



*2009 Legislative Agenda for*

# CHILDREN —AND— FAMILIES

RECOMMENDATIONS  
FOR THE  
NEW ADMINISTRATION  
AND 111TH CONGRESS

FIRST SESSION

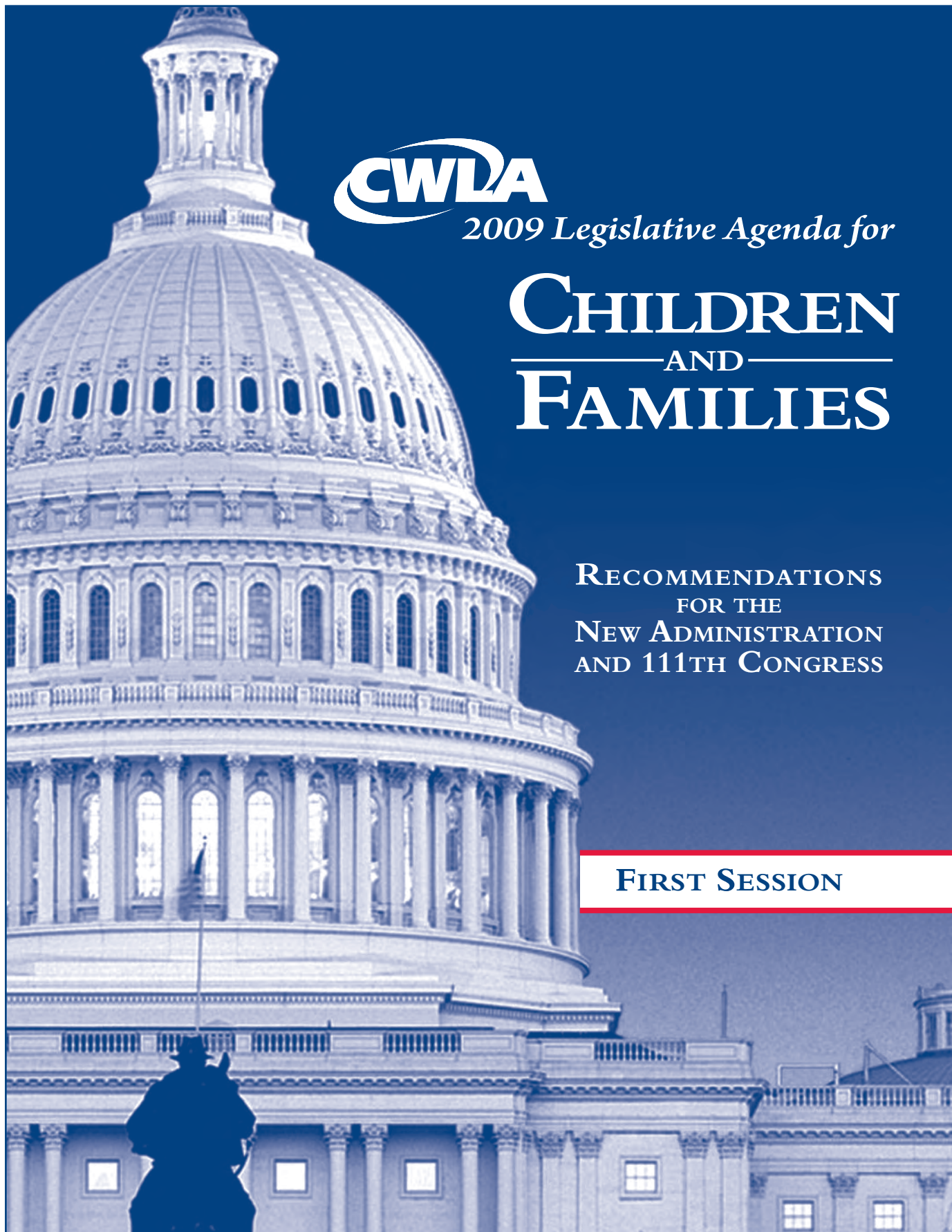


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# TABLE OF CONTENTS

<b>Letter from CWLA's President and CEO</b> .....	iv
<b>Introduction</b> .....	v
<b>The White House Conference</b> .....	1
<b>Preventing Child Abuse and Neglect</b> .....	2
<b>Achieving Permanency for Children and Families</b>	
Foster Care and Strengthening Permanency .....	6
Kinship Care and Strengthening Permanency .....	8
Strengthening Adoptions from the Child Welfare System .....	9
Education and Children in Care .....	11
<b>Increasing Access to Health Care</b>	
Medicaid .....	12
Mental Health .....	13
Children's Health Insurance Program .....	14
Substance Abuse .....	15
<b>Helping Vulnerable Young People</b>	
Enhancing Juvenile Justice Systems Integration .....	16
Youth Transitioning Out of Foster Care .....	17
Teenage Pregnancy and Youth in the Child Welfare System .....	18
<b>Strengthening the Building Blocks of the System</b>	
Child Welfare Workforce .....	19
Disproportionality and Cultural Competence .....	21
Equal Access to Services/Funding in Tribal Child Welfare .....	22
Data Collection Systems .....	24
Urban and Rural Challenges .....	26
The Challenges to Rural America .....	27
Immigration Issues in Child Welfare .....	28
<b>The Nation's Children 2009</b>	
National Fact Sheets .....	30
<b>CWLA Advocacy Team</b> .....	34



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## LETTER FROM THE PRESIDENT

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Dear Friend of Children,

CWLA believes that together we can make children and families a national priority. The new Administration and Congress have the opportunity to realize this dream and ensure every child is nurtured, protected, provided the chance to develop to his or her full potential, and given opportunities to contribute to the common good.

In 2009, we challenge the President and Congress to affirm this responsibility and take actions to strengthen our commitment to permanency and protection of America's children. CWLA's top legislative priorities for 2009 are a call to reestablish the White House Conference on Children and Youth, and providing that a significant share of the economic recovery plan be for the benefit of vulnerable children and their families.

Five hundred thousand children are in foster care on any given day and three million cases of abuse and neglect are reported every year in this country. As the economy weakens, history and experience tell us the caseloads will increase. We can and must do better to protect and provide a safe and promising future for these children. Our legislative priorities appeal to the Administration and Congress to boldly affirm our national commitment to children and families. Calling a White House Conference in 2010 will set in motion a set of activities to engage communities throughout the nation to focus on and make recommendations regarding the concerns and needs of the most vulnerable children and youth.

The economic recovery must include new reliable, flexible, guaranteed resources needed to prevent child abuse and neglect; provide better supports for families in crisis; provide care and treatment for children in foster care; provide support to foster parents, grandparents, and other relatives caring for children; and strengthen adoptive families and the workforce that supports this system of care.

CWLA's 2009 Children's Legislative Agenda outlines what Congress can do this year to better the lives of children and families. By working together, we can live in an America where no child is abused and neglected and every child achieves his or her full potential.

Sincerely,

A handwritten signature in blue ink that reads "Christine James Brown". The signature is written in a cursive, flowing style.

Christine James-Brown  
President and CEO, CWLA



# INTRODUCTION

CWLA is pleased to submit *Hope for America's Children, Youth, and Families* to President Barack Obama and the 111th Congress. During this transition for a new president and Congress, CWLA offers policymakers a vision and recommendations that address both legislative and administrative efforts to improve child welfare services and, ultimately, advance the well-being of the country's most vulnerable families and children. As the nation enters a new era, we believe Americans have the creativity, expertise, and perseverance to address the challenges these families face so all children and youth reach their ultimate potential and achieve the great American dream.

*Hope for America's Children, Youth, and Families* reflects the collective wisdom, insights, and concerns of CWLA's public and private member agencies gathered over the past half year. These agencies, small and large, provide an array of child welfare and related services to vulnerable children, youth, and families in cities and communities across all 50 states. This document is also based on a review of our policies, best practice guidance, and advocacy positions researched and crafted over the past several years. Although this document is based on our cumulative knowledge and work over the past half of 2008, clearly much has changed in our country during this time period.

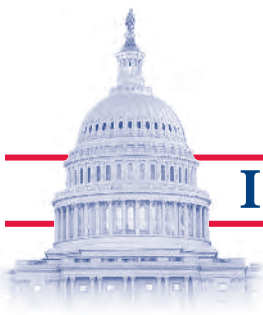
In fall 2008, Congress enacted the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act, P.L. 110-351). This legislation is the most significant federal child welfare legislation enacted in at least a decade—if not since the creation of Title IV-E foster care and adoption assistance in 1980. This bill, when fully phased in, will have a significant impact on outcomes for children in foster care and special-needs adoptions across the country. It begins the critical task of focusing on the disproportionate overrepresentation of some minority populations in child welfare by providing federal funding to some kinship families and by allowing direct access to tribal governments—and, by extension, to children in Indian country. It also holds the promise of improving education and health care access for children in care and moving this nation, at least in some small way, toward a sounder workforce development policy in the area of child welfare.

The Fostering Connections Act offers opportunity, but the economic crisis threatens the ability of state and local agencies, both public and private, to take advantage of these opportunities. Many if not all states are considering significant budget cuts. In the coming weeks, assessing how human services can be protected from budget cuts, at the very time when human need will increase, will be critical. This will almost certainly extend to the challenge of child abuse and neglect. Also critical will be implementing and regulating the Fostering Connections to Success Act in a way that recognizes this dynamic. The economy will challenge state and local agencies in many different ways; we must shape federal policy over the next year in a way that takes this into account.

Despite these challenges, we offer this document as a detailed blueprint that, carried out over both the short and long term, can create a strong vision for this country's most vulnerable children and families—and all of America's families. CWLA envisions a future in which families, communities, organizations, and governments ensure all children and youth benefit from the resources they need to grow into healthy, contributing members of society. Child welfare services must be available to families whenever concerns arise about the safety and well-being of children. A network of community-based, family-centered organizations, whose mission is to support and stabilize children, youth, and families, with appropriate sensitivity to family culture, will provide these services.

CWLA's ultimate goal is to achieve better outcomes for the children and families who encounter the child welfare system by

- preventing abuse and neglect;
- providing health and mental health services to address the impact of harm;
- preventing unnecessary separation of children from their homes;
- sustaining permanent placements that are made;
- minimizing how long children remain in foster care, should placement be necessary; and
- ensuring no disproportionate effect on children or families of any culture.



# INTRODUCTION

CWLA's model embraces the principle that families must be at the center of services that prevent and remedy situations that lead to child abuse and neglect. The full spectrum of services for children and families must be involved, from the first awareness a family is at risk, to early intervention, to foster care for those children whose safety and well-being is threatened, through permanency and the services necessary to sustain permanency. Ensuring quality casework practice, according to national child welfare standards, requires a professional workforce. Recruiting, hiring, training, and retaining qualified, culturally diverse and competent, effective, and dedicated professionals is essential to this effort.

In this transition paper, we offer short- and long-term recommendations across five key areas. The short-term recommendations address matters to be addressed quickly by changes in federal policy, guidance, or regulation. Many of these short-term proposals relate to the new Fostering Connections Act and how it is implemented and regulated. The long-term recommendations may require greater effort and, in all likelihood, legislation to be worked out cooperatively between the new Administration and the 111th Congress.

We address five key areas of child welfare:

- preventing child abuse and neglect;
- achieving permanency for children and families through reunification, adoption, and kinship care;
- increasing access to health care, including mental health and substance abuse services for children and families in care;
- helping vulnerable young people in both foster care and juvenile justice; and
- strengthening the building blocks of the system, which includes such issues such as workforce, data collection, immigration, and cultural competence.

We continue to strongly urge that all recognize the re-institution of the decennial White House Conference on Children and Youth as an essential tool to carry out all of these reforms, as well as a way to engage communities and key local stakeholders, which, ultimately, is the only way we can address any of these challenges.

# THE WHITE HOUSE CONFERENCE



**I**n the fall of 2007, CWLA called for a re-establishment of the White House Conference on Children and Youth in 2010. Despite being the oldest White House Conference (President Theodore Roosevelt presided over the first conference in 1909) no Conference on Children and Youth has been held since 1970. To be clear, we are not calling for a gathering at the White House, but a two-year process identical to previous Children and Youth's conferences and the White House Conferences on Aging.

With enactment of the Fostering Connections Act, the current recession, and the start of a new Administration and new Congress, this call is even more important.

Like the Aging conferences, the process begins with Congress passing legislation that sets up a policy committee. The President issues the call, which sets the date. The committee sets an agenda with public input. It holds a series of mini-conferences to address a range of key issues in the year before the actual conference. Most importantly, the policy committee sets the parameters for state and local groups to hold their own meetings to shape that agenda and address some of the most vital issues confronting their communities.

Some argue that a White House Conference on Children and Youth would be a show or a media event. Others argue that it could delay any new legislation; still others will say that the call is too narrow. It is none of these. It will involve serious discussions across the country involving key partners and stakeholders. It will encourage new legislation that can improve the lives of children and families, and it will bring to light all the challenges children and their families face every day: issues of neglect, poverty, and barriers to families and children.

Imagine bringing together key experts, partners, foundations, faith-based and nonprofit organizations, state and local governments, and families, children, and youth to address the problems in their communities and states. Topics would include:

- preventing child neglect and child abuse;
- improving access to needed health care and mental health services;
- navigating courts and the legal system;
- utilizing the nonprofit community and faith-based community;
- securing housing;
- combating poverty;
- receiving quality education;
- accessing critical family services like child care and early childhood education;
- implementing services that can begin to address disproportionality;
- intensifying teen pregnancy prevention;
- increasing collaboration between states, cities, and local community leaders;
- facilitating cooperation between agencies, and the involvement of foundations; and
- solving the biggest problem in your community, city, or state.

We call on the new President and new Congress to convene the next conference in 2010.



# PREVENTING CHILD ABUSE AND NEGLECT

The U.S. Department of Health and Human Services (HHS) releases the latest national data on child abuse and neglect every April. For 2006, the latest data available, the numbers tell a familiar story: More than 900,000 children were substantiated as abused and/or neglected, out of the more than 3.3 million child abuse reports made. Children younger than 1 year had the highest rate of victimization at 24.4 per 1,000 children. Of the estimated 1,530 child fatalities in 2006, 41.1% were attributed to neglect, with physical abuse a major contributor to child fatalities.

Of the child victims, nearly 9% were sexually abused, and 16% were physically abused. A consistent annual statistic that surprises some is that nearly 65% of the 900,000 children are victims of neglect. These are children whose mistreatment can be just as serious as those victims of sexual or physical abuse. It also tells us we are not doing enough to prevent these children from coming into care or being brought to the attention of child protective services (CPS).

Another consistent statistic is that of the 900,000 abused and neglected children identified, nearly 40% did not receive follow follow-up services. With such a high and consistent percentage going without follow-up help, clearly services are not being adequately provided at the front end of the child welfare system. For some children, this may mean that they will return to the system.

Late in 2008, HHS was working on the release of the Fourth National Incidence Study of Child Abuse and Neglect (NIS). The last one was published in 1996, and, like its predecessor, the forthcoming congressionally mandated study is likely to tell us that more children suffer from abuse and neglect than the official statistics indicate. The NIS includes children who were investigated by CPS agencies, but it also obtains data on children seen by community professionals who were not reported to CPS or who were screened out by CPS without investigation. This means the NIS estimates provide a more comprehensive measure of the scope of child abuse and neglect known to community professionals, including both abused and neglected children who are in the official statistics and as well as those who are not.

Prevention of child abuse and neglect is perhaps the greatest challenge in the continuum of the child welfare system. All too frequently, prevention of abuse and neglect is

an add-on service instead of a core component of the range of needed services. The issue of providing or addressing prevention too often is conditioned on whether a child welfare agency or department can free up appropriations or funds by reducing the cost of services, including foster care, which some describe as “back-end services.” In fact, what is required is an investment in the range of services.

Both child care and Head Start funding and services have been inadequately addressed in the past decade. In the coming session of Congress, CWLA will partner with leaders of the Child Care NOW Coalition, including the Woman’s National Law Center and the National Association for the Education of Young Children, as they craft a comprehensive proposal to improve both the quality and accessibility of child care. CWLA will also work with the National Head Start Association and other Head Start advocates to expand and strengthen that program and fully implement the most recently enacted reforms. Both of these programs represent a key component of community-based strategies that are necessary to reduce the level of child abuse and child neglect.

We will withhold comment on the reauthorization of Temporary Assistance for Needy Families (TANF) for a future paper. When TANF is reauthorized, however, careful examination will be necessary, and attention must be paid to how that block grant can be crafted to ensure the most vulnerable families are assisted; one of TANF’s central target populations is the very same collection of families that come to the attention of the child welfare system when all else fails.

The federal government provides some limited funding for services that can prevent or remedy potential neglect and abuse situations. Title IV-B part 1, Child Welfare Services (CWS), and Title IV-B part 2, Promoting Safe and Stable Families (PSSF), are flexible funding streams that can fund a range of services, some to support families in an effort to prevent abuse, but the data and results are not clearly understood. These funding sources are available on a limited basis for innovative programs and services that wrap around vulnerable families. Other federal funds, such as the Social Services Block Grant (SSBG), may also help the development of community-based initiatives that have shown promise. More dedicated sources of funding are needed, but with a link to outcomes and evidence of what works.

A number of promising approaches nationwide may use specific interventions, such as home visitation, whereas others, such as Baltimore's Family Connections program, have a strategy of using a range of funding sources from public, private, faith-based, foundation, and other community partners to show some significant results. The Family Connections program has shown positive results in reducing the instances of abuse and neglect by using limited federal funds to better coordinate communities and services.

Another promising approach is more specific in its structure: the home visiting model. Home visitation programs refer to different model programs that provide in-home visits to targeted, vulnerable, and new families. Home visitation programs—either stand-alone or center-based—annually serve at least 400,000 children from birth to age 5.

The eligible families in these home visitation programs may receive services as early as the prenatal stage. Because a child's early years are the most critical for optimal development and provide the foundation necessary for success in school and life, home visiting can make a lifetime of difference. Nurses and other trained members of the community conduct home visits weekly, bimonthly, or monthly. Program goals include an increase in positive parenting practices, improvement in the health of the entire family, increase in the family's ability to be self-sufficient, and enhanced school readiness for the children. Home visitation programs rely on a range of sometimes unstable federal, state, and local funds.

Other programs that hold promise for prevention include the use of differential response. This is a form of practice in child protective services that allows for more than one method of response to reports of child abuse and neglect. Also called dual track, multiple track, or alternative response, these programs recognize the variation in the nature of reports and the value of responding in ways appropriate to each, avoiding a "one size fits all" approach.

Great variation exists in state and county implementation of differential response, which generally involves low- and moderate-risk cases that receive a noninvestigation assessment response without a formal determination or substantiation of child abuse and neglect. Although states are attempting several approaches in this area, the basic policy difference is in how complaints of abuse and neglect are dealt with and screened into or out of the CPS system. In some instances, responses to reports of child abuse and neglect may result in greater family support and services to address the underlying causes.

The Title V Maternal and Child Health (MCH) Block Grant also offers great possibility. In September 2008, Title V received the highest possible rating on the White House Office of Management and Budget's Performance Assessment Rating Tool, yet the program is consistently underfunded. Title V is a federal-state partnership that funds a diverse array of programs and services specifically aimed at improving the health of mothers and children, many of whom are vulnerable and in need of prevention or early intervention.

States must use at least 30% of their federal allotment of Title V on preventive or primary care for children, and 30% of their federal allotment on children with special

health care needs. Above and beyond these requirements, Title V provides wide flexibility to states to determine the most appropriate use of federal funds, as long as these uses are in line with Title V's overall mission of building the maternal and child health infrastructure.

Although the block grant is authorized to receive \$850 million in federal money in 2008, actual appropriations for Title V dropped to \$666 million from \$693 million provided in each of the two previous years.

Initiatives that combine the efforts of the courts and the child welfare community also have shown great promise. These initiatives, which provide funds to train key personnel—including judges and child welfare workers involved with the courts, such as court-appointed state advocates (CASAs) and CPS workers—have yielded positive results in keeping families together and addressing the abuse and neglect of infants and the very young. The Court Teams for Maltreated Infants and Toddlers Project, spearheaded by Zero to Three, has shown great promise and results; what it lacks is a steady source of dedicated funding.

Another innovation being implemented in some areas, both in terms of CPS and in placement decisions, is family group decision making (FGDM) and other similar team meeting models. FGDM and similar initiatives offer an approach of working with families and communities involved with the child welfare system. Families are engaged and empowered by child welfare agencies to make decisions and develop plans that protect and nurture their children from enduring further abuse and neglect. These approaches recognize that families are the experts of in their own situations and are often able to make well-informed decisions about their circumstances with the support of family members and others who have worked with the family.

The Fostering Connections Act offers some limited national grants to advance the use of FGDM, but overall, very limited funding sources exist for these initiatives. In addition to providing designated funds for home visitation, some flexibility needs to be built into the funds provided through Title IV-E foster care and adoption assistance. This flexibility should be tied to measurable outcomes and data.

Child protection can trace its origins to the 19th Century when, in 1875, the Society for the Prevention of Cruelty to Children was established in New York City. After publicity surrounding the treatment of a young girl captured the public's attention, the president of the American Society for the Prevention and Cruelty to Animals was approached and, as a result of his support, existing state legislation to protect children was vigorously enforced for the first time.

The first White House Conference on Children was convened in 1909; one of the results of that conference was the creation of a Children's Bureau at the federal level. Part of the mission of the new bureau, at the urging of the White House Conference, was to "investigate and report on all matters relating to the welfare of children and child life among all classes of people."

In 1974, Congress passed the first Child Abuse Prevention and Treatment Act (CAPTA). That landmark law helped establish national standards for specific reporting and response practices for states to include in their child protection laws. CAPTA is the only federal legislation



# PREVENTING CHILD ABUSE AND NEGLECT

exclusively dedicated to preventing, assessing, identifying, and treating child abuse and neglect—the continuum of child maltreatment services and supports.

CAPTA includes three programs: grants to the states to develop innovative approaches to improve their CPS systems; discretionary funds that support state efforts to improve their practices in preventing and treating child abuse and neglect; and the Community-Based Family Resource and Support Program that provides grants to states to support their efforts to develop, operate, and expand a network of community-based, prevention-focused family resource and support programs that coordinate resources among a range of existing public and private organizations.

The SSBG is a major source of federal funding that addresses the needs of vulnerable children and youth. SSBG represents 11% of federal funding for child welfare services. When SSBG was converted from a matching entitlement fund to a capped federal block grant to states in 1981, states were free to decide whom to serve and what services to provide. As a capped entitlement, SSBG funding was set in the statute at \$2.8 billion. Congress, however, reduced funding to \$2.3 billion when the TANF block grant was created in 1996. Although funding was to be restored to \$2.8 billion by 2003, it was reduced again to \$1.9 billion in FY 1999, and to \$1.7 billion in FY 2000. The \$1.7 billion total is what is currently in law. In the 1980s SSBG was used to assist states in a time of recession. In 2005 and again in 2008 SSBG has been a major funding source for hurricane relief with Congress allocating more than a half billion in both cases.

Although states can use SSBG funds for an array of social services, such as child care or services for the aging, child welfare services receive more of these funds than any other service area. In FY 2006, child protection and foster care services each accounted for 24% of SSBG expenditures. Thirty-eight states used SSBG funds to support child protection services; 37 used SSBG to provide foster care.

## RECOMMENDATIONS

### Short-Term Actions:

- ★ Based on the newly enacted Fostering Connections Act, the new Administration should assist states in their use of the new Family Connections funds in expanding the use of family group decision making.
- ★ Based on the newly enacted Fostering Connections Act, the new Administration should assist states in the expanded use of Title IV-E training funds as they now apply to the training of court personnel, including

members and staff of abuse and neglect courts, court-appointed special advocates, and others to train key personnel in prevention and successful intervention programs such as Zero to Three Family Drug Treatment Court and other model court-community partnerships.

- ★ Under the Fostering Connections Act, the new Administration should issue regulations that are expansive and broad in defining the coverage of Title IV-E training funds as it applies to court-related personnel.
- ★ The new Administration should discontinue the requirement on states to plan their allotment of Social Services Block Grant (SSBG) based on proposed budget cuts. This directive to states can require some local governments to plan their SSBG spending based on cuts that Congress has never approved.

### Long-Term Actions:

- ★ Congress and the new Administration should enact legislation to fund home visitation programs similar to the Education Begins At Home Act introduced in the 110th Congress.
- ★ Congress and the new Administration should enact legislation that will provide targeted federal funds that will encourage the development of programs such as Baltimore's Family Connections program, the Harlem Children's Zone, and other similar neighborhood-based projects. These projects should require an extensive community planning process involving public, private, and faith-based agencies, as well as foundations. Any project must be tied to specific community-designed data and outcome measures.
- ★ Congress and the new Administration should amend Title IV-B State Court funding to provide \$5 million in mandatory funds to create a National Court Teams Resource Center as proposed under the Safe Babies Act of 2007.
- ★ Congress and the new Administration should add flexibility to the use of Title IV-E funds for the purpose of preventing or intervening to prevent child abuse and link the use of funds to state- or community-based measurable outcomes and data.
- ★ Congress and the new Administration should fully fund at their authorized levels programs including Promoting Safe and Stable Families and Child Welfare Services and strengthen the programs by gradually developing methodology and data that can show results and how funds are invested.



## PREVENTING CHILD ABUSE AND NEGLECT

- ★ Congress and the new Administration should fully fund at its authorized level the Child Abuse Prevention and Treatment Act (CAPTA) at \$280 million. This funding would be for CAPTA state grants, discretionary grants, and the Community-Based grants. While this amount of funding cannot address all prevention or child protective services needs, it will create a greater urgency in implementing the mandates under CAPTA.
- ★ Congress and the new Administration should fully fund at its authorized level the Title V Maternal and Child Health Block Grant at \$850 million.
- ★ Congress and the new Administration should restore SSBG funding to no less than the \$2.3 billion provided in 1996, with a phased-in increase to \$2.8 billion, restoring the SSBG as enacted in the 1996 TANF Act.
- ★ Congress and the new Administration should direct research funding to child fatality research and a meta-analysis of existing information from state child fatality reviews to examine case characteristics, case practice, and systemic issues when children die from abuse and neglect.
- ★ Congress and the new Administration should enact legislation similar to the 2008 Child Welfare Workforce Improvement Act that would fund a study by the National Academy of Sciences on workforce. This study would look at the challenges and strategies as it relates to child welfare, make recommendations regarding case-load standards, the use of data, and expand the research, training, and demonstration projects. Such a study should include workers involved with the child protective services and those considered to be part of the front end of services.



# ACHIEVING PERMANENCY FOR CHILDREN AND FAMILIES

## **FOSTER CARE AND STRENGTHENING PERMANENCY**

The Adoption and Safe Families Act (ASFA; P.L. 105-89) was enacted in 1997 to ensure safety and expedite permanency for children in the child welfare system. One of its primary missions was to ensure children did not remain in foster care for too long, and instead became part of permanent and safe families.

States enacted new legislation and promulgated regulations to expedite permanency, consistent with ASFA. Generally, jurisdictions moved toward holding permanency hearings sooner, often practicing some type of concurrent planning, and establishing a more expedited track for filing petitions to terminate parental rights when reunification was not possible or appropriate. The length of time before deciding on a permanency plan was also reduced. The most positive and obvious outcome was an increase in the number of legalized adoptions with annual numbers of adoptions increasing by 57% between 1998 and 2001, from 37,000 in 1998 to more than 50,000 in 2001.

Reunification is the first permanency option state and local child welfare agencies consider for children entering care. Yet, in many ways, it is the most challenging. In 2006, while 49% (248,054) of the children in care had a case plan goal of reunification with their parents or other principal caretaker, 53% (154,103) returned to their parents' or caretakers' home. In 2002, reunification was at 56%.

Successful permanency through reunification requires many things, including skilled caseworkers, readily available support and treatment resources, clear expectations and service plans, and excellent collaboration across involved agencies.

Perhaps as a result of ASFA, some jurisdictions have noted additional practice improvements, with an increased use of family-based approaches and interventions, including family group conferencing, family mediation, and Family-to-Family and other neighborhood and local agency-based foster care approaches. These approaches stress non-adversarial, collaborative efforts to achieve permanency for children.

Family preservation services also can be effective if implemented in a planned way. These programs are comprehensive, short-term, intensive services for families. Services are delivered primarily in the home and designed to prevent unnecessary out-of-home placement of children.

A recent update of research on the Homebuilders family preservation model showed some promising findings. Conducted by the Washington Institute for Public Policy, the update looked at that body of research that found family preservation to have no overall effect. The Institute pulled out those programs that followed the Homebuilders model and found significant savings and impact, with a savings of \$2.59 for each dollar spent.

### ***Role of Foster Care in Permanency***

Foster care refers to children in the child welfare system who are placed away from their homes when their parents or other primary caregivers are unwilling or unable to provide care and safety. Although the child welfare system's primary concern is the well-being of children and maintaining them in their own homes, out-of-home placements must be used when the risk of abuse and neglect makes it impossible for children to remain safely with their families.

Residential group care encompasses an array of services for children with pronounced special needs. Residential services are highly flexible and provide for varying lengths of stay, based on individual needs. Length of stay may range from a short respite due to tense family situations, to long-term therapy for problems such as drug or alcohol addiction. Although long-term stays in family-like, community-based group homes best serve some children's needs, residential group care is usually a temporary placement. Many children in residential care have emotional or physical conditions that require intensive, on-site therapy; others receive services from day treatment programs in their communities.

Family foster care should be a planned, goal-directed service in which the temporary protection and nurturing of children take place in the homes of agency-approved foster families. Most children in family foster care return safely to their birth families. The needs of the child in family foster care for treatment services should be met within a family

foster care setting when this arrangement is in the best interests of the child. A growing number of children in out-of-home care require treatment services to meet their individual medical and behavioral needs. Some needs may be met by services such as day treatment, but for children in family foster care whose treatment needs would in years past have required group care or residential treatment, the services inherent in treatment foster care have become a critical component in a comprehensive service system. Treatment foster care, also known as therapeutic foster care, combines the benefits of the protection, support, and nurturing of a family foster care setting with the benefits of treatment services provided by specially trained, highly qualified, and intensively supervised foster parents.

Foster care is a critical service in the child welfare system for vulnerable children and their families. As is the case in other parts of our nation's child welfare system, this one service cannot address all the challenges as we confront child abuse and neglect. It represents one part of a comprehensive system of support, from prevention to early intervention services to reaching the goal of permanency for children, including reunification, adoption, or kinship care, along with the accompanying services and supports for each of these families.

On September 30, 2006, 510,000 children were in foster care, with an average stay of 15.5 months. Over the course of a year, nearly 800,000 children will spend time in foster care. In 2006, 303,000 children entered foster care, and 289,000 exited care. That year, 9% of those in care—26,428 young people—left care because they aged out: They turned 18 and were thus too old to be covered by federal or state foster care programs.

### **The Challenges**

The challenges to making foster care into what it should be are numerous. The most glaring deficiency in foster care and in strengthening permanency is financing. The current requirements condition a child's eligibility for federal foster care funding on whether the child was removed from a family that would have been eligible for the now nonexistent Aid to Families with Dependent Children (AFDC) cash assistance program as it existed on July 16, 1996. As CWLA indicated in its annual study, "In 1998, well over half of the children entering foster care—55% by our analysis—qualified for federal assistance. In 2006, slightly more than 42% qualified—a 23% decline."

This decline in federal funding gradually shifts the cost of foster care more to the states and private agencies that serve these children. Title IV-E foster care is intended as a federal matching program in which expenses are shared with states, but over time the erosion of eligibility means the federal government is becoming less of a partner. That means less support not just for foster children and families, but also less for caseworker support. Ultimately, state budgets may pull from other child welfare areas, such as prevention and family support, to make up for a shrinking pool of funds.

The ultimate goal of better-funded foster care is a new casework model for child welfare services that is grounded in best practice and supported largely by more resources in

both Title IV-B and a more flexible IV-E federal funding source. We need to strengthen a system that will result in more skilled workers, trauma-based care and services, lower and redefined casework responsibility, and treatment-focused foster care services.

The need exists to recruit more foster parents and provide greater support through better foster care maintenance rates and more casework support. The recent report *Hitting the M.A.R.C.* documents a diversity of rates and methodology in how they are set. National rates generally were found to be 36% below what was calculated as minimum adequate rates. Inadequate rates affect the ability to recruit and retain skilled families, likely increase financial stress, and directly affect the quality of care.

Successful family reunification requires some of the same services used to implement a successful family preservation approach: small caseloads; access to services, including health, mental health, and substance abuse treatment; counseling; and sound best practice. Support for reunification is limited. Only one federal funding source, Title IV-B part 2, Promoting Safe and Stable Families (PSSF), allocates a portion of its \$370 million for reunification services. Other reunification services may have to be drawn from other programs or sources, including some of the case management costs that may be drawn from the administrative costs under Title IV-E foster care. Once a child has been reunified with his or her family, access to aftercare may be limited since Title IV-E funds provide for support only when a child is in foster care, not after.

## **RECOMMENDATIONS**

### **Short-Term Actions:**

- ★ The new Administration should include increased technical assistance and training to states in strategies to recruit more foster parents.
- ★ Following the lead of at least one state, and consistent with April as Prevent Child Abuse Month, May as Foster Care Month, and November as Adoption Month, Congress and the new Administration should declare a month in honor of Reunification.

### **Long-Term Actions:**

- ★ Congress and the new Administration should eliminate the current eligibility link between Title IV-E foster care and the Aid to Families with Dependent Children (AFDC) program. Federal eligibility should extend to all children in foster care. If it is not possible to cover all children at once, eligibility can be phased in, allowing full coverage based on the age of the child, or when children enter care, similar to the phase-in of adoption assistance under the Fostering Connections Act.
- ★ Congress and the new Administration should strengthen current funding dedicated to reunification services. Although regulations through PSSF require at least 20% of funds be designated for reunification services, there is little information on how these dollars are spent or allocated, or if 20% of funding is truly going to reunification.



## ACHIEVING PERMANENCY FOR CHILDREN AND FAMILIES

- ★ Congress and the new Administration should extend Title IV-E funding to aftercare follow-up services. With this added flexibility, funding linked to outcome-based data and new research could lead to evidence-based practices.
- ★ Congress and the new Administration should provide funding to research and analysis of best reunification practices.
- ★ Congress and the new Administration should require State plans to include a description of the methodology used to set foster care reimbursement rates.

### **KINSHIP CARE AND STRENGTHENING PERMANENCY**

Although ASFA recognized placements with relatives or legal guardians as permanency options for children in foster care, the federal government failed to make funds available on a continuing basis to help those relatives care for the children.

Through 2008, states working with private agencies have used a variety of sources to fund subsidized guardianship placements for children. Some states have received federal funding through a Title IV-E child welfare waiver to provide support for guardians of children who have been in foster care previously. States also rely on other sources of federal funding to support these placements, including Temporary Assistance for Needy Families (TANF) and the Social Services Block Grant (SSBG). Other states have relied exclusively on state and local funds.

Kinship care is a situation in which an adult family member, such as a grandparent, aunt, uncle, or other relative, provides a caring home for a child who is not able to live with his or her parents. The practice is not new, but it is growing partly because repeated studies and CWLA Best Practice Guidelines have demonstrated the value of placing children with relatives when appropriate. The financial difficulties many relatives experience, however, threaten this practice.

Kinship care and subsidized guardianship programs allow qualified relatives or nonrelatives to step in and provide care which they may not have been able to provide otherwise because of the financial burdens such a role requires. Additionally, these relative placements may offer emotional and cultural benefits to children who cannot return safely to their parents and for whom adoption is not appropriate.

Recognizing the successes some states and agencies have accomplished in the increased use of kinship care, Congress in 2008 changed the funding structure of Title

IV-E, allowing states the option of extending these funds to kin families. The Fostering Connections Act is not as expansive as some of the earlier kinship care legislation, but it makes some significant improvements in the use of Title IV-E funds. States must still have the same foster care (nonsafety) licensing requirements in place, but the new law strengthens legislative and federal intent that states can suspend nonsafety and health licensing to facilitate and support kinship care. The new law also requires a child to be IV-E eligible and in state custody, and the possibility of adoption and reunification must be ruled out. The law also changes the nature of some of the case planning and, hopefully, the provision of support services.

The Fostering Connections Act also includes several other improvements that have been a part of earlier kinship legislation. All states will be required to have in place a notification process for relatives when a child comes in to care. The law establishes a new mandatory fund of \$15 million in Family Connections Grants. These funds, at least in part, will go to encourage the development and expansion of kinship navigator programs. These programs, intended to support kin families of all backgrounds and economic makeup, are growing in popularity. Under the expanded use of Title IV-E training funds, states will be able to use these funds for kin parents.

The Family Connections Grants can also be applied to family-finding models. Many jurisdictions used these initiatives as a tool to find relatives of children in care. Through the use of modern technology, including the Internet, some programs have shown great success in matching foster children with extended family members.

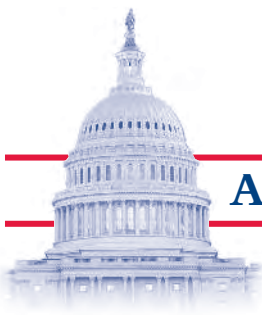
### **RECOMMENDATIONS**

#### **Short-Term Actions:**

- ★ The new Administration should act quickly to provide guidance and, if needed, regulation to facilitate the states ability to convert their current kinship programs to Title IV-E kinship programs.
- ★ The new Administration should issue regulations and guidance that are flexible and encourage states to use their waiver authority in the application of licensing requirements, adhering to the health and safety of the child while assisting in kinship placements.

#### **Long-Term Actions:**

- ★ Congress and the new Administration should follow through with the total elimination of the Title IV-E eligibility link to the July 1996 Aid to Families with Dependent Children (AFDC).



## ACHIEVING PERMANENCY FOR CHILDREN AND FAMILIES

- ★ Congress should follow the progress and expansion of kinship navigator programs and family finding programs that result from the Family Connections Grants and determine whether or not the success of these efforts demand significant increases in funding.

### STRENGTHENING ADOPTIONS FROM THE CHILD WELFARE SYSTEM

Adoption has long been a vital service for children who need families, bringing children whose birth parents cannot or will not be able to provide for them together with nurturing adults who seek to build or add to their families. Although approximately 3% of the U.S. population is adopted, adoption touches the lives of many more people. In fact, a recent survey indicates 47% of adults have been touched by adoption in some way.

CWLA published the first professional standards to guide adoption agencies in 1938. Since then, families choosing to adopt have become increasingly diverse. A growing number of foster families, families of color, older individuals, families with children, two-parent working families, single parents (both male and female), gay and lesbian couples, families with modest incomes, individuals with physical disabilities, and families of all education levels, religious persuasions, and from all parts of the country now adopt. These individuals and families have one important characteristic in common, however: They are willing and able to make a lifelong commitment to protect and nurture a child not born to them by providing that child a safe and loving family.

CWLA's focus has been the adoption of children from the child welfare system. More than 124,000 children in the child welfare system are classified as "waiting to be adopted." In many states, that means parental rights have been terminated. In other states, the process may be somewhat different, and parental rights have not been ended, but the state has determined that the child cannot be reunified with the birth parents and the route to permanency is adoption.

Of the children waiting to be adopted from foster care, a disproportionate number are from minority populations. National statistics generally follow the data from the most recent year available, 2006: 32% were black non-Hispanic, 38% were white non-Hispanic, 20% were Hispanic, 4% were mixed race non-Hispanic, 2% were Native American or Alaska Native non-Hispanic. This disproportionality, or overrepresentation, of certain ethnic or racial groups can be more pronounced in certain parts of the country. For example, a state with a greater Native American population will show greater disproportionality than the national data indicates.

The Title IV-E Adoption Assistance program is the primary federal support for adopting children from foster care. In FY 2009, the federal government will provide a projected \$2.2 billion for adoption assistance payments, services, and administrative costs associated with placing children in adoptive homes. In 2009, adoption assistance payments will assist an average of 427,000 children a month.

Currently, children's eligibility for Title IV-E Adoption Assistance is linked to the outdated 1996 AFDC eligibility standards. Congress changed this requirement in 2008, with the reforms enacted through the Fostering Connections Act. This new law will slowly repeal the link to AFDC and tie eligibility to federal funds to a child's special-needs status.

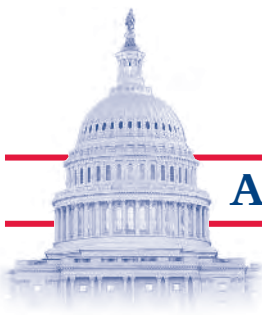
Adoption Incentives is another adoption program first enacted as part of ASFA in 1997 to promote greater permanence for children. The Adoption Incentive Program is designed to encourage states to finalize adoptions of children from foster care, with incentives tied to the number of adoptions of special-needs children in foster care.

In 2006, the median age of children waiting to be adopted was 8.2 years. Of these children, 4% were younger than 1 year, 33% were ages 1–5, 25% were ages 6–10, 29% were 11–15, and 8% were 16–17. Between 2002 and 2005, 27 states reduced the percentage of older children (ages 9–18) waiting to be adopted, although most were by small percentages. The percentage of older children waiting to be adopted ranged from a state low of 26% to a high of 62%.

The Fostering Connections Act extends the Incentive Program again and adds a smaller adoption incentive for states that increase their adoptions above a certain rate. This was enacted to address those states that may have falling foster care caseloads and fewer children available for adoption. These states may still have more adoptions, but the actual numbers may not demonstrate that. The new law also expands the incentive for both special-needs and older-child adoptions; an increase in the number of older-child adoptions results in an \$8,000 incentive per child.

Other smaller adoption programs include the Adoption Opportunities Program, which provides discretionary grants for demonstration projects that promote special-needs and minority adoptions and provide post-adoption services. Funding for this initiative has generally remained at the \$27 million mark since 2003. Examples of Adoption Opportunities recipients include the National Resource Center on Special Needs Adoption and the National Adoption and Foster Care Recruitment Campaign.

Most federal adoption support has been targeted toward promoting adoptions. As time passes and the number of adoptive families increases, there is a corresponding need to address, through post-adoption services,



## ACHIEVING PERMANENCY FOR CHILDREN AND FAMILIES

some of the challenges that may surface in later years for these families. The most common post-adoption services include support groups, crisis intervention, child and family advocacy, adoption searches, case management, family therapy, mental health treatment, respite care, and targeted case management. Some adoption agencies also provide chemical abuse treatment, day treatment, and intensive in-home supervision, indicating a strong commitment to making adoption placements work.

An important backdrop to the issue of adoptions from foster care is the overrepresentation of children of color. Key to this debate is the enactment of the Multiethnic Placement Act (MEPA) in 1994. The debate in 1994 was that children were being denied placements due to a heavy reliance on policies that took into account the racial and ethnic makeup of the prospective adoptive family. MEPA prohibited the use of a child's or prospective parent's race, color, or national origin to delay or deny the child's placement, and required diligent efforts to expand the number of racially and ethnically diverse foster and adoptive parents. MEPA was amended two years later to clarify its intent.

CWLA firmly believes the best interest of the child must be paramount in any decisions that surround placement and services. The CWLA Standards of Excellence for Adoption Services highlight certain key principles, including:

- When consistent with the child's best interest, the agency providing adoption services should honor the birth parents' request that a family of the same race or ethnic background adopt the child. The child's adoption, however, should not be denied or delayed if the agency is unable to recruit adoptive parents of the child's race or culture and adoptive parents of other cultural or racial groups are available.
- All children deserve to be raised in a family that respects their cultural heritage.
- In any adoption plan, the best interests of the child should be paramount.
- All decisions should be based on the needs of the individual child. If aggressive, ongoing recruitment efforts are unsuccessful in finding families of the same race or culture as the child, other families should be considered to ensure the child's adoptive placement is not delayed.
- Assessment and preparation of a child for a transracial/transcultural adoption should recognize the importance of culture and race to the child and his or her experiences and identifications. The adoptive family should demonstrate an awareness of and sensitivity to the cultural resources that may be needed after placement.

The Evan B. Donaldson Institute conducted a study in 2008, *Finding Families for African American Children*, which criticized the impact of MEPA, arguing its enforcement can interfere with best practices and the best interests of the child. The study also concluded that those parts of the law that require diligent recruitment of minority parents had not been enforced.

The challenges MEPA seeks to address cannot be met without a comprehensive approach to the challenges we face in the child welfare system, but there can be clearer instruction and guidance to states and agencies to assist in minority family recruitment. In addition, guidance and enforcement from HHS should not hinder innovation in recruitment and placement. Certainly, agencies or state child welfare systems should not fear serving the best interests of children and prospective families due to HHS's interpretations of MEPA.

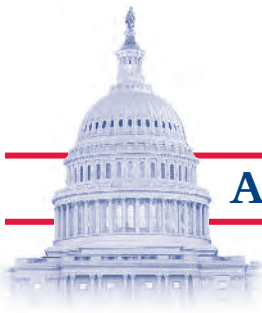
### RECOMMENDATIONS

#### Short-Term Actions:

- ★ In issuing guidance and regulation implementing the new adoption provisions, the new Administration should encourage states to reinvest any Maintenance of Effort (MOE) funds generated by phasing out the Aid to Families with Dependent Children (AFDC) link in post-adoption services.
- ★ The new Administration should focus special attention on assisting states in developing and implementing strategies to recruit more minority families for adoption and clarify that the Multiethnic Placement Act (MEPA) does not discourage such efforts.
- ★ The new Administration should focus greater attention on efforts and strategies that will facilitate the adoption of older children.

#### Long-Term Actions:

- ★ Congress and the new Administration should reauthorize and increase funding to the Adoption Opportunities program, and place a greater emphasis on spending appropriated dollars on proposals and programs that will extend post-adoption services and advance the recruitment of minority parents.
- ★ In extending the adoption tax credit, Congress and the new Administration should examine ways in which this tax benefit can focus more of its target audience on lower- and middle-income families adopting.



## ACHIEVING PERMANENCY FOR CHILDREN AND FAMILIES

### EDUCATION AND CHILDREN IN CARE

Schools should serve as a source of stability for a child in foster care. A child placed in foster care may have to move to a new neighborhood or area, which can mean that a foster child has to adjust to a new home as well as a new school. While some foster children may be best served by remaining in the same school despite being moved out of that district, this may not always be an option for the child and foster parent. In other instances this option may exist, but the services that would make this possible—such as transportation or covering the cost of individual transportation—are not available.

In 2008 Congress began to address these challenges with the enactment of the Fostering Connections Act. The new law now requires that the case plan of a child in foster care takes into account the suitability of the current educational setting, and ensures that the child welfare agency coordinate with the local education agency so that the child remains in the school he or she is enrolled in at the time of the foster care placement. In cases where it is not in the best interest of the child to remain in that same school, there must be an assurance by the child welfare agency and the local education agency to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the new school.

### RECOMMENDATIONS

#### Short-Term Actions:

- ★ The new Administration should provide flexible guidance and regulation that will strengthen the use of foster care maintenance payments to address the transportation costs of those foster children living in one school district but who continue to travel to their old school district.

#### Long-Term Actions:

- ★ The new Administration and Congress should include in the reauthorization of the elementary and secondary education act (No Child Left Behind Act) language similar to the directive to local child welfare agencies: that the local education agency work with the child welfare agency to assure foster children remain in their current schools when in the child's best interest, or provide immediate enrollment in a new district when that is in the child's best interest.

- ★ As part of the reauthorization of the No Child Left Behind Act, Congress and the new Administration should assure that the reauthorization of the McKinney-Vento Homeless Assistance Act includes a broader definition of homeless children to include children in foster care.
- ★ When Congress and the new Administration reauthorizes the No Child Left Behind Act, the local education agency should be directed to work in coordination with the child welfare agency on assurances that a special-needs adoptive child will have access to immediate school enrollment when health and other treatments may require a temporary relocation from their home.



# INCREASING ACCESS TO HEALTH CARE

Children in foster care are at a higher risk for physical and mental health issues, stemming either from the maltreatment that led to their placement, or from preexisting health conditions and long-term service needs. Before they even walk through the door, many children who come into contact with the child welfare system have been exposed to several facets of trauma, including domestic violence, physical and emotional abuse, parental mental health problems and substance abuse, neglect, and poverty. Infants and toddlers, being in extremely formative years, if exposed to such trauma, may be at particular risk of developing hard-to-overcome emotional difficulties and developmental delays. Once placed in out-of-home care, separation from familial ties and the continued instability that often ensues only exacerbate the child's initial vulnerability.

Numerous studies have documented that children in foster care have medical, developmental, and mental health issues that far surpass those of other children, even those living in poverty.

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## MEDICAID

Child welfare agencies are responsible for meeting the health and mental health needs of all children in state custody. Virtually all children in foster care are eligible for and obtain health care services for both acute and long-term conditions through Medicaid. To receive federal matching funds, state Medicaid programs must provide beneficiaries with certain mandatory services. A mandatory service that is particularly important for children in foster care is Medicaid's comprehensive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. EPSDT requires states to periodically screen and ascertain physical and mental defects in children and provide any corresponding necessary treatment that will correct or ameliorate any defects or chronic conditions.

Studies have repeatedly shown, and the Government Accountability Office (GAO) reported in 2001, that not all children are receiving the EPSDT services to which they are entitled by federal law. Access problems exist for several reasons, including a low provider participation in Medicaid, especially

among mental health providers and dentists. Many parents are simply unaware of their children's right to EPSDT.

Beyond mandatory services, states may cover and receive Medicaid matching funds for approved, optional services. Two optional services that have proven to be extremely beneficial to children in care are rehabilitative services and targeted case management (TCM). Medicaid Rehabilitative Services work to reduce physical and mental disabilities that many children in care experience as a result of abuse, neglect, or similar trauma, and restore them to optimal functioning level. Rehab services provide strong support for therapeutic foster care (TFC) programs. Maintaining a full continuum of care is important so that each child can receive the most appropriate intervention for his or her particular situation. TFC is an integral part of that continuum, as it provides clinically and cost-effective individualized treatment within a family setting for children and adolescents experiencing serious mental illness, emotional or behavioral disorders, or other disabilities. Taking into account the vulnerability and complex needs of children in foster care, including health needs, at least 38 states employ the Medicaid TCM option to ensure children in foster care receive a comprehensive approach and greater coordination of care.

In 2007, the Bush Administration issued a proposed regulation dealing with rehabilitative services and an interim final regulation dealing with TCM services. These regulations were issued alongside several other similarly restrictive Medicaid regulations that, in the aggregate, would devastate our nation's health care safety net. The rehab and TCM rules established ambiguous "intrinsic to" or "integral to" tests that appear to wholly shift costs to already struggling state child welfare and foster care systems. The 110th Congress included a moratorium on six Medicaid regulations, including rehab and TCM, in the Supplemental Appropriations Act of 2008, which was signed into law on June 30, 2008 (P.L. 110-252). The rehab and TCM rules are therefore delayed until April 1, 2009.

Several other longstanding access issues need to be addressed regarding Medicaid. Low provider payment rates, heavy administrative burdens, and other factors have led to a chronic shortage of health care providers willing to

accept Medicaid patients. For foster families and other caregivers, this has diminished access and choice, particularly in geographic areas where transportation is difficult, such as rural America. The limited pool of providers that do accept Medicaid patients may lack experience in treating the unique physical and mental health problems that children in out-of-home care experience. They may also face serious obstacles in obtaining comprehensive, accurate medical histories for children who have endured multiple placement changes and corresponding discontinuity in coverage and care.

Although Medicaid should be available for youth in foster care until age 18, many youth transitioning out of the system—facing an array of difficulties, and often having little or no support from their families, friends, or communities—are left without health insurance. States can extend Medicaid to youth formerly in care beyond age 18, but significant gaps remain.

## RECOMMENDATIONS

### Short-Term Actions:

- ★ The new Administration should protect the Medicaid targeted case management (TCM) and rehabilitative services options by rescinding regulations issued by the Bush Administration on these streams of care.
- ★ Congress and the new Administration should include in a stimulus package a temporary increase in the Federal Medicaid Assistance Percentage (FMAP) to aid with the ailing economy.

### Long-Term Actions:

- ★ Congress and the new Administration should extend Medicaid coverage to all youth formerly in foster care until at least age 21.
- ★ Congress and the new Administration must preserve the federal guarantee of Medicaid as an entitlement program for low-income children, youth, and families. They should oppose efforts that attempt to restrict eligibility and reduce access and/or benefits for beneficiaries. To improve the program, both the legislative and executive branches must work to increase the number of qualified providers accepting Medicaid and ensure that these providers are properly trained to handle the unique physical and mental health needs of children in foster care.
- ★ Congress and the new Administration should ensure the availability of and accessibility to comprehensive preventive health care services guaranteed in federal law through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.
- ★ Congress should conduct oversight of efforts to implement Medicaid provisions of the Deficit Reduction Act (DRA) to ensure that they do not negatively impact vulnerable children and families.
- ★ Congress should conduct proper oversight of the Medicaid program to combat fraud and abuse. At the same time, Medicaid funds must remain available for

legitimate TCM and rehabilitative services for children involved with the child welfare and foster care systems.

- ★ The new Administration should use the new requirements under the Fostering Connections Act to encourage collaboration between the state child welfare and Medicaid systems so that the physical and mental health needs of children in their care are properly addressed.
- ★ The new Administration and Congress should establish therapeutic foster care (TFC) as a Medicaid-reimbursable service.

## MENTAL HEALTH

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Despite the dismal fact that anywhere between 50% and 80% of children in foster care experience moderate to severe mental health and behavioral problems, findings from the federal Child and Family Service Reviews (CFSRs) reveal that the mental health needs of these vulnerable children often are not met. Most states have committed to better address the mental health needs of children and families in their child welfare systems by including appropriate action steps in their Program Improvement Plans (PIPs).

Thoroughly screening children involved with the child welfare and foster care systems to identify their mental health needs, and providing appropriate treatment, is essential. There is growing concern about the use of psychotropic medications with children, partly because very few of these medications have been approved by the Food and Drug Administration for treating mental health disorders in children. Studies have shown that children involved with the child welfare system are three to four times more likely than are other Medicaid recipients to receive psychotropic medications. Although some extreme situations certainly warrant the use of psychotropic medications with children, their prescription and administration must be monitored closely.

The Children's Mental Health Services Program funds comprehensive, community-based systems of care for children with serious emotional disturbance (SED) in the nation's child welfare, juvenile justice, and special education programs. The Community Mental Health Services Performance Partnership Block Grant is the principal federal program supporting community-based mental health services for children and adults. For SED children, these funds support services such as case management, emergency interventions, residential care, and 24-hour hotlines to stabilize children in crisis, as well as coordinate care for individuals with schizophrenia or manic depression who need extensive support.

The Mental Health Programs of Regional and National Significance promotes the implementation of effective, evidence-based practices for adults and SED children. Recent areas of importance include services for children and adolescents with post-traumatic stress, coordination of cross-system mental health activities and services, and prevention of youth violence and suicide.

In the 110th Congress, historic mental health and addiction parity legislation was enacted that will help erase longstanding discrimination between physical and mental health



## INCREASING ACCESS TO HEALTH CARE

conditions. Such policy will greatly help all Americans with mental health and substance use problems, particularly vulnerable, lower-income families and those involved with the child welfare system who experience a disproportionate rate of such struggles.

Legislation was also introduced in the 110th Congress that would ease the transition to adulthood for individuals ages 18–26 with serious mental illness (Healthy Transition Act, S. 3195/H.R. 6375). This legislation would provide grants for states to develop coordination plans to better help this vulnerable population. It specifically urges states to target disproportionately affected populations, such as those involved with the child protection system.

### RECOMMENDATIONS

#### Short-Term Actions:

- ★ The new Administration should use the new health planning requirements for state child welfare agencies enacted through the Fostering Connections Act to ensure the provision of early and more routine mental health screenings for children entering foster care.
- ★ The new Administration should use the new health planning requirements enacted as part of the Fostering Connections Act to assist states and local agencies in assuring better coordination of mental health needs and services between various child- and adolescent-serving systems, particularly for young adults with serious mental illness who are aging out of foster care and often lose their Medicaid coverage.
- ★ The new Administration should use the new health planning requirements enacted as part of the Fostering Connections Act to assist states and local agencies to ensure proper oversight of prescription and administration of psychotropic medication to children in care. This could be done by requiring states to report the percentage of children in out-of-home care who are receiving psychotropic drugs and how many medications they are receiving.

#### Long-Term Actions:

- ★ Congress and the new Administration should extend Medicaid coverage to all youth formerly in foster care until at least age 21.
- ★ Congress and the new Administration should increase funding for the Children's Mental Health Services Program, the Community Mental Health Services Performance Partnership Block Grant, Mental Health Programs of Regional and National Significance, and

key programs that target the social and emotional development of infants and toddlers at heightened risk for mental health problems.

- ★ Congress and the new Administration must ensure availability and accessibility to comprehensive preventive health care services, including physical and mental health screenings and interventions, for children in foster care who are guaranteed the services under federal law through the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program for children younger than 21 receiving Medicaid. Particular attention should be paid to infants in foster care, ensuring that they receive a comprehensive mental health evaluation and follow-up services.
- ★ Congress should enact legislation to address acute shortages of qualified child and adolescent mental health professionals. Changes would provide more funding to properly train child and adolescent mental health professionals dealing with children and youth involved in the child welfare and foster care systems regarding this population's special needs.

### CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Although Medicaid coverage is available to almost all children in foster care, the Children's Health Insurance Program (CHIP) has successfully broadened health coverage for low-income children and families, including at-risk families and children transitioning out of foster care. With the program set to expire in 2007, the 110th Congress passed two compromise bills (H.R. 976 and H.R. 3963) that would have reauthorized and strengthened CHIP, but President Bush vetoed both measures. As a result of this gridlock, CHIP was extended through March 31, 2009, with sufficient funding to maintain current enrollment and avoid shortfalls (P.L. 110-173).

On February 4, 2009, the 111th Congress passed and President Obama signed into law a four-and-a-half-year reauthorization of CHIP that will maintain coverage for over 7 million children and expand coverage to 4.1 million children who would otherwise be uninsured.

The reauthorization makes several improvements to the program, including: guaranteed dental benefits and mental health parity; a state option to implement express lane eligibility; \$100 million in grants for outreach and enrollment; and establishment of a child health quality initiative. Another large accomplishment advocated for by CWLA and many other organizations is that the law



## INCREASING ACCESS TO HEALTH CARE

eliminates the five-year waiting period for legal immigrant children and pregnant women to enroll in Medicaid or CHIP.

Also in early February 2009, President Obama sent a memo requesting that the August 17, 2007 and May 7, 2008 letters restricting flexibility sent to state health officials be withdrawn. Recognizing states are very differently situated—in terms of costs of living, for example—the federal government has long afforded states flexibility to uniquely tailor certain aspects of their CHIP programs, including the ability to set income eligibility limits, as long as the Centers for Medicare and Medicaid Services specifically approves. The Bush Administration's August 17, 2007 controversial directive, however, would have made it next to impossible for state CHIP programs that are already covering or desire to cover children in families who earn over 250% of the federal poverty level to do so.

### RECOMMENDATIONS

#### Long-Term Actions:

- ★ Monitor the implementation of CHIP reauthorization, as signed into law on February 4, 2009. Ensure that new and adjusted policies reach their goal of providing nearly 11 million children with accessible, quality health coverage.

### SUBSTANCE ABUSE

Children's exposure to parental alcohol and other drug (AOD) use—whether through prenatal exposure or environmental observation—undoubtedly puts them at risk. Substance abuse is estimated to be a factor in one- to two-thirds of cases of children with substantiated reports of abuse and neglect, and in two-thirds of cases of children in foster care. Children from families with substance abuse problems tend to come to the attention of child welfare agencies younger than other children, are more likely than other children to be placed in out-of-home care, and are likely to remain there longer.

If not treated properly, parental substance abuse is troublesome; in addition to being a root cause of child abuse and neglect, often it is cyclical and intergenerational in nature. Studies have shown that children who grow up in homes plagued by AOD use and abuse very often choose risky behavior and develop their own AOD problems.

To ensure safety and permanence for these children, and appropriate alcohol and drug treatment for their families, increased treatment and other services must be directed to their special needs. This will require increased resources and new partnerships between child welfare and AOD agen-

cies, other service providers, courts, community leaders, and family members. In past Congresses, legislation has been introduced to provide grants to state child welfare and alcohol and drug agencies to address the effects of alcohol and drug abuse on children and families who come to the attention of the child welfare system.

In recent years, Congress has provided some limited nationally competitive grants with the goal of funding treatment programs. Enacted as part of the Deficit Reduction Act (DRA) in 2006, one model of program potentially served by these grants is a family-based treatment program. These grants, allocated through the Title IV-B PSSF program, were limited to \$40 million in the first year, decreasing to \$20 million in the fifth. They were also weighted toward the use of methamphetamines, which could limit their access in certain parts of the country.

Recently, Congress included in the Fostering Connections Act a limited amount of funds that may also be used for such initiatives. Although important, these national grants fall short of the vast need. Nationally, there is a shortage in all types of publicly funded substance abuse treatment opportunities for those in need, especially for women. All states report long waiting lists for services.

### RECOMMENDATIONS

#### Long-Term Actions:

- ★ Congress and the new Administration should provide expanded federal resources to increase substance abuse treatment capacity within the child welfare system and stimulate effective partnerships between child welfare and substance abuse agencies.
- ★ Congress and the new Administration should provide more funding for comprehensive family-based treatment through legislation that would provide specific grants to state child welfare and substance abuse agencies or expand the current substance abuse grants provided through Title IV-B Promoting Safe and Stable Families program to target family-based treatment programs for all forms of substance abuse.
- ★ Congress and the new Administration should increase funding for the Substance Abuse Prevention and Treatment Block Grant.



# HELPING VULNERABLE YOUNG PEOPLE

## ENHANCING JUVENILE JUSTICE SYSTEMS INTEGRATION

For the past seven years, CWLA has consistently reported that child maltreatment researchers and practitioners, as well as those in the field of criminal justice, have been increasingly concerned about the long-term negative consequences of child abuse and neglect and the increased likelihood of abused and neglected youth to become involved in the juvenile justice system. Although the evidence does not suggest that any single factor accounts for the development of criminal behavior, experts increasingly recognize the importance of childhood victimization as a risk factor for subsequent delinquency and violence.

The research presented in CWLA's *Understanding Child Maltreatment and Juvenile Delinquency: From Research to Effective Program Practice and Systemic Solutions* provides undeniable evidence that victims of childhood maltreatment are at risk of entering the juvenile justice system and becoming tomorrow's serious and violent offenders. Children who are abused and neglected are not only more likely than other children to commit delinquent acts as adolescents and crimes as adults, but they are also more likely to experience a range of mental health, substance abuse, occupational, and educational deficiencies during adolescence and adulthood.

The fact that maltreatment is not inevitably associated with delinquency legitimizes the necessity for child welfare and juvenile justice systems to work in a coordinated and integrated manner. The overwhelming conclusion from this body of research is that to improve the well-being of our nation's most disadvantaged and traumatized children and youth, and to see sustained reductions in child maltreatment and delinquency, we must improve the coordination and integration of the child welfare and juvenile justice systems.

### *The Juvenile Justice and Delinquency Prevention Act*

The Juvenile Justice and Delinquency Prevention Act (JJDP) is a federal initiative designed to help state and local governments and private nonprofit agencies in supporting and initiating programs that prevent and treat

juvenile delinquency. Many public and private facilities nationwide provide custody and care for children who are wards of juvenile courts, juvenile corrections, or other public or private agencies. These facilities represent a spectrum of residential programs for accused or adjudicated delinquents and status offenders—youths detained for offenses that would not be crimes if they were adults, such as running away or truancy.

Established in 1974, and authorized most recently in 2002, JJDP is based on a broad consensus that children, youth, and families involved with the juvenile and criminal courts should be guarded by federal standards for care and custody, while also upholding community safety and preventing victimization.

The connection between child maltreatment and later involvement with the juvenile justice system is well documented. A growing body of research undeniably establishes the connection between all forms of child maltreatment—neglect, physical, and sexual abuse—and the risk of subsequent involvement in delinquency and the juvenile justice system.

## RECOMMENDATIONS

### Long-Term Actions:

- ★ Congress should provide further leadership and guidance to the nationwide implementation of reforms on behalf of this significant population of disadvantaged youth and families. CWLA has proposed language that would promote improved action.
- ★ The new Administration and Congress should strengthen the coordination, and improve protocols and procedures between the delinquency and dependent systems.
- ★ The new Administration and Congress should provide for the compilation of data on juveniles entering the juvenile justice system with a prior history as victims of child abuse or neglect.
- ★ The new Administration should undertake an analysis of necessary services for the prevention and treatment for these youth, and use the analysis to plan for providing such services.

## YOUTH TRANSITIONING OUT OF FOSTER CARE

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Certainly there is no group of America's youth more deserving of Congress' attention than those in foster care or who leave foster care after turning 18. Some 20,000 to 25,000 young people exit the foster care system annually. These young people leave care simply because there is an age limit on federal funding. Although some states extend this support beyond age 18, and the John H. Chafee Independent Living Program offers limited funding for transitional services to these young people, all too often the end result is that foster children find themselves on their own at 18.

Most youth enter out-of-home care as a result of abuse, neglect, or exploitation. Young people transitioning out of foster care are affected significantly by the instability that accompanies long periods of out-of-home placement during childhood and adolescence. They often find themselves truly on their own, with few if any financial resources, no place to live, and little or no support from family, friends, or community. Their experiences place them at higher risk for unemployment, poor educational outcomes, health issues, early parenthood, long-term dependency on public assistance, increased rates of incarceration, and homelessness. The resulting harm to the youth, their communities, and society at large is unacceptably high.

The Chafee program helps states provide services to young people as they age out of foster care. The program helps eligible children make the transition to self-sufficiency through such services as assistance in earning a high school diploma, support in career exploration, vocational training, job placement and retention, and training in daily living skills. The program allows up to 30% of funds to be used for room and board. Chafee is a capped entitlement of \$140 million.

Congress also authorized an additional \$60 million in discretionary funds in 2001 for education and training vouchers for youth eligible for the Foster Care Independence Program, as well as youth adopted from foster care after age 16. The Education and Training Vouchers (ETV) program provides assistance of up to \$5,000 per year for the cost of attending an institution of higher education for youth who age out of foster care or are adopted after age 16. The ETV program began receiving funds in 2003 at \$42 million, with current funding at \$45 million.

The newly enacted Fostering Connections Act includes significant reforms affecting youth aging out or about to age out of foster care, including an option for states to increase the age of eligibility for Title-IV-E foster care assistance up to age 21, and requiring a transition plan for all youth 18 or older to be developed with young people during the 90 days before exiting care. This plan is as detailed as the youth chooses, and must include specific options on housing, health insurance, education, local opportunities for mentoring, continuing support services, workforce supports, and employment services. The legislation extends protections and requirements already in place for younger children in care to apply to youth 18–21, and allows states to extend adoption assistance and guardianship payments on behalf of youth ages 19–21 if they entered care after age 16.

Adolescents in foster care are at higher risk for continuing medical problems, which are exacerbated by multiple placements, lack of continuity of intervention and record-keeping, and declining emphasis on preventive measures, such as immunizations, as they enter adolescence. Adolescents in foster care report low levels of trust in adults and the service system, which may prevent them from accessing health care and other services.

Immediately following statutory discharge from the foster care system, young people experience tremendous problems both in terms of their health status and in their ability to access health services. Because health coverage ends at emancipation, young people lose both routine preventive care and care for chronic medical conditions.

The mental health of former foster youth is also a critical issue, with mental health services the number one health care need for this population. More than 13 million children in the United States have a diagnosable mental disorder. A substantial number of children and youth experience substance abuse or co-occurring disorders. Nearly 43% of youth who receive mental health services have been diagnosed with co-occurring disorders. Between 75% and 80% of children and youth, however, do not receive the mental health services they need.

Securing and maintaining employment are critical factors in achieving self-sufficiency in early adulthood. Youth who must leave foster care at age 18 often are still in high school. If they have been able to secure employment at all, most are still in entry-level positions.

Young people exiting foster care are at greater risk for homelessness than are youth in general. In New York, for example, research found that half of the homeless young people who came to shelters had previously lived in a foster home, a group home, or other setting provided by the child welfare system. Nationally, as many as 25% of youth leaving foster care experience homelessness during the year following emancipation.

Some children in foster care may be eligible for Social Security benefits as a survivor of a parent, or through the Supplemental Security Income (SSI) program. States have had the right to determine and qualify these children and youth who are eligible for benefits and then claim the benefits to help offset the cost of Title IV-E payments. Legislation introduced in the 110th Congress would redirect these efforts. Under these proposals, states would determine when a child or young person is eligible for Social Security or SSI benefits and then reserve those benefits in an account for that young person. The state would help these young people plan the future use of these benefits. Such a change could be of significant assistance to eligible young people leaving foster care. Enacted as part of a large finance proposal, such changes could also be done without undercutting state funding of child welfare.

## RECOMMENDATIONS

### Short-Term Actions:

- ★ The new Administration must act quickly, with guidance and regulation, to assist states in implementing the reforms contained in the Fostering Connections Act related to youth.



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## HELPING VULNERABLE YOUNG PEOPLE

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### Long-Term Actions:

- ★ Congress and the new Administration should significantly increase funding for the Chafee Foster Care Independence Program.
- ★ The new Administration needs to sustain long-term support for this vulnerable population of young people. This will ensure that their long-term developmental needs are met and they have the skill set and knowledge base to access the services they will need during and after the transition to adulthood.
- ★ The child welfare system, including federal, state, and local governments, and agencies and the communities they serve, must ensure that all young people, regardless of their cultural, ethnic, or racial identity, receive services that address the full spectrum of their needs in a manner that reflects the cultural strengths of their families and communities.
- ★ Congress should amend Title II of the Social Security Act to assist states in determining Supplemental Security Income (SSI) and Social Security eligibility for foster children and to allow these foster children to have an account and a plan that will help them toward transition to adulthood.

### TEENAGE PREGNANCY AND YOUTH IN THE CHILD WELFARE SYSTEM

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By age 19, nearly half of surveyed females in foster care have been pregnant, compared with 20% of their counterparts not in foster care. Adolescent childbearing, in combination with other preexisting factors, is linked to negative consequences for mother and child, and to significant costs to society. Just over half of teenage mothers complete high school during adolescence or early adulthood, and they are likely to have limited employment opportunities, live in poverty, and depend on welfare. Teen childbearing costs taxpayers \$9.1 billion annually; \$2.3 billion of these costs fall on the child welfare system because children born to teen mothers are at increased risk of ending up in foster care and CPS.

Young people, including youth in foster care, need access to comprehensive reproductive health and family planning services. Medicaid provides an array of family planning services to individuals of reproductive age. At least 17 states have taken the Chafee option in the Foster Care Independence Act that allows the extension of Medicaid to age 21 for former foster youth. Despite this progress, more comprehensive health coverage, including family planning services through Medicaid, is necessary. A 2007 survey of

former foster youth found that only one-third of females and one-fifth of males had received either family planning services or information about birth control in the last couple of years.

Since 1970 the federal family planning program, Title X of the Public Health Service Act, has provided resources for health services and counseling to low-income or uninsured individuals who may otherwise lack access to health care. Title X supports a network of 4,400 family planning clinics nationwide that provide clinical services to prevent unintended pregnancies, lower rates of HIV and other sexually transmitted diseases, detect breast and cervical cancer at the earliest stages, and improve women's overall health. Unfortunately, Title X has been systematically underfunded over the years; there have been no increases in its funding to offset health care inflation and the growing demand for subsidized family planning services.

### RECOMMENDATIONS

#### Long-Term Actions:

- ★ Congress and the new Administration should ensure that youth in foster care receive well-coordinated health care, including family planning services. As youth age out of the foster care system, Medicaid coverage and family planning services should continue until at least age 21 to help promote a healthy adulthood.
- ★ Congress and the new Administration should encourage teen pregnancy prevention programs to serve youth in foster care and to evaluate the effectiveness of interventions for them; invest in research and demonstration projects to develop or adapt teen pregnancy prevention interventions for youth in foster care and those aging out; and ensure that foster parents, other caretakers, independent living staff, and other child welfare staff receive training to communicate with foster teens about relationships and pregnancy prevention, and are linked with relevant community resources.
- ★ Congress and the new Administration should increase funding for the Title X family planning program, while maintaining its status as a categorical federal program that mandates informed patient consent and provides confidentiality protection.
- ★ Congress and the new Administration should support funding for effective comprehensive health and sex education that is medically accurate and includes information about abstinence.



# STRENGTHENING THE FUNDAMENTAL BUILDING BLOCKS OF THE SYSTEM

## CHILD WELFARE WORKFORCE

An informal CWLA survey of state child welfare officials, conducted in August 2008, found general consensus that the greatest challenge is the child welfare workforce. States face challenges in keeping good workers on the job and reducing turnover. Closely related to this, and in fact contributing to turnover, is maintaining a large enough supply of competent supervisors who can provide critical support to frontline and direct service staff.

An additional problem among states is the looming loss of experienced workers due to retirement. This departure of baby boomers is compounded in times of budget cuts and a recession economy, when early retirements become an option that helps states reduce budgets. This strategy may help reduce immediate fiscal pressure, but it eliminates a vast wealth of knowledge and experience that cannot easily be replaced.

These problems spread among all states and the many private nonprofit and faith-based organizations that comprise the child welfare system. Turnover can result in delays in reaching family and child reunification, alternate permanency options, and needed services. Workforce shortages play a role in all areas where critics cite their biggest concerns: failure to recruit enough foster parents, failure to recruit more adoptive families, lack of timely investigation of abuse complaints, lack of follow-up services for vulnerable families, children staying in care too long, individual children having several caseworkers over a short period of time, failure to advocate for continuing elementary and high school education, failure to oversee children receiving proper medical care, poor transition of youth leaving foster care, and failure to prevent removal of children when proper services and support could help families stay together.

By crafting a child welfare system that is not adequately staffed, trained, or supported, we have in some instances created a system that makes it difficult to carry out the mission. Over the past decade, we have witnessed successes that have helped children find permanent families, including dramatic increases in adoptions, from 38,913 in 1998 to more than 51,000 in 2006; reduction in the number of

children in foster care, from more than 562,000 in 1999 to 510,000 in 2006; increased placement of children in kinship care; and 54% of children reunified with their families. But each of these areas can and must be improved upon. We also must step up our efforts to prevent child abuse and child neglect. All of these improvements require a workforce fully staffed, educated in best practices, and supported by proper supervision, equipment, and attention to worker safety.

Child welfare work is labor intensive. Workers must engage families through face-to-face contact, assess children's safety and well-being through physical visits, monitor progress, see that families receive essential services and supports across multiple systems, help with problems that develop, and fulfill data collection and reporting requirements.

Recruitment is an important first step in building a child welfare workforce. In 2008, Congress reauthorized the Higher Education Act. As part of that reauthorization, Congress created a loan forgiveness program that covers child welfare workers working for public or private agencies. This new program could provide up to \$2,000 of loan forgiveness for each of the first five years a social worker remains at an agency. To implement this new program, Congress must now provide the funding. Recruitment will also require greater efforts to build a career development ladder for social workers taking up the field of child welfare. Some states, such as Kentucky, have formed partnerships with their state universities to provide training and recruitment. A small amount of funding exists under Title IV-B part 1 Child Welfare Services that can help these kinds of initiatives. Now set at \$7 million, this funding should be increased enough to encourage greater efforts and university partnerships in all 50 states.

Other state efforts that have shown promise include Oklahoma's stipend program, which creates bonuses spread out over two years, since the state's research suggests that new workers staying beyond 25 months are more likely to stay long-term.

In discussing any future expansion of public services or national service initiatives, Congress should also include efforts that would encourage career paths in child welfare as part of this national service.



# STRENGTHENING THE FUNDAMENTAL BUILDING BLOCKS OF THE SYSTEM

Retention is also critical to the child welfare workforce. Once workers are in place, it's important they remain on the job, building years of experience that can inform their work and ultimately help the families and children with whom they have contact. Part of the challenge of retaining good workers is to provide a range of needed supports. Although salary is vital to any job, just as critical is ensuring workers have acceptable caseloads, access to ongoing training, the necessary infrastructure, and feel safe in conducting their work.

Another important factor in addressing retention is providing good supervision by veteran staff. Experienced supervisors can provide critical advice and guidance to caseworkers at important decision points. By having a system and a formula to retain workers, we also build a pool of future supervisors. The voice of experience and senior guidance can play a vital role in maintaining best practices and fulfilling the best interests of children and families involved in child welfare.

With the Fostering Connections Act, Congress has expanded Title IV-E training funds to private agencies and to court- and child welfare-related employees, such as court-appointed special advocates (CASAs) and guardians ad litem. States must have effective technical assistance and guidance from HHS on how to access these funds and use them to expand available training.

In addition to the challenges of recruitment, retention, and proper supervision is the underlying need to address worker safety. Social workers frequently confront unsafe conditions and circumstances. The National Association of Social Workers, the American Federation of State, County, and Municipal Employees, and others have determined significant percentages of workers experience violence or threats on the job. Legislation in the 110th Congress, the Teri Zenner Social Worker Safety Act, would create a small grant program to help develop and implement safety efforts, such as the use of modern technology, including cell phones and GPS equipment, and other measures and training that would help ensure worker safety.

Child welfare workers often experience secondary trauma. This is the result of dealing with the many traumatic events caseworkers may encounter on a regular basis, such as criminal activity, drug use, extreme poverty, the death of a child or adult, and detailed accounts of abuse and domestic violence. Without the supports to help address secondary trauma, burnout can result, manifested as increased absences from work, lower morale, and ultimately a less effective workplace. In a study of CPS workers in Colorado, approximately 50% of staff were suffering from "high or very high levels of compassion fatigue," yet 70% reported "high or good potential for compassion satisfaction."

## RECOMMENDATIONS

### Short-Term Actions:

- ★ The new Administration should issue regulations regarding the use of Title IV-E training funds enacted under the Fostering Connections Act that that will broadly cover court-related workforce, including all court-appointed special advocates (CASAs) and guardians ad litem.
- ★ The new Administration should provide technical assistance to states in how to draw down Title IV-E training funds and how to leverage those funds to expand training of the child welfare workforce of both public and private agencies and use the new training funds as an opportunity to strengthen public and private workforce development.
- ★ The new Administration should create consistency across HHS regions by allowing the use of Title IV-E training funds not just for training in foster care and adoption activities, but also for training in activities designed to keep children out of foster care.

### Long-Term Actions:

- ★ Congress and the new Administration should fully fund the new loan forgiveness program enacted as part of the 2008 Higher Education Reauthorization Act.
- ★ Congress and the new Administration should enact legislation similar to the 2008 Child Welfare Workforce Improvement Act that would fund a study by the National Academy of Sciences on workforce, that will include a study of the challenges and strategies as it relates to child welfare, make recommendations regarding caseload standards, and use data to expand the research, training and demonstration projects.
- ★ Congress and the new Administration should significantly increase the \$7 million in Title IV-B part 1, training funds to allow all 50 states to build or strengthen university and college partnerships to recruit, train, and strengthen the child welfare workforce.
- ★ Congress and the new Administration should significantly increase the current \$20 million allocated in 2010 and 2011 under the Promoting Safe and Stable Families (PSSF; Title IV-B part 2) program funding for workforce improvement and allocate for workforce strategies including bonus programs and technology.
- ★ Congress and the new Administration should designate a portion of funding under PSSF for worker safety similar to the Teri Zenner Social Worker Safety Act of 2007.



# STRENGTHENING THE FUNDAMENTAL BUILDING BLOCKS OF THE SYSTEM

- ★ The new Administration should assure that the U.S. Department of Labor and the Department of Education work with AmeriCorps in an effort to create a model similar to Teach for America that would recruit college graduates to children's human services for two years as a strategy to build the child welfare and other key human service workforce.
- ★ The new Administration and Congress, working through the resource centers and other initiatives, should increase state and local child welfare agencies' awareness of the impact of secondary trauma on the child welfare workforce.

## DISPROPORTIONALITY AND CULTURAL COMPETENCE

In the *Child Welfare Outcomes 2002–2005 Report to Congress*, new data reaffirms the challenge of overrepresentation of certain populations in the child welfare system. In 28 states, the percentage of black (non-Hispanic) child victims was at least 1.5 times greater than the percentage of these children in the states' populations. In 4 states, the percentage of black (non-Hispanic) child victims was at least 3 times greater than the states' populations. In 8 states, the overrepresentation of Hispanic child victims was at least 1.5 times greater than their populations in the states; in another 4 states, this overrepresentation was 3 times greater. In 15 states, the percentage of American Indian/Alaska Native victims was 1.5 times greater; in another 6 states, the overrepresentation was 3 times greater than the states' population of these children.

Disproportionality in child welfare refers to the over- or under-representation of a particular ethnic or racial group within the child welfare system, compared with their respective percentage in the general population. An early 1980 HHS National Incidence Study showed that all children, regardless of race or ethnicity, are equally likely to be abused or neglected. But in the years following the study, minorities, especially African American children, were overrepresented.

Nationwide surveys cited African American children as being disproportionately represented within child welfare compared with all other racial and ethnic groups. Of the children entering foster care on the last day of fiscal year 2003, 35% were African American, 17% Hispanic, 39% White, 6% Other, 2% American Indian/Native American, and 1% Asian. Minority children account for more than half of the children in foster care, although they comprise roughly 40% of all children in the nation.

African American and Native American children are twice as likely to comprise the population of children

entering foster care, compared with children in the general population. Data suggest Hispanics and Asians may be underrepresented in foster care nationally, but overrepresented in some counties and states. Research on Native American, Hispanic, and Asian American children is limited due to few studies focusing on these populations, which suggests further research is necessary to better assess their levels of disproportionality.

Research indicates poverty as a contributing factor to disproportionality. A 2007 Government Accountability Office (GAO) report on African American children in foster care found that 23% of African Americans live below poverty levels, compared with only 6% of whites. The rate of single-parent families, an issue also related to poverty, is higher for African American children, who are least likely to live in two-parent households. The National Incidence Study found children in single-parent families are at 77–87% greater risk of harm than are children in two-parent families.

Further compounding the issue, those in poverty have greater difficulty accessing services that can help support and keep families safe and stable. Limited access to services also hinders parents' ability to actually complete required services once their children are removed. Although affordable, adequate housing, substance abuse treatment, and family services, such as parenting classes and counseling, are critical to family reunification, availability and access remains limited. At times, parents encounter long waiting lists for services, and completing such services is lengthy, thus extending the amount of time their children have to remain in foster care.

Some data shows that once the decision is made to investigate, race and ethnicity are no longer factors in determining maltreatment, which is contrary to other data that contends race is a factor throughout a child's stay within the child welfare system. Furthermore, disproportionality is found in the type of services provided. Although African American and Native American children are more likely to be removed from their families and placed in foster care, white children and their families are more likely to receive in-home services.

To improve access to prevention and support services, neighborhoods must be a major partner in this effort. The child protective services (CPS) agency should engage private, faith, community, fraternal, and neighborhood organizations; businesses; and recreational programs in protecting children from child abuse and neglect and providing support to families that could prevent children from coming to the attention of CPS. Neighborhoods and communities must also be involved in ensuring ongoing supports to families, such as corporate-sponsored child care, afterschool programs, flextime for working parents, and parental leave.



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# STRENGTHENING THE FUNDAMENTAL BUILDING BLOCKS OF THE SYSTEM

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These neighborhoods have to be more engaged in planning with CPS for a range of services and supports.

In addition to points of entry and exit, type of placement is significant in comparing lengths of stay among racial and ethnic groups. African American and Hispanic children are more likely to be placed with relatives (32% and 48%, respectively) than are white children (27%). Placement with a relative is cited as a factor in the disproportionate length of stay in foster care for minority children. Some researchers suggest that due to high numbers of minority children being placed with relatives (which are considered foster care placements), the data will reflect a disproportionate composition of minorities in the system.

Although the rate of African American adoption has increased, the slowness of the adoption process impedes the ability of child welfare agencies to provide children with stable environments in a timely manner. Still, studies show difficulty in finding appropriate adoption placements for African American children, citing factors such as the likelihood of African American children being diagnosed as having special needs or medical conditions and therefore needing additional training, support, and commitment for and from prospective adoptive parents.

Congress took some important steps in 2008 to offer tools to state and private agencies to address the challenge of disproportionality. The GAO had urged Congress to enact new laws to extend the use of Title IV-E funds to kinship placements. Under the Fostering Connections Act, Title IV-E funds are now available for kinship placements. The new law will also allow tribal governments and communities to apply directly for Title IV-E funds to provide foster care, adoption subsidies, and kinship care. State and local agencies will also have greater support for child welfare training, which may help address some of the challenges of disproportionality. This is an important start, but we now require more focus on up-front, or prevention services, and enhancements to them that might prevent children from entering care.

As the demographics of the United States continue to change, child welfare agencies will encounter even more diverse families and will have to find a way to effectively meet their needs. Incorporating a cultural competency framework within the child welfare system can help agencies in their work with diverse families, and will likely reduce disproportionality, because it helps eliminate biases. Culturally competent practices place primary focus on a child's well-being and safety while understanding well-being and safety within a cultural context. Understanding cultural factors within cases of child abuse and neglect allows for appropriate prevention and intervention measures to effectively address the family's needs.

## RECOMMENDATIONS

### Short-Term Actions:

- ★ The new Administration should address barriers to fully engaging minority families in fostering and adopting, and assist state and local agencies in the use of tools such as family group decision making.
- ★ The new Administration should assist states in the use of such innovations as differential or alternate response and other approaches that can help all families access the services they need to keep their children safe.
- ★ The new Administration should ensure that the removal of children from their homes is based on objective safety measures, and not cultural, racial, or socio-economic biases.
- ★ The new Administration should implement guidance and regulation that will encourage state agencies to take the new option under the Fostering Connections Act to provide subsidized guardianship for children for whom adoption is not the best option.

### Long-Term Actions:

- ★ Congress and the new Administration should provide funding for recruitment programs that would provide states and local agencies with the resources needed to develop and implement these programs.
- ★ The new Administration should amend the Inter-Ethnic Placement Act to allow consideration of race/ethnicity in permanency planning. Sound, ethical adoption practice requires attention to racial and ethnic issues, so that the original Multiethnic Placement Act (MEPA) standard—which provided that race is one factor, but not the sole factor to be considered in selecting a foster or adoptive parent for a child—should be reinstated.
- ★ The new Administration should enforce the MEPA requirement to recruit families who represent the racial and ethnic backgrounds of children in foster care and provide funding to support such recruitment.
- ★ The new Administration and Congress should require and provide funding to states and local agencies so that they can report on the corrective steps taken to address disproportionate representation in the child welfare system.

## EQUAL ACCESS TO SERVICES/ FUNDING IN TRIBAL CHILD WELFARE

Approximately 2.5 million American Indian and Alaskan Natives live in the United States, representing some 565



## STRENGTHENING THE FUNDAMENTAL BUILDING BLOCKS OF THE SYSTEM

federally recognized tribes. The largest population of Native Americans is concentrated in 13 states and includes more than 646,000 people.

Congressional hearings, beginning in 1974, led to the passage of the Indian Child Welfare Act (ICWA) in 1978. The hearings and the focus of the act were an attempt to address a significant problem reflected in studies between 1969 and 1974, which showed 25–35% of all Native American children in some states were removed from their homes and placed in foster care or adoptive homes. In certain states, Native American children were 13 times more likely to be removed from their families than were non-Indian children.

ICWA requires states to identify Indian children and notify their parents and tribes of their rights to intervene in custody proceedings. ICWA also requires certain procedures regarding the use of tribal courts, child custody proceedings, tribal intervention standards, and placement preferences. The act establishes a two-part requirement for states before they remove an Indian child, which involves efforts to prevent the breakup of the Indian family, and standards for court findings.

In 2005, Congress directed the Government Accountability Office (GAO) to study ICWA's impact and, in particular, determine if the law's requirements caused delays in the placement of Native American children. The GAO concluded ICWA's requirements did not result in poorer outcomes for children. Few states in the GAO study kept detailed information, but those that did provided sufficient data demonstrating no clear link or evidence ICWA was having harmful effects. Interviews with tribes and states participating in the study indicated the law facilitated greater availability of resources and cooperation between tribes and states in protecting and providing services to Indian children. Comments submitted to GAO during its study indicated that, at times, the lack of resources for tribes hindered placements, and states relied on tribes for assistance in meeting ICWA's requirements.

Tribal child welfare services operate in a unique context shaped by laws, jurisdictional issues, cultural factors, financial constraints, and a federal trust relationship that is unlike any other in the states or territories. Efforts by more mainstream technical assistance centers—sometimes in partnership with tribal consultants or Indian organizations—to address tribal program capacity and professional worker development have been ongoing, but even more attention, and a truly dedicated technical assistance and training center, is necessary to properly address these unique issues. Establishing this type of center would more effectively organize resources to address tribal child welfare needs, and allow for fuller development of expertise, as well as new methods for delivering needed technical assistance and training.

### *Progress in 2008*

The recently enacted Fostering Connections Act allows tribes direct access to IV-E funding. Before this legislation, tribes could not access Title IV-E funds to administer their own foster care or adoption assistance programs but instead had to enter into agreements with their respective state governments to access IV-E funds—agreements that more than half of the federally recognized tribes did not have.

The new law creates the option for tribes or tribal consortia to directly access and administer IV-E funds by submitting a plan, including evidence of sound financial management, a description of the service area, and assurance that the use of Title IV-E funds will be for coverage of foster care, special-needs adoptions, and kinship guardianship assistance payment to only those children eligible for Title IV-E funds.

The Fostering Connections Act grants tribes access to a portion of the state's Chafee Foster Care Independence Program funds, and requires certain guarantees by the tribe to provide independent-living services for tribal youth in the state. These provisions in the legislation do not take effect, however, until the start of federal fiscal year 2010 (October 1, 2009).

The new law also provides \$3 million annually to HHS to provide technical assistance to assist interested tribes to directly provide foster care, adoption assistance, and (at tribal option) kinship programs. A tribe or consortia can receive a maximum one-time grant of \$300,000.

To this point tribes have received very few funds from federal child welfare funding sources. Currently, they receive limited set-asides from Title IV-B, parts 1 and 2—Child Welfare Services (CWS) and Promoting Safe and Stable Families (PSSF), respectively. Under part 1, more than half of the tribal grants are less than \$10,000 each; under part 2, most of the tribal grants are under \$40,000 each. Under the Child Abuse Prevention and Treatment Act (CAPTA), tribes compete for a very small portion of funding with other organizations that serve migrant populations. Tribes are not eligible to receive direct funding from other grant programs and are forced to compete with states.

In 2006, the Senate passed the reauthorization of the Indian Child Protection and Family Violence Act, but the House failed to follow through with final action. The legislation would have reauthorized funding for child protection programs for tribal communities. First enacted in 1990, the act is intended to channel child abuse prevention and treatment funding to tribal governments nationwide. Throughout their history, the two grant programs authorized for tribes to prevent or treat victims of child abuse and neglect have not been funded.



# STRENGTHENING THE FUNDAMENTAL BUILDING BLOCKS OF THE SYSTEM

## RECOMMENDATIONS

### Short-Term Actions:

- ★ The new Administration should give high priority to providing initial guidance to tribes interested in conducting Title IV-E tribal foster care, adoption assistance, kinship, and independent living programs.
- ★ The new Administration should propose and facilitate the development of key regulations, including those that establish a definition of in-kind matching contributions as part of the Title IV-E tribal programs.
- ★ In the first year, the new Administration should allocate technical assistance funds to assist tribes that have applied to establish Title IV-E tribal programs.
- ★ The new Administration should encourage and work to develop cooperative efforts between state governments and tribes to implement effective strategies that will address infrastructure issues such as effective data collection and administrative procedures.

### Long-Term Actions:

- ★ Congress and the new Administration must fully fund Title IV-B part 2, Promoting Safe and Stable Families (PSSF), to ensure that tribal families have the resources they need.
- ★ Congress and the new Administration should give tribes greater funding access through Title IV-B and other child welfare and human service programs such as the Child Abuse Prevention and Treatment Act (CAPTA) and the Social Services Block Grant (SSBG).

## DATA COLLECTION SYSTEMS

The collection of data on children in foster care and children contacted by child protective services (CPS) is relatively new. Not every state was required to report its foster care statistics until 1975. Before 1980, states were not required to collect data on non-federally assisted foster care, which in some states include more than half the foster care population. The Adoption Assistance and Child Welfare Act of 1980, however, imposed new data requirements.

In 1990, the U.S. Department of Health and Human Services (HHS) issued regulations to implement the Adoption and Foster Care Analysis System (AFCARS), which collects case-level information on all children in foster care for whom state child welfare agencies have responsibility for placement, care, or supervision, and on children who are adopted under sponsorship of the state's

public child welfare agency, regardless of children's eligibility for Title IV-E funds.

While changes were being enacted with regard to data on children in care, in 1988 Congress, with the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA), established the National Child Abuse and Neglect Data System (NCANDS), a voluntary national data collection and analysis system created in response to the requirements of CAPTA that would track the volume and nature of child maltreatment.

Regulations were issued in 1993 to establish the Statewide Automated Child Welfare Information System (SACWIS), intended as a comprehensive automated case-management tool that operates at the state level and supports social workers' foster care and adoptions assistance practice. SACWIS informs AFCARS and NCANDS reports. If cost-efficient, SACWIS functions could include resource management, tracking and maintenance of legal and court information, administration and management of staff and workloads, licensing verification, risk analysis, and interfacing with other automated information systems.

The Child and Family Service Review (CFSR) process was the result of a 1994 congressional mandate included as amendments to the Social Security Act (P.L. 103-432), which required HHS to review state child welfare programs to ensure "substantial conformity" with state plan requirements in Titles IV-B and IV-E. The law requires that state child welfare programs be measured or judged in certain areas or standards. HHS and the states worked to develop this review process over the next several years.

State child welfare information systems are largely defined by two major factors:

- federal reporting requirements and their relation to the implementation of the CFSRs as part of a heightened national effort at measurement and accountability, and
- the unique needs of individual states, particularly as they apply to the demands of case management and individual financial record keeping.

This results in a national child welfare information system that is actually a collection of 51 different systems, bound together principally by the need to report a core set of data elements to the federal government. The systems have evolved to be responsive to such things as unique state case practice standards, differing levels of authority between state and local jurisdictions, varying roles among state agencies, and the demands of state finance and management systems.

When we put all of this into practice, a system must have the capacity to accomplish three things:



# STRENGTHENING THE FUNDAMENTAL BUILDING BLOCKS OF THE SYSTEM

- state compliance with federal reporting requirements, including documentation of the state's ability to meet federal outcome standards under the Adoption and Safe Families Act (ASFA);
- program management and decision making, including providing the data necessary to track and analyze both short- and long-term indicators of individual and system performance; and
- ongoing daily case management.

The requirement to perform case management functions is perhaps the most important thing to appreciate about state information systems. These systems are not simply for reporting. They also must be fully integrated into the daily work of thousands of direct service staff as tracking and decision-making tools. Complete, accurate, and timely information about the status of individual children is essential to providing supervision and care to children.

States, even those with approved SACWIS frameworks, have much more to accomplish in fully implementing information systems that meet all of the demands of federal reporting, agency management and accountability, and case management. Significant technological challenges still exist, both for those states still designing systems and those in need of upgrades for existing systems. The most daunting challenges, however, remain with the human factor. Additional investments are necessary in reducing workloads and improving the capacity of frontline staff to integrate information management methods into sound case practice.

On occasion, federal guidance and rules can make the use of SACWIS a barrier for caseworkers and agencies attempting to address the needs of the families and children they serve. Some local agencies have the technology to link directly with a state's SACWIS. They have been blocked by the federal government, however, and as a result may be using valuable resources of staff and money to reenter data into SACWIS when they have the software to avoid this duplication.

Given the complexity of these systems, maintaining strong federal leadership will be necessary for years to come. States will continue to need support in the form of funding, technical assistance, training, and clear standards for both practice and data management, but this guidance must recognize the always-changing world of computer technology.

One of the areas where strong support from the federal government is necessary is in the use of the CFSRs, which the Children's Bureau began conducting in 2001. Federal law requires that state child welfare programs be measured or judged in certain areas or standards. In 2007, the Children's Bureau began the second round of CFSRs. As

of December 2008, 32 states were scheduled to have completed their reviews. In the first round of reviews, no states "passed," or achieved substantial conformity in their CFSRs. Because of this, all states were required to complete Program Improvement Plans (PIPs), which gave them the opportunity to improve specific outcome and systemic factors. The PIP is a two-year process, with an extra year allowed for states to realize negotiated improvements in their outcome data.

States, advocates, and others have noted a number of challenges with the CFSR process. States have expressed concern that the original sample size of 50 cases, and increased sample size of 65 in the second round, is not adequate as representative of their outcome performance. Some debate exists among child welfare researchers and advocates over the specific outcomes being measured and their value as performance indicators. States do provide HHS with data regarding their performance on a number of outcome measures through their AFCARS submissions. The determination of substantial conformity on specific outcome measures, however, is based on an on-site review. A state may actually exceed national standards on specific outcome measures and still be required to develop a PIP for those outcomes.

In the second round of CFSRs, states' performance has improved in some areas and decreased in others. This inconsistency calls into question the value of the process and the accuracy and validity of the measurements. Although many states agree the CFSRs have compelled them to closely scrutinize their policies and practices with a focus on outcomes, the methodology may be counterproductive in terms of providing states with the guidance and resources necessary to achieve their goals of improved outcomes.

Another difficulty in data collection that extends to oversight is the penalty structure when errors are detected. In some human service areas, such as the Food Stamp program, when a program is in error, the state is allowed to take the fine imposed by the federal government and reinvest it in the system to address the cause of the errors. The same process should be incorporated into child welfare.

## RECOMMENDATIONS

### Short-Term Actions:

- ★ The new Administration should allow states that utilize the services of nonprofit child welfare agencies to have providers enter data directly into the Statewide Automated Child Welfare Information System (SACWIS), and transfer data between agencies, resulting in better use of staff time, more attention to caseload, and a maintenance of required data.



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# STRENGTHENING THE FUNDAMENTAL BUILDING BLOCKS OF THE SYSTEM

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## Long-Term Actions:

- ★ Congress and the new Administration should enact legislation similar to the 2008 Child Welfare Workforce Improvement Act that would fund a study by the National Academy of Sciences on workforce. This study would look at the challenges and strategies as it relates to child welfare, make recommendations regarding case-load standards, the use of data, and expand the research, training, and demonstration projects. Such a study should include workers involved with the child protective services and those considered to be part of the front end of services.
- ★ Congress and the new Administration should enact legislation to evaluate data collection and reporting strategies in fields similar to child welfare, with particular attention paid to the established national standards, the impact on service provision and workforce, and capacity of states to comply with federal data collection requirements. Recommendations for future data collection efforts should be based on the findings of this study. In light of the Adoption and Foster Care Analysis System (AFCARS) Notice of Proposed Rule Making released in 2008, this study should be done prior to any rule changes being put into place.
- ★ Congress and the new Administration should revise the Child and Family Service Review (CFSR) process to allow states to substitute AFCARS outcome data for the on-site review measurements.
- ★ Congress and the new Administration should evaluate the CFSR and the Program Improvement Plan (PIP) process and results. The oversight and closer scrutiny are important and useful tools, but the results of these first two rounds and whether they have created and improved results for families and children need to be examined, along with ways to improve or change the process and measures.
- ★ Congress and the new Administration should replace the current penalty format with a system that reinvests dollars so that child welfare systems can make necessary improvements.
- ★ Congress and the new Administration should initiate legislation that provides for more comprehensive federal funding for states developing a SACWIS, and should support more flexibility in data collection/reporting strategies and partnerships with local agencies.

## URBAN AND RURAL CHALLENGES

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There are several conditions found in our nation's urban centers that may exist throughout our country, but due to the fact that these problems can be concentrated in U.S. cities, a greater and increased pressure is brought to bear on that city's child welfare system.

Poverty has a tremendous impact on child welfare and well-being. Many children raised in poverty begin their lives at a disadvantage because of inadequate prenatal care, poor maternal nutrition, or birth complications. They often face an array of family and environmental obstacles, including low levels of parental education, increased levels of family stress, poor social support, and limited community assistance. Compared with other children, children living in poverty are more likely to experience difficulty in school and have a higher high school drop-out rate. Urban school districts have a high school graduation rate of 60.4%, compared with the national average of 69.9%, and the suburban average of 74.9%.

Poverty during early childhood may be more damaging than poverty later in life because much of the foundation for learning is built in the early years. Children in poverty score lower on measures of vocabulary, language skills, understanding of number concepts, organization, and self-regulation. Children raised in poverty are likely to experience more risks and have fewer protective factors and resources than children living above the poverty threshold. In addition, children living in poverty are more likely to become teen parents and, as adults, earn less and be unemployed more frequently.

The stress created by living in poverty may play a distinct role in child abuse and neglect. Parents who experience prolonged frustration in trying to meet their family's basic needs may be less able to cope with even normal childhood behavior problems; those who lack social support in times of financial hardship may be particularly vulnerable. According to child abuse risk assessments, child protective services (CPS) staff frequently rate parents who experience employment problems as being at moderate to high risk of child maltreatment.

According to estimates, some 2 million children in the United States have an incarcerated parent. These children face immense challenges to their mental health and emotional well-being. Incarceration affects families both economically and socially. They face economic instability resulting from the loss of the incarcerated parent's income, as well as uncertainty in their living arrangements, which can result in children entering the dependency system. Many experience the stigma and shame associated with incarceration.

The emotional trauma of having an incarcerated parent has lasting effects on children. The trauma of loss occurs



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# STRENGTHENING THE FUNDAMENTAL BUILDING BLOCKS OF THE SYSTEM

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both at the initial removal of the parent from the home and with the barriers to communicating with the parent. The coping mechanisms that children develop to handle this trauma can result in long-term emotional and behavioral issues. The challenges and needs of this population are steadily growing as the rate of incarceration increases.

Substance abuse and child maltreatment are tragically, undeniably linked. Alcohol and other drug use and abuse have a profound effect on millions of children and their families and pose a challenge to the capacity of the child welfare system. More than 6 million children in this country live with substance-abusing parents. The impact on child welfare is clear: Children whose parents abuse alcohol and other drugs are nearly three times as likely to be abused, and more than four times as likely to be neglected, than are children whose parents are not substance abusers.

Child abuse and neglect are inextricably intertwined with substance abuse. Caring for children in substance-abusing families is a major factor in child welfare and has other social costs as well. According to a 1999 survey by Prevent Child Abuse America, 85% of states identified substance abuse as the problem most frequently exhibited by families reported to CPS agencies for maltreatment.

## RECOMMENDATIONS

### Long-Term Actions:

- ★ Congress and the new Administration should support expanded federal resources to increase substance abuse treatment capacity within the child welfare system and stimulate effective partnerships between child welfare and substance abuse agencies.
- ★ Congress and the new Administration should support efforts and legislation that would encourage community-based partnerships to address the problems of access to health and mental health services, housing, and family support services.
- ★ Congress and the new Administration should implement policies and establish procedures for limiting the disruption and trauma that children of incarcerated parents who are in care may experience, based on individualized reviews of each family's case history.

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## THE CHALLENGES TO RURAL AMERICA

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Providing services in rural communities demands a different approach than that in urban and suburban communities.

For too long, practitioners have assumed that models developed, tested, and proven effective in urban settings would easily translate to rural settings. Instead, rural communities have unique characteristics that require services tailored to their cultures. Broad application of services developed in urban settings and applied without regard for cultural differences in rural communities can actually harm recipients of those services and the perceptions of service providers.

Promoting cultural competence in human services has focused attention on ensuring that services are provided in a manner that respects the client's culture. As we gain understanding of the aspects of rural culture, we learn to provide services in rural communities differently than we would in other environments. Rural communities tend to be closer-knit, they can be distrustful of outsiders, they emphasize family and individualism, and often they are influenced by religious beliefs.

The needs of children and families in rural communities are related to a range of conditions that can exist in rural communities as a whole, such as poverty, cultural and racial differences, and geographical and social isolation. In rural communities, poverty and racial disproportionality are closely linked. Nearly half of rural African American children live in poverty (48%), compared with 46% of rural Latino children and 41% of Native American children. Poverty is tied to significant health risks, such as higher rates of infant mortality, childhood illness, and nutritional deficits.

Rural communities can have limitations when it comes to the workforce and educational opportunities. Another major problem is the lack of resources available within the community and the difficulty posed by having to travel long distances to get to more urban areas where a broader range of services may be available. The 40 million Americans who live in rural communities often lack access to critically needed social services.

It is important to understand, however, that there is not one "rural America." Differences exist in culture, expectations, and beliefs from one rural area to another. But common factors do exist among rural communities that, when understood and accounted for, can improve the quality of services.

If we are to serve rural clients appropriately, not all standards generally accepted in social service practice can apply within these communities. For example, traditional social service ethics demand careful attention to dual relationships and conflicts of interest. The small-town nature of rural localities, however, makes it nearly impossible for a professional to avoid dual relationships with clients, if that professional lives in the area in which he or she also works. In many cases, due to the lack of service alternatives available in the community, it may be unethical to decline a client on the basis of a dual relationship.



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# STRENGTHENING THE FUNDAMENTAL BUILDING BLOCKS OF THE SYSTEM

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Social service professionals in rural areas will be called upon to offer a broader range of services themselves because of the lack of other available services, similar to a general medical practitioner as opposed to a medical specialist.

Social service professionals have to network to a greater degree within the rural community to provide services in a highly collaborative manner that reflects the community's values. For example, mental health practitioners often are encouraged to co-locate with medical professionals because of the high esteem in which rural community members hold family doctors, and a doctor's recommendation that one see a counselor can carry great weight. Linking clients to other services is a key role of social service professionals, particularly in underserved areas. This likely will demand professional relationships and collaboration among providers to establish the network and maintain trust. Social service professionals also must recognize that, within rural communities, the concept of service provider may encompass roles and locations traditionally overlooked by professionals, such as pastors or local business leaders, or community centers that can provide resources for clients that are not available elsewhere.

## RECOMMENDATIONS

### Long-Term Actions:

- ★ Congress and the new Administration should undertake research, create plans, and enact policy that ensures rural communities receive ample resource allocation needed to address the unique barriers and characteristics of these communities.
- ★ Congress and the new Administration should also provide rural communities with basic human services that include a special focus on the need for day treatment services, mental health and psychiatric services, and access to basic health care.
- ★ Congress and the new Administration should promote educational and workforce options that may help address some of the unique rural barriers, such as the use of e-learning and other technological tools that may overcome distance and other barriers.

## IMMIGRATION ISSUES IN CHILD WELFARE

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Families are central to children's well-being. Family ties, especially between parent and child, are extremely important. CWLA's *Standards of Excellence for Services to*

*Strengthen and Preserve Families and Children* provide a vision of what is best for children and their families. The *Standards* point out that children develop the ability to have productive lives in the context of their families.

Immigrant families are a large and growing segment of the population. An estimated one-fourth of children and youth in the United States are either immigrants themselves or children of immigrants. Data about the number of children in the child welfare system who are immigrants is difficult to obtain.

The child welfare system, however, does not have enough translation services or bilingual staff members at any level. Too often, child victims of abuse and neglect are asked to translate for a parent who is suspected of abuse or neglect. The system also has a lack of culturally relevant services, such as parenting classes and drug treatment programs. Cultural norms and child-rearing practices often differ from those most common in the United States, so services must be culturally competent.

We have to examine eligibility guidelines for support services. In many instances, immigrant families lack access to federal income and employment supports. Undocumented children are not eligible for federally funded Title IV-E foster care. Welfare reform and immigration reform have restricted immigrants' access to food stamps, public health insurance, Supplemental Security Income (SSI), and Temporary Assistance for Needy Families (TANF).

Without reliable data on the number of immigrant children and families in the child welfare system, effective planning and service delivery is difficult. Research about immigrants in the child welfare system should be encouraged, and data about immigrants in the system should be collected, analyzed, and summarized on a national, regional, and local basis. Policymakers and community agencies need this information to be responsive to immediate and emerging needs.

We need to consider increasing federal funding for child welfare services to eligible immigrant children and families. Federal funding is necessary for a variety of interventions, including foster care and services for undocumented children and youth. Training and technical assistance to states and communities can adequately respond to the diverse and often complex needs of eligible children and families with transnational and immigration issues.

### Recent Developments

The reasons undocumented and mixed-status children enter child welfare are no different than those of other children, but these children do face many unique challenges. There is much trauma associated with migration. Once a family



# STRENGTHENING THE FUNDAMENTAL BUILDING BLOCKS OF THE SYSTEM

arrives in the United States, cultural and language barriers, fear, poverty, and difficulty finding work create further stress on families.

Child welfare agencies also face unique challenges serving children of immigrants or mixed-status parents. Federal law requires that states consider giving preference to relatives when a child is placed outside the home, but relatives are not always available in immigrant communities, and the children may be placed in nonrelative family foster care. Involvement with child protective services (CPS) can be especially traumatic for immigrant children. They are new to the country, may not speak English, and are likely to have different cultural backgrounds. Placement in nonrelative family foster care group homes may be particularly upsetting and difficult for immigrant children. Additionally, permanency planning for these children is more complex.

Children who are separated from parents face short- and long-term psychological damage, including depression, post-traumatic stress, anxiety, feelings of abandonment, and suicidal thoughts. Increased immigration enforcement by the federal government is jeopardizing the health, well-being, and economic security of our nation's children. Immigration raids and actions by law enforcement have resulted in hundreds of children being separated from their parents. These separations cause serious disruptions that can have large, long-lasting negative consequences for children and communities. These disruptions cause tremendous stress on families. When parents are unable to provide care and supervision, their children are at increased risk.

Immigration enforcement officials should employ humane policies and procedures when dealing with the arrest, detention, and processing of anyone involved in workplace immigration enforcement operations, and especially anyone with children. Enforcement must be done in a way that is humane and protects the children involved. Immigration laws must be enforced, but we must respect basic human dignity as we enforce the law.

## RECOMMENDATIONS

### Short-Term Actions:

- ★ The new Administration should provide up-front guidance and technical assistance to all the states and child welfare agencies on proper handling of immigration issues.
- ★ The new Administration should ensure that the immigration enforcement officials give sufficient notice to these agencies of an impending raid so they can arrange for representatives who speak the detainees' first language fluently and for any other services that

may be needed. Additionally, they need to place undocumented immigrants, especially parents, in detention within the jurisdiction of the local immigration field office (to the extent that space is available), so the interruption of the interaction with children is minimized. A toll-free number should also be provided for families to use after a raid, to report their relationship to a detainee and to inquire for more information about the status of their loved one.

- ★ The new Administration should ensure that the child welfare systems assist immigrant children in obtaining legal permanent residency under the Special Immigrant Juvenile Status (SIJS) provisions and other immigration options of existing immigration law.
- ★ Congress and the new Administration should allow the Court Improvement Program funds to be used to train judges and lawyers to assist children with immigration options.

### Long-Term Actions:

- ★ The new Administration should ensure that the immigration authorities and child welfare agencies consider the child's best interest—safety, permanency, and well-being—in all decisions concerning immigrant children.
- ★ The new Administration should assist states and local agencies in screening all children in the child welfare system as to their eligibility under immigration options.
- ★ Congress and the new Administration should make federal funding available to 1) pay for foster care and services for undocumented children and youth; 2) create national resource centers that will provide training and technical assistance to all states so that they have a better understanding as to how to best assist families with transnational and immigration needs; and 3) create resources for states to adequately respond to the diverse and often complex needs of eligible children and families with transnational and immigration issues.
- ★ As part of any immigration reform, Congress should include ways to collect data about immigrants in the child welfare system. The data should be analyzed and summarized on a national, regional, and local basis. Policymakers and community agencies need accurate and up-to-date data regarding immigration status of children in their communities. This information is needed to be responsive to immediate and emerging needs.

# THE NATION'S CHILDREN 2009

## America's Children: A Snapshot

Child population under age 18 (2007) . . . . .	73,901,733
White children under 18 (not Hispanic, 2007) . . . . .	57.0%
Nonwhite children under 18 (2007) . . . . .	43.0%
Children and youth (under 14, 2007) . . . . .	76.7%
Children and youth (ages 14–17, 2007) . . . . .	23.3%

## America's Most Vulnerable Children: A Snapshot

Estimate of referrals of possible child abuse and neglect (2006) . . . . .	3,300,000
Children substantiated/indicated as abused or neglected (2006) . . . . .	905,000
Children who died as a result of abuse or neglect (2006) . . . . .	1,530
Children living in out-of-home care (2006) . . . . .	510,885
Children adopted from the public foster care system (2006) . . . . .	50,705
Children waiting to be adopted (2006) . . . . .	139,064
Children living in poverty (2007) . . . . .	13,247,238
Children living in low-income families (2007) . . . . .	28,803,055
National Poverty Rate (2007) . . . . .	12.5%
National Poverty Rate, children under age 18, (2007) . . . . .	18.0%
National Poverty Rate, children ages 5–17 (2007) . . . . .	16.8%
National Poverty Rate, children under age 5 (2007) . . . . .	21.2%

## Child Abuse and Neglect

- In 2006, approximately 3.3 million allegations of child abuse and neglect including 6 million children were made to CPS agencies. Of those, 2,271,160 reports were referred for investigation, as reported by 42 states.
- During federal fiscal year 2006, an estimated 905,000 children in the 50 states, the District of Columbia, and Puerto Rico were determined to be victims of abuse or neglect. Of these children, 64.1% were neglected, 16% were physically abused, and 8.8% were sexually abused. The victimization rate was 12.1 per 1,000 children, a 3.2% decrease from 2001.
- Of the children substantiated as abused and neglected, only 58.9% received follow-up services. Of those reported as abused and neglected but not substantiated, 30.3% received follow-up services. One-fifth (21.5%) of children

substantiated as abused or neglected were placed in foster care as a result of an investigation.

- In 2006, 1,530 children died as a result of abuse or neglect.
- In 2006, 510,885 children in all 50 states, the District of Columbia, and Puerto Rico lived apart from their families in out-of-home care, compared with 506,483 children in 2005. Of these children, 33% were age 5 or younger, and 20.4% were 16 or older.
- Of the children living in out-of-home care in 2006, 40% were white, 34% black, 18% Hispanic, 2% American Indian/Alaskan Native, and 7% children of other races and ethnicities.

## Permanent Families for Children

- Of the 286,170 children exiting out-of-home care in the United States in 2006, 53% were reunited with their parents or other family members.
- In 2006, approximately 50,703 children were legally adopted through public child welfare agencies, a 1.1% decrease from 51,278 in 2005.
- Of the 510,885 children in out-of-home care in 2006, 129,311, or 25.3%, were waiting to be adopted.

## Kinship Support

- In 2007, approximately 2,514,256 grandparents nationwide had primary responsibility for caring for their grandchildren.
- Of the 510,885 children in out-of-home care in 2006, 23.9% were living with relatives while in care.
- Of all children in kinship care in 2006, 47.4% were white, 26.3% black, 14.1% Hispanic, 2.2% Native American, and 10% other races.

## Child Poverty and Income Support

- The percent of children under 18 living in poverty increased from 16.2% in 2000 to 18.0% in 2007.
- The total number of individuals receiving Temporary Assistance for Needy Families (TANF) in the United

States declined from 4,230,951 in March 2006 to 3,787,626 in March 2008, a decrease of 11.7%. The number of families receiving TANF in March 2008 was 1,629,835, a 9.8% decrease from 1,807,823 in 2006.

- In 2007, approximately \$5.4 billion was spent on the Special Supplemental Nutrition Program for Women, Infant, and Child, serving 8.285 million participants.
- In 2007, nearly \$24.8 billion in child support funds were collected and distributed in the United States, an increase of 3.8% from 2006.

### **Child Care and Head Start**

- In 2006, an estimated monthly average of 1,770,100 of the nation's children received subsidized child care; 1,746,100 children were served in 2005, and 1,732,500 in 2004.
- In 2007, Head Start served 908,412 children, a 0.1% decrease from 2006, and a 0.43% decrease from 2002 when 912,345 children were enrolled in Head Start.
- In 2007, federal funding for the Child Care and Development Block Grant was \$4.979 billion. The amount of TANF funds used for child care, however, has declined steadily from its peak of \$4 billion in 2000 to \$3.1 billion in 2007.
- Child care subsidies fall far short of meeting the need. Without an increase in funding, 200,000 children are expected to lose child care assistance between 2007 and 2009.
- Income eligibility limits for obtaining child care assistance remained low in 2008. More than three-quarters of states capped eligibility at or below 200% of the federal poverty level (FPL). In most communities, a family needs an income equal to at least 200% of FPL (\$35,200 a year for a family of 3 in 2008) to meet its basic needs, including housing, food, child care, transportation, health care, and other necessities.
- As of early 2008, an estimated 380,240 children nationwide were on the waiting list for subsidized child care, an increase of 4% from 2007.
- In 2008, a family at 150% FPL in 31 states had to pay a copayment of more than \$141 per month (6.4% of income). In six states, a family at this income level was not even eligible for child care assistance.
- In 2008, only 10 states paid child care providers at the 75th percentile of current market rates, compared with 22 states in 2001.

## **Health**

### **Pregnancy and Parenting**

- In 2006, 6,405 babies were born to girls younger than 15, a slight decline from 2005. Another 435,427 babies were born to girls ages 15 to 19 in 2005—a rate of 41.9 births per 1,000 for that age group. This is a 3% decline from 2005.

- Females who have been in foster care also have higher birth rates than those who have not been in foster care (31.6% vs. 12.2%) and higher subsequent pregnancy rates (46% vs. 29%). By age 19, nearly half of surveyed females in foster care report ever having been pregnant, whereas only 20% of females never in foster care have ever been pregnant.
- Teen childbearing costs taxpayers \$9.1 billion annually, with \$2.3 billion falling on the child welfare system, because children born to teen mothers are at increased risk of ending up in foster care and child protective services.

### **Newborn Health and Infant Mortality**

- Nationally, in 2005, 338,565 babies were born weighing less than 2,500 grams. Low-birthweight babies accounted for 8.2% of all births in 2004, compared with 7.6% in 2000.
- During 2005, 28,440 infants younger than 1 year died in the United States, amounting to about 78 infant deaths each day. The U.S. infant mortality rate was 6.9 deaths per 1,000 live births in 2005.

### **HIV/AIDS**

- From the beginning of the epidemic through 2006, 1,014,797 adults and adolescents, as well as 9,156 children younger than 13, and 15,860 young people under the age of 20, were diagnosed as having HIV/AIDS in the United States.

### **Child and Youth Mental Health**

- Recent estimates show approximately 1 in 5 children with a diagnosable mental disorder and 1 in 10 with a severe emotional or behavioral disorder causing significant impaired functioning at home, at school, or in the community.
- In 2007, 3.1 million youths (12.5% of the population) received treatment or counseling for emotional or behavior problems in the year prior.
- Co-occurring mental health and substance abuse disorders are increasingly prevalent for youth treated for substance abuse disorders, with 80%–85% also having a mental health disorder.
- Suicide is the third leading cause of death in youth ages 15–24. In 2005, 4,212 youth in this age range committed suicide in the United States, a rate of 10 per 100,000 adolescents in the population.
- Half of all lifetime cases of mental illness begin by age 14, and 75% have begun by age 24; thus, mental disorders are really the chronic diseases of the young.
- In any given year, only 20% of children with mental disorders are identified and receive mental health services.

### **Foster Care and Mental Health**

- Between one-half and three-fourths of children entering foster care exhibit behavior or social competency problems that warrant mental health care.



# THE NATION'S CHILDREN 2009

- Eighty-five percent of foster care youth are estimated to have an emotional disorder and/or substance abuse problem; 30% have severe behavioral, emotional, or developmental problems.
- More than half (54.4%) of adult participants who were placed in foster care as children have experienced symptoms of one or more mental health problems in the last 12 months, and 25% suffer from post-traumatic stress disorder, a rate nearly double that of U.S. war veterans.
- Three out of four youth in child welfare who meet a stringent criterion for need do not receive mental health care within 12 months after a child abuse and neglect investigation.

## *Foster Care and Medicaid*

- In 2005, 953,351 children were enrolled in Medicaid on the basis of being in foster care, representing approximately 3.1% of all children enrolled in Medicaid.
- Of the 953,351 children enrolled in Medicaid in 2005, 118,411, received targeted case management (TCM) services, and 108,110 received rehabilitative services.
- Children in foster care receiving TCM services are more likely to receive other important services, such as physician, prescription drug, dental, and home health services, than are children in foster care who do not receive TCM services.
- Although children in foster care represent only 3.7% of the nondisabled children enrolled in Medicaid, they account for 12.3% of expenditures for the same group.
- Although children in foster care represent a very small percentage of Medicaid enrollees, they account for 25%–41% of Medicaid mental health expenditures.

## **Substance Abuse**

- In 2007, 23.2 million people age 12 or older needed treatment for illicit drug or alcohol use problems (9.4% of the population age 12 or older).
- In 2007, 2.4 million people age 12 or older (10.4% of those needing treatment) received treatment at a specialty facility for a problem related to the use of alcohol or illicit drugs.
- Parental addiction is a significant factor in child abuse and neglect. Studies suggest 40%–80% of families in the child welfare system are affected by it.
- The 2005 National Study on Child and Adolescent Well-Being found that among children who were in out-of-

home care, prior to removal, 46.1% of their caregivers had a problem with alcohol or drugs, according to the child welfare worker assessment.

- In a survey by the National Center on Child Abuse Prevention Research, 85% of states reported substance abuse was one of the two major problems exhibited by families in which maltreatment was suspected.
- Abused and neglected children from substance abusing families are more likely to be placed in foster care and are more likely to remain there longer than are maltreated children from nonsubstance abusing families.
- Of sheriffs responding to a 2007 National Association of Counties survey, 40% reported increases in domestic violence and child abuse and endangerment due to parental methamphetamine use in the past year.
- Between 2002 and 2005, 12,077 children were residing or visiting when a methamphetamine lab was seized by local or federal law enforcement.

## **Vulnerable Youth**

- In 2006, 26,154 children aged out of out-of-home care.
- In 2007, 7% of teenagers age 16–19 (or 1,172,000) were high school dropouts, an 18% decrease from 2001. It represents a 2% increase, however, from 2006.
- In 2007, 8% of teenagers age 16–19 were not enrolled in school and not working.
- Among youth ages 12–17, 1.1 million (4.5%) needed treatment for illicit drug use problems in 2007. Of this group, only 111,000 received treatment at a specialty facility (9.9% of those who needed treatment), leaving 1 million youth who needed treatment but did not receive it at a specialty facility.
- In 2005, 1,885 children under age 20 committed suicide in the United States, a rate of 2.31 per 100,000 children in the population.
- A multiyear study in one state showed that among gay, lesbian, and bisexual students in grades 9–12, 34% were threatened or injured at school, compared with 7% of heterosexual students; 25% skipped school because they felt unsafe, compared with 5% of heterosexual students; and 45% attempted suicide, compared with 8% of heterosexual students.
- A study of young adults who had spent a year or more in foster care between the ages of 14 and 18 found that 25% experience post-traumatic stress, compared with 4% of the general adult population.



# THE NATION'S CHILDREN 2009

## Juvenile Justice and Delinquency Prevention

- In 2005, 1,993 children age 19 and younger were killed in firearm homicides nationwide, an 8% increase from 1,844 in 2004.
- In 2007, 1,626,523 children under age 18 were arrested, a 1.4% increase from 1,626,523 arrests in 2006. Of the arrests in 2007, 73,427 were for violent crimes and 33,187 were for possession of a weapon.
- A 2006 census of juvenile offenders showed 92,854 children in juvenile correction facilities in the United States, a 4% decrease from 96,655 children in 2003.

## Funding Child Welfare Services

- In 2006, the United States spent \$25.7 billion for child welfare services. Child welfare services refer to all direct and administrative services the state agency provides to children and families. Of this amount, 48% was from federal funds, 41% was from state funds, and 11% was from local funds.
- In 2006, of the \$12.4 billion federal dollars spent for child welfare, 48% was Title IV-E Foster Care and Adoption Assistance, 5% was from Title IV-B Child Welfare Services and Promoting Safe and Stable Families, 13% was Medicaid, 12% was from the Social Services Block Grant, 19% was TANF, and 3% was from other federal sources, including Supplemental Security Income and Social Security Survivor Benefits.
- Out of 504,224 children in out-of-home care in the 50 states and the District of Columbia in 2006, only 205,265 children, or 41%, received Title IV-E federal foster care assistance.

## Child Welfare Workforce

- A 2003 General Accounting Office (GAO) report documented that staff shortages, high caseloads, high worker turnover, and low salaries impinge on the delivery of services to achieve safety, permanence, and well-being for children.
- The GAO report cited the average caseload for a child welfare/foster care caseworker was 24–31 and that these high caseloads contributed to high worker turnover rates and insufficient services being provided to children and families.
- According to a 2005 child welfare workforce survey, the average caseload size, where a child is defined as the case, was 26.3 for child protective service workers. CWLA recommends a CPS caseworker responsible for

initial assessment and investigation have no more than 12 active cases per month.

- The average minimum salary for a caseworker responsible for investigating reports of abuse and neglect was \$32,438.50 in 2004; the median income for a family of four in the U.S. was \$75,319.60.
- The average vacancy rate for child protective service workers at public agencies was 8.5% in 2004, down from 9.3% in 2000. The average time required to fill a vacant child protective service position was 10 weeks.
- The turnover rate for child protective workers increased from 19.9% in 2000 to 22.1% in 2004.
- The findings of the federal Child and Family Service Reviews have clearly demonstrated the more time a caseworker spends with a child and family, the better the outcomes for that child and family.

Sources for statistical information are provided in the online version of this fact sheet. See [www.cwla.org/advocacy/2009legagenda.htm](http://www.cwla.org/advocacy/2009legagenda.htm).



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*We are the Child Welfare League of America.*

*We will lead the nation in building public will to  
ensure the safety, permanence, and well-being for children,  
youth, and families by advocating for the advancement of public policy,  
setting and promoting standards for best practice, and  
delivering superior membership services.*

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