does not go nearly far enough to truly support the workforce. We recommend the Subcommittee substantially increase this set aside.
2. Promote recruitment and retention. Recruitment and retention of qualified caseworkers is essential for establishing a well-staffed and well-trained workforce. High vacancy rates and unfilled positions lead to much higher caseloads for the frontlines staff, and the stress from high caseloads leads to high rates of turnover and burnout; these problems compound on one another. There are several promising practices that are helping agencies address these key issues, and Congress should support states and counties in implementing and evaluating the effectiveness of these practices. Congress should create new competitive or formula grants in Title IV-B of the Social Security Act with additional funding for states to address both recruitment and retention.
3. Increase overall child welfare funding. One of the key issues in both recruiting and retaining qualified caseworkers is low wages. Child welfare staff consistently point out that in many states and localities, entry-level child welfare positions pay no better than the local Target or Starbucks, even though the work is much more challenging. According to the National Survey of Child and Adolescent Well-Being II baseline report, 75% of caseworkers earned an annual salary between \$30,000 and \$49,999. Better compensation and benefits for staff would go a long way in addressing vacancies and turnover rates, but adequate funding for child welfare agencies is necessary to accomplish this goal, as funding has not kept pace with the rising cost of living and inflation. In addition to delinking Title IV-E foster care eligibility from the 1996 AFDC standards, the Subcommittee should increase both mandatory and discretionary funding in Title IV-B programs.
4. Create taskforces to compile and disseminate best practices. States, counties, and not-for-profit agencies have been long engaged in the difficult work of addressing the workforce crisis, and many best and promising practices have emerged through their efforts. However, there are concerns that continue to plague agencies across the nation. Congress should create taskforces or working groups to compile and disseminate best practices on these nationwide issues, such as creating psychological safety and wellness for staff,

¹ Fostering Change for Children (2020). *Frontline Workers: Turnover*. New York City, Taken from the web: <http://fosteringchangeforchildren.org/#>.

racial disparities in child welfare and promoting a diverse workforce, and reducing barriers to social work licensure.

Focus Title IV-B on Families. There was much discussion about the various set-asides in Title IV-B during the hearing. Subcommittee members and witnesses rightly noted that Title IV-B houses several different programs and is layered and complex; we would note that child maltreatment is a complex issue, and the child welfare system has evolved into an intricate system of programs and services to address these complexities. Title IV-B programs are reflective of that evolution. The set-asides have been added over time to address the needs of families and communities that were not being served by Title IV-E foster care payments and were not being addressed by states through the Child Welfare Services block grant. PSSF was added to the original Child Welfare Services to focus funding on family support (broad prevention services from which everyone in the community benefits) and family preservation (more targeted to children and families that are vulnerable to child welfare involvement). These continue to be critical funds for child welfare agencies to prevent entry into foster care and the trauma that comes with child welfare involvement, as was explained so well by Ms. Cherie Craft of Smart from the Start and Ms. Katherine Marquart of FosterAdopt Connect in their testimonies. Director Tracey Gruber of the Utah Department of Health and Human Services also started her testimony with a story highlighting the successful use of Title IV-B funds for preservation.

As noted above, the Adoption and Safe Families Act (ASFA, PL 105-89, 1997) amended PSSF to include adoption support and time-limited reunification services in addition to family support and preservation. This addition recognizes the need to prevent re-entry into foster care – adoptive and reunified families need preservation services, too. A key outcome for child welfare is that children achieve permanency, but we know that a portion of reunifications and adoptions fail, retraumatizing children and thrusting them back into the foster care system. According to data published by the Annie E. Casey Foundation, "among children who were discharged from their first foster care placement and reunited with their caregivers, 27% returned to foster care."² Research indicates that approximately 5 to 20 percent of children who exit foster care to adoption or guardianship experience discontinuity.³ These adoption and reunification funds are essential to family stability for those children that are exiting foster care into permanency, especially in light of the fact that there are no services for these populations that have been approved for the Family First Clearinghouse at this time. More investment in these vital services would allow for the development and evaluation of programs that could eventually be reimbursable by Title IV-E FFPSA funds.

CWLA has continued to advocate for this specificity because while the services could be the same, the four types of families served are different.

² Annie E. Casey Foundation, Center for State Child Welfare Data. "Reentry to Foster Care." 2020. Retrieved from <https://www.aecf.org/resources/reentry-to-foster-care>

³³ Children's Bureau. "Discontinuity and Disruption in Adoptions and Guardianships." 2021. Retrieved from https://www.childwelfare.gov/pubPDFs/s_discon.pdf

Additionally, there are several other set-aside programs that make Title IV-B work for the families involved in the child welfare system. The Court Improvement Program, which Ms. Prudence Beidler Carr covered masterfully in her testimony and responses to questions, is the only federal funding source specifically for child welfare and court collaboration, improving the legal processes of the child welfare system and better serving families. The Regional Partnership Grants (RPGs) offer critical support in addressing substance use for families involved in child welfare or at risk of child welfare involvement. The Kinship Navigator funding supports kinship caregivers in accessing services and benefits, providing vital supports and allowing children to be cared for by their family. Each of these programs is technically a set aside, and each one ensures that states and counties are addressing the needs of children and families. CWLA recommends that the Subcommittee expand these programs in Title IV-B reauthorization.

Increasing access for Tribal programs. CWLA is grateful for the Subcommittee's commitment to reducing barriers to funding for Native American and Alaska Native child welfare programs, and we recognize Subcommittee Members' support for two important bills that would amend Title IV-B for this purpose: *The Strengthening Tribal Families Act* and the *Tribal Families Fairness Act*. We agree with the assessment of Dr. Sanders of Casey Family Programs that increasing funding for Tribal child welfare programs, in addition to reducing barriers through policy change, is one of the key investments that the Subcommittee should its efforts for this reauthorization of Title IV-B, and we encourage the inclusion of these two bills along with an increase in funds.

Maintain mandatory funding. One witness, Director Gruber of Utah, highlighted that states and counties face obstacles in administering Title IV-B funds due to the complexity and requirements of the various funding streams. Although CWLA is not opposed to considering ways to reduce barriers and overlap between the two subparts and the various additional programs, we caution the committee against structural changes that will result in losing the progress that has been hard-won over decades of tireless advocacy for children, families, and communities. The set asides and programs have been added over the years to address gaps in federal funding and have been used to creatively and innovatively meet the unique needs of children and families. As noted above, although the services across the four categories in PSSF may look identical to one another, the families that are served are very different and distinct. CWLA advocates for maintaining this specificity to continue to serve these specific children and families.

Should structural changes to Title IV-B be considered, CWLA strongly urges the Subcommittee to maintain the mandatory funding in Title IV-B. Title IV-B is currently a mix of mandatory and discretionary funding, making conversations about streamlining or collapsing the two subparts far more complicated. Should the Subcommittee move to turn Title IV-B into a discretionary block grant, as has happened to other federal programs, this vital source of child welfare funding would be much more vulnerable to cuts in future budget cycles with difficult topline agreements. As noted throughout these comments, additional funding is needed for child welfare services, and giving up the mandatory funding in Title IV-B would move our system in the opposite direction from where we need to be.

Conclusion

We wish to again thank Chairman LaHood and Ranking Member Davis for hosting this hearing, for convening an excellent panel of expert witnesses, and for their attention to and support of the children and families involved with the child welfare system. This hearing was an energizing first step toward reauthorizing this important program, and we stand ready and eager to work with the Subcommittee in ensuring that federal child welfare funding best supports our agencies and communities as they work tirelessly to prevent and address child maltreatment.



BRANDON T. NICHOLS
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
510 S. Vermont Avenue, Los Angeles, California 90020
(213) 351-5602



Testimony Submitted by
Brandon T. Nichols
Director

Los Angeles County Department of Children and Family Services
Ways and Means Work & Welfare Subcommittee Hearing on
Modernizing Child Welfare to Protect Vulnerable Children
September 28, 2023

Board of S
HILD
F
HOLLY J.
Secr
LINDSEY P.
Tr
JAN
Fou
KATHRYN
F

Thank you, Chairman LaHood and Ranking Member Davis, and members of the House Ways and Means Subcommittee on Work and Welfare for holding such an important hearing on modernizing and improving the Nation's current child welfare system.

I am Brandon Nichols, Director of the Los Angeles County Department of Children and Family Services (DCFS).

Los Angeles County (County) has one of the largest county-governed child protective services agencies in the country and is responsible for the safety of over two million children. DCFS serves a diverse population of children and families, including a wide variety of cultural backgrounds, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ+) clients, and children with complex needs, among others. It is a core value of DCFS that children should live safely with their families when possible. When children cannot safely remain in their homes, children and their families must receive trauma informed, person-centered services from caseworkers, behavioral health providers, community-based organizations, and other professionals who have the expertise, and the bandwidth, to address each families' unique needs. Our children and families deserve to have equitable access to services, which can be challenging in a large and geographically varied county.

On behalf of DCFS, I am pleased to provide Members of the Subcommittee with the County's federal legislative priorities as well as targeted recommendations to improve child welfare programs authorized under Title IV-B of the Social Security Act (herein referred to as Title IV-B) and respectfully ask for their consideration.

DCFS encourages federal policymakers to support policies that facilitate family preservation and permanence for children and youth. Specifically, the County requests:

- Support for counties and states to successfully implement the Family First Prevention Services Act (FFPSA), including exempting Qualified Residential Treatment Programs from the Institutions for Mental Disease exclusion;
- Policies that ensure that all children and youth in foster care have the documentation they need to travel, work, and ultimately make a successful transition to adulthood; and

"To Enrich Lives Through Effective and Caring Service"

House Ways and Means Subcommittee on Work and Welfare
Page 2

- Reforms to expand client eligibility for federal funding, such as the elimination of the Aid to Family with Dependent Children (AFDC) eligibility threshold for federal foster care reimbursement and modification of the Extended Foster Care eligibility and redetermination requirements.

DCFS appreciates the Subcommittee's focus on programs authorized under Title IV-B. DCFS supports the reauthorization of Title IV-B and respectfully asks for increased funding and flexibility for primary prevention efforts and to build capacity to serve vulnerable youth and families. Title IV-B funding under the Stephanie Tubbs Jones Child Welfare Services Program, and the Marylee Allen Promoting Safe and Stable Families (PSSF) program are used by DCFS for a variety of child welfare services, including policies to protect against and prevent child abuse, neglect, or exploitation.

To continue and build upon existing efforts to serve children and families, DCFS is advocating for an increase in funding and more flexibility to provide primary prevention strategies upstream to children, families, and communities who could benefit from services that promote well-being and address social determinants of health. This also includes support strategies with "non-traditional" and/or culturally responsive approaches.

Specifically, DCFS recommends increasing the PSSF funding for Prevention and Aftercare (P&A) contracts, Family Preservation (FP) and Alternative Response Services that target populations with economic development resources, concrete supports, and other services that increase the supportive services for families who do not meet the FFPSA candidacy criteria.

DCFS also requests additional funding for the following purposes:

- Building out provider capacity and family-based settings for youth with complex, unmet needs under FFPSA Part IV/continuum of care;
- Recruitment, training, and retention of high-quality resource families to care for children and youth with complex needs and prevent them from coming into or transitioning out of congregate care; and
- Advancing family finding resources and programs for youth who do not have permanent connections to help improve permanency and exit outcomes.

DCFS has determined that increased resources, appropriately targeted, would result in improved outcomes for children/families and communities. It would also prevent the trauma of removal and having an open services case with DCFS.

DCFS has demonstrated that prevention services have a significant impact on keeping families out of foster care and/or from coming into the child welfare system. For example, FP program outcomes have shown that families who receive these services have a much lower recidivism rate than those who do not. The current local recidivism rate for FP is 3.2 percent and the Federal standard is 9.1 percent. FP serves over 7,800 families annually. In 2022, the P&A program served 6,621 DCFS-referred families without an open case and 7,575 families directly from the community that were not referred to DCFS.

Finally, the County would like to emphasize the critical role that the child welfare workforce plays in our child welfare system. These dedicated professionals are on the front line in addressing the complex needs of vulnerable children and families. The County noted the emphasis and interest of Members in addressing issues associated with recruitment, training, and retention of the child welfare workforce.

The County, in partnership with our labor organizations, has worked to closely monitor staffing and reduce caseloads for our social workers.

As part of the working relationship with our labor partners, DCFS made a commitment to meet a series of quantifiable performance goals relative to the current child welfare caseload.

These "yardsticks" included:

- Reducing the caseload for continuing services to 24;
- Reducing emergency responses to 18; and
- Reducing dependency investigations to 11.

DCFS is pleased to report that we not only met these performance measures, but we surpassed them by:

- Reducing the caseload for continuing services to 14.7;
- Reducing emergency responses to 9.5; and
- Reducing dependency investigations to 6.0.

DCFS is also proud to note its improved staff retention rates. DCFS remains committed to working with our labor partners to maintain current caseloads in the operations listed above and, to establish and maintain similar caseloads in other operations throughout the Department. Nonetheless, the County acknowledges workforce challenges, particularly in the area of skilled mental health clinicians, the need for increased flexibility for caseworkers, and improved access to mental health services to mitigate burnout and compassion fatigue.

In conclusion, I wish to again thank the Chairman, Ranking Member, and Members of the Subcommittee for holding such an important hearing. On behalf of DCFS, I'm pleased to respond to any questions or comments.



the national network
for young people
in foster care

Work & Welfare Subcommittee
House Committee on Ways and Means
1139 Longworth House Office Building
Washington D.C. 20515

Re: Modernizing Child Welfare to Protect Vulnerable Children Hearing on September 28, 2023
Submitted electronically to: VMSubmission@mail.house.gov

Dear Chairman Smith, Subcommittee Chairman LaHood and Members of the Committee,

Thank you for holding the recent hearing on Modernizing Child Welfare to Protect Vulnerable Children. The testimony and Member reflections underscore the urgent need to better support children, youth, and their families by preventing entry into the foster care system, ensuring high quality support and resources if entry is necessary, and intensively supporting permanency through reunification, kinship, guardianship or adoption.

We are writing in follow up to the hearing to share priorities and recommendations from young people with lived experience in foster care. These priorities include:

- Support us, our families and caregivers from prevention services through post-permanency
- Ensure we receive trauma-responsive services and supports to address our mental health needs. Our families and caregivers need this, too.
- Partner with us in service delivery and design from prevention services through post-permanency
- Strengthen the protections of and implementation support for the Indian Child Welfare Act
- Increase peer-delivered services within child welfare and prevention programs for children, youth, parents and caregivers
- Expand support for the workforce that includes investments in bringing individuals with lived experience into the workforce

FosterClub is the national network for young people who experience foster care. FosterClub believes when young people have the support they need and opportunity to drive change in their life, they become self-determined and do better. We also believe when the system listens to young people, it does better.

FosterClub has consistently heard from our network of young people how critical it is to not just support the child or youth, but to also provide support to their families and caregivers. We have worked directly with young people for twenty-three years to elevate their concerns about what is not working in foster care, share what is working and collect their recommendations for improvement. Carrying this knowledge, we signed on to support the [consensus recommendations](#) endorsed by an additional 25+ child welfare organizations.

HQ: 620 S Holladay Dr. #1 - Seaside, OR 97138 **ph:** 503-717-1552 **fax:** 503-717-1702 **web:** fosterclub.org

We value the critical insight provided by each witness into the challenges facing those who administer and deliver services or provide technical assistance within and around the child welfare system; we appreciate the opportunities to hear about programs and models that are working. We submit these comments to elevate the perspectives and recommendations from young people who have experienced foster care, and urge the Chair and Committee members to increase opportunities for young people to be directly heard by the Committee.

Young people have developed specific recommendations on how they and their families can be better supported in prevention and post-permanency. We believe these recommendations connect to topics explored during the hearing, align and support the consensus recommendations. The detailed recommendations are outlined in the rest of this letter.

- Engage with us when developing prevention services for my family. Young people hold valuable information, and when developmentally appropriate, child welfare professionals should tap into this knowledge in their efforts to provide services to families in crisis.¹
- Substance abuse and mental health crisis is tearing our families apart, treat them with the urgency and resources called for.²
- Connect our families to services, even when we are not removed from our family and after we have been reunified with our family.³
- Explore the multitude of reasons why youth are “aging out” of adoptions and look at how it can be prevented. Through a growing number of stories we hear from our peers, we believe there is a problem with older youth being “let go” from their adoptive families once they turn 18 and adoption subsidies end. We would like federal help in tracking how often this is really happening and why.⁴

Several witnesses spoke about investing in community-level supports which provide trauma-responsive resources, services and education directly to young people, their families and caregivers. The latest recommendations from the National Foster Care Youth & Alumni Policy Council⁵ outline key priorities to address both these needs and larger issues that result when young people and their caregivers are not supported with effective, accessible and appropriate mental health resources - including leading to unnecessary interactions with law enforcement and increased possibility of young people experiencing the juvenile or criminal justice systems.

- Those charged with our safety must remember that we are children and teenagers.
- Our caregivers need to understand our personal trauma and how that influences our behaviors. We aren't bad children or teens. We lived through bad things.
- We ask policymakers and Child Welfare leaders to disrupt the foster care-to-prison pipeline with intention and urgency.⁶

¹ [Preventing Unnecessary Removal of Children from their Families](#)

² [Preventing Unnecessary Removal of Children from their Families](#)

³ [Preventing Unnecessary Removal of Children from their Families](#)

⁴ [Youth & Alumni Priorities on Preventing Unnecessary Removal of Children from their Families](#)

⁵ [National Foster Care Youth & Alumni Policy Council](#)

⁶ [Decriminalize Being in Foster Care](#)

During questions from Congressman Davis, Dr. David Sanders reflected on the need to address placements, particularly ensuring a much greater focus on and utilization of kinship caregivers and relatives. Young people uplift an urgent need to support caseworkers in partnering with young people in the kin-finding journey, recognizing that children and youth can provide resources and information to support connecting with their relatives and those who care for them. One young person shared:

"I had a large extended family when I was taken into care, so I was frustrated when I was placed and stuck in congregate care settings and non-relative foster homes for years. When I built connections with those family members as an adult, they would say things like 'I wish I would have known - I would have taken you in', and it broke my heart to think about all of the heartache and trauma that could have been avoided if my caseworkers would have asked me about my extended family instead of assuming I didn't have any."

— Brittany, alumni of care from Indiana

Members of the Committee and witnesses spoke of the need to provide for additional federal support and oversight to ensure the Indian Child Welfare Act is fully implemented. Young people have advocated for continued protection and implementation of ICWA, including sharing their perspectives at the Supreme Court.⁷ We implore you to strengthen the protections of and implementation support for the Indian Child Welfare Act to address the disparities Native children and families continue to face in child welfare.

Challenges with the workforce surfaced multiple times during the hearing and within the consensus recommendations. These challenges are directly impacting not only those individuals delivering services, but the children and youth who receive those services. In addition to many of the solutions raised by the witnesses, there are two primary solutions that we have heard as clear recommendations from our network of young people.

- Increase peer-delivered services within child welfare and prevention programs for children, youth, parents and caregivers.
 - Peer-to-peer services can provide a variety of supports, including:
 - Mentoring: Peers can provide support, inspiration and encouragement through 1:1 mentoring.
 - Resource Navigation: Peers can often provide improved and more trusted resource navigation and research indicates that peers are more effective than degreed professionals at connecting kin caregivers to available benefits.
 - Support Groups: Peers can lead support groups in providing reflection and connection to resources and to each other.
 - Training: Peers can provide training for individuals experiencing the system or for stakeholders providing services within the system

⁷ [LEx Leaders tell the Supreme Court to Protect ICWA](#)

- 1:1 Coaching for navigating systems and processes: Peers may provide one-on-one coaching to individuals experiencing the system, specifically on how to successfully navigate bureaucracy, process, procedures and complex systems, including the court process, while experiencing difficulties and challenges.
 - Advocacy: Peers may serve as advocates for individuals who are currently involved in the child welfare system.
 - Outreach: Peers may be able to provide outreach to connect individuals experiencing the system with resources, services, and opportunities to become peer leaders themselves.⁸
- Expanding support for the workforce should include investments in bringing individuals with lived experience into the workforce. Investments need to happen along a spectrum from intentional recruitment, support and retention efforts to incorporating individuals with lived experience into the training and ongoing capacity building for members of the workforce.

FosterClub submits this letter to share priorities directly informed by young people with lived experience in foster care in follow-up to the recent Modernizing Child Welfare hearing. We urge the Chair and Committee to consider and act on the recommendations outlined above to better support youth and families impacted by the child welfare system.

Thank you for your consideration and for providing opportunities for youth voices to directly inform your efforts. Please do not hesitate to contact us if we can provide additional insight from young people. We appreciate your commitment to improving outcomes for our most vulnerable children and families. If you would like to discuss further, please contact Binley Taylor at systemchange@fosterclub.com or 503.717.1552.

Sincerely,

Binley Taylor
Director of System Change

⁸ [Promoting Peer Support in Child Welfare](#)



October 12, 2023

The Honorable Jason Smith
Chairman
House Committee on Ways and Means
1011 Longworth HOB
Washington, DC 20515

The Honorable Richard Neal
Ranking Member
House Committee on Ways and Means
372 Cannon HOB
Washington, DC 20515

The Honorable Darin LaHood
Chairman
Subcommittee on Work and Welfare
1424 Longworth HOB
Washington, DC 20515

The Honorable Daniel Davis
Ranking Member
Subcommittee on Work and Welfare
2159 Rayburn HOB
Washington, DC 20515

Dear Chairman Smith, Subcommittee Chairman LaHood, Ranking Member Neal, and Ranking Member of the Subcommittee Davis,

On behalf of the American Public Human Services Association (APHSA), a bipartisan membership association representing state and local human services agencies, and its affiliate the National Association of Public Child Welfare Administrators (NAPCWA), we extend our sincere appreciation for the opportunity to contribute to the conversation regarding Title IV-B of the Social Security Act. APHSA is dedicated to advancing the well-being of all individuals and families by promoting innovative, effective, and efficient policies and practices in human services.

We are grateful for the Committee's commitment to modernizing the child welfare system and promoting the well-being of our nation's children. The recent hearing on *"Modernizing Child Welfare to Protect Vulnerable Children"* held on September 28, 2023, highlighted the urgent need for Congress to address the reauthorization of Title IV-B. The funds allocated under Title IV-B play a pivotal role for state, local and tribal child welfare agencies in providing vital and diverse supports to children and families. Importantly, the flexibility within Title IV-B offers child welfare agencies the ability to support the well-being of children and families beyond the narrow confines of Title IV-E, the primary source of federal child welfare funding. While Title IV-E addresses the needs of children in foster care, adoptive families, and children at imminent risk of foster care, Title IV-B plays a crucial role in proactive, upstream interventions that can prevent children from entering foster care and support families directly. A comprehensive and effective child welfare system must strike a balance between preventing family crises and providing essential support for children when foster care is required.

The testimonies presented during the hearing, notably Tracy Gruber's, Executive Director of Utah's Department of Health and Human Services, provided a stark portrayal of the challenges confronting child welfare agencies across the nation. The challenges articulated by Ms. Gruber are compounded by complex and antiquated funding structures. The intricacies of Title IV-B funding, while crucial, often create complexities that hinder the efficiency and impact these funds could have for families. Specifically, Ms. Gruber emphasized the necessity for increased flexibility in fund utilization. The limitations in the use of funding currently in place often limit agencies' ability to adapt swiftly to the unique and evolving needs of the families they serve. This lack of flexibility not only impedes the agencies' responsiveness but also hampers their capacity to provide tailored, effective support to children and families.



Furthermore, Ms. Gruber highlighted the need for streamlined reporting requirements. The existing bureaucratic processes, while intended to ensure accountability, often result in an overwhelming administrative burden for child welfare agencies. Simplifying and optimizing these reporting mechanisms would not only enhance accountability but also free up valuable time and resources. These resources, once redirected toward direct services, could significantly increase the impact of services for countless families. Addressing these structural challenges and fostering increased flexibility and efficiency within Title IV-B funding mechanisms are pivotal steps toward ensuring the stability and well-being for children and their families across the nation. Addressing these challenges requires a comprehensive reauthorization of Title IV-B.

We urge the Committee to consider the following key points in the reauthorization process:

✓ **Enhance Operational Efficiency:**

The current web of statutory requirements and funding structures creates substantial challenges for agencies on the ground. By simplifying Title IV-B, significant improvements in operational efficiency can be achieved. Streamlining the processes will ensure that the funds reach the families who need them promptly.

✓ **Alleviate Administrative Burden:**

Excessive and complex administrative tasks divert valuable resources away from families. A comprehensive reauthorization should focus on alleviating the administrative burden and simplifying reporting requirements, allowing agencies to dedicate more time and resources to providing direct services to children and families or invest in the workforce. Implementing transparent reporting mechanisms will enable better tracking of the allocation and utilization of funds, ensuring that they are directed where they are needed most. Congress should partner with ACF to review and improve IV-B reporting requirements and processes, aligning them with other federal child welfare programs.

✓ **Expand Flexibility in Fund Utilization:**

Flexibility is key to addressing the unique needs of diverse communities. By providing agencies with increased flexibility in utilizing IV-B funding, Congress is fostering a more adaptable and responsive approach. The freedom to allocate funds flexibly and adjust investment levels empowers child welfare agencies to create interventions precisely attuned to the unique needs of the families they serve. This tailored approach directly enhances child well-being and safety.

✓ **Increase Total Funding**

To fully realize the potential of Title IV-B, increased funding is paramount. Adequate financial resources empower child welfare agencies to expand outreach, intervene preventively, and strengthen community services. Enhanced funding facilitates comprehensive training for professionals, ensuring a high standard of care. Additionally, it fuels innovation, driving initiatives that can revolutionize child welfare practices. Advocating for increased funding isn't just a fiscal necessity; it's an investment in the future well-being of vulnerable children and families, amplifying the impact of Title IV-B and ensuring a robust support system.



We urge the Committee to consider these points and pass a comprehensive reauthorization of Title IV-B that is responsive to the needs of children, families, and the agencies dedicated to serving them. By simplifying Title IV-B and addressing the concerns raised, agencies can be empowered to fulfill their vital mission effectively. Thank you for your unwavering dedication to sound policymaking and your commitment to the well-being of families nationwide. We eagerly anticipate the positive impact of your efforts to comprehensively reauthorize Title IV-B and we stand ready to support and partner in any way we can. For more information, please contact, Meg Dygert at mdygert@aphsa.org or (202) 823-3200.

Sincerely,

Matt Lyons

A handwritten signature in black ink, appearing to read 'Matt Lyons', is positioned above the typed name.

Senior Director, Policy & Practice
APHS A



Journey to Success**Testimony for the U.S. House of Representatives Committee on Ways and Means Subcommittee on Work and Welfare Hearing: “Modernizing Child Welfare to Protect Vulnerable Children”
Submitted October 12, 2023**

Thank you for your September 28 hearing on Modernizing Child Welfare to Protect Vulnerable Children as part of the committee’s work to reauthorize Title IV-B of the Social Security Act. As a policy advocacy campaign focused on improving outcomes for all who experience foster care, [Journey to Success](#) is encouraged by the productive, solutions-oriented hearing.

Thirty child welfare-focused organizations have previously offered [consensus recommendations for Title IV-B reauthorization](#). Priority recommendations include: increasing funding for families; supporting families’ mental health; and building the workforce families need.

In addition to uplifting these consensus recommendations, we would also like to highlight two key themes rightly called out by the hearing’s expert witnesses as warranting the committee’s urgent focus:

- **First, the unique needs of older youth in foster care.** This includes the nearly 20,000 youth who “age out” of foster care each year — meaning they exit foster care alone without adequate support and a forever family.
- **Second, the pressing need for policies that better support family ties and permanence.** Family connections are a solid foundation for success in life. As evidenced by the number of youth who are, unacceptably, left to “age out” alone each year, there is much more work to do.

As the committee takes up Title IV-B reauthorization, Journey to Success offers complementary and interconnected policy guidance to support these older youth and strengthen their family connections. To inform our recommendations, the Journey to Success campaign brings together a diverse network of local, state, and national organizations and involves young leaders with lived experience in foster care in every aspect of the campaign.

Our recommendations, detailed in [this issue brief](#), are consistent with the goal of Title IV-B to support thriving families. Each recommendation is shaped by years of data and the real-life experiences of youth in and from foster care.

Our recommendations include:

1. Strengthening efforts to ensure youth live with relatives or in a family setting when they’re in foster care and that these families are well-supported. Data shows that family-based foster care placements are associated with better permanency outcomes.
2. Improving the effectiveness of permanency planning by ensuring that youth are meaningfully engaged.
3. Increasing the number of older youth finding permanency by creating stronger incentives for agencies to prioritize permanency outcomes for youth.

4. Improving access to behavioral health services and expanding and improving the type of treatments and interventions available to young people to help them heal from trauma.

We are grateful for the bipartisan focus on this issue that touches the lives of so many of your constituents. The Journey to Success team stands ready to support the committee's ongoing work as its members [continue Congress's commitment](#) to champion our vulnerable yet resilient youth — creating better outcomes, more opportunities, and stronger communities.

For questions or more information, please see the campaign's website at www.journeytosuccess.org or contact us at info@journeytosuccess.org



COMMENTS BY LAWYERS FOR CHILDREN

To the U.S. House Ways & Means Subcommittee

“Modernizing Child Welfare to Protect Vulnerable Children”

October 12, 2023

Submitted by:

Karen Freedman, Esq. Founder & President
Lawyers For Children
110 Lafayette Street, 8th floor
New York, NY 10013
(212) 966-6420 (tel)
(212) 966-0531 (fax)
kfreedman@lawyersforchildren.org

Betsy Kramer, Esq.
Lawyers For Children
110 Lafayette Street, 8th floor
New York, NY 10013
(212) 966-6420 (tel)
(212) 966-0531 (fax)
Director of Policy & Special Litigation
bkramer@lawyersforchildren.org

Thank you for providing us with this opportunity to submit comments as part of your hearing on modernizing the child welfare system.

Lawyers For Children (LFC) is a not-for-profit legal corporation based in New York City that represents individual children in abuse, neglect, voluntary foster care, termination of parental rights, adoption, guardianship, custody and visitation proceedings. We also advocate for system-wide reform to improve the lives of children in child welfare matters, and have participated in a number of New York City and New York State task force groups charged with improving various aspects of the child welfare system. Using our experience in over 30,000 individual cases since LFC was founded, we have successfully participated in numerous class-action lawsuits challenging child welfare laws and practices.

We appreciate the Subcommittee's commitment to making investments across the child welfare system, which is heavily dependent on federal assistance. We would like to call attention to the two issues that we urge you to address by taking the actions described below.

Congress Must Ensure that Children in Foster Care Receive the Social Security Benefits to Which They are Entitled

No young person should be forced to pay for their foster care placement. And yet, the vast majority of states require that the most vulnerable children in foster care – those who have lost a parent and those who are disabled – do exactly that. Those states either have themselves appointed as the representative payee of the children's Social Security benefits and use the funds to reimburse themselves for the cost of the child's care, or forego collecting SSI benefits on the child's behalf, so that the state can collect Title IV-E funds to pay for the child's care.¹

Social Security benefits could provide a crucial lifeline for eligible children in foster care. Young people whose parents have died may have no family to turn to upon aging out of foster care. If Social Security Survivor's benefit payments were made on their behalf and set aside for them, the funds could later be used to pay for housing, vocational training, tuition, or transportation to a job upon discharge from foster care.

- For one of our young clients, the benefits could have been used to finance her placement in the private day care that she attended before her parents died, providing important stability to her upended life.
- For another client, the benefits could have been used to pay college tuition, so that she did not have to take out costly loans.
- For disabled clients, SSI benefits can help provide crucial medical and therapeutic services at a time when Medicaid-funded resources are scarce and waitlists are impossibly long.
- The benefits might help upgrade a wheelchair, fund afterschool programs, and cover the cost of child care services so that an overwhelmed foster parent could get a little break.

¹ <https://www.npr.org/2023/09/12/1197610205/foster-care-social-security-benefits>

There are three critical steps that we urge Congress to take to help ensure that young people in foster care receive the benefits that they so desperately need:

1. Prohibit States from Using Children's Social Security Benefits to Pay for Foster Care

In general, Social Security benefits provide an important financial supplement for an eligible child's caretaker. For children who are eligible for survivor's benefits, the supplement is intended to assist the caretaker by providing resources to compensate for the loss of income upon the death of one or both of the child's parents. For children who are eligible for SSI, the supplement is intended to assist the child's caretaker by providing additional resources to help meet the child's special needs. When states take the funds in order to reimburse themselves for the cost of the children's basic care, they completely subvert the intended purpose of those payments. Just this week, in vetoing a bill that would have required California to set aside children's benefits, Governor Newsom declared that the funds were necessary to meet a budget shortfall. He noted that if Social Security funds could not be used to cover the cost of foster care, payment for the children's care would have to come from the state's "General Fund."² It will take an act of Congress to ensure that a child's eligibility for benefits is not treated as a windfall for the State.

2. Exempt IV-E Foster Care Payment from Income in Determining SSI Eligibility

Because Title IV-E foster care maintenance payments are counted as income in determining SSI eligibility,³ payment of Title IV-E foster care maintenance payments on behalf of an eligible child may reduce the amount of the child's SSI payment or make the youth ineligible for SSI altogether.⁴ As a result, children in foster care lose the important benefits that they so desperately need in order to help meet their special needs, but without getting any compensatory benefit from the state in return. Instead of getting the additional services and supports that Social Security benefits were intended to provide for them, they receive the same services as all other children in foster care.

3. Eliminate the SSI Asset Cap for Children/Youth in Foster Care

Attempts to set aside and preserve SSI benefits for children in foster care have been thwarted by the \$2,000 asset cap for SSI eligibility. While certain savings vehicles (such as special needs trusts and ABLE accounts) are available for maintaining savings in excess of that amount, they are difficult to set up for children in foster care. The challenges the City of New York has had in setting up these accounts has prevented children from keeping these savings. As a result, children and youth are deprived of the ability to save money that can provide them with essential assistance both while they are in foster care and after they leave. While we understand that SSI benefits are intended to assist only individuals who are truly needy, there can be no denying that even with a bank account funded by SSI payments, children in foster care are among the neediest in the country, and may need to draw down from it at any given time to pay for costs beyond their basic care.

² <https://www.gov.ca.gov/wp-content/uploads/2023/10/AB-1512-VETO.pdf>

³ [SI 00830.410 Foster Care Payments](#)

⁴ [SI 00830.170 Income Based on Need](#)

Congress Must Provide Title IV-E Funding to Improve Outcomes for Youth Transitioning Out of Foster Care

Youth aging out of foster care face tremendous obstacles in the quest to achieve independence. Only 65% of youth in foster care complete high school by age 21 (compared to 86% of all youth) and only 3-10% of foster care alumni attain a bachelor's degree (compared to 32% of all other youth).⁵ The unemployment rate for youth aging out of care is between 47% and 69%.⁶ And, researchers have found that between 31% and 46% of youth exiting foster care experience homelessness by age 26.⁷ These youth often rely on costly public systems for shelter and support.

We urge Congress to take the following steps to fund the programs and services that help young people transition to safe, stable lives on their own:

1. Commit Title IV-E Funding to Ensure that No Youth is Discharged from Foster Care to Homelessness

As a result of a successful class action lawsuit filed by Lawyers For Children and the Legal Aid Society, no young person in New York City is discharged from foster care into homelessness. Instead, the City's child welfare agency extends foster care beyond age 21 for any young person who does not have stable housing that is expected to last for at least one year. By investing in young people before they age out of care, and committing to ensuring that no young person is discharged without a safe and stable place to live – regardless of their age – New York City has dramatically reduced the number of young people who become homeless after leaving foster care. We urge you to make Title IV-E funding available across the country to ensure that every young person is able to remain in foster care until they have a safe and permanent place to live.

2. Invest in Guaranteed Income for Youth Aging Out of Foster Care

We urge you, as well, to help ensure that all young people leaving foster care have a reliable source of income. During the COVID-19 pandemic, Congress authorized Chaffee Funds to be used to provide one-time cash payments to young people aging out of foster care. Those funds provided critical assistance to our clients, who were (and continue to be) under-employed and without the family supports that other youth may rely upon for assistance. Programs in New York and California, have demonstrated the success of providing cash grants to youth who recently aged out of foster care⁸. Youth who have received the grants have reported higher overall well-being, with measurable improvements in credit, income stability, employment, and

⁵ National Working Group on Foster Care and Education, *Fostering Success in Education National FactSheet on the Educational Outcomes of Children in Foster Care*, April 2018, <https://fosteringchamps.org/wp-content/uploads/2018/04/NationalEducationDatasheet2018-2.pdf>

⁶ The Annie Casey Foundation, *The Economic Well-Being of Youth Transitioning from Foster Care*, 2017, <https://assets.aecf.org/m/resourcedoc/aecf-theeconomicwellbeingofyouth-2017.pdf>

⁷ A. Dworsky, L. Napolitano, M. Courtney, *Homelessness During the Transition From Foster Care to Adulthood*, *American Journal of Public Health*, December 2013.

⁸ <https://youthnpower.org/faq/>; see also: <https://www.childwelfare.gov/pubPDFs/div-x/product7-direct-financial-assistance.pdf>, and <https://abcnews.go.com/US/guaranteed-income-programs-growing-nationwide-popping/story?id=100243617>;

housing, among other benefits such as having more time to spend with their own children—with the goal of reducing multigenerational involvement in the child welfare system.⁹

3. Improve Access to Education and Vocational Training for Youth in Foster Care

It is no secret that education and vocational training provide the greatest pathway to long-term success for former foster youth. Federally-funded Education Training Vouchers have allowed countless youth in foster care to purchase books, computers and other items needed for higher education. Unfortunately, those vouchers do not go far enough to ensure that youth are able to successfully complete higher education without incurring crushing debt.

New York City has invested in two programs that provide a model to help improve educational outcomes for youth in foster care. The College Choice Plus program provides youth in foster care with \$15,000 each year for tuition and other costs not covered by financial aid.¹⁰ The program also provides youth with a daily stipend to assist with transportation, course fees/materials, and food for students living in a dorm. This allows youth to attend public universities without taking out loans, and provides youth with greater access to private universities. Through the Fair Futures program, New York City has committed to connecting young people from age 11 through 26 (even after discharge from foster care) with life coaches who provide tutoring, academic guidance, career counseling, and life skills. The documented success of this evidence-based program should provide a model for programs across the country.¹¹

Congress should make federal funds available to programs like College Choice Plus and Fair Futures that have had proven success in improving outcomes for youth in foster care. Investment in these programs can help reduce long-term dependence on other publicly funded programs, and reduce intergenerational child welfare involvement. Funding and flexible use of Title IV-E funds authorized Congress for programs such as these is a worthy investment in disadvantaged youth.¹²

If we can provide you with any additional information regarding our recommendations, do not hesitate to contact us

⁹ County of Santa Clara, County of Santa Clara Expands Guaranteed Basic Income Pilot Program to Additional Vulnerable Populations, Press Release, August 15, 2023, <https://news.santaclaracounty.gov/county-santa-clara-expands-guaranteed-basic-income-pilot-program-additional-vulnerable-populations#:~:text=%E2%80%9CInvesting%20%24%20million%20in%20the,of%20going%20back%20to%20jail%E2%80%9D>

¹⁰ <https://www.nyc.gov/office-of-the-mayor/news/719-22/mayor-adams-administration-children-s-services-college-choice-program-help-cover#0>

¹¹ The Center for Fair Futures, Overview and Impact Report, September 2023, <https://resources.fairfuturesny.org/2023ImpactReport>

¹² <https://adoptioncouncil.org/publications/the-human-social-and-economic-cost-of-aging-out-of-foster-care/>



National Child Abuse Coalition
Written Testimony to U.S. House of Representatives Committee on Ways & Means
Subcommittee on Work & Welfare Hearing:
“Modernizing Child Welfare to Protect Vulnerable Children”
September 28, 2023

Chairman LaHood and Ranking Member Davis: Thank you for calling this hearing on child welfare issues, your interest in the Title IV-B program, and your commitment to strengthening and supporting families to keep children safe and thriving. We are grateful for the opportunity to submit written testimony.

The National Child Abuse Coalition is composed of 28 national organizations focused on preventing and addressing child abuse and neglect. The NCAC strongly supports the Title IV-B Consensus Recommendations that have been endorsed by a wide range of organizations across the field. The following recommendations offer additional detail related to prevention and reunification and are intended to complement the Consensus statements. Our recommendations also reflect the important steps Congress took on a strongly bipartisan basis to promote prevention services and prevent re-entry into foster care with the passage of the Family First Prevention Services Act (Family First) – implementation of which is still underway.

Background on Title IV-B: As you know, Title IV-B of the Social Security Act is a small but important source of federal dollars that supports keeping families together. Although it represents only about 4% of total federal child welfare funding, it is important due to its flexible structure and focus on families. This flexibility complements the rigorous standards of the Title IV-E Prevention Services program created by Family First to support time-limited, evidence-based programs and services for candidates for foster care and their families, and Title IV-B also allows states to serve families further upstream than when a candidacy determination under Family First would be made. Combined, the Title IV-B and Title IV-E Prevention programs support a critical array of services to meet the needs of families to prevent maltreatment and subsequent child welfare system involvement. Title IV-B is therefore an important federal tool for supporting prevention and reunification services for families.

Despite the important goals of Title IV-B, funding has not been increased in decades. While other federal funding sources for child welfare agencies have remained the same or seen increases over the past decade, Title IV-B funding for services for children and their families has decreased over 21% in the past 15 years from \$739 million in 2008 to \$610 million in 2023. This funding level stands in stark contrast to the \$6 billion in federal funding for Title IV-E foster care and \$4.5 billion for Title IV-E Adoption and Guardianship Assistance – both of which serve children who have already been removed from their families and placed into foster care. This funding imbalance between funding streams that support foster care and those that support prevention has long been a national concern. While Family First took a historic step towards increasing federal

dollars to support prevention, allowable programs and services that are eligible for Family First reimbursement are limited and only available to children who are at imminent risk of entering foster care and their families. FY23 funding for Title IV-E Prevention Services is at \$183 million.

Recommendations for Title IV-B Reauthorization: The National Child Abuse Coalition respectfully recommends that Congress build on the opportunities currently in Title IV-B to further promote prevention and reunification. Child welfare leaders are increasingly exploring new and innovative ways of braiding federal and state dollars to connect families to services that prevent foster care by intervening further upstream from what Family First allows to prevent families from coming into contact with child protective services (CPS) when they can be better supported in other ways. Supporting families before a candidacy determination provided under Family First does more to promote child and family well-being, bolster child safety, and save public dollars that might unnecessarily be spent on CPS investigations and foster care. Family First also made an important down payment on expanding support for families in the child welfare system who reunify by eliminating the 15-month time limit on the use of Title IV-B funds for family reunification services. Although family reunification is a core goal of the child welfare system, the federal reinvestment and infrastructure to help families reunify and prevent them from re-entering foster care is insufficient.

Increased funding for the prevention and reunification aspects of Title IV-B would better serve children and prevent families from becoming involved – and for children who have been removed and placed into foster care before, re-involved – in the child welfare system. More funding can also help develop evidence-based prevention and reunification programs that will eventually qualify for Family First eligibility.

Our specific policy recommendations are as follows:

1. **Increase funding for Title IV-B to strengthen its commitment to supporting families and community-based family supports.** We urge Congress to encourage upstream prevention in more states by enhancing Title IV-B's current ability to fund community-based prevention services and support the development of additional evidence-based programs and services that will qualify for Family First.
 - Increase discretionary funding to allow more child welfare agencies to use Title IV-B for prevention services by requiring that a substantial portion of new Title IV-B dollars flow through a non-child welfare community partner, such as a state children's trust fund or other mechanism that pools funding to support resources and services for children and families that build protective factors which could then flow through to other partners at a local community level, such as family resource centers.
 - Require the Administration on Children and Families to provide technical assistance to help states strengthen and develop the infrastructure and other strategies to support families before they become involved with the child welfare system.
 - Promote innovative approaches to creating off-ramps for families who come to the attention of child welfare for reasons better addressed elsewhere – for example, pre-petition legal services that help families access housing or economic support or assistance with obtaining a protective order.

- Build the evidence base for child welfare prevention services by leveraging Title IV-B to support the evaluation of programs that do not yet meet the evidentiary standards outlined in Family First, but could be approved by the Clearinghouse in the future.
 - Emphasize a strong child welfare services approach for infants and toddlers, who represent one-third of children entering foster care each year, and their families.
 - Encourage states to use Title IV-B for domestic violence services, including programs that work with abusive partners to change their behavior, as a means to prevent and address domestic violence – the most prevalent risk factor for child abuse.
2. **Strengthen Title IV-B's commitment to reunification services.** We recommend that Congress build on the reunification reforms in Family First in two ways:
- Increase the Title IV-B investment in reunification services, particularly for concrete reunification support that families identify as most critical for success.
 - Leverage existing models for coordinating and navigating reunification services and connecting parents to peer mentors.



Ways and Means Subcommittee on Work and Welfare Hearing on Modernizing Child Welfare to Protect Vulnerable Children

Written Testimony of the National Indian Child Welfare Association

October 12, 2023

Please accept the testimony of the National Indian Child Welfare Association (NICWA) regarding the Ways and Means Subcommittee on Work and Welfare hearing on Modernizing Child Welfare to Protect Vulnerable Children. NICWA is a nonprofit Native-led organization headquartered in Portland, Oregon. We are dedicated to the well-being of American Indian and Alaska Native (AI/AN) children and families and carry out our mission through public policy and advocacy, research, community development, and training and technical assistance with tribal, state, federal, and private agencies. We have extensive knowledge and expertise in federal child welfare programming, including Department of Health and Human Services programs under Title IV-B and Title IV-E of the Social Security Act. Our testimony will focus on tribal child welfare programming and implications for reauthorization of the Title IV-B, Subparts One and Two programs.

Overview of Tribal Child Welfare

American Indian and Alaska Native nations have always had systems of government that addressed internal conflict and provided for the needs of their families. Historically, these systems were informal, unwritten, and based on a holistic philosophy that sought to create and encourage a balanced way of life. These governing systems are acknowledged in the U.S. Constitution, hundreds of treaties, and some of the earliest Supreme Court cases, as well as more recently in *Haaland v. Brackeen* (see *Haaland v. Brackeen*, United States Supreme Court, No. 21-376). Over the course of time, a fundamental contract between tribal nations and the federal government has been created: tribal nations ceded millions of acres of land and enabled the U.S. to expand its territory, and in return tribal nations have been given a guarantee that their continued existence and inherent right to self-govern will be protected.

For much of our history this relationship was not well honored by the federal government who actively worked to extinguish tribal self-governance and tribal people in some cases. It wasn't until the Indian Self-Determination and Education Assistance Act of 1975, and later the Indian Child Welfare Act of 1978, that the federal government formally recognized and pledged to support the inherent right of tribes to provide for, among other things, their children and families through their own child welfare programs and courts. These laws do not provide privileges or promote special treatment; they simply codify the existing federal-tribal relationship that respects and empowers tribal sovereignty.

This formal recognition of tribes' authority to exercise self-determination provided the space and resources necessary for tribes to exercise their self-determination and revive or establish courts and child

welfare systems. Tribal child welfare programs range in scope and capacity, from those that have one tribal child welfare specialist who works primarily with state agencies and courts to ensure compliance with the Indian Child Welfare Act for tribal children under state jurisdiction and provide placement resources or other supports, to others that have complex systems that include a court and provide a full range of services from prevention to child protection, in-home services, foster care, and permanent care for children that can't return home. The more complex tribal child welfare systems exercise jurisdiction for children and families on their lands while also working with states for children under state jurisdiction like smaller tribal programs do. Current tribal courts that exercise jurisdiction over their tribal lands and citizens have a variety of forms including traditional systems, sometimes known as peacemaking courts, hybrid traditional/Western systems, problem solving courts, such as drug and alcohol rehabilitation court, and courts designed in accordance with the Code of Federal Regulations in a Western model.

Historically, AI/AN children and families have not fared well in state child welfare and family court systems. Prior to 1978, nearly 25% of all AI/AN children were being removed from their homes, 80% of whom were being placed outside their families and tribal communities (Subcommittee on Indian Affairs, 1974). Today AI/AN children continue to be removed from their homes at rates 2-3 times greater than their population and even higher in some states (NICWA, 2021). While more states and tribes are finding ways to improve collaboration, these trends have intensified efforts to improve implementation of the Indian Child Welfare Act for AI/AN children in state care and improving tribal child welfare capacity.

Because tribal child welfare systems have a deep understanding of the issues specific to AI/AN children and families, they are able to provide the most effective and appropriate care to their children and families (Bigfoot et al., 2005). The result of this is that tribal nations provide more effective and efficient child welfare services, ultimately reducing cost and increasing positive outcomes for AI/AN children and families. Furthermore, many states need assistance from tribes to effectively serve tribal children in state foster care. States see tribal governments as important resources in their efforts to find appropriate services and placements from tribal children (GAO, 2005).

Title IV-B and Tribal Child Welfare Programs

Tribal funding for child welfare services comes from a variety of sources with almost all of these being discretionary and most providing allocations that are very small. When you look at the total amount of federal funding that is allocated for child welfare services to states and tribes each year, tribes receive less than one-half of 1% even though their child population is closer to 2% of the United States child population. Unless tribes have direct access to operate the Title IV-E program, which currently includes only 16 tribes, all of the funding sources available are discretionary, compared to states which have access to entitlement funding sources such as Medicaid and the Social Services Block Grant that tribal nations are not eligible to operate directly. The amounts of funding available from these discretionary sources are typically very small and not all tribes are eligible to receive the funds. For example, Title IV-B, Subpart One is available to all tribes, but almost half of the tribes receive less than \$10,000 per year. Title IV-B, Subpart Two has a larger amount of funding available for tribes, but the statutory funding formula only allows tribes that qualify for at least \$10,000 to be eligible to receive an allocation, leaving over half of the tribes in the United States unable to receive these funds. Title IV-E is the only federal child welfare funding that is entitlement based that tribes are eligible to receive directly, but the program administrative and match requirements are overly burdensome and outsized for many tribes resulting in few tribes being approved to operate the program directly from the federal government. Many more tribes have opted to operate the Title IV-E program through an agreement with a state, but this is discretionary for states so not all states offer this opportunity or require additional state requirements that go beyond the minimum federal requirements making the program more difficult to administer in tribal communities.

Tribal general revenue is a source of funding for tribes that have reliable and significant sources of capital, but this is the exception and not the rule. Most tribal communities are located in very remote geographic areas where economic opportunities are extremely limited, combined with significant challenges related to community infrastructure like housing, employment, educational opportunity, technology, energy, public safety, transportation, and workforce. Raising capital in Indian Country is often daunting given the infrastructure challenges, so many tribes do not have the ability to raise significant

amounts of revenue through economic development or taxation and fees. In tribal child welfare, a public safety concern, many tribes have few options beyond the federal funding they receive to operate basic child welfare services.

While the Title IV-B programs provide a small amount of funding to tribes overall (Title IV-B, Subpart One \$6 million each year and Title IV-B, Subpart Two \$13 million each year), the funding is nevertheless critical to supporting basic services for tribal children and families that need assistance, whether in tribal or state child welfare systems. Title IV-B can be one of the larger sources of support for services in small tribes where they don't have other tribal general revenue or Title IV-E funding available. These tribes use the funding to support prevention or reunification services in the community, to help states provide culturally appropriate services, or to locate out of home placements when tribal children and families are in state systems. The funds may also serve as a primary source of funding to help tribal child welfare professionals secure culturally appropriate training. These professional development opportunities are critical to onboarding new staff, maintaining existing staff, and supporting professional growth. Title IV-B funds are also helpful for tribes that are working on finding permanent homes for children that cannot return home to their parents. Tribal extended families are an important resource for these children and Title IV-B funds can help support guardianship or adoptive home recruitment and licensing, especially for the majority of tribal nations that do not operate the Title IV-E program.

Title IV-B, Subpart Two funding also provides \$1 million each year in grants to approximately seven to eight tribal court systems to support capacity building for tribal family court systems. This funding supports improved data collection, training to judicial staff, innovation in court procedures and design, and collaboration with state court systems. Tribal court systems, like child welfare programs, have need of additional funding from Title IV-B to expand access to this program and receive needed assistance.

Overall, Title IV-B funding is a crucial component of the tribal child welfare finance system that supports tribal child welfare services and allows tribes to partner effectively with state child welfare systems that are working with AI/AN children and families. When tribes are given the resources to fund their child welfare systems adequately, they produce amazing outcomes. In the state of Oregon, the Confederated Tribes of Umatilla Indian Reservation used a portion of their Title IV-B funds to reinvent their program after several community-wide meetings that examined how they could improve support to families and reduce foster care rates in their community. The changes they made refocused their program on prevention and ensuring no family was ever turned away that needed help. They also improved their collaboration with education, health, law enforcement, and recreation programs in their community to ensure community partners were informed of the efforts of the child welfare program and were aware of how they could support families more effectively. Child welfare staff were also retrained on how to engage families more successfully and the program underwent a redesign that grounded the program in tribal cultural values more solidly. The result was a reduction in foster care rates of nearly 70% and fewer families coming back into care after leaving the child welfare system among other notable achievements. Today, over eight years later, the tribal child welfare program is still removing far fewer children from their homes than they were previously and have created a valued program in the community that keeps children safe and strengthens families while keeping them connected to their tribal culture and extended family relationships. Other tribal nations are also redesigning their programs and achieving these types of results and more could with additional funding support. The Title IV-B program allows states and tribes to support system innovation within a broad array of services and flexibility to address the unique needs of Native children and families.

Title IV-B Legislation in the 118th Congress That Addresses Tribal Child Welfare Effectiveness

Legislation in the 118th Congress that addresses Title IV-B issues for tribes is contained in the two bills described below. These are bipartisan bills that have been developed to address concerns related to the current operation and requirements of Title IV-B funds by tribal nations. The proposed legislative solutions are designed to improve the administration of Title IV-B programs for tribal nations overall by streamlining administrative processes where it makes sense, clarifying the Department of Health and Human Services

role in working with tribes and states on implementation of the Indian Child Welfare Act, and emphasize what is working in Indian Country to help AI/AN children find permanency more efficiently and effectively. The National Indian Child Welfare Association supports these bills and encourages Congress to consider these provisions as they develop their Title IV-B reauthorization approach.

Tribal Family Fairness Act (H.R. 2762, Rep. Sydney Kamiager-Dove (D-CA-37), 7 co-sponsors)

- Increases tribal set-aside from 3% to 4.5% from the mandatory spending under Title IV-B, Subpart 2 and increases overall mandatory funding for states and tribes from \$345 million to \$356 million to ensure state allocations aren't reduced after tribal increase.
- Increases tribal court improvement funding (tribal child welfare family courts) from \$1 million to \$5 million per year.
- Recognizes tribal customary adoptions and use of Title IV-B funds for those placements.
- Streamline reporting requirements for tribes that receive grants under \$50,000.
- Allows use of in-kind payments to meet non-federal match requirements (Title IV-B, Subparts 1 and 2).
- Allows tribes to use their federally negotiated indirect rates as opposed to administrative caps in Title IV-B.

Strengthening Tribal Families Act (H.R. 3461, Rep. Don Bacon (R-NE-2), 12 co-sponsors) *

- Requires state Title IV-B agencies to work with their tribal partners in efforts to comply with the Indian Child Welfare Act (amends Title IV-B Subparts One and Two).
- Describes key data elements for the Department of Health and Human Services to collect data on to inform efforts by states.
- Encourages collaboration between Department of Health and Human Services and Department of Interior on how to improve implementation of the Indian Child Welfare Act.
- Requires biennial reports to Congress.

References

Bigfoot, D. S., Crofoot, T., Cross, T. L., Fox, K., Hicks, S., Jones, L., & Trope, J. (2005). Impacts of child maltreatment in Indian Country: Preserving the seventh generation through policies, programs, and funding streams. Portland, Oregon: National Indian Child Welfare Association

National Indian Child Welfare Association (2021). Disproportionality in Child Welfare: A Fact Sheet. https://www.nicwa.org/wp-content/uploads/2021/12/NICWA_11_2021-Disproportionality-Fact-Sheet.pdf.

Indian Child Welfare Program: Hearings before the Subcommittee on Indian Affairs of the Senate Committee on Interior and Insular Affairs, 93rd Cong, 2d Session. <http://www.narf.org/nill/documents/icwa/federal/lh/hear040874/hear040874.pdf>.

U.S. Government Accountability Office (2005). Indian Child Welfare Act: Existing Information on Implementation issues could be used to target guidance and assistance to states. Washington, D.C.: Government Printing Office. <https://www.gao.gov/products/qao-05-290>.



Statement for the Record by

Melissa Merrick, PhD, President and CEO, Prevent Child Abuse America

On

Modernizing Child Welfare to Protect Vulnerable Children

Before the Subcommittee on Work and Welfare

September 28, 2023



Prevent Child Abuse America (PCA America) is the nation's oldest and largest national nonprofit organization working to prevent child abuse and neglect before it happens. Healthy Families America (HFA), PCA America's signature program, is one of the most widely implemented evidence-based home visiting programs. PCA America is a network, representing forty-seven chapters across as many states, and over six hundred Healthy Families America sites. For more than fifty years, PCA America has been leading efforts to support the primary, or upstream, prevention of child abuse and neglect.

Exposure to trauma as a child has immediate physical effects, but also has longer term negative health outcomes, including effects on mental health, chronic pain, and higher risk-taking behaviors (Leeb, 2011). In addition, a 2018 report estimated the lifetime economic burden of substantiated child abuse and neglect cases and child fatalities is approximately \$592 billion nationwide. While these data are stark, the U.S. continues to spend significant funding on the child welfare system and very few resources on the primary prevention of child abuse and neglect. In fact, the U.S. spends billions on child welfare services, while funding for prevention is a fraction of that.

States are completely overwhelmed with increasing demands on the child welfare system and supporting children once they enter child welfare. Yet child abuse and neglect are preventable. PCA America supports the decreased focus on child welfare and an increased focus on prevention. In turn, this approach will save the country billions of dollars. It will also ensure our children are protected, supported, and thriving. While prevention efforts reduce negative outcomes, including child abuse and neglect, prevention efforts also focus on increasing positive childhood experiences, or PCEs. PCEs can build resilience in children and help mitigate the effects of adverse childhood experiences, or ACEs, for those who have experienced trauma and those who may in the future (Bethell C, 2019 173(11)). PCA America supports the



implementation of programs and activities that reduce the risk for child abuse and neglect and promote the presence of safe, stable, nurturing relationships and environments.

There are evidence-based prevention efforts for both prevention and risk reduction that are available to all states and communities. When states and communities have the flexibility to use funding on prevention, it allows efforts to be focused on supporting parents and children before they are in crisis, giving them the best opportunity for success.

Title IV-B represents an important focus on strengthening families and preventing entry into the child welfare system. The ability to have access to this funding and the flexibility it affords is critical to the families PCA America's network and our partners serve. It is imperative that states and communities reduce the need for child welfare dollars. There is evidence to back this up – investing in efforts that focus on prevention reduces child maltreatment episodes, referrals to the child welfare system, and substantiated cases served by the child welfare system (Ringel JS, 2018 Mar 30).

The prevention efforts supported by Title IV-B include important resources for families, including (1) family resource centers, which are community or school based centers providing programs and services supporting families, parents, and children; (2) parent education programs, which can increase parent-child bond and protect children from violence and maltreatment; and, (3) and early childhood home visiting programs, such as Healthy Families America, which research shows improves child safety, prevents maltreatment, and achieves many other outcomes for caregivers and children. These are a few examples of the programmatic efforts that can be implemented with Title IV-B funding. It is critical that the funding remain flexible so states and communities can determine the best use based on their needs.



Title IV-B funding also compliments the Family First Prevention Services Act (FFPSA). For the first time, FFPSA allowed federal Title IV-E funding to be used to help prevent entries into foster care. While groundbreaking, FFPSA largely restricts support to families who are already in crisis and have come to the attention of child welfare. Title IV-B helps states and communities implement strategies that are further upstream and support families before they are ever in crisis.

Prevent Child Abuse America thanks Chairman LaHood and Ranking Member Davis and the entire Work & Welfare Subcommittee for holding this hearing on such a critical topic. Prevention is possible. We must increase our investments in proven strategies that support families, prevent their involvement in costly systems, and ensure children have the best opportunity to thrive.

Triple P America testimony submitted to the U.S. House of Representatives Committee on Ways and Means Subcommittee on Work and Welfare for the hearing “Modernizing Child Welfare to Protect Vulnerable Children” held on September 28, 2023.

Thank you, Chair Smith, Ranking Member Neal, Subcommittee Chair LaHood, Ranking Member Davis and members of the Work and Welfare subcommittee for holding this important hearing.

Stable families are the bedrock of society, and prevention services like those funded through Title IV-B are a critical link of support for families who are facing a variety of challenges. A greater focus on preventing child maltreatment now, yields significant cost reductions later, saving taxpayers from costly long-term interventions, while simultaneously improving outcomes for children and families.

The Triple P – Positive Parenting Program® (Triple P) is one of the most effective parenting programs in the world, backed by 40 years of proven results, particularly in large-scale child maltreatment reduction. Triple P is a system of evidence-based parenting interventions designed to provide early, comprehensive support to parents, reduce childhood behavioral issues, and increase family stability.

It is delivered in a variety of formats including group-based services, individual in-person (or virtual), one-on-one coaching and support, and via a self-directed online program. **Triple P has over 25,000 trained practitioners in over 45 states and can be delivered from multiple strategic and welcoming access points within communities, including community health services, schools, early-childhood settings, by faith-based providers, or local government service providers.**

North Carolina, Georgia, Washington State, and Connecticut are some of the states that use their Title IV-B funding on Triple P to help build a family-centered approach to improve parenting practices and child outcomes.

The Triple P program has a significant return on investment. The Washington State Institute of Public Policy (WSIPP) recently calculated that Standard Triple P provides benefits to state taxpayers, participants, and others of up to \$5,669 per participant, in areas such as criminal justice, labor markets earnings, education and health care. It found that for every \$1 spent on Standard Triple P upstream, it provides \$7.12 in benefits downstream across several human service sectors, with up to \$7.78 of benefits for every \$1 spent on the entire Triple P System.ⁱ

A landmark study on Triple P conducted by the U.S. Centers for Disease Control and Prevention (CDC) illustrated similar cost savings, demonstrating community-wide reductions of child maltreatment by 23.5%, foster care placements by 9.1%, and hospital-treated child maltreatment injuries by 10.5%.^{ii,iii} Additionally, a cost analysis estimated the costs for establishing the infrastructure for all five levels of the Triple P system could be **recouped in one year** if a 10% reduction in child abuse and neglect was achieved. This has the potential to create a self-sustaining pool of savings to provide funding for these programs in the future.^{iv}

Triple P programming looks different in every community, meeting families where they are, and finding people best suited to do this work from the *existing community*. Trained providers help families identify their needs, build on their strengths, and provide the supports that are relevant to their diverse desires and interests.

Historically, the vast majority of federal child welfare investment is limited to child protective services and foster care. Laws like Title IV-B and the Family First Prevention Services Act (FFPSA) support earlier intervention and evidence-based programs that help keep families together, aligning with broad public support for investing in children and youth, preventing child abuse and neglect, and engaging local communities in services. We urge Congress to maintain and increase the important thresholds provided in Title IV-B; these investments are working, prevent human tragedy, and avoid unnecessary taxpayer funded interventions.

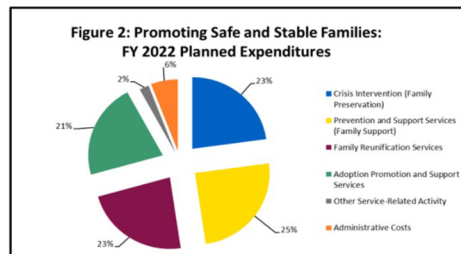
Title IV-B Programs and Their History

Congress created *Title IV-B Subpart 1: The Stephanie Tubbs Jones Child Welfare Services (CWS)* program in 1935 to provide federal funding with flexibility to meet the unique needs of states. Congress then created *Title IV-B Subpart 2: Promoting Safe and Stable Families* (later renamed the MaryLee Allen Promoting Safe and Stable Families, or PSSF) program in 1993 to ensure states fund certain critical services outside the scope of larger funding streams like Title IV-E.

Title IV-B is an important funding source given its flexible structure and focus on prevention. There are no federal eligibility rules for recipients of Title IV-B, so states and tribes have greater flexibility in reaching more children and families and with a wider array of services that is unique and responsive to their state needs.

As outlined in the Capacity Building Center for States brief [here](#), the purpose of Title IV-B Subpart 2 is to enable states and Tribes to operate a coordinated program of community-based services as follows:

- To ensure children's safety within the home and preserve intact families in which children have been maltreated when the family's problems can be addressed effectively (**family preservation services**)
- To prevent child maltreatment among families at risk through the provision of supportive family services (**family support services**)
- To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner (**family reunification services**)
- To support adoptive families as necessary so they can make a lifetime commitment to their children (**adoption promotion**).



Report to Congress on State Child Welfare Expenditures, 2022

Page 7

The guardrails in Title IV-B are significant policy levers to stem the tide of children being removed from their homes and placed into foster care. This strategic investment is proven to prevent child maltreatment and unnecessary removal and keep children out of the child welfare system. Without these practices in place, states feel the significant financial and time-sensitive pressures to address removal, investigation, and foster care, and often shift their priorities to address immediate concerns. The guardrails in IV-B enable states to concurrently invest in upstream support to keep families out of the system.

Without these concurrent investments, the resulting financial and disease burden to society is high. Studies show that the estimated average **lifetime cost per child** for non-fatal child maltreatment is \$210,012 USD (in 2010 dollars).^v This figure includes the costs incurred to child health care, adult health care, productivity losses, child welfare, criminal justice, and special education.^{vi}

Exposure to violence or other adverse childhood experiences (ACEs), like child maltreatment, are linked to chronic health problems, mental illness, and substance misuse in adulthood, among other negative outcomes. People who have experienced toxic stress as a result of ACEs are at increased risk to have behavior problems in school, become depressed, attempt suicide, and are more likely as adults to struggle with forming healthy, stable relationships, criminality, finances, and unemployment.^{vii} The good news is, ACEs are preventable.

Currently, Title IV-B invests in and emphasizes community-based family support services to keep families from coming in to the child welfare system and addresses the complex needs of families. **Title IV-B can further serve as a launchpad to connect services and providers and integrate work across systems. By intentionally building the structures to keep families together we are breaking down barriers, allowing access to support, and saving millions of dollars in costs to systems, especially child welfare.**

As you look at reauthorization, we encourage congressional leaders to think about incentives to ensure child welfare continues to partner, co-create, and collaborate with successful community-based organizations and those where families voluntarily access services. This helps with caregiver engagement and how systems are perceived by parents and caregivers. This type of collaboration provides child welfare agencies with more bandwidth and capacity to work on the calls that are most severe, pulling away the estimated 70% of calls to CPS that are based on basic need or poverty related issues.^{viii} Until we further support and strengthen the successful community partnerships currently happening through IV-B, we can't stem the flow of children and families into the child welfare system.

Reimagining Child Welfare

Research has shown that the trauma that accompanies family separation often results in a lifetime of emotional and psychological problems. Caregivers play an important role in a child's life, and it is one of the hardest things caregivers will ever do. Triple P at its core empowers parents and caregivers to build strong relationships with their children and improve their confidence in parenting, leading to significant reductions in rates of child maltreatment, better outcomes in school, less involvement in the justice system and reduced foster care placements.

Over the last thirty years, as a country and a field, we've learned a lot about what works for families. Recent policy reforms have centered around community-based support and working with families in non-punitive ways whenever possible to provide front end supports *before crisis*. **However, there are still only a few small-scale federal programs that dedicate funding to the prevention of child maltreatment and its consequences.**

We applaud Congress for passage of the Family First Prevention Services Act (FFPSA) which changed the way states think about and try to support children close to entering foster care. The FFPSA represents a historic step toward better aligning federal child welfare policy with this critical vision for our nation's children and families. However, as constructed, FFPSA is narrow and only 23 programs across the entire country are being utilized by states. This presents challenges in rural areas, small communities, and those that need more culturally responsive programming.

Title IV-B Subpart 2 enables families with enhanced capacity to provide for their children's needs; however, funding is small compared to the open-ended entitlement for foster care under Title IV-E. In contrast to the **\$338 million** distributed to states and tribes in FY 2022 for Title IV-B Subpart 2 services, the federal government spent an estimated **\$4.6 billion** on foster care and related administration and training costs in that year. Triple P America and the National Child Abuse Coalition, which is composed of 28 national organizations focused on preventing and addressing child abuse and neglect, ask Congress to build on the opportunities currently in Title IV-B to further promote prevention, not remove these important guardrails from statute.

IV-B Reforms Can Enhance IV-E Capacity

The flexibility of Title IV-B complements the rigorous standards of the Title IV-E Family First Prevention Services Act which was created to support time-limited, evidence-based programs and services for candidates of foster care and their families. Title IV-B allows states to serve families further upstream than when a candidacy determination under FFPSA would be made. As of July 3, 2023, forty-two approved state, jurisdiction, and Tribal Title IV-E prevention program plans identified 13 well-supported, 5 supported, and 5 promising evidence-based programs and services for reimbursement in the delivery of Prevention services. That is **23 utilized programs for the entire country**. IV-B can be used to be more responsive to local flexibility and service needs, recognizing that local agencies are best suited to address the needs of their diverse and unique service populations. Not all locations have access to the 23 programs currently utilized for FFPSA.

How Title IV-B Subpart 2 'Family Support Services' is Used for Prevention

Title IV-B Subpart 2 can be used on child maltreatment prevention programming to reach out to families who have been reported to child welfare agencies or county social services agencies, but whose cases have been screened out at intake or closed with a decision of services recommended after an initial assessment.

Through family support services, states contract with local providers, non-profit organizations, and public entities to provide coordinated community-based programs and services. IV-B can be used with robust flexibility and can include things like piloting services for evidence building and providing culturally responsive services.

North Carolina's Promoting Safe and Stable Families (PSSF) services are provided by community-based agencies, which includes non-profit organizations as well as public agencies – county child welfare, schools, public health departments, and cooperative extensions. All services are voluntary and free of charge. North Carolina uses PSSF funds for primary and secondary children maltreatment prevention programs, including Triple P.

In Washington state, IV-B is utilized in part for their Family Assessment Response (FAR) program, which is a child protective service (CPS) alternative response to a screened-in allegation of abuse or neglect. FAR focuses on children and youth safety along with the integrity and preservation of families when lower risk allegations of maltreatment have been screened-in for intervention. Their service array includes Triple P.

The Triple P program builds on existing parenting skills and builds confidence of caregivers through a strength-based approach, helping to develop self-regulation in caregivers and children. Building a

parent's ability to self-regulate decreases parental stress and depression as well as children's vulnerability to emotional and behavioral problems.^{ix} These are just a few examples of current investments through Title IV-B.

IV-B Recommendations

We urge Congress to encourage upstream prevention in more states by enhancing Title IV-B's current ability to fund community-based prevention services and support the development of additional evidence-based programs and services that will qualify for FFPSA. This includes increasing discretionary funding to allow more child welfare agencies to use Title IV-B for upstream prevention services by requiring that a substantial portion of new Title IV-B dollars flow through a non-child welfare community partner, such as a state children's trust fund or other mechanism that pools funding to support resources and services for children and families that build protective factors which could then flow through to other partners at a local community level. Also, require the Administration on Children and Families (ACF) to provide technical assistance to help states strengthen and develop the infrastructure and other strategies to support families before they become involved with the child welfare system. This action will increase access to services, minimize stigma, and build capacity.

Conclusion

Such large-scale issues need cost-effective, innovative solutions that work. A community-wide approach that helps to stem the tide of children being removed from their homes and placed into foster care and equips children and families with the skills they need to withstand this public health crisis is required. Decades of research shows that parenting is a critically important protective factor.

With increased investments, we can expand and sustain existing parent education programming, support community-based agencies' implementation, and support capacity building to embed programming into existing early childhood and school systems, public health, and other family support services across the nation.

Congressional leadership and support of this approach reflects a commitment to prioritize upstream prevention supports that limit families' interaction with the child protective services system. Investing in families before they come to the attention of child welfare not only preserves family well-being, but also bolsters safety to prevent neglect, abuse, and child deaths from maltreatment.

ⁱ Washington State Institute for Public Policy. (2018, December 2019). *Triple P - Positive Parenting Program: Level 4, Individual - Children's Mental Health: Disruptive Behavior*. <https://www.wsipp.wa.gov/BenefitCost/Program/80>

ⁱⁱ Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P System population trial. *Prevention Science*, 10(1), 1-12. <https://doi.org/10.1007/s11121-009-0123-3>

ⁱⁱⁱ Prinz, R. J. (2017). Assessing child maltreatment prevention via administrative data systems: A case example of reproducibility. *Child Abuse & Neglect*, 64, 13-18. <https://doi.org/10.1016/j.chiabu.2016.12.005>

^{iv} Foster, E. M., Prinz, R. J., Sanders, M. R., & Shapiro, C. J. (2008). The costs of a public health infrastructure for delivering parenting and family support. *Children and Youth Services Review*, 30(5), 493-501. <https://doi.org/10.1016/j.childyouth.2007.11.002>

^v Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect*, 36(2), 156-165. <https://doi.org/10.1016/j.chiabu.2011.10.006>

^{vi} Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect*, 36(2), 156-165.

<https://doi.org/10.1016/j.chiabu.2011.10.006>

^{vii} Centers for Disease Control and Prevention. (2019). *Preventing adverse childhood experiences (ACEs): Leveraging the best available evidence*. <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>

^{viii} U.S. Department of Health and Human Services. (2017). *Child Maltreatment 2016*. Retrieved from Author, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. <https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf>

^{ix} Sanders, M.R. (2008). Triple P – Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, 22 (4), 506-517. 23.

Committee on Ways and Means, Subcommittee on Work & Welfare:
Hearing on “Modernizing Child Welfare to Protect Vulnerable
Children”

September 28, 2023

Statement for the Record of Patrica Cole, Senior Director of Federal Policy, ZERO TO THREE



ZERO TO THREE
Early connections last a lifetime

Mr. Chairman LaHood, Ranking Member Davis, and Members of the Subcommittee,

On behalf of ZERO TO THREE, I want to express our appreciation to the Subcommittee for holding this hearing and drawing attention to the need to modernize the child welfare system, something that is acutely important for infants, toddlers, and their families. Through its flexibility, Title IV-B of the Social Security Act plays a role in preventing child welfare system involvement that offers great promise for modernization, as well as funding child welfare services and supporting families. As a small but important source of federal dollars that can be used to support keeping families together, we are heartened to see bipartisan support and interest in modernizing Title IV-B to best meet the needs of families.

ZERO TO THREE, the leading national nonprofit focused on the health and well-being of infants, toddlers, and their families, has a deep-rooted focus on and expertise in the science of early development, child welfare, and infant and early childhood mental health. During the first three years of a child’s life, their brains develop faster than at any other point, supporting their cognitive, emotional, and physical development.¹ It is during the first 36 months that the foundation is being laid for how a child perceives the world around them. Yet, the [State of Babies Yearbook](#) shows that too many babies experience conditions such as adverse childhood experiences (18.6 percent experience one adverse childhood experience)² that can create chronic, unrelenting stress and undermine a critical ingredient of early development: their social emotional development which is foundational to all later learning and development. The stakes are high, but developmental neuroscience demonstrates that this is the best time to intervene on behalf of very young children and their families, when they are also most resilient.³

We bring the perspective of what is most important for babies, toddlers, and their families as it pertains to Title IV-B modernization and our testimony will be focused on the following five key points:

1. **Title IV-B is distinctly different, and complementary to Title IV-E of the Social Security Act.**
2. **Modernization of Title IV-B must include a strong emphasis on infants and toddlers.**
3. **Prevention and promotion should be front and center when discussing how to best modernize Title IV-B.**
4. **Modernization of Title IV-B must include additional funding to truly fulfill its promise.**
5. **States are thoughtfully using Title IV-B funds as the glue to fund programs and supports critical to families with very young children.**

1. Title IV-B is distinctly different, and complementary to Title IV-E of the Social Security Act.

Title IV-B modernization offers the opportunity to continue aligning federal child welfare resources to improve outcomes for families based on research and the insights of individuals who have experienced the child welfare system. The flexibility of Title IV-B complements the more restrictive requirements of the Title IV-E Prevention Services program, allowing states to serve families further upstream than when

a candidacy determination would be made and to take a more systemic approach to holistically working with families. Such flexible uses complement and can render more effective the Family First orientation to specific buckets of services.^{ix} Title IV-B continues to fill gaps in the services of Family First and for families prior to a candidacy determination being made as well as improving the child welfare system itself for families involved with it. As such, its funds can support the application of science-based principles around supporting families throughout the continuum of prevention and child welfare services, including after reunification, to ensure families are able to address their own issues and support the developmental and mental health needs of their children.

A key aspect of Title IV-B is that it provides funding to states to target root causes of maltreatment and to provide families with connections to other systems for support. The very limited funding for prevention services stands in contrast to the far greater federal investment in paying for the costs of foster care, covered by Title IV-E, despite the widespread and agreed upon need to invest in upstream prevention as discussed in the Subcommittee's hearing. While the Family First Prevention Services Act allows IV-E funds to be used for services that can prevent removal of a child from home, the flexibility of IV-B allows states to devise the systems, both upstream and within child welfare itself, that approach the needs of families in a more comprehensive way.

2. Modernization of Title IV-B must include a strong emphasis on infants and toddlers.

The greatest opportunity to influence a child's success is from the very start – their earliest years. Yet, infants and toddlers are an outsized proportion of children in child welfare programs. Babies experience abuse or neglect at higher rates than any other age group and comprise more than a third of children entering foster care.^x The State of Babies Yearbook reports that the maltreatment rate for infants and toddlers is 15.5 per 1,000, with the rate for infants alone being 25.3 per 1,000 – the highest rate by far of any other age group, including toddlers.^{xi} Babies in the child welfare system, who cannot process what is happening to them, are found to have high levels of social and emotional disturbance, particularly attachment disruption.^{xii, xiii} They are at great risk for cognitive delays as well, as the National Survey of Child and Adolescent Wellbeing found more than half of children under age two at high risk for developmental delays or neurological impairment. In addition,^{xiv} ZERO TO THREE's work in our Safe Babies program has found parents of babies in the child welfare system often have significant past trauma that frequently underlies substance use that may factor in removal. Addressing this past trauma, along with its effects on their own parenting, must be a central focus in ensuring long-term family stability.

This high level of developmental risk to infants and toddlers in and of itself argues for a strong focus on supporting and strengthening families from the prenatal period and beyond. At a minimum, it calls for a developmental focus when they come into the child welfare system. Yet, despite infants and toddlers being the most vulnerable to child maltreatment and the earliest years being incredibly formative, the child welfare system is neither oriented around the foundational developmental needs of infants, toddlers, and their families, nor adequately funded to get beyond crisis intervention to truly supporting families.

Federal funding plays an important role in supporting communities and families in creating the safe, stable, nurturing environment that children need. Yet, families with young children often face challenges

stemming from economic insecurity, material hardship, and other stressful experiences that can undermine healthy development. Building an integrated child and family well-being system includes strength-based approaches to providing health and family well-being promotion and prevention services, which were embedded in the original design of Title IV-B and for which many states and communities continue to use Title IV-B funds. These sorts of systems promote early development health and family well-being with a prevention lens to mediate risks and negative outcomes, including preventing entry into the child welfare system. As discussed below, we strongly urge the Subcommittee to consider how to bolster this aspect of IV-B, because strengthening families in their ability to support and nurture their young children's development is the best possible course for babies.

Yet, prevention systems take time to take root and must be adequately resourced. Where young children and families do become involved in the child welfare system, using a developmental lens in devising that system and services is critical. Therefore, we urge the Subcommittee to promote a child development and trauma-responsive lens for child welfare services for infants, toddlers, and their families during in-home supervision, foster care placements, and post reunification while also strengthening Title IV-B's existing provisions to support families and prevent problems that can lead to child welfare involvement. This would include:

- Use of community-based multidisciplinary approaches to address the needs of infants, toddlers, and families in the child welfare system, including coordinating services and identifying service gaps in the community.
- Assessments of parents' health, mental health, and service needs, and assessments of the parent-child relationship, including support for frequent family time for young children in foster care;
- Developmental, health, and mental health assessments to be conducted by developmentally appropriate professionals including infant and early mental health clinicians and pediatricians and establishment of a medical home;
- Screening and referral for developmental delays and early childhood mental health needs, continued developmental monitoring, and access to high quality early childhood services such as Early Head Start; and,
- Family-centered services including decision-making approaches involving families, such as family teaming or family/group decision-making.

3. Prevention and promotion should be front and center when discussing how to best modernize Title IV-B.

Title IV-B has a strong focus on prevention that must not only be preserved but built on. The purpose of Title IV-B subpart 2 of the Social Security Act, 11 42 U.S.C. § 629, is to enable states and Tribes to operate a coordinated program of community-based services. To best serve families, services should be oriented around families and the science of child development. This approach should be woven throughout families' experiences: from long before family involvement with child welfare becomes a possibility, one that we should strive to prevent, to during child welfare involvement, all the way to post-reunification, all of which can be and is done through Title IV-B.

Of the 7.2 million children in the U.S. referred to child protective services, children under the age of 3 enter the child welfare system more than any other age group (see figure 1).² Title IV-B can be leveraged to meet families where they are in states and local communities to meet the urgent needs of babies and toddlers even before they could come into contact with the child welfare system.

We encourage the Subcommittee to build on the opportunities currently in Title IV-B to further promote prevention and reunification. Child welfare leaders across the United States are increasingly exploring new and innovative ways to connect families to services that prevent foster care by intervening further upstream to prevent families from coming into contact with child protective services when they can be better supported in other ways. Supporting families before a candidacy determination does more to promote child and family well-being, bolster child safety and positive development, and save public dollars that might unnecessarily be spent on child protective services investigations and foster care. Increased attention to the prevention and reunification aspects of Title IV-B would better serve children while preventing families from becoming involved – and for children who have been removed and placed into foster care before, re-involved – in the child welfare system. Much child welfare involvement results from a finding of neglect, signaling that families' lack of resources is a major driver of the system. And families with babies are most likely to lack economic resources that undergird stability. This Subcommittee could examine families' access to resources such as cash assistance and housing at critical times, while expanding the IV-B provisions that include community-based support to families in tapping into such resources.

4. Modernization of Title IV-B must include additional funding to truly fulfil its promise.

Despite the important goals of Title IV-B, funding has not been increased in decades. While other federal funding sources for child welfare agencies have remained the same or seen increases over the past decade, Title IV-B funding for services for children and their families has decreased over 21% in the past 15 years from \$739 million in 2008 to \$610 million in 2023. This funding level stands in stark contrast to the \$6 billion in federal funding for Title IV-E foster care and \$4.5 billion for IV-E Adoption and Guardianship Assistance – both of which serve children who have already been removed from their families, placed into foster care, and in some cases had parental rights terminated.

ZERO TO THREE strongly supports the [Consensus Recommendations](#) around fully funding Title IV-B submitted to the record during the hearing and would like to underscore the importance of some of those recommendations in greater detail:

- Title IV-B needs increased funding for families with more resources to expand existing Title IV-B community-based prevention supports that help families upstream before they ever come into contact with the child welfare system combined with increased investment in reunification to expand Title IV-B's focus on reunifying families to help them succeed and prevent re-entry into the child welfare system.
- Increasing investments in child and family well-being is especially important for families of young children who have experienced trauma during early development. Many states and Tribes use flexible Title IV-B funds for critical services that address families' trauma and healing needs, of particular importance for infants, toddlers, and their families. Infants' and toddlers' mental

health is often overlooked, yet is the bedrock for all later learning and development and must be fostered. Research shows that young children, including very young infants, can and do show early warning signs of mental health disorders, presenting as developmental delays, inconsolable crying, failure to seek comfort with caregivers, and a lack of curiosity among others.⁴⁵ Best practice for infants and toddlers exposed to trauma is to be assessed by developmentally appropriate professionals such as infant and early childhood mental health clinicians and pediatricians.

- Increased investments in the workforce will be pivotal to modernizing Title IV-B for infants and toddlers. The children in all of our communities deserve a child welfare workforce that is equipped to address the myriad of issues facing them. Currently there is too little funding to make important investments in the workforce. Robust funding focused on building and strengthening the workforce should include education and training, including trainings around the importance of developmentally appropriate interactions and support, and mental health support that child welfare workers need for their complex work supporting children and families. Further, a successful model that should be built on is the expansion of peer support/navigation services which engage peer experts who have experienced the child welfare system in supporting other families in the child welfare system.

5. States are thoughtfully using Title IV-B funds as the glue to fund programs and supports critical to families with infants and toddlers.

Despite some of the challenges outlined in our statement, states are thoughtfully using Title IV-B funds to fund creative and successful community supports critical to families with infants and toddlers. Often, Title IV-B funds are used to fill a gap in the continuum of child maltreatment prevention programming. In some states, Title IV-B funds are used to broaden the network of services available to families under their differential response systems to allow child welfare agencies to respond to reports of child maltreatment even earlier, with greater flexibility, and with services tailored to meet families' needs.

States braid together a variety of federal, state, and philanthropic funding sources to fund their prevention efforts, of which Title IV-B is a part. We agree that by nature, these funding sources come with varying requirements that can be complex and pose administrative challenges for both service providers and state agencies administering the funds. Restrictions and requirements for each funding source may vary, as do the monitoring and billing systems used across agencies and divisions. It is out of necessity that states are braiding together these multiple funding sources for sustainability, and the flexibility in Title IV-B is something that we do not think can be lost.

As mentioned in the hearing, Family Resource Centers (FRCs) are a strong example of a support that can be funded through Title IV-B.⁴⁶ FRCs provide welcoming hubs of community services and opportunities designed to strengthen families. Their activities and programs, which are typically provided at no cost to participants, are developed to reflect and be responsive to the specific needs, cultures, and interests of the communities and populations served. Currently six states (AL, CO, GA, MA, PA, and WI) are using Title IV-B funding to help support their FRCs.

Another support funded through Title IV-B is the Triple P-Positive Parenting Program, an evidence-based program to increase the strength and stability of families and increase parents' confidence and

Statement for the Record of ZERO TO THREE

competence in their parenting abilities.^{xiii} North Carolina, Georgia, Connecticut, and Washington are a few states that use Title IV-B dollars on Triple P to help build a family-centered approach to improve parenting practices and child outcomes.

Other states have used Title IV-B funding to support Help Me Grow^{xiv} implementation, a system of supports for pregnant women, caregivers with new babies, and families with young children with developmental delays and disabilities. Services and supports through Help Me Grow are provided through both Home Visiting and Early Intervention.

Conclusion

We again thank the Subcommittee for your focus on the need to modernize Title IV-B and hope to continue to work together to improve Title IV-B as part of a bigger system supporting families before they ever come into contact with the child welfare system all the way to post-reunification support. To discuss ZERO TO THREE's recommendations in greater detail, please contact Patricia Cole (pcole@zerotothree.org) or Mollyrose Schaffner (mschaffner@zerotothree.org).

Sincerely,



Patricia Cole
Senior Director of Federal Policy, ZERO TO THREE
pcole@zerotothree.org

ⁱ "Brain Architecture." *Center on the Developing Child at Harvard University*, developingchild.harvard.edu/science/key-concepts/brain-architecture/.

ⁱⁱ Cole, P., Trexberg, K., & Schaffner, M. (2023). *State of babies yearbook: 2023*. Washington, DC: ZERO TO THREE. https://zerotothree.wpenginepowered.com/wp-content/uploads/2023/09/SOBY2023_Yearbook_Full_v4.pdf

ⁱⁱⁱ "InBrief: The Science of Early Childhood Development." *Center on the Developing Child at Harvard University*, developingchild.harvard.edu/resources/inbrief-science-of-ecd/.

^{iv} Vivrette, R., McKlindon, A., Jordan, E., Haas, M., Ball, J., Muetherthies, G., Szrom, J., & Silloway, T. (2023). Using the Family First Act to grow and nurture support systems for families of young children: A look at promotion, prevention, and Family First Act implementation in six states. *Child Trends*. <https://doi.org/10.56417/1882r3831m>

^v "AFCARS Report #29." The U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 28 June 2022, www.acf.hhs.gov/cb/report/afcars-report-29.

^{vi} Cole, P., Trexberg, K., & Schaffner, M. (2023). *State of babies yearbook: 2023*. Washington, DC: ZERO TO THREE. https://zerotothree.wpenginepowered.com/wp-content/uploads/2023/09/SOBY2023_Yearbook_Full_v4.pdf

^{vii} Cicchetti, D., Rogosch, F. A. & Toth, S.L. (2006). Fostering secure attachment in infants in maltreating families through preventive interventions. *Development and Psychopathology*, 18(3), 623-649. <https://doi.org/10.1017/S0954579406060329>

^{viii} Doyle, C. & Cicchetti, D. (2017). From the cradle to the grave: The effect of adverse caregiving environments on attachment and relationships throughout the lifespan. *Clinical Psychology*, 24(2), 203-217. <https://doi.org/10.1111/cpsp.12192>

^{ix} https://www.acf.hhs.gov/sites/default/files/documents/opre/infants_todd.pdf

^x "Child Maltreatment 2021." U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 27 June 2023, www.acf.hhs.gov/cb/report/child-maltreatment-2021.

^{xi} Felitti, V. J., Anda, R. F., Nordenberg, D., et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-355. Available from http://www.traumacenter.org/initiatives/Polyvictimization_Articles/Felitti,%201998,%20Relationship%20of%20Childhood%20Abuse%20and%20Household.pdf

^{xii} "NFSN | Family Support Program." *Nfsn*, www.nationalfamilysupportnetwork.org/family-support-programs.

^{xiii} "Triple P in a Nutshell." *Triple P Implementation | Official Corporate Site*, www.triplep.net/glo-en/find-out-about-triple-p/triple-p-in-a-nutshell/.

^{xiv} *Help Me Grow*, www.helpmegrow.org/.

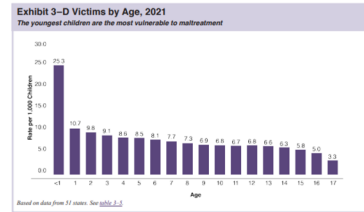


Figure 1
Source: Child Maltreatment Report 2021

