Chairman LaHood, Ranking Member Davis, and members of the Subcommittee on Work and Welfare, thank you for the invitation to participate in today's hearing.

My name is Dr. Jennifer Jacobs and I'm the co-founder and CEO of Connect Our Kids.

I don't come from a background in child welfare. I am a West Point graduate, an Army veteran, and nuclear engineer and physicist by training. I've spent most of my career working to counter nuclear terrorism. But 14 years ago, I read a TIME magazine article about foster care and I noticed a similarity in what foster care professionals needed to do to find families for the kids in their care, and what intelligence analysts do to find and track terrorists' networks. It turned out though, that while the national security space has multi-million dollar software with advanced data search and management capabilities, the foster care space has sticky notes and Microsoft Excel.

And so, in 2017, my co-founder and I started Connect Our Kids, in order to rebuild those national security-level capabilities to serve children and youth in foster care. We are a nonprofit technology organization that helps our users harness the power of technology to preserve family bonds and rebuild the vital networks of belonging that help children in foster care thrive. Our organization equips child welfare professionals with innovative tools and practical training to help them keep youth connected to their communities and to the people who matter most, by prioritizing relational health. Just as our national security experts have access to cutting edge technology, I want to be sure child welfare professionals have access to the tools, training and education they need to keep America's youth safe and connected to their most important relationships.

Emphasizing Goal #6: The Relational Foundation

Within the Chafee program there are six core goals (education, employment, housing, health, financial capability, and relational permanence/connection). While each is vitally important, I would like to urge this Subcommittee to recognize that **Goal #6** – meaningful, sustained connections with caring adults and networks – is the foundational goal: without it, the others cannot reliably succeed.

Research consistently shows that when youth in or exiting foster care do *not* have at least one consistent, trusted adult relationship to help guide the transition to adulthood, their risks for homelessness, unemployment, educational dropout, and poor health escalate.[1]

[1] National Scientific Council on the Developing Child (2015). *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper No. 13*. Retrieved from www.developingchild.harvard.edu.

National surveys of foster alumni (e.g., from FosterClub, Chapin Hall's *Voices of Youth Count*) consistently highlight that supportive adult relationships are the single most important factor for youth in thriving, yet they are the least systematically funded.[2]

This subcommittee heard from Mr. Ramond Nelson at its June hearing, during which he emphasized that the system had failed him and his family in both resources and relationships. Then he said, "Please ensure the system prioritizes our relationships, while we are in foster care and when we are transitioning out; this is what sets us up for success."[3]

Why Connections Matter

Placement into foster care frequently takes children not only from their parents but also from siblings, extended family, and community networks. This disruption leaves many children feeling unclaimed and untethered during one of the most vulnerable periods of their lives.

The effects of these disruptions are profound. Recent peer-reviewed studies report that approximately 50% of foster youth have a diagnosed mental health disorder, and research using broader behavioral scales finds clinical-level challenges in 60–70% of children in out-of-home care. These rates are several times higher than among children not in foster care.[4,5]

Children experiencing multiple placements are at especially high risk: one in four meet the criteria for post-traumatic stress disorder (PTSD), a rate more than double that of U.S. combat veterans.[6]

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[2] https://www.fosterclub.com/permanence

[3] Written testimony of Mr. Ramond Nelson, Testimony before the U.S. House of Representatives Ways and Means Committee, Subcommittee on Work & Welfare Aging Out is Not a Plan: Reimagining Futures for Foster Youth June 12, 2025, p. 4.

[4] McLeigh JD, Malthaner LQ, Tovar MC, Khan M. Mental Health Disorders and Psychotropic Medication: Prevalence and Related Characteristics Among Individuals in Foster Care. J Child Adolesc Trauma. 2023 May 6;16(3):745-757. doi: 10.1007/s40653-023-00547-9. PMID: 37593050; PMCID: PMC10427591.

[5] Tarren-Sweeney, M., Nunn, K.P. An Epidemiological Investigation of Inter-Developmental, Biopsychosocial Impairment among Children and Adolescents in Foster Care. *Journ Child Adol Trauma* **18**, 395–408 (2025). https://doi.org/10.1007/s40653-025-00692-3

[6] Pecora, Peter J., et al, "Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study," Casey Family Programs (2005), https://www.casey.org/northwest-alumni-study/

Research shows that maintaining family ties matters. Children who sustain contact with siblings in care report better coping strategies and lower levels of emotional distress. Yet more than 50 percent of sibling groups are separated in foster care. Similarly, children who maintain bonds with biological family members demonstrate higher educational achievement, reduced delinquency, and improved mental health outcomes.

Another critical reason to prioritize relational permanence is the heightened vulnerability of youth in foster care to human trafficking. Multiple national studies have found that a disproportionate share of trafficking victims have histories of child welfare involvement, and youth who run away from foster care placements—especially from group homes or unstable stranger-care settings—are at sharply increased risk of being targeted by traffickers.[7,8] The consistent theme across the data is that youth who lack stable, trusted adult relationships are easier to exploit. By contrast, kinship care reduces these vulnerabilities: children placed with relatives or people they already know experience fewer placement disruptions, fewer episodes of running away, stronger oversight by adults who understand their needs, and significantly lower rates of exploitation. Youth placed with kin are *ten times less likely* to be reported for abuse while in care.

Strengthening relational networks is therefore not simply about emotional well-being; it is a concrete safety strategy. When we invest in purposeful kin-finding and connect youth to adults who know them and care about them, we close the relational gaps that traffickers look for—and we make the entire system safer.

Relationships matter. Connections not just through DNA but by intent, commitment, and caring matter. And while paid case managers, support coaches, and others can be helpful, like the rest of us, foster youth need relationships with their own people – whether that means their birth family, adoptive family, chosen family, others, or a combination—they need relationships that are offered for free and forever. When we fail to build relational webs around youth, we are asking them to launch into adulthood in a relational vacuum—a challenge that most of us would find difficult, perhaps impossible, to surmount.

The conclusion is clear: Connection is not optional — it is foundational. A system that prioritizes family and kinship connections creates not only greater stability for youth but also results in better outcomes – and is more cost effective.

[7] https://nap.nationalacademies.org/read/18358/chapter/6#84
[8] Latzman, N. E., & Gibbs, D. (2020). *Examining the link: Foster care runaway episodes and human trafficking*. OPRE Report No. 2020-143. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Why Hard-to-Measure Skills Still Deserve Investment

So why do so many child welfare agencies not center relational health as their first priority? Because it's hard to measure. Which means it is hard to supervise, and hard to know when we are getting it right. It's hard to hold people accountable, and hard to put in a purchase order for "supportive relationships." But that doesn't mean it can't be done.

Legislators and the public understandably want metrics, but some of the most important human capabilities do not lend themselves to clean numerical scoring. That does not make them any less real, or any less critical to success.

In fact, we routinely invest in skills across government, the military, medicine, and education that are hard to quantify yet unquestionably improve with intentional practice. Leadership is a perfect example. You cannot put a single number on someone's leadership capacity—yet institutions like West Point dedicate years to cultivating it because we know that leadership quality changes outcomes. The same is true of trust-building, which is fundamental to every team that functions well. Trust does not fit neatly into a spreadsheet, yet leaders invest heavily in strengthening it because it determines whether organizations thrive or collapse.

We see similar patterns with resilience, communication, judgment, empathy, and even organizational culture. None of these can be captured by a precise formula, but they can be taught, practiced, and dramatically improved. The outcomes—fewer crises, stronger teams, better decisions—prove their value.

Relational health for foster youth fits squarely in this category. It is harder to measure than distributing a stipend or counting a housing voucher. But it is every bit as foundational, and in fact, it is predictive of all the other outcomes. The presence of stable, committed adults profoundly changes the trajectory of a young person's life. When child welfare workers are trained in purposeful and compassionate family connecting—how to build trust with the family and relatives, how to engage with kin who may not have been in a child's life for years, how to approach conversations that are emotionally complex—their skills improve. And when skills improve, outcomes improve.

We should not penalize foster youth simply because the most important ingredient in their development—human connection—is harder to quantify. We do not refuse to invest in leadership, resilience, or trust just because the metrics are imperfect. We invest because the stakes are high and the benefits are proven. The same must be true for Chafee Goal #6. It is the least funded and least emphasized, yet it is the most foundational. Without relational health, none of the other Chafee goals can be achieved sustainably.

How this affects transition aged youth.

A common story that we hear from the social workers who use our tools is similar to what Marcus, a teenager in Florida, experienced. Marcus had been in and out of foster care since he was two years old. At first, case workers sent out form letters to addresses of known or suspected relatives. A few relatives actually called the number on the letter, and their information was noted down – maybe on a sticky note placed in the file. But the call-backs got lost in the shuffle. Once, a worker tried to draw out a small family tree in her notebook, but she didn't have much to go on. Then the phone interrupted, she was called to a meeting, she turned the page in her notebook, and that tree was forgotten.

So at sixteen, Marcus had no supportive family or kin connections. His new case manager decided to see if she could change that. Supported by Connect Our Kids tools and training, she located and engaged with several dozen family members, none of whom had had any meaningful contact from the child welfare agency in years. They were taken aback to learn that Marcus had been in and out of care all this time – and no one had reached out to them. Among those relatives, no less than *five* stepped forward to be considered as adoptive placements for Marcus – and nearly two dozen were excited to have the opportunity to be part of his life in some way, now that they were aware that one of their own needed their help. Marcus's future was suddenly looking much less lonely.

Keeping youth connected to family or kin, rather than aging out of care without supportive connections, leads to better long-term outcomes: higher graduation and employment rates, lower rates of arrests, homelessness, unplanned pregnancies, and victimization.

Centering the relational health of foster youth is extremely cost effective. The lifetime cost to taxpayers of a youth aging out of care without supportive adult connections ranges among studies but can be conservatively estimated at approximately $500,000 per youth – the cost of emergency health care, justice system involvement, homelessness, un- or under-employment, and unprepared early parenthood.[9] So with every 2,000 youth who we leave to age out without supportive connections, we incur a $1 billion liability.

It's never too late to focus on relational health, which is why the Chafee goals include goal #6 – meaningful, sustained connections with caring adults and networks. Youth in foster care need the same practice that all youth need as they learn to build their relational health skills–because as we all know from our own lives, the work of maintaining relational health is like the work of maintaining physical health – it requires a daily commitment to making many small decisions that add up to overall health. In the same way, it is imperative that we

[9] Belfield, Clive R., et at, "*The Economic Value of Opportunity Youth*," For the Corporation for National and Community Service and the White House Council for Community Solutions, January 2012.

support foster youth, through Chafee, in building the habits of creating and maintaining these connections with caring, supportive adults.

Technology is a Force Multiplier

We've found that child welfare professionals must have thoughtfully designed technology tools *and* specialized training and education to be successful in diligent family connection activities. **The right technology should be considered a force multiplier.** And you don't have to have a degree in nuclear engineering to know that when you multiply two numbers, you'll have a greater result if both of those numbers are larger than zero. Technology doesn't, and shouldn't, do the work on its own, but high-quality technology multiplies the effect of highly skilled and trained professionals. It is crucial that we have an educated, compassionate workforce, trained and with access to purpose-driven modern technology.

Connect Our Kids' Impact: Strengthening the Relational Infrastructure

Connect Our Kids was created to fill a very specific gap in the child welfare system—the lack of modern tools, training and education needed to help social workers build the relational health that Chafee Goal #6 envisions.

Our purpose-built software tools were designed to address this challenge directly. They help workers map a youth's extended network—kin and non-kin—much more quickly and comprehensively than manual processes allow. Our training helps professionals understand the more important piece – *how* to build relationships with people who may be distrustful, or disillusioned by the system, and how to do so with empathy, clarity, and the child's best interests in mind. For that reason, training and education have become core components of our mission.

One of our Florida users had this to say: "Before Connect Our Kids, everything was manual. I used to copy and paste between Word documents and spreadsheets, constantly flipping between files. Now, everything is in one place. I can pull up a case, click a contact, and instantly see all previous interactions. I don't have to dig through paper files—it's all right there, which makes my work faster and more efficient. Building a basic family tree could take an entire week. Just mining case files took half a day or more. Now, with Connect Our Kids, I can do that work in hours—while juggling other responsibilities." This agency alone has helped 378 Florida youth reunite with their families, due to Connect Our Kids tools.

Today, we have hundreds of users across the country—frontline caseworkers, child advocates, kinship navigators, and nonprofit partners—whom we consider "points of light" within the field. We have users in several dozen states, some operating at the state level, such as in Missouri, at the county level, such as in California, or in private nonprofits, such

as in Texas and Illinois. We have served over 30,000 youth and families nationwide. Our users currently find an average of 30 connections per child or sibling group that they serve. But the important metric is not solely the number of connections found; instead it is how those connections are engaged, and whether they are prioritized as important, regardless of their ability to be a placement.

An example from our partners in Missouri shows the impact of committed kinship work: Billy, a teen with developmental delays who spent 15 years in foster care, faced significant challenges in finding a stable and permanent home. After his case manager received training on Connect Our Kids tools, she dove into the work. This led to a reunion with a parent aide from his early childhood—who had long hoped to adopt him but had been unable to locate him. Billy is now thriving in a permanent, loving home with caregivers who know his history and are committed to his lifelong well-being. Missouri is expanding their family connections focused work with a statewide specialized team that Connect Our Kids is honored to be training and supporting.

We support our users not just with software, but with ongoing coaching, live and on-demand online assistance, peer learning sessions, and new curricula that builds capacity to engage families more thoughtfully. Many of these professionals work in difficult environments with heavy caseloads, and yet they continue to prioritize relational work. Our role is to equip and sustain them so they can do it well.

We have learned that the greatest barrier to effective kin and connection work is not unwillingness—it is a lack of training. Relational health has rarely been integrated into basic preparation for child welfare careers. Most schools of social work do not teach the crucial importance of relational health, and the skills of relational engagement: how to see and respect parents' value and abilities within the context of their options, how to build or rebuild trust within families, and how to create conditions where a youth feels respected, heard and surrounded by a network of those they consider their own.

To help address this, we have developed training modules on relational health for schools of social work. These modules have been piloted with faculty and students, and the early feedback reinforces what the field has long suspected: future caseworkers *want* this training and feel more confident when they receive it. Relational health education should become a standard part of professional preparation for social work—embedded in coursework, employee onboarding, and annual in-service training. Skills built on an understanding of relational health are fundamental to improving well-being across all six Chafee goals.

Connect Our Kids does not claim to be *the* solution; instead, we focus on strengthening the capacity of the people who *are* the solution—the youth and families themselves, with kinship caregivers when needed, supported by community networks and compassionate and trained social workers and advocates.

One great example of how a relational health-focused social worker used her knowledge, together with technology, to change a life trajectory is the story of Liz and Tammy in Ohio. Tammy was pregnant, and just weeks away from aging out of extended care. She had no one in her life who wasn't paid to be there. Her support coach, Liz, could have closed Tammy's file, and moved on to her next case. But Liz knew that family was what Tammy needed most of all. So Liz helped Tammy take a DNA test, and used the results with Connect Our Kids' tools to find Tammy's biological family. When they were contacted, their dismayed response was "We didn't know. We didn't know you needed us." In the 15 years that Tammy had been in foster care following her dissolved adoption, no one had ever reached out to them. Tammy now has a strong support network, including two aunts and several cousins, who are eager to help her build a brighter future for herself and her new baby.

Just as they did for Tammy's caseworker, our tools, training and education are designed to provide a clearer view of the youth's natural support system, and to help engage that system with purpose and respect. When these "points of light" are supported, they become catalysts for long-term stability, safety, and belonging in the lives of the youth they serve.

Recommendations to Strengthen Implementation of Chafee Goal #6:

Improving the relational health of youth in foster care requires clear federal direction, adequate national infrastructure, and tools that help states consistently implement best practices. The following actions are concrete steps the subcommittee could take to strengthen Goal #6 and ensure all youth preparing for adulthood have access to stable, supportive relationships.

1. Issue Clear Federal Guidance on Allowable Uses of Chafee Funds for Relational Health. States consistently report uncertainty about whether Chafee funds can be used for activities intended to build or strengthen family and adult connections. The subcommittee could request that HHS/ACF issue formal, written guidance clarifying that the following are allowable and encouraged uses of Chafee funds:

- Locating, engaging, and re-establishing relationships with safe family members and other lifelong supportive adults.
- Implementing kin-first and relationship-first practices that focus on identifying natural supports.

- Access to tools, technology platforms, and training that directly help caseworkers build and maintain youths' support networks.
- Providing independent living programs with resources to help young people map, understand, and strengthen their personal support systems.

Such guidance would give states permission to prioritize relationship-building activities without fear of audit findings or misuse-of-funds concerns.

2. Authorize a Limited Amount of Chafee Funds to Be Used at the Federal Level
In recent years, an estimated $5–$10 million in Chafee funds has gone unused and returned. The subcommittee could recommend allowing a small portion of these previously unused funds to be used centrally at the federal level to:

- Provide nationwide access to training on relational health and connectedness.
- Build a shared national infrastructure of evidence-informed educational modules.
- Offer technology access that supports family-finding, engagement of kin, and connectedness-building efforts for all states, including small and rural child welfare systems with limited capacity.

This federal-level spending authority would ensure that every state—regardless of budget, staffing, or unused Chafee allocations—has access to high-quality relational health supports.

3. Require States to Report on Relational Health Indicators
The subcommittee could encourage ACF to include relationship-based outcome measures in annual Chafee reporting, such as:

- Number of supportive adults identified per youth (at intake and at exit).
- Number/percentage of youth who have at least one committed, supportive adult at case closure.
- Frequency of connection-focused activities in case plans.
- Youth-reported connectedness, belonging, and perceived adult support.

These measures are feasible and would bring Goal #6 into parity with more easily counted indicators like employment or education attainment.

4. Integrate Relational Health Training Into Required Workforce Development
The subcommittee could recommend that ACF:

- Explicitly encourage states to integrate relational-health education into onboarding and annual training for child welfare professionals.

- Encourage schools of social work that receive federal Title IV-E training funds to include core instruction on relational health, kin engagement, and lifelong family connections.
- Support development and evaluation of relational-health curricula appropriate for both professionals and youth.

This helps ensure that relationship-building is treated as a core professional competency, not an optional activity.

5. Establish Incentives for States to Fully Use Their Chafee Allocations
Many states under-spend Chafee funds due to staffing shortages, compliance uncertainty, or administrative hurdles. The subcommittee could recommend:

- Short-term federal technical assistance to help states design spending plans that incorporate relational health.
- Incentive mechanisms for states that fully allocate Chafee funds to connection-building efforts.
- A streamlined approval process for relational-health program expenditures, modeled on existing IV-E waivers and demonstration projects.

6. Encourage Integration of Relational Health into Case Planning Standards
The subcommittee could recommend that ACF issue guidance encouraging states to:

- Include "supportive adult identification and engagement" as a standard part of every transition plan.
- Require documentation of ongoing efforts to strengthen and sustain youth's natural support networks.
- Treat relational health as essential to permanency—not an optional enhancement.

Mr. Chairman and Members of the Subcommittee, if we truly want foster youth to succeed—not merely get by—we must move beyond the sticky-note era and invest in real relational infrastructure: modern tools, well-trained professionals, and intentional, relationship-centered practice. Every young person faces uncertainty as they enter adulthood. But for too many youth leaving foster care, the experience is not a transition—it is a free fall. When we surround them with a web of caring adults, that web becomes both a safety net and a launching pad. It steadies them in moments of crisis, and it propels them toward the futures they are capable of building.