

**TO REVIEW PROPOSALS  
TO IMPROVE CHILD PROTECTIVE SERVICES**

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**HEARING**  
BEFORE THE  
SUBCOMMITTEE ON HUMAN RESOURCES  
OF THE  
COMMITTEE ON WAYS AND MEANS  
U.S. HOUSE OF REPRESENTATIVES  
ONE HUNDRED NINTH CONGRESS

SECOND SESSION

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MAY 23, 2006  
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**Serial No. 109-73**

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TO IMPROVE CHILD PROTECTIVE SERVICES**

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**TUESDAY, MAY 23, 2006**

U.S. HOUSE OF REPRESENTATIVES,  
COMMITTEE ON WAYS AND MEANS,  
SUBCOMMITTEE ON HUMAN RESOURCES,  
*Washington, DC.*

The Subcommittee met, pursuant to notice, at 10:04 a.m., in room B-318, Rayburn House Office Building, Hon. Wally Herger (Chairman of the Subcommittee) presiding.  
[The advisory announcing the hearing follows:]

# ADVISORY

FROM THE COMMITTEE ON WAYS AND MEANS

## SUBCOMMITTEE ON HUMAN RESOURCES

FOR IMMEDIATE RELEASE  
May 12, 2006  
HR-9

CONTACT: (202) 225-1025

### **Herger Announces Hearing to Review Proposals to Improve Child Protective Services**

Congressman Wally Herger (R-CA), Chairman, Subcommittee on Human Resources of the Committee on Ways and Means, today announced that the Subcommittee will hold a hearing to review proposals to improve child protective services. **The hearing will take place on Tuesday, May 23, 2006, in room B-318 Rayburn House Office Building, beginning at 2:00 p.m.**

Oral testimony at this hearing will be from both invited and public witnesses. Invited witnesses will include a representative from the U.S. Government Accountability Office and other experts in how States use Federal funds for child protective services. Any individual or organization not scheduled for an oral appearance may submit a written statement for consideration by the Subcommittee and for possible inclusion in the printed record of the hearing.

#### **BACKGROUND:**

The Child Welfare Services (CWS) program and the Promoting Safe and Stable Families (PSSF) program (both authorized under Title IV-B of the Social Security Act) provide approximately \$700 million in annual Federal funds to support services to ensure children are raised in safe, loving families. Combined, this is the largest source of Federal funds provided to States to assist at-risk families, further protect children from abuse and neglect, and prevent the unnecessary separation of children from their parents. Since the program's inception in the 1930s, States have had considerable flexibility in the use of CWS funds. However, concern that few States were spending CWS funds for targeted services to help at-risk families resulted in Congress creating the PSSF program in 1993 (P.L. 103-66). Funds from the PSSF program must be spent for family support services, family preservation services, time-limited reunification services, or post-adoption services. While the CWS program is indefinitely authorized, the authorization of the PSSF program expires at the end of fiscal year 2006, requiring Congressional action this year to extend or otherwise improve the PSSF program.

The U.S. Department of Health and Human Services recently completed initial Child and Family Service Reviews (CFSRs) in each State. The CFSRs are designed to assess each State's child protection program to ensure the program promotes the safety, permanency, and well-being of children, such as through services supported by CWS and PSSF funds. Significantly, as established in a May 13, 2004 Subcommittee hearing, no State was in full compliance with all measures of the CFSRs. The CFSRs revealed States need to work to prevent repeat abuse and neglect of children; improve services provided to families to reduce the risk of future harm, including better monitoring of families' participation in services; strengthen upfront services provided to families to prevent unnecessary family break-up and protect children who remain at home; improve ways States assess the needs of family members and provide services; and better engage parents and children when developing case plans outlining necessary services to assist families.

In light of these findings, there is considerable interest in ensuring States utilize CWS and PSSF funds to improve child protection programs and ensure at-risk families receive appropriate services. In the course of considering potential PSSF reauthorization legislation, the Committee is interested in learning about: (1) services

provided to families that have been evaluated and shown to achieve improved child outcomes; (2) how families have been assisted by these programs; and (3) what additional steps Congress should take to ensure Federal funds support local services that allow children to safely remain in their own communities. The Committee is especially interested in hearing from families or former foster youth who have direct experience with such services.

In announcing the hearing, Chairman Herger stated, "It is important that we do all we can to help families receive services to prevent child abuse and neglect. I look forward to learning about how Federal funds have been used to provide services to protect children, whether those services are effective, and what else we can do to improve how we protect vulnerable children from harm. Based on the record to date, much more work needs to be done."

#### **FOCUS OF THE HEARING:**

The focus of this hearing will be to review proposals to improve child protective services.

#### **DETAILS FOR SUBMISSIONS OF REQUESTS TO BE HEARD:**

Requests to be heard at the hearing must be made by telephone to Matthew Turkstra or Cooper Smith at (202) 225-1721 no later than the close of business, **Wednesday, May 17, 2006**. The telephone request should be followed by a formal written request faxed to Allison Giles, Chief of Staff, Committee on Ways and Means, U.S. House of Representatives, 1102 Longworth House Office Building, Washington, D.C. 20515, at (202) 225-2610. The staff of the Committee will notify by telephone those scheduled to appear as soon as possible after the filing deadline. Any questions concerning a scheduled appearance should be directed to the Committee staff at (202) 225-1721.

**In view of the limited time available to hear witnesses, the Committee may not be able to accommodate all requests to be heard.** Those persons and organizations not scheduled for an oral appearance are encouraged to submit written statements for the record of the hearing in lieu of a personal appearance. All persons requesting to be heard, whether they are scheduled for oral testimony or not, will be notified as soon as possible after the filing deadline.

Witnesses scheduled to present oral testimony are required to summarize briefly their written statements in no more than five minutes. **THE FIVE-MINUTE RULE WILL BE STRICTLY ENFORCED. The full written statement of each witness will be included in the printed record, in accordance with House Rules.**

In order to assure the most productive use of the limited amount of time available to question witnesses, all witnesses scheduled to appear before the Committee are required to submit 100 copies, along with an *IBM compatible 3.5-inch diskette in WordPerfect or MS Word format*, of their prepared statement for review by Members prior to the hearing. **Testimony should arrive at the Subcommittee office, B-318 Rayburn House Office Building, no later than close of business on Friday, May 19, 2006.** The 100 copies can be delivered to the Subcommittee staff in one of two ways: (1) Government agency employees can deliver their copies to B-318 Rayburn House Office Building in an open and searchable box, but must carry with them their respective government issued identification to show the U.S. Capitol Police, or (2) for non-government officials, the copies must be sent to the new Congressional Courier Acceptance Site at the location of 2nd and D Streets, N.E., **at least 48 hours prior to the hearing date. Please ensure that you have the address of the Subcommittee, B-318 Rayburn House Office Building, on your package, and contact the staff of the Subcommittee at (202) 225-1025 of its impending arrival.** *Due to new House mailing procedures, please avoid using mail couriers such as the U.S. Postal Service, UPS, and FedEx.* When a couriered item arrives at this facility, it will be opened, screened, and then delivered to the Committee office, within one of the following two time frames: (1) expected or confirmed deliveries will be delivered in approximately 2 to 3 hours, and (2) unexpected items, or items not approved by the Committee office, will be delivered the

morning of the next business day. The U.S. Capitol Police will refuse all non-governmental courier deliveries to all House Office Buildings.

**WRITTEN STATEMENTS IN LIEU OF PERSONAL APPEARANCE:**

**Please Note:** Any person(s) and/or organization(s) wishing to submit for the hearing record must follow the appropriate link on the hearing page of the Committee website and complete the informational forms. From the Committee homepage, <http://waysandmeans.house.gov>, select "109th Congress" from the menu entitled, "Hearing Archives" (<http://waysandmeans.house.gov/Hearings.asp?congress=17>). Select the hearing for which you would like to submit, and click on the link entitled, "Click here to provide a submission for the record." Once you have followed the on-line instructions, completing all informational forms and clicking "submit" on the final page, an email will be sent to the address which you supply confirming your interest in providing a submission for the record. You **MUST REPLY** to the email and **ATTACH** your submission as a Word or WordPerfect document, in compliance with the formatting requirements listed below, by close of business Tuesday, June 6, 2006. **Finally**, please note that due to the change in House mail policy, the U.S. Capitol Police will refuse sealed-package deliveries to all House Office Buildings. For questions, or if you encounter technical problems, please call (202) 225-1721.

**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 we reserve the right to format it according to our guidelines. Any submission provided to the Committee by a witness, any supplementary 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 or supplementary item 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.

1. All submissions and supplementary materials must be provided in Word or WordPerfect format and **MUST NOT** exceed a total of 10 pages, including attachments. Witnesses and submitters are advised that the Committee relies on electronic submissions for printing the official hearing record.

2. Copies of whole documents submitted as exhibit material will not be accepted for printing. Instead, exhibit material should be referenced and quoted or paraphrased. All exhibit material not meeting these specifications will be maintained in the Committee files for review and use by the Committee.

3. All submissions must include a list of all clients, persons, and/or organizations on whose behalf the witness appears. A supplemental sheet must accompany each submission listing the name, company, address, telephone and fax numbers of each witness.

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

The Committee seeks to make its facilities accessible to persons with disabilities. If you are in need of special accommodations, please call 202-225-1721 or 202-226-3411 TTD/TTY in advance of the event (four business days notice is requested). Questions with regard to special accommodation needs in general (including availability of Committee materials in alternative formats) may be directed to the Committee as noted above.

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Chairman HERGER. Good afternoon, and welcome to today's hearing. The purpose of this hearing is to review State and community-based efforts to assist at-risk families, protect children from abuse and neglect, and prevent the unnecessary separation of children from their parents. Those services are supported by Federal funding from two major programs, both under this Subcommittee's jurisdiction. The first, known as Child Welfare Services (CWS), was created in the thirties. The second, called the Promoting Safe and Stable Families Program (PSSF), was added in the nineties. To-

gether, these two programs provide States about \$700 million per year for services intended to ensure the safety, permanency and well-being of children. Combined, these programs are considered the largest source of targeted Federal funding in the child protection system used for prevention. That is for services to ensure that children are not abused or neglected and when possible, to ensure these children can remain safely with their families.

We know the costs in children's lives and well-being are far greater when prevention efforts fail. We also know the costs to Federal taxpayers increase if prevention efforts fail. The Congressional Budget Office projects that Federal taxpayers will spend almost \$35 billion over the next 5 years to support children in foster and adoptive homes and otherwise support State administration of these programs. In addition to society's obvious interest of protecting children and strengthening families, Federal and State taxpayers all have an interest in ensuring the prevention dollars work to keep kids safely with their own parents, if at all possible. All of which begs several questions, which are the focus of today's hearing. What services are States funding through the CWS and promoting safe and stable programs? How effective are these services at preventing child abuse and neglect and assisting at-risk families? And what more can Congress do to encourage States to invest in proven outcome-based services that protect children and support families at risk of abuse and neglect? The PSSF expires at the end of fiscal year 2006, requiring congressional action this year. If we reauthorize this program and the CWS programs, for 5 years, as has been our custom, we will make available more than \$3.5 billion in Federal funds for States to ensure that children are protected whether they live with their parents or in foster or adoptive homes. That includes a \$200 million increase in funding provided under the Deficit Reduction Act (P.L. 109-171), which the President signed in February.

I am pleased that we have before us today a wide range of individuals to help us better understand the effectiveness of these programs and what more needs to be done. They will provide useful context about the services currently provided and what changes Congress should consider to better protect children. I have shared with the witnesses draft legislation developed in a bipartisan manner with our colleagues. I look forward to hearing from all of our witnesses today about ways to better ensure these programs promote the safety, permanency and well-being of all children. Without objection, each Member will have the opportunity to submit a written statement and have it included in the record. At this point, Mr. McDermott, would you care to make a statement?

Mr. MCDERMOTT. Thank you, Mr. Chairman. Good morning—or good afternoon, I guess it is. Good day to make a difference in the lives of vulnerable children. I welcome the opportunity for us to work together, as we have on this bill, as concerned leaders, not as political adversaries. Sometimes we are a little adversarial in here. The Members on this dais and the familiar faces I see in the audience share a common goal, helping America's vulnerable kids by strengthening America's lifeline of hope, the Nation's CWS. Now, it is up to us to find some common ground. There is a lot we don't know, and we need to learn when we consider ways to im-

prove the CWS and the reauthorization of the PSSF. What we do know is troubling, 40 percent of kids who have been abused or neglected never receive follow-up care, 40 percent. We also know that this Act needs more than a well-intentioned title. It needs to be strengthened through its reauthorization—that means money. Now, right now, this bill is the single largest source of money for preventing child abuse and neglect. Yet it is barely one-tenth the size of the programs that fund foster care. Once a family—a child is removed from a home.

The witnesses here today can both educate us and advocate for the real-world solutions that we can incorporate into this reauthorization. In some ways, this is draft legislation so you can give us some ideas before we actually put it in print. We have before us a draft—and it really is for your comment today. There remain questions that needs to be answered and concerns that need to be addressed, but the draft is a good starting point. The chairman has directed his staff to work with my staff, and they have been working for some time to discuss the challenges that face the CWS and ways we can improve it for vulnerable kids. I am pleased that we have been able to generally agree on the need to invest more in the people who implement child welfare policy. People make all the difference. It really is a people business. We can do more to help child—State child welfare agencies attract and retain quality staff. As we discuss the reauthorization, that is the money, we all recognize the need for much more comprehensive reform of Federal welfare financing. We discussed this at least for 6 years without making any progress, and it is time we do. I am pleased that we are here today. Administration and some of my colleagues across the aisle support blocked grants. In fact, the administration's gone so far as to block the extension of the title IV-B—IV-E waiver authority to put added pressure on States to support a block grant as the only option for fiscal and programmatic flexibility. We can do better than that in my view. We know from history that block grants are a favorite target for budget cuts. Once you got it all blocked together, it is easy to whack off ten percent. We are seeing it today with the administration's effort to cut the social service block grant. The system is significantly under-funded and yet a concerted effort is under way to make matters worse. In reading the prepared testimony of the panelists, I was pleased to see a strong plea for Congress to maintain the title IV-E entitlement. If we are to improve the lives of vulnerable kids, we need to partner with the States to create the meaningful reforms we want. As the panelists comment on the proposal to reauthorize this bill, I hope they will help us understand the larger context of child welfare financing and the changes required to ensure that we are adequately caring for our Nation's most vulnerable kids. The draft proposal, in my view, is the first step and it is in the right direction. I hope that Mr. Herger and I can make a second step after this hearing. Our common goal should be a bipartisan reauthorization of this Act that meets the real-world needs of the system. We can find common ground if we try, and I am glad we are here to begin. Thank you.

Chairman HERGER. Thank you, Mr. McDermott. Before we move on to our testimony, I want to remind our witnesses to limit

their oral statement to 5 minutes. However, without objection, all the written testimony will be made a part of the permanent record. Our first panel today we will be hearing from Cornelia Ashby, Director of Education, Workforce and Income Security Issues at the U.S. Government Accountability Office; the Honorable Constance Cohen, Associate Juvenile Judge in the Fifth Judicial District of Iowa on behalf of the Zero to Three; Linda Spears, Vice President of Corporate Communications and Development of the Child Welfare League of America; Terry Cross, Executive Director of the National Indian Child Welfare Association; Dr. Kent Hymel on behalf of the American Academy of Pediatrics; and Thomas Atwood, President and Chief Executive Officer for the National Council For Adoption. Ms. Ashby, please proceed with your testimony.

**STATEMENT OF CORNELIA ASHBY, DIRECTOR OF EDUCATION,  
WORKFORCE AND INCOME SECURITY ISSUES AT THE U.S.  
GOVERNMENT ACCOUNTABILITY OFFICE**

Ms. ASHBY. Mr. Chairman and Members of the Subcommittee, I am pleased to be here today to present information from our 2003 report on States' use of title IV-B funds. Specifically, my comments will focus on: One, how States use IV-B dollars to serve families; two, the extent the Federal oversight ensured State compliance with spending requirements under subpart one; and three, what research said about the effectiveness of services States have provided to families using IV-B funds. While overlap exists and it is difficult to clearly differentiate among the various service categories and populations served, States reported using subpart one funds primarily to staff and administer child welfare programs and serve families in the foster care system and subpart two funds primarily for prevention and support services for families at risk of child abuse and neglect. Use of subpart one funds is limited in that the total of subpart one funds used for foster care maintenance, adoption assistance, and child care cannot exceed a State's total 1979 subpart one expenditures for all types of services. However, the range of services allowed under subpart two is more limited than under subpart one. Generally, as you know, States must spend at least 20 percent of their subpart two funds on each of four service categories. States can spend no more than ten percent of subpart two funds on administrative costs and under subpart two, family reunification services can only be provided during a child's first 15 months in foster care. State child welfare directors responding to our survey reported that flexibility was important to meet the needs of their child welfare systems. Therefore, they generally preferred the financing structure of subpart one over subpart two.

Despite the statutory limitation on State expenditures for Federal funds under subpart one for foster care maintenance, adoption assistance, and child care, U.S. Department of Health and Human Services (HHS) provided relatively little oversight of State use of Federal funds under subpart one; and therefore, could not ensure State compliance with the subpart one spending requirements. HHS does not collect data on subpart one expenditures, relying instead on cursory reviews of plans submitted by States that discuss how they intend to use their subpart one funds in the coming year. We found that HHS regional offices have paid little attention to

statutory limits in reviewing States' planned use of subpart one funds. In response to our survey, ten State child welfare directors reported actual 2002 subpart one expenditures that exceeded the spending limits by over \$15 million in total. Furthermore, at the time we conducted our study, research had provided little information on the effectiveness of services provided in the subpart one, and HHS evaluations of services funded under subpart two had generally shown no or little effect on children's outcomes.

In our survey, 22 States reported providing services other than maintenance payments, staff salaries or administration under subpart one. However, none of these States had evaluated the outcomes of these services. Similarly, our literature review showed that few evaluations had been conducted, and evaluations that had been conducted produced mixed results. In conclusion, I would like to summarize the recommendations we made in our 2003 report and HHS's response to them. We recommended that the Secretary of HHS: One, provide the necessary guidance to ensure compliance with statutory restrictions on the use of subpart one funds. Two, consider the feasibility of collecting and using data on States' use of these funds to facilitate program oversight and analysis of how States' spending patterns correlate with child outcomes. Three, use the information gained through enhanced oversight of subpart one expenditures as well as any available information on States' use of subpart two funds to inform the design of an alternative financing option that would give States more flexibility in spending child welfare funds. Well, HHS agreed with the first recommendation and provided guidance to States, reminding them of the statutory requirements for subpart one spending. However, HHS disagreed that it should collect data on States' use of subpart one funds and stated that its level of oversight was commensurate with the scope and intent of subpart one. Also, HHS did not comment on the merits of having enhanced oversight and information to inform the design of an alternative financing option. Mr. Chairman, this completes my prepared statement. I would be happy to answer any questions you or other Members of the Subcommittee may have.

[The prepared statement of Ms. Ashby follows:]

**Statement of Cornelia Ashby, Director, Education, Workforce, and Income Security, U.S. Government Accountability Office**

Mr. Chairman and Members of the Subcommittee:

I am pleased to be here today to present information from our 2003 report on how states used funds authorized under Title IV-B of the Social Security Act to help families address problems that lead to child abuse and neglect and subsequent separation of children from their families.<sup>1</sup> For federal fiscal year 2004, child protective services (CPS) staff in state and local child welfare agencies reported investigating or assessing an estimated 3 million allegations of child maltreatment and determined that approximately 872,000 children had been the victims of child abuse or neglect by their parents or other caregivers. Established in 1935, Title IV-B first authorized funds to states that could be used to provide a wide array of child welfare services including those necessary to investigate reports of child maltreatment, remove children from their home and place them with a temporary foster family, help preserve or reunify families, and place children who cannot be safely reunified with their families in an adoptive home.

The Congress has passed various laws over the years emphasizing the need for states to use Title IV-B funding to provide supportive services to preserve and re-

<sup>1</sup> GAO, Child Welfare: Enhanced Federal Oversight of Title IV-B Could Provide States Additional Information to Improve Services, GAO-03-956 (Washington, D.C.: Sept. 12, 2003).

unify families. In 1980, for example, the Adoption Assistance and Child Welfare Act established a dollar cap on the amount of child welfare funds that states could use under Title IV–B for foster care and certain other activities to encourage states to use additional funding for services to families. In 1993, the Congress established the family preservation and family support services program under Title IV–B subpart 2, authorizing funding to states for family preservation and community-based family support services. The Adoption and Safe Families Act of 1997 further encouraged spending on family support services by reauthorizing subpart 2, renaming it Promoting Safe and Stable Families, and expanding the types of programs on which states were authorized to spend Title IV–B funds to include adoption promotion and support services and time-limited family reunification services. In fiscal year 2006, the Congress appropriated \$287 million for child welfare services under subpart 1 and \$394 million for family support services under subpart 2.<sup>2</sup> These funds are administered to states by the Department of Health and Human Services’ (HHS) Administration for Children and Families (ACF).

My testimony today is primarily based on information included in our 2003 report. Specifically, I will be discussing: (1) how states used Title IV–B dollars to serve families under subparts 1 and 2; (2) the extent that federal oversight ensured state compliance with spending requirements under subpart 1; and (3) what the research said about the effectiveness of services states have provided to families using Title IV–B funds.

In summary, while overlap exists, states reported using Title IV–B subpart 1 funds primarily to staff and administer child welfare programs and serve families in the foster care system, while states reported using subpart 2 funds primarily for prevention and support services for families at risk of child abuse and neglect. It is difficult, however, to clearly differentiate among the various service categories and populations served. HHS provided relatively little oversight in how states spent federal funds under subpart 1, and at least 10 states spent a total of over \$15 million over the legislated cap for foster care and adoption assistance payments. Although the predominance of federal funding spent for foster care and adoption assistance has long been cited as providing a disincentive to preserve and reunify families, little research is available on the effectiveness of the services subpart 1 funds provide and HHS evaluations of services funded under subpart 2 have generally shown no or little effect. Similarly, the extent that differences in how states spent funds to support children and families resulted in better or worse outcomes for children is unknown.

To help address this information gap, our 2003 report recommended that the Secretary of HHS consider the feasibility of collecting and using data on states’ use of Title IV–B subpart 1 funds. We made this recommendation not only to facilitate federal oversight and analysis of how states’ spending patterns correlate to child outcomes, but also so that HHS could use this data to inform the design of alternative funding proposals that would give states more flexibility in spending federal child welfare funds. We also recommended that the Secretary provide the necessary guidance to ensure compliance with statutory restrictions on the use of Title IV–B subpart 1 funds. ACF agreed with our findings and implemented guidance to states reminding them of the statutory requirements for subpart 1 spending. However, ACF disagreed with our recommendation to consider collecting data on subpart 1 expenditures. ACF believed that its level of oversight was commensurate with the scope and intent of subpart 1, noting that its oversight efforts were more appropriately focused on reviews of the states’ overall child welfare systems. ACF did not comment on our recommendation to use such data to inform the design of an alternative financing option.

Our review was based on two surveys to child welfare directors to obtain information on how they use Title IV–B funds. We also visited four states—California, New Jersey, Ohio, and Washington—where we interviewed state and local officials and service providers. We also held discussions with HHS headquarters and regional office officials and child welfare experts. We reviewed results from HHS’s assessments of state child welfare agencies as well as the literature assessing the effectiveness of various child welfare services.

### **Background**

Title IV–B of the Social Security Act authorizes funds to states to provide an array of child welfare services to prevent the occurrence of abuse, neglect, and need to place children in foster care. The Administration for Children and Families within HHS is responsible for the administration and oversight of federal funding to states for child welfare services under Title IV–B. HHS headquarters staff are re-

<sup>2</sup>States are required to provide matching funds in order to receive federal Title IV–B funding.

responsible for developing appropriate policies and procedures for states to follow in obtaining and using federal child welfare funds, while staff in HHS's 10 regional offices are responsible for providing direct oversight of state child welfare systems. No federal eligibility criteria apply to the children and families receiving services funded under Title IV-B. The amount of subpart 1 funds a state receives is based on its population under the age of 21 and the state per capita income, while subpart 2 funding is determined by the percentage of children in a state whose families receive food stamps.

Subpart 1 provides grants to states for child welfare services, that are broadly defined. Subpart 1 funds are intended for services that are directed toward the accomplishment of the following purposes:

- protect and promote the welfare of all children;
- prevent or remedy problems that may result in the abuse or neglect of children;
- prevent the unnecessary separation of children from their families by helping families address problems that can lead to out-of-home placements;
- reunite children with their families;
- place children in appropriate adoptive homes when reunification is not possible; and
- ensure adequate care to children away from their homes in cases in which the child cannot be returned home or cannot be placed for adoption.

Subpart 2 services are similar to those allowed under subpart 1, although the range of services allowed under subpart 2 is more limited in some cases. For example, time-limited family reunification services can only be provided during a child's first 15 months in foster care, while no such restriction is placed on the use of subpart 1 funds. In addition, states must spend a "significant portion" of their subpart 2 funds on each of four service categories:<sup>3</sup>

- *Family preservation service.* Services designed to help families at risk or in crisis, including services to (1) help reunify children with their families when safe and appropriate; (2) place children in permanent homes through adoption, guardianship, or some other permanent living arrangement; (3) help children at risk of foster care placement remain safely with their families; (4) provide follow-up assistance to families when a child has been returned after a foster care placement; (5) provide temporary respite care; and (6) improve parenting skills.
- *Family support services.* Community-based services to promote the safety and well-being of children and families designed to increase the strength and stability of families, to increase parental competence, to provide children a safe and supportive family environment, to strengthen parental relationships, and to enhance child development. Examples of such services include parenting skills training and home visiting programs for first time parents of newborns.
- *Time-limited family reunification services.* Services provided to a child placed in foster care and to the parents of the child in order to facilitate the safe reunification of the child within 15 months of placement. These services include counseling, substance abuse treatment services, mental health services, and assistance to address domestic violence.
- *Adoption promotion and support services:* Services designed to encourage more adoptions of children in foster care when adoption is in the best interest of the child, including services to expedite the adoption process and support adoptive families.

Federal child welfare funding has long been criticized for entitling states to reimbursement for foster care placements, while providing little funding for services to prevent such placements. When the Congress enacted the Adoption Assistance and Child Welfare Act of 1980, it created a new funding source for foster care and adoption assistance under Title IV-E of the Social Security Act. Title IV-E provides an open-ended entitlement for foster care maintenance payments to cover a portion of the food, housing, and incidental expenses for all foster children whose parents meet certain federal eligibility criteria.<sup>4</sup> Title IV-E also provides payments to adoptive

<sup>3</sup>HHS program instructions require states to spend at least 20 percent of their subpart 2 funds on each of the four service categories, unless a state has a strong rationale for some other spending patterns. By statute, states can spend no more than 10 percent of subpart 2 funds on administrative costs.

<sup>4</sup>States are entitled to Title IV-E reimbursement on behalf of children who would have been eligible for Aid to Families with Dependent Children (AFDC) (as AFDC existed on July 16, 1996), but for the fact that they were removed from the home of certain specified relatives. While the AFDC program was replaced by the Temporary Assistance for Needy Families program in 1996, eligibility for Title IV-E payments remains tied to the income eligibility requirements of the now defunct AFDC program. In addition, certain judicial findings must be present

parents of eligible foster children with special needs.<sup>5</sup> While states could still use Title IV–B funding for foster care and adoption assistance for children ineligible under Title IV–E, the law established a dollar cap on the amount of Title IV–B funds that states could use for three categories of service: foster care maintenance payments, adoption assistance payments, and child care related to a parent’s employment or training. The law requires that the total of subpart 1 funds used for these categories cannot exceed a state’s total 1979 subpart 1 expenditures for all types of services. The intent of this restriction, according to a congressional document, was to encourage states to devote increases in subpart 1 funding as much as possible to supportive services that could prevent the need for out-of-home placements.<sup>6</sup> However, this restriction applies only to the federal portion of subpart 1 expenditures, as the law provides that states may use any or all of their state matching funds for foster care maintenance payments.

For the fourth consecutive year, the President’s budget proposes a Child Welfare Program Option. HHS developed the proposal to give states more flexibility in using Title IV–E foster care funds for preventive services such as those under Title IV–B. Under this proposal, states could voluntarily choose to receive a fixed IV–E foster care allocation (based on historic expenditure rates) over a 5-year period, rather than receiving a per child allocation. States could use this allocation for any services provided under Titles IV–B and IV–E, but would also have to fund any foster care maintenance payments and associated administrative costs from this fixed grant or use state funds. No legislation to enact this option has been introduced.

#### **States Used Subparts 1 and 2 to Support Similar Services and Populations, but Funding Emphasis Differed**

While overlap exists, states reported using subpart 1 funding primarily for costs to staff and administer child welfare programs and serve families in the foster care system, while states reported using subpart 2 funding for family support services and to serve families at risk for child abuse and neglect. Officials in almost all of HHS’s regional offices supported retaining the current balance between allowing states some flexibility in use of funds and targeting some resources toward prevention. States reported in our survey that flexibility was important to meet the needs of their child welfare systems, and thus generally preferred the financing structure of subpart 1 over subpart 2.

#### **States Emphasized Different Services under Subparts 1 and 2**

While states funded similar services under subparts 1 and 2, most states reported using subpart 1 funds primarily to pay for costs associated with operating child welfare programs, while most states reported using subpart 2 funds for family services as shown in table 1. For example, states used over 44 percent of subpart 1 funds to pay for staff salaries and costs to administer and manage programs. In contrast, states spent over 71 percent of subpart 2 funds for services to support, preserve, and reunify families.

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for the child, and all other requirements included in section 472 (a) and (b) of the Social Security Act must be met, in order for the child to be eligible for Title IV–E foster care maintenance payments.

<sup>5</sup>Special needs are characteristics that can make it difficult for a child to be adopted and may include emotional, physical, or mental disabilities, emotional disturbance, age, or being a member of a minority race. To qualify for an adoption subsidy under Title IV–E, a state must determine that the child cannot or should not return home; a state must make a reasonable, but unsuccessful effort to place the child without the subsidy; and a specific factor or condition must exist that makes it difficult to place the child without a subsidy.

<sup>6</sup>Staff of the House Committee on Ways and Means, 106th Congress, Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means (Comm. Print 2000).

**Table 1: States' Reported Use of Federal Funds Under Title IV-B, fiscal year 2002**

Service Category	Subpart 1			Subpart 2		
	Number of states	Amount	Percent	Number of states	Amount <sup>a</sup>	Percent <sup>b</sup>
Child Protective Services	17	\$40,543,000	15.8	5	\$2,248,690	0.9
<b>Program Operation</b>						
Staff positions	25	\$70,965,578	27.6	17	\$6,229,058	2.4
Administration and management	16	43,143,097	16.8	18	11,614,667	4.5
<b>Subtotal</b>	<b>n/a</b>	<b>\$114,108,675</b>	<b>44.4</b>	<b>n/a</b>	<b>\$17,843,725</b>	<b>6.9</b>
<b>Family Services</b>						
Family support/prevention	17	19,840,891	7.7	28	127,430,496	49.8
Counseling and mental health services	2	8,350,562	3.2	5	1,354,763	0.5
Family preservation	7	5,986,045	2.3	23	30,308,896	11.8
Family reunification	4	2,446,570	1.0	26	23,625,973	9.2
<b>Subtotal</b>	<b>n/a</b>	<b>\$36,624,068</b>	<b>14.2</b>	<b>n/a</b>	<b>182,720,128</b>	<b>71.3</b>
<b>Foster care and adoption</b>						
Foster care maintenance payments	17	27,890,783	10.8	2	647,154	0.3
Adoption subsidy payments	7	4,657,546	1.8	2	737,412	0.3
Recruitment and training for foster/adoptive parents	9	2,260,061	0.9	16	6,828,885	2.7
Adoption support and preservation services	2	446,877	0.2	27	28,481,585	11.1
<b>Subtotal</b>	<b>n/a</b>	<b>\$35,255,267</b>	<b>13.7</b>	<b>n/a</b>	<b>\$36,695,036</b>	<b>14.4</b>
<b>Miscellaneous</b>						
Multiple responses <sup>c</sup>	8	25,806,347	10.0	4	3,503,585	1.4
Other	11	4,817,180	1.9	15	12,795,915	5.0
<b>Subtotal</b>	<b>n/a</b>	<b>\$30,623,527</b>	<b>11.9</b>	<b>n/a</b>	<b>\$16,299,500</b>	<b>6.4</b>
<b>Total<sup>d</sup></b>	<b>n/a</b>	<b>\$257,154,537</b>	<b>100.0</b>		<b>\$255,807,079</b>	<b>100.0</b>

Source: GAO survey.

Notes: Percentages do not always total to 100 due to rounding.

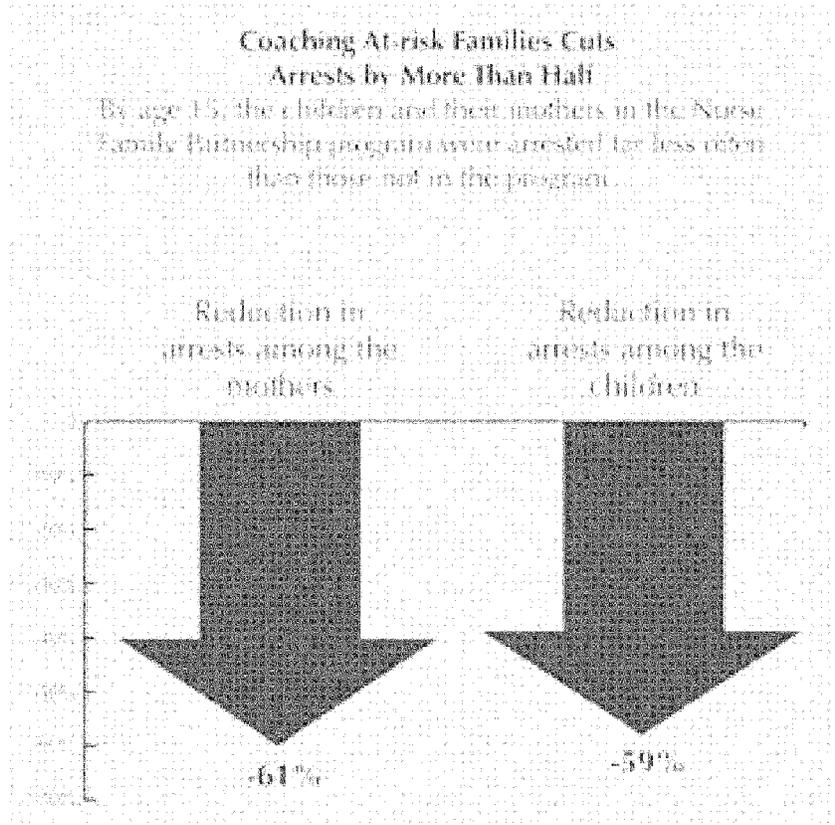
Data on subpart 1 expenditures are based on survey responses from 46 states and data on subpart 2 expenditures are based on survey responses from 44 states. While Pennsylvania responded to our survey, it did not provide expenditure data for subparts 1 or 2.

- When providing data for our survey, states were asked to indicate the single service category that best described the type of program funded by subparts 1 and 2. States may not have been consistent in categorizing services. For example, several HHS officials told us that the delineation between family support and family preservation services is not clear, thus two states providing the same services to the same types of families may report them in different categories. Inconsistencies such as these could have an effect on any measured differences among service categories.
- States may spend less than 20 percent of their subpart 2 funds on any of the required service categories if they have a strong rationale. Some HHS regional officials said that they approve exceptions to the 20 percent requirement if a state is spending a significant amount of nonfederal funds on a subpart 2 service category.
- Although states were asked to indicate the single service category that best described the type of program funded by subparts 1 and 2, several states selected multiple program categories when responding to our survey. For example, Rhode Island reported that it funded a home visitation program and indicated that this program includes family support, health, and family reunification services. Thus, the responses from states that reported multiple categories for a program are represented by this category.
- The aggregate dollars reported in the service categories do not match the total allocations for subparts 1 and 2 in fiscal year 2002. States have 2 years to spend their Title IV–B allocations. As a result, expenditures in fiscal year 2002 may include dollars from a state’s fiscal year 2001 Title IV–B allocation, as well as its fiscal year 2002 Title IV–B allocation. Similarly, some fiscal year 2002 allocations may not have been spent until fiscal year 2003.

#### **Subpart 1 Services**

The majority of subpart 1 funds were spent on staff salaries, and Washington officials said that in their state, over half of these costs paid for staff providing direct services to children and families. Overall, states reported that nearly half of Title IV–B funds used for staff salaries supported social worker positions in child protective services. Another 20 percent of funds supported positions for other social workers. The remaining costs supported other staff including those providing supervision of caseworkers and legal services. (See fig. 1.)

Figure 1: Proportion of Title IV-B Funds States Reported Using to Support Staff Salaries under Subpart 1 by Position, Fiscal Year 2002



Notes: Some states spent subpart 1 funds on salaries, but could not provide information on the types of staff positions included.

Percentages do not total to 100 due to rounding.

The remaining subpart 1 funds were split fairly evenly among administration and management, child protective services, and foster care maintenance payments:

- Administration and management comprised the second largest category of subpart 1 expenditures, accounting for almost 17 percent of subpart 1 dollars. These services included rent and utilities for office space, travel expenses for agency staff, and staff training.<sup>7</sup>
- Child protective services represent the third largest category of subpart 1 expenditures. States reported using about 16 percent of their subpart 1 funds to provide a variety of CPS services, such as telephone hotlines for the public to report instances of child abuse and neglect, emergency shelters for children who needed to be removed from their homes, and investigative services.
- States reported using nearly 11 percent of their subpart 1 funds to make recurring payments for the room and board of foster children who were not otherwise eligible for federal reimbursement. For example, New Jersey officials reported

<sup>7</sup> This amount may be understated since some states may not have separately reported administrative expenses associated with a specific program. For example, officials in one state reported that the total spending for a family support program included salaries for agency staff, overhead expenses, and related staff travel.

spending over half of the state's subpart 1 funds on foster care maintenance payments.

### Subpart 2 Services

States reported using over 70 percent of their subpart 2 dollars on serving families, with nearly half of these funds used to fund family support and prevention services. These services included mentoring programs to help pregnant adolescents learn to be self-sufficient, financial assistance to low-income families to help with rent and utilities, parenting classes, child care, and support groups provided by community-based resource centers.

The remaining subpart 2 funds were split fairly evenly among family preservation, family reunification, and services to support and preserve adoptive families.

- Family preservation services accounted for nearly 12 percent of subpart 2 dollars. Services provided by Washington state in this category included counseling and parent training services for up to 6 months for families with children who were at risk of being placed in foster care.
- Adoption support and preservation services accounted for over 11 percent of subpart 2 dollars. With these funds, states provided services such as counseling for children who were going to be adopted, family preservation services to adoptive families, and respite care for adoptive families. Officials in Ohio reported using almost half of its subpart 2 dollars for adoption services, including post adoption services and services to recruit families for children in need of homes.
- Family reunification services accounted for over 9 percent of subpart 2 funds. These services included supervised visitation centers for parents to visit with their children who were in foster care and coordinators for alcohol and drug treatment services for families whose primary barrier to reunification was substance abuse. New Jersey funded a supervised visitation program that offered parenting education, counseling, transportation, and support groups and was located in a private home, allowing families to visit together in a homelike setting and engage in more natural interactions.

### States Emphasized Different Populations Served Under Subparts 1 and 2

States served similar populations under subparts 1 and 2; however, states reported using most subpart 1 funds primarily to serve families whose children had been removed from the home, while most subpart 2 funds were reported to serve families with children at risk of removal due to child abuse or neglect, as shown in table 2. For example, states used 42 percent of subpart 1 funds to serve children in foster care and/or their parents. In contrast, states used 44 percent of subpart 2 funds for children at risk of child abuse and neglect and/or their parents.

**Table 2: Populations Served under Subparts 1 and 2 of Title IV-B as Reported by States, Fiscal Year 2002**

Population served	Subpart 1			Subpart 2		
	Number of services	Amount of funding	Percent of funding	Number of services	Amount of funding	Percent of funding
Children in foster care and/or their parents	33	\$34,732,673	42	46	\$15,218,065	9
Children at risk of child abuse and neglect and/or their parents	28	13,751,328	17	133	73,996,404	44
Multiple populations	21	11,949,444	14	43	18,119,756	11
Children at risk of child abuse or neglect and/or their parents and children living in foster care and/or their parents	12	7,077,448	9	39	17,606,172	11
All populations	5	7,513,368	9	7	11,028,464	7

**Table 2: Populations Served under Subparts 1 and 2 of Title IV-B as Reported by States, Fiscal Year 2002—Continued**

Population served	Subpart 1			Subpart 2		
	Number of services	Amount of funding	Percent of funding	Number of services	Amount of funding	Percent of funding
Children waiting for adoption, adopted children, and adoptive parents	9	4,153,271	5	54	27,340,372	16
Other populations, such as delinquent teens and foster parents	10	3,492,142	4	16	3,336,070	2
Total <sup>a</sup>	118	\$82,669,674	100	338	\$166,645,301	100

Source: GAO survey.

Note: This analysis is based on survey responses from 35 states with state-administered child welfare systems that provided population data for their subpart 1 services and 39 states with state-administered child welfare systems that provided population data for their subpart 2 services. Therefore, these data can only be generalized to states with state-administered child welfare systems.

The dollar totals in this table do not match those in table 1 because we do not have population data from states that completed the county-administered survey. Due to the differences in information available from states with county-administered child welfare systems, we did not request data from these states on the types of children and families who received services funded by Title IV-B. In addition, we did not collect data on the populations served for the category of staff salaries, and we excluded population data for the category of administration and management expenses since these expenses are not targeted to a particular population of children and families.

In our survey, we asked states for more detailed information about the populations served by programs under subparts 1 and 2, such as demographic and socioeconomic characteristics. However, few states were able to provide this data. For selected subpart 1 services, 10 states were able to estimate the extent to which the same children and families also received services under subpart 2:

- four states reported that generally none or almost none of the recipients also received a service funded by subpart 2,
- three states reported that generally less than half of the recipients received subpart 2 services,
- one state reported that all or almost all recipients received subpart 2 services,
- and two states provided varying estimates for different subpart 1 services.

#### **HHS Officials and States Supported Flexibility of Title IV-B Funding**

Officials in almost all of HHS's regional offices supported retaining the current balance between allowing states some flexibility in use of funds and targeting some resources toward prevention, regardless of whether federal funding sources are combined under alternative financing options. One regional official noted that the current financing structure of subpart 1 gives states the flexibility to address unexpected circumstances affecting the child welfare system—for example, the need to develop substance abuse treatment programs for parents affected by the cocaine epidemic of the 1980s.<sup>8</sup> Other regional officials noted that the spending requirements under subpart 2 helped ensure that states used some funds on family support services and prevention activities to help preserve families and keep children from entering foster care.

States reported in our survey that flexibility was important to meet the needs of their child welfare systems, and thus generally preferred the financing structure of subpart 1 over subpart 2, as shown in figure 2.

Figure 2: State Reported Preferences for Financing Structure of Subparts 1 and 2 of Title IV-B

<sup>8</sup> States face similar challenges addressing the service needs of families caused by the current epidemic of methamphetamine use.

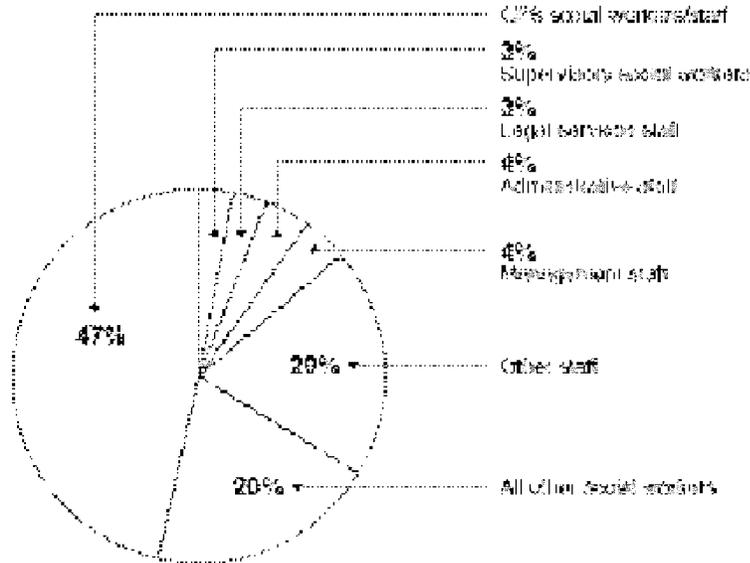


Figure 1: CPS staff preferences

Note: Data on state preferences are based on responses from 46 states, although they did not all respond to each item.

**Federal Oversight Insufficient to Ensure State Compliance with Title IV-B Spending Requirements under Subpart 1**

HHS provided relatively little oversight specific to state spending under subpart 1. HHS does not collect data on subpart 1 expenditures, relying instead on cursory reviews of plans submitted by states that discuss how they intend to use their subpart 1 funds in the coming year. HHS regional officials reported that they review these plans for relatively limited purposes because there are few restrictions on how states can spend subpart 1 dollars. We also found that HHS regional offices had paid little attention to statutory limits in states' planned use of subpart 1 funds. In response to our survey, 10 states reported actual 2002 subpart 1 expenditures that exceeded the spending limits by over \$15 million in total.

**HHS Had Little Information about States' Use of Subpart 1 Funds**

HHS received forms from states each year that showed how they planned to spend subpart 1 funds, but had little information on how states actually spent these funds. Officials from four HHS regional offices said that they generally reviewed the forms to ensure that states were requesting the total amount of subpart 1 funds to which they were entitled, and that they complied with the requirement to match 25 percent of subpart 1 funds with state funds. Most regional offices indicated that their review of the state submitted forms focused more on subpart 2 than subpart 1. For example, they reported reviewing planned subpart 2 spending to ensure that states complied with the requirement to spend at least 20 percent of funds on each of the service categories and spend no more than 10 percent of funds for administrative purposes. Several HHS officials said that they did not monitor subpart 1 funds as closely as other federal child welfare funds due to the relatively small funding amount and the lack of detailed requirements about how these funds could be spent.

Oversight of subpart 1 was further limited because spending plans states provided on the annual forms may not reliably show how states actually spent Title IV-B funds. HHS officials explained that states' actual expenditures may vary from planned expenditures as states address unforeseen circumstances. The timing for submitting the annual forms also affected how well states could plan Title IV-B spending. HHS required states to submit their initial spending plans for the upcoming year by June 30, prior to states receiving information on program appropriations for the upcoming year. While we did not conduct a review comparing state submitted planned expenditures to actual expenditures for previous years, we did identify instances that suggested differences in planned and actual expenditures as well

as data on actual expenditures that were not always accurate. For example, two states with county-administered child welfare systems said they could not reliably estimate planned spending by service category because the states did not collect expenditure data from county child welfare agencies that administer Title IV–B funds.<sup>9</sup>

One regional official explained that the only way to determine how a state actually used its Title IV–B funds was to review its financial accounts. At the time of our review, three regional offices had indicated that they had begun asking states to provide Title IV–B expenditure data.

**HHS Regional Offices Were Unaware of Spending Limits or Did Not Enforce Them**

HHS regional offices paid little attention to the statutory limits on the use of subpart 1 funds for foster care maintenance and adoption assistance. Officials in only 1 of HHS's 10 regional offices said that they ensured state plans complied with statutory spending limits for subpart 1. In contrast, 5 regional offices were unaware that any limits on the use of subpart 1 funds existed. Four other regional offices were aware that some limitations existed, but did not ensure state compliance with them.

Two regional offices said they did not monitor planned expenditures for subpart 1 because they had no data to calculate the spending limit for each state, and HHS had not provided guidance on how to enforce the limits. Officials in another region said that their office discontinued subpart 1 compliance reviews because they considered the limits to be meaningless because state and federal funds are fungible and state funds spent on child welfare services greatly exceeded subpart 1 federal funds. In other words, any attempt to enforce the limits, according to these officials, would only lead to changes in how states accounted for state and federal funds.

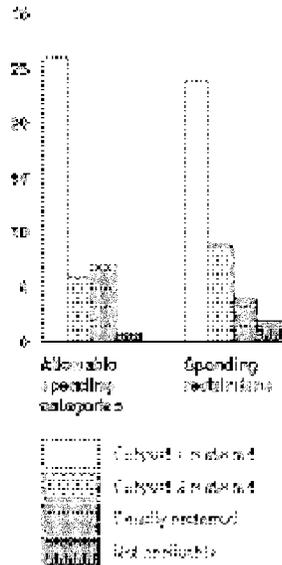
Some states reported in our survey that they spent 2002 subpart 1 funds in excess of the statutory authority for foster care maintenance and adoption assistance payments. (See fig. 4.) While spending excesses were small in some states, they were large in others, ranging from a low of \$27,000 in New Hampshire to nearly \$4 million in Michigan. In total, reported actual spending by the 10 states exceeded the statutory limit by over \$15 million.

Figure 4: States Reporting Actual Expenditures in Excess of Statutory Authority for Foster Care Maintenance and Adoption Assistance Payments under Title IV–B, Subpart 1, Fiscal Year 2002

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<sup>9</sup>Most states administer their child welfare systems at the state level; however a few states delegate administrative responsibility and control to counties or other local entities. Several large states, such as California, New York, Ohio, and Pennsylvania, are county-administered.

Number of states reporting a preference



Source: HHS, 2006, 2008.

Subsequent to our review, ACF issued guidance to states reminding them of the statutory spending limits for Title IV–B subpart 1 funds in November 2003. This guidance included information needed by each state to calculate its spending limit for foster care and adoption assistance payments, and day care related to employment or training.

**Little Research Existed on the Effectiveness of Title IV–B Services**

Research on the effectiveness of services provided under subpart 1 of Title IV–B was limited, and HHS evaluations of subpart 2 services showed no or little effect on children’s outcomes. In our survey, 22 states reported providing services other than maintenance payments, staff salaries, or administration under subpart 1; however, none of these states had evaluated the outcomes of these services. One state official said that few states could afford to divert resources away from direct services to families in order to conduct formal program evaluations, given the tremendous service needs of families involved in the child welfare system.

Similarly, our literature review showed that few evaluations had been conducted, and evaluations that had been conducted produced mixed results. For example, one study evaluating a program<sup>10</sup> in Texas to increase family literacy and prevent child abuse by enhancing parent-child interactions cited results showing positive effects on children’s measured competence and classroom behavior. However, evaluation of the same program in New York did not consistently show differences in outcomes for children and parents in the program compared to those in a control group.

HHS evaluations of subpart 2 services also have shown no or little effect, as reported by the Congressional Research Service.<sup>11</sup> The Congress required HHS to evaluate the effectiveness of programs funded under subpart 2 as part of its initial approval of funding for family preservation and family support services. HHS focused on the use of subpart 2 funds in three large-scale evaluations. One looked at overall implementation issues for the program, the second looked at the effectiveness of two models of family preservation services (both providing relatively intensive casework), and the third looked at the effectiveness of a wide range of family

<sup>10</sup>The Home Instruction for Parents of Preschool Youngsters (HIPPY) program has a goal to prevent academic underachievement of children when they enter school. HIPPY works with parents in their homes or in parent groups to increase the degree of literacy in the home. The program also seeks to prevent child abuse by enhancing child-parent interactions and focuses on economically disadvantaged parents who may not be involved in parenting programs.

<sup>11</sup>Congressional Research Service, *The Promoting Safe and Stable Families Program: Reauthorization in the 109th Congress*, April 7, 2006., pp. 10–18.

support services. Overall, the findings were similar across all evaluation sites showing subpart 2 services provided no or little effect in reducing out-of-home placement, maltreatment recurrence, or improved family functioning beyond what normal case-work services achieved.<sup>12</sup> No similar large scale evaluations of time-limited reunification services or of adoption promotion and support services have been made.

**Prior Recommendations**

Our 2003 report recommended that the Secretary of HHS provide the necessary guidance to ensure that HHS regional offices are providing appropriate oversight of subpart 1, consider the feasibility of collecting data on states' use of these funds to facilitate program oversight and guidance to states, and use the information gained through enhanced oversight of subpart 1 to inform its design of alternative child welfare financing options. ACF agreed with our findings and implemented guidance to states reminding them of the statutory requirements for subpart 1 spending. ACF disagreed with our recommendation to consider collecting data on subpart 1 expenditures. ACF believed that its level of oversight was commensurate with the scope and intent of subpart 1, noting that its oversight efforts are more appropriately focused on reviews of the states' overall child welfare systems. ACF did not comment on our recommendation to use such data to inform the design of an alternative financing option.

Mr. Chairman, this completes my prepared statement. I would be happy to respond to any questions you or other Members of the Subcommittee may have.

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Chairman HERGER. Thank you. Thank you, Ms. Ashby. The Honorable Cohen to testify.

**STATEMENT OF THE HONORABLE CONSTANCE COHEN, ASSOCIATE JUVENILE JUDGE IN THE FIFTH JUDICIAL DISTRICT OF IOWA, ON BEHALF OF THE ZERO TO THREE**

Ms. COHEN. Thank you very much, Mr. Chairman and Members of the Subcommittee. My name is Constance Cohen. I have been on the Juvenile Court bench in Des Moines, Iowa for the past 12 years. My jurisdiction includes dependency termination, parental rights, child welfare, and adoption rights. I appreciate the opportunity to speak to you today on behalf of the Zero to Three Foundation. I commend you, Mr. Chairman, for taking the time to hold this hearing to address the challenges of improving child protection programs, and I also would like to thank Congressman Melissa Hart, who I know is a Member of your Committee, for her recent support of Court Teams and bringing the project to Allegheny County. Like so many of my colleagues on the bench, my judicial and legal training did little to prepare me to make the best decisions for maltreated children and their families. I was a teacher before I entered law school. For 12 years I taught, and so I had some child development training, and I was also a pig farmer. I didn't come to pig farming because my parents were pig farmers. I didn't know a darn thing about pig farming. I was a suburb girl from St. Louis, Missouri. Pig farming, like any other profession, requires practical and scientific expertise. Not everyone has that expertise. Do you know the gestational period for pigs? Do you know how to pick up a baby pig? I see you are nodding your head. It would be irresponsible to get into a business like that if you didn't know that information. I was fortunate because I was mentored by people who knew that, and I was a fairly successful pig farmer. I needed to know those things before I committed precious resources and time

<sup>12</sup>U.S. Department of Health and Human Services, Evaluation of Family Preservation and Reunification Programs, Final Report (Volumes 1 and 2), Dec. 2002.

to this project. Most people would never consider investing at that level in a venture which required skills that they didn't possess, but that is exactly what most legally trained judges and lawyers do when it comes to child development and mental health issues for children in the system. They need a child development or mental health expert to provide them with the training and consultation that I was able to benefit from my neighbors.

I want to talk to you today about a project that fixes that disconnect, a project called Court Teams For Maltreated Infants and Toddlers. Knowledge about babies development is crucial in my work. Every day in the United States, 118 babies leave their homes because their parents cannot take care of them. Children between birth and three have the highest rates of abuse and neglect victimization. Their rapidly developing brains mean infants and toddlers in child welfare are at a great risk of compromised development. Without help, they face life-long implications. These implications include school failure and juvenile delinquency. Too many of the young children I see in my court do not receive appropriate services. Increasingly in Iowa, these children are primary and secondary victims of the rapid proliferation of methamphetamines. In Polk County, Iowa, a total of 1,300 children younger than 5 in the CWS and approximately 90 percent of those children have cases that involve methamphetamines. Our Nation's CWS is not meeting the needs of our most vulnerable children, as confirmed by the Child and Family Services reviews, findings of shortcoming in permanency and stability in capacity. Like other States, I was struggling to meet the outcome related to physical and mental health services. In fact, child welfare, substance abuse treatment, and mental health agencies were not even talking to each other. We know what works. An array of interrelated factors such as parent-child visits, caseworker consistency and reasonable caseloads and few replacements for children all help lead to permanency more quickly and underscore the need for a stronger, more coordinated system of child and family services. Child protective services alone cannot achieve these goals for children. It takes judicial leadership and collaboration.

Permit me to describe this partnership model using a collaborative approach to achieve better family outcomes. Court Teams For Maltreated Infants and Toddlers is a model, grounded in the innovative approach taken by Judge Cindy Lederman of the Juvenile Court in Miami, Dade County, Florida and Dr. Joy Osofsky of the Louisiana State University Health Sciences Center. Three years of data in their parent-child intervention show substantial gains in improving child and parent interaction and prospects for reunification. Front loading and coordinating early intervention services have resulted in nearly 100 percent safe reunification without reabuse. Taking a lesson from my farmer days, Court Team starts with training on a baby's developmental needs and building community collaborations to put this knowledge to good use. Members of my Court Team include other judges, pediatricians, child welfare workers, attorneys, mental health and drug treatment professionals, foster parents, Early Head Start, child care providers and court-implemented project staff, as well as others. With support and training from Zero to Three, my Court Team

is ensuring that infants and toddlers have expedited access to services by monitoring these cases every month. Already solid collaborations be among community collaborators are leading to flexible ways to communicate to our children in the very first days after court intervenes. Court Teams help promote reunification or other permanent arrangements and improve the way juvenile and family courts function by creating more effective collaboration and greater understanding of the needs of children and families, our Court Team is also enhancing our community's capacity for prevention.

The Court Team's project is in four other communities besides Des Moines, and many other judges would like to participate. Our roles as leaders of our Court Teams are consistent with our responsibilities as juvenile and family court judges for the well-being of the children in our courts, and for ensuring they receive the resources and supports that they need as well as to fulfill our mandates under the Adoptions and Safe Families Act 1997 (P.L. 105-89). In conclusion, I cannot overstate the developmental importance of the first years of life. To ignore the science of brain development and attachment needs of infants and toddlers when they come into the CWS is practically to guarantee that they will experience difficulties later on. Court Teams is not a global solution to the problems of the CWS, Mr. Chairman, but it is a proven concrete approach to addressing a critical need at every local level. As the Subcommittee looks at ways to improve child welfare systems, I encourage you to expand Court Teams and provide other judges with the opportunities similar to the one I have in my court, to improve the lives of young children. Thank you so much for your time and for your commitment to our Nation's most vulnerable infants and toddlers.

[The prepared statement of Ms. Cohen follows:]

**Statement of The Honorable Constance Cohen, Associate Juvenile Judge, Fifth Judicial District of Iowa, Des Moines, Iowa, on behalf of Zero to Three**

Mr. Chairman and Members of the Subcommittee:

My name is Constance Cohen. For the last 12 years I have sat on the Juvenile Court bench in the Fifth Judicial District of Iowa. My jurisdiction includes dependency, delinquency, termination of parental rights, involuntary juvenile commitments, and adoption. I appreciate the opportunity to speak to you today on behalf of ZERO TO THREE on ways to improve child protective services and to ensure the safety and permanency of very young children in the child welfare system. I commend you, Mr. Chairman, and Members of the Subcommittee for holding a hearing on the challenges of improving child protection programs and ensuring that at-risk families receive the services they so desperately need.

Like so many of my colleagues on the bench, my judicial and legal training did not prepare me to make the best decisions for maltreated children and their families. Before I was a juvenile court judge and before I was a teacher, I was a pig farmer. Pig farming, like any other profession, requires practical and scientific expertise. Not everyone has that expertise. I know the gestational period for pigs. I know how to pick up a baby pig. I know these things because I received training. I needed to know those things to be a competent pig farmer. Most people would never consider investing in a venture which required knowledge and skills they didn't possess. But that's exactly what most legally trained judges do when they don't have a child development/mental health expert to provide them with training and consultation. I want to talk to you today about a project that fixes that disconnect, a project called Court Teams for Maltreated Infants and Toddlers.

The Court Teams project focuses on the youngest and most frequent victims of abuse and neglect and the only ones without words to tell us that they hurt—babies and toddlers. In the time it takes to watch an episode of *Law and Order SVU*, five U.S. infants are being removed from their homes for abuse or neglect or both. During the time you're getting ready to go to work, another five babies move into foster

care. Every day in the United States, 118 babies leave their homes because their parents cannot take care of them.<sup>1</sup> The quality of their entire lives—at home and in foster care—is deeply troubling.

Increasingly in Iowa, these children are victims of the rapid proliferation of methamphetamines. In Polk County, Iowa, a total of 1,300 children younger than five are in the child welfare system; and approximately 90% of those cases involve methamphetamine use and/or manufacture. In recent years, Iowa's infants and toddlers have been maltreated at twice the national average. Like many states, Iowa has imposed new controls on pseudophedrine products. This law has significantly reduced the number of “mom and pop” meth labs. However, meth addiction is so profound that users are substituting purer and even more toxic forms of the chemical, such as imported crystal meth, and addiction is on the rise.

Even in the face of these daunting conditions, I believe we are changing the outlook for young children. So I also want to tell you about my Court Team, a promising community-level solution to breaking the cycle of child maltreatment that I have adopted in my court. In my role as a juvenile and family court judge, I partner with a child development specialist to convene a Court Team that literally changes the way we approach the needs of very young children. Members of my Court Team include other judges; pediatricians; child welfare workers; attorneys representing children, parents, and the child welfare system; Court Appointed Special Advocates (CASAs); Guardians *Ad Litem*s (GALs); mental health professionals; substance abuse treatment providers; representatives of foster parent organizations and children's advocacy groups; Early Head Start and child care providers; and Court Improvement Project staff. By working together, with support and training from ZERO TO THREE, my Court Team is leading our community to ensure that infants and toddlers have expedited access to the services they need for healthy development and their parents have the opportunity to learn to create a safe home for their children.

I believe Court Teams greatly enhances our community's ability to meet the goals of Promoting Safe and Stable Families. Court Teams are coordinated programs of community-based family support services that work diligently with birth, foster, and adoptive parents to achieve the best outcomes for children. I also believe that the collaboration and systems change that is the core of the Court Teams approach can increase our community's capacity for helping families succeed before they come into the child welfare system.

### ***Portrait of Infants and Toddlers in Foster Care***

To understand why it is so important to focus on infants and toddlers, one only has to look at the compelling statistics about what happens to them when they are abused or neglected and enter the child welfare system. Children between birth and three years have the highest rates of abuse and neglect victimization. Although infants only account for 5.6% of the child population, they represent double that percent of all child maltreatment victims.<sup>2</sup> Children ages three and younger are also 32% more likely to be placed in foster care than children ages four to 11.<sup>3</sup> Once they have been removed from their homes and placed in foster care, infants stay in foster care longer than older children.<sup>4</sup> Half of the babies who enter foster care before they are three months old spend 31 months or longer in placement.<sup>5</sup> And one-third of all infants discharged from foster care re-enter the child welfare system.<sup>6</sup> When we consider the dramatic brain development that occurs during the first three years of life, it is clear that far too many children are spending these critical early years in a most precarious living arrangement.

<sup>1</sup> Administration for Children & Families. (August 2005) *The AFCARS Report: Preliminary FY 2003 Estimates as of April 2005 (10) What were the ages of the children who entered care during FY 2003?* U.S. Department of Health and Human Services, [http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/tar/report10.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report10.htm), retrieved January 23, 2006.

<sup>2</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2006) *Child Maltreatment 2004*, Washington, DC: U.S. Government Printing Office, Table 3-10.

<sup>3</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2006) *Child Maltreatment 2004*, Table 4-8, retrieved on May 19, 2006 from [http://www.acf.hhs.gov/programs/cb/pubs/cm04/table6\\_8.htm](http://www.acf.hhs.gov/programs/cb/pubs/cm04/table6_8.htm).

<sup>4</sup> Wulczyn, F. & Hislop, K. (2002) Babies in foster care: The numbers call for attention. *ZERO TO THREE Journal*, (22) 4, 14-15.

<sup>5</sup> *Ibid.*

<sup>6</sup> Wulczyn, F. & Hislop, K. B. (2000). *The placement of infants in foster care*. Chicago, IL: Chapin Hall Center, for Children, University of Chicago.

### ***Developmental Impact of Child Abuse and Neglect on Very Young Children***

Infants and toddlers who come into contact with the child welfare system are at great risk of compromised development.<sup>7</sup> Despite their vulnerability, too many of the young children I see in my court on child abuse or neglect cases or other dependency matters do not receive services that can address and ameliorate these risks. A significant percentage of children in foster care do not even receive basic health care, such as immunizations, dental services, hearing and vision screening, and testing for exposure to lead and communicable diseases.<sup>8</sup> Approximately 42% of them are developmentally delayed, many of them so delayed that pediatricians consider them developmentally impaired.<sup>9</sup>

Infants and toddlers are the most vulnerable to the effects of maltreatment, and its impact on all aspects of their development can have life-long implications if not properly addressed.<sup>10 11</sup> Research shows that young children who have experienced physical abuse have deficits in IQ scores, language ability, and school performance, even when the effects of social class are controlled.<sup>12</sup> Physical abuse extracts a substantial toll on young children's social adjustment, as seen in elevated levels of aggression that are apparent even in toddlers.<sup>13</sup> Long-term negative outcomes include school failure, juvenile delinquency, substance abuse, and the continuation of the cycle of maltreatment into new generations. By waiting until children enter school, we are missing the most critical opportunity for prevention and intervention.<sup>14</sup>

### ***The Challenge: Ensuring Safety, Permanency and Well-Being***

It is clear that our nation's child welfare system is not meeting the needs of our most vulnerable children. As you know, the federal government, through Child and Family Services Reviews (CFSR), monitors the states' performances on 14 child welfare outcomes. These outcomes include seven measures addressing safety, permanency, the children's well-being, and seven outcomes focused on system readiness (e.g. statewide information systems, case review systems, and training). After completing the first round of reviews in 2004, the Children's Bureau reported<sup>15</sup> that no state was in substantial compliance with the requirements regarding permanency and stability in children's living arrangements and enhanced capacity of families to meet children's needs.

In specifically looking at children five and under, the Children's Bureau found that only slightly over half had permanency and stability in their living arrangements. In a study of 19 states' performances on CFSR indicators, no state achieved all specified outcomes and all failed to meet the outcome related to the provision of physical and mental health services. These dismal findings are particularly troubling for infants and toddlers. We know that future development in key domains—social, emotional, and cognitive—is based on the experiences and relationships formed during these earliest years.

Like all 19 states in the study referenced above, my state of Iowa was not meeting the outcome related to the provision of physical and mental health services. Without prompt and adequate assessment and treatment for the developmental and social problems that are endemic to children who have experienced maltreatment<sup>16</sup> the consequences of maltreatment will go unchecked and lead to academic, professional,

<sup>7</sup> Family Life Development Center, College of Human Ecology. (Fall 2004) *NSCAW Documents High Risk Level of Children in Child Welfare System*. The NDACAN Update, Vol. 15, Ithaca, NY: Cornell University, page 4.

<sup>8</sup> Stahmer, A.C., Leslie, L.K., Hurlburt, M., Barth, R.P., Webb, M.B., Landsverk, J., and Zhang, J. (2005) *Developmental and Behavioral Needs and Service Use for Young Children in Child Welfare*. Pediatrics, vol. 116, no. 4. Grove Village, IL: American Academy of Pediatrics. Pages 891–900.

<sup>9</sup> Ibid.

<sup>10</sup> Cicchetti, D., and V. Carlson, Eds. *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. New York, Cambridge University Press, 1989; National Research Council. *Understanding Child Abuse and Neglect*. Panel on the Understanding and Control of Violent Behavior. A.J. Reiss, Jr., and J.A. Roth, eds. Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press (1993).

<sup>11</sup> Kolko, D.J. "Child physical abuse." Pp. 21–50 in *The APSAC Handbook on Child Maltreatment*. J. Briere and L. Berliner, eds. Thousand Oaks, CA: Sage Publications, Inc. (1996).

<sup>12</sup> Shonkoff, J., & Phillips, D. (Eds.). (2000) *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

<sup>13</sup> George, C., and M. Main (1995). "Social interactions of young abused children: Approach, avoidance, and aggression." *Child Development*, ( 50) 2, pp. 306–318.

<sup>14</sup> Infant Mental Health Project, Center for Prevention and Early Intervention Policy, Florida State University, Tallahassee.

<sup>15</sup> The following data is drawn from a Children's Bureau Power Point presentation found on the internet at: <http://www.acf.dhhs.gov/programs/cb/cwrp/results/statefindings/statefindings.ppt>.

<sup>16</sup> Stahmer, A.C., Leslie, L.K., Hurlburt, M., Barth, R.P., Webb, M.B., Landsverk, J., and Zhang, J. (2005). *Op cit*.

and personal problems that will plague them throughout their lives.<sup>17 18 19</sup> I would also like to note that in a 2004 report on substance abuse issues covered in Iowa's Child and Family Service Reviews, "stakeholders noted that there is a considerable communication barrier among child welfare, substance abuse treatment and mental health. A family could be involved with all three agencies and no one would know that."<sup>20</sup>

Clearly, the CFSR's identified many needs and gaps in child welfare. I know the Committee is considering how to use the \$40 million in new funding for Promoting Safe and Stable Families included in the Deficit Reduction Act to address some of these shortcomings and must choose among many possible uses. I understand that one proposal is to use the new funds as an incentive for states to ensure monthly caseworker visits with children in care. Although strong casework is certainly a factor in good outcomes for children, I am concerned that unless resources are adequate to reduce caseloads the proposed monthly visits by caseworkers will likely be perfunctory, meeting the letter of the law but not the needs of the young child. Moreover, there is an array of interrelated factors that help lead to permanency more quickly, and we need to build a stronger, more coordinated system of child and family services in which these factors can be addressed.

A few of the factors that influence the speed at which children move through the child welfare system include:<sup>21</sup>

- Caseworker consistency: Any changes in the caseworker decrease the likelihood of permanence in a year by 52%. Children and parents are better served when they are able to develop a relationship with the person who is supposed to help them navigate their journey through the child welfare system.
- Fewer placements: Every time a child is moved from one caregiver to another it reduces the chances of achieving permanence in a year by 32%. In addition to this short term negative consequence, we also know that these moves have damaging long term emotional consequences for very young children.
- Increased parent/child visits per week: Very young children need to see their parents many times each week if they are going to build a positive and loving bond with them. The research shows that each additional visit between foster children and their birth parents triples the likelihood of reaching permanence within a year.

In addition, in Iowa we proceed from Day One of each maltreatment case with a Plan A, which is usually reunification, AND a Plan B, which involves another possible permanent placement for the child. The literature suggests that concurrent planning leads to faster permanent homes for children.

Unquestionably, there needs to be more research on effective interventions that lead to positive outcomes for children in the child welfare system. But clearly, it is no longer reasonable to ask our overburdened child protective services workers to bear alone the responsibility for achieving the best possible outcomes for children. Instead, let me describe a new partnership model that speaks to the state Program Improvement Plans and a collaborative approach to achieving the child and family outcomes codified in the CFSR.

#### ***A Promising Solution: Infant-Toddler Court Teams***

As a former educator, I know the critical importance of the first years of a child's life. So I was most eager to take advantage of the unique opportunity Court Teams provide to improve the well-being of infants and toddlers in the child welfare system. My role as the leader of our Court Team is consistent with my role as a Juvenile and Family Court Judge, especially as expanded under the Adoption and Safe Families Act (ASFA). In both instances, I am responsible for the well-being of the

<sup>17</sup> Halfon, N.; Mendonca, A.; & Berkowitz, G. (1995). *Health status of children in foster care: The experience of the Center for the Vulnerable Child*. **Archives of Pediatric and Adolescent Medicine**, 149(4), 386-391.

<sup>18</sup> Osofsky, J.D., Maze, C.L., Lederman, C.S., Grace, M., Dicker, S. (2004). *Questions every judge and lawyer should ask about infants and toddlers in the child welfare system*, **Juvenile and Family Court Journal**, 55 (2), 47.

<sup>19</sup> Malbin, D.V. (2004). *Fetal alcohol spectrum disorder (FASD) and the role of family court judges in improving outcomes for children and families*. **Juvenile and Family Court Journal**, 55 (2), 53-63.

<sup>20</sup> Young, N.K., Gardner, S.L., Whitaker, B., Yeh, S. (September 2004). *A Preliminary Review of Alcohol and Other Drug Issues in the States' Child and Family Services Reviews and Program Improvement Plans*. Irvine, California: National Center on Substance Abuse and Child Welfare, page 17.

<sup>21</sup> National Clearinghouse on Child Abuse and Neglect Information (2005). *Concurrent planning: What the evidence shows*. Washington, DC: U.S. Department of Health and Human Services.

children in my court and must ensure they receive the resources and supports they need to address their special needs. I could not in good conscience sit by, waiting for the child welfare system to be reformed from the top down. Just as I sought to be a better pig farmer by learning the business, I as well as other legal and social service professionals involved with very young children in our community have welcomed Court Teams' training and education on babies' developmental needs. With this knowledge, we are helping to create better outcomes for babies and reduce the recurrence of abuse and neglect through improved coordination and collaboration among Court Team members who represent community service providers and stakeholders in Polk County.

Iowa's social workers have extremely high caseloads, among the highest in the nation. The CFSR reviewers said they were "blown away" by the collaborative spirit in Polk County in light of the extraordinarily high caseloads. Our project has enabled us to enhance the attention families receive from the very beginning of pilot cases in which babies and toddlers have been removed from parents. Our system is very complicated, and we have employed a navigator to help parents connect to services such as visitation, transportation, and evaluations, within five to ten days of removal.

Court Teams can help states and communities meet the purpose of the Promoting Safe and Stable Families program directed at addressing the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner as well as helping to improve the way juvenile and family courts function to provide for the safety, well-being and permanence of children in foster care. These are exactly the areas Court Teams addresses. Many of the services and organizations involved with Court Team families are also the keys to preventing families from crossing the line where their children must be removed from their homes—or of coming to the attention of the child welfare system in the first place. By promoting better collaboration and greater understanding of the needs of children and families, our Court Team is enhancing our community's capacity for prevention.

The Court Team model is grounded in the innovative approach taken by the Honorable Cindy Lederman, Presiding Judge of the Juvenile Court in Miami-Dade County, Florida, and Dr. Joy Osofsky, of the Louisiana State University Health Sciences Center, to address the well-being of infants, toddlers and their families. The Miami-Dade project grew out of the science of child development and focuses on ensuring young children have access to high-quality services as well as improving how they and their parents interrelate. A collaborative initiative involving the Miami-Dade Juvenile Court, Louisiana State University and the Linda Ray Center has provided parent-child therapeutic interventions to mothers and babies. Three years of data in the Miami-Dade Juvenile Court show substantial gains in improving parental sensitivity, child and parent interaction, and behavioral and emotional parental and child responsiveness. For those families completing treatment, 58 percent of children improved in their developmental functioning.<sup>22</sup> There were no new substantiated reports of abuse or neglect.<sup>23</sup> And 100 percent of infants were reunified with their families.<sup>24</sup>

Research is confirming the effectiveness of the approach used in the Miami-Dade Juvenile Court, and I have adopted a similar approach in my system. The first step is to form a team from committed service providers in the community. This Court Team then works to start services right away. These services include developmental and health assessments, frequent visitation, and supports to ensure stable placements. In addition, we monitor these cases each month, and institute additional services to better promote child well-being. Our Court Team has already formed solid collaborations among community providers. The Early Access Early Intervention Project, Drake Head Start, and the Child Guidance Center (a mental health center for children) are formulating flexible ways to deliver services to the population of children in our project. As I mentioned, we are also undertaking the education of community members on the development and needs of infants and toddlers. Just last week, our Court Team, in collaboration with the Drake University School of Law and the Middleton Children's Rights Center, held a joint conference to educate students and professionals in the fields of law and social work on ways to improve the system of services for very young children. Ultimately, it is my hope that mental health interventions similar to the one used in Miami-Dade will be

<sup>22</sup> Adams, S., Osofsky, J., Hammer, J., & Graham, M. (2003). *Program Evaluation Florida Infant & Young Child Mental Health Pilot Project, Year 3, Final Report*. Tallahassee, FL: Florida State University Center for Prevention & Early Intervention Policy.

<sup>23</sup> *Ibid.*

<sup>24</sup> *Ibid.*

available in my jurisdiction to help improve parents' interactions with infants and toddlers, speed final decisions concerning the futures of young children and break the intergenerational transmission of abuse and neglect.

***Widespread Interest in Court Teams Approach***

The Court Teams project is in four other communities besides Des Moines, Iowa—Fort Bend County, Texas; Hattiesburg, Mississippi; Allegheny County, Pennsylvania; and New Orleans, Louisiana. In each jurisdiction a judge is partnering with a child development specialist to create a team of child welfare and health professionals, child advocates and community leaders who provide services to abused and neglected infants and toddlers. By working together, with support and training from ZERO TO THREE, our teams are developing and enacting comprehensive approaches to meet young children's complex needs, swiftly and effectively. We are all working to enhance and better coordinate services for these children and their families. Court orders for cases involving young children are now being written to include services for the children as well as the parents, and monthly reviews are ensuring that court-ordered referrals are implemented as ordered. Our ultimate goal is to stop the intergenerational cycle of abuse and neglect, heal these children and families and assure their safety and well-being.

The promising developments in our initial sites are only the beginning. We are starting to see more and more critical developmental services being provided to infants and toddlers and, just as important, increasing evidence of systemic change in the way communities respond to these children's needs. As word of the Court Teams project has spread, my colleagues around the country have become enthusiastic about the approach and are seeking to incorporate it into their own court procedures. However, they lack the resources without outside support.

***Conclusion***

We must ensure that infants in the child welfare system are healthy and safe. During the first years of life, children rapidly develop foundational capabilities—cognitive, social and emotional—on which subsequent development builds. The amazing growth that takes place during these early years creates vulnerability and promise for all children. These years are even more important for maltreated infants and toddlers. We know from the science of early childhood development what infants and toddlers need for healthy social, emotional and cognitive development. We also know that infants and toddlers in the child welfare system are at great risk for poor outcomes. We must continue to seek support for services and programs that ensure that our nation's youngest and most vulnerable children are safe and that promote and improve all aspects of their health and development.

Although ASFA made states accountable for providing services to address the "safety, permanency and well-being of children and families," we know that states are struggling to comply with the law's requirements. While ASFA has revolutionized the child welfare system for the better overall, we also know that the best possible outcome for a child caught up in this system is to be reunified as soon as possible with parents who can provide a safe and stable permanent home. Given what we know about the time it takes to resolve a methamphetamine addiction, families enter the system with two strikes against them. The scientists tell us it takes about a year after a parent stops using for the brain to begin to function as it did before meth use. We have fifteen months from the time of removal to help families reunify safely. Fifteen months is a very long time in the life of a toddler, but not very long in the life of a recovering parent. ASFA is good for children. But it also imposes a responsibility—to frontload the system as Judge Lederman did in Miami, for children everywhere—a responsibility that we have not accepted due to lack of resources. Policies and funding must be directed toward preventing harm to maltreated young children and assuring that they are safe in permanent and stable living arrangements—and beginning these efforts as soon as they come into care and the ASFA clock starts ticking. I urge the Subcommittee to make the investment now to ensure that the current ill-equipped child welfare system can better protect very young children.

Court Teams is not a global solution to the problems of the child welfare system, Mr. Chairman. But it is a very concrete approach to addressing a critical need at the local level. To ignore the needs of infants and toddlers when they come into the child welfare system in the earliest stages of life is practically to guarantee that they will experience difficulties later on. As the Subcommittee looks at ways to operate coordinated programs of community-based family support services, I encourage you to consider the Court Teams approach and provide other judges with opportunities similar to the one I have in my court—to improve the lives of young children under their courts' jurisdiction.

Thank you for your time and for your commitment to our nation's most vulnerable infants and toddlers.

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Chairman HERGER. Thank you, Ms. Cohen. Ms. Spears to testify.

**STATEMENT OF LINDA SPEARS, VICE PRESIDENT OF CORPORATE COMMUNICATIONS AND DEVELOPMENT, CHILD WELFARE LEAGUE OF AMERICA**

Ms. SPEARS. Thank you so much. I am honored to be here today to speak on behalf of the Child Welfare League of America and our nine other member agencies around the country. I am deeply grateful to the Chairman and Members of the Subcommittee. We at CWLA believe that the country must affirm our commitment to prevent abuse and neglect and to support the needs of children who are abused and neglected. We believe that strong partnerships at Federal, State, and local level are an essential tool in getting this accomplished. As has already been stated, we know that the key indicators of child protection have remained unchanged, with 40 percent of children substantiated cases not receiving the needed follow-up services. CPS service systems, responding to these children in the 50 States are funded by a variety of sources, including The Social Services Block Grant (SSBG). In 2004, 38 States spent \$194 million in SSBG funds for CPS. We highlight this because SSBG, under the jurisdiction of this Committee, is threatened with potential reduction of \$500 million in the President's proposed fiscal year 2007 budget. Such a reduction in funding would be devastating to CPS and other services. A CPS system that functions well, has a fully staffed and competent workforce. We cannot emphasize enough the need for a national child welfare workforce strategy. CWLA's vision for an optimal CWS encompasses a variety of services ranging from prevention and neglect to permanency and stability for children in out-of-home care. Key ingredients include a family-centered approach that involves an entire family and shows greater effectiveness than those services targeting children or parents alone. A highly professional and stable workforce that includes a supportive work environment, supervisory mentoring, manageable caseloads, formal social work education, and so forth, that can provide workers with the knowledge and skills they need to assess cases. Prevention services and related services to help safely maintain children with their families and permanency and stability that nurture children, include kinship placements that are more stable and normalizing than other forms of care. After care and transitional services can help reduce re-entry rates with children, which are now at about 25 percent, especially for families where there are multiple complex needs and adoptive families and for youth exiting care.

In regard to PSSF, the program supports four vital services, including basic support strength that strengthen the families, supports for families being reunified and families that we are trying to preserve and for the adoptive families in need of support. We believe that these services and families should continue to be the target of PSSF. CWLA supports the extension of the \$40 million in

mandatory funding, and we want to work with the Members of Congress to see that PSSF is fully funded at the \$505 million level adopted by this Committee in 2001. To truly reach the goal of safe and stable families, we must provide more support services that PSSF attempts to address. CWLA recognizes that the Members of Congress may see the \$40 million as a way to address other child welfare issues. If so, we all strongly urge this as the first step in a comprehensive strategy to strengthen the workforce over the next few years. The draft legislation includes a workforce element tied to caseworker visits. CWLA supports regular and ongoing visitation as a critical part of a broader casework process that cannot work alone. To reach this visitation goal, each State should be assisted in implementing a long-term workforce strategy that sets goals around reduced workforce turnover, higher education level, adequate caseloads, initial and ongoing training, adequate supervision and partnerships with educational institutions. We urge the Committee to—the Subcommittee to draft legislation that allows flexible funding and planning that includes working with the States to develop outcomes that track progress toward workforce goals. It should be recognized that \$40 million for 50 States may limit the progress we all seek to advance in achieving these goals. It will also be difficult to determine how this \$40 million will supplement and not supplant current State efforts, since it will overlap with title IV–E administration, but we do highlight additional resources are needed.

In your reauthorization, we also suggest that Congress—that this Committee include recommendations being proposed by the National Indian Child Welfare Association, the National Congress of American Indians and the Association of American Indian Affairs. Their joint proposal would set the reserve amount for funding for tribal governments at three percent in both mandatory and discretionary funding. Consortium of tribal governments could also apply for funding, and we endorse an authorization of a tribal court improvement program. As a part of the application, States should submit information on how they intend to allocate their PSSF funding. Information submitted can be collected and included in an annual report by HHS. We also urge the Subcommittee to consider legislative language directing HHS to work with the States to determine how to best compile an annual report describing how funds are spent and how children and families are served. Like the SSBG report, this information can provide a stronger picture of why the funding is important. We commend the Committee for including the reauthorization of the mentoring program for children of prisoners in this legislation. Currently, there are some 218 Federally funded mentoring sites serving thousands of children. It would be tragic for these children to have their mentoring disrupted or end prematurely, and we urge the Committee to allow provisions that would allow these efforts to continue. CWLA appreciates the Subcommittee's efforts to better align IV–B part one, the CWS program, with promoting safe and stable families. This can add clarity to the understanding of funding sources, although it is unclear to the extent to which IV–B one funds are spent on adoption and foster care annually. CWLA appreciates the committee's efforts at updating the State plan, and we suggest including requirements to

address overrepresentation of children of color in the CWS. As the legislation moves forward, we look forward to a continued dialog with the Members of the Committee and others. We hope that this serves as a building block for future efforts that can have—that can create a comprehensive reform for our children and families. Thank you very much.

[The prepared statement of Ms. Spears follows:]

**Statement of Linda Spears, Vice President, Corporate Communications and Development, Child Welfare League of America**

Hello, I am Linda Spears, Vice President of Corporate Communications and Development of the Child Welfare League of America (CWLA). I am honored to submit comments on behalf of CWLA, and our nearly 900 public and private nonprofit, child-serving member agencies this afternoon. The attention given by the Human Resources Subcommittee of the Ways and Means Committee focusing on the child protective services system and the reauthorization of the Promoting Safe and Stable Families (PSSF) program further shows the intent to ensure that our children have the appropriate resources and services available to them.

CWLA believes that as a country we must confirm our commitment to prevent child abuse and neglect and to support children who have been abused and neglected. We support strengthened partnerships between federal, state, and local governments and providers in the nonprofit and charitable communities in order to do a better job of protecting our nation's children.

**IMPROVING THE CHILD WELFARE SYSTEM**

*Child Protective Services*

In 2004, an estimated 3 million children were reported as abused or neglected and received an assessment or screening to determine whether or not there was evidence of abuse or neglect. Approximately 872,000 children were substantiated as abused or neglected. These numbers are similar to previous years. Another consistent pattern is that more than sixty percent of child victims were victims of neglect, while eighteen percent were physically abused and ten percent were sexually abused. Thirty percent of victims were age 3 or younger. We also know that 1,490 children died from child abuse in 2004. Overall eighty-three percent of the time a parent or parents were involved in the abuse. Another consistent statistic from year to year is that of the children who have been substantiated as abused or neglected, nearly 40 percent do not receive follow up services.<sup>1</sup>

The foundation on which child protective services (CPS) is established and what should always be the first goal of any CPS response is keeping children safe from child abuse and neglect. The CPS response begins with the assessment of reports of child abuse and neglect. If CPS determines the child is at risk of abuse and neglect or has been abused or neglected, CPS should ensure the child and his or her family receive services and supports from the public child protection agency and the community.

CWLA believes the best ways to ensure children are safe from all forms of maltreatment are comprehensive, community-based approaches to protecting children and supporting and strengthening families. Public and private agencies, in collaboration with individual citizens and community entities, can prevent and remedy child maltreatment, achieve child safety, and promote child and family well-being.

Child protective service (CPS) systems in the fifty states are funded by a variety of sources. In fact, funding goes beyond the two programs specifically targeted for today's hearing, the IV-B part 1 and IV-B part 2 programs. Consistently the Social Services Block Grant (SSBG) serves as a major source of funding with thirty-eight states spending \$194 million in SSBG funds in 2004 for child protective services. These funds include some TANF dollars transferred into SSBG. We highlight this because SSBG, which is under the jurisdiction of this subcommittee, is threatened with a potential reduction of \$500 million in the President's proposed FY 2007 budget, a thirty-percent reduction in funding that would be devastating to CPS and many other child welfare services. State CPS systems also draw from the Child Abuse Prevention and Treatment Act (CAPTA), but funding under the state grants part of that program is limited to \$27 million and has never reached its full authorized funding level.

<sup>1</sup>U.S. Department of Health and Human Services, Administration on Children Youth and Families, Child Maltreatment 2004, Washington D.C., U.S. Government Printing Office, 2006.

A CPS system that functions well is one that has a fully staffed and competent workforce. When understaffed and overworked, this system of child protection will fail. CWLA cannot emphasize enough the need for a national child welfare workforce strategy that puts well trained and educated workers in place, keeps caseloads at manageable levels, and provides competent supervision and ongoing training.

It is also important to note that CPS is only one part of the child welfare system and it cannot be viewed in isolation. If the efforts at reunification of a family fail, or the adoption fails, or services are not available for families and children who come into contact with the system, then we may find these very same children entering the system again. Children with a prior history of maltreatment are more likely to experience a recurrence of maltreatment than those who were not prior victims.<sup>2</sup>

#### *The Need for Services*

CWLA's vision for an optimal child welfare system encompasses a continuum of services ranging from prevention of abuse and neglect to permanency and stability for children who experience out of home care. Key ingredients of this system are a family-centered approach, an ample, stable, and highly professional workforce, the availability and targeted application of services to prevent child abuse and neglect, maintaining families when maltreatment has occurred and child safety can be reasonably assured, and achieving permanency and stability for children who must experience foster care. These components are consistent with current research and with federal expectations associated with the Child and Family Service Review process.

#### *Family Centered Approach*

Research in child maltreatment, juvenile justice, children's mental health, and parent education supports the effectiveness of interventions that involve the entire family over those targeting the individual parent or child alone.<sup>3</sup> A family-centered approach engages families in addressing the problems that affect the care of their children. Such engagement has been linked positively to compliance with and completion of case plans.<sup>4</sup>

#### *Stable Professional Workforce*

Effective child welfare services are based on accurate differential assessments and require knowledge of human behavior, the factors underlying child maltreatment, and the way in which both risks and protective factors interact to produce an overall picture of a family's needs. Thus, it is not surprising that child welfare workforce research suggests the need for staff that have formal social work education,<sup>5</sup> especially that obtained through specialized child welfare programs such as those developed through Title IV-E-supported agency-university partnerships.<sup>6</sup> Studies further point to the importance of consistent mentoring by competent supervisors,<sup>7</sup> and to a supportive and flexible organizational environment. All of these factors have been linked to reduced staff turnover, which recent research suggests is critically impor-

<sup>2</sup> Ibid.

<sup>3</sup> Bethea, L. (1999). Primary prevention of child abuse. *American Family Physician*, 59(6). Available online at: <http://www.aafp.org/afp/990315ap/1577.html>.

Kumpfer, K. (April 1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. University of Utah. OJJDP. U.S. Department of Justice. Available online at: <http://www.strengtheningfamilies.org/>

<sup>4</sup> Dore, M. M. & Alexander, L. B. (1996). Preserving families at risk of abuse and neglect: The role of the helping alliance. *Child Abuse & Neglect: The International Journal*, 20(4), 350-364.

<sup>5</sup> Albers, E., Reilly, T., & Rittner, B. (1993). Children in foster care: Possible factors affecting permanency planning.

*Child and Adolescent Social Work Journal*, 10 (4), 329-341.

Booz-Allen & Hamilton, Inc. (1987). *The Maryland social work services job analysis and personnel qualifications study*. MD:Author.

Dhooper, S., Royse, D. & Wolfe, L. (1990). Does social work education make a difference? *Social Work*, 35(1), 57-61.

Ellett, A. J. (2000). *Human caring, self-efficacy beliefs, and professional, organizational culture correlates of employee retention in child welfare*. Unpublished doctoral dissertation, Louisiana State University, Baton Rouge, LA.

Lieberman, A., Hornby, H., & Russell, M. (1988). Analyzing the educational backgrounds and work experiences of child welfare personnel: a national study. *Social Work*, 33 (6), 485-489.

<sup>6</sup> Huebner, R. (2003). *Public Child Welfare Certification Program outcomes evaluation*. Kentucky Cabinet for Families and Children, Frankfort, KY.

Dickinson, N. & Perry, R. (2002). Factors influencing the retention of specially educated public child welfare workers. *Journal of Health & Social Policy*, 15 (3/4), 89-104.

<sup>7</sup> Ibid.

Rycraft, J. (1994). The party isn't over: The agency role in the retention of public child welfare caseworkers. *Social Work*, 39 (1), 75-80.

tant both to minimize costs associated with frequent hiring and training<sup>8</sup> and to improve outcomes for children and families. Greater amount of caseworker contact with children and parents has also been associated with better outcomes.<sup>9</sup> These findings make it imperative that agencies maintain staff in sufficient numbers to provide manageable workloads that do not require caseworkers to sacrifice the provision of direct services in order to complete administrative tasks and documentation.

#### *Prevention of Abuse and Neglect*

Studies have demonstrated the effectiveness or promise of several approaches to prevention of child maltreatment. Models such as Nurse Family Partnerships and Healthy Families have produced evidence that they positively impact a variety of outcomes for children and families, including prevention of abuse and neglect. Likewise, high quality pre-kindergarten programs like the Chicago Child Parent Centers and Head Start that include parental involvement and supports have also demonstrated effectiveness.<sup>10</sup> Independent studies have found that the financial savings achieved by the most effective of these approaches far exceeds their costs.<sup>11</sup> Rigorous cost-benefit analyses conducted by the Washington State Institute for Public Policy showed cost savings for several pre-kindergarten and home visitation programs as well as for Parent-Child Interaction Therapy, a center-based intervention that provides direct coaching to parents as they interact with their young children.<sup>12</sup>

Several interventions that target older children and their families have also been demonstrated to have benefits in lessening children's problematic behavior and improving family functioning. Family-based therapeutic models such as Functional Family Therapy and Multi-Systemic Therapy have been rigorously tested in sites across the country and, despite some variation in findings, there is substantial evidence of their benefits to youth and their families.<sup>13</sup>

#### *Maintaining Families*

Many children can be safely maintained in their families through the timely application of interventions that correctly target the underlying causes of maltreatment. A number of studies support the benefits of interventions that have a behavioral, skill-building focus and that address family functioning in multiple domains including home, school, and community. Cognitive behavioral models have been demonstrated to reduce physical punishment and parental aggression in less time than alternative approaches.<sup>14</sup> The most effective treatment involves all members of the family and addresses not only parenting skills, but also parent-child interaction and a range of parental life competencies such as communication, problem solving, and anger control. Attention to immediate, concrete needs has also been identified as a key factor in supporting family engagement and positive outcomes.<sup>15</sup>

<sup>8</sup> Graef, M. & Hill, E.L. (2000). Costing child protective services turnover. *Child Welfare*, 79(5), 517–533.

United States Children's Bureau (2003). *Relationship between caseworker visits with children and other indicator ratings in 2002 cases*. Available online at: <http://www.acf.hhs.gov/programs/cb/cwmonitoring/results/results/sld037.htm>

Potter, C.C. & Klein-Rothchild, S. (2002). Getting home on time: Predicting timely permanence for young children. *Child Welfare*, 81 (2), 123–150.

Flower, C., McDonald, J. & Sumski, M. (2005). *Review of turnover in Milwaukee County: Private agency child welfare ongoing case management staff*. Available online at: <http://www.uky.edu/SocialWork/cswe/documents/turnoverstudy.pdf>

<sup>9</sup> Barth, R.P., Courtney, M., & Berry, M. (1994). Timing is everything: An analysis of the time to adoption and legalization. *Social Work Research*, 18 (3), 139–148

<sup>10</sup> Alexander, R., Baca, L., Fox, J., Frantz, M. & Huffman, L., et al. (2003). *New hope for preventing child abuse and neglect: Proven solutions to save lives and prevent future crime*. Washington, DC: Fight Crime, Invest in Kids. Available online at <http://www.fightcrime.org/>

<sup>11</sup> Ibid.

<sup>12</sup> Aos, S., Lieb, R., Mayfield, J., Miller, M., Pernucci, A. (2004). Benefits and costs of prevention and early intervention programs for youth. Olympia: Washington State Institute for Public Policy. Available online at <http://www.wsipp.wa.gov>.

<sup>13</sup> Ibid.

<sup>14</sup> Corcoran, J. (2000). Family interventions with child physical abuse and neglect: A critical review. *Children and Youth Services Review*, 22, 563–591.

<sup>15</sup> Corcoran, J. (2000). Family interventions with child physical abuse and neglect: A critical review. *Children and Youth Services Review*, 22, 563–591.

Berry, M. (1994) Keeping Families together. In S. Bruchey (ed) *Children in Poverty: Studies of the effects of single parenthood, the feminization of poverty, and homelessness*. New York: Garland Publishing, Inc.

Dawson, K. & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to practice. *Child Welfare*, 81 (2), 293–317.

### *Permanency and Stability*

A wealth of research demonstrates the importance of children being nurtured in a stable family environment, confirming the need to move those who must enter foster care into permanent living situations as quickly as possible. Recent studies suggest that, when children must leave their families, well-supported kinship placements have the potential to provide more stable and normalizing environments than unrelated family care.<sup>16</sup>

Most children who enter foster care are able to return to their families of origin, often within less than one year.<sup>17</sup> However, when that is not possible, alternatives such as adoption or subsidized guardianship can offer long term stability.<sup>18</sup> Cost analyses of child welfare services have linked kinship care and subsidized guardianship to cost savings. One study<sup>19</sup> found the cost of effecting an adoption for children in foster care to range from \$6,000 to \$28,539, or an average of \$19,141, suggesting that this permanency alternative has the potential to achieve a substantial savings over long term foster care.

While research supports the use of family care when deemed appropriate by a full assessment, group care is another placement option that may offer benefits for certain youth when used strategically, for a period of time indicated by ongoing assessment, and as part of a plan to maintain or rebuild family and community connections. However, family care, even in therapeutic foster care settings with multiple supportive services, tends to be substantially less expensive.

### *Aftercare and Transitional Services*

Data indicate that about 25 percent of all children who exit out-of-home care will return at some point, often within one year. The likelihood of re-entry is especially great when children or parents have more numerous or complex needs or when they are exposed to more extreme environmental stressors.<sup>20</sup> Although the likelihood of maltreatment recurrence and/or subsequent re-entry into foster care is undoubtedly related to decision-making and services offered prior to reunification, it strongly suggests a need for aftercare services.

The limited research in family reunification aftercare, indicates that it is most successful when it is initially intensive and includes the availability of concrete services<sup>21</sup> and ongoing assessment of risk. The association of social isolation with failed reunification also suggests the importance of linking with extended family, extra-familial social networks, and informal resources. Tapering off of services should be based on the family's needs rather than on an arbitrary time frame.<sup>22</sup>

Services during and after the adoption process are also an important part of the service continuum. Although the rate of adoption dissolution is quite low overall, re-

<sup>16</sup> Webster, D., Barth, R.P. & Needell, B. (2000). Placement stability for children in out-of-home care. *Child Welfare*, 79 (5), 614–631.

<sup>17</sup> Wulczyn, F. (2004). Family Reunification. *The Future of Children*, 14 (1), 95–113.

<sup>18</sup> Mandel, M., Harrington, D. & Orlin, M. (2001). *The effect of subsidized guardianship on exits from kinship care: Results from Maryland's guardianship assistance demonstration project*. Unpublished paper presented at the annual conference of the Association for Public Policy and Management, Washington, DC.

<sup>19</sup> Testa, M. (2004). When children cannot return home: Adoption and guardianship. *The Future of Children*, 14 (1), 115–130.

<sup>20</sup> Barth, R. (2002). *Institutions vs. foster homes: The empirical basis for the Second Century of Debate*. Chapel Hill, NC: University of North Carolina School of Social Work, Jordan Institute for Families. Available online at [http://www.childrensrights.org/Policy/policy\\_resources\\_EX\\_fostercare\\_institutions.htm](http://www.childrensrights.org/Policy/policy_resources_EX_fostercare_institutions.htm)

<sup>21</sup> Wulczyn, F. (2004). Family Reunification. *The Future of Children*, 14 (1), 95–113.

<sup>22</sup> Festinger, T. (1994). *Returning to care: Discharge and reentry in foster care*. Washington, DC: Child Welfare League of America. Terling, T. (1999). The efficacy of family reunification practices: Reentry rates and correlates of reentry for abused and neglected children reunited with their families. *Child Abuse & Neglect*, 23 (12), 1359–1370.

<sup>23</sup> Maluccio, A. (2000). What works in family reunification. In M. Kluger, G. Alexander, & P.A. Curtis, *What Works in Child Welfare* (pp. 163–171). Washington, DC: Child Welfare League of America.

Walton, E., Fraser, M., Pecora, P. & Walton, W. (1993). In-home family-focused reunification: An experimental study. *Child Welfare*, 72 (5), 473–48.

Wulczyn, F., Zeidman, D. & Svirsky, A., (1997). Homebuilders: A family reunification demonstration project. In J.D. Berrick, R.P. Barth, & N. Gilbert, *Child Welfare Research Review, Vol. II*. New York: Columbia University Press.

<sup>24</sup> Terling, T. (1999). The efficacy of family reunification practices: Reentry rates and correlates of reentry for abused and neglected children reunited with their families. *Child Abuse & Neglect*, 23 (12), 1359–1370.

Kirk, R. (2001). *Tailoring intensive family preservation services for family reunification cases. Phase 2: Field testing and validation of the North Carolina Family Assessment Scale for Reunification*. Project report to the National Family Preservation Network and the David and Lucile Packard Foundation.

search indicates that some placements may have greater needs for follow-up services and supports. One study reported that, while less than 30% of all adoptive families used post-adoption services other than informational resources, most families adopting through a public agency used some type of counseling. This finding was attributed to the larger number of special needs of children placed with these families. As in other types of child welfare intervention, family-focused approaches appear to be the most helpful in supporting adoption stability. Research suggests that adoptive parents may also value participation in support groups, access to literature and seminars, and concrete services like respite care, subsidies, and health benefits.<sup>23</sup>

Services targeting youth who will exit foster care to independence are another important component of a continuum of care. Studies have identified four key elements: school completion, high-intensity supports over time, a work experience component, and the presence of a stable, caring adult<sup>24</sup> as factors leading to successful transition of youth to work and independence. Youth have been shown to benefit from a plan based on systematic assessment, combined with focused skills development, involvement of caregivers as teachers, and re-establishing or maintaining connections to birth/extended family and community.<sup>25</sup>

## CWLA POLICY RECOMMENDATIONS ON PROPOSED LEGISLATION

### The Reauthorization of Promoting Safe and Stable Families

Of most immediate importance for this Committee is the reauthorization of the Promoting Safe and Stable Families program (PSSF) beyond FY 2006. PSSF supports four vital services that address four different types of families in need: those in need of basic support services to strengthen the family and keep them whole, families being reunified, families we are trying to preserve, and adoptive families in need of support. As you review some of the key needs included in this testimony, the Subcommittee can see how the issues of prevention, aftercare, permanency and stability and maintaining families are all addressed by these categories.

CWLA believes these services and families should continue to be the target for PSSF in a reauthorization bill:

*Family Support Services* (FSS) were developed to respond to the concerns, interests, and needs of families within a community. Family Support Services are targeted to families with difficulties and concerns related to the proper functioning of the family and care of the children. The focus of the program is on prevention. The services address the need to improve the well-being of a child, family functioning, and the parent's ability to provide for the family, before they are in crisis. In order to reach families in need of assistance, family support programs work with outside community organizations such as schools and child welfare agencies. The aim is to provide temporary relief to families and to teach them how to better nurture their children. Involvement in these services is voluntary. Types of services include parent education, child care relief, and self-help groups.

*Reunification* is the first permanency option states consider for children entering care. Yet, in many ways, it is the most challenging option to achieve in a plan-based, permanent way. We know that forty-eight percent of, or 246,650, children in care on September 30, 2003 had a case plan goal of reunification with their parents or other principal caretaker. At the same time, 151,770 children, or 55 percent of

<sup>23</sup> Barth, R., & Miller, J. (2000). Building effective post-adoption services: What is the empirical foundation? *Family Relations*, 49, 447-455.

Barth, R., Gibbs, D., and Siebenaler, K. (2001). *Assessing the field of post-adoption services: Family needs, program models, & evaluation issues*. Chapel Hill, NC: Research Triangle Institute and the University of North Carolina School of Social Work.

Berry, M. (1994). Keeping families together. In S. Bruchey (ed.) *Children of poverty: Studies of the effects of single parenthood, the feminization of poverty, and homelessness*. New York: Garland Publishing, Inc.

Brooks, D., Allen, J., & Barth, R. (2002). Adoption services use, helpfulness, and need: A comparison of public and private agency and independent adoptive families. *Children & Youth Services Review*, 24, 213-218.

<sup>24</sup> Baker, A., Olson, D. & Mincer, C. (2000). *The WAY to work: An independent living/ aftercare program for high-risk youth*. Washington, DC: Child Welfare League of America.

Dale, N. (2000). What works in employment programs for youth in out-of-home care. In M.P. Kluger, G. Alexander & P.A. Curtis (Eds.) *What works in child welfare* (187-193). Washington, DC: Child Welfare League of America.

<sup>25</sup> Courtney, M.C. and Piliavin, I. 1998. *Foster Youth Transitions to Adulthood: Outcomes 12 to 18 Months After Leaving Out-of-Home Care*. Madison, WI: Institute for Research on Poverty, University of Wisconsin-Madison.

Nollan, K.A. (2000). What works in independent living preparation for youth in out-of home care. In M.P. Kluger, G. Alexander & P. A. Curtis (Eds.) *What works in child welfare* ( 195-204). Washington, DC: Child Welfare League of America

those children who left care in 2003, were returned to their parent's or caretaker's home.<sup>26</sup>

Successful permanency through reunification requires many things, including skilled workers, readily available supportive and treatment resources, clear expectations and service plans, and excellent collaboration across involved agencies. Reunification also requires culturally appropriate support and treatment services for families and the critical need for after care or post-permanency services to ensure that safety and permanency are maintained following reunification.

*Family Preservation Services* (FPS) are comprehensive, short-term, intensive services for families delivered primarily in the home and designed to prevent the unnecessary out-of-home placement of children or to promote family reunification. The services are intended to protect a child in a home where allegations of child abuse or neglect have occurred, prevent subsequent abuse or neglect, prevent placement of a child, or reduce the stay for a child in out-of-home care. Families in need of family preservation services are usually referred by public welfare agencies. Services are provided within 24 hours of referral and the family's involvement is voluntary. These services respond to families on a 24-hour basis, including services such as family therapy, budgeting, nutrition, and parenting skills.

*Adoption support* is an important need as the number of adoptions have increased. There is still more work to be done. Services may include information and referral, case management services, support groups and a range of other services. Of the 523,085 children in foster care in 2003, approximately 119,000 were waiting to be adopted, with 68,000 of these children being free for adoption (parental rights had been terminated). Of the children waiting, 40% were black non-Hispanic, 37% were white non-Hispanic, 14% were Hispanic, and 4% were of undetermined ethnicity. In 2003, the median age of children waiting to be adopted was 8.7 years; 3% of the children waiting to be adopted were younger than 1 year; 32% were ages 1 to 5; 28% were ages 6 to 10; 30% were 11 to 15; and 6% were 16 to 18.

#### **Use Of \$40 Million PSSF Increase**

CWLA supports the extension of the \$40 million in mandatory funding that was included in the Deficit Reduction Act and we want to work with the Subcommittee and members of Congress to see that PSSF is at a minimum fully funded at the level of \$505 million as adopted by this Subcommittee in 2001. We feel there a need for more. As indicated earlier in our testimony, forty percent of children substantiated as abused or neglected do not receive follow up services. We also feel it bears repeating that there is need for more reunification, adoption and other support services than PSSF attempts to address. To truly reach the goal of safe and stable families this country needs to go much further in its funding and priority of the entire child welfare system.

CWLA recognizes that the Subcommittee and members of Congress see the \$40 million in mandatory funding as an opportunity to address some additional issues in the child welfare field. If that is the decision of the Congress we strongly urge you to make this the first step in a comprehensive strategy over the next few years to more fully address the needs of these children.

The draft legislation includes a workforce element tied to caseworker visits. CWLA supports regular and on-going visits to children in care. In the child welfare field visitation is not an isolated service or stand-alone intervention. Rather it is part of a larger case planning process. To reach this visitation goal we need a comprehensive strategy to strengthen the child welfare workforce.

We would not want a system of care where too few workers with very high caseloads are simply meeting an outcome measure of numbers. Rather each state should be assisted in implementing a long term workforce strategy that sets goals around reduced workforce turnover, higher education levels, adequate caseloads, initial training and on-going training, adequate supervision and the proper partnerships with educational institutions and other partners in workforce development.

For each state this will be different so we would urge the Subcommittee to craft legislation around such a flexible allocation of funding and planning that will work with states to develop outcomes and provide related data that can demonstrate progress toward a comprehensive workforce strategy or goals. Again, this is a long-term strategy that requires federal, state and local partnerships. It should also be recognized that \$40 million for fifty states may limit the kind of progress we all seek in advancing this goal. In addition, it will be difficult to determine how this designation of \$40 million will supplement and not supplant current state efforts since it will overlap with Title IV-E Administrative funding used for these critical purposes but we do highlight that additional resources are needed.

<sup>26</sup> Ibid.

### **Possible Improvements**

#### *Access For Tribal Communities*

In your reauthorization, CWLA suggests that the Subcommittee include the recommendations being proposed by the National Indian Child Welfare Association, National Congress of American Indians and the Association of American Indian Affairs. Their joint proposal would set the reserved amounts of funding for tribal governments at 3 percent in both the mandatory and discretionary funding. A consortium of tribal governments could also apply for the funding and we endorse an authorization of a tribal court improvement program.

#### **Better Data**

As part of the application process, states submit information on how they intend to allocate their PSSF funding. This information should be collected and included in an annual report by HHS. We also urge the Subcommittee to include legislative language that would direct HHS to work with states to determine how to compile an annual report that would provide information on how funds are actually spent and would include information on families and children served. The annual reports by HHS on the Social Services Block Grant have only been issued since 1998, yet they have provided a stronger picture of why that funding is important to so many human service programs.

#### *Mentoring of Children of Prisoners*

We commend the Committee for including the reauthorization of the Mentoring Children of Prisoners program in this legislation. Mentoring for this population is an effective way to engage at-risk children and youth, provides connections to caring adults, and perhaps most importantly, builds relations among family members during and after incarceration. We know there are many areas in the country today where children of prisoners are not able to access this mentoring service due to lack of availability. Expansion is necessary and the Committee is to be commended for focusing on this. We urge the committee to carefully consider the following issues as this new initiative is implemented.

Currently there are 218 federally funded sites around the country where this mentoring is taking place, involving thousands of children. It would be tragic for these children to have their mentoring disrupted or ended prematurely. We urge the Committee to include provisions to allow these efforts to continue.

Researchers and mentoring experts have concluded that children facing multiple developmental risks benefit more from mentoring than other children; however, they require a higher quality of mentoring program and are more likely to be adversely affected by poor quality mentoring. We urge the Committee to examine carefully the expertise and background of all potential national entities specific to mentoring children of prisoners. New trainings, techniques and curricula, have recently been developed. Whatever entity is chosen will need to be fully knowledgeable of these tools and prepared to make them available.

#### *IV-B Part 1 Child Welfare Services*

CWLA appreciates the Subcommittee's efforts to better align the IV-B Part 1, Child Welfare Services program with that of PSSF. This can add clarity to the understanding of funding sources although it is unclear to what extent IV-B 1 funds are spent on adoption, foster care and child care on an annual basis. In practical terms, since federal Title IV-E funds cover half or less than half of the children in foster care, it is also unclear that this change in statute will result in any increase in funding for services covered under IV-B part 1 or PSSF. Inevitably states must pick up the cost of foster care for children ineligible for IV-E by relying on other federal funds, state funds, local funds or a combination of all three.

CWLA also appreciates the Subcommittee's efforts at updating the state plan requirements. In addition we suggest the requirement to include a description of efforts to address the overrepresentation of children of color in the child welfare system. These children represent African American/Black, Latino/Hispanic, American Indian/Alaskan Native, Asian, Hawaiian/Other Pacific Islander, or two or more races.

### **Conclusion**

CWLA appreciates the opportunity to offer our testimony and comments to the Subcommittee in regard to this reauthorization of Promoting Safe and Stable Families. As this legislation moves forward we look forward to a continued dialogue with the Subcommittee and Members of Congress. We also hope that this reauthorization serves as a building block for future efforts that will create a comprehensive reform that results in reduced numbers of children being abused and neglected and safer

and permanent families for those children who do come into contact with the child welfare system.

Chairman HERGER. Thank you, Ms. Spears. Mr. Cross to testify.

**STATEMENT OF TERRY CROSS, EXECUTIVE DIRECTOR,  
NATIONAL INDIAN CHILD WELFARE ASSOCIATION**

Mr. CROSS. Thank you, Mr. Chairman. My name is Terry Cross. I am the executive director of the National Indian Child Welfare Association. I am here to testify on behalf of our organization and our membership. I have submitted formal written testimony, so I just want to make my oral comments to illustrate some key points from my testimony. First of all, I want to start with some thank you's to this Committee. First, to invite us here for the tribal viewpoint, for our organization's viewpoint is very much appreciated. Often no one hears the messages about our children who are left out of these kinds of programs. Chairman Herger, I want to thank you personally for every piece of legislation concerning child welfare that you have introduced in the last 2 years, that have had tribal provisions. It is a wonderful step forward. Very grateful for your leadership in that area. We want to thank the Committee for its role in helping make sure that the recent budget Deficit Reduction Act, including provisions that required State court improvement programs to consult with the tribes in their States. Another major improvement. We want to thank Representative Camp who has sponsored our title IV-E access bill for tribes. It hasn't gotten any action, but it—once again, a representative from this Committee is paying attention to our children's needs. Also in the recent Budget Reduction—Deficit Reduction Act, the provision for the Tribal TANF-Child Welfare collaboration was a direct result of Representative Camp's work and this Committee's work, and we also thank you. We commend the Committee for this direction, and we think these things that I have just mentioned here in our thanks to you is part of a trend, a track that this Committee is on that is a very positive track for our children. In front of you today is a major opportunity to take a major leap forward to help protect our children because this really is about protecting children.

I want to tell you about a family and the possible scenario of that family in three different situations. Family living in a rural area, depressed mom, five children, abandoned by a father, children—12 years old, the oldest; 18 months, the youngest. CPS worker is called into a home that can be described nothing less than filthy, unsafe for a child to be in. The caseworker looks at the situation, calls the family together, immediately conducts family group conference, talks about the need for this to change and says, I am going to find a foster home unless I come back and this situation has changed—but in the leaving, the caseworker leaves garbage bags, a shovel and broom, 6 gallons of water because the plumbing's not working, and comes back later in the afternoon with a wraparound team. The house is clean enough for the children to stay. Can stay—that family can stay together because there is a team of professionals who can make that decision and can protect

those children in their own homes. Those children, if they were lucky, would live on the three affiliated tribes at Fort Berthold. They received this funding because they are large enough under the current formula. If they lived in the Karuk Tribe in Northern California, there would be no services for them. They would likely be placed in foster care with all of the ramifications we know about that. If these children lived in the Seattle area, the small tribes of Western Washington, they would not be able to receive these services. The consortia are not currently eligible to receive this funding. That leaves me with the recommendations. We recommend that the funding levels be increased for tribes from the current one percent for the mandatory and two percent for the discretionary funding to a full three percent. This would allow tribes across the country to have access to these funding and for children—for every child to stay at home with their family, to be able to receive the services. Part of this important program also could support tribal court improvement projects, like the State court improvement projects, because it is only with a collaboration between the courts and the child welfare program and mental health and substance abuse and all the other programs that these programs can be effected. The opportunity is here before us today, and I appeal to you for your compassion, for your good thoughts, for your care and concern that you have already demonstrated for our children. We ask that you devote the resources at this critical time when they have already been appropriated when there is already a chance for our children to be served at the same level as other children. I thank you for your time.

[The prepared statement of Mr. Cross follows:]

**Statement of Terry Cross, Director, National Indian Child Welfare Association, Portland, Oregon**

Thank you for the opportunity to again appear before this Subcommittee on behalf of the National Indian Child Welfare Association. Our testimony will focus on reauthorization of the Promoting Safe and Stable Families Act. The recommendations that we are making are supported by the National Congress of American Indians, Affiliated Tribes of Northwest Indians and the Association of American Indian Affairs with whom we collaborate on this and other child welfare matters.

Thanks also to the Subcommittee staff—both Majority and Minority—who have met with us many times, giving us an opportunity to talk about tribal child welfare needs and about the federal child welfare statutes which have left out tribal governments and the children under their jurisdiction. The meetings have also informed us about big picture child welfare developments.

*Our primary recommendations on reauthorization of the Promoting Safe and Stable Families Act are:*

- Increase tribal reserved amounts to 3% in both the mandatory and discretionary program, including the new \$40 million if those funds are to be distributed on an allotment or formula basis.
- Allow tribal consortia to be eligible to apply for all program components.
- Authorize a tribal court improvement program (\$2 million annually—competitive grant program) to ensure that tribal courts have access to funds to support court improvement work.

*Current law.* Under the current Promoting Safe and Stable Families law, tribal governments receive a 1 percent allocation of mandatory and a 2 percent allocation of discretionary funds for a total of \$5.2 million in fiscal year 2006. About two-thirds of these tribes receive less than \$40,000 from the Promoting Safe and Stable Families program and just over one-third receive less than \$20,000.

The current program requires tribal applicants to meet a population-based \$10,000 threshold in order to be eligible for funding. In addition, tribes in the lower 48 states are not allowed to apply as consortia. Thus only 80 tribes—or about one

third of all tribes in the lower 48—are able to meet the criteria to access this program. Tribes in Alaska, many of them small villages, are able to apply as consortia under an Alaskan Native non-profit corporation; there are ten Alaska Native grantees for the Promoting Safe and Stable Families program. Tribal courts, which have exclusive jurisdiction over tribal member children on their lands in most cases, are not eligible for any of the court improvement funding under this law. The Deficit Reduction Act of 2005 has a new requirement for state court improvement projects to consult with tribal governments on the state projects, but this does not mandate sharing of any resources or funding.

*Mentoring Children of Prisoners.* We support reauthorization of the Mentoring Children of Prisoners program, and note that a number of tribes have been awarded grants under this program. According to the Justice Department, 870 per 100,000 Indian adults were in a state or federal prison in 1997 compared to 629 persons per 100,000 adults nationally (Bureau of Justice Statistics, “American Indians and Crime, 1999”). The DOJ reports that the American Indian proportion of all violent offenders entering Federal prison is 15 percent (A BJS Statistical Profile, 1992–2002 American Indians and Crime, December 2004). Assisting these children is a crucial step in helping reduce their further involvement in the child welfare system and future involvement in the criminal justice system.

*The need.* Tribal governments, just as state governments, are very concerned about the increasing number of children under their jurisdiction who are reported as abused and neglected. Child abuse and neglect carries a toll on not just the immediate children and families, but the entire community. Child abuse and neglect has been connected with risk for juvenile delinquency, poor school performance and mental illness. Small communities in rural areas, characteristic of many tribal communities, are especially hard hit, based on the lack of infrastructure and public services that assist governments to address this serious problem. Many of these children that are abused and neglected end up in some form of substitute care, either temporarily or permanently. Foster care services, while critically important, are one of the most expensive child welfare services and the incentives to reduce children entering into the foster care system are many. Tribal governments, such as the Three Affiliated Tribes in North Dakota, understand these incentives and used their Promoting Safe and Stable funding to promote systems reform that resulted in an almost 40% reduction in foster care placements. This kind of innovation is in the minds of many tribal governments, but the funding to implement these ideas is not always there.

The Bureau of Indian Affairs 2003 Labor Force report shows a national average of 49% unemployment for Indian people living on or near reservations. Of those who are employed, 32% are still living below the poverty guideline. We know that poverty and unemployment are circumstances that pose risk for child abuse and neglect. Alcohol and substance abuse rates are also very high in tribal communities with estimates that up to 85% of tribal families that become involved in the child welfare system have some history of alcohol and/or substance abuse. Methamphetamine use is especially high in many parts of Indian Country as evidenced by available data and recent testimony by tribal witnesses at two Senate hearings. The great strain on tribal child welfare systems is also evident. We point out the testimony of Arlene Templer of the Confederated Salish and Kootenai Tribes at the April 25, 2006 hearing before the Senate Finance Committee. Templer states:

“In the last four years we have placed over 30 meth affected children in the foster care system and the agency is experiencing tired, worn out caregivers who are now turning children back to us, before we can even achieve permanency for these needy children. The children are being turned back due to the high needs they have and the few supports we can offer. There are not funds for respite for caregivers; our departmental budget cannot afford it. There are no funds for specialized therapy, other than Medicaid. Caregivers are not trained to deal with the physical and mental health complications that the children present. In addition, caregivers are not trained to deal with the birth parents, when addictions and addictive behaviors are still present.”

“Children with meth effects have the following behaviors: head banging, constant crying, increased aggression towards siblings and caregivers, sensory integration dysfunction which result in slow and delayed gross and fine motor functions. The impact these children will have on our Nation’s public schools will be devastating. They, like us, are not equipped nor funded to deal with these issues.”

We also refer you to the testimony of Kathleen Kitcheyan, Chairwoman of the San Carlos Apache Tribe before the Senate Committee on Indian Affairs on April 5, 2006: “Last year, there were about 500 reports of child neglect and/or abuse reported to the Tribe’s child protective services. About 80% of these cases involved alcohol or drug use, such as meth, by the parent. About 36% of reported cases of child

neglect and/or abuse are repeat occurrences.” She told the Committee that in 2004, 64 babies out of 256 born to San Carlos Apache tribal members were addicted to methamphetamine, and 24% of pregnant women at San Carlos tested positive for methamphetamine. The numbers were even higher in 2005. Kitcheyan testified that the Tribe’s child protection caseworkers “are responsible for more children than any person could possibly handle.”

As a testament to Chairwoman Kitcheyan’s statement, the Office of Tribal Services of the Bureau of Indian Affairs reported to us that they estimate each BIA or tribal social worker has a workload of *at least 200 cases*—involving child protection services (investigations of suspected child abuse and neglect), child welfare (out-of-home placements) and General Assistance (welfare assistance).

Allowing tribes to apply as consortia is common in federal programs. Most tribal consortia are in states where there is preponderance of many small tribes, such as California and Washington. Among the programs administered by tribal consortia are the Child Care and Development Block Grant and the Temporary Assistance for Needy Families program. Consortia arrangements for very small tribes can maximize the use of funds by, for example, having a single accounting system, by jointly training social workers, using a common data system and offering services at a shared site. Pooling resources can expand services to tribal children who otherwise would not receive certain services and bring together diverse ideas and methods for delivering more effective services.

Funding for tribal child welfare services are also in short supply. Tribal governments, unlike states or territories, are not eligible for direct funding from the federal government’s two largest child welfare funding sources—Title IV–E and Title XX. While a small number of tribes have been able to develop mechanism for passing through these funds (70 tribal-state agreements under Title IV–E and four states that pass through Title XX funds) this is not a mandated activity. *The Office of Inspector General for the Department of Health and Human Services in 1994 indicated that these pass-through arrangements are fraught with difficulty, and the surest method for ensuring that tribes benefit from these programs is direct funding.* Tribal governments also receive very little from three other programs—Title IV–B Child Welfare Services, Title IV–B Promoting Safe and Stable Families, and Child Abuse Prevention and Treatment Act. The funding that tribes receive under Title IV–B Child Welfare Services, while increased since 1993, still results in most tribes receiving grants of less than \$10,000 per year. The Child Abuse Prevention and Treatment Act funds are competitive and only a handful of tribes ever receive any of these funds. Other sources of child welfare funding for tribal child welfare services come from the Bureau of Indian Affairs programs, such as Indian Child Welfare Act grant program and BIA Social Services. These programs are also discretionary and provide funding in very small amounts. The BIA Social Services funding is not even available to all tribal governments. Because of the small number of programs and amounts of funding that are available, spikes in need can easily overwhelm a tribal child welfare program. This can seriously compromise the ability to respond effectively and can eliminate the ability to seek reforms that can divert children and families from entering the system in the first place.

James Bell and Associates published in 2004 two studies regarding the implementation of the Promoting Safe and Stable Families program by tribal governments, both of which are available on the Administration for Children and Families web site. One study focused on tribal child welfare resources. The other focused on the coordination and collaboration by and among tribes in the provision of social services and included case studies of twelve tribal programs. The study found that there was no single story of tribal Promoting Safe and Stable Families implementation. Tribal programs reflected unique tribal circumstances, including the presence of lack of other resources with which to combine with the PSSF funds. The studies found a significant amount of tribal collaboration on the provision of child welfare services—among a tribe’s various agencies, between tribes, and between tribes and states. Among the common challenges among the tribal grantees were turnover of social services directors as tribal governments changed, lack of services for at-risk youth, and reliance on inconsistent, discretionary funding.

As mentioned above, tribal courts do not receive funds from the IV–B state court improvement project. These courts receive very limited federal funding from the BIA and DOJ, and no tribal court improvement funds specifically target child welfare proceedings. Tribal courts are the judicial bodies that provide governmental oversight over child welfare proceedings involving tribal children and families. These courts have similar functions as state juvenile courts, but are the only courts with jurisdiction over tribal children and families who reside or are domiciled on tribal lands in most cases. Tribal codes routinely provide for emergency removals, preliminary hearings, adjudicatory disposition and/or permanency hearings We request an

authorization for a \$2 million grant program for tribal courts under the Promoting Safe and Stable Families Act.

*Draft House Bill.* This Subcommittee specifically asked for comments on the portion of the draft reauthorization bill that concerns the use of the \$40 million in annual mandatory funding for the Promoting Safe and Stable Families Act enacted as part of the Deficit Reduction Act (PL 109-171). We appreciate that both the House and Senate are working to make the expenditure of these new monies as meaningful and effective as possible. The goal of achieving permanency for children through, in part, increasing caseworker visitations with children in foster care is one we support. We also support and need use of funds for tribal caseworker retention, recruitment, training, and making appropriate use of technology.

It appears that under the House draft tribal governments would receive only a one percent allocation of the new \$40 million, or \$400,000. While that could help some current tribal grantees expand additional services, it will do little reach the other goals of the program and likely will do little to enhance workforce issues for tribal child welfare programs. As mentioned earlier in our statement, a more effective approach would be to improve the base funding by increasing the mandatory and discretionary reserved amounts for tribes to *three percent*, which would bring in new tribes, provide services to children who currently don't have access to these services, and significantly enhance tribal efforts to address issues like workforce improvements.

*Conclusion.* As we stated earlier, the goals of tribal governments with regard to their children are not much different than those of state governments. Improved well-being and less involvement in child welfare services describe some of the highest goals. The ideas for achieving these goals are out there, but the resources are not. Providing tribal governments with adequate, secure and flexible funding, such as the funding under the Promoting Safe and Stable Families program, is the key to success as tribes like Three Affiliated have found. We are also hopeful that this Subcommittee will again take up more comprehensive child welfare finance reform in the future and consider the needs of tribes as they have done in the past. We appreciate that Representative Camp has in the past introduced legislation that would, for the first time, allow tribes to administer the Title IV-E Foster Care and Adoption Assistance Act programs, and that Senator Smith is the sponsor of such legislation in the 109th Congress. We also commend to you the Pew Commission on Children in Foster Care recommendations as a framework for child welfare finance reform and appreciate their attention to the long-neglected needs of Indian tribes.

Thank you for inviting us to testify before the Subcommittee on these vitally important issues. Reauthorization of the Promoting Safe and Stable Families Act and is a unique opportunity for us to work together to safeguard and improve the lives of Indian and Alaska Native children and families. We look forward to working with you on this legislation and on broader child welfare reform legislation in the future.

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Chairman HERGER. Thank you, Mr. Cross. Dr. Hymel to testify.

**STATEMENT OF DR. KENT HYMEL, ON BEHALF OF THE  
AMERICAN ACADEMY OF PEDIATRICS**

Dr. HYMEL. Mr. Chairman, I am grateful for the opportunity to testify at this important hearing in response to abused and neglected children. My name is Dr. Kent Hymel, and I am proud to speak on behalf of 60,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists of the American Academy of Pediatrics. Until recently, I sat on the Academy's Committee on child abuse and neglect, and I am president-elect of a professional society of physicians, specializing in child maltreatment issues. The Academy has a deep and abiding interest in the health care provided to children at every stage of the CWS. We have published numerous policy statements, clinical guidelines and research studies regarding child maltreatment. In 2004, an estimated 3 million children were alleged to have been abused or neglected and received investigations or assessments by child protective services agencies. Approximately 872,000 of these children

were determined to be victims of child maltreatment. At any given time, approximately 540,000 children are in foster care. Most were placed there as a result of abuse or neglect at home. Children in foster care have higher rates of serious emotional and behavioral problems, chronic physical disabilities, birth defects, developmental delays and poor school achievement. These children warrant special attention in all aspects of their health care. Some require immediate health attention. Due to the abuse and neglect, many have never received well child visits or care, such as immunizations. A growing body of research indicates the majority would benefit from targeted long-term interventions. More details may be found in my written testimony about research that shows a startling correlation between levels of childhood trauma and adult health outcomes, including obesity, suicide, heart disease, substance abuse, alcohol abuse and much more.

Pediatricians are uniquely positioned to prevent child maltreatment. We see children at regular intervals. However, pediatricians exist on the periphery of the Child Protection System. The average pediatrician reports cases of suspected abuse or neglect but receives little or no feedback from Child Protection System. Not only is this situation frustrating, but it fails to provide pediatricians with the information that could be vital to the child's follow-up care. Only about 200 pediatricians in this country specialize in child maltreatment cases. This small cadre of physicians perform exam, serve as expert witnesses, treat patients, conduct research, teach, and on and on. We serve as a resource to our fellow health care providers and many others. I can tell you that we are spread very thin, isolated, and we find it difficult to communicate or collaborate. Over the past 3 years, the American Academy of Pediatrics has devoted time, effort and resources to the development of an initiative to bring the medical profession into full partnership in the prevention, diagnosis and treatment of childhood and neglect. We propose the establishment of a network, a regional consortium dedicated to the medical aspects of child maltreatment. To help child abuse, research, education and services or health care's network, would consist of virtual centers that link all of the medical resources on child maltreatment within a given region. Each consortium would be different, depending on the resources that already exist in that region. The Academy envisions that these consortiums will link all medical providers who deal with maltreatment. Pediatricians, family practitioners, emergency physicians and others. The consortiums themselves would form a nationwide network. The network would serve a number of critical roles. Communication, many practitioners are unaware of the resources that exist in their community, State or region. As a result, they may not know where it turn when they need to consult or gather information. Collaboration, those of us who specialize in the field, find it difficult to collaborate and compete effectively for dollars that are already available. One pediatrician may not see enough examples of a particular type to conduct a scientifically valid study, but three or four to collaborate to successfully assemble such a study. Education and workforce, at present, there are not enough pediatricians entering the field of child abuse pediatrics to replace those who are approaching retirement.

Child abuse medicine is about to become the next boarded subspecialty of pediatrics later this year. This network would facilitate the creation and sharing of educational materials and successful programs as well as expand the field of trained professionals, both specialists and educated generalists. In summary, the Academy envisions the health care network to serve as a resource of social workers, CPS system, law enforcement, the judiciary and many of the other agencies and professionals who deal with these issues. The network could play a crucial role in improving children's lives as well as in reducing the massive health, education, governmental and other costs of child maltreatment. To make this enormous task a little more manageable, the Academy urges Congress to provide \$10 million for the Centers for Disease Control and Prevention's National Center For Injury Prevention and Control to begin the health care's network. Mr. Chairman and Members of the Subcommittee, I deeply appreciate this opportunity to testify on behalf of the American Academy of Pediatrics. I will be ready to answer your questions when the time arrives. Thank you.

[The prepared statement of Dr. Hymel follows:]

**Statement of Kent Hymel, M.D., Falls Church, Virginia, on behalf of  
American Academy of Pediatrics**

Mr. Chairman, I am grateful for the opportunity to testify at this important hearing on our nation's response to our abused and neglected children. My name is Dr. Kent Hymel, and I am proud to speak on behalf of the 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists of the American Academy of Pediatrics. Until recently, I sat on the Academy's Committee on Child Abuse and Neglect, and I am President-Elect of the Helfer Society, the professional society of physicians specializing in child maltreatment issues. I serve as Medical Director of the Pediatric Forensic Assessment and Consultation Team at Inova Fairfax Hospital for Children and am Associate Professor of Clinical Pediatrics at the University of Virginia. I'm a retired Air Force pediatrician, where I was the first U.S. Air Force medical consultant for child abuse and co-founded the Armed Forces Center for Child Protection at the National Naval Medical Center.

The American Academy of Pediatrics has a deep and abiding interest in the health care provided to children at every stage of the child welfare system. The Academy has published numerous policy statements, clinical guidelines, and studies regarding child abuse, neglect, foster care, and family support. In addition, the Academy has recognized the unique challenges faced by children in foster care by designating children in foster care as one of the five issues highlighted in our Strategic Plan for 2006–2007. A new Task Force on Foster Care will examine these issues holistically over the next three years and craft a multi-pronged strategy for the Academy to improve the health of children in foster care.

**Overview of Child Maltreatment**

In 2004, an estimated 3 million children were alleged to have been abused or neglected and received investigations or assessments by State and local child protective services (CPS) agencies. Approximately 872,000 children were determined to be victims of child maltreatment. Over 60 percent of child victims were neglected by their parents or other caregivers, making neglect the most common form of child maltreatment. About 18 percent were physically abused, 10 percent were sexually abused, and 7 percent were emotionally maltreated. In addition, 15 percent experienced "other" types of maltreatment based on specific State laws and policies. Some children are victims of more than one type of maltreatment.<sup>1</sup>

Sadly, these numbers are almost certainly only the tip of the iceberg. The majority of cases of abuse and neglect go unreported. In one major study sponsored by the Centers for Disease Control and Prevention, 25% of adults reported having been victims of physical and/or emotional abuse as a child, 28% said they had been physically abused, 21% said they had been sexually abused, and 11% had been psycho-

<sup>1</sup>U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2004* (Washington, DC: U.S. Government Printing Office, 2006).

logically abused.<sup>2</sup> These numbers have enormous implications for the short- and long-term health of these individuals, in addition to the massive human and economic toll they represent.

At any given time, approximately 540,000 children are in foster care, most of whom have been placed there as a result of abuse or neglect at home. Compared with children from the same socioeconomic background, children in foster care have much higher rates of serious emotional and behavioral problems, chronic physical disabilities, birth defects, developmental delays, and poor school achievement.<sup>3</sup> Typically, these conditions are chronic, under-identified, and under-treated, and they have an ongoing impact on all aspects of their lives, even long after these children and adolescents have left the foster care system.<sup>4</sup> Some of these conditions are a direct result of the abuse or neglect they have experienced.

As a result of all these factors, children in the child protection system warrant special attention in all aspects of their health care. Some require immediate health attention due to abuse or neglect. Many have never received regular well-child care, such as immunizations. A growing body of research indicates that the majority would benefit from targeted, long-term interventions directed at their individual health care needs. A modest investment of resources at the earliest possible stages can often avert the need to spend far more later, not only in health care dollars, but also in education, law enforcement, and supportive services.

Science is beginning to quantify the long-term effects of child maltreatment in stark terms. The Adverse Childhood Experiences study, sponsored by the Centers for Disease Control and Prevention and Kaiser Permanente, has examined the connection between childhood trauma and adult poor health status among over 18,000 middle-class adults. The results of this study are nothing short of shocking. Among those adults who had experienced the highest levels of childhood trauma—such as having been a victim of abuse or neglect, having had a parent die, or living in a home with mental illness or substance abuse—those individuals were:

- 5 times more likely to have been alcoholic;
- 9 times more likely to have abused illegal drugs;
- 17 times more likely to have attempted suicide;
- 3 times more likely to have an unintended pregnancy;
- 2.5 times more likely to develop heart disease; and
- twice as likely to be obese.

Based on these statistics, childhood trauma may be the leading cause of poor adult health in our nation. When childhood trauma goes unaddressed by society, children and youth may turn to self-medication in the form of drugs, alcohol, tobacco, promiscuity, or food. Each of these can produce a short-term improvement in an individual's perception of their mental state, but all have devastating long-term health consequences.<sup>5</sup> The cumulative costs to government and society likely exceed hundreds of billions of dollars.

### **Role of the Pediatrician**

Pediatricians are uniquely positioned to prevent child maltreatment. Pediatricians see most children on a regular schedule of well-child visits. The typical well-child schedule dictates visits at the ages of 1, 2, 4, 6, 9, 12, 15, and 18 months, as well as annually after the age of 2 years. This provides numerous opportunities to examine children thoroughly and observe their interaction with one or both parents, even if some visits are missed.

In addition, pediatricians already discuss with parents many of the most common “triggers” for abusive events. Pediatricians talk to parents about how much their infant cries and offer strategies for coping. Many parents appreciate information about the developmental stages and needs of their children.<sup>6</sup> A parent may punish a toddler for “willfulness” without understanding that the child does not yet comprehend the “if-then” consequences of their actions. The privacy of the doctor-patient rela-

<sup>2</sup>Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACE) study. <http://www.cdc.gov/NCCDPHP/ACE/prevalence.htm>.

<sup>3</sup>Committee on Early Childhood, Adoption and Dependent Care. “Health Care of Young Children in Foster Care.” *Pediatrics*, Vol. 109, No. 3, March 2002.

<sup>4</sup>Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACE) study. <http://www.cdc.gov/od/oc/media/pressrel/r980514.htm>.

<sup>5</sup>Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACE) study. <http://www.cdc.gov/NCCDPHP/ACE/findings.htm>.

<sup>6</sup>Olson, Lynn M. et.al. Overview of the Content of Health Supervision for Young Children: Reports From Parents and Pediatricians. *Pediatrics*, Vol. 113 No. 6 June 2004.

tionship allows parents to discuss problems and issues with a physician that they might be reluctant to raise with a family member, neighbor or teacher.

#### **Pediatricians and the Child Protection System Today**

Today, pediatricians tend to exist on the periphery of the child protection system. The average pediatrician reports suspected cases of abuse or neglect, but receives little or no feedback from the child protection system. At the same time, pediatricians have little input into the structure or activities of child protective services. Not only is this situation frustrating, but it fails to provide the pediatrician with information that could be vital to the child's follow-up care. Privacy laws often prevent the sharing of information that a pediatrician could use to monitor a child's physical, emotional, and mental health in the wake of a substantiated report.

While virtually all pediatricians report cases of child abuse and neglect over their careers, only about 200 pediatricians in our nation specialize in child maltreatment cases. This small cadre of doctors not only perform exams, but they also serve as expert witnesses, see and treat patients, perform research, and teach residents and medical students. These pediatricians often work in academic settings or with Child Advocacy Centers, and serve as a resource to their fellow health care providers, social workers, child protective services, law enforcement, the judiciary, and many others. As one of these providers myself, I can attest personally that we are spread extremely thin, isolated from one another, and often find it difficult to communicate or collaborate on even basic issues like best practices.

It is important to note that pediatricians and other physicians are mandatory reporters in all 50 states. If a pediatrician suspects that a child is suffering from abuse or neglect, he or she is legally required to report that to the authorities.

#### **The Health Child Abuse Research, Education and Services (CARES) Network**

Over the past three years, the American Academy of Pediatrics has devoted substantial time, effort and resources to the development of an initiative to bring the medical profession into full partnership in the prevention, diagnosis, and treatment of child abuse and neglect.

We propose the establishment of a network of regional consortia dedicated to the medical aspects of child maltreatment. The Health Child Abuse Research, Education and Services (CARES) Network would consist of "virtual" centers that would link all of the medical resources on child maltreatment in a given area. Each consortium would be different depending on the resources that existed already in that region. These consortia will link all medical providers in a given region who deal with child maltreatment—pediatricians, family practitioners, emergency medical services, dentists, orthopedists, nurses, allied health professions, and others. The consortia themselves would form a nationwide network.

The network would serve a number of critical roles in improving the prevention, detection and treatment of victims of child abuse and neglect. These include:

- **Communication.** Currently, health care providers who deal with child maltreatment are scattered and isolated. Many practitioners are unaware of the resources that exist in their community, state, or region. As a result, they may not know where to turn when they need to consult or gather information.
- **Collaboration.** Those of us who specialize in this field find it difficult to collaborate and compete effectively for the dollars that already exist. There is no structure for finding colleagues who are interested in similar types of research. One pediatrician may not see enough cases of a particular type to conduct scientifically valid research, but if three or four collaborated they could assemble a solid study. This is not possible given the current lack of communications and infrastructure.
- **Education and Workforce.** At present, there are not enough pediatricians entering the field of child abuse pediatrics to replace those who are approaching retirement. However, child abuse medicine is expected to become a boarded subspecialty of pediatrics later this year. There is already a desperate need for training programs, ranging from curriculum for medical schools to short training seminars for existing health care providers. This network would facilitate the creation and sharing of educational materials and successful programs as well as expanding the field of trained professionals, both specialists and educated generalists.

As I stated earlier, we specialists cannot handle this problem alone—we need to bring the rest of the medical profession into partnership. The Academy envisions the Health CARES Network serving as a resource to social workers, the child protection system, law enforcement, the judiciary, and many other agencies and professionals.

We went to great lengths, however, not to duplicate any existing programs. This proposal does not replicate the efforts of Child Advocacy Centers or the National Child Traumatic Stress Network. It includes no dollars for services or research. It purely establishes infrastructure to enable communication, collaboration, and the effective development of resources and materials. The Academy urges Congress to provide \$10 million to the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control to begin the Health CARES Network.

In some areas of the nation, communities and states are making commendable efforts to prevent child maltreatment and intervene as early as possible when it is detected. New challenges sometimes arise, such as the current increase in foster care placements due to parents' methamphetamine addiction.<sup>7</sup> Recent research is teaching us that the effects of abuse and neglect can be pernicious and long-lasting, but that early intervention can be highly effective. The American Academy of Pediatrics believes that the Health CARES Network could play a crucial role in establishing and advancing programs with proven success in preventing maltreatment and addressing its effects by integrating pediatricians and other health care providers closely into these efforts. My colleagues and I who specialize in child abuse pediatrics are happy to take on this extraordinary challenge on behalf of our nation's most vulnerable citizens. We just ask for your help to make this enormous task a little more manageable.

Mr. Chairman and Members of the Subcommittee, I deeply appreciate this opportunity to offer testimony on behalf of the American Academy of Pediatrics. I stand ready to answer any questions you may have, and I thank you for your commitment to the health of the children of our nation.

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Chairman HERGER. Thank you, Dr. Hymel. Mr. Atwood to testify.

**STATEMENT OF THOMAS ATWOOD, PRESIDENT AND CHIEF  
EXECUTIVE OFFICER, NATIONAL COUNCIL FOR ADOPTION**

Mr. ATWOOD. Chairman Herger and Members of the Subcommittee, founded in 1980, the National Council For Adoption, NCFA, is an adoption, research, education and advocacy nonprofit organization. On behalf of NCFA, I thank you for the opportunity to testify on the vital subject of improving Child Protective Services (CPS). NCFA applauds the Chairman's and the Subcommittee's ongoing attention to America's foster care and CWS. Your leadership in addressing this issue has helped to make important changes in child welfare policy and to prepare the way for other needed reforms. We thank you for your efforts to improve judicial processing of permanency decisions for children in foster care by authorizing funding for judicial training and case tracking in the Deficit Reduction Act of 2005, for example. Mr. Chairman, I have five points I would like to make for your consideration this afternoon: Point one, advancing the broad financing reform agenda. This hearing on the reauthorization of the PSSF, PSSF, takes place in the context of an ongoing policy discussion regarding the need for foster care financing reform. Across the political spectrum, there is a widespread consensus about the need for States to be able to direct their Federal financing more flexibly toward other child welfare strategies besides foster care maintenance. There have been several recent proposals to increase funding flexibility that would enable States to target resources toward prevention, rehabilitation, parent recruitment and adoption support services. NCFA encourages the Sub-

<sup>7</sup>National Association of Counties. The Meth Epidemic in America: Two Surveys of U.S. Counties: The Criminal Effect of Meth on Communities and the Impact of Meth on Children. July 5, 2005.

committee to continue to lead in addressing this broad reform agenda. Point two, preserving and increasing PSSF's flexible funding. The widespread consensus on the need for flexibility suggests that when reauthorizing PSSF, Congress should be careful. It would be inconsistent with this consensus to impose specific directives on how States spend this one small source of flexible funding. We ask Congress to preserve PSSF's flexibility and increase its discretionary funding, even if possible to full funding, as the Administration has previously advocated. Other than national security and the rule of law, it is difficult to find a more worthwhile use of the Federal budget than to fund policies that effectively promote safe and stable families for vulnerable children. Point three, supporting families through post-adoption services, every family faces challenges but families who open their hearts and homes to children with a history of abuse or neglect often find themselves facing special issues requiring post-adoption services. The need for post-adoption services has increased over the life of PSSF because adoptions out of foster care have increased and because of the increased incentives for older child adoptions, older children often needing—being in greater need of post-adoption services. The failure to provide post-adoption services can be a significant disincentive for adoption. When foster parents and other prospective adoptive parents consider the challenges they may face, they may be less inclined to adopt if they feel they cannot rely on the additional supports they need. Post-adoption services promote healthy children and families, and they save taxpayers money by minimizing disillusion and re-entries into care. However, there is very little funding for these services. Greater flexibility for title IV-E funding and increased PSSF funding would enable many more children and families to benefit from post-adoption services. Point four, prevention rehabilitation and concurrent planning. NCFA agrees with the idea that vulnerable children and at-risk families would be well served by increased availability of funds for preventive and rehabilitative services in order to support, preserve and reunify families whenever such a goal is realistic and safe. In promoting more preventive and rehabilitative services, it is prudent to note that an excessive attachment to the idea of family preservation was one of the problems that necessitated the Adoption and Safe Families Act 1997. This historical perspective reinforces the importance of concurrent planning. Concurrent planning makes sure that the child has a timely, healthy permanency option when reunification is isn't possible. It also advises parents of the seriousness of the their situation and the expectation that they must rehabilitate in order to maintain their parental rights and reunify with the child. Point five, and my most important point this afternoon, parent recruitment, a crucial neglected strategy. Adoptive and foster parent recruitment would seem to be a vital part of the adoption promotion that is called for in PSSF's purpose statement. Yet none of the four objectives contained within that statement address this crucial strategy for promoting safe and stable families. Parent recruitment is as important to child welfare strategy as prevention, rehabilitation and post-adoption services and another compelling reason for greater flexibility in foster care financing. There are enough pro-

spective parents in America to care for this current country's vulnerable children.

With 55 million married couple households in America, there are more than 450 married couples for each child waiting to be adopted. The millions of qualified singles who could foster parent or adopt as well. There are three places of worship for each child waiting to be adopted, and all of America's major faiths exhort their believers to care for children in need of parents. Parent recruitment is especially urgent and challenging for older children. We must overcome the attitude of hopelessness that can undermine their prospects. If child welfare workers believe that adoption or guardianship is impossible for a particular youth, then it will be. Prospective parents need leadership, encouragement and education. State agencies need enough staff to recruit parents, process their inquiries and prepare them for their child. Financing policy must be reformed to allow the resources to flow to these vital responsibilities. See my written testimony for more detail on recruitment techniques and post-adoption services. In conclusion, Chairman Herger and Members of the Subcommittee, NCFA applauds and shares your commitment to ensuring that America's children are raised in safe, loving families. We look forward to continuing to work with you to promote safe and stable families for America's vulnerable children. Thank you.

[The prepared statement of Mr. Atwood follows:]

**Statement of Thomas Atwood, President and Chief Executive Officer,  
National Council for Adoption, Alexandria, Virginia**

Chairman Herger and Members of the Subcommittee:

My name is Thomas Atwood, president and chief executive officer of the National Council For Adoption. On behalf of the National Council For Adoption (NCFA), I thank you for the opportunity to testify on the subject of improving child protective services, in the context of congressional consideration of the reauthorization of the Promoting Safe and Stable Families Program.

The National Council For Adoption is an adoption research, education, and advocacy nonprofit whose mission is to promote the well-being of children, birthparents, and adoptive families by advocating for the positive option of adoption. Since its founding in 1980, NCFA has been a leader in advancing adoption and child welfare policies that promote adoption of children out of foster care, present adoption as a positive option for women with unplanned pregnancies, reduce obstacles to transracial adoption, make adoption more affordable through the adoption tax credit, and facilitate intercountry adoption.

NCFA applauds the Human Resources Subcommittee's ongoing attention to America's foster care and child welfare system. The Chairman's and Subcommittee's leadership in addressing this issue has helped to make important changes in child welfare policy, and to prepare the way for other needed reforms that we hope will be forthcoming. We also enthusiastically thank Congress for its efforts to improve judicial processing of permanency decisions for children in foster care, by recently authorizing funding for case tracking and for the training of child welfare judges and court administrators, in the Deficit Reduction Act of 2005.

**Preserving and Increasing PSSF's Flexible Funding**

Other than national security and the rule of law, it is difficult to find a more worthwhile use of the federal budget than to fund policies that effectively promote safe and stable families for vulnerable children suffering neglect and abuse in their homes. When the family and the community cannot protect these children, it is a clear role of the government to do so. These young victims of neglect and abuse often must be removed from their families and households, and put in state care for their own protection. They are America's social responsibility, especially those whose parental rights are terminated, and they deserve America's best efforts to secure for them the loving, permanent families all children need.

The Promoting Safe and Stable Families Program (PSSF), Title IV–B Subpart 2 of the Social Security Act, is an important part of the federal government’s efforts to protect America’s vulnerable children in at-risk families, both in and out of foster care. PSSF’s purpose is “to enable States to develop and establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services to accomplish the following objectives:

“(1) To prevent child maltreatment among families at risk through the provision of supportive family services.

“(2) To assure 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.

“(3) 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 in accordance with the Adoption and Safe Families Act of 1997.

“(4) To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.”<sup>1</sup>

This hearing on the reauthorization of the Promoting Safe and Stable Families Program takes place in the context of an ongoing policy discussion regarding the need for foster care financing reform. As you know, the largest piece of child welfare funding, Title IV–E of the Social Security Act, is largely restricted to foster care maintenance. The inflexible nature of IV–E funding limits states’ ability to target resources toward prevention, rehabilitation, parent recruitment, and adoption support services. Across the political spectrum, there is widespread consensus about the need for states to be able to direct their federal financing more flexibly toward other child welfare strategies besides foster care maintenance. There have been several recent proposals to increase funding flexibility that would improve upon the current policy. NCFCA encourages the Subcommittee to continue to lead in addressing this broad reform agenda.

The widespread consensus on the need for flexibility suggests that when reauthorizing PSSF, Congress should be careful to protect the current flexibility in PSSF funding specifications. Although it is a relatively small amount of money compared with Title IV–E, Title IV–B is the most flexible source of funding for child welfare. States are allowed to direct PSSF funding where it is most needed, as long as the funded program serves the purpose outlined above. PSSF funding is directed toward programs that are under-served by other child welfare funding streams. PSSF objectives describe many of the very programs, which NCFCA and other flexible-funding advocates seek to support through financing reform. Although Congress may wish to add new service standards for states, it would be inconsistent with this consensus on flexibility to impose specific directives on how states spend this one small source of flexible funding. Notwithstanding the current tight budgetary climate, we urge Congress to continue to increase PSSF’s flexible funding, even to full appropriation of the discretionary funds, as President Bush’s Administration has previously advocated.

### **Supporting Adoptive Families through Post-Adoption Services**

A crucial part of serving the “adoption promotion and support services” aspect of the PSSF purpose is post-adoption services. There are several reasons these services are a vital part of promoting safe and stable families and enabling adoptive parents to “make a lifetime commitment to their children.” First, every family faces challenges, but families who open their hearts and homes to children with a history of abuse or neglect often find themselves facing special issues. Many need extra support to: understand and anticipate the challenges they may face; obtain counseling or therapy for the child and family, in order to deal with emotional, behavioral, or mental health issues; have a respite from the stress of their special needs; and share and relate with other families who have been, or are going, through similar situations.

There is an even greater need for post-adoption services today because of the substantial increase in the number of adoptions out of foster care, over the life of the PSSF program. In each of the last five years for which the Department of Health and Human Services has reported numbers, more than 50,000 children have been adopted out of foster care, compared with 31,000 in 1997, the first time PSSF was reauthorized. Moreover, older children adopted out of foster care, and their families, tend to have a greater need for services. With the greater concentration of older children we are presently experiencing in care, and with the extra efforts being

<sup>1</sup> *U.S. Code* 42, chapter 7, subchapter IV, part B, subpart 2, § 629. See also the *Promoting Safe and Stable Families Amendments of 2001*, Public Law 107–133 (2002).

made to place them for adoption, the need for post-adoption services will continue to grow.

The failure to provide post-adoption services can be a significant disincentive to adoption. When prospective parents consider the challenges they may face, they will be less inclined to adopt if they feel they cannot rely on the additional supports they may need. Foster parents considering adoption would like to be able to count on the necessary support services they are utilizing in their foster care of the child. Indeed, too many parents report feeling abandoned after they adopt from the public system, while most parents whose families receive services report finding them beneficial.

To varying degrees, states have employed a diverse assortment of post-adoption services, including:

- Education, training, and print and electronic resources on issues related to the adoption and parenting of children who have experienced abuse, neglect, and/or multiple placements
- Information about available services and subsidies for adoptive families
- Referrals to medical professionals, mental health professionals, counselors, education specialists, legal and advocacy services, and support groups
- Peer support groups of adoptive parents and families, for parents and teens
- Mentoring, “buddy” families
- Respite care, which provides temporary child care, inside or outside the home, to relieve parents and children from stresses resulting from special needs
- Recreation opportunities, camps for children, family retreats
- Ongoing case management
- Crisis management, crisis hotlines
- Screening, assessment, and treatment for at-risk children, and assistance in interpreting clinical information
- Family and individual counseling to address behavioral and emotional issues
- Mental health counseling for children with clinical conditions
- Residential treatment
- Drug treatment programs
- Registries, reunion counseling and assistance

To summarize this list: education and referrals, support groups, respite care, treatment and counseling, and crisis management would seem to be essential concepts that a state’s post-adoption services program should serve.

States are providing post-adoption services using various offices and personnel. Some states use the same public-agency workers who oversee the adoption placements to serve the child and family post-adoption, too. Some states assign these services to a specialized post-adoption services office and staff within the public child welfare agency. Other states provide post-adoption services by working with networks outside the child welfare agency, such as private adoption and social service agencies, schools, community health centers, and child care agencies.<sup>2</sup>

Congress is wise in providing for post-adoption services in the Promoting Safe and Stable Families Program. These services not only promote healthy children and families, they also save taxpayers’ money by minimizing dissolutions and re-entries into care, which are more costly than the investment. Experience since PSSF’s 2002 reauthorization, however, suggests that present need for post-adoption services is much greater than what current funding supports. A 2002 study reported that total federal and state spending (not including Title IV–E Adoption Assistance) on all adoption promotion and support services in FY 2001 was the modest amount of \$205 million.<sup>3</sup> What we hear from the field is, therefore, no surprise. Directors of private agencies that work with the public child welfare system frequently report to NCSL that there is very little funding available for post-adoption services, and that what there is often gets spent before the fiscal year is over, thus leaving programs on hold for months. By increasing the availability of post-adoption services, greater flexibility for Title IV–E funding and appropriating more of PSSF’s discretionary funding would substantially improve the lives of many children and their adoptive families.

### **Prevention, Rehabilitation, and Concurrent Planning**

In recent years, many in the child welfare system have made concerted and thoughtful efforts to enable parents to rehabilitate themselves and reunite with their children, with some success. Promising family support, preservation, and re-

<sup>2</sup>Steve Christian, *NCSL Legislative Report*, “Post-Adoption Services: Issues for Legislators,” Volume 27, Number 17, November 2002.

<sup>3</sup>James Bell Associates, *Analysis of States’ Annual Progress and Services Reports and Child and Family Services Plans (1999–2001): The Family Preservation and Family Support Services (FP/FS) Implementation Study* (Arlington, Va., 2002).

unification strategies include: individualized case planning; immediate, in-home crisis intervention; more effective family conferencing and counseling; placing children within their own communities; greater communication between children, families, child welfare workers, attorneys, and the court; inter-agency “wraparound” services; and real accountability in substance abuse and counseling requirements.<sup>4</sup>

The Promoting Safe and Stable Families Program provides funding, though not enough, for services intended to enable parents to reform themselves and their households, in order to: (1) prevent children from needing to be removed in the first place and (2) enable the children to be safely returned to the family if they are removed. Many child welfare policymakers and advocates have rightly and persuasively argued that federal foster care financing should be made more flexible, so that states can direct more of their funding toward preventive and rehabilitative programs, such as those funded by PSSF. NCFA finds some arguments for financing reform somewhat heavily weighted toward prevention and rehabilitation, at the expense of adoption promotion and support services. But we concur with the idea that vulnerable children and at-risk families would be well served by an increase in the availability of funds for these services, in order to support, preserve, and reunify families, whenever such a goal is realistic and safe.

As the child welfare system focuses more on prevention and rehabilitation, it is prudent to note that an excessive attachment to the idea of family preservation was one of the problems that necessitated the Adoption and Safe Families Act of 1997. At that time, some child welfare workers and judges, in effect, treated family preservation as a higher priority than the best interests of the child. Today, there seems to have been a genuine and widespread paradigm shift: Although there are exceptions, child safety, permanence, and well-being take priority over family preservation, throughout most of the child welfare system. Adoption is widely recognized as generally the best solution for children, when the court determines that their parents’ parental rights must be terminated due to neglect or abuse.

This historical perspective is therefore not meant to suggest that increased funding of preventive and rehabilitative services will lead to the reinvigoration of an ideology that raises family preservation above child safety, permanence, and well-being. But it is a reminder that child protection workers should err on the side of child safety when determining whether the “family’s problems can be addressed effectively” with the child in the home (see PSSF objective 2, above). This history also reinforces the importance of concurrent planning. While it is appropriate in many or most cases to favor reunification as the initial case goal for a child needing state protection, alternate permanency plans, usually including foster care to adoption, should be considered and developed from the outset of the child’s entrance into care. Concurrent planning not only provides a timely, healthy permanency option for the child when reunification is not possible, it also advises parents of the seriousness of their situation and the expectation that they must rehabilitate, in order to maintain their parental rights and reunify with the child.

#### **Parent Recruitment: A Crucial, Neglected Strategy**

Adoptive and foster parent recruitment would seem to be a vital part of the “adoption promotion” that is called for in PSSF’s purpose statement. Yet none of the four objectives contained within that statement address this crucial strategy for promoting safe and stable families. Adoptive and foster parent recruitment is a seriously under-funded and neglected program in America’s efforts to ensure loving, permanent families for the 518,000 children in foster care, 118,000 of them waiting to be adopted. Parent recruitment is as important a priority as prevention, rehabilitation, and post-adoption services, and another compelling reason for greater flexibility in foster care financing.

There are enough prospective parents in America to care for this country’s vulnerable children. With 55-million married-couple households in America according to the 2000 census, there are more than 450 married couples for each child waiting to be adopted, and millions of qualified singles who could foster parent or adopt as well. There are three places of worship for each child waiting to be adopted, and all of America’s major faiths exhort their believers to care for orphans. Effective outreach to communities of faith is a key strategy in recruiting families to serve at-risk children in many ways.

Recruitment techniques can be: general, which uses a mass media approach with broad, positive messages crafted for a general audience; child-specific, which presents a particular child through the media or is aimed at relatives or people who already know the child; or targeted, which focuses on children and youth with a spe-

<sup>4</sup> NCFA’s primary focus is adoption, so we leave a more detailed reporting of preventive and rehabilitative programs to other witnesses.

cific type of need, for whom particular prospective-parent demographics might be developed.<sup>5</sup> Some recruitment techniques state agencies have been using are:

- Photolisting books, print materials
- Internet listings, such as [www.AdoptUSKids.org](http://www.AdoptUSKids.org) and other agency listings
- Press kits, public service advertising
- Media programs and campaigns, such as “Wednesday’s Child”
- Booths and displays at local events
- Recruitment of family members
- Engaging adoptive and foster parents to recruit other parents
- Public-private partnerships with private agencies
- Outreach to faith-based communities, such as One Church-One Child
- Concurrent planning
- Family group decision-making and mediation
- Youth involvement in identifying adults with whom they have developed emotional attachments
- Permanency teams for youth, consisting of youth, caseworker, and significant adults in the youth’s life, such as relatives, former foster parents and counselors

States are still learning how to recruit adoptive and foster parents; more experience and study will improve our understanding of what works. To give parent recruitment the priority it deserves, states should assign the responsibility for leading their recruitment efforts to a specific high-level manager and office.

Parent recruitment is critical in permanency planning for all children in foster care, but it is especially urgent—and challenging—for older children. In the most recent year for which we have statistics, 19,000 youth aged out of foster care without a permanent family to call their own. We must overcome the attitude of hopelessness that can undermine the prospects of older youth in foster care. If child welfare workers believe that adoption or guardianship is impossible for a particular child, then it will be. It becomes a self-fulfilling prophesy of failure that ends in disaster for young people. Some states are developing creative programs to help transitioning foster youth make permanent connections and healthy transitions to adulthood, and to enable their peers still in care to achieve permanency before they too age out.

Parent recruitment is an area where public-private partnerships can flourish. The public system already turns to private agencies to assist with services such as home studies and post-adoption services. Through public-private partnerships, private adoption agencies can also assist the already stretched public system by recruiting and training parents, and matching children with families. It is no secret that public agencies have a reputation for bureaucratic non-responsiveness, which discourages some prospective parents from inquiring about the process, or persevering in it. Using private agencies as contacts with prospective parents can help overcome those concerns and facilitate a smoother process.

Prospective parents need leadership and encouragement in order to recognize their callings to adopt or foster parent. They also need education and training to prepare for the challenges they may encounter in parenting a child with special needs. Public-private partnerships, public communications, educational seminars, intensive casework, and the requisite agency staff to carry out these tasks are needed to recruit parents, process their inquiries and applications, and prepare them for their child. Financing policies must be reformed to allow the resources to flow to these vital responsibilities.

Mr. Chairman, I respectfully I suggest that raising recruitment to the level of priority it should be will take leadership from the top. We can and must inspire an attitude of hope throughout our child welfare system that all children are adoptable. We can and must inspire our fellow Americans to live up to our country’s responsibility to these children at risk.

In conclusion, Chairman Herger and Members of the Subcommittee, the National Council For Adoption applauds and shares your commitment to ensuring that America’s children are raised in safe, loving families. We look forward to continuing to work with you and the Subcommittee to promote safe and stable families for America’s vulnerable children. Thank you very much for allowing me to testify.

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<sup>5</sup> Casey Family Programs National Center for Resource Family Support, “Individualized and Targeted Recruitment for Adoption,” March 25, 2003.

Chairman HERGER. Thank you, Mr. Atwood. Now the gentleman from Colorado, Mr. Beauprez to inquire.

Mr. BEAUPREZ. Thank you, Mr. Chairman. Ms. Ashby, first, if I might, if I am correct, Congress appropriated about \$700 million for these two programs last year. If a State does not utilize all of those funds in a given year, can they roll those to the next year or is it a use-it-or-lose-it situation?

Ms. ASHBY. I don't know the answer to that. I am sorry. I don't know if these are no-year funds or not.

Mr. BEAUPREZ. Would you get back to us?

Ms. ASHBY. I certainly will. Yes.

Mr. BEAUPREZ. Secondly, and maybe more importantly from my perspective, I noted I believe somewhere almost half of the moneys appropriated go to administrative overhead. I believe it is 44 percent. Is that normal? Is a good share of that really case-workers' salaries, and it really is achieving the objective of helping children? Or is this—is this maybe because of what we have done in creating so many rules and hoops to jump through, is it just so top heavy and administratively weighted that that is necessary? Is it helping the kids?

Ms. ASHBY. I think the percentage, or I know the percentage depends on how one defines administrative expenses, and we are currently working on a report for the Subcommittee, and we will be issuing that report by the end of June, and it will shed some light on what things are included in administrative expenses, and well, we will say more about that. Right now, I can just say that the percentage does depend on the definitions used, and it does vary across the States.

Mr. BEAUPREZ. Even the States aren't consistent what they report as administrative overhead.

Ms. ASHBY. That is correct.

Mr. BEAUPREZ. I certainly hear the cry for more, more, more, but I want to make sure that more of what we are doing is actually helping kids and not just creating that ever-growing—and a bureaucracy out there. If there is a way to achieve the former and less of the latter, I would be all for that. Judge Cohen, you mention methamphetamines and the problems it is creating. I am seeing that in my State. I am seeing that across society, but especially in the ramifications it is having for children and our families. Do you see a way of—in Iowa—and Colorado's not a whole lot different from Iowa in many ways. Tragically it is not just our urban areas. It is all across our State. Some of our smallest towns and smallest counties, most rural are the ones most affected. How do we head this off? It seems to be ever escalating, at least out my way. Is that what you are seeing in Iowa as well?

Judge COHEN. Yes, it is. It is one of these issues I would first address with my magic wand if I had one. It is one of those issues I wish I had the magic answer. I can tell you that last year—or a couple of years ago perhaps—Iowa, like many States—Oklahoma, I believe, was the leader in this—locked up its pseudoephedrine products, and what that did was it drastically reduced the number of the mom-and-pop methamphetamines labs. Iowa, in fact, overtook California as the number of meth labs for a while, and now our labs are way down. This is good for children, of course, because

in the backyards and garages and bathrooms of these homes, there were toxic laboratories going on, and you would see the HAZMAT guys come in in their Darth Vader costumes, and you know, picking up all of this toxic material with instruments and at the same time, you would see an 18-month-old sitting on the floor, slapping around or sucking on a battery. It was horrifying, the exposure to these children of these toxic materials, plus we were having labs blow up, and children were getting burned. Locking up the products was a wonderful step in reducing the lab problem. However, addicts are going to find their poison, and we have seen now a change in the use. We are seeing more pure—the crystal meth coming into our State. We are seeing more imports. We are seeing more IV use. The addiction is so compelling that the addict is going to have to feed it somehow. We know the drug court treatment works. We know treatment courts work. The Court Teams For Maltreated Infants and Toddlers is a treatment court. It has to be treatment, treatment, treatment, long-term, recognizing that relapse is part of treatment and being there with a support system is the thing that is working, but the resources are not there—

Mr. BEAUPREZ. If I might beg the indulgence of the chairman for just a minute. What we are seeing—and I will cite one of my counties an example. In a 4-year period, a tripling of the number of cases of methamphetamines. Eighty percent of the children in child custody of one type or another in that county, one of our larger counties, we are talking about 675 kids under the age of 12 are there because of drug and almost exclusively methamphetamines abuse in the home. It is 80 percent of, the county law enforcement tells me 80 percent of their crime, identity theft, burglary, assault is drug related. I think until we get ahead of some of the sources of the problem that are driving children into foster care, we are only putting sand on the wound instead of healing the wound, and I think this is a major one. I think it is law enforcement. I think border security is a piece of this. I know that is a word we like to throw around this town right now, but 80 percent, I am told, of the illegal drugs in America today are coming across our southern border. Sadly, my largest city of Denver is in a direct line of the southern border. We have become a distribution hub, and that is not the kind of notoriety we are looking for, but I think it is law enforcement. I think it is education, education, education because you said it, it is an extremely and rapidly addictive. I do think that therapy has to be a piece of it as well. It is a major problem, and I think what we are all talking about here today is one of the very sad outgrowths and symptoms of a larger problem in society. I thank the Chairman and yield back.

Chairman HÉRGER. I thank the gentleman from Colorado. Gentleman from Washington, Mr. McDermott to inquire.

Mr. MCDERMOTT. Thank you Mr. Chairman. Ms. Spears gave a figure which I find startling, and in some ways troublesome, nearly 900,000 kids were found to be victims of child maltreatment. Only 40 percent receive follow-up. When I hear that figure, I kind of wonder from the judge's point of view and from your point of view and from your point of view, Dr. Hymel and Mr. Cross as well, what is missing that 40 percent of the kids are falling through the cracks, is it simply money? Or are there not profes-

sionals enough to deal with the caseloads? You folks can start anywhere you want, because you said you have got 28,000 docs retiring, or something like that.

Dr. HYMEL. I wish we had 28,000 doctors working on child abuse. I think a big part of the problem is the disconnect between CWS and the primary health care providers. I recognize that privacy laws prohibit the reporters of suspected maltreatment, like myself, from getting substantive feedback regarding the outcome of a CPS investigation. When you limit that information or prohibit me from having that information, I can't arrange or provide the follow-up care for that family. Most of the Federal investment in child maltreatment is directed to child welfare or the judicial system, and to be quite honest, the families accused of suspected abuse view those two agencies, or the individuals representing them, as their adversaries at the moment the confrontation occurs.

Mr. MCDERMOTT. You, who put them up—put them in their hands—

Dr. HYMEL. Sometimes we face their wrath as well, but I think the primary care provider, who ultimately is tasked with maximizing the help outcomes of a child who has been abused, if brought into the loop, if informed about the outcomes of those evaluations, if provided an opportunity to have a greater input into the process can be a major untapped resource. I think that it is time for the health care system to become a bigger part of this response.

Mr. MCDERMOTT. Do you have enough mental health professionals?

Dr. HYMEL. No, sir. I am not knowledgeable about the details of that subspecialty and their numbers, and but I can tell you it is hard to find available appointments in a cost-effective manner for the families who need it.

Mr. MCDERMOTT. Judge, take a swing.

Judge COHEN. The system has to work together and collaborate. We can bring people together to the table, and judges need to get off the bench and sit down at the table and convene because one thing we are really good at, when we invite people to come and see us, they usually come, and we need to listen to our community—usually. If they don't, they can be in big trouble, as they can before your body, but we need to sit down and learn from each other, and it can be done.

Mr. MCDERMOTT. Is there a way to cover that disconnect between what the doctor who sends them in and then never ever finds out what happened, or is a cop brought in again to begin to pick up the pieces?

Judge COHEN. Well, in my State, he would be a mandatory reporter. If there were a contested hearing about the facts of the case, whether or not the abuser or neglect occurred, he would certainly be called as—to testify as a witness. I think it is about half of the States child abuse and neglect cases are open to the public. My courtroom is open to the public. Anybody can come and sit and listen to a court proceeding unless I find, after hearing evidence, that the danger of harm to the child outweighs the public's right to know.

Mr. MCDERMOTT. The doctor doesn't have time to come sit in the court. Does the caseworker have any responsibility or whatever to give any—I am trying to understand.

Ms. SPEARS. Yes. I think it is complicated by the fact that many of the families, and this 40 percent really may not—may need services and may not need services from the child protective agency, although they may need services that are provided in the community. I think the doctor is a lot right, that these families need support services that are provided in a variety of manners, that may be outside the formal system or outside of the court system. May require stronger mechanisms for connectedness to community-based services. That do exist in some communities, family group conferencing, a variety of family support and family stabilization programs, community-based child protection programs, create models of services that try to bring the doctor, the mental health professional, the family support worker, the childcare worker to the table to help those families. I think some of the dollars in this pool, in fact, support some of those services, and I suspect many other dollars do as well.

Mr. MCDERMOTT. Where is the best example in the country of it working properly, or working as close to maximally as it can.

Ms. SPEARS. There are a variety of places I would say it is working well. Allegheny County, Pennsylvania, is a place where it works quite well, where there is really good integration between what the formal child protection system does, what the court system does and what the community does to support families at all phases, both in front-end prevention services, in mental health and in adoption services, all the way through the end of the system to really try to do those things. They have done that by pulling community leaders together, adoptive families and kinship families and birth families together, and by pulling caseworkers together across all systems. They really have done it sort of top to bottom, up and down, from leadership all the way to kids in ways that integrate the way that that works; and it is one of the places where I see community-wide services doing that—not the only place though.

Mr. MCDERMOTT. Could we get Mr. Cross for a moment?

Mr. CROSS. Another good example is a tribe in Washington. They have been able to integrate their services at the tribal preschool, the substance abuse program, the mental health program and the child protection program all into one program that supports families. They have been able to do that because of their creative approach in turning the system around from a system that intervenes, primarily to a system that pays attention to child well-being from a public health perspective. I think that is one of the dilemmas here. These are very complex issues, and as long as we are confused about the difference between the need to intervene in a particular situation to protect a particular child and the well-being of all children—any child can be abused or neglected, given the circumstances in their life, with poor substance abusing, domestic violence, a history of depression, all of those things coming together and you have a situation ripe for disaster no matter who you are or where you live. We have to approach this thing from many different directions, in teams, with all of the people who are sitting at this table having a voice for each family.

Chairman HERGER. The gentleman's time has expired. The gentlelady from Connecticut, Mrs. Johnson, to inquire.

Mrs. JOHNSON. Thank you. For a number of years now we have held these hearings and we have seen some development of services locally, and certainly we have grown in our understanding of the importance of integrated services; case management and court teams are really impressive. We have begun to discuss, how do you foster an integrated, collaborative approach at the community level, because most communities in America are single-hospital communities, and if you look at where the hospitals are placed and the service areas of those hospitals and the pediatricians around them and the school systems around them and the social service child and family systems around them, it is hard to believe that we should continue to pursue, do we put more money in this service or more money in that service or more money in this team model or that team model. We have to find a way to incentivize communities to look at themselves. Now Head Start does some of this, the Free to Grow program that Columbia has developed on top of Head Start has had a profound effect on the Head Start programs because it has helped the human resource agencies, the cap agencies, which are long established but were also isolated. They talk to themselves, in their own base of people; and Free to Grow is the most recent model I have seen that has forced people beyond their own boundaries. How do we get ourselves—what kind of money do we put in the system to get communities to think collaboratively? Because a lot of this—my husband is a retired obstetrician, and the obstetricians and pediatricians used to say, they know what families are going to have trouble before they deliver the child. I have heard schools say this too, we know who is going to have trouble. Why is it we can't bring what we know about parenting education, about early signs of substance abuse, about not looking at the child, looking at abuse problems in the whole family, whether it is substance or violence or behavioral, and begin to focus on who can come to us with an integrated model and can show us how they are thinking together as a community and how they are reaching out, so the number we get in the court means we need very few court teams. I hate to put the money in to expand the court teams. One last comment along this line. For years I have tried to get us to think about the number of kids going into foster care, and it is declining. There are a lot of reasons why it is declining. It doesn't necessarily mean that things are getting better. Your money is declining. As the number of kids decline, your money declines. Your money is going to decline, and it is going to get harder to get foster parents. I know it is a nice thing to do, but lifestyles are working against this. As that declines, you lose resources. Yet if we freed up those resources, so that they could be used for prevention, and gradually shifted, we might have a handle on how to move forward. Now, I appreciate the worry about what happens if there is a surge, but frankly that is kind of a secondary problem if we get better services in place that are more logistic and effective. We need help in knowing, how do we stop reacting to this one thing. Medicare, we are looking at the medical home. We might—how does the pediatrician professional stay in the loop, be seen as the parent, as the center of help. I have tried to get grants for my Head

Start programs because they have the trust of the families. If you could use them as the avenue through which you reach substance abuse or mental health help or something, we could do that. We are failing to go take what we know to get to where we know we need to be. Congress can't do this; we are way too far away. If you help us, we ought to be able to think of at least a few demonstrations and take a look. I appreciate your testimony. I appreciate the level of this testimony as to 5 years ago and as to 10 years ago, and we really are making substantial progress in our understanding of family dynamics and intervention, but we are not able to overcome the old divisions, the old turfs, the old organizations; and we are still pouring money into the administrative superstructure of a lot of different groups including—public school agencies that are here have a very limited context. We need to think this through, and we need you to help us come up with some demonstrations that we can really work on.

Chairman HERGER. I thank the gentlelady. The gentleman from California, Mr. Stark, to inquire.

Mr. STARK. Thank you, Mr. Chairman. Thank you for holding this hearing on your draft bill. My understanding is that it is still a work in progress, and I hope that all Members of the Committee can add their two cents worth, maybe even 2 million worth, and that we will do something to assist the witnesses and their agencies in providing better care. I just wanted to check, and the Chair might care to toss his comment in here, but I just wanted to make sure. Ms. Ashby, you have seen the bill, the draft bill?

Ms. ASHBY. Yes, sir, I have.

Mr. STARK. It is my hope—and with the Chairman's concurrence, I wanted your understanding—that there isn't anything in the bill that intends to apply the administrative cap to caseworker salaries. Mr. Chairman, I don't know. Was that how you would read it?

Ms. ASHBY. I did not interpret it as doing that, no. It defines administrative costs as being more limited than currently is the practice, but it doesn't include caseworker salaries, I don't believe.

Mr. STARK. Mr. Chairman, is that your understanding too? In the draft bill there is nothing that would limit the caseworker salaries, whatever you spend for that?

Chairman HERGER. That is my understanding.

Mr. STARK. Okay. That is great. I figured that those are the lowest paid of the people that we need on the front lines, and I just wanted to reassure myself at least that was the case. Ms. Spears, you have published standards. Do you want to comment on a requirement that mandated monthly visits? how do those fit into your best practice models, and does that do enough to assure what you guys would like to see as better outcomes?

Ms. SPEARS. In an ideal world, no. I think it does help us. I think, for me—

Mr. STARK. Does it go in the right direction?

Ms. SPEARS. It tremendously goes in the right direction. I believe that worker visitation is an absolutely critical part. We have seen that it does improve outcomes for kids and families, and we believe it is a sound part of case practice. For me, having done the direct service work, having been an administrator in programs, and

so forth, there a lot of roles that visitation serves and the needs for visitation varies in each and every case. Visitation is critical all across the casework perspective from the point in time that a family is first identified, where you are doing assessment and service planning and safety planning and risk calculation to keep kids safe, to helping children stabilize at home, to assessing their behavior and determining treatment needs, to looking at long-term stability for a child. All of those things, and workers cannot do that without regular contact with the kids and without the skills; they need to know what to do when they have those visits. This isn't a social call, and it is not just playtime. It has a meaningful function in the casework delivery process for kids and families. We are very concerned that workers both don't have time and don't have skills all the time to do this. I once trained a group of workers probably a zillion years ago, but it was a mantra that has stuck with me, because I have heard it many times, that workers feel like often that the kid visit is the first thing to go when they are busy, because someone else in the family, someone else in the case, may in fact be available to supplement for their role. That may be true but they sometimes lose track of the importance of their role in visiting kids, or they don't necessarily know what to do with the visit.

Mr. STARK. Thank you. I just wanted to thank Dr. Hymel and the American Academy for endorsing tirelessly and again our MediKids bills, which might provide the universal coverage that was written. If the Chair will indulge me 1 additional minute to be out of order here, it probably is apparent with everybody except the Chair that the Members of this Committee would be useless if it wasn't for our hardworking and dedicated staff. Sean McCluskie, who has worked here 7 years, started when Ms. Johnson was chairing this Committee and has worked tirelessly in all the areas of our jurisdiction; he has kept me out of trouble, he has been a valuable asset to, I think, even the majority staff. He is a knowledgeable guy, both a Ph.D. and a lawyer. We are losing him to the world of welfare reform and unemployment insurance for a while, but maybe some day we can get him back. Thanks. Stand up.

[Applause.]

Thank you, Mr. Chairman.

Chairman HERGER. You are welcome. We all join in wishing the best to our colleague. Mr. Atwood, your testimony on page three points to a significant increase in the number of adoptions from foster care since the late nineties, rising from 31,000 in 1997 to 50,000 today. Could you tell us why you feel that has occurred; and what role has the State use of Promoting Safe and Stable Families funds played in facilitating this change?

Mr. ATWOOD. I think, first and foremost, you have to give credit to the Adoption of the Safe Families Act, which created the adoption incentives program and also made it—authorized the States to forgo family reunification under certain circumstances, aggravated circumstances. The incentives did much to motivate State agencies to place children for adoption, and I think you have to first look there for credit for that success. I think the PSSF also contributed to the extent that there has been funding of postadoption services, the provision of which is a comfort to people who are considering adopting, foster parents who are considering adopting and other

people who are considering adopting. It appears to me that the adoption promotion and support services aspect of the PSSF could be more fully served in the implementation of the program. I cited in my oral testimony, and written, the lack of parent recruitment emphasis throughout the system. In fact, if you look at the purpose statement, it refers to adoption promotion and support services, yet if you look at the objectives, there is no sign of promotion, adoption promotion in the four objectives of the PSSF statement purpose—purpose statement. Parent recruitment would certainly fit under adoption promotion. I just bring that to the Committee's attention. I think that it is an underserved strategy throughout the system. When you look at the arguments that are made for flexibility, you hear prevention and rehabilitation, which are very good arguments and very worthy purposes for more flexibility, but so is parent recruitment and so is postadoption services. Both promotion aspects of Promoting Safe and Stable Families for adoption does not appear to me to be very well served, very fully served. The adoption—the postadoption services does receive attention, does receive some funding, but there, again, it is nowhere near. I am sure that is true for prevention and rehabilitation as well. I think that parent recruitment is—receives the least amount of attention on that list.

Chairman HERGER. Do you see any other factors that have played a role in this increase in adoption?

Mr. ATWOOD. Besides the Adoption and Safe Families Act and Promoting Safe and Stable Families, I think there has been a genuine and widespread paradigm shift within the child welfare community that family preservation is not always what is best for the child. One of the things that necessitated the Adoption and Safe Families Act was pockets in the system—was the idea in places in the system, in courts, in State agencies that family preservation must be achieved at almost all costs. There were horror stories, you will recall, back then about children who, it should have been clear to everyone, should have had their parents' parental rights terminated and been eligible for adoption; and who suffered as a result of this ideology, really, of family preservation. The Adoption and Safe Families Act addressed that, the CWS responded, and I think it is fair to say that there really has been—that has been taken to heart almost everywhere throughout the system. There are exceptions, but now, thankfully, the best interests of the child are weighted more highly than family preservation. I think that paradigm shift, if you will, is just simply more of a dedication throughout the system in placing children for adoption. People have that—they recognize adoption is very good for children when their biological parents cannot parent them.

Chairman HERGER. Thank you, Mr. Atwood. Certainly our top priority still remains to try to assist these parents to be able to have healthy families for their children, but we all know that there are circumstances where, when this can't be done, we need to be moving as rapidly as we can to find good homes for these children, not have them go from, as we have seen examples of, 40, 50, 60 different foster care homes. I appreciate the work that all of you are doing. I want to thank each of those of you on our panel very much for your testimony. With that, I would like to ask our next panel to please be seated. On this panel we will be hearing from

the Honorable Cari DeSantis, Secretary of the Delaware Department of Services for Children, Youth and Their Families, on behalf of the American Public Human Services Association; Daniel Hatcher, Assistant Professor of Law at the University of Baltimore School of Law; William Bell, President and Chief Executive Officer of Casey Family Programs; Richard Wexler, Executive Director of the National Coalition for Child Protection Reform; Ikeita Cantu Hinojosa, Associate Counsel for Legislative Affairs at the National Association of Social Workers; William Tower, President and Chief Executive Officer of the American Family Rights Association; and Heidi Goldsmith, Executive Director of the Coalition for Residential Education. Hon. Ms. DeSantis to testify, please.

**STATEMENT OF THE HONORABLE CARI DESANTIS, CABINET SECRETARY, STATE OF DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES, ON BEHALF OF THE AMERICAN PUBLIC HUMAN SERVICES ASSOCIATION**

Ms. DESANTIS. Good afternoon, Chairman Herger, Congressman McDermott, Members of the Subcommittee. I am Cari DeSantis, the Cabinet Secretary for the Delaware Department of Services for Children, Youth and Their Families. I am also the Chair of the National Council of State Human Service Administrators. First, I would like to commend the Committee for working in a bipartisan manner to reauthorize the Title 4B programs, including Promoting Safe and Stable Families. As you are well aware, the CWS serves some of America's most fragile and troubled citizens, families in crisis and children who have been abused and neglected. When APHSA recently spoke with our members about the reauthorization of Promoting Safe and Stable Families, they overwhelmingly indicated that Title 4B is their most flexible source of dedicated Federal dollars to provide child welfare services. States would like to see the funds remain as flexible as possible, while continuing to be directed and meeting the goals of the four categories of Promoting Safe and Stable Families. This funding has allowed States to implement innovative and effective practices, because it affords States the flexibility to fund the critical services that the Federal entitlement program, title IV-E, cannot fund. For example, in Delaware our programs are offered through a network of local community providers that help to support our system-of-care approach to child welfare services.

The community-based interventions address the four life stressors that may cause child maltreatment. These are the parental personality characteristics that are related to risk, child development and behavioral characteristics, stress and crisis in the family, and the absence of or inability to access resources and support. One unique service we have begun to use in Delaware to use IV-B funds is to provide intense services to youth in our juvenile justice system and their families. Many of these youth present with complex family issues and personal needs. Providers assist families of youths exiting our residential rehabilitation programs to establish support systems to help implement a plan that addresses their concerns and assures the safety and well-being of the youth upon their return home. We have also recently begun collaborating with

faith-based organizations in Delaware to provide family consultation and support for the families at risk of child maltreatment. These families are often isolated and experiencing conflict and may be in need of basic support like food, shelter, rent and utilities assistance. Again, a true system of care fashioned this program and has a faith-based organization that works with the family to build on their existing strengths, provides consultancy, guidance and community support, as needed, and helps the family resolve their needs before a crisis lands the child in care. We urge that Congress act quickly on this reauthorization and that they appropriate the additional \$40 million in mandatory funding provided in the Deficit Reduction Act. Additionally, we ask that States be given a full 2 years to spend these additional dollars, as they would have had if they had received them at the beginning of fiscal year 2006.

Mr. Chairman, child welfare professionals courageously work in one of the most challenging professions in our country. Enormous responsibility is placed in the hands of caseworkers as they are expected to perform multiple interventions and make judgments that have the power to change a child's life. Their findings can determine whether a child is kept safe and protected or put at risk. We understand that with the intent of focusing the majority of 4b funds on services to families, the Subcommittee might consider capping administrative costs. If the decision to restrict the use of funds is made, we respectfully urge the Committee not to include caseworkers, who provide the actual services to children of families under that cap. In conclusion, States appreciate that title IV-B is the most flexible source of dedicated Federal child welfare funding. APHSA supports the reauthorization of the current \$545 million in title IV-B funding. On a closely related issue, we also urge this Subcommittee to reject the proposed \$500 million cut to the SSBG program, a program that States rely upon as a key source of funding for child welfare services. Simply put, a reduction of \$500 million in SSBG would mitigate any of the good that the additional \$40 million in additional mandatory funds would produce. Over the past few years, Federal funding for child welfare has remained flat while State and local governments have increased funding for child welfare. We believe that a strong Federal-State partnership is essential to improving outcomes for children and families in the CWS. To that end, we urge the Subcommittee to consider fundamental reform of child welfare funding, including the reform of title IV-E. We look forward to continuing to work with the Subcommittee to assure a Federal financing construct that can help the States meet the needs of the most vulnerable children and families that we serve. I thank you for the opportunity to testify, and I am happy to answer any questions that you may have.

[The prepared statement of Ms. DeSantis follows:]

**Statement of The Honorable Cari DeSantis, Secretary, Delaware Department of Services for Children, Youth and Their Families, Wilmington, Delaware, on behalf of the American Public Human Services Association**

#### **INTRODUCTION**

Chairman Herger, Congressman McDermott, and members of the subcommittee, I am Cari DeSantis, cabinet secretary of the Delaware Department of Services for Children, Youth, and Their Families. *In this position, I am responsible for a variety of programs, including all statewide children's services, including mental and behav-*

*ioral health; substance abuse; youth corrections; rehabilitation; home, community, and school-based programs; and residential treatment in addition to child welfare, which includes child abuse, neglect, dependency, foster care, adoption, and post-adoption services.* I am also here today in my role as chair of the National Council of State Human Service Administrators, the policymaking body of the American Public Human Services Association (APHSA).

APHSA is a nonprofit, bipartisan organization that has represented state and local human service professionals for more than 75 years. APHSA also houses the National Association of Public Child Welfare Administrators (NAPCWA), which was created as an APHSA affiliate in 1983. NAPCWA works to enhance and improve public policy and administration of services for children, youth, and families, and is the only organization devoted solely to representing administrators of state and local public child welfare agencies.

On behalf of APHSA and the state of Delaware, I want to take a moment to commend this subcommittee for recognizing the importance of the Title IV–B programs, including the Promoting Safe and Stable Families (PSSF) program, and for holding this hearing. We congratulate the members and staff of this subcommittee for their good-faith efforts in working in a bi-partisan manner to get these critical programs reauthorized. Child welfare has always been a bi-partisan issue and it must remain so to meet the challenges ahead. We look forward to working with you on these issues and on child welfare funding during this Congressional session and in the future.

My testimony will primarily cover the position of the states on the reauthorization of the PSSF program.

#### **BACKGROUND**

The child welfare system serves some of America’s most fragile and troubled citizens—families in crisis and children who have been abused and neglected. It is estimated that child protective services (CPS) agencies received 60,000 referrals alleging child maltreatment each week. In 2004, state CPS agencies received an estimated 3 million referrals alleging child maltreatment involving approximately 5.5 million children, with an estimated 872,000 found to be victims. As of September 2003, 523,000 children were in foster care, with 297,000 entering in that year, and 119,000 children were awaiting adoption. Public child welfare agencies provide a broad array of services to these children and families, including prevention and family support services; early intervention and family preservation services; child protective services; foster care; and permanency and post-permanency services. Public child welfare agencies also work closely with other public agencies that often deal with the same population, including Temporary Assistance for Needy Families (TANF) and Medicaid agencies; domestic violence programs; substance abuse treatment agencies; housing agencies; and mental health programs.

#### **FEDERAL FUNDING FOR CHILD WELFARE**

States have continually raised concerns that the current structure of federal child welfare funding does not adequately support the goals of safety, permanence, and well-being for children and families. While federal funding has remained flat, states have increasingly had to find sources of state and local funding to fill the gaps. The bulk of federal funding dedicated to child welfare is disproportionately directed toward funding out-of-home care—the very part of the system that agencies are seeking to minimize to achieve greater permanence for children. At the same time, even with the creation of Title IV–B subpart 2 in 1993 and its reauthorization in 2001, services that protect child safety and promote reunification and post-permanency supports remain under-funded by the federal government. When the Title IV–E financing structure was created, the assumption was that the flexible Title IV–B service funding would grow significantly—an assumption that remains unfulfilled.

With the recent changes in the Deficit Reduction Omnibus Reconciliation Act of 2005 (DRA), Title IV–E has become even more restrictive. States are now explicitly limited in their access to Title IV–E costs for children placed in the care of a relative and in Title IV–E administrative costs for children who are at risk of entering foster care or who are placed in certain facilities. These limitations to Title IV–E funds, which are in addition to the eligibility criteria tied to family income and appropriate language in court documents, make the broad accessibility and flexibility in Title IV–B all the more important for states as they look to continue providing critical services to vulnerable children and families.

#### **PSSF FUNDING**

Title IV–B was established in 1935 to provide a wide array of services for children who come to the attention of the child welfare system. In 1993, Congress established subpart 2 of Title IV–B, the Family Preservation and Family Support Services Pro-

gram, as part of the Omnibus Budget Reconciliation Act (P.L. 103–66). This program provided flexible funding for services to prevent child abuse and neglect and to help families whose children were at risk of being removed. As part of the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105–89), Congress reauthorized the program. It was renamed the PSSF program and was expanded to include funding for time-limited family reunification services and adoption promotion and support activities.

In 2001, Congress passed a five-year reauthorization and made amendments to PSSF (P.L. 107–133). The authorization level was increased from \$305 million to \$505 million. However, the increased amount was added as a discretionary component to the program. The mandatory funding level is \$305 million, while the remaining \$200 million is subject to the annual appropriations process. The amendments also emphasized the importance of providing post-adoption services and substance abuse treatment. Congress has appropriated less than half of the \$200 million in discretionary funding since the reauthorization allowed for these funds as of 2002. Discretionary funds have been appropriated at \$70 million in FY 2002, \$99 million in FY 2003, \$99 million in FY 2004, \$98.5 million in 2005 and \$89 million in 2006. The President's FY 2007 budget requested funding at the FY 2006 level, which included a one-percent across-the-board cut for all discretionary funding.

Several set-asides are made before the PSSF funds are allocated to states. From the mandatory portion, \$6 million is reserved for HHS to fund training, technical assistance, research and evaluation; \$10 million is reserved for state courts grants; and \$3.05 million (one-percent) is reserved for Tribes. From the discretionary portion, 3.3 percent is reserved for HHS to fund training, technical assistance, research and evaluation; 3.3 percent is reserved for state courts grants; and two percent is reserved for Tribes. The remaining funds are then allocated to states based on a proxy measure of child poverty, the percentage of children in that state who receive food stamps. No federal eligibility criteria apply to children and families receiving services under either subpart of Title IV–B. The federal government provides a 75 percent match and states are required to provide 25 percent. Any appropriated funds that are certified as unused by a state are reallocated to other states.

In order to receive PSSF funds, states must submit a five year plan which outlines the goals to be achieved, specifies objectives that will be undertaken to achieve the goals, and describes how annual progress will be measured. States develop this plan in consultation with public and community-based organizations. This process has allowed states to engage and increase outreach to stakeholders which has led to more public input on the goals within a particular community.

An additional \$40 million in mandatory funds for PSSF was authorized in the DRA. The Congressional Research Service estimated that the additional funds, when allocated to states, would range anywhere from an additional \$40,000 for Wyoming to \$3.7 million for Texas. My state, Delaware, will receive an additional \$80,000 if those funds are appropriated. I must note that to date, those dollars have not reached the states. However, the provision would appropriate the funds beginning in fiscal year 2007. Given that the DRA authorized the funds for FY 2006, we would like to see those funds appropriated as soon as the legislation is passed. Additionally, states should be given the full two years to spend the additional dollars as they would have had if they had received them at the beginning of FY 2006.

#### **MANDATORY FUNDS**

The stability of the mandatory portion under PSSF over time has allowed states to rely on these funds to ensure on-going services and to allow local jurisdictions more flexibility in developing programs. We urge full funding of the program and see the additional \$40 million as a step forward. The decrease in the discretionary portion of the funds over the last several years due to across-the-board cuts in all discretionary programs has not allowed for the same level of reliability and innovation with the funds.

#### **FLEXIBILITY**

States realize that reducing the need for foster care by providing an array of supports and services for both biological and adoptive families will lead to improved outcomes for children. Title IV–B is a key funding source that has provided states with flexible funding to provide prevention, reunification, and adoption services. When APHSA recently spoke with our members about the reauthorization of PSSF, they overwhelmingly indicated that Title IV–B is their most flexible source of dedicated federal dollars to provide child welfare services. States indicated that they would like to see the funds remain as flexible as possible while continuing to be directed at meeting the goals of the four categories of PSSF—family preservation, family support, time-limited reunification, and adoption promotion and support.

Within the parameters of the four categories, states have seized the opportunity to structure and create programs to respond to the different needs in different communities. This funding has allowed states to implement innovative and effective practices such as family group decision making, post-adoption support networks, respite care, safe haven programs, and improved collaboration with counties and tribes.

In Delaware, our PSSF programs are offered through a network of local community providers that help to support our system of care approach to child welfare services. The community-based interventions address the four life stressors that may cause child maltreatment. These are (1) parental personality characteristics related to risk; (2) child developmental and behavioral characteristics; (3) stress and crisis in the family; and (4) the absence of and inability to access resources and support.

One unique service we've begun is to use IV-B funds to provide intense services to *youth in our juvenile justice system and their families*. Many of these youth present with multiple, complex family issues and personal needs as well as parental/child conflict. PSSF providers assist families of youth exiting our residential rehabilitation programs to establish formal and informal support systems to help implement a plan that addresses their concerns and assures the safety and well-being of the youth upon return home.

We have also recently begun *collaborating with faith-based organizations* in Delaware to provide family consultation and support for those families at risk of child maltreatment. These families are often isolated and experiencing parent/child conflict and may be in need of basic sustenance supports, like food, shelter, rent and utilities assistance, etc. Again, in true system-of-care fashion, this program has the faith-based organization work with the family to build on existing strengths; provide consultation, guidance, and community support as needed; and help the family resolve their needs before a crisis lands the child in care.

#### **INCREASED SAFE AND STABLE FAMILIES PROGRAM RESOURCES**

First, I must say that we appreciate that Congress provided an increase in the mandatory portion of PSSF funds in the DRA by \$40 million. However, these funds have not yet been appropriated. We urge the subcommittee to include these additional funds in the reauthorization of this program. Since we've seen that the discretionary portion of this program has not been fully funded and has diminished over time, the addition of these dollars in the mandatory portion is a step in the right direction. As has been discussed throughout my testimony, states, including Delaware, have been able to structure and provide unique and needed services due to the flexibility of the Title IV-B funds. We encourage that the funds, including any additional funds, remain as flexible as possible to help states continue to meet the diverse needs of individual communities.

We realize that this subcommittee has expressed interest during hearings over the last several years in the Child and Family Services Reviews (CFSRs). States have worked in concert with the federal government during the first round of the CFSRs and will continue to do so as the second round begins. The Program Improvement Plans (PIPs) have taken and continue to take a significant amount of staff and other resources to achieve the agreed-upon outcomes for each state. Title IV-B funds have been the most flexible source of federal funds that states have accessed to meet goals in their PIPs.

#### **ADMINISTRATIVE COST REIMBURSEMENT**

As we've testified before, child welfare professionals courageously work in one of the most challenging professions in this country. The jobs performed by caseworkers have become more complicated as the challenges faced by families in the child welfare system have become increasingly complex. An enormous responsibility is placed in the hands of caseworkers as they are expected to perform multiple interventions and make judgments that have the power to change a child's life. Their findings can determine whether a child is kept safe and protected or put at risk.

Child welfare systems throughout the country struggle to recruit, retain, and reward these dedicated professionals. In a survey of public agency administrators, APHSA found that the number-one issue in preventable turnover was that "workloads are too high, demanding, or both." Systems, workers, and families face many barriers and constraints as they work to achieve safety, success, and positive outcomes. Economic and budgetary challenges, changes in the political landscape, complex social factors, and complicated demands can impact a child welfare system's ability to contain workloads. Systems are struggling, workers are struggling, and families are struggling.

A supported, skilled, and stable workforce is crucial in child welfare practice given the tremendous impact caseworkers can have on the chances that vulnerable chil-

dren and families have to overcome difficult life circumstances. Training, workload, risk of violence, supervision, and turnover present great challenges to providing the needed workforce supports in this field. According to the 2003 Government Accountability Office report on Title IV–B, in FY 2002 subpart 1 dollars were most frequently used to fund staff salaries, with almost half of those funds designated for the salaries of CPS social workers. The remaining funds went to support the work of social workers who provide ongoing case management, social work supervisors, and clerical support staff. Each of these individuals plays a key role in supporting the work that must be done to help children and their families. This is a critical allowable expenditure of these dollars, and states should be using these funds to support the very people that provide the services to protect children and support families.

To our knowledge, inappropriate use or irregularities in the expenditure of Title IV–B funds for administration has not been found. Therefore, we don't see the need to limit the amount states can use to administer child welfare services. We can appreciate Congress' desire to ensure that the majority of Title IV–B funds are used for services to children and families. However, it is important to sustain that work by ensuring that a strong infrastructure, supported by administrative dollars, is in place. If Congress does intend to restrict the use of funds related to administration costs, we urge the subcommittee to ensure that caseworkers who provide the actual services to children and families are not restricted.

#### **REAUTHORIZATION OF PROGRAM FOR MENTORING CHILDREN OF PRISONERS**

Although the child welfare agencies do not directly administer this program, states do appreciate the support provided by these funds to children who are often served under child welfare. Any efforts to better distribute and track the funds to ensure the provision of effective services would be supported by states.

#### **CONCLUSION**

When children are at risk and come to the attention of the child welfare agency, the agency can provide services and supports to them and their families to mitigate their problems and prevent them from being removed from their families and communities. When children must come into care, the agency can address children and family needs expeditiously and enable a safe reunification or, where that is not possible, find an alternative permanent placement expeditiously, while assuring their well-being in the interim. When children are adopted or placed in the custody of a legal guardian, the agency can provide support services to avoid disruption or dissolution of the adoption or guardianship. Title IV–B allows states to use federal funds for many of these types of services.

States appreciate that Title IV–B is the most flexible source of dedicated federal child welfare funding. APHSA supports the reauthorization of the current \$545 million in Title IV–B funding. We would like to see the entire amount reauthorized as mandatory, not discretionary, funding. Additionally, we urge the subcommittee to reject the proposed \$500 million cut to the Social Services Block Grant (SSBG) program as it is a key source of funding for child welfare services. A reduction of \$500 million in that program would mitigate the \$40 million in additional mandatory funds and would hinder the ability of states to fund child welfare services.

Over the past few years, federal funding for child welfare has remained flat while state and local governments have infused additional dollars to support this work. We believe that a strong federal/state partnership is essential to improving outcomes for children and families in the child welfare system. To that end, we urge the subcommittee to consider fundamental reform of child welfare funding—including reform of Title IV–E. We look forward to continuing to work with the subcommittee to ensure a federal financing construct that can help states meet the needs of the most vulnerable children and families we serve.

Thank you for the opportunity to testify, and I'm happy to answer any questions you may have.

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Chairman HERGER. Thank you. Mr. Hatcher to testify.

#### **STATEMENT OF DANIEL HATCHER, ASSISTANT PROFESSOR LAW, UNIVERSITY OF BALTIMORE SCHOOL OF LAW**

Mr. HATCHER. Thank you for this opportunity. My name is Daniel Hatcher and I am an assistant professor at the University

of Baltimore School of Law and also a former legal aid lawyer from Maryland, where I represented hundreds of children in the abuse and neglect system, as well as adults in virtually all areas of civil poverty law. My testimony today will focus on an issue from my recent law review article, *Foster Children Paying for Foster Care*, which addresses how cash-strapped foster care agencies are converting foster children's Social Security benefits into a source of State funds by taking the children's Social Security benefits and applying them to cover State costs for which the children have no legal obligation. This use of foster children's Social Security benefits results in an incredible missed opportunity, an opportunity to use the children's own resources as a tool to improve planning for the children's current and future needs, and to encourage coordination of the children's own resources with other child welfare programs and services including IV-B and IV-E. Children of foster care can be eligible for two types of Social Security benefits, either SSI benefits because the children themselves are disabled, or old age, AOSDI benefits because their parents are either deceased or disabled themselves.

Across the country the practice is occurring basically throughout the same process. Children who are eligible for Social Security benefits require payment through a representative payee to manage the funds. Children who are in foster care are having the State agencies appointed as a representative payee through virtually an automatic process, although the State agencies are the least preferred on the regulatory list of choices. Once an agency becomes a representative payee, they sidestep their fiduciary responsibilities to the child beneficiaries, again by taking those benefits and applying them to State costs rather than using them for the children's current and future needs. Some States have even used private contractors as part of this process, in which those private organizations assist the States in screening children for disabilities, applying for Social Security benefits and then taking a cut of the resulting benefits through a contingency fee process. The process raises legal and constitutional concerns as States are taking property of foster children and foster children are treated unequally. Essentially those who are disabled or who have dead parents are being forced to pay for their own foster care where other children are not. The State agency representative payees are also not meeting their legal fiduciary obligations to these children to exercise independent and individualized discretion in determining how the children's resources should be used.

Also, I have been unable to find evidence that States are using the resources that are taken from the children to actually increase the funds available for child welfare services or whether they are simply taking the funds and adding them to the general State coffers. This practice is not only legally and constitutionally troublesome and simply unfair, but the practice again results in incredibly missed opportunity. The proposal I lay out in my written statement adds legislative guidance to stop the current State practice and ensure foster children's Social Security benefits are used as intended to help the foster children. Again, foster children, as we have heard, are having a tough time, both in care and when they are struggling to age out of foster care. The numbers don't look good

for them. They need our help with increased funding and improved planning and coordination of child welfare programs and services, and their own Social Security resources used as part of better planning for their future. Thank you again for this opportunity.

[The prepared statement of Mr. Hatcher follows:]

**Statement of Daniel Hatcher, Assistant Professor of Law, University of  
Baltimore School of Law, Baltimore, Maryland**

Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to testify. My name is Daniel L. Hatcher, Assistant Professor of Law in the University of Baltimore's Civil Advocacy Clinic. Recognized as a national leader in clinical education, the University of Baltimore School of Law provides as many as 200 students each year the opportunity to participate in a broad range of clinical programs and internships.

In addition to my work at the University of Baltimore, I have direct experience representing clients involved with the child welfare system as a former attorney with the Maryland Legal Aid Bureau. I most recently served in a statewide position focusing on public benefits, and I previously worked as a staff attorney representing hundreds of children in abuse and neglect proceedings and adult clients in public benefits, housing, consumer and family law issues.

My testimony will focus primarily on a proposal I have developed with congressional staff that results from my recently published law review article, *Foster Children Paying for Foster Care*.<sup>1</sup> The proposal will improve the use of foster children's Social Security benefits as part of a Plan for Achieving Self Support that will be individually tailored for each child, and will encourage much needed coordination of the children's resources with other federally funded child welfare services.

**Improved Coordination Between Federal Programs**

State child welfare agencies continue to be over-stretched and are unable to provide adequate services to children and families. Children involved with the child welfare system are therefore not doing well, resulting in enormous short-term and long-term societal costs. For example, the GAO surveyed several studies regarding the problems facing children after recently aging out of foster care and noted several findings: 40 % of the former foster children were dependent on public assistance or Medicaid; 51 % were unemployed; 25 % were homeless at least 1 night; and 27 % of males were incarcerated at least once.<sup>2</sup>

Addressing the system failings will require increases in both federal and state funding for child welfare services. Federal programs such as the Child Welfare Services and Promoting Safe and Stable Families programs provide an important source of federal funds for supporting state child welfare systems. Increased funding in these programs is an important step, as are the suggestions to use funds to encourage at least monthly case worker visits. Along with ensuring frequent caseworker visits, it is also critically important to provide improved training and other mechanisms to increase not only the quantity but also the quality of caseworker services.

Also, improvements are necessary such as those recommended by the Pew Commission on Children in Foster Care—including better coordination of child welfare system services with other federal and state programs.<sup>3</sup> The following provides background for a proposal that would encourage such coordination.

**Foster Children's Social Security Benefits: Current State Practices**

Because state child welfare agencies are significantly under-funded, they seek to maximize revenues from every available source. Unfortunately, the insufficient funding has led to a situation where the agencies are seeking resources from the very children they serve. State agencies are systematically converting Social Security benefits belonging to foster children into a source of state funds rather than using the benefits as a crucially needed resource in planning for the children's current and future needs.

Child welfare agencies screen children in state care to determine those who are eligible to receive Social Security benefits because of the children's disabilities (SSI benefits) or because the children's parents are deceased or disabled (OASDI benefits). The agencies apply for benefits on the children's behalf, interject themselves

<sup>1</sup>Daniel L. Hatcher, *Foster Children Paying for Foster Care*, 27 *Cardozo L. Rev.* 1797 (2006).

<sup>2</sup>United States Government Accountability Office (GAO), *Foster Care: Challenges in Helping Youth Live Independently*, GAO/T-HEHS-99-121 (1999).

<sup>3</sup>Pew Commission on Children in Foster Care, *Fostering the Future: Safety, Permanence and Well-Being for Children in Foster Care* (2004).

as the children's representative payees, and then side-step their fiduciary obligations by taking the children's benefits to reimburse foster care costs for which the children have no legal obligation. Foster children are being forced to pay for their own care.

It is understandable and desirable that state agencies seek to maximize funds available for child welfare services. However, the source of funds should not be the children. Further, when states take foster children's Social Security benefits, there are insufficient assurances that the converted funds are used to supplement and not replace other state spending on child welfare services.

#### **The Story of John G.<sup>4</sup>**

John G. is a fifteen year-old foster child who inherited a habitat for humanity home with a \$221 monthly payment. John receives Social Security survivor benefits (OASDI) that are more than enough to cover the mortgage payments. However, the state agency representative payee put the house at risk of foreclosure by refusing to use John's benefits to make the house payments, following instead its policy of taking all foster children's Social Security benefits to pay state costs.

John's attorneys challenged the practice, and the agency is now appealing a state court ruling that the agency must use John's benefits to pay the mortgage. If the state succeeds in its appeal, John will lose a home to return to when he ages out of foster care. Also, John's benefits left over after the mortgage payments could be conserved as part of a plan for his transition to independence. Several options are possible. For example, the benefits could be used to save for college or for vocational education and training. The benefits could be saved to purchase a car—now virtually a necessity for independent living. Or, the benefits could simply be conserved in a savings account that can serve as an emergency fund for the many unforeseen expenses that John will likely encounter.

#### **A Plan for Achieving Self Support for Foster Children**

The current practice of state agencies taking foster children's Social Security benefits is occurring due to a lack of clear federal guidance. Therefore, such guidance should be provided through the following proposal:

- **Issue:** When state agencies claim foster children's Social Security benefits, a crucially needed resource is taken from children that could be used to improve their stay in foster care by helping with the children's disabilities and special needs and could be conserved to help the children in their transition to independence when they leave foster care.

**Solution:** Clarify that state agency representative payees may not use foster children's Social Security benefits to reimburse or pay state costs rather than using the benefits for the children's current and future needs.

- **Issue:** Current law only allows individuals to have \$2,000 in resources in order to be eligible for SSI. For some foster children, saving the funds to help plan for the children's future transition to independence may be more beneficial than immediately spending the funds.

**Solution:** Create a new plan for achieving self-support (PASS) program for foster children that encourages use of foster children's Social Security benefits to improve planning for the children's current and future needs, and that is exempt from the SSI resource limit. Clarify that representative payees for foster children must manage the children's Social Security benefits as a part of such a plan developed to best meet the current and future needs of each foster child.

- **Issue:** Foster care maintenance payments are currently counted as income for foster children in determining SSI benefit payments, resulting in a dollar-for-dollar reduction in foster children's SSI benefits.

**Solution:** Ensure state agencies can receive full federal foster care funding (IV-E) for eligible foster children who are also eligible to receive SSI by excluding federal and state foster care maintenance payments from the determination of children's SSI payment amounts.

- **Issue:** Advocacy groups have expressed concern that if state child welfare agencies are not provided with the incentive of retaining foster children's Social Security benefits, the agencies will no longer apply for benefits for the children or screen the children for disabilities and special needs.

<sup>4</sup> Summarized from a recent New York Times story. See Erik Eckholm, *Welfare Agencies Seek Foster Children's Assets*, N.Y. Times, Feb. 17, 2006, at A1.

**Solution:** (1) Require states to establish procedures to screen foster children for potential eligibility for Social Security benefits and provide assistance in the application and appeal process. (2) In addition to allowing state agencies to receive IV-E funding for eligible children, allow state agency representative payees to charge a monthly \$25 administrative fee. (3) Also, require the Government Accountability Office to do a study three years after these provisions are enacted to determine if states have established successful procedures to screen foster children for potential eligibility for Social Security benefits and to provide the children assistance in the application and appeal process.

- **Issue:** State agencies are currently selected as representative payees through a virtually automatic process without an appropriate search for whether other more preferred representative payees may be available.

**Solution:** Clarify that the notice regarding proposed representative payees must be provided to attorneys for children in foster care, and require that state agencies apply to become representative payees when no more preferred individual or organization is available.

This proposal will ensure that foster children's Social Security benefits are used as intended—to help the children. Used in coordination with other child welfare programs and services, the benefits will provide a much needed resource to help meet the current specialized needs of foster children who are disabled or have deceased or disabled parents, and conserved benefits will be utilized in improved planning for the children's transition to adulthood and struggle for self sufficiency.

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Chairman HERGER. Thank you. Mr. Bell to testify.

**STATEMENT OF WILLIAM BELL, PRESIDENT AND CHIEF  
EXECUTIVE OFFICER, CASEY FAMILY PROGRAMS**

Mr. BELL. Chairman Herger, Ranking Minority Member McDermott and Members of this Subcommittee, thank you for this opportunity to appear before you today in support of reauthorizing the PSSF. I am William C. Bell, President and CEO of Casey Family Programs, which is the largest operating foundation in the country focused solely on foster care. In January of 2006, Casey Family Programs began to focus its attention on a strategy that we call 20/20. 20/20 is both a point in time and a benchmark from which this Nation can measure significant changes and progress within our child welfare systems and in our communities. We see the 20/20 benchmark as a critically important reminder to us of the consequences we face as a nation if nothing changes over the next 15 years for the children in our care. Consider the following: If nothing changes between the year 2006 and 2020, nearly 14 million more children will be confirmed as abused or neglected, nearly 9 million more will experience foster care and approximately 300,000 children will age out of the foster care system into adulthood. Most troublesome is that approximately 22,500 children will die in this country from child abuse and neglect if nothing changes, and most of them before reaching their fifth birthday. These potential outcomes are unacceptable, and I know that each of us here today shares a commitment to ensuring that these outcomes never occur.

The draft bill reauthorizing the PSSF clearly articulates your commitment in this area. At Casey, our 20/20 strategy targets two key outcomes: one, significantly reducing the number of children in foster care in the next 15 years; and two, reinvesting the savings to increase the opportunity to improve outcomes for vulnerable children. By the year 2020 we believe that it is possible to reduce the number of children in foster care to approximately 250,000

through increased reunification, increased adoptions, and prevention of unnecessary placements. We have seen this occur in States such as Illinois, California and New York, and it can happen across the country. A first step to achieving this goal is reflected in the increase in the mandatory portion of the PSSF by \$40 million. We support this Subcommittee's—

Chairman HERGER. Mr. Bell, I apologize. Would you mind moving the microphone. Let's try moving that away from you. They are getting—I asked them if they could turn it down but they don't seem to be able to. I apologize for interrupting.

Mr. BELL. Is that better? Or is that better?

Chairman HERGER. That is better.

Mr. BELL. We support the subcommittee's recommendation to focus these funds on strengthening the capacity of frontline caseworkers. During my tenure with New York City's Administration for Children's Services, I had the opportunity to help design a series of reforms that significantly reduced the number of children in foster care and the number of new admissions to foster care. Two key components in this effort were investing in our frontline workforce to improve the quality of frontline supervision and frontline casework; and secondly, a significant investment in the availability of family support and foster care prevention services in the communities where vulnerable families live. In addition to the \$40 million increase in mandatory funding, I would also urge the Subcommittee to consider two other items: one, an increase in the target of the remaining discretionary funds in IV-B and/or looking at an approach to reinvest savings that occur when the foster care system declines. The amount of appropriations is vitally important; however, money is not the only answer in changing outcomes for vulnerable children in America. We must also create an environment where staff can be successful in their efforts to keep children safe and help them become stable adults. There are a number of critical components that I would outline for you that I believe must be in place if we are going to see significant change in our CWS. One, there must be a commitment of political will necessary to sustain change; and the CWS must have the consistent powerful and focused leadership of the chief politician, whether this is the judge, this is the Governor, the board of supervisors, or the Mayor.

In order to keep driving improvements forward, child welfare must be treated with the same level of attention and support as the police department, the fire department and our education departments. There must be competent executive and frontline leadership in our child welfare agencies. There must also be a clear plan of action for where we want to go and there must be clearly articulated principles and standards that guide our work in that direction. There must also be a continuous investment in frontline supervision and frontline casework. The frontline supervisors and caseworkers must believe that they have the backing of leadership if we are going to be successful, as opposed to being afraid of losing their jobs every time a tragedy occurs. We must develop and demand strong cross-systems collaboration and we must create data-driven accountability. Finally, we must have time. Systems don't change overnight. ACS was created in 1996 and by 1999 things were virtually still the same, but we will all look at what occurred

and suggest that significant improvement occurred in New York City, and it can happen around the country. Improving the lives of children in America is a long-term process. That can only be accomplished through the investment of collaboration, both public and private partners, and through government leadership. This Subcommittee's continued focus in this area tells our Nation that the health and well-being of our most vulnerable children is a priority both today, next week, and well beyond the year 2020. Thank you for this opportunity and I would be happy to respond any questions.

[The prepared statement of Mr. Bell follows:]

**Statement of William Bell, President and Chief Executive Officer, Casey Family Programs, Seattle, Washington**

Mr. Chairman and members of the Subcommittee, thank you for inviting me to share Casey Family Programs' perspective on how to improve child protective services and on reauthorizing the Promoting Safe and Stable Families (PSSF) program. I am William C. Bell, President and Chief Executive Officer of Casey Family Programs, the nation's largest operating foundation serving the needs of children in foster care for over 40 years.

Before sharing some experiences and recommendations, I want to take the opportunity to commend the Subcommittee on Human Resources for the leadership you have shown over the years in the broad areas of child welfare, child protection, foster care, and adoption assistance.

As we move toward a more comprehensive and targeted approach to helping foster youth transition to adult success, I ask each of you to continue the focused and passionate leadership that results in improvements across jurisdictions for foster children in the areas of mental health, education, and employment, with the ultimate outcome of significantly reducing the number of children in America's foster care system.

Without your continued leadership on a policy level; without your voice on behalf of these children, our ability to significantly alter this nation's child welfare landscape—for the good of abused and neglected children—will be hindered.

In the past 40 years, Casey Family Programs focused its efforts and funding on permanency and transition issues to help prepare children for long-term success.

That emphasis continues, but with a much sharper focus. Casey Family Programs is now marshaling our investments, our staff and our collective expertise on a strategy we call "20/20." Simply put, 20/20 is both a point in time—15 years from now—and a benchmark from which this nation can measure significant changes and progress within our child welfare system and our communities.

We also see the "20/20" benchmark as a critically important reminder to us of the consequences we face as a nation if nothing changes over the next 15 years for our most vulnerable children.

Consider the following: If nothing changes in our child welfare system between the years of 2006 and 2020:

- Nearly 14 million more children will be abused and neglected.
- More than 22,500 children will die of abuse and neglect, the majority before they reach their fifth birthday.
- Nine million more children will experience foster care. And more than 300,000 children will age out of foster care without adequate supports to successfully transition to adulthood.

These numbers—and the negative impact they represent to so many young lives—are unacceptable.

Over the next 15 years, Casey will invest \$1.67 billion in our 20/20 strategy to improve the lives of children in foster care and ensure successful transition to adult life. Through Casey's commitment, and by partnering with a wide range of national and local child-serving organizations, political and civic leaders, and many others, our investment and solutions will focus on the following:

- Reducing the number of children in foster care, and reinvesting the savings: On any given day in America, more than 500,000 children live in foster care. We believe we can reduce that number by 50% by the year 2020. We must then efficiently reinvest what we save to support vulnerable children at a federal,

state and local level, and through public-private partnerships with organizations like Casey Family Programs.

- Education: Increasing significantly the high school graduation rates for youth in care and the number of youth who earn two—or four-year vocational or college degrees.
- Employment: Increasing the successful employment experience for youth while in care and after they have transitioned out of care.
- Mental health care: Improving mental health access for children in foster care and, ultimately, decreasing the number of youth who suffer mental health disorders; and increasing the number of youth through Medicaid coverage, up to age 25.

Why does Casey Family Programs make this commitment of funds and agency resources? We are troubled by what the data currently tell us:

- The number of children who are confirmed as victims of abuse and neglect is still nearly 900,000 every year.
- Children of color continue to be over-represented in our child welfare and juvenile justice systems. Approximately 6 out of every 10 children in foster care in America is a child of color. We appreciate the leadership of Congressman Rangel in having the Government Accountability Office open a formal review into why children of color are overrepresented in the nation's child welfare system, which Casey Family Programs requested in our testimony last year before this Subcommittee.
- Youth aging out of foster care continue to struggle to build productive, successful adult lives, many without health care coverage or educational opportunity. As many as half do not complete high school. While about 20% pursue a vocational or college education, only about 3% actually complete a degree.
- The ratio of children-to-caseworker continues to be too high in many jurisdictions across the country. High turnover and training needs hinder our states' ability to ensure successful outcome measures for children in care.

So action is essential.

Every year in our country, more than 20,000 youth in foster care turn 18 and leave the system, often with little or no financial and family support. If we are to be successful on behalf of these children, we must find a way to provide them with lifelong connections with caring and supportive adults, who can help them transition to the workforce, achieve their higher education goals, and deal with the issues of life when they happen.

We must put in place comprehensive policies rooted in permanency and reinforced by adequate funding, training, and essential relational and physical supports for children and youth in care. Without such policies and supports, we know from our research that a high percentage of these youth will suffer negative outcomes.

For example, in 2005, Casey Family Programs published its Northwest Alumni Study, which examined outcomes for 659 adults, ages 20 to 33, who had been placed in care between 1988 and 1998.

While the study documented many success stories, other results we saw were disturbing, particularly when examining issues regarding how foster youth transition to adulthood. The study showed that foster care alumni—in far greater proportion than the general population—suffered serious mental health issues, were far less likely to pursue and attain a college degree, and experienced difficult employment and financial situations that often led to unemployment, homelessness, and a lack of health insurance and medical benefits. More specifically, the Northwest Alumni Study reported that one in four foster care alumni suffered from Post Traumatic Stress Disorder—more than twice the rate for U.S. war veterans; one-third had household incomes at or below the poverty line, and more than one in five experienced homelessness after leaving care.

Taken individually, any one of these areas could hinder a young adult's efforts to build a successful life. But when taken together, they present a nearly impossible set of obstacles for far too many foster youth. If we continue to fail to help this population enjoy the American dream, we will not just be failing them, but we will be failing the future of our communities in which they begin and live out their lives as adults.

But we are not here today to talk about failing. We are here to talk about making the health and well-being of our most vulnerable children our No. 1 priority, and continuing to create and fund solutions that change the way America cares for this population.

I want to focus the remainder of my testimony today on what Casey Family Programs believes are the critical areas of emphasis for improving outcomes for chil-

dren in foster care, and providing specific recommendations to the Subcommittee regarding ongoing federal funding commitments that support vulnerable children, youth and families.

Specifically, Casey Family Programs will focus on the following areas as part of our strategy to significantly improve the lives of children in foster care by the year 2020:

### **Education**

One path we know, without question, that can transform a young life is education. We know that many foster youth struggle mightily to finish high school, much less move on to vocational schooling or college-level degrees. One of my greatest concerns is that, if nothing changes in the next 15 years, current data tell us that only 9,000 of those 300,000 young people who will age out of foster care by the year 2020 can expect to earn a college degree.

A strong majority—70 percent—of teens in the foster care system have a desire to attend college. A recent study of 1,500 foster care youth in Casey Family Programs showed that nearly half attended some college, demonstrating that these youth will take advantage of opportunities for education when provided. But the reality is, as indicated through our Northwest Alumni Study, very few (3 percent) complete either vocational training or a college degree.

The California Assembly Select Committee on Foster Care has taken a step in this direction with proposed legislation to provide former foster youth with a comprehensive package of educational services and supports, based on a model program developed in partnership with the philanthropic community.

We must create better support and funding for allowing foster youth to remain with family placements beyond the age of 18, which encourages the development of lifelong relationships with foster parents and other supportive adults, and gives these youth longer-term housing solutions during difficult times, or times when they are completing high school GED programs, and vocational or college coursework. In addition, we must support programs that combine financial aid, housing and a variety of services and supports to ensure post-secondary education success. Specifically, we recommend requiring the Advisory Committee on Student Financial Assistance to provide recommendations for expanding access to youth in foster care—and those in kinship care—to federal financial aid. In addition, we also strongly encourage the TRIO and GEAR UP programs to make those youth in foster care and transitioning out of care a priority.

### **Employment**

Youth aging out of foster care are often underemployed with low-incomes. New strategies supporting employment of transitioning youth combine traditional employment and training programs with necessary support services, such as counseling, peer support, child care, and transportation assistance.

Youth in care with minimal or no job experience may benefit from collaborations that blend social services with workforce development. We can and should do a better job of connecting foster care youth to these programs, and we need to start in the early teen years, so young people have developmentally appropriate opportunities to systematically develop a strong work ethic and skills. The more preparation and training young people receive through education and pre-employment skills development, the better equipped they will be to achieve economic success.

There are excellent examples across this country of public-private partnerships and programs that are providing critically important transition services to youth in care and those who have emancipated from the foster care system. By pooling resources among public agencies, community and non-profit organizations and the philanthropic community, we are bringing more and more support to these young people at time in their lives when they need it the most. But the needs of these youth continue to out-run the resources currently provided, so we ask the Subcommittee to continue supporting and encouraging these types of integrated programs and efforts in our communities.

### **Mental Health**

I think it is particularly critical to highlight the mental health needs of this vulnerable population. Casey's Northwest Alumni Study found that, compared to the general population, a disproportionate number of alumni (54%) suffered mental health disorders, especially post-traumatic stress disorder (PTSD), major depression, social phobia, panic syndrome, and generalized anxiety. In fact, we found the proportion of foster care youth with post-traumatic stress disorder to be double that of U.S. war veterans.

If nothing else, this statistic should serve to remind us of the significant challenges these children face when they enter our system, and provide significant incentive for us to ensure they have a healthy transition to adulthood.

Many youth, as they emancipate, enter jobs that do not provide health insurance or pay sufficient wages to allow them to purchase coverage independently. In addition, there is a national shortage of qualified providers who can help young people with the often unique developmental, mental health, and substance abuse issues some foster youth may face when transitioning from care.

Overall, children in foster care often suffer from poor health and have much higher rates of chronic physical disabilities, birth defects, developmental delays and serious emotional and behavioral problems than children from the same socioeconomic background who are not in out-of-home care. Although current federal cuts have provided additional challenges on this front, it is vital that federal policies give states the flexibility to connect youth leaving foster care to existing health programs such as Medicaid. Casey believes health care coverage through Medicaid, especially for mental health, needs to be available to these youth through up to age 25.

### Caseloads

Simply put, caseloads in many jurisdictions across the country are too high.

It is a documented fact that dangerously high caseloads severely jeopardize the health and well being of the children in our care, and prevent front-line caseworkers from focusing on the highest-priority needs regarding permanence and transition for youth.

During my tenure with New York City's Administration for Children's Services, I had the opportunity to help design a series of reforms that significantly reduced the number of children in foster care, and the number of new admissions into foster care, and began to show improvements in the quality of service exchanges with children and families.

We defined as one of the critical and necessary elements of this reform process the investing in our workforce to improve the quality of the frontline supervision and caseworkers.

We knew that staff could not be expected to adequately fulfill their responsibilities if they were not trained properly, did not receive appropriate supervision, did not have appropriate staffing support and resources, or if they were constantly afraid that their decisions would not be supported by ACS and New York City leadership.

In short, how we support our front-line caseworkers is both a resource issue and a cultural issue within our child welfare departments. We are either providing our caseworkers with the resources and training they need—in addition to the confidence and backing they need to do their best work—or we're failing them and the children we place in their care.

### Success Factors

I would also like to share several critical foundational components that I believe must be in place in order for significant change and improvement to take occur in our child welfare system over the next 15 years.

Number 1: **There must be a commitment of the political will necessary to sustain change.** The child welfare system must have the consistent, powerful and focused leadership of the chief politician (whether it is the governor, a county elected official, or the mayor) in order to keep driving improvements forward. Child Welfare must be treated with the same level of support and attention as police, fire, and education.

Number 2: **There must be competent executive and mid-level leadership.** If you want to improve outcomes on the front lines of our child welfare system, those in leadership positions must have the experience and expertise to ensure that strategies and vision can be translated into action.

Number 3: **There must be a clear plan of action and clearly articulated principles and standards to guide the work.** Everyone—from the top of the organization to the frontline caseworkers—must have a clear understanding of the plan, processes and desired outcomes. This creates a culture of trust, of consistency, of action and, most importantly, of accountability.

Number 4: **There must be a reasonable and continuous investment in frontline supervision and frontline caseworkers.** There must be a culture of support and success created with the people who are responsible on a daily basis for the health and well being of the children in foster care. These frontline supervisors and caseworkers must know that they have the confidence and backing of leadership in doing their work.

Number 5: **We must develop and demand strong cross-systems partnerships.** Child Welfare systems cannot do this work alone. The system must work in tandem—with local communities, law enforcement, education, community-based organizations, philanthropic organizations and others—to build comprehensive programs that improve the lives of children in foster care.

Number 6: **We must create and enforce data-driven accountability, and publicly report on our outcomes.** We must have accurate systems to measure child welfare outcomes and hold us accountable for improving the lives of children in foster care.

Number 7: **We need time.** Systems don't improve overnight. We need time to get the right people in place, time to get the right resources aligned, time to test and make sure that we have the right systems and processes in place, time to form the right partnerships and collaborations, and time to see what is and isn't working.

#### **Casey Recommendations to the Subcommittee**

To make the improvements we are discussing here toward better outcomes for children, the federal government needs to make reasonable and continuous investments in the range of child protective services it funds, and to retain a leading partnership role with the states and organizations such as Casey Family Programs.

Over time, this Subcommittee and the Administration can foster the statutory links and collaborative efforts among legislative jurisdictions and federal agencies that are necessary to create the comprehensive strategy and steps to permanency that we propose for foster youth transitioning to adulthood.

That is much easier said than done, but leadership from this Subcommittee and the Administration—along with other key policymakers at the state, federal and local levels—will continue to set the tone of the discussion and dialogue around how we care for the vulnerable children in this country.

Meanwhile, we strongly support your efforts to keep stable and flexible funding options for the states to operate foster care and child welfare services. Capping or reducing funds now available to the states would slow their progress in improving outcomes and putting in place longer-term, comprehensive programs and systems. And it is important to begin now to improve funding for prevention and family services, which can include more flexibility in use of funding streams.

Casey recommends that the foster care entitlement be continued and that more flexibility be added, particularly to assist relative (or kinship) caregivers and subsidized guardians, and to improve resources for preventive services to families. Specifically, our recommendations include the following:

- **Preserve the Title IV-E entitlement funding structure.** States' open-ended entitlement to administrative funds should also be maintained.
- **Title IV-E funds should be made available to children requiring services in their homes,** to help prevent out-of-home placements.
- **Title IV-E funding eligibility should be adjusted for inflation.** The federal eligibility link tied to AFDC eligibility as of 1996 is outdated and burdensome to administer because children may need protection regardless of the financial circumstances of their biological family. Title IV-E funds should be made available to all children removed from their homes, including those placed with relative caregivers and in subsidized guardianships. The recent reversal of the *Rosales v. Thompson* court decision denies states IV-E reimbursement for children being cared for by relatives, highlights the need to remove artificial eligibility criteria for federal assistance to neglected and abused children removed from their homes. By maintaining and supporting extended-family connections, we are creating opportunities for permanency for far more children than are currently available through adoption.
- **State child welfare systems should continue to be accountable for meeting federal standards ensuring child safety and well-being.**
- **State child welfare systems should be provided adequate resources to meet those standards.** Federal administrative and training funds are necessary for states to provide a stable and well-trained workforce, the most critical resource in child welfare services.
- **Mental health and rehabilitative services for the child welfare population should be explicitly authorized under Medicaid and State Child Health Insurance Program (SCHIP).**
- **Twenty-one years of age should be established for all states as the minimum age for youth to emancipate from care, allowing extended program funding and supports.**
- **Health care and mental health benefits for youth transitioning from foster care should be extended up to age 25.**

- **Title IV-B Child Welfare services funds should be significantly increased, to help states serve children within their family and community, and diminish incentives for removal of a child to foster care.** Casey Family Programs supports increasing the entitlement authorization by at least \$40 million.
- **Chafee Program: The Administration needs to implement the data collection and state performance assessment processes** that were authorized in the 1999 legislation. This program is the most critical resource for assisting youth aging out of foster care, and it is significantly under-utilized.

#### **Looking Forward**

Improving the lives of children in foster care is a long-term process that can only be accomplished through partnership and collaboration, with both public and private investment, and federal and state alignment.

When leadership, systems and investment are aligned, so many other positive pieces fall into place—such as cross-system support and sharing, accountability and data reporting, funding efficiency, systems innovation and, most importantly, improvement in the outcomes for our children.

Yes, we strongly support reauthorizing the Promoting Safe and Stable Families (PSSF) program, and providing sufficient funding. This is consistent with Casey Family Programs' focus on reducing the overall number of children in foster care, and reinvesting the savings to ensure positive outcomes for America's most vulnerable children.

But parallel to that we must have leadership—the kind that this Subcommittee continues to model for Congress, the Administration and our states.

I'd like to conclude my testimony today with remarks from a foster care alumnus that continue to provide for me a laser focus on improving the lives of abused and neglected children in this country.

What this young man said was this: He doesn't believe in the resilience of youth as our solution, he believes in you and me. He believes in our commitment to children in our communities, and he believes in our ability to make positive change happen for children in foster care.

He said our children don't belong to our federal or state governments, they belong to you and me. And most important of all, he said, referring to himself and all children in foster care: "We are all your children, and we need all of you to help."

And then he made one request—when it comes to children in foster care, he said, we must apply the "Standard of Your Own Children." And that standard is this:

"If it's good enough for your own children, then it's good enough for any vulnerable child in America."

I urge each of us here today to apply that standard as we move forward with improvements in America's child welfare system. If it is not good enough for our children or the children of our family members, then it is not good enough for any vulnerable child in this country.

I want to again thank Mr. Chairman and the Subcommittee members for the invitation to offer my remarks today. Casey Family Programs looks forward to continuing to work with each of you to make the health and well-being of our most vulnerable children our No. 1 priority.

I'm happy to answer any questions you may have.

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Chairman HERGER. Thank you. Mr. Wexler to testify.

#### **STATEMENT OF RICHARD WEXLER, EXECUTIVE DIRECTOR, NATIONAL COALITION FOR CHILD PROTECTION REFORM**

Mr. WEXLER. Mr. Chairman, Members of the Subcommittee, greetings from the family-values left. My name is Richard Wexler, and I am Executive Director of the National Coalition for Child Protection and Reform, a nonpartisan, nonprofit child advocacy organization. Thank you for inviting me to testify today. With only 5 minutes, I am going on skip the boilerplate about what a wonderful organization we are. It is all in our written statement and on our Web site. Since I am about to say something nice about a plan from the Bush Administration, I do want you to know this. I am

a lifelong liberal Democrat, noncountercultural-McGovernick, lapsed-card-carrying member of the ACLU. My board members include a former director of Housing and Homelessness for the Child Welfare League of America and a former legal director of the Children's Defense Fund. I take great pride in being part of the only organization, besides the sponsors singled out for thanks by Representative Miller in his remarks opening the Child Welfare Summit he helped to open in 2002. The fact that one of the most important ways Congress can improve child protective services happens to come from the Bush Administration is no reason for my fellow liberals to reject it out of hand. Now that this fine idea has been embraced not only by Governor Jeb Bush of Florida and Governor Schwarzenegger of California, but also by Governor Jennifer Granholm of Michigan, I hope my friends on the left will reconsider and give the Nation's other Governors the same opportunity to help children if they choose to seize it.

I refer to the Administration's child welfare program option, the proposal to take billions of dollars now reserved for holding children in substitute care and allow States to use that money for safe, proven alternatives as well. In 2003, Senator Clinton said the plan deserved careful consideration. It still does. One year ago this Subcommittee heard some of the shocking findings from a study of alumni of the Nation's foster care system conducted by Mr. Bell's organization and Harvard Medical School. Other findings are in his written testimony today. You didn't hear some of the worst. One-third of the alumni reported being abused by a foster parent or another adult in a foster home. When it came to their overall functioning as young adults, only 20 percent could be said to be doing well. I cannot fathom why some of my fellow liberals are so wedded to locking away billions of dollars and restricting those dollars to funding a system that churns out walking wounded four times out of five. Some might say that we can fix foster care if only we spent even more on it, but that alumni study found something else. Even if we could fix everything wrong with foster care, it would improve those rotten outcomes by 22.2 percent. The system still would churn out walking wounded three times out of five. Even so small an improvement is well worth the effort, but the real lesson of that study and 150 years of experience with substitute care is that the only way to fix foster care is to have less of it. To my friends on the right, if you are thinking orphanages, a century of research says their outcomes are even worse.

It is a dangerous delusion to think that anything that happens in an institution with an endowment that rivals the gross domestic product of some Third World nations, where children are overwhelmingly sent overwhelmingly often by single parents or foster parents and where 77 percent of the children are not foster children at all, has anything to tell us about the norm, institutions where children are held by force of law with no choice and no parent to turn to when the so-called "house parents" quit every year or two as the norm or when the whole place goes bad, as so many orphanages do not just in 19th century England, but in 21st century America. Or has everybody already forgotten about Maryville? Or perhaps people feel the harm of foster care is tolerable because they assume whatever foster children came from must be worse.

Sometimes that is true. Far more common than the sadistic brutes who make headlines, the horror stories, are families whose children are torn from everyone loving and familiar because a parent's poverty has been confused with neglect—parents like the mother who is desperate to keep her low-wage, job but can't find day care so she leaves her children alone when the sitter doesn't show; or the home rendered unsafe by Hurricane Wilma and yet they had their children torn from them until they provided, quote, "a stable living environment." These kinds of cases are a large proportion of that 900,000 figure you heard. The caseworker who comes to the door may know that the answer is day care or rent subsidy, but often there is no money for day care and no money for rent subsidies. Thanks to an open spigot of Federal aid that covers a large part of the cost for every eligible child and enormous political pressure from a public that knows the horror stories, there is always money for foster care.

In 1991, Senator Rockefeller's National Commission on Children found that children often are removed from their families, quote, "prematurely or unnecessarily" because Federal aid formulas give States, quote, "a strong financial incentive" to do so rather than provide services to keep families together. Of course the Administration plan won't fix all of that but it is a reasonable place to start. One final point. This hearing asks what works to protect children. Intensive family preservation services works. The very term family preservation was invented for this service. I single it out now because, contrary to what you may have heard, many studies find that when these programs rigorously follow the model of the first such program, Home Builders, in Washington State, they do indeed safely reduce the need for foster care. Thank you. I would be pleased to respond to any questions.

[The prepared statement of Mr. Wexler follows:]

**Statement of Richard Wexler, Executive Director, National Coalition for Child Protection Reform, Alexandria, Virginia**

Mr. Chairman, members of the Subcommittee, thank you for inviting me to testify today. My name is Richard Wexler, and I am executive director of the National Coalition for Child Protection Reform, a nonpartisan, non-profit child advocacy organization dedicated to making the child welfare system better serve America's most vulnerable children.

We are a very small organization, with no particular interest in becoming another big non-profit bureaucracy. But what we lack in size, we make up for in track record. To cite just one example: We were the only national child advocacy organization to predict the collapse of the Florida child welfare system—three years before it happened—because we knew that the child welfare agency there was embarking on the same course that had led other states and localities to disaster, a course they now are trying to change.

And we are proud to have been the only child advocacy organization, aside from the event sponsors, singled out for thanks by Rep. George Miller in his remarks opening the Child Welfare Summit he helped to organize in 2004.

There is more about NCCPR, our distinguished board of directors, our funders, and our track record on our website, [www.nccpr.org](http://www.nccpr.org)

For now, though, I want to note only that I have gotten into the habit of referring to our organization as "the family-values *left*." I am a lifelong-liberal-non-counter-cultural-McGovernick-lapsed-card-carrying-member-of-the-ACLU. My board members include the former Director of Housing and Homelessness for the Child Welfare League of America and a former Legal Director of the Children's Defense Fund. Our Founding President is a former member of the National Board of the ACLU. I mention this because children never should be caught in the crossfire of a left-right de-

bate. There are good ideas to be found at all points on the political spectrum, and when one emerges it should be embraced—without regard to where it originated.

So the fact that one of the most important ways Congress can improve Child Protective Services happens to come from the Bush Administration is no reason for my fellow liberals to jerk their knees in opposition. But too often, they have done just that. Now that this fine idea has been embraced not only by Governor Jeb Bush of Florida and Governor Arnold Schwarzenegger of California, but also by Governor Jennifer Granholm of Michigan, I hope that my friends on the left will reconsider—and give the nation's 47 other governors the same opportunity to help their vulnerable children, if they choose to seize it.

I refer to the Administration's Child Welfare Program Option, the proposal to take billions of dollars now reserved for holding children in substitute care and allow states to use that money for safe, proven alternatives as well.

The story of one child and his mother explains why this change has the potential to be so important.

This is what a single mother in the Bronx named Rose Mary Grant had to do every week for many, many months, just to see her 11-year-old son, Issa, as described in a keenly-observed story in the Westchester County, N.Y. *Journal-News*: “Starting from her brick apartment tower, Rose walks a block to Gun Hill Road, takes the 28 bus to the subway station, catches the 5 train to Harlem, makes her way down 125th Street, boards the Metro-North train to Dobbs Ferry, and rides a shuttle—At each step, she places two metal crutches ahead of her and swings forward on two prosthetic legs.”<sup>1</sup>

The journey would have been worth it, had there been something worthwhile at the end of the line. But there wasn't. Issa was warehoused at a “residential treatment center.” This is a form of care so utterly ineffective that even the head of the trade association for child welfare agencies, the Child Welfare League of America, had to admit that they lack “good research” showing its effectiveness and “we find it hard to demonstrate success.”<sup>2</sup> (He made these remarks in a pep talk to residential treatment providers, so it's not surprising that he went on to blame the lack of success on the fact that children weren't placed in RTCs soon enough).

Issa is not paranoid, he's not schizophrenic, he's not delusional. The only label pinned on him is Attention Deficit Hyperactivity Disorder. Sometimes, at home, he was seriously out-of-control. But his handicapped, impoverished single mother couldn't do what middle-class and wealthy families do: find a good psychiatrist and hire home health aides. She couldn't do that because the federal government does almost nothing to help pay for such alternatives. But, in many cases, the federal government will gladly reimburse states between 50 and 83 cents for every one of the 86,000-or-more dollars it costs to keep children like Issa in his “RTC.”

Now consider another case, described in the cover story of the June, 2003 issue of the outstanding trade journal, *Youth Today*. EMQ Children and Family Services used to be just like the place that warehoused Issa. But 11 years ago, they admitted to themselves that what they were doing was not helping children. So they shut down 100 of their 130 beds and came up with far better alternatives for the children. They wound up helping more children at less cost and getting far better outcomes.<sup>3</sup> Another institution, Youth Villages in Tennessee, won a national award for doing the same thing.<sup>4</sup> Keep in mind that the children they helped in their own homes or foster homes are the very same children that the child welfare establishment—what I have come to call, “the foster care—industrial complex,” insists absolutely cannot be helped anyplace except in their institutions.

But both Youth Villages and EMQ encountered the same problem: For years, even though their alternatives were better and cheaper, they couldn't get reimbursement from their states because of what *Youth Today* aptly characterized as opposition from “the group home industry.” EMQ almost went out of business.

There are many cases that don't involve institutions at all, but do involve needless use of foster care. Here are a few:

- In Orange County, California, an impoverished single mother can't find someone to watch her children while she works at night, tending a ride at a theme park. So she leaves her eight-, six-, and four-year-old children alone in the motel room that is the only housing they can afford. Someone calls child protec-

<sup>1</sup>Leah Rae and Shawn Cohen, “Issa's story: a mother's love isn't enough,” *The Journal News*, Westchester County, New York, October 28, 2006.

<sup>2</sup>Shay Bilchik, “Residential Treatment: Finding the Appropriate Level of Care,” *Residential Group Care Quarterly*, Vol. 6 No. 1, Summer, 2005 (Washington: Child Welfare League of America).

<sup>3</sup>Martha Shirk, “The Gift of Wrapping,” *Youth Today*, June, 2003, available online at <http://www.youthtoday.org/youthtoday/a%20june2003/story2.html>

tive services. Instead of helping her with babysitting or daycare, they take away the children on the spot.<sup>5</sup>

- In Akron, Ohio, a grandmother raises her 11-year-old granddaughter despite being confined to a wheelchair with a lung disease. Budget cuts cause her to lose housekeeping help. The house becomes filthy. Instead of helping with the housekeeping, child protective services takes the granddaughter away and throws her in foster care for a month. The child still talks about how lonely and terrified she was—and about the time her foster parent took her picture and put it in a photo album under the heading: “filthy conditions.”<sup>6</sup>
- In Los Angeles, the pipes in a grandmother’s rented house burst, flooding the basement and making the home a health hazard. Instead of helping the family find another place to live, child protective workers take away the granddaughter and place her in foster care. She dies there, allegedly killed by her foster mother. The child welfare agency that would spend nothing to move the family offers \$5,000 for the funeral.<sup>7</sup>

Contrary to the common stereotype, most parents who lose their children to foster care are neither brutally abusive nor hopelessly addicted. Far more common are cases like the ones above, cases in which a family’s poverty has been confused with child “neglect.”

Why do states take children in these cases? There are many reasons, but back in 1991, one of the most distinguished groups ever to examine the issue, the National Commission on Children, chaired by Sen. Rockefeller, found that children often are removed from their families “prematurely or unnecessarily” because federal aid formulas give states “a strong financial incentive” to do so rather than provide services to keep families together.<sup>8</sup> That hasn’t changed.

Even the official journal of the Child Welfare League of America has reported that one-third of America’s foster children could be safe in their own homes right now, if their birth parents just had decent housing.<sup>9</sup> And that makes CWLA’s opposition to flexibility that much more disturbing.

Documentation for this, and other problems related to the widespread confusion of poverty with child “neglect” can be found in our Issue Papers at [www.nccpr.org](http://www.nccpr.org).

Other cases fall on a broad continuum between the extremes, the parents neither all victim nor all villain. What these cases have in common is the fact that there are a wide variety of proven programs that can keep these children in their own homes, and do it with a far better track record for safety than foster care. Sometimes, these in-between cases involve substance abuse. And that raises another question: Why even bother with parents—usually mothers—in these cases? But the reason to “bother” is not for the sake of the parents, but for their children.

University of Florida researchers studied two groups of infants born with cocaine in their systems. One group was placed in foster care, the other with birth mothers able to care for them. After six months, the babies were tested using all the usual measures of infant development: rolling over, sitting up, reaching out. Consistently, the children placed with their birth mothers did better.<sup>10</sup> For the foster children, being taken from their mothers was more toxic than the cocaine.

It is extremely difficult to take a swing at “bad mothers” without the blow landing on their children. If we really believe all the rhetoric about putting the needs of children first, then we need to put those needs ahead of everything—including how we may feel about their parents. That doesn’t mean we can simply leave children with addicts—it does mean that drug treatment for the parent is almost always a better first choice than foster care for the child.

<sup>4</sup> Bill Alexander, “Radical Idea Serves Youth, Saves Money,” *Youth Today*, June, 2001.

<sup>5</sup> Laura Saari, “Checking Up on the Children,” *Orange County Register*, Jan. 17, 1999, p.E1.

<sup>6</sup> Donna J. Robb, “Child Abuse Charge Unfair, Group Says” *The Plain Dealer*, March 11, 1998, p.1B.

<sup>7</sup> Nicholas Riccardi, “Grandmother Blames County in Latest Death of Foster Child” *Los Angeles Times*, June 15, 1999, p.B1.

<sup>8</sup> National Commission on Children, *Beyond Rhetoric: A New American Agenda for Children and Families*, (Washington, DC: May, 1991) p. 290.

<sup>9</sup> Deborah S. Harburger with Ruth Anne White, “Reunifying Families, Cutting Costs: Housing—Child Welfare Partnerships for Permanent Supportive Housing,” *Child Welfare*, Vol. LXXXIII, #5 Sept./Oct. 2004, p.501.

<sup>10</sup> Kathleen Wobie, Marylou Behnke et. al., *To Have and To Hold: A Descriptive Study of Cus-*

And every day we are seeing more evidence, most recently in research results from Washington State, that addiction to methamphetamine is just as treatable as any other addiction.<sup>11</sup>

That Florida study only hints at why avoiding foster care is so vitally important. Last year, one of the groups opposing flexibility did a fine job of conjuring up all the old stereotypes: In a series of cookie-cutter reports released in different states with little beyond the name of the state, and the state chapter of the issuing organization, changed, they sought to have readers infer that children are taken only from sadistic brutes or hopeless addicts, and always are placed in, to use the phrase they repeated over and over “safe foster care.”<sup>12</sup> Please beware of such “inference peddling.”

Most foster parents try to do the best they can for the children in their care, many are true heroes. Nevertheless, often, foster care is not safe. Sometimes it is not safe for the body; very, very often it is not safe for the soul.

One year ago, a prominent foster care provider, Casey Family Programs, and Harvard Medical School released one of the most ambitious studies ever conducted of foster care alumni. Even as she spoke against flexibility, a representative from Casey Family Programs shared some of the alarming findings with you at a hearing last year. But the case for flexibility is apparent in some of the findings she *didn't* get to, that are even more shocking. Fully a third of the former foster children said they'd been abused by a foster parent or another adult in a foster home. (The study did not even ask about one of the most common forms of abuse in foster care, foster children abusing each other). Overall, when looking at a series of measures of how these young people were functioning, only one in five could be said to be doing well.<sup>13</sup>

I cannot fathom why some of my fellow liberals are so wedded to locking away billions of dollars and restricting those dollars to funding a system that churns out walking wounded four times out of five.

Some might reply that we can “fix” foster care—if only we spent even more money on it. Perhaps that's why one leading opponent of flexibility was quoted in *Youth Today* as saying that “reducing foster care caseloads should never be an end in itself.”<sup>14</sup> That comment was made by one of the finest child advocates I've ever known, one of the few people in Washington whose record over the years truly deserved the overused title, champion for children. But on that statement, we could not disagree more.

Safely reducing foster care *should* be an end in itself, and it is a noble end, for it will spare thousands and thousands of children the emotional torment of separation from everyone they know and love.

And there is no “fix” for that torment. That same alumni study used an elaborate mathematical formula to calculate how much better the rotten outcomes for foster children would be if everything about foster care were magically fixed. The answer: 22.2 percent. In other words, if you could wave a magic wand and make foster care perfect, it would churn out walking wounded three times out of five instead of four.

That's worth doing. But the real lesson of that study, and 150 years of experience with substitute care, is that the only way to fix foster care is to have less of it. And

<sup>11</sup> Bill Luchansky, Ph. D. *Treatment for Methamphetamine Dependency is as Effective as Treatment for Any Other Drug* (Olympia, WA: Looking Glass Analytics, December 2003) available online at <http://www1.dshs.wa.gov/word/hrsa/dasa/ResearchFactSheets/LuchanskyMethFS1504.doc>. See also: Martha Shirk, The Meth Epidemic: Hype vs. Reality, *Youth Today*, October, 2005, available online at [http://www.youthtoday.org/youthtoday/oct05/story2\\_10\\_05.html](http://www.youthtoday.org/youthtoday/oct05/story2_10_05.html)

<sup>12</sup> e.g., *Abandoning Ohio's Most Vulnerable Kids: Impact on Crime of Proposed Federal Withdrawal of Foster Care Funding Pledge: A report from Fight Crime: Invest in Kids Ohio*, undated, 2005, *Abandoning Oregon's Most Vulnerable Kids: Impact on Crime of Proposed Federal Withdrawal of Foster Care Funding Pledge: A report from Fight Crime: Invest in Kids Oregon*, undated, 2005, *Abandoning Iowa's Most Vulnerable Kids: Impact on Crime of Proposed Federal Withdrawal of Foster Care Funding Pledge: A report from Fight Crime: Invest in Kids*, undated, 2005, and *Keeping the Promise of a Safe Home for Northern California's Children: The Impact on Child Abuse and Future Crime of Capping Federal Foster Care Funds: A report from Fight Crime: Invest in Kids California*. (By the time they got to Rep. Herger's district, they changed the title, but it's essentially the same report).

<sup>13</sup> Casey Family Programs / Harvard Medical School, *Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study*, (Seattle, WA: 2005). Available online at [http://www.casey.org/NR/rdonlyres/4E1E7C77-7624-4260-A253-892C5A6CB9E1/300/nw\\_alumni\\_study\\_full\\_apr2005.pdf](http://www.casey.org/NR/rdonlyres/4E1E7C77-7624-4260-A253-892C5A6CB9E1/300/nw_alumni_study_full_apr2005.pdf)

<sup>14</sup> “Foster Funding Overhaul on the Way?” *Youth Today*, September, 2004.

to my friends on the right: If you're thinking orphanages, a century of research says *their* outcomes are even worse.<sup>15</sup>

Financial incentives at the federal, state and sometimes local level—plus the power of the “foster care-industrial complex” marginalize drug treatment, and housing assistance, and day care, and all the other safe, proven alternatives to substitute care—all the ways to fix foster care by having less of it.

The Administration proposes to change that. I will not go into the details of the plan here—to the extent that we know them—the Subcommittee already is familiar with them. There are reasonable questions about this plan, involving arcane but important details you have heard about before. They fall under headings like “maintenance of effort” and “eligibility lookback.” And there is one part of the plan with which we disagree. For reasons discussed in more detail below, we oppose the use of TANF money for an emergency foster care fund, even though we believe such a fund would be used very rarely.

Last year, one member of this subcommittee complained about the fact that there is a plan but no legislative language. That's a fair complaint. But that is also a reason to support the position originally taken by Sen. Clinton in a famous *USA Today* op ed column she co-authored with Rep. DeLay: that the plan deserves “careful consideration.”<sup>16</sup> Such consideration is, of course, impossible if the plan is rejected before one even sees legislative language. But in much of the child welfare community, the response to this proposal boils down to: “Whatever it is, we're against it.”

In some cases, that sounds like naked self-interest. Of course CWLA is opposed—their member agencies hold children in foster care. The Residential Treatment Center that held Issa so long and so needlessly is a prominent member—though I am pleased to report that in the years since I first raised this case in written testimony, that Center has hired a bold, visionary executive director who is trying to break with the agency's past.

States and localities typically tell these agencies that their first job is to return these children safely to their own homes or, if that is not possible, find them adoptive homes. But if they do that, those same states and localities will stop paying them. The states say they want permanence, but they pay for limbo, reimbursing agencies for every day they hold children like Issa in foster homes or institutions.

Agencies piously proclaim that they would never, ever hold a child in foster care just because their parents are poor. Similarly, it has been argued that the people in the system are simply too good and too decent to ever let money affect how they do their jobs.

Most of the people in the system are good and decent—certainly they are not jack-booted thugs who relish destroying families. But we have seen over and over in all sorts of endeavors that lousy financial incentives can force good people to do bad things.

Most doctors and hospital administrators are as dedicated and caring as people in child welfare. Yet it is now well-established that when hospitals are paid for every day they hold a patient they tend to hold patients too long. And when doctors are paid on a pure fee-for-service basis, you are more likely to see unnecessary surgery. Conversely, a pure HMO arrangement can deny patients hospitalization and surgery they really need. There is an urgent need for balance—but what is indisputable is: Financial incentives matter.

Why do some good, loving parents surrender their children to foster care when it's the only way to get mental health care? Not because they're evil. But because money leaves them no other choice. Financial incentives matter.

Why did Sen. Rockefeller's National Commission on Children, which examined these issues so thoroughly, find that children were removed from their homes “prematurely or unnecessarily”? Because, they found, financial incentives matter.

Why did the Pew Commission on Foster Care zero in on how child welfare is financed as one of two key areas for reform? Because they realized financial incentives matter.

Congress provides millions of dollars in bounties every year, payable to states that increase the number of adoptions over the previous year's total. So Congress knows: Financial incentives matter.

<sup>15</sup>Thirty-nine studies documenting these rotten outcomes are cited in Richard Wayman, *Clinical Studies, Survey Review and Pediatric Research on Risks and Harm to Children and Youth Subjected to Large, Residential Institutions*, a literature review available from NCCPR.

<sup>16</sup>Sen. Clinton and Rep. DeLay wrote: “President Bush has offered one proposal that deserves careful consideration. He wants to give states an option to change the way foster care is financed so they can do more to prevent children from entering foster care, shorten the time spent in such care and provide more assistance to children and their families after they leave the system.” Hillary Rodham Clinton and Tom DeLay, “Easing foster care's pain unites disparate politicians,” *USA Today*, February 26, 2003.

And to see how much they matter, one need look no further than Illinois, where changing financial incentives is the lynchpin of a reform effort that transformed that state's child welfare system from a national disgrace into a national model.

In 1997, Illinois had 51,000 children in foster care—proportionately more than any other state. Today, the foster care population in Illinois is under 18,000<sup>17</sup>—and, proportionately, below the national average. At the same time, and this is most important, child safety has improved.

If you thought that was all due to adoption, it's understandable. Since that's the part of the story that is most popular politically, for many year it was the part that state officials liked to tell the most. But the biggest changes in Illinois are that the state is taking far fewer children in the first place<sup>18</sup>—and it has changed financial incentives to get children back into their own homes faster.

Illinois no longer simply pays private agencies for each day they hold a child in foster care. Instead, they've switched to a system they call "performance-based contracting." Agencies are rewarded for keeping children safely in their own homes or finding them adoptive homes. They are penalized for letting children languish in foster care. Once Illinois changed the payment system, lo and behold: The "intractable" became tractable, the "dysfunctional" became functional, the foster care population plummeted and, independent court-appointed monitors found that child safety improved. Remember, these are the same children that those good, caring people said absolutely had to be in foster care, back when the financial incentives encouraged foster care.

No one is harder on agencies than the lawyers who bring class-action lawsuits to reform them. In Illinois, the lawsuit that transformed child welfare was brought by Ben Wolf of the Illinois Branch of the ACLU. Says Mr. Wolf:

*"Performance contracting was the centerpiece of the reforms here. In conjunction with the retraining and restructuring of the front-end investigations and initial removal decisions, it was the key reason that our system was able, consistent with safety, to become so much smaller. Performance contracting was the principal reason that so many thousands of children were able to achieve permanency."*<sup>19</sup>

Some have argued that the very fact that Illinois managed to do this under the current system shows that there is no need to change federal financial incentives. However:

- Illinois is an exception. It required rare and extraordinary guts and imagination, combined with an unprecedented child welfare crisis—and the class-action lawsuit—before the state could summon the strength to fight its "foster care-industrial complex" and accomplish real reform.
- Illinois was among the first states to take advantage of waivers and among the most creative in their use. That option, of course, doesn't even exist at the moment.

In order to accomplish its reforms, Illinois had to swim against the tide of federal policy as reflected by where the federal government puts its money. If we really want to change child welfare and improve the prospects of America's most vulnerable children, then the tide of federal policy needs to turn toward reform, so states that want to do better are swimming with the tide instead of against it.

This doesn't mean that agency executives sit around a table clasping their hands and chortling with glee as they contemplate how to hold more children in foster care. It's much more subtle than that. Rationalization is powerful—it's easy to convince yourself that residential treatment really works when it doesn't, or that those birth parents are so awful that this child really could use a few more months in foster care anyway.

A major study of child welfare in Milwaukee found that large numbers of children could be home if their parents just had decent housing. But caseworkers were, to use that favorite child welfare term—in denial—about it.

According to the study: *"workers may simply not be in a position to provide assistance with housing due to a lack of resources. If this is true, they may tend to ignore housing as a problem rather than deal with the cognitive dissonance caused by the recognition that they cannot help their clients with this important need."*<sup>20</sup>

Similarly, because funding has been so skewed toward foster care for so very long, those very good frontline workers who do recognize that, for example, housing might

<sup>17</sup> See the Monthly *Executive Statistical Summary* published by the Illinois Department of Children and Family Services for the latest totals; previous editions document the total in 1997.

<sup>18</sup> *Ibid.*

<sup>19</sup> Personal communication.

<sup>20</sup> Mark E. Courtney, et. al., "Housing Problems Experienced by Recipients of Child Welfare Services," *Child Welfare*, note 9, *supra.*, p.417

save a child from foster care often believe they have no choice. There's no money for housing—there's always money for foster care. As Dr. Fred Wulczyn, Research Fellow at the Chapin Hall Center for Children told this subcommittee last year: "Once funding is tied up in the foster care system, redirecting foster care dollars when it is advantageous to do so is difficult."<sup>21</sup>

Of course, financial incentives aren't the only incentives pushing needless foster care. There are the incentives caused by fear and loathing of birth parents—the false stereotypes that lead to assumptions that every child in foster care really needs to be there. There are the incentives caused by highly-publicized deaths of children "known to the system" which can set off foster-care panics—huge spikes in needless removals of children—which only divert scarce resources from finding children in real danger and actually lead to increases in child abuse deaths. And there is the constant pressure of the foster-care industrial complex; agencies with their prominent boards of directors woven into a community's business and civic elite.

For all of these reasons foster care is the path of least resistance. And that's the answer to another question raised by critics of flexible funding: Why don't states just use the flexible funding options they have now like TANF and the Social Services Block Grant? If some foster care is unnecessary, why are these dollars being used to fund it? Because it's easier, that's why. With all these incentives for needless foster care, it's urgent to create a counter-incentive—something to make agency leaders think twice before encouraging a foster-care panic, for example. The Child Welfare Program Option plan does that. By making IV–E foster care maintenance funding flexible, it allows states to begin to build the infrastructure of prevention and family preservation that reduces needless use of foster care. With the demand for foster care reduced—and the savings generated by prevention, which costs less than foster care—states can begin to put their TANF and SSBG money back where it belongs, into safe, proven programs to support vulnerable children and families. (As discussed below, when it comes to TANF, I suggest a stick as well as a carrot).

As I said, the misuse and overuse of foster care is rarely a conscious act. But sometimes, it is. Every once in awhile the mask slips.

The mask slipped when a social worker who deals extensively with New York's private agencies stated in a sworn affidavit that "I have been advised by a foster-care agency caseworker that her facility has imposed a three-month moratorium on discharges, because it was not receiving sufficient referrals to fill its beds."<sup>22</sup>

The mask slipped when an agency in Maine told foster parent Mary Callahan why she couldn't adopt two foster children. The worker told her: "Let's say we need 60 kids to make payroll and we only have 61. We wouldn't be talking adoption or reunification with anybody until we got our numbers up."<sup>23</sup>

And the mask slipped last month in Michigan.

Michigan is planning to make extensive use of the Family to Family program, which seeks to avoid foster care placement and, when such placement is necessary, keep children with their extended families, in their own neighborhoods. That way, they are surrounded by friends, teachers, classmates and loved ones, visiting is easier, and foster parents can act as mentors to birth parents. (Family to Family is an initiative of the Annie E. Casey Foundation which also helps to fund my organization, and should not, by the way, be confused with Casey Family Programs).

But the Associated Press reports that late last month, representatives of private foster care agencies trooped up to Lansing to oppose the program, telling a legislative committee that children should continue to be placed with total strangers far from home, because the strangers lived in better neighborhoods with better schools.<sup>24</sup> Apparently, the fact that this is exactly what we've been doing for about 150 years, with horrible results, did not faze them. The dreadful educational outcomes for foster children did not faze them. And neither did the fact that, while every child should get to go to a good school, it is obscene to suggest that a child should have to trade in his family for the privilege.

So yes, most people in the system, especially on the frontlines, mean well. But it also is worth bearing in mind the words of one of the most distinguished experts in the field of child welfare and mental health, Dr. Ronald Davidson. Dr. Davidson

<sup>21</sup>Testimony of Fred Wulczyn, Chapin Hall Center for Children, before the House of Representatives, Committee on Ways and Means, Subcommittee on Human Resources, *Hearing on Federal Foster Care Financing*, June 9, 2005, available online at <http://waysandmeans.house.gov/hearings.asp?formmode=printfriendly&id=2765>

<sup>22</sup>Affidavit of Barbara Winter, M.S.W., C.S.W., *Hauser v. Grinker* Index #16409/89, Supreme Court of the State of New York, County of New York, June 6, 1990, p.20.

<sup>23</sup>Personal Communication. See also, Bonnie Washuk, "DHS must change, walkers insist," Lewiston (Me.) *Sun-Journal*, December 9, 2003.

<sup>24</sup>David Eggert, "Private homes criticize state's approach to foster care," Associated Press, April 26, 2006.

is director of the Mental Health Policy Program at the University of Illinois at Chicago Department of Psychiatry. He's been a consultant to the successful reforms in Illinois and was instrumental in getting the main campus of the state's largest orphanage—once thought to be a model, but actually rife with abuse—effectively shut down.

Says Dr. Davidson: “*Sadly, there is a certain element within the child welfare industry that tends to look upon kids in the way that, say, Colonel Sanders looks upon chickens . . .*”

You have undoubtedly heard and read a great deal about the “addiction” problem in child welfare. But the biggest addiction problem in child welfare isn't substance-abusing parents, though that problem is serious and real. The biggest addiction problem in child welfare is politically powerful, old-line, well-established child welfare agencies with blue-chip boards of directors that are *addicted* to *per-diem* payments. These agencies are putting their addiction ahead of the children.

And the biggest “enabler” of this addiction is the federal government, with its “open spigot” of money for substitute care, and far, far less for anything other than substitute care.

Breaking an addiction is extremely difficult. One first has to get past the addict's denial. So it's no wonder that so much of the foster care-industrial complex opposed the Child Welfare Program Option without even seeing it.

And some of the opposition to this proposal has consisted of a shameful collection of fear, smear, and scare stories. At one point, one prominent opposition group even told its members that the plan would “dismantle” foster care. That's a great way to rally the base—but it's flat wrong.

- First of all, this is not a “block grant” in any meaningful sense of the term. Under a block grant, several different funding streams are combined, states are allowed to use the money for any purpose covered by any of those funding streams—and, often, some money is cut from the total.

In contrast, this plan involves only one portion of one funding stream—Title IV-E foster care funds. This money could be spent on prevention and adoption. But the other funding streams remain separate. Title IV-B funds for prevention, for example, cannot be used for foster care. This “IV-B firewall” is a crucial feature of the plan. Were IV-B and IV-E to be combined, the “foster care-industrial complex” would grab the prevention money to use for more foster care. In fact, just such a shameful grab of funds intended to help families has occurred in the Temporary Assistance for Needy Families program, something I discuss below.

Flexibility cannot be absolute. It must always be in the direction of helping the most vulnerable, not helping powerful special interests. The Administration plan recognizes this. In the absence of this firewall we would oppose the plan. Indeed, the lack of such a firewall is the fatal flaw in the much more tepid recommendations from the Pew Commission.

- Second, this plan not only does not cut funding, in some cases, funding may go up. Under this plan, states would receive the same, agreed-upon amount of money for each of the five years. In contrast, states that stick with the status quo will find that the proportion of foster care costs covered by the federal government will decrease, as a result of the “eligibility lookback.”

Furthermore, while some have criticized the five-year commitment that would be required of states that choose to take part in the plan, that same five-year commitment means the funding level is guaranteed. In contrast, the existing entitlement formula can be changed whenever Congress so chooses. So it is ironic indeed that critics argue that the Administration plan is more vulnerable to cuts because it is a so-called “block grant.” In fact, it is the *status-quo* that is more vulnerable to cuts.

- And perhaps most important, this plan is strictly voluntary. Though states that opt in must stay in for five years, any state that feels it's not getting a good deal can walk away from the table and stick with the status quo. If the fine print matches the broad outlines, governors and child welfare leaders who have the guts and imagination to try something with so much potential to do so much good, should have the right to do so, without being held back by their timorous colleagues and a foster care establishment with a huge vested interest in the status quo.

This year, three governors stepped forward. As I noted at the outset, those governors are Jeb Bush of Florida, Arnold Schwarzenegger of California, and Jennifer Granholm of Michigan. It would be hard to find three governors with more diverse perspectives. It's hard to imagine all of them agreeing on anything. Yet all three have realized that it is a crime against children to force them to be separated from

everyone they know and love, just because that's the only way to get huge amounts of federal aid for their care. All three have decided that the flexibility embodied in the Administration proposal is the best way to help their state's vulnerable children. But all three had to go through a long, cumbersome waiver process to get this flexibility—a waiver process which, at the moment, no longer exists.

If another governor wants to step forward to help her or his state's vulnerable children in the same way, why should she or he be denied that chance? More important, why should that state's children be denied the chance to escape the tragedy of needless foster care?

As I said at the outset, there are reasonable questions about this plan. But because the plan is strictly voluntary, it doesn't have to be perfect to be worth offering to the states.

Some of my friends on the left sometimes suggest that we should deny states this crucial flexibility in favor of this or that alternative bill. These alternative bills often have some very good provisions. Often, they would make fine *additions* to flexibility—but they are no substitute for it, because all of the proposals I've seen leave intact or even enhance the giant, open-ended, untouchable entitlement for substitute care. That is a waste of money. More important, it is a waste of children's lives. My friends on the left say "spend more." The Administration plan says: "spend smarter." We need to do both.

I have spent all of this time discussing an area where there is not enough flexibility. Now I want to discuss an area where there has been too much: TANF.

It should be among the bigger scandals in child welfare—though it's perfectly legal. But so far, I know of only one newspaper, *The Hartford Courant*, that has reported on it.<sup>25</sup> Here's how it works:

An impoverished single mother, desperate to keep her low-wage job leaves her children home alone because she can't find day care she can afford. She can't get day care because federal aid that might provide such day care has been transferred elsewhere. The children are taken away on a "lack of supervision" charge. They are placed in foster care. The foster parents and the bureaucracy supporting them, and the child abuse investigator, all are paid in part using the money diverted from low-income day care.

It happens because the federal government allows some states to use TANF surplus funds to finance foster care and even child abuse investigations. The *Courant* reports that in Connecticut alone \$129 million in TANF money has been diverted from basic, concrete help to keep families together into the foster care system that tears them apart.

Peg Oliveira, a policy fellow and early child-care expert for Connecticut Voices for Children told the *Courant*: "Instead of using funds in a proactive way and helping families achieve self-sufficiency, they let things happen because they don't spend on child care and then try to fix it on the back end through [the child welfare agency]."

For various arcane reasons, not every state is allowed to use TANF money for foster care. But nationwide, the Urban Institute estimates that \$2.7 billion in TANF money was spent on child welfare services in the 2002 federal fiscal year. Furthermore, of the total amount states spent on *out of home care*, 28 percent of the money came from TANF—again, a program created to help poor families become self-sufficient.<sup>26</sup>

That's not always wrong. Some states use this money to help grandparents and other relatives provide kinship care.

Ideally, that should not be necessary. My friends on the left are correct in pushing to eliminate barriers to using IV-E to pay relatives at the same rate as strangers. But until that happens, TANF is a legitimate source for such funding—because it supports families, and it supports an option that has consistently proven better for children and safer than what should properly be called "stranger care."<sup>27</sup>

But other states, like Connecticut, actually use TANF to subsidize foster care with strangers and child abuse investigations. Congress should close the loophole that allows this.

Two final points:

<sup>25</sup> Colin Poitras, "Child Care Funds Lacking," *Hartford Courant*, March 25, 2006.

<sup>26</sup> Cynthia Andrews Scarcella, et. al., *The Cost of Protecting Vulnerable Children IV* (Washington, DC: The Urban Institute: 2004), available online at [http://www.urban.org/UploadedPDF/411115\\_VulnerableChildrenIV.pdf](http://www.urban.org/UploadedPDF/411115_VulnerableChildrenIV.pdf)

<sup>27</sup> University of Illinois Children and Family Research Center, *Family Ties: Supporting Permanence for Children in Safe and Stable Foster Care with Relatives and Other Caregivers*, available online at [http://www.fosteringresults.org/results/reports/pewreports\\_10-13-04\\_alreadyhome.pdf](http://www.fosteringresults.org/results/reports/pewreports_10-13-04_alreadyhome.pdf)

- First, it is reasonable to work to link funding to outcomes. But beware of any proposal that uses the Child and Family Services Reviews to measure those outcomes. It is not true that a bad scorecard is better than no scorecard, and the CFSRs are dreadful. The 50-case sample size means state performance can appear to be improving when it's actually getting worse and vice versa. Some CFSR outcome measures actually reward poor performance and punish success in keeping families together. And that's only the beginning. There is more in our publication, *The Trouble with CFSRs*, also on our website, [www.nccpr.org](http://www.nccpr.org)
- And finally, a word about one of the most important questions you've posed at this hearing: What services achieve improved child outcomes—or rather, make that four words: Intensive Family Preservation Services (IFPS). The very term “family preservation” was invented to describe this kind of program. The first IFPS program, Homebuilders®, was invented in Washington State in the mid-1970s. The program is discussed in detail in NCCPR Issue Papers 1, 10 and 11, on our website.

But while Homebuilders is a trademark, “family preservation” is not. Any child welfare agency can call anything it wants a “family preservation” program, even if it is nothing like the Homebuilders model. The biggest problem probably is “dilution” of the model—agencies try to cut corners by taking the intensity out of *Intensive* Family Preservation Services. Another problem is the failure of many programs to follow the Homebuilders emphasis on concrete help to ameliorate the worst effects of poverty.

And that has played into the hands of a child welfare establishment that is threatened by any alternative to foster care. There are several studies showing the effectiveness of Homebuilders-type programs. Some of them are summarized in our Issue Papers at [www.nccpr.org](http://www.nccpr.org) But proponents of a “take the child and run” approach to child welfare ignore them, while trumpeting any evaluation of an alleged “family preservation” program that finds the program doesn't work—without drawing a distinction between the Homebuilders model and others.

A new review of the literature draws that distinction. It was conducted by the Washington State Institute for Public Policy and it's available here: <http://www.wsipp.wa.gov/rptfiles/06-02-3901.pdf>

The authors conclude: “*IFPS programs that adhere closely to the Homebuilders model significantly reduce out-of-home placements and subsequent abuse and neglect. We estimate that such programs produce \$2.54 of benefits for each dollar of cost. Non-Homebuilders programs produce no significant effect on either outcome.*”

Of course, to fully realize those benefits, states need the flexibility to use money now restricted to foster care on safe, proven alternatives such as Homebuilders—which brings us back to where we started.

Thank you Mr. Chairman and members of the Subcommittee. I would be pleased to respond to any questions.

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Chairman HERGER. Thank you. Ms. Hinojosa.

**STATEMENT OF IKEITA CANTU HINOJOSA, ASSOCIATE COUNSEL, LEGISLATIVE AFFAIRS, NATIONAL ASSOCIATION OF SOCIAL WORKERS**

Ms. HINOJOSA. Chairman Herger and other distinguished Members, thank you for the opportunity to be here. The National Association of Social Workers, or NASW, is the largest membership organization of professional social workers in world, with over 150,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain standards for the profession, and to advance sound social policies. The social work profession has a long tradition of involvement with the CWS, and we recognize the importance of reauthorizing the PSSF. Chairman Herger, we completely agree with your statement that we should do all that we can to help families receive services to prevent child abuse and neglect. Further, we are pleased about the additional \$40 million for the PSSF included in the House draft bill.

The bill allows for use of funds to enhance caseworker visitation with foster care children; we know that increased client contact will yield better outcomes. However, we do caution that one of the challenges we hear from our social workers is the mounting administrative burden imposed by government. Agencies need access to technology to reduce such administrative time. That is why we are pleased to see that funds can be used to improve caseworker ability to access the benefits of technology. Child welfare positions are particularly stressful, often resulting in unreasonable caseloads and low pay. Consequently, it becomes difficult to attract and retain the most qualified employees, those with professional training and experience. We hope to work with Congress to identify solutions, and we offer the following recommendations:

First, we recommend that Congress help establish a national caseload size. The Child Welfare League of America recommends the caseload ratio of 12 to 15 children per caseworker and the Council on Accreditation recommends caseloads not exceed 18 children per caseworker, yet a national survey found that caseloads for individual child welfare social workers ranged from ten to 110, with workers handling on average 24 to 31 children, each double the recommended number. We ask Congress to consider ways to establish a national caseload size. Methodologies for calculating average caseload sizes, taking into account State variations could be developed in consultation with NASW and other national organizations. An example of a benchmark measure could include increased percentages of caseworkers and supervisors with BSW and MSW degrees, and we offer additional benchmark measures in our written testimony. Second, we recommend that Congress improve education and training opportunities for frontline workers. Some social workers are able to take advantage of Federal assistance through the title IV-E and title IV-B programs, which upgrade the skills and qualifications of child welfare workers. While these programs serve a useful purpose and must be preserved, we know that these two programs alone cannot support the entire field of workers. A new national study from NASW assuring the sufficiency of a frontline workforce, a national study of licensed social workers, found that the supply of licensed social workers is insufficient to meet the needs of organizations serving families and communities. Congress should provide the 3.3 percent in discretionary funding to allow for research, training and evaluation of services in the CWS. We believe that valuable employment incentives, including pay increases, benefits, student loan forgiveness and promotional opportunities are essential for the development and retention of a highly skilled human services workforce. Third, we recommend that Congress strengthen the cultural competence of the child welfare workforce. Nationally and in most States, children of color, especially African American children, are overrepresented in the system. This disproportionate recommendation continues despite research indicating that there are no differences in the incidence of child abuse and neglect by racial and ethnic groups. We know from our workforce study that social workers' young clients are more likely to be children of color and to come from environments that are plagued by socioeconomic disadvantages. At each decision point culturally appropriate action or inaction can profoundly influence the trajec-

tory of a child's life, yet there exists a shortage of both social workers of color and social workers with cross-cultural communication skills to reflect the communities they serve. We suggest that each State participating in the title IV-B and title IV-E programs include within their federally approved plan guidelines for strengthening the cultural competence of child welfare staff, specific steps to identify the existence of racial disproportionality at key decision-making points, if any—and such points are outlined in our written testimony—and increased resources both to enable social workers to enhance the recruitment and retention of potential foster and adoptive families consistent with the Multiethnic Placement Act (P.L. 103-82), and to enable the hiring of culturally and linguistically appropriate staff to meet the needs of the community at competitive salary rates. As you can see, social workers are an integral part of the CWS, as is the PSSF. For the system to be improved, adequate supports must be in place and the program must be fully funded to its authorized level. Also, social workers who care for children and families must receive adequate salaries, appropriate training and manageable caseloads. Further, States must make diligent efforts to reduce the disproportionality of children of color in the CWS. This concludes my remarks. Thank you for the opportunity to speak with you today. I will be glad to answer your questions.

[The prepared statement of Ms. Hinojosa follows:]

**Statement of Ikeita Cantu Hinojosa, Associate Counsel, Legislative Affairs,  
National Association of Social Workers**

Chairman Herger and other distinguished members of the Committee on Ways and Means, we thank you for considering our statement as you prepare to reauthorize the Promoting Safe and Stable Families Program.

The National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world, with over 150,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain standards for the profession, and to advance sound social policies. NASW also contributes to the well-being of individuals, families, and communities through its work and advocacy.

Social work is the largest and most important social service profession in the United States. Social workers help people function better in their environments, improve their relationships with others, and solve personal and family problems through individual, social, and psychological counseling and support.

The most commonly reported practice areas of licensed social workers are mental health (37%), child welfare/family (13%) and health (13%).<sup>1</sup> Social workers also work with older adults, adolescents, in schools, and in various other settings and populations.

Ninety-one percent of NASW members hold master's degrees in social work and 92 percent maintain some type of license, certification, or registration in their state; 70,000 also hold advanced credentials from NASW.

**Overview**

The social work profession has a long tradition of involvement with the child welfare system and welcomes the opportunity to participate in the process of reauthorizing the Promoting Safe and Stable Families Program (PSSF). The program, formerly the Family Preservation and Support Services Program, is an important flexible funding source for an array of services for families with children. We recognize the importance of this program given that in 2003, an estimated 2.9 million cases of child abuse and neglect were reported and referred for investigation to state and

<sup>1</sup> Whitaker, T. Weismiller, T. & Clark, E. (2006). "Assuring the sufficiency of a frontline workforce: A national study of licensed social workers. Executive summary." Washington, DC: National Association of Social Workers. Available online at [http://www.socialworkers.org/resources/workforce/files/NASW\\_SWCassuring\\_3.pdf](http://www.socialworkers.org/resources/workforce/files/NASW_SWCassuring_3.pdf)

local child protective service agencies because family members, professionals, or other citizens were concerned about their safety and well-being. After follow-up assessments, officials were able to substantiate 906,000 of these cases.<sup>2</sup> The program is also a critical component for reaching the goals of the Adoption and Safe Families Act (ASFA). It helps build capacity in states and communities so that services are available for children and families.

#### **Background on the Promoting Safe and Stable Families Program**

The PSSF program was created in 1993 and originally named the Family Preservation and Support Services Program. At that time, all funding was guaranteed or mandatory. PSSF was reauthorized in 1997 and renamed the Promoting Safe and Stable Families Program. Prior to this, at least 90% of the funds were used for family preservation and community-based family support services. The 1997 reauthorization added two additional service categories: time-limited reunification services and adoption promotion and support services to the existing family preservation and family support services. The Deficit Reduction Omnibus Reconciliation Act of 2005, passed in February 2006, provides a one-year (FY 2006) increase in mandatory, or guaranteed, funding for PSSF, bringing the mandatory funding up to \$345 million from the current level of \$305 million.

In addition to the mandatory funds guaranteed for PSSF annually, Congress also has the ability to approve up to \$200 million each year in additional discretionary funds. In FY 2006, Congress approved \$89.1 million in discretionary PSSF funds, a decrease of nearly \$9 million from the FY 2005 level—far short of the \$200 million that Congress could have approved. Therefore, the net increase for PSSF funding in FY 2006 will be slightly less than \$30 million, bringing total funding (mandatory and discretionary) for the program from \$403 million in FY 2005 to \$434 million in FY 2006.

The bill also amends the current Court Improvement Project (currently funded as a set-aside of regular PSSF funds), which provides grants to states' highest courts to use to assess and improve their child welfare proceedings. The bill provides additional funding for two new grant programs—each funded at \$10 million annually—aimed at strengthening the performance of courts on behalf of children who have been abused and neglected, including those in foster care and those waiting to be adopted.

PSSF funds are used to provide time-limited reunification services to address the needs of children and families who are involved in the foster care system. Services are provided within 15 months after the child enters foster care. Reunification services for the child and family include counseling, substance abuse treatment, mental health services, assistance to address domestic violence issues, temporary child care, and transportation services. Social workers serve children and families in many of these capacities.

Funds are allocated to states according to their relative shares of children receiving food stamps, subject to a 25% non-federal match. From annual mandatory funds, \$6 million is provided for research, evaluation, and technical assistance to identify and expand on programs proven effective. The State Court Improvement Program receives an initial allocation of \$10 million annually, with additional funds provided if Congress allocates funds in addition to the \$305 million in mandatory funds. The law emphasizes the importance of using court improvements to promote the Adoption and Safe Families Act's goals of safety, permanence, and well-being.

In addition to this reserved funding, if Congress opts to do so, the program could provide additional discretionary funds such as 3.3% for research, training, and evaluation; another 3.3% of discretionary funds could be available for state court improvement programs; and 2% of discretionary funds could be reserved for tribal governments.

Chairman Herger, we completely agree with your statement in the May 12 Committee's press release that "It is important that we do all we can to help families receive services to prevent child abuse and neglect." Further, we are pleased about the additional \$40 million for the Promoting Safe and Stable Families Program included in the House draft bill. The bill allows for the use of funds to enhance caseworker visitation with foster care children, especially in the home. We know that increased client contact will yield better outcomes. However, we do caution that one of the challenges we hear from our workers that strive for more visitation is the mounting administrative burden imposed by the federal and state governments. Of course we know that data is critical to informing and improving outcomes, but these

<sup>2</sup>U.S. Children's Bureau. (2005). Child maltreatment 2003: "Reports from the states to the national child abuse and neglect data system." Available online at <http://www.acf.hhs.gov/programs/cb/pubs/cm03/index.htm>

processes can drain time from worker visits. Agencies need access to technology to remain current with these systems and to reduce administrative time. That is why we are very pleased that funds can be used to improve “caseworker retention, recruitment, training, and ability to access the benefits of technology.”

Child welfare positions are particularly demanding and stressful, often involving unreasonable workloads and low pay in comparison to jobs in other sectors that require comparable amounts of education and responsibility. Consequently, it becomes difficult to attract and retain the most qualified employees—those with professional training and experience. We hope to work with Congress to identify solutions to these complex problems and we offer the following recommendations:

#### **Improve Education and Training Opportunities for Frontline Workers**

The public has high expectations for the child welfare system, as it should. Everyday, these agencies make life and death decisions for children and families with complex needs, striving to meet extensive legal mandates. We know that proper staff training is a critical component of this system. A number of studies have documented the critical connections between training, competency, and quality services.

A report in the *Journal of Education for Social Work* found that workers with social work education were more effective in service delivery than workers with a Bachelor of Arts (BA) degree or other graduate degrees.<sup>3</sup> The connection of workforce quality to family outcomes was further documented in a March 2003 report by the U.S. General Accounting Office which states, “A stable and highly skilled child welfare workforce is necessary to effectively provide child welfare services that meet federal goals. [However,] large caseloads and worker turnover delay the timeliness of investigation and limit the frequency of worker visits with children, hampering agencies’ attainment of some key federal safety and permanency outcomes.”<sup>4</sup> The issue of high caseloads will be addressed later in this document.

It has been shown that a well prepared staff is more likely to remain in the field of child welfare, thus reducing worker turnover and increasing continuity of services with the family. Some social workers are able to take advantage of Federal assistance through the Title IV-E and Title IV-B programs of the Social Security Act. These funds are used to upgrade the skills and qualifications of child welfare workers through their participation in training programs specifically focused on child welfare practice. While these programs serve a useful purpose and must be preserved, we know that these two programs alone cannot support the entire field of child welfare workers. Specific recommendations to enhance Title IV-B and E will follow.

A new national study from NASW, “Assuring the Sufficiency of a Frontline Workforce: A National Study of Licensed Social Workers,” shines a bright light on issues related to workforce retention.<sup>5</sup> The study warns of an impending shortage of social workers that threatens future services for all Americans, especially the most vulnerable among us, children and older adults. Key findings include:

- The supply of licensed social workers is insufficient to meet the needs of organizations serving children and families;
- Workload expansion plus fewer resources impedes social worker retention; and
- Agencies struggle to fill social work vacancies.

**Recommendation:** Congress should provide the 3.3% in discretionary funds to allow for research, training, and evaluation of services in the child welfare system. Also, greater investments are needed to provide social workers with professional development preparation and ongoing training opportunities, particularly in the area of cultural competence. We believe that valuable employment incentives, including pay increases, benefits, student loan forgiveness, and promotional opportunities are essential for the development of a highly skilled human services workforce.

#### **Strengthen the Cultural Competence of the Child Welfare Workforce to Improve Outcomes for Children**

Nationally, and in most states, children of color, especially African American children, are overrepresented in the system. Although African American children constitute 15% of the U.S. child population, they represent 34% of all children in foster

<sup>3</sup> Olsen, L. and W. Holmes. (1982). “Educating child welfare workers: The effects of professional training on service delivery,” *Journal of Education for Social Work*, 18(1).

<sup>4</sup> U.S. General Accounting Office. (March 2003). “HHS could play a greater role in helping child welfare agencies recruit and retain staff.” Washington, DC.

<sup>5</sup> Whitaker, T. Weismiller, T. & Clark, E. (2006). “Assuring the sufficiency of a frontline workforce: A national study of licensed social workers. Executive summary.” Washington, DC: National Association of Social Workers. Available online at [http://www.socialworkers.org/resources/workforce/files/NASW\\_SWCassuring\\_3.pdf](http://www.socialworkers.org/resources/workforce/files/NASW_SWCassuring_3.pdf)

care. White children, by contrast, represent 61% of the U.S. child population but 40% of children in foster care.<sup>6</sup> This disproportionate representation continues despite research indicating that there are no differences in the incidence of child abuse and neglect by racial or ethnic groups.

The child welfare workforce plays a critical role in ensuring that children and families of color receive quality services and that appropriate decisions are made to ensure the safety, well-being, and permanency of children. It is largely caseworkers and supervisors who make decisions regarding the placement of children in foster care and permanency outcomes for children. At each decision point, culturally appropriate action or inaction can profoundly influence the trajectory of a child's life. Social workers in child welfare are expected to be knowledgeable about cultural competency practices and standards as described in the NASW Standards for Cultural Competence (2001).<sup>7</sup>

The child welfare workforce has a thirst and a need for cultural competence training. There are many workers that lack cross-cultural communication skills because of infrequent interaction with other cultures. Therefore, the importance of having workers that reflect the community they serve cannot be overstated. We know from our workforce study that social workers' young clients and their families face an array of challenges. These youths are more likely to be children of color and to come from environments that are plagued by socioeconomic disadvantages. Meanwhile, there exists a shortage of social workers of color to serve these families. In racial and ethnic diversity terms, the social work profession has not kept pace with the general population trends because of its inability to attract workers of color, resulting in a workforce that is not as diverse as the population they serve.<sup>8</sup>

The aforementioned 2005 NASW workforce study of licensed social workers states that 89% of social workers desire additional training.<sup>9</sup> Further, social workers in agencies in the public sector (which employs the greatest number of new social workers) were more likely to report limited training opportunities for new workers. It is critical that social workers in child welfare receive adequate training early in their careers and on an ongoing basis. Public policies must support agencies' ability to offer their staff additional training in cultural competence.

**Recommendation:** Given the demographic trends of children of color in the child welfare system, the need for more workers of color, and the need for child welfare worker training, particularly in cultural competence, we suggest that each state participating in the Title IV-B and Title IV-E programs include within their federally approved plan:

- Guidelines for developing and/or strengthening the cultural competence of child welfare staff;
- Specific steps that the state will take to identify the extent to which racial disproportionality exists at key decision-making points, if any (to include the following: substantiation of reports of child maltreatment, decisions to place children in foster care, decisions to seek termination of parental rights, and terminating parental rights and freeing children for adoption);
- A plan for addressing disproportionality at key decision points, when identified;
- Increased resources to enable social workers to enhance the recruitment and retention of potential foster families and adoptive parents consistent with the Multiethnic Placement Act; and
- Increased resources to enable child welfare administrators to hire culturally and linguistically appropriate staff to meet the needs of the community at competitive salary rates.

The state's implementation of these plan requirements could be assessed through the Child and Family Service Review.

#### **Establish a National Caseload Size**

The Child Welfare League of America recommends a caseload ratio of 12 to 15 children per caseworker, and the Council on Accreditation recommends that caseloads not exceed 18 children per caseworker. However, a national survey found that caseloads for individual child welfare social workers range from 10 to 110, with

<sup>6</sup> Casey Family Programs. "Foster care fact sheets." Retrieved online <http://www.fostercaremonth.org/FactsAndStatistics> on May 10, 2006.

<sup>7</sup> National Association of Social Workers. (2001). "Standards for cultural competence in social work practice." Washington, DC: NASW Press.

<sup>8</sup> Whitaker, T. Weismiller, T. & Clark, E. (2006). "Assuring the sufficiency of a frontline workforce: A national study of licensed social workers. Executive summary." Washington, DC: National Association of Social Workers. Available online at [http://www.socialworkers.org/resources/workforce/files/NASW\\_SWCassuring\\_3.pdf](http://www.socialworkers.org/resources/workforce/files/NASW_SWCassuring_3.pdf)

<sup>9</sup> Ibid.

workers handling on average 24 to 31 children, each double the recommended number.<sup>10</sup> As was noted, high caseloads lead to increased worker turnover and reduced service capacity.

**Recommendation:** We ask Congress to consider ways to establish a national caseload size. Federal policy incentives that encourage states and counties to improve their human services workforce by building a comprehensive and integrated continuum of services, fostering innovation in program design, and developing consistent leadership, are desperately needed. Federal statutes, policies, and funding streams can help make important and lasting improvements in the ability of social workers to meet the needs of the consumer. Methodologies for calculating average caseload sizes, taking into account state variations in the definitions and assignment of caseloads, could be developed by the Secretary of Health and Human Services in consultation with NASW and other national organizations. Benchmark measures could include: increased percentages of caseworkers and supervisors with BSW and MSW degrees, percentage reduction in caseworker turnover rates, and the development and adherence to a state plan that all supervisors in child welfare receive ongoing, consistent competency-based training on child welfare supervision and administration.

### **Conclusion**

Social workers are an integral part of the child welfare system as is the Promoting Safe and Stable Families Program. For the system to be improved, adequate funding and supports for the program need to be made, and the program must be fully funded to its authorized level of \$505 million for FY 2007 through 2012. Also, social workers who care for children and families must receive adequate salaries, appropriate training, and manageable caseloads if the system is to be truly reformed. Further, states must make diligent efforts to reduce the disproportionality of children of color in the child welfare system.

We look forward to partnering with you on this important legislative initiative. To discuss any of these issues in detail, please contact me. Thank you for considering our input.

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Chairman HERGER. Thank you. Mr. Tower to testify.

### **STATEMENT OF WILLIAM O. TOWER, PRESIDENT AND CHIEF EXECUTIVE OFFICER, AMERICAN FAMILY RIGHTS ASSOCIATION**

Mr. TOWER. Thank you. Mr. Herger, Members of the board, I would like to thank you for inviting me here today. I believe that a comprehensive, integrated system of child welfare services that emphasizes prevention, and early intervention, requires a different approach to child protection. As presently constructed, the child protection system cannot support the values and principles described in the administration of child and family services framework. This is due in part to the fact that they are not family-centered. When we come down to the “waiver program” that Los Angeles, California, has just approved, and several other States have begun to request and been granted, in order to make an assessment of family needs for provision of services while continuing to respond to cases of child abuse—and with this it provides in-home services to the family, services that were not available under the guidelines in the Federal funding as set forth in title IV–E. When we come to family support services, the existing system has the same services that the department has recommended to typically every parent. They are all sent for psychiatric evaluations, counseling, parenting classes, anger management classes. This is a rou-

<sup>10</sup> Alliance for Children and Families, American Public Human Services Association, Child Welfare League of America. (2001). “The child welfare workforce challenge: results from a preliminary study” presented at Finding Better Ways, 2001, Dallas, Texas.

tine set of services that the parents and children receive. Frequently, one adult member designated as a potential abuser is forced out of the home as part of the service plan. What needs to be done is that appropriate and meaningful services need to be put in place, not the same standard that can be used in all cases due to differing issues with each family. For example, if the children were removed due to unstable housing, then counseling, psychiatric evaluations, parenting classes and anger management classes are not appropriate. Help with the rent would be a more appropriate approach and maybe funding for some education. In this manner the parents would be able to make a better living and get back on their feet again. However, there is no funding in the budgets for this. There is funding for counseling, psychiatric evaluations, parenting classes, anger management classes, and this money is only there after the children have been removed. Nothing in the budget exists for preservation. Even with this there is no real funding for family services. The funding is earmarked for children services, not family services. Once again, there is a fault in the funding scheme. A brief history on reasonable efforts: In 1980, Congress passed the Adoption Assistance and Child Welfare Act (P.L. 96-272) which in it had a provision for a requirement of reasonable efforts that were required prior to the child being removed. Federal law requires State agencies to demonstrate that reasonable efforts have been made to provide assistance and services to prevent the unnecessary removal of a child from his or her home and make it possible for a child who has been placed out of home care to be reunified with his or her family.

Under the Adoption and Safe Families Act of 1997, while reasonable efforts to preserve and reunify the family are still required, the child's health, safety and best interest constitute the paramount concern in determining reasonable efforts to be made. However, reasonable efforts have been reduced to a boilerplate statement on court orders that are usually typed by the very agency required to perform those services. This was the checks-and-balance system that Congress intended the court to use in certifying that the agency had performed their duties. However, this failed and there are no protections for the families and no consequences, or minimal consequences, for the agency's failure to fulfill this requirement. The bureaucracy is forever in a high state of flux. Caseworkers, attorneys general, commissioners, Governors and all employees in between are forever flowing through the system faster than they can adequately move up the effective learning curve. This learning curve, which has proven to be longer than the average turnover time of most positions, takes on a course of its own contrary to the intent of our Federal and State lawmakers. The majority of human and financial resources are eaten up with activities that have nothing to do with reasonable efforts for family preservation, but more to do with the daily task of managing chaos and cover-ups within a highly dysfunctional organization. I would like to challenge this Congress to set aside the time required to hear from the parents that would be able to make it to Washington and hear from your constituents what the system is really like and how it performs, to see how the system impacts the families it touches and how the funding under this bill works from the families' points

of view in order to get a true measure of what is going on here. Thank you.

[The prepared statement of Mr. Tower follows:]

**Statement of William Tower, President and Chief Executive Officer,  
American Family Rights Association, Fair Oaks, California**

**Honorable Lawmakers, Guardians of the United States Constitution,**

The overwhelming majority of children and families needing the services of the child welfare system enter through child protection services (CPS).

The current system of child protection services is seriously flawed:

- An army of individuals, primarily from the psychiatric professions.
- Two out of three reports are “unfounded” raising the possibility that it might be inappropriate to investigate them in the first place.
- Forty percent of the indicated reports are closed the same day they are indicated, without families receiving services to resolve their problems beyond the investigation itself.

A comprehensive, integrated system of child welfare services that emphasizes prevention and early intervention requires a different approach to child protection. As presently constructed, The Child protection system cannot support the values and principles described in the administration of child and family services Framework. This is due in part that they are not family—centered.

Fortunately, the Congress has rightfully gone on record in favor of reform and is currently examining the option of receiving information about the system which gives CPS agencies the flexibility to respond to less serious cases of child neglect with

“The Waiver program” that Los Angeles, California and several other states have begun to request and have been granted in order to make an assessment of family needs and the provision of services, while continuing to respond to cases of child abuse, and with this it provides in home services to the family, services that were not available under the guidelines and federal funding as set forth in title 4–E of the Social Security Act.

***Family Support Services:***

The existing system has the same services that the Department has recommended typically every parent. They are all sent for psychiatric evaluations, counseling, Parenting classes and anger management classes; this is the routine set of services that the parents and children receive. Frequently, one adult family member, designated as a potential abuser, is forced out of the home as part of the service plan.

What needs to be done is that *appropriate and meaningful* services need to be put in place. Not the same standard can be used in all cases due to differing issues with each family. I.e.: (if the children were removed due to unstable housing than counseling, psychiatric evaluations, parenting classes and anger management classes are not appropriate.) Help with the rent would be a more appropriate approach and maybe funding for some education. In this manner, the parents would be able to make a better living and get back on their feet again. However there is no funding in the budgets for this. There is funding for counseling, psychiatric evaluations, parenting classes and anger management classes after removal of the children, nothing in the budget exists for family preservation. Even with this there is no real funding for **family** services, the funding is earmarked for **children** services not family services. Once again there is a fault in the funding scheme.

***The solution to Family Support Services is the Waiver program:***

- With the waiver the funds can be used prior to removal and hence preservation of the family unit.
- As demonstrated by other states this will require close Congressional oversight. This would prevent the funding from being abused and funding streams have a check and balance system.

***Brief history of Reasonable Efforts***

In 1980, Congress passed the Adoption Assistance and Child Welfare Act. The Adoption Assistance Act requires, in part, that states receiving federal monies under the Act make “reasonable efforts” to prevent the removal of children from their homes and, whenever possible, to reunify children placed in foster care with their families.

In 1997, Congress passed the Adoption and Safe Families Act (ASFA), which modifies the reasonable efforts requirement by allowing exceptions to the requirement in certain situations and by using the same term—reasonable effort. “Reasonable efforts” has been one of the most hotly debated and confusing issues in the field of child welfare over the past three decades.

***When Reasonable Efforts Are Required***

Federal law requires State agencies to demonstrate that reasonable efforts have been made to provide assistance and services to prevent the unnecessary removal of a child from his or her home, and make it possible for a child who has been placed in out-of-home care to be reunified with his or her family.

Under the Adoption and Safe Families Act of 1997 (ASFA), while reasonable efforts to preserve and reunify families are still required, the child’s health, safety and the Child’s best interest, constitute the paramount concern in determining reasonable efforts to be made.

However, Reasonable Efforts has been reduced to a boilerplate statement on the court orders that are typed by the very agency required to perform these services. This was the check and balance that Congress intended the Court to use in certifying that the agency had performed these duties. However this has failed in that there are no protections to the families and no consequences’ or minimal consequences’, for the agency’s failure to fulfill this requirement

Part of the problem is that, The Adoption Assistance Act contains no detailed definition of “reasonable efforts.” The Act makes clear, however, that reasonable efforts to prevent placement or to reunify a family must be made *in each case*, for every child receiving federally funded foster care maintenance payments under Title IV-E of the Social Security act.

***The question for this Committee***

The question that needs to be asked—and answered, is what are the incentive issues and focus that drives the foster care system and best serves our Nation’s children.

The Federal Government gives incentives for the states to get children out of foster care by adoption to others (\$6000 each) without any penalty or setoff for the number of new children entering the system.

“What incentive does the Federal Government give the states to reunify the families?” Or for that matter prevent them from coming into the foster care system in the first place?

If the Federal Government gave incentives to the states for every child that went home more children would go home instead of to adoption wouldn’t they??

The states consistently say “we don’t get money for services from the Federal Government unless the children are in custody” so little effort to prevent removal is made—unless it’s free, or inexpensive. Also I’ve noticed an incredible number of parents are “cured” as soon as the Federal Money runs out.

If the states had X number of dollars per child or “unlimited cash” for 12 months but then the states had to foot the bill (or a large part of the bill) for the time after 12 months until adoption is completed, the states would be less eager to let children “hang out”/“languish” in long term foster care.

The Federal Government does not pay money for children (families) receiving services until a court establishes “jeopardy/jurisdiction”. What incentive do the states have to offer (pay for) services prior to jeopardy?

And because adoption and reunification can occur at the same time the states tend to use the “before jeopardy” time to locate an adoptive placement (they get paid for this). In cases where a child is placed in a pre-adoptive foster care home, lauded as concurrent placement, it creates an environment where foster homes have a very specific interest in doing everything they can to make sure the child stays with them as opposed to reunifying with their biological families. Another result is that it allows the foster home to “try out” the family situation to see if the child “fits in” as though a child is some kind of pet to be adopted or rejected.

If the States put as much effort into families the first 120 days as they do adoption assistance, there would likely be many families that would be “cured” within 120 days and jeopardy findings would not be necessary.

If the Federal Government gave “incentives” for family placements equal or similar to adoptive placements perhaps the states would be more inclined to place with relatives. States will argue they do just that but the numbers just don’t bear it out.

In short the FEDERAL GOVERNMENT IS RESPONSIBLE, the “incentives” are all directed toward “jeopardy” and adoption.

***What we need are “incentives” for reunification efforts***

If the Federal Government paid, as example, 100% (or even 110%) of family service costs prior to a jeopardy finding, and only 80% after the finding the states would be a little slower about bringing petitions to the court before working with the families to resolve the state’s concerns.

It is paramount that the Office of Inspector General conducts its own independent investigation, as child protection issues are too complex and politically sensitive to be done locally. Even our Washington delegation has been ineffective over the years in realistically addressing numerous child protective and foster care agency complaints received from their constituents, leaving the public vulnerable to civil rights abuses by the State.

Congress had mandated a new pilot review program to be developed as a result of the Administration for Children and Families flagrant failure to prevent the states from ignoring their responsibilities. Their lack of properly policing child protective and foster care agencies has resulted in an unnecessary increase in the number of children in foster care while placing only a small number in relative care. This is also contrary to Congressional mandates to decrease the number of children in foster care by 10%/annum.

An independent investigation of the states child protective and foster care agencies should uncover the bureaucratic failures and violations of law that has led up to the large volume of complaints by families. For example, caseworkers break laws, rules and regulations because their supervisors wrongfully guide their actions. Program Administrators take orders from the Director of child protection services, who in turn answers to a Commissioner appointed by our Governor’s. Often Judges grant almost anything social services and child protective workers may request of the court. Especially at the initial hearing. This unfortunately all takes place under the laws of Confidentiality.

This bureaucracy is forever in a high state of flux. Caseworkers, Assistant Attorney Generals, District Attorneys, Commissioners, Governors and all employees in between, are forever flowing through the system faster than they can adequately move up an effective learning curve. This learning curve, which has proven to be longer than the average turnover time of most positions, results in incompetence that leads to violations of well-founded law. The organizational culture takes on a course of its own, contrary to the intent of our Federal and State lawmakers. The majority of human and financial resources are eaten up with actives that have nothing to do with reasonable efforts or Family perseverance, but more to do with the daily task of managing chaos and cover-ups within a highly dysfunctional organization.

**Among the recommendations:**

- Require a Citizen Commission be set up to investigate the issues and hear the complaints of the families and citizens of the States.
- Require that said committee be comprised of knowledgeable citizens and not staffed with members of the agencies who are perpetuating the wrongs being brought to congress’ attention.
- Pass along the findings of this commission to Congress as to inform Congress members of the findings and problems found within the system.
- Increase the use the waiver program with strict Congressional oversight.
- Enact enforcement of the Reasonable Efforts requirement of Pl 96–272.
- Separate the Ombudsman’s position from the Health and Human Services control and give it the autonomy and teeth necessary to properly investigate and rectify abuses from the child protective system, including lifting the confidentiality blanket that allows the system to run rampant over the rights of the very families the system is supposed to be helping.

I would like to challenge this Congress to set aside the time required to hear from the parents that would be able to make it to Washington, and hear from your constituent’s, what the system is really like and how it performs. To see how this system impacts the families it touches and how the funding, under this bill works, from the families point of view in order to get a true measure of what is going on here.

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Chairman HERGER. Thank you. Ms. Goldsmith to testify.

**STATEMENT OF HEIDI GOLDSMITH, FOUNDER AND EXECUTIVE DIRECTOR, COALITION FOR RESIDENTIAL EDUCATION**

Ms. GOLDSMITH. Mr. Chairman, Members of the Subcommittee, on behalf of the CORE, the Coalition for Residential Education, I want to express our deep appreciation for your openness to considering additional ways to serve children in the CWS and, specifically, for mandating proposed legislation to expand and strengthen the range of existing services to improve child outcomes. I thank you for that. These children deserve the best. They deserve what we want for our own children. My name is Heidi Goldsmith, and I am Founder and Executive Director of CORE, the Coalition for Residential Education, the national nonprofit organization that promotes residential schools for disadvantaged children and youth. For 13 years we have been helping communities across the country open new boarding schools for these children and strengthening existing ones, new boarding schools such as San Pasqual Academy in San Diego, which opened in 2001 specifically to serve adolescents in the foster care system. They just had their graduation last year and of their 23 graduates, 16 went on to college, five went into the military, and the other two got jobs. Those are the outcomes. Those are the kind of programs we represent. The number of developing and existing programs that want to serve children in the foster care system is growing slowly but surely, but it is growing and we need your help. Approximately 23 percent of the students currently in our program are from the foster care system, another 12 percent of these children were homeless when they entered our programs.

“Residential education” is an umbrella term; it encompasses boarding schools, residential academies and the newest iteration is residential charter schools. In these settings the children—they are education-focused settings; they basically serve healthy children from troubled homes—the students receive a quality education, live with positive adult role models, take advantage of after-school activities like sports clubs, the arts, community service, leadership programs and more. They learn social skills like conflict resolution. They gain a more positive sense of what their lives can be. Values and lessons learned are consistent 24 hours a day. What they learn in the dorms or in the family homes are reinforced in the schools and vice versa. Siblings in large sibling groups can remain together. The average length of stay, by design, is longer. It is 2 years or more, much longer than emergency shelter or group homes, which this option is often frequently mixed in with. These children see these places as their second home often and not yet one more short-term program to be rushed in and out of. As a result, there is a reduced number of placements for children in our programs; they go through fewer foster homes. Somebody mentioned earlier 40 to 50 homes. They go through much fewer because they can stay in these programs longer, and therefore their education is much more consistent and that leads to better outcomes in life. The prevailing philosophy and the proposed legislation contends children are best raised in safe, loving families, and we agree. The children we are talking about today do not come from such homes. What they need now is not what looks like a family, they need something that behaves like a safe, loving family, and

that doesn't have to be just a regular, traditional, foster care family; it can be a larger setting. Residential schools: For instance, two-thirds of our children in the residential schools live with a married couple who live with six to ten boys or girls. Others live like they do in New England boarding schools.

I urge you to add the residential education option as an alternative clearly and specifically available to judges, social workers and other child advocates, who are often desperate to find a good, wholesome placement for their kids. I contend residential education is a first and effective option which we need to expand. The effectiveness of residential education has not yet been evaluated, and I urge the evaluation of residential education, but we do have one statistic and that is our graduation rate. In 2005, we assessed our member programs: 79.5 percent of the 2,000 graduates went on to college, another five percent enlisted in the military. Pretty impressive. My second contention is residential education is cost-effective. On the surface, residential education is more expensive than traditional foster care. It is about \$35,000 a year; that is for their education and their home living, counseling, after-school activities, et cetera. Compare that to where some of the children may end up in the juvenile facilities. In about half of most juvenile delinquency programs it is a third to a fifth of residential treatment programs where some of these children are often placed, because there are no other good residential placements for them. Another reason why this is extremely cost-effective for taxpayers is, a majority of the funding for these programs is private dollars. Some, like the Milton Hershey School, the Glenwood School in Chicago, they don't even want any funding, any public funding. We are in favor of a range of options. We are for family preservation, adoption and traditional foster care, but one size does not fit all. Parents who live in nice, safe neighborhoods often have the financial means to send their children with pride to residential prep schools. At-risk children deserve the same. If you will permit me one more moment. There is, however, a group that is trying to preclude these services. They have brought about consent decrees in Tennessee and Georgia precluding any children in foster care systems from entering our programs. I ask your assistance in stopping this by adding residential education clearly and specifically for children in the foster care system. Some cling to an old image of warehouses, orphanages, et cetera. That is not the case. I appreciate that the red light is on. Thank you very much for opening yourselves to this option for children.

[The prepared statement of Ms. Goldsmith follows:]

**Statement of Heidi Goldsmith, Executive Director, Coalition for Residential Education, Silver Spring, Maryland**

Mr. Chairman and Members of the Subcommittee,

On behalf of CORE: the Coalition for Residential Education, let me express our greatest appreciation for your openness to considering ways to improve the lives of children in the child welfare system, and for mandating, in the proposed legislation, Section 422, Clause 4A, to "expand and strengthen the range of existing services . . . to improve child outcomes."

These children deserve the best. They deserve what we want for our own children.

My name is Heidi Goldsmith. I am Founder and Executive Director of CORE: the Coalition for Residential Education, a national non-profit organization dedicated to promoting and assisting the development of residential schools for disadvantaged

children and youth. For twelve years we have been helping communities across the country open new boarding schools and children's homes. Boarding schools such as San Pasqual Academy in San Diego, opened in 2001 through a public-private partnership that serves teenagers exclusively in the foster care system. CORE formed and guides an association among the approximately 100 existing programs, created and urges adoption of a set of national quality standards for residential living, promotes the sharing and adoption of promising practices among the programs, and has begun a research agenda on these living and learning environments for young people from severely troubled homes.

The number of new residential education programs in development, and existing programs now wanting to also serve children in the foster care system because it fits their mission to serve the neediest young people, is slowly but surely growing. Currently, approximately 23% of the students in our program are from the foster care system, and another 12% were homeless when they entered our programs. But we NEED your assistance to overcome the barriers we too often face.

"Residential education" is an umbrella term for an out-of-home setting where a person both lives and learns. It encompasses boarding schools, 'prep' schools, residential charter schools, orphanages, children's villages, and youth academies serving basically healthy children from economically and socially disadvantaged homes. In these 24-hour educational, future-focused settings students are fed, receive a quality education, live in a safe environment, and can take advantage of sports teams, computer clubs, arts, leadership programs, community service, and more. They learn social skills such as conflict resolution, have positive adult role models, and gain a positive sense of what their lives can be. Values and lessons learned are consistent 24 hours a day—what is taught in the classroom is reinforced in the dorms or cottages, and vice versa. Siblings, even large sibling groups, can remain together. The average length of stay, by DESIGN, is over two years—much longer than an emergency shelter or group home. The children see these places as a "second home," and not yet one more short-term program to quickly go in and out of. As a result, there are a reduced number of placements for children in the foster care system who are served in these settings, and their education is more consistent, leading to better life outcomes. Your leadership is needed to make this a more widely available option.

The prevailing philosophy, and the proposed legislation, contends that children are best raised in safe, loving FAMILIES. Unfortunately, the children we are concerned about do not have these families. What they need now, though, is not what LOOKS like a family. What they need is what BEHAVES like a safe, loving family. They need both physical and emotional safety, stability, and positive adults to support and genuinely care for them. This is, I believe, the intent of those who drafted the proposed legislation. These elements are provided in quality residential education programs. I urge you to add the residential education alternative to the scarce choices available to children in the foster care system, especially older children. This option needs to be made clearly and explicitly available to judges, social workers, and other child advocates who are often at wits end to provide wholesome environments for these children. This would be wise policy and wise law.

I contend that residential education is, first, an effective option, which we need to expand. Although the effectiveness of residential education for youth in foster care has not yet been evaluated formally, we have basic statistics: Despite the vast majority of the students coming from low income, and abusive/neglectful backgrounds, 79.5% of the 2005 graduates of CORE member programs enrolled in college, and another 5% enlisted in the military.

My second contention is that residential education is a cost-effective option. On the surface, residential education is more expensive than basic traditional foster care. It is approximately \$35,000 per child per year, including their residential living, education, medical care, after-school activities, counseling, etc. This is less than half the cost of most juvenile delinquency facilities, where many of these kids are likely to end up without significant intervention. It is also a third to a fifth of the cost of residential treatment centers or psychiatric treatment programs, which are short-term, intensive, and focus on the youth's pathology. Unfortunately, many children from abusive living situations are inappropriately placed in these settings because of the lack of these less restrictive, less expensive choices. The other reason this is an EXTREMELY cost-effective alternative for tax-payers is that the vast majority of the costs of caring for these children is paid by private donors. Billions of private dollars are invested in these children through these settings. Many programs, such as the Milton Hershey School in Pennsylvania, Happy Hill Farm Academy in Texas, Oklahoma Baptist Children's Homes, and the Glenwood School in Chicago, don't accept a penny of public funds. In our most recent survey of residen-

tial education programs, we found that only 12% of the funding for our member programs came from public funds.

We are in favor of a range of options, as we know one size does not fit all. We greatly support family preservation when it is in the best interest of the children to preserve the family, and when a reasonable intervention with the family is all that is needed. Our programs help families preserve ties with their children in a variety of ways. All of our members have programs to keep family members and guardians involved, because that is effective in helping the children. Many of the programs also run foster care programs, adoption programs, family preservation programs, and more. When children's home environments become healthy enough for them to return, they may do so. We are also in favor of adoption. I am a proud adoptive parent myself. Realistically, though, not all children in foster care whose parental rights have been terminated want to be, or are, adopted.

Residential education programs were prevalent in the U.S. until the late 1960's. With the advent of "deinstitutionalization," most were closed, or transformed into intensive residential "treatment" centers or juvenile delinquency facilities. Until seven years ago, most of the surviving 30 or so programs were funded under private auspices. Many still are entirely privately funded, such as the Milton Hershey School in Pennsylvania with a \$7 billion endowment. Recently, there has been a dramatic resurgence of interest in opening new programs—both privately funded and through public/private partnerships, particularly residential charter schools. As with all charter schools, funds for the educational components come from existing public education dollars. Residential components are funded by a combination of existing public dollars and private donations.

Parents who live in nice, safe neighborhoods and have the financial means often send their children, with pride, to residential preparatory ("prep") schools. Children from abusive or neglectful homes rarely have that choice. Yet they need this choice most.

This choice is especially appropriate for teenagers, which is one of the groups that the 2002 Child and Family Services Reviews found most lacking in appropriate or sufficient services. All of our programs serve teens. The majority also serve younger children. From a youth development standpoint, teenagers fit well into a peer group setting. At this age, they are busy defining themselves and separating themselves from their parents and home, building their own unique identity, finding a peer group, maturing, and structuring themselves outside of their family. Most youth begin to measure themselves against authorities in their lives. Removing a child from his/her home and placing him/her with another family is always a challenge. However, removing a teen and placing him/her with another family can be even more of a challenge. The teen already has trouble accepting "parental" authority, as a natural part of human development. Now, he/she is forced to blend into the new family, with their unique norms and expectations, while the normal human development phase at this time of life is to separate from a family. It puts the foster family into a difficult situation: trying to work with a youth who is trying to separate from parents.

In a residential education program, youth are put into peer groups, with adult models of identification who are not trying to compete as parents with the youth's own parents. Two thirds of our programs utilize married couples who live with six to ten youth in beautiful single family homes. Others use single Resident Assistants, as in many New England prep schools. Youth are worked with both as individuals and as part of a group. Independent living skills are taught and facilitated. Residential education programs continue to offer their young people support after graduation, through college scholarships and security deposits for apartments, continued adult contact with them, and homecomings. Many programs also offer alumni housing for the youth until they finish college or have saved enough from their first jobs to live on their own.

Despite some of the public perceptions of "institutions," residential education environments are safe, educative, and open young people's horizons. They encourage them to achieve as we would want our own children to achieve. Yet, some people oppose this option for children, clinging to old images of warehouses for children in England over a hundred years ago. What a loss to everyone if this perception is allowed to sway public policy. And in some cases, despite a complete lack of empirical data about the effectiveness or ineffectiveness of residential education, those promoting this old image are winning. Recently, consent decrees signed in Tennessee and Georgia have precluded children from foster care to be served in these settings. Dozens of residential education programs have been shut down as a result. Negotiations are now in the courts in Mississippi and Nebraska, and we expect the spread of lawsuits to continue.

We need the law to be sufficiently specific to give clear guidance to the U.S. Department of Health and Human Services and to the States about what the overarching public policy is in this matter. Let us not leave it to opinion. Let us please be clear in the statute that there will be an expansion of competent, qualified, and cost-effective service options, including residential education. Our programs will work with the states to meet their reasonable requirements.

I personally was inspired to make the residential education option available for at-risk youth in the U.S. after seeing Israel's 70-year old network of children and youth villages. There they tell the children, "What your family cannot do for you, your community will." We can, and need to, do this here.

**Legislative action is needed to:**

- **Recognize residential education as a distinct and valid designation for children in the foster care system**, as separate from other short-term residential options such as emergency shelters, group homes, and treatment centers;
- **Fund the study and evaluation of this re-emerging field**; and
- **Appropriate funds to jump start new residential schools**, as was done with charter schools.

Let us give these young people the opportunities they deserve. The residential education option for youth transcends partisan politics, as with charter schools. Thank you for your openness to considering additional options for children in the child welfare system. I believe you will find, as a result, improved outcomes for children—who are, after all, our future.

Chairman HERGER. I thank each of you for your testimony, and I will turn to the questions. The gentlelady from Connecticut, Ms. Johnson, to inquire.

Mrs. JOHNSON. I just thank you all for your input. It is very impressive, all the things that are going on out there. Mr. Wexler, I was amused at your testimony. We are from opposite sides of the aisle, but I have been trying to say what you said so eloquently for a long time and I hope that all of you will take really seriously the downward projectile, downward slope that Federal funding is on by formula. It is automatic. It is just going to happen. If we don't wake up, we can't capture those dollars. We do need to make some major turns in the system, and we need to find words that don't sound like "block grant." We can't let this money keep drifting out of the system for all the wrong reasons. I appreciate some of the concrete suggestions you have given us today and hope we can move forward.

Mr. WEXLER. I think that is a very important point. In Florida where they have just received one of the waivers to do it the way that the flexible funding option would allow, some of the agencies in Florida say we have to give back the money at the end the year because it is only usable for foster care; and if we do a good job and we don't put the children needlessly in foster care, then it just goes back, and we can't use it to build our infrastructure of prevention. Also, I think the point you make about the decline due to the technology term as eligibility look-back is very, very important. People talk about how you can cut a block grant. Well, if you don't take away a whole bunch more kids—and I hope nobody would do that—it is automatically being cut now and it is in fact, if one were inclined to cut an entitlement, just as easy to do that. You just say instead of "X" cents on the dollar for each eligible child, you say "X minus ten." It is really as easy to cut. Not only that, ironically one of the complaints about the flexibility plan is that it locks

States in for 5 years. I don't think critics can have it both ways. You can't say on the one hand, Watch out, you are locked in for 5 years, and then on the other hand say, Your money is going to be cut. If you are locked in for 5 years that means you are guaranteed the Federal money for 5 years.

Mrs. JOHNSON. Part of that is to try to prevent the decline that the declining number of cases will just simply carry with it. I don't understand why more States haven't taken advantage of the waiver, because they must surely see this and they are desperate for money to increase local services and they can see that those do discourage placement. I don't understand why once we put the waiver there more of you didn't stand up and do something about it. The only explanation I can think of is that you are just as tubularly oriented as services at the local level. It is all about pipelines and not about children.

Mr. TOWER. Los Angeles, California, after they were granted that waiver, right to start with, they had a decline of over 5,000 children in L.A. County alone. That shows you, that is proof in the pudding that the waiver system will work. I believe that what we need to do is take some of the money that we are saving on that end and put it into an incentive program not for how many children go into adoptive care, but how many children are reunified with their parents. There ought to be an award there greater than the one over here to adopt them, okay? It is where we should be spending our money. Let's put the family together, okay? Let's not just keep sheltering them so we can continue spending the Federal government's money through the adoption assistance and the continued funding streams.

Mrs. JOHNSON. My understanding is if they have a waiver and they put fewer people in foster care, they don't lose the money, right.

Mr. WEXLER. What Florida and Michigan and counties in California now have is basically roughly something very, very similar to the Bush Administration, flexible funding option. They get the money as a lump sum. They can keep using it for foster care if they want, but they can also use it for safe proven alternatives. By the way, that is the other key thing about the Bush plan. In effect, it is the ultimate waiver because it is purely and strictly voluntary for the States.

Mrs. JOHNSON. Are those programs far enough along so we can do evaluations?

Mr. WEXLER. No. We cannot do evaluations of the specific waivers just granted because they have literally been just granted. However, the experience of the State of Illinois, which swam against the tide and crafted its own system of reversing financial incentives, is striking. There was a time when Illinois had one of the worst systems in the country, 51,000 children trapped in foster care on any given day. They changed the financial incentives, and lo and behold, the intractable became tractable, the dysfunctional became functional. Today there are fewer than 18,000 foster care trapped in foster care in Illinois, and most important, independent court-appointed monitors have found that the children are safer today, and the person who brought that lawsuit Ben Wolf, Illinois

branch of the ACLU, said the linchpin, the key factor—not the only factor, but the key one—was changing the financial incentives.

Mrs. JOHNSON. Thank you.

Chairman HERGER. The gentleman from Washington, Mr. McDermott, to inquire.

Mr. MCDERMOTT. Thank you, Mr. Chairman. Mr. Bell, you had some experience in New York City before you came to Casey. Tell us how it worked and how you—what it took to make that program work. Casey didn't go get you because you were a failure in New York. They went to get you because you were making it work. I would like to hear what was going on there in that political system that made it work.

Mr. BELL. One of the things I would say is that New York City also saw a significant reduction in a child welfare population, and it occurred, I would say, in spite of the fact that we were operating under a block grant in New York City, in New York State. I say in spite of the fact because New York City made significant financial contributions of its own resources into the CWS, and I would say that there are a series of reasons why the system changed. The first and foremost was the chief leader, the chief politician decided that he owned the issues of child welfare and that child welfare was just as important in his administration as the police department, just as important in his administration as the fire department and just as important as the education department, and resources and talent were contributed and invested in that arena. He also stood and spoke about the amount of time that it actually takes for a system to turn around. I said in my oral statement that ACS was created in 1996 in New York City and 1998, the system looked pretty much the same because it was that time period that we used to build a foundation for change. The foundation for change included investing in the frontline case staff.

Mr. MCDERMOTT. What way? Paying higher salaries or sending them back for additional education or what?

Mr. BELL. A combination of both of those things and others. One is we had a system where anyone with a degree in anything could become a child protective, child welfare caseworker, and it essentially meant you could have a banking degree, you could have an architectural degree, all wonderful degrees, but they are not human service degrees. The first thing we did was to pass a regulation that said, you must have a social work degree or a relevant human services discipline in order to become a caseworker. It also then focused on who could—

Mr. MCDERMOTT. You supplied money for them to go do that?

Mr. BELL. More than \$600 million was added to the budget over the course of the first 6 years of reform in New York City.

Mrs. JOHNSON. Would the gentleman yield?

Mr. MCDERMOTT. Yes.

Mrs. JOHNSON. Do you mean the \$600 million was added for kids to go back and get degrees in social work?

Mr. BELL. The entire reform package in New York City in which a portion of that was a scholarship program for 200 of our workers. We instituted a program that said there would be a hundred new applicants entering into the schools of social work in New York City, coming out of child welfare every year, and there would be

a hundred continuing social work students coming out of child welfare with degrees that were being paid for by New York City. They were degrees that cut the gamut, degrees at Hunter College, which ran a couple thousand dollars and degrees at Columbia, which ran significantly more than a Hunter College degree, but the incentive was to get people who were trained in dealing with complex human issues. We also, in addition to the social work requirements, had requirements for supervision, and we essentially indicated that in order to be supervisor in the agency you needed to have at least 30 credits toward your master's or have a master's. Because of our union and civil service issues, we could not require a master's in social work to get the supervisory position, but we also changed a reporting process which essentially allowed social—supervisors to pass a court team and become a supervisor. We instituted a process where merit and performance became—who became supervisors in the system. The investment in the frontline in supervision basically changed who was interacting with the families on the frontline. We implemented—as we talked about increased salaries, but there was also a pay scale. We began to recognize one thing, you have to control how much work an individual has if you expect to get the quality outcomes. We reduced caseloads from over 30 cases per worker down to about 13 cases per worker. Just for an example, if you have ten children on your caseload—and I applaud your movement to mandate 90 percent in child visits. I think it should be 100 percent, and I think that every child should automatically expect that if they are in the care of the government, that the government is going to see them and make sure that they are okay. That then requires a commitment of resources to do that. If I had ten children on my caseload, not only do I have to have child visits, I also have to have parent contacts. I also have to talk to service providers. I also have to talk to the collaterals, like the doctor who was saying I don't hear back on what is going on in the cases. I have to talk to the schools. I have to go to court on those cases. I have to have supervision. I have to have training, and I have to have documentation. If we just simply looked at a caseload of ten children, that could add up to 80 hours per month in order to meet the needs of those ten children. If you then doubled that to a caseload of 20, that comes up to 145 hours. If you get to 30, that takes you over 210 hours. There are only 160 work hours in a month, and those things that I just listed do not include lunch, do not include sick time, do not include personal family emergencies that might take a person away. One of the things we had to commit to in the city, we would stand behind workers and give them the opportunity to do a good job. You cannot expect the kind of outcomes we want for our children by giving someone 40 children to work with. The challenges in the city went from political will and leadership, competent leadership in the program investment in the frontline staff, data-driven accountability where we knew what was going on in every case and workers knew we knew what was going on in every case, and then having the time to engage cross systems because child welfare can't do it alone. You need the courts, you need the education, you need substance abuse, you need medical and having the community engaged. These children live in communities, and we have to have community residents engaged in the process of

protecting their own children, and that is the picture of what we had to employ in New York City in order to be able to get the changes that we saw.

Mr. MCDERMOTT. Thank you. Thank you, Mr. Chairman.

Chairman HERGER. Thank you very much. The gentleman from California, Mr. Stark, to inquire.

Mr. STARK. Thank you, Mr. Chairman, and I would like to thank the panel for their work in preparing this for us, and I would like to engage Professor Hatcher in a couple of questions here because we have—we are trying to draft some legislation which perhaps would move toward solving some of the problems that you present in your testimony. Some of the things I would like to get your comment on, and this is the concept that maybe somehow these kids who got either Social Security benefits or SSI are rich kids. No way they are going to have the funds to get into Ms. Goldsmith's program at \$35,000 bucks a year. They are going to get a couple hundred, \$600 maybe tops.

Mr. HATCHER. That is right.

Mr. STARK. Yet we are dealing in a system where we deal here on this Committee, for instance, in the question of qualifying under Medicare, we don't deal in this Committee but we deal in the Congress under Medicaid, so if you are old and my kids want to shove me in a nursing home, they have got to figure out how to get rid of my savings account or I am going to qualify for Medicaid. We have a standard. You have to impoverish yourself to participate, and I want you to tell me if I am on the right track. I don't think that should apply to kids, and once I get into the nursing home and croak, the kids could—I don't need it anymore. Once the kids graduate from—mature out of a foster program, as you point out, they maybe have needs for a car, a start to buy some clothes to go to work, to go get vocational training, what are they, 18, probably denied some of the support that you get out of living in a home with your parents and maybe needing some extra help. If a child went into the foster system say, and it had received a life insurance policy, benefits because their parents had some kind of small life insurance policy, wouldn't the courts set up a custodian or a trustee or conservator to manage that? Would the foster service be able to get ahold of those funds?

Mr. HATCHER. Well, generally, yes. In most States there would be a guardianship, a guardian to set the property of the child.

Mr. STARK. Would the guardians automatically have to turn that money over to the foster care system?

Mr. HATCHER. No. In fact, if anybody else was the representative payee of the Social Security benefits, they cannot—and the Supreme Court has indicated this—they cannot be forced to pay over those Social Security benefits.

Mr. STARK. I have to fill that out for my kids. The thing each Social Security—they want to know what I did with the money.

Mr. HATCHER. Essentially, we are talking about children who are either—they are poor and disabled or they have parents who are now dead or disabled themselves, those parents worked enough quarters to pay into the system to earn Social Security benefits.

Mr. STARK. Might also be old, I hate to tell you, but that doesn't happen all that often. At any rate, I guess what—and I would ask

Ms. DeSantis, what did you do in Delaware under Governor Castle? Did he stop this practice of letting the State of Delaware take Social Security payments?

Ms. DESANTIS. Yes. To my knowledge, that practice has been stopped in the State of Delaware.

Mr. STARK. You are not suffering from it?

Ms. DESANTIS. No, sir. We have a Governor who is very committed to supporting our children.

Mr. STARK. I just want to establish here, these are not rich kids. Now, if every child who went into the system would have some kind of savings account to be added to through SSI or Social Security, I think that would be wonderful, but I don't know if we should penalize those children who are either unfortunate enough through disability to need it, certainly in that case we shouldn't take it away from them because obviously they need assistance to mature into an adult life. Let us just say the children who are fortunate enough for one reason or another to get SSA payments, as the illustration in your testimony, which I would commend to my colleagues, I am trying to establish that we should allow them to maintain that it isn't—not going to get rich on it, but it may help them to mature into a useful adult life. I hope that—are there any of you here who have run into this in other States where this is done? My time has expired, Mr. Chairman, but are there any witnesses who think we ought not to let the child hang onto their SSI or SSA payment? I dare you. See, Mr. Chairman, they all want—how do you like that? That is unanimous. If you and I can get together like that, we would have a hell of a bill, wouldn't we? Thank you. Thank you, Professor Hatcher, for taking the time to come here and explain this problem, and hopefully we can make a step to solve it.

Chairman HERGER. Thank you very much. The gentleman's time has expired. Mr. Wexler, I think your testimony can be summarized on this one line from page four. Your testimony quotes, "Safely reducing foster care should be an end in itself, and it is a noble end, for it will spare thousands and thousands of children the emotional torment of separation from everyone they know and love." For anyone on the panel who would care to respond to this statement and how States are working to reach this goal. Yes, Ms. DeSantis.

Ms. DESANTIS. Thank you, Mr. Chairman. In the State of Delaware, we agree that the best place for children is in a loving family. That is not always the case, as we all can acknowledge. In our State—we are one of the handful of States that are lucky enough to have child mental health services in the same department under the cabinet level department with child welfare, and one of the things that we are doing, we have been doing over the past several years, is to work very closely with our child mental health experts to provide behavior and mental health assessments for every child that comes into foster care. This is a great step forward for the children who we know have been traumatized in some way or another. We are also working very closely with our colleagues in the communities with our faith-based organizations and what is called the 21st century Service Delivery Approach or a System of Care, which is an emerging practice that is—a lot of research has been

done by Sheila Pry and folks at Georgetown University. It is a demonstration project that has been done around the country. We are doing very well with that, and we believe that engaging the entire community and raising our children in helping support the families and the children in care, these methods will go a long way toward reducing the number of children who need to be in out-of-home care. We have to keep in mind that it is not necessarily the number of children in care, but that it is the appropriate children that are in out-of-home care because we found—we also have in our department level—the juvenile justice children were also in my department, and we found that juvenile justice children who were dependent were treated differently than children in child welfare. By having that knowledge and being able to bring the child welfare expertise to the children coming out of the juvenile justice system, it has actually increased the number of children under the traditional child welfare numbers, but it has enabled us to embrace those children, provide most appropriate placements for them, and better placements and better services around that child and the family to a greater extent, and so I would keep in mind that we just not count heads but that we count outcomes when we are talking about children that need foster care or any kind of family care.

Chairman HERGER. Anyone else wish—Mr. Tower?

Mr. TOWER. Yes, Congressman Herger. Basically the removal of the children—okay, the way that the departments are doing it is they are traumatizing the children right from day one. They will storm a house with two caseworkers and a half a dozen police officers. They go in, they grab the children. I have seen and heard of cases where they maced an 8-year-old girl and handcuffed her and handcuffed her ankles because she was kicking and screaming, she didn't want to be taken away from her mother. Okay. The little girl went to the hospital with mace burns around her eyes. This is how—and this is what they are doing in some of these cases. This boils down to they are going in and using a bomb when a bullet would have done the job. Okay. If they went and talked with the parents a lot of times, the necessary—it wouldn't be necessary to remove the children. The parents would be willing to work with them, but the way that it works now is people are absolutely petrified to even let the department in the door of their house because they have gained the reputation that they storm in, they grab the children, and they run. From there on out, it is—someone made the analogy—I was sitting on a hearing Saturday in San Jose for CCHR, and someone made the analogy that this goes back to—it is kind of like the movie where the little kid got sucked into the TV screen, the name of that movie was *Poltergeist*, and it was a fight forever more to get that little girl back out of that screen. You know? It covers how the system has been operating in a lot of cases.

Chairman HERGER. Thank you. Mr. Bell.

Mr. BELL. Chairman, a number of focus has been on looking at where the decision gets made to bring children into care, and so a lot of the reform has focused on what is happening with child protective investigators and how are they making the decisions that children should come into care and how are we equipping them to make better decisions. I think the first step that this is rooted in

a community-based approach to care where we are targeting particular communities. In New York City we found that 18 of the 59 community districts produced 60 percent of the kids who came into foster care, and we targeted our efforts on looking in those 18 community districts to determine what was happening with families. We aligned our staff in those communities, same staff working in the communities. We contracted with a not-for-profit agency and assigned them solely to those communities so the communities had an opportunity to get to know the providers in that community and our child protective staff had to become accountable to the families that they were actually removing children from. We then equipped them with decision-making tools, like family group decisionmaking, which is a model that brings families in to sit down and talk with workers. We set up two approaches, one which was a pre-removal conference which said, I feel like something is going on in this family. What are my options? We said to the worker, your first option and only option doesn't have to be placement. Bring the family in, bring community supports with their family. Sit down with facilitators and social workers and determine how best to build on family strength, as opposed to children coming into foster care. We also set up a counterconference to that, which was a post-removal conference, and we said in every situation where you have made this critical decision that a family had to be separated, within 72 hours of making that decision you needed to have the family sitting at a table with you and others to examine why that decision had to be made and what the alternatives might be in terms of getting those children back home quickly. We looked at data that suggested that we had children who were coming into care and 25 percent of them were going home in the first 90 days. So from our perspective, that may have suggested that those children didn't have to come into care in the first place. One major piece is looking at the decision makers and really supporting them and encrypting them with tools to make better decisions. One of the things that we did I think was essential, we created what we call a Quality Case Practice Guide for Child Protection, which essentially defined what a quality child protective investigation looked like for everybody. There was one standard, and we didn't have different workers creating different standards when they were going into homes. We held everybody accountable to the same standards, and I think that has made a significant difference in reducing the number of kids coming into foster care.

Chairman HERGER. Thank you. Mr. Wexler.

Mr. WEXLER. We have an item on our website, 10 Ways To Do Child Welfare Right, which is a brief interview with contacts, and I also have a hard copy here that indicates the model programs that have been successful and also the model systems that have helped to make the dramatic transformations. I mentioned Illinois. New York City is on that list, thanks to the outstanding work of Commissioner Bell and those who proceeded and followed him. Another has already been mentioned here, Pittsburgh, Allegheny County, Pennsylvania. In fact, I don't know what the logistics are of moving an entire Subcommittee, but if you held a hearing there and brought together all the people who have made Pittsburgh a success, I think you would find all sorts of fascinating things about

what really works. Drug treatment is crucial to success, particularly treatment programs in which parents are allowed to stay with their children. That is what we ought to do with the orphanages, make them residential drug treatment campuses where parents can live with their young children. That kind of treatment has the best record of success, and every day we are getting more and more indications that methamphetamine addiction is just as treatable as any other. Also, strengthening due process protections for families. An institutional provider of legal counsel for birth parents, which has been crucial to some of the other reforms in New York City, such as the outstanding bridge builders projects in the hybrid section of the Bronx, that kind of institutional provider would go a long way. You can see these things make a difference when you look at the extraordinary differences in how many children are taken away from State to State. There is no logical reason why Iowa should be taking away children at a rate seven times higher than neighboring Illinois, and yet that is what happens. There are vast disparities within counties in individual States. The one thing the successful programs have in common is that they emphasize safe proven programs to keep families together. The places that emphasize the take-the-child-and-run approach fail time after time after time. Finally, since you quoted that section from my written testimony, I should explain why I felt compelled even to say that. Unfortunately, one of the groups that is leading the opposition to the flexibility plan, one of their leaders, an outstanding child advocate, someone who has been one of my heroes over the years but whom I strongly disagree with on this point actually said to the trade journal Youth Today that reducing the number of children in foster care shouldn't be an end in itself. I couldn't disagree more.

Chairman HERGER. Mr. Tower.

Mr. TOWER. Basically most of the problems in the Child Protection System could be summed up with a very simple phrase, the Department needs to do a proper, and the key here word here is "proper," proper investigation prior to the removal of the children, and at that point reasonable efforts should come in. Okay, Congress never gave the States a definition of what constitutes reasonable efforts, and it is a flaw in the system because everybody has got their own little ways, and like California, you know, 58 counties, they interpret it 58 different ways. Reasonable efforts should be mandatory, okay, that that finding be made before—because that is how they get the Federal funding. That statement has to be made. It is a judge's signature on a piece of paper, basically.

Chairman HERGER. Right. Thank you. Gentlelady.

Mrs. JOHNSON. We have a very—a modest piece of legislation before us that is at least bipartisan, but when I hear what you have done and what programs are out there and how successful they are, you know, if the waiver is too much for States to take on, you know, what is the next step? What else is it we could do? What changes could we make in this law or a combination of laws to open a window for States to think this way or to set different criteria? If we meet these criteria, we waive all of these other requirements in the law. You know, it seems to me over and over again, we have had—we have had a hearing here, I think about 2 years ago, that showed that none of the States were doing all the stuff

we are asking them to do anyway. I think five States were doing everything we were asking. Maybe it was three. We have States putting in an enormous amount of effort into complying with stuff that doesn't seem to matter much anyhow and then we have other States doing remarkable things, paying for it themselves outside the system. Now, you all know the laws better than I will ever know them. You know the money flows better than I will ever know them. The best I can do is just waive the whole thing and do the—you know, and we will keep your money whole, but you know that didn't work. We need for you to think about—at least I need for you to think about what else could we do? What is the criteria we could set? You meet this, you do this, and, you know, we will let your money cut, but also we will relieve you from all of this other stuff. See, I don't know the system well enough to make those trade-offs. Even when you know the system well enough, as I do in Medicare, it is still mighty hard to get the motion moving. I really invite you to pursue this. It has been a very excellent hearing, Mr. Chairman. I thank you and the staff on both sides of the aisle for getting two very good panels together. It is an issue we have kind of let lie fallow for a few years, and I see that you have really accomplished a lot. You know a lot more than we used to know, and I appreciate your expertise and your dedication. Thanks.

Chairman HERGER. I thank the gentlelady, and I would like to thank each of our witnesses for taking the time to appear before us today. I would like to point out that Subcommittee Members may follow up with additional questions, and I would ask that you please reply to these questions forwarded to you in writing so that they may be included in the hearing record. I appreciate your help and comments on this issue. I look forward to working with all of you to improve our Nation's child protection programs. We know that finances are a challenge here in Washington, as they are in each of the States. Therefore, any ideas we have that we can work within the funding that we have to make the system work better certainly would be appreciated. With that, the Committee stands adjourned.

[Whereupon, at 4:33 p.m., the hearing was adjourned.]

[Questions submitted from Chairman Herger to Ms. Ashby, Judge Cohen, and Ms. DeSantis, and their responses follow:]

**Questions from Chairman Wally Herger to Ms. Cornelia Ashby**

**Question: The 2003 GAO report notes on page 2 that states reported using Child Welfare Services funds primarily to staff and administer child welfare programs and serve families in the foster care system, while states reported using Promoting Safe and Stable Families funds primarily for prevention and support services for families at risk of child abuse and neglect. What accounts for the difference in how states use these funds? Does Federal policy drive state decisionmaking? If so, how?**

Answer: Federal policy accounts for differences in how states use Title IV-B funds in that the law requires states to spend a "significant portion" of their Promoting Safe and Stable Families (PSSF) funds on the four service categories related to family preservation services, family support services, time-limited family reunification services, and adoption promotion and support services, while states do not have these restrictions on Child Welfare Services (CWS) funds. In fiscal year 2002, states reported spending more than 80 percent of PSSF funds for family services in these four categories. States chose to also use over 14 percent of CWS funds on family services; however, nearly 45 percent were used to help pay for the cost of admin-

istering state child welfare programs, including caseworker salaries. One HHS regional official noted that CWS gives states the flexibility to address unexpected circumstances, while other regional officials noted that spending requirements under PSSF helped ensure states used some funds for family support and prevention needed to preserve families and keep children from entering foster care.

**Question: What do we know about the effectiveness of the services provided under the Child Welfare Services and Promoting Safe and Stable Families programs? Do they have an established track record of better protecting children or otherwise improving child wellbeing?**

Answer: Research on the effectiveness of services provided under CWS was limited, and HHS evaluations of two PSSF services showed no or little effect on children's outcomes. Our survey of states in 2002 showed that none had evaluated the outcomes of their CWS services. Similarly, our literature review showed that few evaluations had been conducted, and evaluations that had been conducted produced mixed results. HHS evaluations of family preservation and family support services under PSSF showed no or little effect in reducing out-of-home placement, maltreatment recurrence, or improved family functioning beyond what normal casework services achieved. No similar large-scale evaluations of time-limited reunification services or of adoption promotion and support services have been made.

**Question: Last year, we provided states approximately \$700 million in funding under these two programs. What happens to Child Welfare Services and Promoting Safe and Stable Families funds if states don't spend the money each year? Can states "save" funds from 1 year to the next? If states were allowed to carryover these funds for longer periods of time, is there any reason to believe we could expect better spending decisions?**

Answer: States may spend funds allocated to them under CWS and PSSF until the end of the fiscal year immediately following the fiscal year of appropriation, and HHS may reallocate any unspent funds to other states for spending in that same fiscal year before returning them to the Treasury. A cognizant HHS Deputy Assistant Commissioner said that during the last fiscal year, three states did not spend their entire CWS and PSSF allotments because they could not come up with the required state match or faced other state budget issues. This HHS official added that because the states did not release these funds in time to be reallocated and spent by other states within the fiscal year, the unspent funds were returned to the Treasury.

**Question: The intent of these funds is to support services that assist at-risk families, protect children from abuse and neglect, and prevent the unnecessary separation of children from their families. The GAO report found with regards to the Child Welfare Services program, nearly half the grant—44% of the funds were for program operations rather than for direct services to prevent abuse and neglect. Do you have any estimate as to what percentage of these administrative expenses are for caseworker salaries to provide supportive services versus other administrative costs that may not be applicable to the true intent of this program?**

Answer: States reported that about 40 percent of administrative expenses under CWS in fiscal year 2002 were for staff salaries supporting caseworker positions either in child protective services (29 percent), or other offices (11 percent). The remaining 60 percent of administrative expenses were for administration and management (38 percent) and salaries supporting other staff (22 percent) including those providing supervision of caseworkers and legal services.

#### **Questions from Chairman Wally Herger to Judge Constance Cohen**

**Question: You mentioned that there has been widespread interest in communities outside of Des Moines, Iowa. Do you know if any States are currently using either Child Welfare Services funds or Promoting Safe and Stable Families funds to support Court teams?**

Answer: There certainly has been widespread interest among juvenile and family court judges in starting a Court Teams project for maltreated infants and toddlers; however, I know of no other states that are presently utilizing Child Welfare Services funds or Promoting Safe and Stable Families funds to support Court Teams. One Court Team in Texas received a small amount of support from the Court Improvement Project to attend a national judicial conference to learn about the needs of maltreated young children. Our Iowa Court Improvement Project will support attendance at the National Council of Juvenile and Family Court Judges Annual Conference for four judges. Our Court Improvement Project also provided funding for Iowa judges to attend a statewide interdisciplinary conference on May 17, 2006, in

Des Moines. The event was a day-long training focused on issues involving maltreated infants and toddlers. Speakers included the founders of the original Court Team: Judge Cindy Lederman and Dr. Joy Osofsky. Judge Douglas Johnson, from Omaha NE, a current fellow with ZeroToThree, has received state funding for a project similar to Court Teams. The Nebraska State Patrol has funded his infant-toddler family drug treatment court. The model for the Court Teams approach in Judge Cindy Lederman's court in Miami-Dade has received funding from the Department of Justice, but not from the state child welfare agency. From my work with the National Council of Juvenile and Family Court Judges, I can assure you that the concept of using a collaborative approach with a judge as the catalyst enjoys widespread support among judges. Increasingly, we are realizing the critical need to focus on ensuring the well-being of our youngest children in the system, who often carry the negative effects of abuse and neglect throughout their lives. Effective early intervention can forge a new path of positive outcomes for these children. Judges are ill equipped to understand and meet the needs of very young children without the ability to tap into the expertise of child development experts. I am aware of other judges who have been laying the groundwork in their states and are poised to utilize any funds made available to replicate the successful Court Teams project in their jurisdictions. They include Judge Douglas Johnson, Omaha, NE; Judge Peggy Walker, Douglas County, GA; Judge Richard Barron, Coos County, OR; Judge Brutinel, Yavapai County, AZ, and Judge Lou Trosch, Raleigh, NC, among others. The lead judges of the Victim's Act Model Courts are also a natural venue for expansion, as they have existing collaborations with the stakeholders in their respective communities.

**Question: Is there anything—other than competition among scarce resources—that keeps States from using more Federal funds for this sort of coordination?**

Answer: 2. Competition among scarce resources, as you suggest, is the principle impediment to expanding the number of Court Teams. Each year we seem to be asked to do more with less. Caseloads continue to rise well beyond national standards. Everyone is concentrating on "putting out fires," and strategic planning often takes a back seat. For example, Iowa recently had to de-link child welfare and rehabilitative services for children so that they are separate services in order to comply with Medicare and Medicaid requirements. People are scrambling to meet deadlines to fix a system that was not really broken, taking time away from other responsibilities and opportunities to improve the system. I would surmise that the one of the primary reason states do not explore use of more Federal funds for coordinating Court Teams begins with a lack of awareness of the need. Exposure to the issue is the first step. Once a judge sees Dr. Osofsky's video of a depressed 6-month-old baby, or a 1-year-old whose face evidences sheer terror when his abusive mother walks in the room, that judge will begin to understand the critical need for information beyond the traditional training for the bench necessary to make decisions. Hence, the Court Teams model, with its track record of successful reunification, needs adequate financial backing to increase awareness among the judiciary. Our current project is committed to creating curricula for joint trainings and developing a clearinghouse of information. The Court Teams initiative is a judicial response based on our perception of how to most effectively carry out our responsibility to ensure the wellbeing of children. Community providers and joint stakeholders are generally responsive to calls for collaboration when they originate with a judge. Judges must be prepared to take a leadership role in system improvement. In many states, such as Iowa, judges are ethically restricted from fundraising and/or publicly promoting programming. Individual Iowa judges cannot pursue grants. Designating funding in the manner that supported the creation of Court Teams in Iowa, Mississippi, and Texas, is an effective way of growing this opportunity. In our case, ZeroToThree was the grantee for funds Congress designated to the Office of Juvenile Justice and Delinquency Prevention. Expansion of this funding would enable more states to become involved. In conclusion, effective, meaningful, and far-reaching improvements cannot occur if judges are not educated and empowered to collaborate. Model Courts and/or Court Improvement Projects could be invited to apply for competitive grants to expand the Court Teams across the country. And, if there were a portion of the Promoting Safe and Stable Families appropriation, or other appropriation, designated for expanding the number of Court Teams, preferably in jurisdictions with a record of collaborative success, such as the Model Courts, that money would be well spent.

**Questions from Chairman Wally Herger to Mr. Dennis Fecci**

**Question: What have some of the States identified as effective and proven strategies to reduce the reliance on out-of-home care and prevent child abuse and neglect?**

Answer: The child welfare system provides different levels of assistance to families and children in crisis, based on their needs. Removing a child from home is an option only when necessary to protect a child's safety. Prevention, family support or early intervention to avoid removal from home are the optimal means of assisting families and children in need of help. The child welfare system can provide intensive in-home services to families whose situation does not require removal of the child; out-of-home services when a child must temporarily be removed from home to ensure safety; and continued services as needed to prevent re-entry into the system after the child has been reunified, adopted, or placed with a guardian. According to the latest available Adoption and Foster Care Analysis and Reporting System (AFCARS) data, during fiscal year 2003, more than half (55 percent) of the children exiting foster care were reunified with parents or primary caretakers. In order to provide services to prevent removing a child from home or to expedite their return as soon as it's deemed to be safe, states have used Title IV-B dollars to the extent allowable and we appreciate that this is the most flexible source of dedicated Federal child welfare funding. When Title IV-B dollars are not sufficient, states have invested their own funds and used other strategies to continue providing these critical services to improve the lives of children and families.

In Delaware, a number of strategies have been implemented. We believe that one of the most effective strategies in reducing unnecessary out-of-home placements and maintaining a child safely in the home is to have an adequate number of well-trained, fully functional caseworkers. To achieve the goal of a trained, motivated workforce, the Delaware Department of Services for Children, Youth and Their Families implemented several states. The State authorized the hiring of additional workers and mandated maximum caseload standards. The Department also established a trainee program that provides a rolling pool of trained workers ready to step into caseworker positions as they become vacant. The Department also increased training and provided pay incentives to encourage workers to stay in the Investigation units. These measures have resulted in a reduction of staff turnover from some 48 percent in 1997 to about 16 percent over the past 3 years, and trending toward 12 percent to end FY06.

At the same time, Delaware instituted timeliness of contact standards; increased funding for parent training; expanded services for low risk families; and strengthened outcomes-based prevention services. In addition, Delaware instituted a joint program with the Department of Education to place Family Crisis Treatment specialists (child welfare workers) in K-3 schools throughout the state to identify and work with at-risk children and their families to prevent child abuse and neglect. This K-3 program is a proven effective early intervention.

**Question: Which States are investing their Child Welfare Services funds and Promoting Safe and Stable Families funds in services proven to reduce reliance on out-of-home care and prevent child abuse and neglect?**

Answer: Research in the field of child welfare is only beginning to provide information on which services meet the proven threshold. Additional Federal resources are needed to fully assess effectiveness of the variety of programs and services state and local agencies utilize to meet the greatly varying needs of the children and families they serve. As you're aware, Title IV-E waiver demonstration projects include a research component to assess the effectiveness of the services provided. However, waiver authority has expired and states will no longer have the ability to test innovative ways to provide services. Waivers that have allowed states to use Federal funds for subsidized guardianship, enhanced training, post-permanency services, and others have shown some effectiveness in improving outcomes for the children and families. Delaware uses Child Welfare Services IV-B, subpart 1 funds to help enhance the Department's child protective service continuum in contracted services in the areas of case management, legal services, parent aide and home-based services. Wrap-around services provided include the System of Care principles of child centered and family focused, strength-based and community based, culturally respectful and seamless integration. Child welfare funding also targets child abuse and neglect prevention messages to engage the public in keeping children safe through early intervention methods. Title IV-B, subpart 2 Promoting Safe and Stable Families funds provide statewide early intervention community-based contractual support to deliver family preservation and family support services, agency staffing that provides time limited reunification services to families with children in placement, adoption promotion and support services.

**Question: Do you know of States with performance assessments in place to track whether the services they provide are achieving their intended goals as identified by the State?**

Answer: We are aware that states are assessing services based on outcome measures that are linked to state goals, PIP goals as well as goals outlined in the Child and Family Service Plan. The Delaware Department of Services for Children, Youth and Their Families (DSCYF) uses the Malcolm Baldrige performance excellence criteria to monitor its performance and improve service to our customers. We developed a Balanced Scorecard to measure performance in four perspectives: Financial Management, Customer Service, Process Management, and Employee Relations. The customer and Process measures are as follows:

1. Percentage of Eligible Children with Integrated Service Plans
2. Percentage of Children with 6 months of Community-based Services requiring more than 5 days in Out-of-Home Care in the following 12 months.
3. Percentage of Children Returned to DSCYF Services within 12 months of Case Closure
4. Percentage of Children in DSCYP Out-of-Home Care Additional measures at the agency level include timeliness of investigation and treatment contacts and the percent of safety reviews that meet criteria.

**Question: Do you have any data by State about how much of the Promoting Safe and Stable Families and Child Welfare Services funds are spent on administration, which would include administrative costs such as payroll management, computers, rent, pens, and so on?**

Answer: States do track and monitor administrative expenditures within Federally approved cost allocation plans. PSSF funds are also reported on standardized forms submitted to ACF. For PSSF, Delaware is to receive \$763,292 Federal funding in FY 2006, with a required state match of \$254,431. The state match is provided by coding a portion of the service contracts to State funds. Administrative costs of \$29,052 include non-salary costs of program administration, supplies and materials to support program advertisement, communication, education training and program management. Delaware is to receive \$783,705 FFP in IV-B, subpart, for FY 2006. The required state match is \$261,235. The match is provided using non-IV-E foster care payments to match the grant. \$217,025 is used for administrative cost to include personnel charges and indirect costs, and so forth.

**Question: Is there any detailed documentation of how much States spend on child welfare programs using State funds? For example, do you know what States use for matching and drawing down Federal funds, and where those State funds come from? Has the State contribution to these programs, again using their own funds, been changing in recent years? How?**

Answer: States have been providing information on state level funding on child welfare programs to the Urban Institute for *The Cost of Protecting Vulnerable Children* report. The latest edition of that report, version V, indicates that the increase in total spending through FY 2004 was driven by increases in state and local spending rather than Federal spending. Detailed state-by-state data can be found in the appendices of the report which can be accessed at [www.urban.org/publications/311314.html](http://www.urban.org/publications/311314.html). In the case of Delaware, state funding for child welfare has grown significantly over the past 6 years, both in absolute and in relative terms. In State Fiscal Year 2001, total child welfare spending, excluding salaries, was \$1 5,094,800, of which 71.1 percent or \$10,726,000 were State dollars; Federal support accounted for less than 29 percent. The State's dollars come from Delaware's General Fund appropriations and the Children's Department's cost recovery efforts. For the upcoming State Fiscal Year 2007, estimated expenditures for child welfare services are \$24,231,900 (up \$9,137,100 or 61 percent from State Fiscal Year 2001). State appropriations for child welfare services will constitute \$18,633,900 or 76.9 percent of the total; the Federal share will be less than 22 percent, which results in a decline of 23 percent in the Federal proportional share of child welfare expenditures in Delaware. As costs continue to rise to meet the needs of more children, with more challenging and complex issues coming into the child welfare system in Delaware, an increasingly larger proportion of the burden of meeting these needs is falling to the state. In light of the timeframe given to respond, it was not possible to gather more detailed data from all states. However, I am confident that the Delaware information I have been able to provide will give the Subcommittee insight into how states utilize Title IV-B funds in addition to their own state funds.

[Submissions for the record follow.]

**Statement of Mary Lee Allen, Children's Defense Fund**

The Children's Defense Fund (CDF) appreciates the opportunity to submit a statement for the hearing record to the Subcommittee on Human Resources of the House Ways and Means Committee on Proposals to Improve Child Protective Services. CDF is pleased that the Subcommittee held a hearing on ways to support and protect children through the Promoting Safe and Stable Families Program and we look forward to supporting efforts to reauthorize this important program for children.

The Children's Defense Fund's Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start*, and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities. CDF provides a strong effective voice for *all* the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investments before they get sick or into trouble, drop out of school, or suffer family breakdown. CDF began in 1973 and is a private, nonprofit organization supported by foundation and corporate grants and individual donations. We have never taken government funds.

Consistent with its mission, CDF has had a long interest in and commitment to keeping children safe and in permanent families. More than 25 years ago, as the Adoption Assistance and Child Welfare Act was being considered, we recommended that states be allowed greater flexibility in the use of their new Title IV-E funds for prevention, after-care services, and adoption assistance, as well as for foster care. While Congress provided federal funds for the first time for adoption assistance, it did not do the same for prevention and after-care services. CDF also pushed for a provision in the Act that allowed states to move unused foster care dollars to service programs to increase resources to keep children safe and out of care. CDF strongly supported the enactment of the Family Preservation and Support Services Program, another source of flexible funding, more than a decade ago in an effort to increase funds for preventing children from unnecessarily entering the child welfare system. We supported the program's reauthorization in 1997 and the additional uses of funds to promote permanency for children through reunification and adoption, as reflected in the change of the name of the program to Promoting Safe and Stable Families. We also supported the program's subsequent reauthorization in 2001. CDF is pleased to submit this written statement to reinforce the need for investments in prevention and permanence for children.

The Promoting Safe and Stable Families Program remains the largest single federal funding source for services intended to prevent child abuse and neglect, support families, and prevent children's unnecessary placement in foster care when they can be kept safely at home. Program funds can also be used for post-adoption services that help prevent problems for children in adoptive families. However, currently funded at almost \$400 million, \$305 million in mandatory funds, the program still falls far short of what is needed to put meaningful prevention programs in place.

CDF therefore was pleased to see the \$40 million added to the Promoting Safe and Stable Families Program in the Deficit Reduction Act of 2005, plus an additional \$20 million targeted for improvements in the courts to keep children safe. We thank the Subcommittee Members for their help in securing these increases for children. At a minimum, these funds must be preserved over the next five years. Such increases are especially critical given the cutbacks in the Deficit Reduction Act in Medicaid and other critical supports for children, especially those being raised by relatives, which are likely to put more children at risk of coming to the attention of the child welfare system.

The challenge we face in providing appropriate services to children is exemplified in the help required by just one group of children. According to the Department of Health and Human Services' own child abuse and neglect data, 4 in 10 children who are abused and neglected get absolutely *no* service. While 60 percent of abused and neglected children are served, 40 percent are not. If Congress were to decide to increase funding enough to give each of these children even a very basic home visiting service, at an average cost of \$3,000, they would need to add more than \$1 billion a year to the Promoting Safe and Stable Families Program just to meet these children's needs. And such an investment would do nothing to improve the quality of care provided to the other 60 percent of the children, nor would it help to provide comprehensive family treatment for the up to 80 percent of the children in some states who come to the child welfare system from families with substance abuse problems.

The challenges are significant but so are the opportunities if we use them correctly. In CDF's statement, we want to do two things:

1. Begin by urging the Congress to undertake a careful exploration in the 110th Congress of the best ways to reform child welfare financing more broadly so that the individual needs of children can be met appropriately. If we are serious about ensuring safety, permanence and well-being for children, we must have services and supports in place to address their special needs and the competence and capacity to connect children and families to those resources. That means making changes in the overall federal financing of child welfare so states can put in place the constellation of services and supports children and families need.
2. Make specific comments and recommendations on the Subcommittee's May 17th draft proposal for reauthorizing the Promoting Safe and Stable Families Program (Title IV-B, Part 2) and making changes in the Child Welfare Services Program (Title IV-B, Part 1). We applaud and support your efforts to move quickly to ensure that the funding increases are preserved for the Promoting Safe and Stable Families Program.

### **Returning to the Big Picture and Finishing the Job**

The Adoption Assistance and Child Welfare Act became law more than 25 years ago. Children entering care then as infants may well now have children in foster care. Even children in foster care who were just leaving elementary school at the time the Adoption and Safe Families Act (ASFA) was passed in 1997 now may be parents themselves. Both of these laws include specific provisions to help reform the child welfare system and improve outcomes for children, but neither finished the job by investing in services to keep children safely out of care and to get them into permanent families promptly, once placed. Children can wait no longer.

The urgency of finishing the job for children has never been greater. The needs of children and families have become more complex, as we better understand the challenges of substance abuse, mental health problems and domestic violence. We also know more about the long-term consequences, both for the individuals affected and for society, when children with multiple risks go untreated. The long-term costs are enormous both in human and fiscal terms. But even more importantly, we know so much more about what works and the steps needed to respond to the challenges facing the system than we did certainly in 1980 when the Adoption Assistance and Child Welfare Act was passed, in 1993 when the earliest version of what became the Promoting Safe and Stable Families Program was authorized, and even in 1997 when ASFA was enacted.

Federal child welfare financing must be reformed to help better promote increased capacity in states and communities for:

- Prevention and early intervention services;
- Specialized services and treatment for families struggling with substance abuse, mental health problems and domestic violence;
- Promoting permanency strategies for children;
- Improvements in the child welfare workforce; and
- Increased accountability for children.

There is evidence from around the country of strategies underway to increase capacity in each of these areas. We describe just some of them below.

### **Prevention and Early Intervention Services**

Getting help to children early before needs intensify can make an important difference. The Task Force on Community Preventive Services of the federal Centers for Disease Control and Prevention identifies home visiting programs as effective in preventing child abuse and neglect in families at risk of maltreatment, including disadvantaged populations and families with low-birth weight infants. There are several different models of home visiting programs that offer a variety of support to families with differing needs. The Nurse-Family Partnership is the home visiting program with the longest track record and most extensive evaluations. It serves low income at risk pregnant women bearing their first child to improve pregnancy outcomes, promote children's health and development, and strengthen families' economic self-sufficiency. It consists of intensive and comprehensive home visitation by bachelor degree level nurses throughout a woman's pregnancy and continues through a child's second birthday. A 15-year follow-up study of the program showed that the mothers and children who were provided a nurse home visitor had 79 percent fewer verified reports of abuse or neglect; 31 percent fewer subsequent births; 44 percent fewer maternal behavior problems due to alcohol and drug abuse, and other positive findings. The cost of the program was recovered by the child's fourth

birthday. The Nurse Family Partnership Program, which some states fund with their Promoting Safe and Stable Families dollars, clearly demonstrates the value of early supports before children come to the attention of the child welfare system. Other states also fund other home visiting programs, such as Healthy Families America, with Promoting Safe and Stable Families funds. Greater investments are needed.

States and communities have also used Family Group Decision-making and Family Team Meetings of various types to link children and families to both formal and informal services early on before placement becomes necessary. In Wayne County, Michigan (Detroit), as part of the Family to Family Initiative, the county makes no removals of children without family team meetings. Family team meetings involve family members, friends and other community agencies working with parents and facilitators to identify needs and develop a plan of action to meet them. Through this program, families learn to access the supports they need to safely and appropriately care for their children. Eighteen full-time facilitators, hired with funds previously used for foster care, guide this process. More than 70 percent of the children referred for removal from their home to date in Wayne County have remained at home or with relatives after the family team meetings were held. For children who enter foster care, parent advocates then help parents of the children navigate the multiple systems they confront and teen advocates are trained and available to help when older youth are at the table and need peer support.

The Court Teams for Maltreated Infants and Toddlers model, first developed in Miami-Dade County, Florida, and highlighted in testimony by Judge Constance Cohen at the Subcommittee's May 23rd hearing is another example of an early intervention service. The Court Teams focus on infants and toddlers when they first come to the attention of the abuse and neglect court. The court, with an expanded role in the community, engages a team comprised of representatives from multiple child serving systems and also from Early Head Start and other early childhood programs, as well as community representatives to work with the parents, many of who had been raised in the foster care system themselves. This often includes teaching a parent about the early childhood development needs of their child and basic parenting skills they may have never learned in their own home. Reports from the earliest projects show encouraging results, including progress in breaking the intergenerational involvement of families in the child welfare system.

#### **Specialized Treatment Services for Children and Their Families Struggling with Substance Abuse, Mental Health Problems, and Domestic Violence**

Substance abuse, mental health problems and domestic violence frequently bring children to the attention of the child welfare system. It is estimated, for example, that 40 to 80 percent of the children entering care have substance abuse problems. The benefits of comprehensive family treatment for mothers with substance abuse problems who often have also been victims of violence have been well documented in recent years. Evaluations of family treatment by the Substance Abuse and Mental Health Services Administration in the Department of Health and Human Services (HHS) demonstrate significantly reduced alcohol and drug use, as well as decreased criminal behavior. Such treatment is also cost-effective. As former Secretary of HHS Thompson said, "There's no question that treatment provides a second chance to mothers and children, and we need to do everything we can to give them that opportunity."

Dr. Nancy Young, who directs the National Resource Center on Substance Abuse and Child Welfare, testified before the Senate Finance Committee on April 25th, and highlighted comprehensive models of substance abuse treatment where child welfare agencies and the courts work together to meet the needs of families with substance abuse problems. She described Sacramento County, California, where comprehensive treatment efforts have resulted in improved outcomes for families and cost savings for the county as a result of a combination of reforms that have been put in place over the last twelve years. Dr. Young emphasized the importance of both comprehensive treatment and also comprehensive training to ensure workers understand substance abuse and know how to intervene with parents. She also talked about intervening early with families, making improvements in cross system information systems, giving priority access to treatment to families in child protective services, offering specialized treatment and recovery services for families, and making dependency drug courts available to families. Perhaps the best testament to the success of comprehensive family treatment at the Senate Finance Committee's hearing on methamphetamine and child welfare was the testimony of three parents, now in recovery, and one of their sons, all of who had been helped by comprehensive family treatment.

Another important area needing attention to help keep children safe and out of foster care is maternal depression. Early attention to maternal depression has been found to have a positive dual-generational effect. A recent study published in the *Journal of the American Medical Association* reported that remission of maternal depression after three months of medication treatment was significantly associated with a reduction in the children's diagnoses and symptoms, whereas in the control group, the mental health problems of children of mothers whose depression was not treated increased significantly. The Invisible Children's Project (ICP), operating in several states, offers 24-hour family case management services to families where maternal depression is identified. These services include referrals and links to community resources, crisis service and advocacy, and support services including respite child care, parenting education, access to financial assistance, and supported education and employment as well as supported housing services. Case studies of the ICP program in New York found significant positive outcomes for families involved with the program, including reduced interaction with the child welfare system.

#### **Promoting Permanency Strategies for Children**

Increased capacity also is needed to help move children to permanent families and keep them there. This means investments in expanded post-adoption services, as Thomas Atwood of the National Council for Adoption called for in his testimony at the Subcommittee's May 23rd hearing, but also increased investments in other post-permanency services to assist children who are returned to their parents or placed permanently with other relatives.

Federal funds under Title IV-E should be provided for subsidies for children who can be cared for permanently by legal guardians, or would otherwise remain in foster care. At least 35 states and the District of Columbia now have subsidized guardianship programs and Iowa and Virginia were awarded federal waivers in March 2006 to implement subsidized guardianship programs. A recent study by Generations United, *All Children Deserve a Permanent Home: Subsidized Guardianship as a Common Sense Solution for Children in Long-Term Relative Foster Care*, reported that roughly one-quarter of all children in foster care and about one-third of those in foster family homes are living in families headed by grandparents or other relatives and about 20,000 of them have lived there for a year or more. These grandparents and other relatives offer loving and stable homes for vulnerable children but are often not financially prepared to take on the responsibility of full-time care. Some relatives live near poverty themselves and/or live on a fixed income. Illinois' experience with subsidized guardianship under the Child Welfare Waiver Demonstration Program, the most comprehensive and rigorous of the evaluations to date, demonstrated that the availability of subsidized guardianship as a permanency option substantially increased the rate at which children exited from foster care to legally permanent homes. Positive outcomes were also found in terms of the children's sense of well being. The Kinship Guardianship Assistance Program in California also has had positive results.

#### **Improvements in the Child Welfare Workforce**

Service improvements alone will not make a difference in outcomes for children unless there are qualified staff members, both line workers and supervisors, available to assist the children and families to access these services. There are many components to ensuring an effective child welfare workforce. CDF and Children's Rights, Inc. have convened over the last year a child welfare workforce policy improvement group intended to identify policy options to improve the child welfare workforce. While our work is still ongoing, it is clear that an effective child welfare workforce must know how to accurately assess and provide what children and families need, have adequate resources to support their work with children and families, and be connected to the communities and families with which they are working.

The components of a framework for an effective child welfare workforce include improvements in pre-employment education and training, ongoing competency training and professional development, provision for supervision and mentoring of staff, and attention to leadership within agencies and systems. Adequate resources include having time to spend with children, caseloads that will allow workers to do their jobs well, and appropriate workplace supports. There must also be a supportive organizational environment and useful technological resources, safe and suitable working conditions, and equitable employment incentives. Timely and accurate data and information and practice-enhancing research and evaluation will also help staff do their work. Family and community connections lay a foundation for understanding, respect and knowing how to work within the cultural context in which children and families live. Workforce improvements in all these areas must be a part of any comprehensive federal child welfare reform efforts.

### **Increased Accountability**

Any federal restructuring in child welfare must include increased internal and external accountability for positive experiences and improved outcomes for children, youth and families. This means adherence to basic protections for children. It also means a data and tracking system that makes information on performance available to staff so that they can track and constantly improve outcomes for the children in their caseloads. The public must also know how public and private agencies and courts within cities and counties and across the state are performing and have a system in place for discontinuing care when goals for children are not being met. It is also important that the monitoring systems in place accurately document the activities underway in states.

Nationally, the Child and Family Service Reviews have been important for raising the vigilance of states in overseeing their own activities in child welfare. In fact, a number of states have instituted their own periodic assessments, apart from the federal reviews. Before the second round of federal reviews gets fully underway, CDF urges the Subcommittee to hold joint oversight hearings on the reviews with the Senate and to recommend ways to fine tune them in accordance with the lessons learned from the first round of reviews.

Many of the innovations highlighted above reinforce the major importance of four characteristics that are essential to forging better outcomes for children. First, there must be systems in place to get help to children and families earlier. This means reaching children at younger ages, but also reaching them when they first come to the attention of the system by frontloading resources to assess and address their needs comprehensively from the very beginning. Second, attention must be given to engaging children, families and communities in new ways. Informal as well as formal supports have a role in keeping children safe. Third, child welfare agencies must do business differently. There must be willingness to structure services so they are more responsive to the needs of families and children. Too often now families aren't asked what they need, nor is there the capacity to craft services that meet individual needs. And fourth, the dollars must reinforce the vision and the goals being sought for children. This means better utilizing existing resources but also making new investments in the areas discussed above. Relevant to this point, John Mattingly, Commissioner of the New York City Administration for Children's Services, noted in his written statement for the record at the hearing on May 23rd that New York City and state together increased funds last year for support services by \$27 million to support both prevention and aftercare services. And now this year, 10 years into that city's child welfare reform efforts, the Mayor has invested an additional \$16 million to strengthen child safety, much of it focused on staffing, training and supervision of child welfare workers but also law enforcement personnel, and attorneys to help respond appropriately to the rights and needs of the children. New investments and increased flexibility are essential if reforms are to occur.

### **Improving the Promoting Safe and Stable Families and Child Welfare Services Programs**

CDF appreciates the Subcommittee's efforts to make revisions in both the Promoting Safe and Stable Families and Child Welfare Services Programs, two small but relatively flexible sources of funding for child welfare services. The challenge with both programs is that as they remain level funded, without even cost of living increases, states have little opportunity to expand the uses of the program funds and often have difficulty even maintaining existing activities.

### **New Recommendations for Improvements**

CDF recommends three new areas for improvement that are not currently addressed in the Subcommittee's draft proposal.

- **Enhanced Reporting.** CDF recommends that new reporting requirements be added to both the Promoting Safe and Stable Families Program and to the Child Welfare Services Program so we will know more about how these dollars are actually being used. It would be helpful to know in the case of the Promoting Safe and Stable Families Program, the dollars invested in each of the program's four purposes: family support, family preservation, time-limited family reunification, and adoption promotion, including post-adoption services; the specific types of services being funded under each; and, where possible, the evaluations of services that are underway. Reports on the intended use of funds are already submitted to the regional HHS offices and the law should specify that these reports be forwarded annually to HHS's national office and a report submitted to Congress on both planned and actual expenditures. Our recommendation for reporting on the use of funds under the Child Welfare Services Program expands on the recommendation made by the General Accounting Office in its

2003 study, *Child Welfare: Enhanced Federal Oversight of Title IV-B Could Provide States Additional Information to Improve Services*. GAO recommended HHS consider collecting data on states' uses of these funds. As GAO noted, such data could be used to facilitate federal oversight and analysis of how states spending correlates to child outcomes and to inform the design of alternative funding proposals intended to give states more flexibility in spending child welfare funds. States should be required to report on the number of children and families served and the nature of the services they received.

- **Help for Children in Indian Tribes.** CDF supports the recommendations of the National Indian Child Welfare Association (NICWA), the National Congress of American Indians, Affiliated Tribes of Northwest Indians and the Association of American Indian Affairs to help more Indian children benefit from the Promoting Safe and Stable Families Program. These are outlined in the testimony of Terry Cross, Executive Director of NICWA, at the May 23rd hearing. The amounts reserved for tribes should be increased to three percent in both the mandatory and discretionary portions of the Promoting Safe and Stable Families Program; tribal consortia should be able to apply for all program components; and a tribal court improvement competitive grant program should be established. These changes will help enable Indian and Alaskan Native tribes to better protect children and ensure them permanent families. The needs of children in Indian tribes must also be considered when the Subcommittee addresses broader child welfare financing reform, as Indian children in tribes have never benefited directly from Title IV-E funding.
- **Availability of 2006 Funding.** CDF is pleased that the draft appropriates \$40 million for FY 2006, which the language in the Deficit Reduction Act does not seem to do. However, the draft states that those funds will be available on the date of enactment of this Act. Given that it is possible that final enactment could occur toward the end of the fiscal year, it is very important that the final bill language makes clear that funds will be made available through FY 2008, so states will have a two year period to obligate these funds as is the intent of current law. Current law, however, refers to the year in which funds are authorized and the subsequent year, which would not be sufficient if funds are not provided to states until the end of FY 2006, especially given that these will be new funds with possibly new purposes.

In closing, CDF has one last recommendation, responding to your query about the uses for the new \$40 million.

- **Use of New Mandatory Funding.** CDF's first preference would be to allow states to divide their share of the new \$40 million between prevention and permanence, the two major purposes of the Promoting Safe and Stable Families Program. Activities of this type are essential for improving outcomes for children but are not the major focus of other federal child welfare programs and are sorely underfunded. Therefore we recommend that the new dollars be invested by states to further gains in prevention and permanence.

As noted above, CDF strongly agrees that improvements in the quality of the child welfare workforce are key to ensuring children remain in safe, permanent families. We believe, however, that \$40 million is insufficient, especially when divided up among all the states, to have a significant impact on workforce improvements. For example, twenty seven states would get less than \$600,000 in 2006—not even enough to hire 20 workers with benefits. Connecticut would get \$300,000, Colorado \$350,000, and Maryland \$430,000.

If a decision is made to continue with a focus on workforce, we recommend that the \$40 million be used for a competitive grant program and that states be required to target their grants on workforce improvements that will help further the purposes of the Promoting Safe and Stable Families Program. For example, funds could be targeted for training and the hiring of specialists to assist workers in doing careful assessments of children when they first come to the attention of the system so they could be referred appropriately for services. Staff training in Family Group Decisionmaking or other family team meeting approaches would help to divert families safely from the system by getting them the support they need to protect and care for their children. Another state might use its funds for training staff in screening for substance abuse or hiring experts to advise child protection and foster care staff about substance abuse and effective treatment approaches. Specialists in post-adoption services could also be hired.

We also recommend that the Subcommittee set aside a portion of Title IV-E funds for five years to assist states to make the child welfare workforce improvements that are referenced in your revisions to both the Child Welfare Services and Promoting

Safe and Stable Families Programs. Congress should require states to develop comprehensive child welfare workforce plans before applying for the funds, and then allow states to apply for federal funds to help them make progress toward goals in specific workforce areas. The framework for an effective child welfare workforce referred to earlier in this statement could be the outline of the plan, with specific goals articulated. CDF would like the opportunity to work with the Subcommittee in crafting such important provisions.

CDF appreciates the opportunity to comment on steps that can be taken both immediately, with the reauthorization of the Promoting Safe and Stable Program and amendments to the Child Welfare Services Program, and longer term to improve safety and permanence for children. We support many of your recommendations and look forward to working together to finish the job for children.

Thank you.

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### **Statement of the American Federation of State, County and Municipal Employees (AFSCME)**

The American Federation of State, County and Municipal Employees (AFSCME) represents 1.4 million state and local government and nonprofit employees, including many thousands in the child welfare system. Our child welfare members have the daunting task of investigating allegations of abuse and neglect, and recommending whether children should be removed from their homes. They provide ongoing protective services to families whose children are at risk of being removed due to abuse or neglect—helping to arrange for services ranging from substance abuse and mental health counseling to respite care to after school programs and doctor visits. They work with families and children who have been placed temporarily in foster care, moving as quickly as possible to reunify the family, or to terminate parental rights so that a child can become eligible for adoption, or to pursue other permanent-placement options. They recruit and train foster and adoptive parents. They develop case plans, conduct home visits, appear regularly in court, and produce detailed documentation of all their work.

Unfortunately, child welfare caseworkers all too often do not receive the support they need to attain positive outcomes for at risk children and families. Caseloads and workloads are often two or three times larger than those recommended by the Child Welfare League of America; competency-based training and professional development opportunities are lacking; meaningful supervision and mentoring is too often unavailable; wages and benefits lag far behind other professions that require similar educational backgrounds but without the responsibility for the lives and well-being of vulnerable children; caseworkers risk violent encounters on a daily basis; and they are often unfairly blamed when a tragedy occurs despite their best efforts.

AFSCME commends the Subcommittee for recognizing the importance of the Promoting Safe and Stable Families (PSSF) program within the child welfare system, and for holding the May 23rd hearing. State and county-run child welfare programs depend on adequate federal funding to provide the wide array of services the PSSF program makes possible, including prevention of child abuse and neglect, provision of time-limited family reunification services, and adoption promotion.

#### **Federal Funding for Child Welfare**

AFSCME is alarmed that federal funding to protect vulnerable children has remained flat over the past several years, a significant cut when adjusted for inflation. Public child welfare systems across the country have experienced dangerous financial shortfalls, resulting in too large caseloads, too few home visits, difficulty in attracting and retaining child welfare caseworkers, and lack of services for at-risk families.

An Urban Institute study released just after the May 23rd hearing found that state and local governments are attempting to plug the funding gaps in child protective services—between 2002 and 2004, state spending increased six percent and local spending increased 10 percent, while federal funding was virtually unchanged. The study attributed overall growth in spending to higher expectations for the quality or comprehensiveness of services, a continued increase in adoption spending, and rising costs.

#### ***Title IV-E***

State and local governments cannot continue to sustain the burden of these necessary spending increases. Federal spending is not keeping pace and in some instances is moving in the wrong direction. For example, the Deficit Reduction Omni-

bus Reconciliation Act of 2005 (DRA) requires that Title IV–E funding become more restrictive, limiting federal matching funds for children placed in the care of a relative, and for administrative costs for children who are at risk of entering foster care. And, this is on top of Congress' failure to eliminate the antiquated "look-back" to Aid to Families with Dependent Children (AFDC) eligibility rules for Title IV–E financial eligibility. The result is that half or less than half of all children in out-of-home care are eligible to receive federal Title IV–E matching funds, with states inevitably picking up the cost of foster care for children ineligible for IV–E. AFSCME concurs with the Casey Family Programs' recommendation that Title IV–E funds should be made available to all children removed from their homes, including those placed with relative caregivers and in subsidized guardianships, and that Title IV–E funding eligibility should be adjusted for inflation. We also agree that Title IV–E's entitlement funding structure must be preserved and that IV–E funds should be made available to children requiring services in their homes to help prevent out-of-home placements.

#### ***PSSF Funding***

The PSSF program (Title IV–B, subpart 2) is a key funding source for states to provide prevention, reunification and adoption services. It includes both mandatory and discretionary funding. Currently, the mandatory funding level is \$305 million annually. While the DRA provides a one-year increase of \$40 million for FY 2006, these funds have not yet been appropriated. Moreover, Congress has failed to appropriate the full \$200 million in authorized discretionary funds—in FY 2006, Congress approved only \$89.1 million, a decrease of almost \$9 million from the FY 2005 level. Therefore, assuming the \$40 million DRA increase is appropriated, the net increase for PSSF funding in FY 2006 will be less than \$30 million, bringing total funding to \$434 million this fiscal year, well below the authorized level of \$505 million.

We are pleased that the House draft reauthorization bill includes an additional \$40 million in annual mandatory funding for PSSF, and we urge the Subcommittee to retain these additional funds. They will enhance caseworkers' ability to visit foster children in their homes. Also, states should be given the full two years to spend the additional funds as they would have had they been made available at the beginning of FY 2006. We strongly recommend that PSSF be fully funded at the level of \$505 million as adopted by the Subcommittee in 2001 and that the entire amount reauthorized for PSSF be mandatory funding.

#### ***SSBG Funding***

The Social Services Block Grant (SSBG) serves as a major source of funding for states' child welfare systems, with 38 states spending \$194 million in SSBG funds in 2004 for child protective services. These funds include some Temporary Assistance for Needy Families (TANF) dollars transferred into SSBG. We highlight this because SSBG, which is under the jurisdiction of this Subcommittee, is threatened with a reduction of \$500 million in the President's proposed FY 2007 budget. This represents a 30 percent reduction in funding that would devastate Child Protective Services (CPS) and other child welfare programs and services.

#### **Supported and Stable Workforce**

The heart of the child welfare system is the caseworkers and supervisors who respond to crises, visit children and families in their homes, make judgments about where children can safely live, and do whatever is necessary to protect and improve the lives of these fragile families. Front-line workers cannot meet the high expectations placed on them without significant investments towards improving their work environments.

Most importantly, caseloads (the number of cases per caseworker) and workloads (the amount of work required per case) must be reconfigured to a manageable level. The Child Welfare League of America recommends a caseload ratio of 12 to 15 children per caseworker. Very few child welfare programs adhere to this ratio, with many demanding that caseworkers carry caseloads two or three times as large while cases become more complex. This results in high stress for the workforce and reduced service capacity. In a survey of public agency administrators, the American Public Human Services Association (APHSA) found that the number-one issue in preventable turnover was that "workloads are too high, demanding, or both." AFSCME recommends that Congress establish a national caseload limit.

Child welfare caseworkers are also underpaid in comparison to jobs in other sectors that require comparable education and responsibility. Many caseworkers have steep student loan repayments. Inadequate salaries and benefits lead to demoralization for those who remain in child welfare and an exodus for many out of the system to less stressful and more lucrative careers. AFSCME recommends that Congress use its option to provide an additional 3.3 percent in discretionary funds to allow

for research, training, and evaluation of services in the child welfare system. We also urge a greater investment in caseworker training and student loan forgiveness. Regular pay increases and employer-paid benefits are essential to recruit and retain a stable and skilled workforce.

We are unaware of any evidence that states have misused Title IV-B funds for administrative expenses. Therefore, we see no need to limit the proportion of federal funds states can use to administer their child welfare programs. While we agree that states should streamline their administrative costs as much as possible to maximize spending on services for children and families, a strong infrastructure is a prerequisite to a well-functioning, complex system. At a minimum, we urge the Subcommittee to exclude caseworkers from any funding restrictions.

AFSCME's members who work in child welfare look to Congress to ensure that they have the support and tools they need to help vulnerable children and families. Mandatory, full funding for the PSSF program would be an important advance in the funding structure. Additionally, we urge the Subcommittee to appropriate the \$40 million in additional mandatory funds allocated in the DRA of 2005, protect the entitlement structure for the Title IV-E program, and ensure rejection of the proposed \$500 million cut to the SSBG program. Adequate, dependable federal funding is an important component in addressing the challenges facing the child welfare workforce and the child welfare system itself.

We appreciate the opportunity to share our views on this subject of vital importance to our nation's children.

Waco, Texas 76708  
June 6, 2006

Honorable Members of the House Ways and Means Human Resources Subcommittee  
U.S. House of Representatives

Good day ladies and gentlemen, my name is Tim Brown and I am the Vice President of Community Services at the Methodist Children's Home, Waco, Texas 76708. We are a multi-service agency serving the needs of children and families in the Texas and New Mexico area. We are a private, non-profit, faith-based program established in 1890, and affiliated with the seven annual conferences of the United Methodist Church in Texas and New Mexico. We are accredited by, the Council on Accreditation, and the United Methodist Health and Welfare Ministries EAGLE Accreditation. We are members of C.O.R.E., the Coalition on Residential Education, 8403 Colesville Road, Silver Springs, Maryland 20910. Heidi Goldsmith is the Executive Director of C.O.R.E., which is a Washington, D.C. based national non-profit organization representing residential education programs such as ours.

We serve children and families by providing residential services with an on-ground school program, family based services, foster care and a college-vocational program. We only serve children and families who currently reside in states of Texas and New Mexico. We have offices located in Dallas, Tyler/Waco, Houston, San Antonio, Lubbock, Corpus Christi and Albuquerque, New Mexico. We receive 2500 inquiries for services annually.

We offer a wide range of strength-based services to children and families in an effort to reclaim them from devastating emotional, psychological and physically challenging circumstances. Included in our service options are college and vocational training scholarships and opportunities. Our programs and services serve children and families on a longer-term basis with transitional support into adult living. Our children typically come to us as teenagers and do not return to their home of origin. The families are transient, jobless, homeless, and/or the children and youth reside with parents or relatives that are or have been incarcerated, drug-involved, experiencing a significant or terminal illness, experiencing mental health problems or have become aged or disabled and can no longer care for their child. Where possible, we work toward re-unification of children with their biological families. However, in many cases, these children have no functional biological family to return to. Thus, our goal is to assist them in their preparation for adulthood and with their successful transition into productive careers with promising futures.

We are writing to offer support and praise for the inclusion of new language in proposed legislation (Section 422, Clause 4A of the Promoting Safe and Stable Families Act) that will **"expand and strengthen the range of existing services . . . to improve child outcomes"** under consideration by the House Ways and Means' Human Resources congressional subcommittee at this time. We would advocate that this proposed language be maintained and, if possible, strengthened to afford more

children (such as the one's we serve) more options regarding their care, education and preparation for a productive future.

We believe children, and others wishing to do well by them, such as judges, child advocates, social workers, policymakers, families and friends would support the inclusion of all viable options and choices, as eligible alternatives for these at-risk children and youth. Thus we would encourage committee members and others, to include and promote all viable choices and options for children and youth facing removal from their families of origin. Giving a child or a youth access to a dependable and caring individual whom they can count on as an advocate and mentor; and, a place to call home (or at least a safe harbor to anchor in) until the seas of life calm, and until they are educated and equipped to face life's storms that will surely come their way, would be a tremendous and gracious gift.

Our program and many other similar residential education programs are strength-based and child-centered, offer continuing support to youth after the age of eighteen. Children and youth served by our agency are provided creative and exceptional, educational opportunities, and a safe environment. Our agency and others have been blessed with the ability to provide, at no cost to the child or family, post high school educational, vocational training and sheltered work options to graduating students.

When children and youth come to our attention, they are typically representative of the 4% to 6% of those who have already been through the punitive (zero tolerance) phase dictated by the public school system. They are one to three years behind in their education when they leave public school and have forgotten a substantial percentage of what they did learn due to the social and emotional stressors that they have had to contend with during this developmental phase of their growth.

We have discovered in serving these children that even though we are able to accommodate their needed educational acceleration in a structured environment, the delays still appear in their social and coping skills contributing to their lack of workforce readiness and successful post-secondary education functioning. Workforce readiness has been declining over the years as the knowledge base continues to grow exponentially. These special needs children and youth, while aging chronologically have not had the opportunity to keep up with their peers in society and consequently find themselves considerably behind when competing in the job force or performance in college.

Inclusion of eligible options and alternatives for these young people in the proposed legislation would give them additional time and support necessary to be successful in their chosen fields of work or education. Simply obtaining a high school diploma at a particular age is not in and of itself a qualifier for workforce readiness and successful transition into adulthood. We would advocate for increasing eligible alternatives, choices and options for these children and we are appreciative of the subcommittee's efforts to make them available by drafting legislation that will do so.

Tim Brown

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Davidson, North Carolina 28036  
May 23, 2006

#### Improving Protection for Children Beyond CPS

The most helpful proposal to improve **protection for children**—as distinct from the failed “child protective services” (CPS) system—is to encourage and support nurture and rearing of children within natural families in spirit and in deed.

“A proper investigation from the beginning” applies infinitely more to actions and consequences of CPS investigations on behalf of under-age Americans than to the rightly criticized methods of Aruba, cruise lines and other nations fumbling to “find” young adult Americans missing beyond our borders.

**SWAP** (Social Work Again Proposal) was presented officially on July 26, 1994 to the Health and Human Resources Subcommittee of then Gov. George Allen's Regulatory Review Committee in Richmond, Virginia.

It distills what can be done to replace what CPS has become: a parapolice arm of the prosecution. Results of its faltering focus—little interest in preserving natural family, the smallest but most vital building block of American society—were proved by Child and Family Service Reviews, failed by every state

#### ***A crystallized version of SWAP follows:***

When families needing help do not ask, afraid it will hurt  
For children hurting in foster care whose cries are ignored  
Knowing not every child abuse report requires intervention

A SOLUTION for elected representatives at all government levels

1. Return Social Services to traditional family-supportive practice.
2. Have trained law enforcement, using due process and standard rules of evidence, investigate. (No more 3rd party, financially—interested hearsay to justify family-injuring interventions.)
3. ONLY if a child has no natural extended family willing or able to provide temporary housing should courts separate families.

Making “Paper Orphans” of children—especially babies marketable for adoption and post-adoption subsidies—is an unworthy contemporary American practice. It is enabled by federal and state legislation and funding. It encourages needless out of home and family placement. Taxpayers are defrauded and never harmed children are traumatized. Lady Justice is strangled as good people, entering social work with concern for children and families, learn to practice a parapolice type child saving that hurts children, families, taxpayers and justice.

There is a simple and right way to solve problems created because an adoption agenda and funding opportunities overshadowed best practice, Constitutional, and moral treatment of children and families. There is a just and rational way to return both science and common sense to child abuse investigations of the presumptively worst “crimes” (if one has been committed wittingly and intentionally). SWAP is the answer.

*Barbara Bryan*

*First proposed officially 7/26/94 in Virginia to HHR Subcommittee of Gov. Allen's Regulatory Review Committee*

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When there are reasons that a child cannot be reared in his or her home by one or both birth parents, and there are no relatives supported sufficiently (always less expensively than with strangers) to accept and keep the children close to grandparents and siblings, then open **adoption should** be the order of the day “in the best interests of” children already traumatized.

If slowing the rampant removal and reallocation of children reported as abused or neglected cannot be achieved by restoring basic human and civil rights and Constitutional law to all dealings with America's parents, those children purported to benefit from continued funding under PSSF reauthorization will thank those who let it die in 2006.

More money for a program that has performed perversely for three decades for children and families is not a reasonable or fiscally sound solution.

#### **Counterproductive Services**

Through many years I brought documented misfortunes to the attention of the appointed State Board of Social Services in the Commonwealth of Virginia at its public meetings, wherever they were throughout the Commonwealth and always at my own expense.

There were times, on behalf of beleaguered and broken-hearted officially injured families, when I described CPS as “counterproductive services” because it so often achieved the opposite effect assured under State law by its policies and regulations. That was because “practice” by agents with varying degrees of knowledge, skills and abilities, as well as mental health, often matched none of the above.

Nevertheless, local agencies, the Central office of Department of Social Services, the Secretariat, “family” courts (most not courts of record) and up the ladder—and too well served by the Office of the Attorney General, both attorney for the errant agency as well as the Commonwealth's top law enforcer)—backed the errors. The sad seal of approval for local, hands-on child protection was given to agencies acting helpfully or ignoring a child to known battering in *DeShaney*.

**Why?** Most state laws, although legal because they are statutory, also are extraconstitutional and known to be so. Amending State Constitutions, as Virginia did, to claim “all laws are presumed to be constitutional” is no help to children and families literally dis-membered by agents of the state.

The burden to overturn a CPS agency error, and with more difficulty an extra-constitutional State law, is on the injured and/or affected citizen, obligated to go childless (a presumptive perspective itself) to the U.S. Supreme Court with private resources. That person has a minuscule chance of ever having such a case heard to upend decades of allowed and funded CPS practice.

#### **Anonymous Reporting**

Although the old “evil empire,” the USSR outlawed anonymous reports in 1984 because of their unreliability, the Act that launched CPS under CAPTA (Child

Abuse Prevention and Treatment Act) more than three decades ago required states to accept and act on anonymous reports and to maintain Central Registries of those reports of suspicions. Our nation has criticized Third World countries for similar practices in the “rule of suspect,” only in CPS cases we legally take and hold the children until “cooperation” or a confession is forthcoming.

No one wearing a black robe or sitting on a bench anywhere, and certainly not the U.S. Supremes who have penned the bitter words of *DeShaney*, wants to open the lid on the Pandora’s box in which CPS buries its mistakes.

With inferior resources to the purse and sword of the State, families often “give up” children, sometimes in exchange for promised health or mental health care, sometimes in the frequently vain hope they may be allowed to keep one or more of them, and sometimes only to learn per 1997 ASFA that subsequent newborns will be removed from the delivery room and handed over to pre-adoptive homes and there is financial incentive involved.

What is the difference between a now denounced ill-conceived official policy of sterilization and constructive serial sterilization: taking away children, one by one, only after a mother has conceived, nurtured and given birth to them, if through actions of its CPS agents “the people” and agents and courts are wrong as too often occurs?

Feigning concern for children and “family preservation” while giving equal and often greater weight to testimony of pre-adoptive foster parents, even in the cases of wrongful removals that will not be repaired if “Oh, well, the child has been there for 15 of the past 22 months so we HAVE to terminate your parental rights,” is a shell game practiced for decades and refined following ASFA

#### **Legal Child Trafficking**

Anywhere else on the planet that kind of trafficking in children would be decried. America made it legal, major media glorify it and promote the practice in subtle and blatant ways by extolling adoption minus particulars on the origins of infant availabilities as the smallest prizes. Far from telling the whole story of what CPS has been allowed to do, glory stories are played up and errors and horrors suggested as aberrations with proposed solutions of *the usual mantra: “More money, more workers, more training.”*

Multiple Response Systems (MRS) or “differential response” is CPS hiding behind a happy face mask. There are times when parents, most familiar with their own children and more protective than transient child protectors working under state laws purposefully disconnected from either State or U.S. Constitutional Law, *should say “No, thank you”* to “parenting classes” and other seeming “services” such as coerced anti-Fifth Amendment mental health evaluations.

But, that makes them “uncooperative” re “participation in services” which “documents” a reason for proceeding with termination of parental rights.

“Preservation,” sometimes redefined as finding or creating a “forever home” somewhere with somebody, is a word meaning one thing to a natural parent trying desperately to liberate a child from system overreach and something quite different to CPS and State agents computing how many more children must be “adopted out” to exceed last year’s quota to qualify for an agency federal bonus.

Some tragic stories of agency-overloaded, if not we-just-can’t-say-no-to-the-child-and-the-check couples, also compute the fame (“Aren’t they the most amazing and good-hearted people.”) and gain. The work as well as the rewards go up in bottom line value if the child arrives with the right labels of “special needs” and “at risk,” near guaranteed labels for a “substantiated” abused or neglected child, accurate or not.

Government has been scammed enough through the years by CPS agencies to have HHS/IG auditors who know the whole truth and, prayerfully, have tried to convey it to large-hearted and level headed members of Congress.

#### **Children and Taxpayers Cheated**

There was Contra Costa County’s refusal to proceed with adoptions, even ones that natural parents approved, because money for various services but unshared with those who actually cared for the children could be used otherwise by the agency. There was the interesting exposure in Texas: labeling children along CPS and education lines and billing for counseling done by a psychologist in a distant state who never had a clue. Double-dipping against the taxpayers was simple and this was not by a white collar criminal in the private domain.

Taxpayers paid all. Children did NOT receive the benefits. Families were hurt. Agents of the state and monitors at federal levels danced with each other while Government supposedly watchdogs Government to explain the effectiveness and efficiency of spending federal appropriations FOR THE CHILDREN.

When CFSR auditors were stiffer in their initial efforts to gain supporting documentation for spending claims from Virginia's CPS and foster care (and just maybe the tiny "preservation services" lumped in under foster care and adoption), they went back and had essentially the same welcome and result. No one connected with CPS ("confidential" and presumed to be on the side of angels) expects to be bothered or ever really held accountable.

After all, the nice judge nearly always accepts CPS recommendations (if he/she likes remaining on the bench) and a stroke of a judge's pen immunizes all. Then there is that nice coverage from risk management and a taxpayer-provided lawyer in the form of an assistant DA, prosecutor, Commonwealth's attorney. Why keep and show HHS/IG auditors annoying (and evidentiary) paperwork?

Why honor requests from Congress to prove that anyone really protected children or "served" them and preserved families when one is covered every which way by courts, free lawyers and is assumed by the public to be in there fighting "for children?"

### **Served or Severed?**

IF members of Congress learned the language of child protection agencies and apparent "child (as distinct from "family") advocates, the ones shamelessly covered by "the United States," six other states and others defending government error at all costs (i.e., protecting tax coffers from taxpayers who know preventable error when they see it), they would welcome *DeShaney* redux as an illumination from the highest bench of the Judicial branch.

In that decision, a justice speaks for "poor Joshua," noting that Child protective services, or CPS the agency, is the sole "support" and help for known injured children. When its agents are allowed to ignore a battered child to death—with the blessing of even the U.S. Supremes—there are meanings shrouded in all the writings related to the quite often predictable travesty of a child death. Nothing truly "slipped through the cracks."

We hear post-homicide statements from NYC's CPC agency Commissioner (must be translated by the aware) that "We have no reports" on Lisa Steinberg or Nadine Lockwood or Elisa Isquierda. The actual meaning, among other possibilities is: (a) we declined to accept reports (we are required to investigate), (b) we never wrote down details of the calls we were planning to ignore anyway or (c) maybe they were written down but we've shredded them.

**There must immediately be returned to the nation, through rational choices and educated awareness of its elected representatives, a presumption in favor of birth and natural family in all but true orphan status for babies and children.**

Newborns should not be whisked from delivery rooms because a 1997 federal law enables trafficking in tiny human flesh because a mother has "lost" prior children to the system. For all the families who've had children succumb serially to once-identified genetic disorders, for all who've seen children react to overloads of vaccines (5–9 shots at one time for many welfare or military children whose brains swell, retinal hemorrhages are caused and suddenly their parents are accused of becoming angry, violently shaking them, never mind the law of physics proves there MUST be accompanying severe neck injury), ***an official policy that creates trauma where often there provably was little or none prior to CPS "intervention," MUST CEASE AND DESIST.***

So, someone goes to prison, a mother becomes childless, children are scattered from family and each other, and no one dares tell the whole story of overloads for some in situations, of too many shots at one time in relation to the current health status of a child, some of whom were preemies and given shots anyway by the "chronological" rather than gestational age.

### **Capital Punishment Equivalent**

Mistakes are made. More child protection reports than anyone chooses to believe are not supportable IF those accused received the courtesies given serial killers under justice system options that include a death sentence.

Attorneys who bravely try standing between the feelings of the lowest line CPS worker and a never-abusive but about-to-be fractured family in purposely extraconstitutional courts (see pre-1899 comments about the first juvenile courts) correctly equate turning a family's child into a "legal stranger" by a judge's pen the civil (or supremely Uncivil) parallel of capital punishment under criminal justice. **But, aren't child abusers even WORSE than murderers? So why are not they—and alleged "evidence," too often state-purchased hearsay—under the most carefully scrutinized rules of solid evidence?**

Instead families have a choice: simply give up children—or watch them taken anyway under color of law—and maybe you get to live. What is life without the children that parents wanted, loved and for whom strong advocacy may have meant unwarily “starting something”?

That “something” may have been annoying a doctor, an educator, a professional with too many questions, quoting law or policy, or offering or challenging an opinion that did not match the child or what the parent knew of the child. For busy and annoyed and sometimes arrogant professionals a call to CPS to report “suspicions” has proved to be an almost guaranteed diversion and assurance any threats or costly or bothersome advocacy for a child will stop (“under color of law”).

Never mind the child, truly “in need of services,” is now subject to removal by CPS and near instant pre-adoptive placement? Who cares that adopters will likely have to promise not to pursue similar advocacy, even after they learn what the parent/s always knew: the child needed help and parents went to the agency that promised it.

Just as with Congressional interest in improving foster care, one can aim at “improv(ing) child protective services,” as one can attempt to reform or improve Frankenstein. The end result remains: a monster.

Barbara Bryan

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### Statement of Donna M. Butts, Generations United

#### *Introduction*

Generations United is the only national membership organization focused solely on promoting intergenerational strategies, public policies, and programs. Founded in 1986 by the National Council on the Aging, Child Welfare League of America, AARP, and Children’s Defense Fund, GU has grown tremendously over the last twenty years and now has individual members, in addition to over 100 national, state, and local organizational members that represent more than 70 million Americans. GU serves as a resource for educating policymakers and the public about the economic, social, and personal imperatives of intergenerational cooperation. One of GU’s core initiatives is its National Center on Grandparents and Other Relatives Raising Children, also known as grandfamilies.

My testimony is about these “grandfamilies” or families in which grandparents or other relatives are primarily responsible for caring for children who live with them and the Promoting Safe and Stable Families Program (PSSF). While I will focus my statement on grandfamilies in the formal foster care system, it is important to remember that many children are raised outside any formal child welfare system and are in informal relationships.

Generations United shares the goals and objectives of the PSSF program. The program recognizes the importance of having permanent family relationships. The program should seek, as it has in the past, to expand options for permanency to include a federal subsidized guardianship program. Federal subsidized guardianship is an innovative approach to expand permanency to children languishing in foster care with no plan for permanency. Subsidized guardianship provides the sense of “forever” that is so important to a child’s future.

#### *The Numbers*

Children who enter the foster care system fare better when placed with relatives. They experience fewer placements and less disruption while staying connected to their roots and culture. They are more likely to report that they feel loved. Currently about 530,000 children in the U.S. are in foster care. Of these, more than 125,000 live with relatives. All told almost six million children across the country are living in households headed by grandparents or other relatives, according to the 2000 U.S. Census. About 4.4 million of these children are in grandparent-headed households, and another 1.5 million live in households headed by other relatives, such as aunts, uncles, or siblings. Almost 2.5 million of these children have no parent present in the home.

#### *Permanency*

The ultimate aim for the PSSF program is a permanent and healthy home for children. Research and the success of the program prove that part of having a safe and stable home is also having strong family relationships. As part of the program’s reauthorization in 1999, it has sought to expand ways in which permanent placements can be found for children, including post adoption services. Adoption is an

attractive option for permanency for many children. However, for children in the care of relatives in the formal foster care system adoption is often not an appropriate option. Adoption involves going to court and terminating parental rights and fundamentally changes the family structure which is simply unacceptable for some families, especially among Native American families. For those children in foster care for whom neither returning to home nor adoption are viable, subsidized guardianship is an important third option. Unfortunately there is no guaranteed federal funding for the program for all states to take advantage of the benefits to children and families.

#### ***Subsidized Guardianship***

Subsidized guardianship programs solve two of the most significant challenges for grandfamilies, those of legal relationship and financial support. Access to services, like education, health care, and housing, can all vary depending on whether the child has a legal relationship with the caregiver. For this reason, legal issues are frequently among the top concerns for grandfamilies. Finding a legal relationship that suits the families' needs, and an affordable lawyer to help, can be difficult, if not impossible. What is commonly considered the most permanent of the legal relationship options—adoption—may not be attractive to relative caregivers. The process is often disruptive to family relationships, and in many cultures is unimaginable, because the grandparent, aunt, uncle or sibling becomes the “parent” in the eyes of the law. Grandma may not want to be “mom,” and forever change her adult daughter into her own child’s “sister.”

In addition to legal concerns, financial assistance is an often cited need. In many states, financial supports for grandfamilies are severely limited, despite the frequent need for assistance to care for the children whose grandparents and other relatives did not plan to raise them. Financial assistance for families who need it can help a grandfamily stay together. It is most important for middle age caregivers who should be saving for their own retirement and older caregivers who are at risk of spending down assets meant to last their lifetime. Subsidized guardianship is one means of addressing the financial challenges for children exiting the foster care system.

Through subsidized guardianship, children get a permanent, legal relationship with their caregivers, and receive much needed ongoing financial support. Thirty-five states and the District of Columbia, have such a subsidized guardianship program to provide safe, stable permanent homes for children. Several programs have been a model of compassionate, cost-effective policy that moves children out of foster care into safe, permanent families. Although subsidized guardianship programs are proven successful, these programs do not have a stable source of federal funding. The blue-ribbon Pew Commission on Children in Foster Care, a nationally renowned panel of child welfare experts, recommended that all states be allowed to use Title IV-E federal foster care funding for subsidized guardianship assistance for eligible children who leave foster care to live with safe, legal guardians.

Subsidized guardianship should not be viewed as an impediment to adoption. In fact, an evaluation of the Illinois Title IV-E waiver program found that over five years, subsidized guardianship provided permanence for more than 6,800 children who had been in foster care, that discussing all permanency options actually helped to significantly increase the number of adoptions, and the children involved perceived guardianship as providing as much security as adoption.

#### ***Supports to Informal Relative Caregivers***

Part of the purpose of Promoting Safe and Stable Families Program is to help minimize the number of families that come to the attention of the child welfare system. Many children that are at a high risk for entrance into the child welfare system are also in the informal care of grandparents and other relatives. PSSF should look to increase supports to relative caregivers to prevent placements in foster care.

#### ***Conclusion:***

We appreciate the work of this committee to reauthorize the PSSF program. The program is a very important part of the mix of supportive services addressing the needs of children in foster care. We believe however that there needs to be further examination of the foster care system to assure that additional avenues of permanence are open for children. Subsidized guardianship should be one of the options available for children to enter into permanent relationships. Research and the success of Promoting Safe and Stable Families show how important family connections are to the health of children. Subsidized guardianship maintains those connections and limits children’s interaction with the child welfare system. Subsidized guardianship should be open to children in every state with guaranteed federal funding. Thank you.

Boston, Massachusetts 02215  
 May 23, 2006

Dear Committee on Ways:

CPS was originally designed to protect children and keep families together. Due to incentives driven by Federal Law, it now is a bill-at-will child mental health system wherein involuntary commitment comes from child removal. Most of the CPS kids are labeled mentally ill and drugged for two reasons, 1. it gives money to the CPS residential centers and states get federally matching funds and 2. mental disorders are arbitrary and subjective since there are no medical tests that can be verified or proven fraudulent. The result is that the children are harmed, families are torn apart and the federal government is ripped-off (which it deserves for allow such a corrupt system). Solutions: 1. Stop the federally matching funds for CPS, especially for mental health "services." Cap the funding back to the 1997 level prior to the adoption bonuses. This takes away state incentive to allow these poor kids to be put on three to five psychiatric drugs at a time, including antidepressants and antipsychotics that aren't approved for kids. 2. Repeal the Adoption law of 1997 as that's an incentive for states to remove kids from families which is exactly opposite of the reason for CPS. If you cannot do 1. and 2. above, realize that you've created a monster and abolish this abusive system.

Sincerely,

Kevin Hall

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**Statement of Jim Denney, Sutter County Sheriff's Department,  
 Yuba City, California**

Mr. Chairman and Members of the Subcommittee on Human Resources:

Thank you for the opportunity to submit this written testimony. My name is Sheriff Jim Denney and I have led the Sutter County Sheriff's Department in Yuba City, CA for the last seven years. I have been in law enforcement for 34 years, serving in a variety of roles including patrol, K-9, drug enforcement, felony investigations, and administration. I am also a member of the state executive board of Fight Crime: Invest in Kids California, an anti-crime organization of more than 300 police chiefs, sheriffs, prosecutors, and victims of violence. Nationwide, I work with more than 2,500 law enforcement leaders who have come together to take a hard-nosed look at what the research says works to keep kids from becoming criminals.

*Overview of Recommendations*

My experiences on the frontline in the fight against crime have shown me that child abuse and neglect is too often only the first chapter in a tragic story of violence. The research confirms that although most abused and neglected children go on to lead productive lives, these kids are at greater risk of engaging in later violence. I am very pleased that your recent draft proposal for a bi-partisan reauthorization of the Promoting Safe and Stable Families program maintains the program's focus on child abuse and neglect prevention and provides additional federal resources to help ensure that kids are in the safest environment possible for their healthy development.

Specifically, I applaud you for your recent draft legislation to reauthorize the Promoting Safe and Stable Families program, which includes:

- Preserving the focus on funding for up-front prevention in the core "Promoting Safe and Stable Families" program; and
- Increasing mandatory funding authorization levels by \$40 million annually to enable states and communities to better address child abuse and neglect.

The draft bill would take important steps toward ensuring that children are safer—and as a result—our communities are safer in the long run.

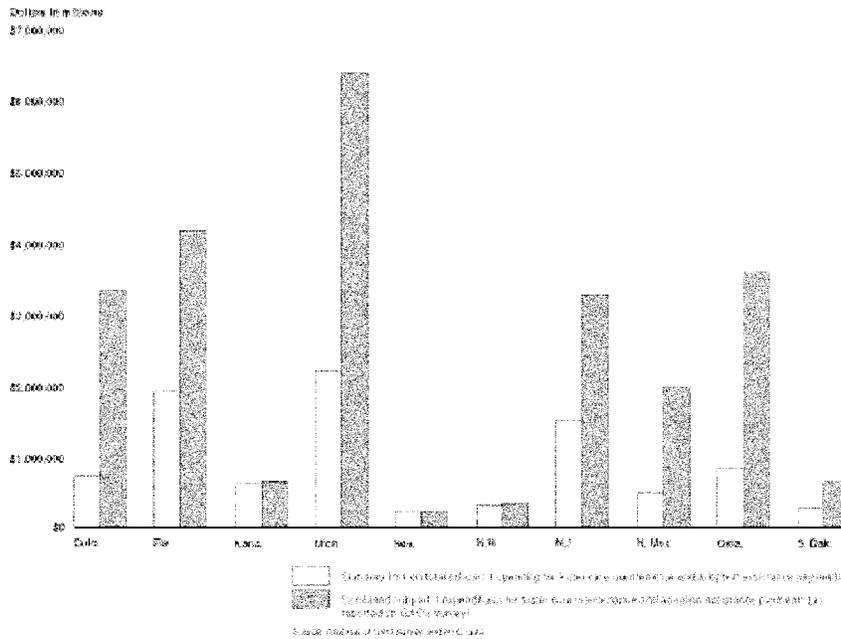
Because I understand that you have circulated the draft legislation with the intent to generate suggestions and ideas, I would also like to suggest one idea for a possible approach to targeting the \$40 million in increased mandatory funding: in-home parent coaching, through language already included in the bi-partisan Education Begins At Home Act (H.R. 3628).

*Child Abuse and Neglect: The Crime Connection*

Child abuse and neglect is widespread. Each year, 900,000 cases of child abuse and neglect are investigated and verified by state child protection systems. The Third National Incidence Study of Child Abuse and Neglect, a Congressionally mandated study, concluded that the actual number of children abused or neglected each year is three times the officially recognized number, meaning that an estimated 2.7 million children in America are abused or neglected every year. It is estimated that more than 2,000 children die from abuse or neglect each year, including 1,400 deaths that are officially reported to be the result of abuse or neglect.

Sadly, such child abuse and neglect is often only the first chapter in a multi-generational story of violence. Severe abuse and neglect, particularly when they occur during the earliest months and years of life, can permanently injure children in ways that make them much more susceptible to engaging in violence. The best available research indicates that, based on confirmed cases of abuse and neglect in just one year, an additional 35,000 violent criminals and more than 250 murderers will emerge as adults who would never have become violent criminals if not for the abuse or neglect they endured as kids.

*Child Abuse and Neglect Prevention through In-Home Parent Coaching*



By the time law enforcement gets involved, it is too late to undo the damage that results from child abuse and neglect. After all, over half of the children who die from abuse or neglect were previously unknown to Child Protective Services, and children who survive abuse or neglect are dramatically more likely to engage in later crime and violence.

Fortunately, there are effective, evidence-based prevention programs that are proven to reduce child abuse and neglect and later delinquency, helping to reduce the need for foster care placements.

In-home parent coaching is one of the most research-proven successful and cost-effective child abuse and neglect prevention approaches available. For example, the Nurse Family Partnership (NFP) randomly assigned at-risk pregnant women to receive in-home visits by nurses starting before the birth of the first child and continuing until the child was age two. The nurses coached the expectant mothers in parenting and other skills and helped the mothers address their own problems. Rigorous research (randomized control trial research), originally published in the *Journal of the American Medical Association*, shows that children of mothers in the program had half as many substantiated reports of abuse or neglect. Children of mothers who received the coaching also had 59% fewer arrests by age 15 than the chil-

dren of mothers who were not coached. Even the mothers who received the in-home parent coaching had 61% fewer arrests, demonstrating a multi-generational crime-reduction benefit. Additionally, the RAND Corporation found that NFP averages more than \$18,000 in savings for every family in the program. A Washington State cost-benefit analysis produced similar results and found that reduced crime costs accounted for almost two-thirds of the savings.

The Bush Administration has, through a variety of federal agencies, expressed strong support for such evidence-based in-home parent coaching programs. U.S. Department of Health and Human Services Assistant Secretary Wade Horn has cited the Nurse Family Partnership as "one example of the types of prevention programs that we know can work." NFP has also been identified as a model program by the President's New Freedom Commission on Mental Health, the Office of Juvenile Justice and Delinquency Prevention, National Institute of Justice, and the Substance Abuse and Mental Health Services Administration.

Unfortunately, too many families do not yet have access to such high-quality prevention programs. In fact, the Nurse Family Partnership serves only 20,000 of the 500,000 eligible women nationwide. This inadequacy has led to numerous preventable foster care placements, and an unnecessarily large number of kids growing up to become violent criminals.

#### *Promoting Safe and Stable Families Program's Focus on Prevention*

The Promoting Safe and Stable Families (PSSF) program, which is scheduled to be reauthorized this year, funds community-based services like in-home parent coaching that prevent child abuse and neglect. A September 2003 Government Accountability Office report (reiterated in the GAO 5/23/06 hearing statement before your Subcommittee) demonstrated that over 70% of funding from the flexible Title IV-B Child Welfare Services program is spent on child welfare system uses to help kids who have already been abused or neglected and only 10% is spent on family support/prevention and family preservation. In contrast, over 60% of funds from PSSF supports prevention and family preservation services and only about one-third is spent on child welfare system uses. Without funding specifically designated for upfront prevention services, as is now the case with PSSF, states are likely to decrease their investments in prevention. That is why I commend you on your recent draft legislation for PSSF reauthorization, which preserves the core program's focus on prevention.

#### *Increased Promoting Safe and Stable Families Program Funding*

The discretionary component of PSSF is currently authorized at \$200 million per year. Despite the fact that the Administration had requested this amount, PSSF has never received more than \$101 million per year in discretionary funding. The discretionary authorization should remain at \$200 million a year and appropriators should meet that authorization level in Fiscal Year 2007. As you know, the Fiscal Year 2006 budget reconciliation bill increased mandatory funding for PSSF by \$40 million. Authorizing the additional mandatory funding for each of the next five years, as urged by the Administration in recent Senate Finance Committee testimony and as provided in your draft PSSF reauthorization bill, will help states and communities to improve their child abuse and neglect prevention approaches.

If the increased funding were used to support monthly caseworker visits to kids in foster care, as proposed in the current draft House reauthorization bill, children's well-being and safety in placements could be more closely monitored, preventing additional abuse and neglect and later crime. If that is the approach taken in the final House PSSF reauthorization bill as it moves forward, I would certainly be supportive of the legislation. I also want to mention a possible alternative. The additional funding could be targeted toward programs that prevent initial abuse and neglect, such as in-home parent coaching. Such programs would lower the number of kids in foster care, so caseworkers would be better able to monitor the safety of the remaining children in care. For the \$40 million to have the greatest "bang for the buck," it's difficult to find a better approach than in-home parent coaching, to stop child abuse and neglect BEFORE it happens.

I urge you to consider targeting the \$40 million per year in mandatory funding toward in-home parent coaching programs, as would be supported under the Education Begins at Home Act (H.R. 3628/S. 503). The Education Begins at Home Act has bi-partisan support in both the House and Senate. Representatives Davis (D-IL), Osborne (R-NE) and Platts (R-PA) introduced the bill in the House last summer and have since been joined by over 10 other Republican co-sponsors. In the Senate, Senators Bond (R-MO), Talent (R-MO) and DeWine (R-OH) introduced the companion bill last spring. The Education Begins at Home Act would provide grants from the U.S. Department of Health and Human Services to states for in-home par-

ent coaching programs, to help new parents get the information, skills and support they need to promote healthy child development. If you decide to pursue this funding approach, I know that I and the other members and staff of Fight Crime: Invest in Kids stand ready to work with you on it.

*Conclusion*

By strengthening the Promoting Safe and Stable Families program, increasing its funding and targeting new funding toward the in-home parent coaching programs, Congress would protect the safety of kids who have already been abused and neglected and prevent more kids from suffering abuse or neglect. These strategies will help to break the cycle of violence caused by child abuse and neglect and resulting increases in later crime as innocent child victims become the adult victimizers. I applaud you, Mr. Chairman and members of the Subcommittee, for your leadership on these critical issues, and your efforts on this important PSSF reauthorization.

Thank you for this opportunity to present our views on how the House Ways and Means Human Resources Subcommittee can take steps to help reduce child abuse and neglect and later crime.

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River Edge, New Jersey 07661  
May 23, 2006

Dear Honorable Members of the Ways and Means Sub-Committee on Human Services,

I commend you for reaching out to the public for feedback on federal programs, their financing and the impact they have had on outcomes for children and families. Today I again need to focus on a too common result of your well intentioned "aid" to the states: DOMESTIC CHILD TRAFFICKING. This is an established practice by states to maximize short term financial gains from the federal government by shattering loving families in order to create new "forever families." While my family was dragged through New Jersey's Child Welfare machine, I could not understand why my two young sons' best interest, the unwavering compliance of their loving, yet vulnerable, family were ignored. Not in America, I said. Not with the protections afforded each person by our justice system. Not with the billions of taxpayer dollars spent and countless words being thrown about: Human Services, Children's Services, Family Services. How could this happen in the greatest nation in the world?

I testified on January 28, 2004 before this committee, superficially recounting some of the systemic horrors of my family's plight, still hoping for a meaningful explanation, a legitimate reason for this senseless attack on our family. I left increasingly dismayed and unsettled, yet with enhanced awareness and resolve to seek and find answers. And, I did. In June of last year I gratefully accepted a Pew Commission on Children in Foster Care invitation to attend a DVD release event. To pointed questions, the Honorable Michigan Supreme Court Justice Maura Corrigan (also a member of the Commission) publicly acknowledged that states have been and continue to engage in the illicit profiling, selection and trafficking of children through their child welfare system to secure federal funding at the expense of those vulnerable children and their families. The Commission also acknowledged there are little teeth for state compliance in their superlative legislative recommendations.

I resent that so few would speak the truth and no one put a name to an accepted practice that has gone on for decades. Well, ugly as it is, the appropriate term is DOMESTIC CHILD TRAFFICKING. We chide other nations for trafficking women and children. We pride ourselves as a country where all men are created equal and all have certain inalienable rights. We are involved in internationally monitoring, sanctioning, condemning and punishing others for treating human beings like commodities, yet our very states are practicing this daily, rewarded with federal dollars. The word "hypocrisy" comes to mind.

Would a well intentioned parent be considered responsible if they gave an enormous allowance to a child without ensuring the monies were used within the guidelines set down? Is it responsible for the parent to continue to provide the allowance with the only understood stipulation being that the child does not end up as negative front page news? I think not. The enormity and lure of more will distort the child's view of the value of the intended purpose. It is irresponsible to knowingly continue to financially reward states for defiling the best interest of children and destruction of families.

The media is saturated with competing advertisements by countless public and private agencies begging the public to foster parent or adopt children: each nibble could be a well rewarded hook into a federal income stream. Why else would they

engage in costly media space? Where is the endless supply of children coming from? These agencies are making a fortune off of innocent children while the carcasses of their families churn through the bowels of state Child Welfare Machines: DOMESTIC CHILD TRAFFICKING.

The very states that are claiming recruiting shortfalls of “Resource Families” create their own shortages by turning a noble calling into nothing more than a transaction. Despite this cheapening of the role of foster and adoptive families, ethical and dedicated parents do not vocalize their condemnation of this practice for they are threatened by those perpetuating the corruption. The state appointed caretaker to my sons refers to us, their parents, as egg and sperm donors, knowing that my children love us. These state appointed nurturers brag about my children spending more than a year in [unsuccessful] “disassociation therapy” to attempt to break the undeniable bond they have with the family they know loves them. They have been punished and ridiculed for acknowledging their feelings and their roots. Resource Families with agendas other than the best interest of children (money, attention, personal character deficiencies, etc.) need to be “outed” before the children in their care are irreparably damaged and the reputation of the committed, dedicated majority gets further corrupted.

My children are not commodities. My family has value beyond the price New Jersey has and continues to receive for my sons’ now tragically mutated lives. “Sold” to a connected family, my children were severed from their loving parents, extended family and the very roots that they would build character, a spiritual foundation and a healthy self-esteem upon. These two young innocents’ childhood and future were sacrificed for short sighted, fiscally driven principles practiced daily across our great nation.

I have had the unfortunate pleasure of meeting and corresponding with many, many shards of families: parents, grandparents, children, and those who are being torn apart right now. From different regions, states, backgrounds, ages, ethnicities, vulnerabilities, we all share a fatal common thread—our familial death penalty was financed by the federal government through incentives offered to states. Hoping states will “do the right thing” without accountability is irresponsible at best. With all the sensational news headlines rising like pond scum in the media, I fear informed disengagement. An attitude of detachment towards DOMESTIC CHILD TRAFFICKING is a plague that is promises to destroy the future of our society, through the murder of vulnerable families. The federal government has a responsibility to ensure taxpayers that the monies entrusted to them are spent appropriately and responsibly to the betterment of society.

DOMESTIC CHILD TRAFFICKING is the United States’ holocaust. The family is the cornerstone of society and most directly responsible for the nurturing of our nation’s future: our children. We need to take action now: I humbly ask you to stop financing the problem and join me in being part of the solution. Because of the prevalence and severity of the consequences, this issue begs a public hearing where it is acknowledged, given the attention it deserves and appropriate solutions realized. I look forward to hearing from you. Our future depends on this.

Thank you for your genuine commitment,

Lisa E. Gladwell

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### Statement of Alicia Groh, Voice for Adoption

I want to thank the subcommittee for taking the time to hold a hearing on the issues facing the child welfare system, including the need to reauthorize the Promoting Safe and Stable Families program. Voice for Adoption (VFA) is very pleased to know that this committee is interested in examining the current status of the child welfare system and exploring the potential for improvements moving forward.

As the members of this committee know, our child welfare system is charged with a set of incredibly complex, critical responsibilities. Balancing the interests and rights of birth families, children, relatives, and foster and adoptive parents is challenging enough, but the work is further complicated by varying timeframes that parents face for reunification efforts, welfare eligibility, and the time needed for rehabilitation. As in most systems, progress often comes slowly, but slow progress feels unsatisfactory when we are dealing with the lives of vulnerable children. Six months may seem almost negligible to an adult, but to a three-year-old child, six months constitutes a significant portion of her life. As we all work to improve the experiences and outcomes of families involved with the child welfare system, I hope that we will all keep in mind a child’s sense of time, and feel a heightened sense

of urgency to make things better for our most vulnerable children. These children need our child welfare system to work for them **today**.

Voice for Adoption is a membership advocacy organization. We speak out for our nation's 118,000 waiting children in foster care. VFA members recruit families to adopt special needs children and youth. Our members also provide vital support services both before and after adoption finalization to help adoptive families through the challenges they often face. We, like the members of this committee, are dedicated to finding permanent, loving families for every waiting child in foster care. We are also dedicated to ensuring that those children continue to have their needs met after they find their permanent families.

Over the past decade, the child welfare field has made significant progress in promoting adoption for children in foster care. An energized focus on providing permanency for youth in out of home care, as well as new laws and funding, helped drive dramatic increases in the number of waiting children who found permanent, loving families. Federal efforts to promote and support creative adoptive parent recruitment efforts, online photolistings of waiting children, and financial incentives for States to find more adoptive families have helped provide permanent, loving adoptive families to at least 50,000 waiting children each year over the past five years.

The success of these adoption efforts at the Federal, State and local level is wonderful, and I hope that the child welfare field continues to experience great success in finding adoptive homes for waiting children. The work cannot stop at the time an adoption is finalized, however. The recruitment and adoption promotion efforts must be matched by a strong commitment to ensuring that adoptive families are able to meet the needs of their children. As we all celebrate the increase in the number of children who are adopted, we need to support the individual families that make these adoptions possible. Real post-adoption services are not just an important aspect of support for families after they have adopted; these services act in concert with recruitment efforts to reassure prospective families that they will be able to access the services they need to care for their children. Most children who are adopted from foster care have experienced abuse or neglect, and many spent years in foster care without stability and security. Many of these children received much-needed services while in foster care, and a child's challenges do not vanish when his adoption is finalized. Finding a permanent family can be a healing experience for a child, but adoption itself cannot heal all of a child's wounds. Adoption should never mean that a child loses the services and support that he needs in order to gain a permanent family.

VFA's member organizations know from experience that many adoptive families struggle to find appropriate post-adoption services, especially mental health services, that can respond to the unique dynamics involved in adoption. Gaining access to high-quality mental health services can be challenging enough for any family, but adoptive families face an additional challenge trying to find service providers who understand how a child is affected by a history of abuse and neglect, experiences in foster care, and the process of joining an adoptive family. Even when adoptive families are fortunate enough to find adoption-competent service providers, they may face further hurdles because the providers are not covered by their insurance. We already ask so much of the families that adopt children from foster care; should we really demand that they spend their life savings in an attempt to help their children heal? Funding is certainly critical in ensuring that post-adoption services are available, but funding alone will not make service providers understand the issues that are unique to adoption. VFA strongly encourages Congress to support training and information that will enable providers to become well-informed about the issues that adoptive families and adopted children face.

In recent years, there has been a noticeable growth in the intensity of discussions about reforming the child welfare system. Certainly, the current structure has many components that need to be improved in order to serve children better, particularly the Title IV-E eligibility criteria. VFA is hopeful that all of the debate about reforming the child welfare system will lead to thoughtful, well-designed improvements that will truly improve the lives of children in foster care and the families that care for them.

## **Recommendations**

### **Increase Funding for the Promoting Safe and Stable Families Program**

Federal funding for child welfare programs should acknowledge the complexity of the work that child welfare systems must perform. Flexibility is key in order for States to be able to provide the specific services and support systems that individual families need, but without sufficient resources, States are forced to choose between equally important support services. The four service categories within the Promoting Safe and Stable Families program all address high-priority services for vulnerable

families, and States need to be able to provide each category of service without jeopardizing another set of clients. Voice for Adoption encourages Congress to provide adequate funding both for the costs of caring for children in out of home care and adoptive placements and for providing needed services to birth, foster, adoptive, and kinship families. At a minimum, the program should be fully funded at its total authorized level. Funding for the program should be entirely mandatory; having the authorization split between mandatory and discretionary funding leaves the program vulnerable to smaller appropriations from year to year for crucial child welfare services. Child welfare funding is already too fragmented, so States need to be able to rely on a consistent amount of Promoting Safe and Stable Families funds in order to plan wisely and provide crucial services to families.

#### **Ensure that Adoption Opportunities Funds Support Adoptive Families**

The Adoption Opportunities program provides an opportunity to target Federal funding consistently toward post-adoption support. In recognition of the essential role that post-adoption services play for adoptive families, a portion of the Adoption Opportunities grants each year should be aimed specifically at providing support and services to adoptive families. The need for post-adoption services is ongoing; the Adoption Opportunities grants should direct funds every year to provide post-adoption services to families that adopt children with special needs.

#### **Establish Funding Specifically for Post-Adoption Services**

Voice for Adoption encourages Congress to establish a dedicated funding stream for post-adoption services, acknowledging the essential role that these services play in providing the stability that children need after being adopted from foster care. Adoptive families need to be able to access a continuum of services, including support groups, case management, and mental health services. Many children in foster care require multiple services and support systems to meet their medical need, to help them address their history of abuse and neglect, and to help them learn how to develop healthy family relationships. Prospective adoptive parents should not have to choose between providing permanency to a child or ensuring that the child's ongoing medical, educational, and mental health needs are met. Within existing funding streams, post-adoption services are pitted against other important child welfare services, forcing States to decide whether it is more important to recruit adoptive families or support them after they have adopted. Creating such a dilemma makes it harder for children to get their need for both permanency and stability met.

#### **Increase Flexibility While Continuing Children's Entitlement to Federal Support**

Current discussions about the child welfare system often emphasize the need for increased flexibility in how States spend Federal child welfare funds. Certainly, States need to be able to meet the specific needs of the children and families that they serve without being unduly constrained. Voice for Adoption encourages Congress to consider the idea of flexibility within the context of maintaining individual children's entitlement to Federal funding to support their care in foster and adoptive placements. Congress can give States increased flexibility for providing services and support structures without sacrificing the child-specific funding for the costs of foster care or adoptive placements. Vulnerable children should not be made more vulnerable as a result of efforts to provide increased flexibility to States.

#### **Eliminate the Link to AFDC for Title IV-E Eligibility**

As this committee has heard from many other organizations, the Title IV-E program's link to the Aid to Families with Dependent Children program needs to be eliminated. Children who enter foster care need are all equally in need of government protection and support, regardless of the financial situation in the birth families' homes. Making Federal support of the costs of foster care and adoption assistance contingent on 10-year-old eligibility criteria for a program that no longer exists creates an unreasonable barrier to Federal funding, as well as an administrative burden for social workers who are serving our country's most vulnerable youth.

#### **Conclusion**

The current funding structure requires States to develop a patchwork of funds in order to provide post-adoption services, and this patchwork is stretched thin trying to provide even basic services. More intensive services such as in-home therapy and residential treatment are often out of reach for the families that really need them. Adoptive families make a permanent commitment to their children, and VFA believes that Congress should make a commitment to providing ongoing support to

help these families meet their children's needs. Adoption is a life-long experience, and children and families deserve support as the children move toward adulthood.

Grants, New Mexico 87020  
May 15, 2006

Dear Ways and Means committee,

In regards to the advisory in respect to improvements to Children Services:

My opinion is that all Federal funding needs to be stopped to all States regarding child protection. And that States should be forced to manage cases of child abuse/ and false allegations against parents, on their own.

As long as the Federal government funds Child protective services, the Federal government "is a party" to the destruction of the families that are being annihilated, and injured as a consequence of Children services involvement. In many cases in which there was no justifiable cause for action to be taken against the family.

The money that is now being paid to Children Services **should instead be paid to the injured parties, parents and children** that have been harmed by Children Services.

Twelve years ago my four year old daughter was raped and sodomized in foster care. To this day no agency and no organization has ever investigated the inappropriate removals of my daughter. Nobody has ever investigated her victimization in foster care, and the failure of the Children service organizations to get her the necessary medical care, and diagnosis. If there was an investigation **"it did not involve me and my input into the actual facts and what occurred."** Therefore her perpetrators (two grown men and a woman) go unpunished.

Children services and the police regularly invent false scenarios in support of each other, and so does the medical community. State psychologists write biased and unprofessional evaluations about parents in support of Children service cases against parents. Frequently, those reports are done by psychologists who use Children services as their only income source. If the psych reports aren't written to the specifications of Children services, and in support of the agency, that doctor might be out of a job. Parents and others witnesses that are in support of the falsely accused are misquoted in case-notes written by case-workers. False information is filed against parents and mis-truths are told to the courts. The facts are twisted. Parents are denied a jury trial, because there are no formal criminal charges. At times evidence is conveniently removed from case notes when those notes could reveal corruption, mistruths, lies, or false allegations, and malicious accusations against the parent. There are cases in which parents aren't told why the child is being removed, and when there was no abuse or neglect, parents are called mentally ill, and paranoid because **"the parent does not understand what the purpose of the removal is."** Normal reactions from a parent are regularly twisted into a mental health issues by the organization.

We would expect the above mal-treatment from a Dictatorship, or a Communist Country.

What I have described above occurs in the United States every single day in Children Services offices across the country. I have been speaking with people about their child protective cases for 12 years now, and there are similar incidents regarding human rights violations in almost all cases that I have learned about, as described in the paragraphs above.

**In order for society, and the government to know the real truth it would take oral testimony, the individuals involved, and a trial to come to the truth, involving individual cases.**

As things are, there is no organization or investigative agency to oversee Children services. Parents that go to the F.B.I. are told that the F.B.I. does not investigate Children services. Parents that go to their U.S. representatives, are looked upon as the trash heap of society, and ignored. It is always assumed that the parent is guilty **even when there is no actual evidence that a parent harmed a child.**

My family has been destroyed (three children). My daughter might never have children as a result of the rapes in a Middlesboro, Kentucky foster home. Both she and I will carry a life-time of scars as a result of Children services inappropriate removals of her, due to false allegations against myself. And my daughter never received victim assistance, after being a victim of horrific sexual abuse while in foster care. At the very least the government owes that innocent child something.

How can it ever be justified "to take a child from their own family (innocent family or guilty family) and place that child with abusers"? How can it be O.K. for an

agency to terrorize a family for years without any proof, and without real evidence that the parents have ever done anything wrong to the child?

Our government is oppressive and cruel, and allows our most basic human rights to be regularly violated under the auspices of Children Services. The United States is no longer a Democracy, the U.S. constitution means nothing apparently, and this country has lost all of my respect.

Sincerely,

Gail D. Haymon

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Walton, Kentucky 41094  
May 16, 2006

Please for the children of all the states stop the CPS, DCFS, and all other agencies from hurting and putting our children in harms way. This is the United States not a another country that can not help their own? Or is it. CPS is like the gestapo. Through lies, intimidation, and lawyers that are not ethical, children are being abused and it is so disgusting here in USA. All states. If YOU would ever have to deal with them YOU would know. Hope you do not, please stop their abusive POWERS. Granted some do care, and help SHOW me them! PLEASE. Show a child that has benefit from being removed from parents/parent. Show me a child that is complete in the system.

Sincerely

Helen Holder

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**Statement of Joe Kroll, North American Council on Adoptable Children, St. Paul, Minnesota**

I have to start by saying how proud I am of the progress that has been made in this country in the last 30 years. When our organization was founded in 1974, few people were paying attention to the foster children who were languishing in care, and adoptions of foster children older than two were rare.

Policy and program changes at the state and local level, guided by the passage of the Adoption and Safe Family Act and the creation of the Promoting Safe and Stable Families program, have made a world of difference to the nation's most vulnerable children. Children's time in foster care has been reduced, more than 330,000 children have been adopted, and adults have finally started to look at the system through the eyes of the child. Each year for the last five years, 50,000 children have left the insecurity of foster care for the permanence and stability of a forever family.

The progress has been remarkable, but there is much more to be done. More than 118,000 children are still waiting for a permanent family.<sup>1</sup> Many others are consigned to long-term foster care, with no one even seeking a family for them. Each year, 20,000 young people age out of care with no legal family connection and an uncertain future. Many have limited education and poor employment prospects. Too many end up homeless, incarcerated, and physically or mentally ill.

I would like to focus my remarks today in two areas that would significantly reduce the number of foster children who never find a permanent family: (1) supporting expanded permanency options and (2) providing additional post-permanency support.

*Support Expanded Permanency Options*

You might be surprised to hear the director of an adoption organization touting other permanency options, but we at the North American Council on Adoptable Children (NACAC) are committed to achieving each child's best interests. In most cases that means keeping a child with his birth family or reunifying that family as quickly as possible. In other cases, it means finding a grandparent, aunt, uncle, or another long-term, committed caregiver to provide legal guardianship. And, of course, for thousands of foster children adoption *is* the best option.

*Provide Support to Birth Families*

The *Green Book* states: "It is generally agreed that it is in the best interests of children to live with their families. To this end, experts emphasize both the value

<sup>1</sup>Maza, P. (November, 2003). *Who is adopting our waiting children?* Presentation given at AdoptUSKids National Adoption and Foster Care Recruitment Summit, Washington, DC.

of preventive and rehabilitative services and the need to limit the duration of foster care placements.”<sup>2</sup> Federal funding, however, does not reflect this priority. Currently, 90 percent of federal funding can be used by states only after Title IV–E-eligible children have entered foster care or been adopted.<sup>3</sup>

Since so much federal funding is for children who have entered care, states do not have sufficient resources to invest in birth family support and reunification. In recent years, we have seen the percentage of foster children who reunite with their birth families go down—from 62 percent in 1998 to 55 percent in 2003.<sup>4</sup>

Children can reunify with their birth families when parents get needed support. In Nashville recently, I met Melissa, a mother who was addicted to drugs. She was at risk of losing her son Marley when she found an innovative drug treatment program that keeps parents and children together, rather than placing children away from their families in foster care. Melissa explains how hard it would have been for Marley to enter care rather than staying with her during treatment: “The pain of his mother being sick and gone . . . I know that would have been devastating. He would have gone through things he shouldn’t have to. None of it was his fault. To be able to heal with him while I was healing—that was just a beautiful thing.” Melissa is now a proud soccer and Cub Scout mom who loves her new job as a private duty certified nurse technician.

Annie was a meth user whose son Jory entered foster care in Oregon. She tried conventional drug treatment programs—like those offered to most birth parents—but they were not successful. It wasn’t until she found a comprehensive program that she was able to recover from her addiction and become a good parent to Jory. The program provided shelter, parenting support, and case management to help her form a more healthy relationship with Jory. “It was a very structured place,” Annie explains. “They had a parenting person and a manager on-site. . . . I had to have a plan and a goal sheet showing what I was going to accomplish while I lived there.”

Today, clean for five years, Annie serves as a mentor to other mothers who are trying to overcome their addictions. “[My experience gives me] a more realistic approach with parents. It is rewarding and empowering, especially when people get their kids back,” says Annie.

A recent survey of child welfare administrators found that substance abuse and poverty are the most critical problems facing families being investigated for child maltreatment.<sup>5</sup> In some areas, substance abuse is an issue for one-third to two-thirds of the families involved in child welfare.<sup>6</sup> Unfortunately, only 10 percent of child welfare agencies report that they can find drug treatment programs for clients who need it within 30 days.<sup>7</sup> Almost no drug-addicted parents can access drug treatment programs with a mother-child residential component, and few are able to participate in comprehensive programs that address issues of parenting and housing along with substance abuse. For families dealing with poverty and housing issues, support is also hard to come by. As the National Center for Child Protection Reform notes, “Three separate studies since 1996 have found that 30 percent of America’s foster children could be safely in their own homes right now, if their birth parents had safe, affordable housing.”<sup>8</sup>

**Recommendations:** Currently, for every dollar that the federal government spends on family preservation and post-permanency support, nine dollars are spent

<sup>2</sup>U.S. House of Representatives, Committee on Ways and Means. (2004). *2004 green book: Section 11—child protection, foster care, and adoption assistance*. [Online]. Available: [http://frwebgate.access.gpo.gov/cgi-bin/multidb.cgi?WAISdbName=108\\_green\\_book+2004+Green+Book+%28108th+Congress%29&WAISqueryRule=%28%24WAISqueryString%29+AND+%28reptype%3D%24sect+OR+reptype%3D%24sect1+OR+reptype%3D%24sect2%29&WAISqueryString=duration+of+foster+care+placements&WAIStemplate=multidb\\_results.html&Submit=Submit&WrapperTemplate=wmprints\\_wrapper.html&WAISmaxHits=40](http://frwebgate.access.gpo.gov/cgi-bin/multidb.cgi?WAISdbName=108_green_book+2004+Green+Book+%28108th+Congress%29&WAISqueryRule=%28%24WAISqueryString%29+AND+%28reptype%3D%24sect+OR+reptype%3D%24sect1+OR+reptype%3D%24sect2%29&WAISqueryString=duration+of+foster+care+placements&WAIStemplate=multidb_results.html&Submit=Submit&WrapperTemplate=wmprints_wrapper.html&WAISmaxHits=40). [Retrieved May 7, 2006.]

<sup>3</sup>In FY 2006 the appropriation for Title IV–E foster care and adoption assistance programs is \$6.48 billion while the funding for Title IV–B Parts 1 and 2 (Safe and Stable Families Program) is only \$721.7 million.

<sup>4</sup>U.S. Department of Health and Human Services. (2005). AFCARS report #10 (Preliminary FY 2003 estimates). [Online]. Available: [http://www.acf.dhhs.gov/programs/cb/stats\\_research/afcars/tar/report10.htm](http://www.acf.dhhs.gov/programs/cb/stats_research/afcars/tar/report10.htm) [Retrieved February, 2005].

<sup>5</sup>National Center on Child Abuse Prevention Research. (2001). *Current trends in child abuse prevention, reporting, and fatalities: The 1999 fifty state survey*. Chicago: Prevent Child Abuse America.

<sup>6</sup>U.S. Department of Health and Human Services. (1999). *Blending perspectives and building common ground: A report to congress on substance abuse and child protection*. Washington, DC: U.S. Government Printing Office.

<sup>7</sup>U.S. Department of Health and Human Services. (1999). (See complete citation above.)

<sup>8</sup>National Coalition for Child Protection Reform. (2004). *Who is in “the system” and why* [Online/ea. Available: <http://www.nccpr.org/newissues/5.html> [May 7, 2006].

on IV-E children who are in foster care or who have been adopted from care. The federal government must significantly increase its investment in Title IV-B Parts 1 and 2, and provide states with increased flexibility in how they spend federal child welfare monies.

In addition, if states successfully reduce the use of foster care, they should be able to reinvest federal dollars saved into preventive and post-permanency services. Currently, when states reduce the number of IV-E eligible children in foster care, the federal government reduces its payment to the state. We recommend that the federal government provide states with an amount equal to the money saved in Title IV-E maintenance payments, training, and administration. This would provide an incentive to keep or move children out of care, while also beginning to address the vast imbalance in federal funding.

Investing in at-risk families has been shown to work. Using a IV-E waiver, Delaware demonstrated that investing in substance abuse treatment had positive outcomes for children: the project's foster children spent 14 percent less time in foster care than similar children who did not participate in the waiver, and total foster care costs were reduced.<sup>9</sup> Certain counties in North Carolina used a federal child welfare waiver to cut down on out-of-home placements by investing in court mediation, post-adoption services, intensive family preservation services, and other interventions.<sup>10</sup>

#### *Implement Federally Supported Subsidized Guardianship*

About one-quarter of foster children are cared for by grandparents or other relatives.<sup>11</sup> Right now, almost 20,000 of these children cannot return to their birth families and have been with their relatives for at least a year.<sup>12</sup> These stable, loving kin families are a perfect permanent resource for many foster children, but the children remain stuck in foster care simply because adoption is not the right choice for their family.

For families such as these, guardianship is the right permanency option. Des Moines resident Helen has been caring for her nine-year-old grandson Cordell for many years and is committed to him forever. Adoption, however, is not the right choice for Cordell. Helen explains, "He has enough problems without his aunts and his mother becoming his sisters. That's like a bad rap song." Helen is no opponent of adoption. She has adopted four other foster children, but knows that in Cordell's case guardianship would provide the permanence he needs without rearranging family boundaries. At the same time, Helen needs assistance to help meet Cordell's significant special needs. Iowa's recently approved waiver allows only children older than Cordell to receive government-supported guardianship.

Seven years ago in New Mexico, Annabelle and Gilbert became foster parents to their nephew Vernon. After a few years, Annabelle and Gilbert were able to become Vernon's permanent legal guardians through a waiver program run by the Navajo Nation. Culturally, guardianship was the right decision for this family but Annabelle and Gilbert needed financial support to make a permanent commitment to Vernon. Now a teenager, Vernon is a true member of the family. He helps when Gilbert fixes things around the house, and hands him the right tools as they work together. "I like to work in Gilbert's garage with him fixing up cars and things. I can fix flat tires and fix my bike," says Vernon.

Jackie Hammers-Crowell, a panelist here today, spent 10 years in foster care without ever finding a legally permanent family. Her birth mother was mentally challenged and was unable to care for Jackie. Jackie stays in contact with her mother, however, whom she describes as "the world's best cheerleader." Jackie never wanted her mother's rights terminated, but would have liked a permanent family. She explains, "Subsidized guardianship may have kept me with my extended birth family, saved the state money, and kept my mom's parental rights from being needlessly, hurtfully terminated against our wills."

<sup>9</sup>U.S. General Accounting Office. (2002). *Recent legislation helps states focus on finding permanent homes for children but long-standing barriers remain*. Report to Congressional Requestors. [Online]. Available; <http://www.gao.gov/new.items/d02585.pdf>. [Retrieved May 7, 2006].

<sup>10</sup>Usher, C., Wildfire, J., Brown, E., Duncan, D., Meier, A., Salmon, M., Painter, J. & Gogan, H. (2002). *Evaluation of the Title IV-E waiver demonstration in North Carolina*. Chapel Hill, NC: Jordan Institute for Families, University of North Carolina.

<sup>11</sup>Generations United. (2006). *All children deserve a permanent home: Subsidized guardianships as a common sense solution for children in long-term relative foster care*. Washington, DC: Author.

<sup>12</sup>Children and Family Research Center. (2004). *Family ties: Supporting permanence for children in safe and stable foster care with relatives and other caregivers*. Urbana-Champaign, IL: School of Social Work, University of Illinois at Urban-Champaign.

For children like Cordell and Jackie who remain in foster care, daily life is unnecessarily complicated—they cannot sleep over a friend’s house without social worker approval. They cannot receive routine medical care without the government getting involved. A grandfather caring for his grandchildren as a foster parent recounts the unnecessary burden on his family and on the system: “A social worker comes out to our house every month. The children are embarrassed, maybe a little ashamed, that they are in foster care, and I am worried that a judge who doesn’t know who is making decisions about them.”

**Recommendation:** Federal waivers have proven the efficacy of subsidized guardianship. While waivers allow states to experiment with needed innovations, they are temporary. We now need subsidized guardianship to be an approved permanency option, included in the Title IV–E program like adoption assistance. Children in stable foster placements with relatives and other committed caregivers would benefit from greater federal support for guardianship, allowing children to leave care, eliminate costly caseworker visits, and reduce unnecessary court oversight. A federally supported guardianship program could help almost 20,000 children leave foster care to a permanent family right now. Thousands more could be served each year.

#### *Expand the Incentive Program*

While recent changes in the adoption incentive program placed needed emphasis on the adoption of children over age nine, states are still not rewarded for increases in reunification or guardianship. As a result, the incentive program is one-sided and may have a perverse effect—because there are incentives for only one form of permanence, states may be tempted or guided to choose one permanency option over another that might be in child’s best interest. A 2002 Government Accountability Office report found that one of states’ primary concerns about the program was that it might convey the impression that adoption was the best plan in all cases.<sup>13</sup>

**Recommendations:** The federal government’s goal—and each state’s goal—should be to achieve the best permanency option for a particular child in as short a time as possible. The incentive program should be expanded to reward states for safe reunification, guardianship, and adoption—all permanency goals that work for children.

States should also be required to reinvest incentive funds in post-permanency services and should be permitted a longer time, perhaps up to three years, to spend the funds. Typically, states are awarded incentive funds in the last days of the fiscal year, and have only until the following September 30 to spend them. A longer time to spend the money costs the federal treasury nothing, but allows for thoughtful program development and implementation.

#### *Increase Available Post-Permanence Support*

In 1997 Congress passed the Adoption and Safe Families Act, and between 1998 and 2004, more than 330,000 foster children were adopted into loving, caring families. But adoption is not a giant eraser. Children who have been abused or neglected—and who have bounced from foster home to foster home—do not emerge unscathed.

As Babb and Laws detail, children adopted from foster care face a variety of special needs: mental illness, fetal alcohol spectrum disorder, attention deficit hyperactivity disorder, emotional disabilities, attachment disorder, learning disabilities, mental retardation, speech or language impairments, AIDS or HIV, and other severe physical disabilities.<sup>14</sup> Groze and Gruenewald agree that “[f]amilies face enormous challenges and strains in adopting a special-needs child.”<sup>15</sup>

While adoptions doubled from 1997 to 2004, post-adoptive services failed to keep pace. More people are adopting more children, and the children are often older, have been in care longer, and face daunting special needs. The Center for Advanced Studies in Child Welfare notes that older children and children with disabilities are at highest risk for adoption disruption.<sup>16</sup> Few states or counties have the comprehensive services necessary to meet parents’ needs as they raise children who have been abused and neglected and have resulting physical and emotional special needs.

<sup>13</sup>Congressional Research Service. (2004). Child welfare: Implementation of the Adoption and Safe Families Act. [Online]. Available: <http://www.pennyhill.com/aboutcrs.php>.

<sup>14</sup>Babbs, A., & Laws, R. (1997). *Adopting and advocating for the special needs child: A guide for parents and professionals*. Westport, CT: Bergin & Garvey.

<sup>15</sup>Groze, V., & Gruenewald, A. (1991). Partners: A model program for special-needs adoptive families in stress. *Child Welfare*, 70 (5), 581–589.

<sup>16</sup>Center for Advanced Studies in Child Welfare. (1998). *CASCW practice notes #4: Post-adoption services*. [Online]. Available: [http://ssw.che.umn.edu/img/assets/11860/PracticeNotes\\_4.pdf](http://ssw.che.umn.edu/img/assets/11860/PracticeNotes_4.pdf) [Retrieved: May 7, 2006].

The government has a moral obligation to make a long-term commitment to adoptive and guardianship families who take into their homes foster children who have languished in care for far too long, many of whom are older and have multiple special needs. These children carry their histories of turmoil with them. Below we present two key avenues for post-permanence support.

*Protect and Expand Adoption Assistance*

Adoption assistance (or subsidy) is a critical support to families who adopt children with special needs from the foster care system. Subsidies help strengthen these new families and enable many foster parents to adopt children already in their care by ensuring that they do not lose support as they transition to adoption.

Sean and Alissa from Iowa adopted two children with serious medical needs. When they learned adoption assistance would help offset medical costs, Sean explains, "It took the weight off and moved us from thinking, 'Can we financially make it work?' and put the focus back where it should be—'Can we love and care for this child? Do we have the love and commitment to parent this child?' That was *never* in question!"

Currently, the federal government shares in a portion of adoption assistance costs only for children whose birth family income is below the 1996 Aid to Families with Dependent Children income standards. In contrast, states are obligated to provide protection to *every* abused or neglected child, regardless of family income. Unfortunately, a funding system that ties adoption assistance to outdated income guidelines has resulted in a system in which far fewer children are eligible for Title IV–E federal support. From 1999 to 2003, the average monthly number of foster children receiving IV–E maintenance payments dropped from about 53.5 percent to 46 percent.

As a result, states and localities must share a greater burden for foster care and adoption. In some states, this has severely limited the amount of funding that can go to prevention or adoption support. Recent Missouri legislation requires rapid federal action on this issue. In 2005, as allowed by federal regulations, Missouri enacted legislation that would have instituted a means test for state-funded adoption assistance agreements. As a result, more than 1,000 existing adoption assistance agreements would have been terminated. Although a federal district court found the law unconstitutional on May 1, the state is appealing the ruling and the law could still be enacted. Such short-sighted policies will relegate more children to foster care, rather than helping them leave care to a permanent family.

A recent study by Barth et al. suggests that such adoption assistance cuts are not cost-effective: "[C]uts in subsidy amounts could reduce the likelihood of adoption and ultimately increase costs for foster care."<sup>17</sup> In contrast, an upcoming study suggests that a small increase in adoption assistance would result in increased adoptions, again saving money in the long run by reducing higher foster care costs.<sup>18</sup> The federal government needs to invest more in adoption assistance, thereby helping children achieve better outcomes and saving government funds.

In the long run, adoption—even well-supported adoption—saves money. The Barth et al. study demonstrates that the 50,000 children adopted each year save the government from \$1 to \$6 billion, when compared to maintaining those children in long-term foster care. Savings result from reduced administrative costs, medical courts, court expenses, compared to the costs of seeking adoptive families and providing adoption assistance.<sup>19</sup>

**Recommendations:** Since 1988 NACAC has advocated for an elimination of the link between birth parent's income and eligibility for Title IV–E adoption assistance. It makes no sense to tie a child's eligibility to the financial status of parents whose parental rights have been terminated. State and federal assistance should be required to ensure support after adoption for every abused and neglected child—not just every child born into a poor family. As proposed by Senator Jay Rockefeller, the Adoption Equality Act of 2005 (S. 1539) would extend Title IV–E adoption assistance to every child with special needs adopted from foster care. Such legislation would also save states money currently spent on costly income-eligibility determinations. The savings could then be invested in supporting families after permanency or preventing foster care placements in the first place.

Adoption assistance is designed to help an adoptive family meet a child's needs without creating an undue financial burden on the family. Therefore, a program in

<sup>17</sup>Barth, R., Lee, C., Wildfire, J., & Guo, S. (2006). A comparison of the governmental costs of long-term foster care and adoption. *Social Service Review*, 80 (1), 127–158.

<sup>18</sup>Hansen, M., & Hansen, B. (2006). The economics of adoption of children from foster care. *Child Welfare*, forthcoming. In R. Barth et al. A comparison of the governmental costs of long-term foster care and adoption. *Social Service Review*, 80 (1), 127–158

<sup>19</sup>Barth et al. (2006). (See complete citation above.)

which the federal government provides support to all children with special needs adopted from foster care must maintain the federal prohibition against using the adoptive family's income to determine eligibility.

*Fund More Intensive Post-Permanency Support*

While adoption assistance is a critical support for children adopted from foster care, it is often not enough. Frequently, adopted children have serious mental health and other disabilities that place a tremendous burden on their new families. A recent Illinois study found that families seeking help for adoption preservation were facing issues related to anger, antisocial behavior, attachment disruption, and family instability.<sup>20</sup>

We at NACAC have met far too many families who are deeply committed to their adopted children, but are unable—or barely able—to meet their children's mental health needs.

Brenda and Bob from Maryland adopted two sisters several years ago. The girls have serious mental health problems that the Gates struggle to meet. Their oldest daughter is in residential treatment and may remain there indefinitely. The financial strain is great, as is the emotional drain. Brenda notes, "If you haven't lived with children who have emotional issues, you can't imagine it. They bring you into their storm. You cannot stay out of it. Fortunately my husband and I are very strong people." Brenda adds, "We are committed to our children. We're holding on, but sometimes we don't know what we're holding on to."

Heather from New Mexico adopted Chris from foster care at age nine. At that time, Chris had been in several foster placements, including a group home. Heather explains, "Chris attended over 11 different schools by the time he hit the second grade. He couldn't really read or write; he was in special education and had ADHD." Unfortunately, after a few years ago, Chris's behavior escalated—he began stealing and lying, and then seriously injured his younger sister. Heather helped get Chris into a psychiatric hospital and then residential treatment.

Chris is coming home, but Heather knows that he and the rest of the family will continue to need extensive, often expensive support. Heather worries about their future. "When these kids get older, they need lots of services and they're just not there. Just getting a psychiatrist was a huge struggle," Heather explains. The family receives \$620 a month in adoption subsidies, but that barely covers basic costs. The family pays \$500 a month for private tutoring and close to \$995 a month for family therapy. They are looking for ways to cut family expenses, such as moving to a smaller house.

A mom from Minnesota has seen first-hand the devastation caused by a lack of post-adoption services. Several years ago, Alice's adopted daughter Jane (not her real name) began to have serious behavioral problems due to attachment disorder, fetal alcohol spectrum disorder, and an appalling history of abuse and neglect. Alice tried the therapy that was covered by her medical assistance, but Jane needed more intensive residential treatment and the county would not pay for it. Alice couldn't afford the care, and Jane's behavior got more out of control and even violent. Eventually, Alice had no choice but to seek emergency shelter care for her daughter. The county filed child abuse charges against Alice because she wouldn't take her daughter home where she knew she was unsafe and unprotected. Alice was forced to surrender her daughter back into foster care where Jane finally received the residential treatment Alice had been seeking all along. In the meantime, Jane had been sexually exploited and exposed to illegal drugs and even more traumatized by the instability. Rather than providing help upfront, the system put a vulnerable teenager and her mother through hell.

Post-adoption and post-permanency supports cut down on the risk of disruption and dissolution. Most adoptions succeed, but as many as 10 to 25 percent of public agency adoptions of older children disrupt before finalization, and a smaller percentage dissolve after adoption finalization.<sup>21</sup>

**Recommendations:** Funding of Title IV-B must be increased, and the new funding should cover post-permanency support. Currently, good post-adoption programs are providing basic information, support, training, and other services to families in many areas. It is not enough. More resources are needed for adoption-competent mental health services and case management programs that will ensure that children with difficult histories and current mental health and behavior problems do

<sup>20</sup> Children's Bureau Express. (2006). Benefits of adoption preservation services. [Online]. Available: [http://cbexpress.acf.hhs.gov/prINTER\\_friendly.cfm?issue\\_id=2006-05&prt\\_iss=1](http://cbexpress.acf.hhs.gov/prINTER_friendly.cfm?issue_id=2006-05&prt_iss=1) [Retrieved May 3, 2006].

<sup>21</sup> National Adoption Information Clearinghouse. (2006). *Postadoption services: A bulletin for professionals*. [Online]. Available: <http://naic.acf.hhs.gov> [Retrieved May 2006].

not needlessly return to foster care or devastate their new families. If we want adoption and guardianship to be truly permanent, we must find the resources to provide in-depth, sometimes intensive support to these permanent families. It is far more economical—let alone humane—to provide these services now to ensure that children don't return to foster care.

#### *Conclusion*

The last several years have shown us that when we have the political will and the resources we can ensure that tens of thousands of children find a permanent, loving family—with their birth families, relative caregivers, or adoptive parents. It is time for us now to do what is right and expand our investment to reach even more children. We cannot rest on our laurels and ignore the children remaining in foster care or the families who have opened their hearts and homes permanently to foster children.

Andrea, an adoptive parent from Pennsylvania, said at a recent NACAC forum, “Although parenting has been extremely difficult and challenging at times, my husband and I know that adopting our three beautiful children was worth it. The sadness we so vividly saw in their eyes the day they moved into our family is rarely, if ever, seen as they continue to grow emotionally.”

Andrea's story shows us how foster children with special needs—even those with behavioral challenges—do better in a forever family. Yet families and children need services and support so that adoption and other forms of permanence, such as subsidized guardianship, can last a lifetime. Melissa of Tennessee and Annie from Oregon teach us that birth parents can heal and parent their children given the right treatment and supports. We need to be partners with these parents and provide an expanded continuum of funding and services. Children will be better off and, in the long run, so will our society.

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#### **Statement of Frank J. Mecca, County Welfare Directors Association of California, Sacramento, California**

The County Welfare Directors Association of California (CWDA) appreciates the opportunity to submit testimony for the record regarding child protective services. CWDA has long advocated for changes to the federal child welfare financing structure in order to better serve abused and neglected children and their families. We welcome the Committee's interest in improving the child welfare system and hope that our testimony adds an important local perspective to the discussion.

Each of California's 58 counties operates a child welfare program, under state oversight and in accordance with federal and state rules and regulations. Not only do those programs depend upon revenues generated by each county, but a large share of child welfare financing depends upon state and federal funding streams. In California, this intergovernmental partnership is reflected in the State's budget. For foster care placement, administration, eligibility and county licensing, the Governor's revised budget includes a total of \$1.7 billion, including \$675 million in county funds, \$426 million from the State's General Fund and \$588 million from the federal government. For child welfare services, including investigations, family maintenance, permanent placement and other related activities, the State receives \$718 million from the federal government, and contributes \$436 million in State General Fund dollars. Counties provide \$181 million toward these efforts. CWDA recognizes that these investments must be used in the most effective manner possible to achieve better results for children and move them more quickly into safe, permanent homes.

At the state level, CWDA is taking a leadership role in improving the child welfare system by working on a bipartisan basis with the California Assembly, Senate and Schwarzenegger Administration to implement a number of child welfare initiatives.

*Our statement makes the following key points:*

- California and county agencies are making progress through a statewide performance system based on the federal Child and Family Services Review system, but more must be done.
- The federal financial partnership is critical to our efforts, but more flexibility is needed in the use of those dollars.
- CWDA supports the ability of the State and its county members to use waivers testing the ability to use federal foster care funds in a more flexible manner.

We continue, however, to support the fundamental principles that the IV–E program remain an entitlement.

- Possible efforts at the federal level to improve the child welfare system include providing federal funding for guardianships; increasing supports to youth emancipating from foster care; and, a greater focus on recruiting and training caregivers.

#### **State Child Welfare Initiatives**

Since 2001, California has built on the model started with the federal Child and Family Services Reviews (CFSRs) by initiating a statewide system improvement effort recognizing that local communities are in the best position to assess their strengths and needs and jointly develop strategies to improve and achieve child safety, permanence and well-being. Known as the Child Welfare System Improvement and Accountability Act (AB 636), the law established a comprehensive approach to oversight and accountability which measures and monitors the performance of every county's child welfare services system.

This landmark state legislation shifted the entire child welfare system from focusing on process to focusing on results, probably the biggest single change in state child welfare practice in decades. Each county's performance is now measured and monitored on a range of outcome measures related to child and family safety, permanence and well-being. The purpose is to require continuous improvement in each county, promote interagency partnerships and enhance the public reporting of outcomes. AB 636 requires:

- Quarterly data reports for each county, measuring performance on several outcomes related to child safety, permanence and well-being.
- County peer reviews that use qualitative information not measurable through data to identify both best practices and areas for improvement.
- County self-assessments, undertaken with a broad group of community stakeholders, that analyze current practices and performance.
- County-specific system improvement plans that detail the steps each county will take to improve its child welfare performance, guide implementation of these changes and monitor results.

These requirements are the basic building blocks for broader reform efforts. The AB 636 outcomes and accountability system recognizes that while our communities may have different needs, counties can learn from one another. This is why the law provides for peer case reviews, a process in which teams of workers from other counties, along with state staff, cross county lines to review case files. The teams target areas where a county has self-identified a need for improvements and help design strategies to boost performance in those areas.

While much remains to be done, progress has been made. California's counties are partnering with their communities and the State to enhance children and family services. California recently released the following snapshot of the status of children in the child welfare system:

- There are 9.6 million children in California age 0–18 (as of 2004).
- 492,000 children are referred to child welfare services annually (as of July 2005).
- There are slightly more than 81,000 children in foster care (as of October 2005).
- The likelihood of children entering foster care for the first time is decreasing. Between 2001 and 2004, there was 6.4 percent reduction in the number of children entering foster care for the first time.
- The recurrence of child abuse or neglect is decreasing. Between 2001 and 2004, the percentage of children who experienced a second incident of abuse or neglect within six months of a previous incident declined by 12.4 percent.
- When children enter foster care, they are exiting more quickly. Between 2001 and 2004, the proportion of children who returned home within 12 months after entering foster care increased by 14.4 percent. For those children unable to return home, the proportion of children adopted within 24 months of entering care increased by 56.7 percent.
- Since 2004, there has been a 20.5 percent reduction in the number of children placed in foster care.

In addition, 11 counties in California are working to develop and field-test a series of targeted improvements to child welfare programs and practices, using the recommendations from a state-wide stakeholder group that met from 2000 through 2003. These counties are working with the State on three strategies:

- Developing a standardized approach to assessing the safety of children, and the potential risk to their safety if they remain in their homes, when the county receives a call regarding child abuse or neglect.
- Improving county response to reports that do not meet the standards for abuse or neglect, but may be headed down that road in the absence of early intervention.
- Promoting permanent family connections for current and former foster youth and helping these youth become healthy, successful adults.

Governor Schwarzenegger and the Legislature agreed to appropriate a small amount of funding in the current fiscal year to help counties implement these and other changes identified through their local AB 636 self-assessment processes. We are hopeful that these funds will be added to in the coming year, though the final budget package has not yet been agreed upon.

One of the most important things for Congress to recognize is that state funds for improvement efforts do not stretch as far as they could because of our inability to use federal Title IV–E dollars for many of the activities that would better serve children and families. In California, we exhaust our limited Title IV–B allocation in the first quarter of each fiscal year, so these funds also are not available for improvement efforts. This places the state in the position of having to bolster the federal program with state-only dollars in order to implement improvements that are generally seen as effective best practices within the social work field but are not supported by the existing federal funding streams.

#### ***How to Improve the Child Welfare System***

Based on our counties' experiences in administering California's child welfare system, CWDA has a few principles it wishes to share for the record that would improve child protection systems.

- **Maintain Title IV–E Funding and Allow States to Use Funds More Flexibly**

Maintaining the federal commitment to a stable, dependable funding source is critical for states as they invest in the very programs that the Child and Family Services Reviews encourage them to create and expand. Investments by all the partners—states, counties and the federal government—are needed if we are to prevent abuse and neglect, intervene appropriately in families where abuse and neglect are occurring and achieve timely, permanent solutions for children.

Title IV–E administrative funds support the social workers who form the system's foundation. These workers serve as the day-to-day contact with children and families, foster families, the court system, community agencies, and other partners. They work to ensure the best result for children and families in their caseload. Key to the system's success is regular, quality contact among all of these parties. The CFSR outcome measures depend in large part on social workers' ability to accurately assess the needs of children and families and figure out how to address those needs through the development and implementation of a comprehensive case plan. Funds for placement services and administrative activities are therefore fundamentally intertwined.

Enabling states and counties to use Title IV–E funds in a more flexible manner would lead to measurable system improvements. Allowing the use of Title IV–E to pay for substance abuse and mental health treatment, for example, would improve access to these oft-needed services for parents and children. Parental substance abuse is estimated to be a factor in two-thirds or more of foster care cases. Similarly, up to 85 percent of children in foster care exhibit significant mental health problems. Currently, states and counties must piece together these services from an array of funding, and treatment is not always readily available. Allowing Title IV–E dollars to be used for these activities would help reunify families more quickly and create stronger, healthier children.

At the end of March, California and the U.S. Department of Health and Human Services announced the successful negotiation of a Title IV–E Waiver Demonstration Project. The demonstration project will give up to 20 counties the opportunity to use their federal foster care funds more flexibly. Implementation of this five-year waiver will occur in the coming fiscal year, with counties opting into the waiver based on the final terms and conditions, which are currently under negotiation, and their individual analyses of benefits, costs and risk.

Under the waiver, federal funds may be used to provide prevention services to keep children with their families. This will enable county social workers to engage families before a crisis and may help to avoid removing children from their homes. Counties will also be able to reinvest savings in preventative programs that will keep children out of foster care.

While CWDA supports the ability of our member counties to take advantage of the waiver, we continue to support the entitlement nature of Title IV–E funding and we also continue to advocate for greater flexibility in the use of Title IV–E funds for all states and counties, regardless of their waiver status. Given the budget pressures at all levels of government, the waiver will give participating counties funding for preventive services that they may not otherwise be able to access. However, not every county will benefit from the waiver. Therefore, it is crucial to both maintain the federal commitment to funding for child welfare services, and also enable states and counties to use these funds more flexibly in order to improve services for children and families.

- **Increase Funding and Access to Title IV–B Funds**

Counties use a patchwork of numerous programs, including funding from the substance abuse, mental health, education, and medical care systems to serve children and families in the child welfare system. Counties also use Title IV–B funding, an allocation that is more flexible than Title IV–E but also much smaller, and capped at a finite annual amount for each state. Although Title IV–B funding can be used for a wide range of activities to protect and reunify families, it is an insufficient allocation that most California counties exhaust in the first three months of each fiscal year.

CWDA welcomes the Subcommittee’s bipartisan approach to reauthorizing PSSF. We support the Subcommittee’s draft provision to continue on an annual basis the additional \$40 million in mandatory funds for the Promoting Safe and Stable Families (PSSF) program as authorized in the Deficit Reduction Act. We urge Congress to appropriate those funds as soon as possible and provide states two years to spend the funds as they would have otherwise had in the beginning of FY 2006.

CWDA also urges the Subcommittee to maintain the flexible nature of the program. While CWDA supports increased resources to support monthly caseworker visits, it urges that the Subcommittee authorize the new funding as part of the overall program, rather than earmarking it for specific purposes. At the state level, CWDA has made reducing social worker caseloads its top legislative priority this year.

CWDA welcomes the potential \$40 million increase, but more federal resources are necessary. Further increasing the amount of funding provided through Title IV–B would assist counties and states in providing the types of services allowable under the existing rules for this funding source, including expanded investments in prevention, reunification and family support services. In California, a Title IV–B expansion would support ongoing child welfare system reform initiatives at the local level, developed through the county-specific AB 636 Outcomes and Accountability process, and facilitate implementation of the State’s overall Program Improvement Plan (PIP).

- **Provide Federal Funding for Guardianships**

About 40 percent of all children first entering foster care in California live primarily in a relative care placement. Research indicates that these children are more likely to be placed together with their siblings, less likely to have move from one foster home to another and more likely to maintain family relationships and avoid homelessness when they turn 18 than children who are placed with non-relatives.

CWDA strongly supports federal financing of guardianships. Due to the success of California’s ground-breaking KinGAP program created in 1998, about 16,000 California children are today living in safe, loving, permanent homes with relatives and have been able to leave the formal foster care system. Participants receive monthly subsidies equal to the amount they would have received as foster parents, with a sliding scale based on regional costs and the age of the child. KinGAP, however, cannot assist non-relatives who assume guardianship of children, because of TANF funding rules. The use of TANF dollars, which are increasingly scarce, to fund KinGAP also places the program in danger of future cutbacks.

CWDA supports federal legislation to include guardianships as an allowable activity in the Title IV–E maintenance funding stream, and to enable children placed into guardianships to retain IV–E eligibility, with the maintenance subsidy payable to the guardian. Continued receipt of IV–E funding would be consistent with the federal Adoption and Safe Families Act of 1997 (ASFA), which contains provisions aimed at promoting adoption and permanent placement for children removed from their homes due to abuse or neglect.

- **Promote and Support Local Innovation**

Family to Family is one example of a program that is getting individual neighborhoods involved in the safety and well-being of children and families. This initiative

was begun by the Annie E. Casey Foundation and involves targeted efforts to bring neighborhood leaders, community- and faith-based organizations together with local child welfare agencies to strengthen the network of families available to care for abused and neglected children in their own communities. As of June 2005, 24 of California's 58 counties were participating in the initiative, with additional county involvement planned in the future.

Other programs are being implemented on a similarly limited scale, such as family group conferencing, parent mentor programs, intensive transitional programs for emancipating youth, caregiver recruitment and retention programs and services to families and children post-adoption in order to address service needs that arise after the children have left formal foster care. Counties are doing what they can to implement these programs with as many families as possible, within existing resources. A number of counties invest their own general fund dollars to offset the lack of adequate state and federal resources—about \$100 million a year, on average, above what they would otherwise be required to spend. However, all of these promising practices are labor- and resource-intensive, and additional funding is needed to replicate programs throughout a given county and expand the most promising statewide.

Due primarily to the lack of funding for broader-scale efforts, the most promising changes to date have generally been limited in scope, sometimes targeting individual neighborhoods, other times limited to a few social workers who are given smaller caseloads so they can spend more time working closely with families, extended family members, and children. A hallmark of these strategies is that they typically involve not just the local child welfare agency, but other county agencies, community-based organizations, the philanthropic and business communities, and the families and children we are serving.

- **Increase Assistance to Youth Emancipating From Care**

The challenges to youth aging out of foster care are well documented. While California has several existing programs for these youth, ranging from independent living programs to transitional housing programs, funding is not sufficient to serve all youth who would benefit from these programs. Independent living programs help foster youth learn such basic skills as how to apply for college or a job, how to balance their checkbook and do the laundry. CWDA estimates that it would take \$5,000 per youth, per year to fund “best practice” standards developed in 2001 at the direction of the California Legislature. As of last summer, however, counties receive less than \$1,000 per eligible youth in their annual allocations. Federal funds for the Chafee independent living program are capped and must be supplemented by the state and counties. Individual counties often seek additional funding and donations from their local communities, businesses and philanthropy, to supplement their programs. The quality and scope of each program, therefore, depends on the local resources available to each county.

On a broader scale, employment and higher education opportunities should be more readily available for our emancipating youth. CWDA supports efforts to provide financial assistance to support these youth until they are at least 21, not necessarily as dependents of the juvenile court but by giving them comprehensive aftercare services, supportive housing, education and employment assistance. The current Title IV-E structure limits federal funding for youth over 18 to those who will be able to graduate from high school by age 19. All other youth over 18, regardless of their level of need, must either leave the system or be supported solely with non-federal funds. We believe the federal government should reconsider these rules and offer states greater flexibility when children with special needs are nearing the age of emancipation.

- **Recruit Caregivers to Provide Safe, Loving, Permanent Homes**

While social workers see children in foster care as often as possible, their caregivers see them every day. For children who cannot be reunited with their parents, nothing is more important than finding them a loving, permanent home, preferably with a relative or extended family member, or with an adoptive parent or foster home. While these families are the cornerstone of an effective child welfare system, more must be done to recruit, train and support caregivers.

CWDA has urged the state to initiate a formal recruitment campaign to find more quality caregivers statewide. Prospective and current caregivers need better training and support, including providing respite care and paying them more appropriate rates. Federal support for these efforts is necessary in order to achieve the best possible results for children who must be removed from their homes due to abuse or neglect.

• **Enhance the Federal CFSR Outcome Measures and Methodology**

States and counties welcome a focus on outcomes. The safety, permanence and well-being outcomes we are required to measure through the federal CFSRs are important. The data used for the Safety and Permanency Profiles and the National Standards come from the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). Currently, neither of these data sources is longitudinal; each year's file only includes data about the children receiving services during that year, and data are not linked across years. Therefore, the outcomes it is possible to measure are limited.

Using longitudinal data, such as the entry cohort data compiled by Dr. Barbara Needell at the Center for Social Services Research at the University of California—Berkeley, makes it possible to track children from their entry into the system throughout their entire child welfare experience, and enables more comprehensive outcome measurements. The California outcomes and accountability system has done just that, building on the federal outcomes by adding measures that are based on longitudinal data to complement the point-in-time measures used by the CFSRs.

We point out this key difference between the federal CFSR and California's outcomes and accountability system because it is an important consideration as Congress identifies ways to improve the federal review system, including whether and how to change policy and practice in ways that may be driven by the states' CFSR data. It is important to understand the limitations of the CFSR state profiles and national standards so that these data do not, in and of themselves, drive changes in policy and practice that may not be best for children and families.

**Conclusion**

The County Welfare Directors Association of California appreciates the opportunity to provide written comments on federal financing of child protection programs. Thoughtful and well-structured reforms are vital to protecting children, achieving permanent living arrangements for them as quickly as possible, and enhancing the well-being of children and their families.

CWDA urges the Subcommittee to continue to work in a bipartisan fashion on the reauthorization of the Promoting Safe and Stable Families program. It is our hope that this approach will also continue in other legislative efforts to strengthen the entire child welfare system. County directors know that much more work needs to be done. We are partnering with the State on a non-partisan basis on a number of child welfare initiatives and welcome a similar intergovernmental partnership at the federal level.

States and counties need an enhanced and more flexible federal partnership to improve the safety, permanence, and well-being of children and families. CWDA stands ready to work with members of the Human Resources Subcommittee to achieve those goals.

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National Indian Child Welfare Association  
Portland, Oregon 97201  
May 31, 2006

Honorable Wally Herger  
Chairman  
House Committee on Ways and Means  
Subcommittee on Human Resources  
B-317 Rayburn House Office Building  
Washington, DC 20515

Dear Representative Herger:

Please accept this letter for the record of the above-captioned hearing.

The Association on American Indian Affairs is an 84 year old Indian advocacy organization located in South Dakota and Maryland and governed by an all-Native American Board of Directors. Our current projects focus to a considerable extent in the areas of cultural preservation, youth/education, health and federal recognition of unrecognized Indian tribes.

We have been involved with Indian child welfare issues since the 1960s. In fact, our work in the field and studies that we prepared were catalysts for the enactment of the Indian Child Welfare Act in 1978. Since then, we have worked actively to promote the implementation of that Act and to empower Indian tribes to provide quality child welfare services to Indian children and families under their jurisdiction.

To that end, we have worked closely with Indian tribes around the country and with national organizations such as the National Congress of American Indians and the National Indian Child Welfare Association.

We wholeheartedly endorse the recommendations submitted by the National Indian Child Welfare Association at the May 23rd hearing, namely an increase in the tribal allocation to 3%, allowing tribal consortia to apply for funding, and authorizing a tribal court improvement program—recommendations that are also supported by the National Congress of American Indians. We have attached a fact sheet explaining the reasons why these proposals make sense, are critical to Indian children and families and should be adopted.

We would like to add just one additional thought. The draft bill that has been circulated by the Committee focuses upon workforce issues—it seeks to ensure that child welfare programs have adequate capacity to visit families and provide them with the help and assistance that they need. Currently, grants to tribes under the program are very small— $\frac{2}{3}$  are less than \$40,000, almost half are less than \$20,000. Thus, the current grants often do not provide enough for a tribe to hire a full-time staff person. Moreover, many tribes do not even qualify for the program at present. An additional allocation of \$400,000—which is the amount that tribes would receive under the current formulas—will help a little, but will not make much of an impact on the ability of tribes to hire and retain full-time qualified staff. An increase to a 3% allocation for both the mandatory and discretionary programs and allowing tribes to meet the statutory threshold by applying as consortia will make a significant difference in tribal capacity, however. Thus, we believe that such an increase is essential if the laudable goals of this legislation are to be realized by Indian tribes, children and families.

We appreciate your interest in ensuring that the Safe and Stable Families Act benefits Indian children and families, and appreciate the accessibility and thoughtfulness of your staff in regard to these issues. Thank you for the opportunity to submit this testimony and for considering the information that we have provided.

Sincerely,

Jack F. Trope  
*Executive Director*

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## TRIBAL AMENDMENTS FOR PROMOTING SAFE AND STABLE FAMILIES ACT REAUTHORIZATION

**May 15, 2006**

Proposal from the National Indian Child Welfare Association, National Congress of American Indians and the Association on American Indian Affairs:

- Increase tribal reserved amounts to 3% in both the mandatory and discretionary program
- Allow tribal consortia to be eligible to apply for the program
- Authorize a tribal court improvement program (\$2 million annually—competitive grant program) to ensure that tribal courts have access to funds to support court improvement work.

Rationale:

- Tribes are the primary service providers for children living on the reservation and, in general, have exclusive jurisdiction over these children.
- Less than 30% of the tribes in the Lower 48 have qualified for Title IV–B, Subpart 2 funding (approximately 80 tribes have received funding) and almost half of them have received grants of less than \$20,000. Tribal governments receive very few dollars from other federal child welfare sources and are not eligible for Title IV–E or Title XX funding.
- Risk factors for child abuse and neglect, such as poverty and alcohol and substance abuse, are very high in most tribal communities. Placement rates of tribal children in foster care are 2–3 times higher than the national average and even higher in some areas. Methamphetamine use is particularly acute on many reservations with the American Indian and Alaskan Native population showing incidence rates that are higher than that of other ethnic and racial populations; this places additional strain on tribal child welfare systems.
- Other programs provide for larger reserved amounts for tribes; for example, the Violence Against Women Act provides for a 10% set-aside and the Head Start reauthorization bills currently being considered by Congress providing for a 3.5 to 4% allocation.

- Many tribes form consortia for a variety of purposes, including the provision of child welfare services. These child welfare consortia improve administrative and service efficiencies, while bringing services to tribal children and families who otherwise might not receive these services.
- Tribal courts are the judicial bodies that provide governmental oversight over child welfare proceedings involving tribal children and families. These courts have similar functions as state juvenile courts, but are the only courts with jurisdiction over tribal children and families who reside or are domiciled on tribal lands in most cases. Tribal courts in general receive very limited federal funds and no court improvement funds target child welfare proceedings.
- The Deficit Reduction Act provided for a \$40 million increase for Title IV–B, Part 2 and it is expected that this will be incorporated into the reauthorization bill; thus, an increased tribal allocation will simply result in a larger percentage of the increase going to tribes than would have been the case—it will not result in any reduction of funding to states.

How Will Outcomes for American Indian and Alaskan Native Children Improve If Recommendations Are Adopted?

- The number of tribal governments operating services authorized under this program will increase significantly. Tribal children and families will have access to new or expanded services in these new tribal grantee communities and existing grantees will be able to enhance their services.
- Systems reform, a primary goal under this program, will become more attainable for many tribal governments. The current grant amounts make this goal unrealistic, but adoption of the recommended increases in tribal reserved amounts will help tribes make systems changes that will improve services and outcomes, such as reducing the number of children in foster care. Allowing tribal consortia to apply will also support more efficient services as small tribes pool their resources.
- Approximately 10–15 tribal courts a year will be able to plan and make improvements to their juvenile court process, ensuring that their oversight function is improved and tribal children have improved outcomes. This will include improved collaboration with other entities that have a role in child welfare services, development of new or expanded data collection, improved advocacy for children through tribal court appointed special advocate program enhancement, and development of model tribal juvenile codes and procedures that can be replicated in other areas of Indian Country.

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### Prevent Child Abuse America, Chicago, Illinois

Prevent Child Abuse America thanks the Chairman and the other distinguished members of the Subcommittee on Human Resources of the U.S. House Committee on Ways and Means for this opportunity to provide the organization's perspective on proposals to improve child protective services. I hope this testimony will be of assistance to the Subcommittee as it considers the reauthorization of Promoting Safe and Stable Families (title IV–B, Subpart 2 of the Social Security Act). This is a program that, among other things, provides funding to services that seek to ameliorate risk factors associated with child maltreatment, thereby preventing abuse and neglect before they occur. I will also take this opportunity to share with the Committee Prevent Child Abuse America's views on the importance of the Social Services Block Grant to the child welfare continuum, including services that protect children by supporting and strengthening families.

#### About Prevent Child Abuse America

Since 1972, **Prevent Child Abuse America** has been building awareness, providing public education and encouraging hope in the effort to **prevent the abuse and neglect of our nation's children**. Working with our 43 chartered and provisional statewide chapters and 415 Healthy Families America sites nationwide, we provide leadership to promote and implement prevention efforts at both the national and local levels.

Our vision imagines a culture (and a cultural attitude) wherein the well-being of children is universally understood and valued and where raising children in surroundings which ensure healthy, safe and nurturing experiences is supported by the actions of every individual and every community.

This is a generational vision in which it becomes the norm for all parents and caregivers to seek and accept qualified support regarding the knowledge and skills required for effective parenting and child development; and for the general public to become educated and engaged in supporting the well-being of children.

#### **The Scope of Child Abuse and Neglect**

According to the most recent data from the U.S. Department of Health and Human Services (HHS), an estimated three million children were reported to have been abused or neglected during FY 2004; approximately 872,000 of these children were determined by state child protective services (CPS) agencies to have been substantiated victims of child maltreatment. In addition, nearly 1,500 children died as a result of abuse or neglect, a statistic that has changed little in recent years.<sup>1</sup>

In one of the more troubling details from the HHS report, child welfare agencies report that over 40 percent of maltreated children received no services following a substantiated report. That figure alone is a source of great alarm and should initiate immediate action. But this is by no means new information. HHS's *Child Maltreatment* reports dating back to 1998 consistently note that between 40 percent and 45 percent of child victims receive no services after maltreatment is substantiated.<sup>2</sup>

#### **The Consequences of Child Maltreatment**

Child maltreatment has devastating long-term consequences for children, families, and communities. Children who are victims of abuse and neglect suffer higher rates of school failure, feelings of worthlessness, aggressive behavior, detention, and incarceration.

To address the consequences of abuse and neglect, billions of dollars are spent each year in out-of-home care, health and mental health care, special education, juvenile justice, and adult crime. In 2001, Prevent Child Abuse America released a study that looked at the cost our nation incurs every year as a direct or indirect result of child abuse and neglect.<sup>3</sup> Using data from HHS, the U.S. Department of Justice, the U.S. Census Bureau and other sources, we determined a conservative estimate of the nationwide cost resulting from abuse and neglect of \$94 billion annually; or \$258 million every day. Of the \$94 billion total annual cost of child abuse and neglect, \$24.4 billion counts as a direct cost—i.e. those costs associated with the immediate needs of abused or neglected children.

In contrast, very little federal money is dedicated to preventing harm to children before it occurs. This is not to imply that the costs of services for treatment and intervention are too high or that the services themselves are not essential; rather, it is to note that there is a tremendous imbalance between what is invested on the front end to prevent abuse and neglect before it happens and what is spent as a consequence after abuse or neglect has occurred. *This is analogous to avoiding routine automotive oil changes that subsequently often result in much higher cost engine repairs.*

#### **The Importance of Promoting Safe and Stable Families**

Promoting Safe and Stable Families (PSSF) provides the largest federal funding source dedicated to prevention and family support services in child welfare. HHS estimates that PSSF funded preventive services for almost one-third of the children reported by the state child welfare agencies as receiving those services in 2004.<sup>4</sup> If adequately funded, PSSF could help states and local communities address many factors that lead to child abuse and neglect. The program's flexibility allows states and localities to determine the best use of the dollars to meet the unique needs of their communities.

When Congress established the first iteration of PSSF in 1993, federal funding was made available solely for family preservation and family support services. When reauthorized in 1997, Congress added two additional purposes: time-limited family reunification and adoption promotion and support. HHS specified that states must spend 20 percent of their allotments on each of the four categories, or provide a "strong rationale" for doing otherwise. The name of the program was changed to

<sup>1</sup>U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2004* (Washington, DC: U.S. Government Printing Office, 2006).

<sup>2</sup>U.S. Department of Health and Human Services, Administration on Children, Youth and Families. Archived reports retrieved online at: [http://www.acf.hhs.gov/programs/cb/stats\\_research/index.htm](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm).

<sup>3</sup>Prevent Child Abuse America. *Total Estimated Cost of Child Abuse and Neglect in the United States—Statistical Evidence*. 2001

<sup>4</sup>U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2004* (Washington, DC: U.S. Government Printing Office, 2006).

*Promoting Safe and Stable Families (PSSF)*, and the mandatory funding level was increased incrementally to \$305 million in FY 2001.

While all four categories of the program provide vital support to children and families, the two original categories of family support services and family preservation services focus on prevention and are of particular importance to Prevent Child Abuse America.

**Family support services** can target foster and adoptive families, and can also be geared more towards families that are not yet in crisis as a way to prevent child abuse and neglect before it occurs. These services are typically provided by community-based organizations and may include: home visiting programs; programs to improve parental relationships; and early developmental screening for children.

Home visiting is just one example of a family support service with proven positive outcomes for children and families. Healthy Families America is a national home visiting program model designed to help expectant and new parents get their children off to a healthy start. A recent randomized control evaluation of Healthy Families New York found positive outcomes, including a reduced incidence of child abuse or neglect for the at-risk mothers and infants who participated in the program. The study found that Healthy Families New York mothers experienced better childbirth outcomes than control mothers and were less likely than control mothers to report neglecting their children and reported committing fewer acts of severe physical abuse, minor physical aggression, and psychological aggression against their children.<sup>5</sup>

**Family preservation services** are designed to keep families together and avoid the need to place children in foster care. These services are generally targeted towards families already known to the child welfare system and can include: intensive family preservation services; respite care to provide temporary relief for parents and other caregivers; services to improve parenting skills; and infant safe haven programs.

In 2001, during the most recent reauthorization of PSSF, Congress set the capped entitlement funding level at \$305 million through FY 2006 and added a \$200 million discretionary grant subject to annual appropriations, placing the total authorized funding for PSSF at \$505 million. Unfortunately, PSSF has not been fully funded since the discretionary grant was authorized. The combined mandatory and discretionary funding level for FY 2005 totaled just \$403 million. As of this testimony, funding for FY 2006 is unclear. In FY 2006, Congress appropriated \$89 million in discretionary funding, a \$9 million decrease from the previous year. The *Deficit Reduction Act of 2005* (DRA) included a much needed \$40 million increase to PSSF mandatory funding, but that funding has not been allocated to date. Prevent Child Abuse America appreciates the Committee's commitment to providing the \$40 million in additional funding for PSSF in FY 2006 and beyond.

#### **Protect the Social Services Block Grant**

One cannot discuss child protective services without acknowledging the largest source of federal funding for CPS, the Social Services Block Grant (SSBG). SSBG makes up 12 percent of all federal child welfare spending and is a significant source of funding for child abuse prevention, foster care, child care, and adoption assistance. HHS reports that SSBG funded preventive services for 29 percent of the total child recipients of preventive services in 2004.<sup>6</sup> In FY 2004, 38 states used almost \$200 million in SSBG funding to provide child protective services to over *one million children*. In that same year, 37 states used \$332 million in SSBG funds for foster care services provided to more than 542,000 children. States often use SSBG to pay foster care costs for the board and care of children not eligible for federal Title IV-E foster care assistance.

Despite the many critical services that SSBG makes possible, funding for the block grant has been chipped away over the past decade from a high of \$2.8 billion a year to its current authorized level of \$1.7 billion a year. States are finding it increasingly difficult to make up for these cuts, particularly as they begin to feel the impact of cuts to child welfare and other social services funding enacted in the DRA. As this Committee is aware, the Administration's budget request for FY 2007 proposes to further cut SSBG by \$500 million. If enacted, this 30 percent cut will result in the reduction or elimination of critical services and programs.

<sup>5</sup>New York State Office of Children and Family Services, Bureau of Evaluation and Research, Albany, N.Y.: Center for Human Services Research, University at Albany. *Evaluation of Healthy Families New York (HFNY): First Year Program Impacts*. February 2005.

<sup>6</sup>U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2004* (Washington, DC: U.S. Government Printing Office, 2006).

### **Prevent Child Abuse America's Policy Recommendation**

#### *Promoting Safe and Stable Families Reauthorization*

As the Committee considers ways to strengthen PSSF through reauthorization, Prevent Child Abuse America offers the following recommendations:

- *Ensure that family preservation and family support efforts remain program priorities and continue to require that states spend at least 20 percent of their PSSF allocation on each of those purposes.* Investing in positive outcomes for children and families through evidence-based family support and family strengthening programs can and do lead to fewer incidences of child abuse and neglect.
- *Provide all PSSF funding as a capped entitlement totaling at least the current authorized level of \$505 million.* PSSF has been authorized at \$505 million—with \$305 million of that mandatory, and \$200 million subject to annual appropriations—since 2001, but has never been fully funded despite the President's request to do so in previous years. Last year, appropriators cut PSSF discretionary funding by nearly \$9 million. If fully funded, PSSF would promote expansion of family support services in communities across the nation and provide more intensive help for families in crisis.
- *Allow states to use the additional \$40 million provided by the DRA for the four designated purposes of PSSF.* As discussed earlier in the testimony, the need for additional funding for the child abuse prevention and other services supported by PSSF is great. Yet Congress has never fully funded PSSF at its authorized level of \$505 million. It is our hope that, until Congress fully funds PSSF, any increase designated for PSSF be directed towards the four existing purposes.
- *Examine PSSF reporting requirements.* Some have suggested that state's reporting requirements should be improved and data on how PSSF funding is used made more readily available to the public. We welcome a broader discussion on this important issue.

#### *The Social Services Block Grant*

As the Committee considers ways to improve child protective services, Prevent Child Abuse America recommends the following:

- *Ensure that SSBG funding for FY 2007 remains at minimum at the current authorized level of \$1.7 billion.* SSBG is a mandatory capped entitlement under the jurisdiction of this Committee, yet the Administration is proposing that the \$500 million cut take place through the appropriations process. We appreciate past efforts by the Committee to protect SSBG from cuts, and we hope that Committee members will take an active role in ensuring that SSBG not be cut during the appropriations process.

### **Conclusion**

Promoting Safe and Stable Families and the Social Services Block Grant are two of the most significant resources for child abuse prevention services and child protective services. I appreciate the opportunity to share Prevent Child Abuse America's views on how to strengthen these programs to ensure that our nation's communities are best able to provide safe, healthy, nurturing environments for children. I look forward to working with the Committee as you develop PSSF reauthorization proposals, and supporting Committee efforts to protect SSBG from proposed cuts.

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Happy Hill Farm Academy/Home  
Granbury, Texas 76048  
*June 6, 2006*

House Ways and Means  
Human Resource Subcommittee

To Whom It May Concern:

As the Founder of Happy Hill Farm Academy/Home, I strongly endorse the proposed language contained in Section 422, Clause 4–A, which says, to “expand and strengthen the range of existing services . . . to improve child outcomes.” That is why my wife and I, 32 years ago, launched a residential education program for at-risk children that has touched the lives of 1,000's of kids that probably would have ended up in juvenile jails throughout Texas. Their “outcomes” have been dramatically improved.

Thank you, as a Committee, for your willingness to consider the inclusion of schools in your legislation.

Happy Hill Farm Academy/Home serves socially and academically disadvantaged boys and girls—regardless of their religion, race, national origin, or gender—children are given the opportunity to live, work, and study in a year-round residential school/farm setting. A balance is taught between the spiritual, academic, and practical aspects of life in order for the students to prepare themselves effectively to assume their role in society as productive citizens while engaged in their chosen professions.

Happy Hill Farm Academy/Home is part of a growing movement for developing residential schools for at-risk children. There is an acute need for such programs for at-risk young people from low socio-economic backgrounds where they can learn to trust others, believe in their own futures, and take responsibility for their lives. To quote Heidi Goldsmith, Founder of the Coalition for Residential Education: “The primary obstacles to creating residential education programs are money, myopia, and myths.”

The cost, by comparison, is not really a problem. Residential education is inexpensive when compared to the social costs of neglecting the needs of socially disadvantaged young people. Residential education is half the cost of a Texas juvenile detention center, here the majority of these at-risk young people are headed. Neglecting the long-term benefits offered, and the long-term costs that may otherwise result, is a dangerous form of social myopia. The myth that residential education programs are “institutional” environments where youth are kept against their will, or without their parent(s)’s or guardian(s)’s consent, provides a further unsubstantiated obstacle. Admission to Happy Hill Farm Academy/Home requires the parent(s)’s or guardian(s)’s consent.

Most families desperately need to have their child in an environment where they can be given another chance in life. Students who gain admission are required to maintain a satisfactory level of academic achievement and appropriate citizenship to remain in the program.

Since Happy Hill Farm Academy/Home works almost exclusively with indigents, more than 1,000 applicants had to be turned away last year due to lack of available beds.

Where there is high-quality foster care available, and where siblings can remain together, foster care may be best for some children, especially younger children. But foster care alone is insufficient. Additional options are needed for at-risk children. Residential schools need to be available for other children, particularly children ages nine and older. The reality is that there aren’t enough foster homes for the more than 600,000 children currently in the foster system. What looks like a family is not necessarily what children need. Children need to live in a setting that behaves like a family and provides them with consistent love from caring adults, as well as stability and satisfaction of their psychological needs.

Based on the founding family’s personal philosophy and experiences in business and ministry, financial and spiritual policies were put in place at the outset which have guided Happy Hill Farm Academy/Home for its first 31 years and will guide the future projected advancement. Happy Hill Farm is undergirded by strong moral and spiritual roots. No State or Federal funds (welfare or juvenile justice system) are accepted. Happy Hill Farm Academy/Home runs independently with private donations underwriting, the entire program for indigent boys and girls.

A 266-acre working farm—donated initially to the non-profit corporation by the Shipman family—would constitute the initial campus. An additional, 200-plus acres would be added a few years later, bringing the campus to approximately 500 acres. From the beginning, the children were heavily involved in an active 4-H program. Animals—horses, cattle, sheep, goats, pigs, chickens, and an assortment of dogs and cats—were an important part of the vocational programs. The animals, garden, orchard, and the farm crops supplied much of the foodstuffs during the formative years.

A commitment to comply with all appropriate State laws governing education and child care was made at the founding of Happy Hill Farm Academy/Home. The Farm is licensed by the Texas Department of Family and Protective Services and is affiliated with the Texas Association of Private and Parochial Schools, Texas Non-Public Schools, and the Coalition of Residential Education. Happy Hill Farm Academy is a Texas private school (grades K–12) accredited by the Southern Association of Colleges and Schools.

Happy Hill Farm is open to children from throughout the country. There are students from north, south, east, and west Texas, but the majority are from a seven-county area known as the Dallas/Fort Worth Metroplex.

Happy Hill Farm Academy/Home serves troubled, hurting children . . . children with a broad range of behavioral and academic problems . . . children who are experiencing emotional instability often due to family trauma. Some children are from backgrounds of abuse and neglect. For whatever reasons, all are unable to live and study in more traditional family and community settings. Happy Hill Farm is not a correctional institution nor a prep school. The Farm is an interdenominational, residential school that provides very specialized help for children who need another chance in life.

Happy Hill Farm Academy graduates continue to need assistance, which comes in the form of grants and aid, college jobs, and the Happy Hill Farm College Scholarship Fund. Eighty percent of current graduates are attending colleges and junior colleges throughout the State. The military still offers a unique opportunity for Happy Hill Farm Academy graduates and, at this writing, Farm graduates serve in every branch of the military services.

In conclusion, let me again urge the maintenance of the language of inclusion for a broad range of services for children, including residential education. This is an important, effective option for at-risk boys and girls.

Sincerely,

C. Edward Shipman  
*Founder*

