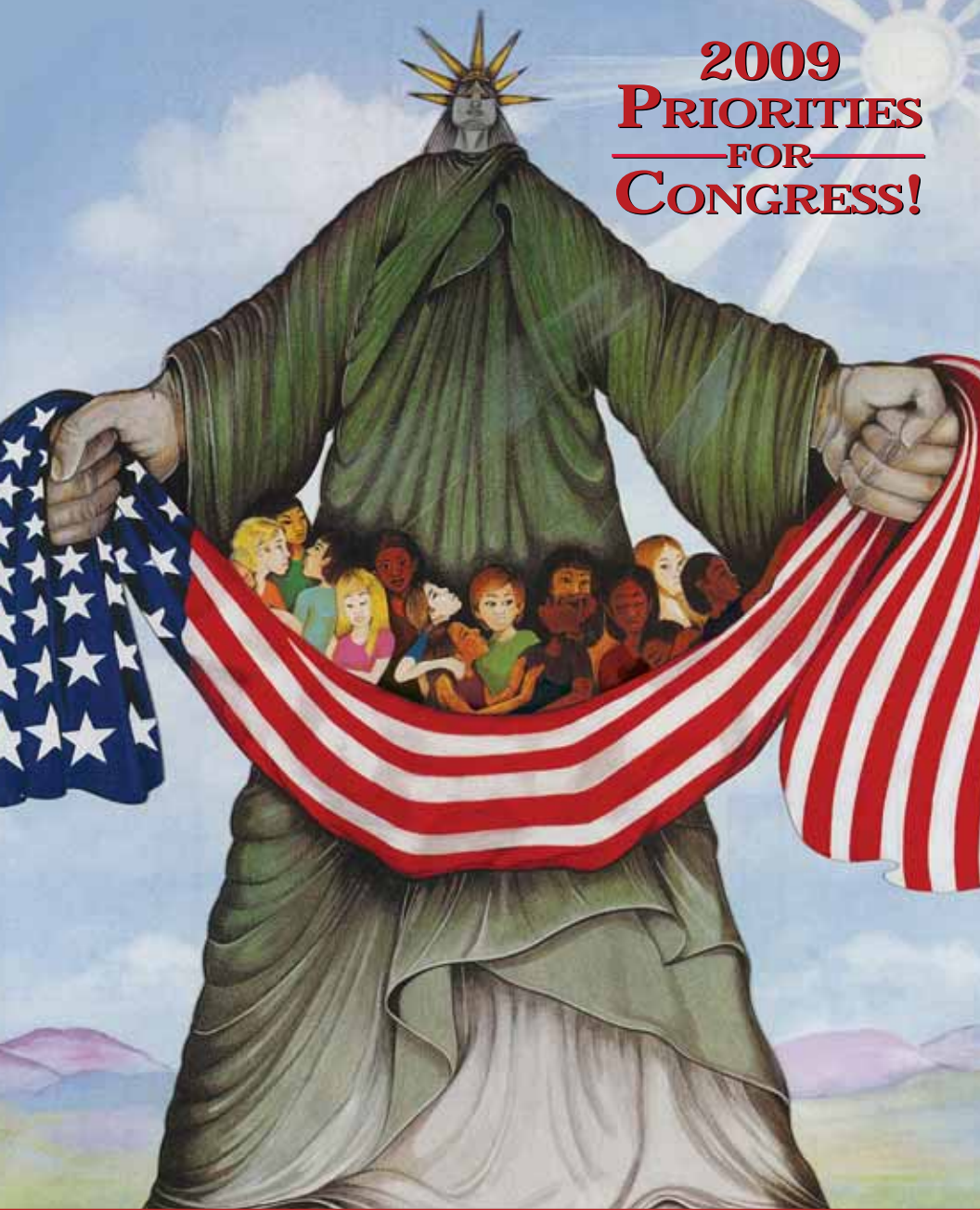




LEGISLATIVE AGENDA FOR CHILDREN AND FAMILIES

2009 PRIORITIES —FOR— CONGRESS!



- ★ Fostering Connections to Success Act
- ★ White House Conference on Children and Youth
- ★ Protecting Human Services in a Recession

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, and guaranteed resources, which are 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 legislative priorities outline 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,



Christine James-Brown, President and CEO



FOSTERING CONNECTIONS TO SUCCESS ACT

A C T I O N

Thank You! For your support of the Fostering Connections to Success Act (PL 110-351)

- When Congress passed the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) they passed the most significant child welfare legislation in more than a decade. We know last year was challenging both politically and economically. CWLA and its members thank you for keeping your focus on this major child welfare legislation and getting it passed.
- Although implementation of this new law during a recession will be difficult, this major reform will, in the long run, help make badly needed improvements.

B A C K G R O U N D

Both houses of Congress worked on major child welfare bills in 2008. By late summer, the House passed the Fostering Connections to Success bill, while in late July the Senate worked on the Improved Adoption Incentives and Relative Guardianship Support Act. In early September, both houses worked to combine the key features into a final product that was fully paid for and enacted on October 7, 2008.

The final act made major improvements in seven key areas: support for kinship care, aid for youth in transition from foster care, access to federal Title IV-E funds by tribal governments and consortia, improvements in the workforce, more adoption assistance, greater health care services for children in the child welfare system, and improvements in access to education.

Kinship Care

Gives states the option to use federal Title IV-E funds for kinship guardianship payments for children raised by relative caregivers. Children eligible under this provision must also be eligible for federal foster care maintenance payments, must reside with the relative for at least six consecutive months in foster care,



FOSTERING CONNECTIONS TO SUCCESS ACT

and who likely would otherwise remain in foster care until they aged out of the system. It also clarifies that under current guidance, states may waive non-safety licensing standards (as determined by the state) on a case-by-case basis in order to eliminate barriers to placing children with relatives. Requires state agencies to identify and provide notice to all adult relatives of a child within 30 days after the child is removed from the custody of the parent(s).

Youth in Transition

Allows states the option to extend care to youth age 19, 20, or 21 with continued federal support, to increase the youths' opportunities for success as they transition to adulthood. Requires child welfare agencies to help youth develop a transition plan during the 90-day period immediately before a youth exits from care at 18, 19, 20, or 21, and expands the definition of child-caring facility for someone 18 or older to include a supervised setting for independent living. The state option begins in FY 2011.

Tribal

Creates the option for tribes or tribal consortia to directly access and administer IV-E funds for adoption assistance, foster care and kinship care by submitting a plan to the U.S. Department of Health and Human Services (HHS). For the first time, tribes are allowed direct access to IV-E funding. Current agreements between a tribe(s) and the state may still be in effect, subject to the provisions in that agreement. HHS shall provide technical assistance, implementation services, and grants to assist tribes in the transition to administering their own programs.

Workforce Development

Expands the availability of Title IV-E federal training dollars to the training of staff not only in public agencies, but also in private child welfare agencies approved by the state. This expanded use of IV-E training funds is extended to court personnel, attorneys, guardians ad litem, and court appointed special advocates. The current funding, which is provided at a 75% match, will be phased in with first funding set at a 55% match and increasing each year by 5%, to 75%.

Adoption

Eliminates the link to the old Aid to Families with Dependent Children cash assistance program for eligibility determination. This elimination of the “look-back” is gradually phased in, with all special-needs adoptive children covered in the first year if they are 16 or older. The coverage expands downward by two years until all special-needs adoptions are covered in the tenth year. All siblings of eligible children and all children who have been in care for more than five years are immediately eligible. The bill allows states to receive an additional payment of \$1,000 per adoption if the state’s adoption rate exceeds its highest recorded foster child adoption rate since 2002; awards \$8,000 per older-child adoption (age 9 and older) and \$4,000 per special-needs adoption above the baseline; and requires states to inform all people who are adopting a child from foster care that they are potentially eligible for the adoption tax credit.

Health Care

Requires the state child welfare agency to work with the state Medicaid agency (and other health care experts) to create a plan for the ongoing oversight and coordination of health care services for children in foster care. Nothing in these plans relieves the state Medicaid agency of their responsibilities. The state health plan must include: (1) health screening and follow-up screenings; (2) description of how needs will be identified and addressed; (3) description of how medical information will be updated and shared; (4) steps taken to ensure continuity of care, including the possible use of medical homes for each child; (5) oversight of prescription medication; and (6) description of how the state consults with medical and nonmedical professions on the appropriate treatment of children.

Education Access

Requires state child welfare agencies to improve educational stability for children in foster care by coordinating with local education agencies to ensure that children are able to remain in the school they are enrolled in at the time of placement into foster care, unless that would not be in the child’s best interests. In that case, the state must ensure transfer and immediate enrollment in the new school. The act also provides increased federal support to assist with school-related transportation costs. Finally, the state plan must ensure that every child receiving IV-E assistance is enrolled as a full-time student or has completed high school.



WHITE HOUSE CONFERENCE ON CHILDREN AND YOUTH

ACTION

- Reestablish the White House Conference on Children and Youth by sponsoring and passing legislation to once again hold this decennial event.

BACKGROUND

In the 110th Congress, bipartisan legislation was introduced to reestablish the oldest White House Conference—the White House Conference on Children and Youth—to be held in 2010. President Theodore Roosevelt first called this Conference in 1909 and it was held every 10 years through 1970. Similar to recent White House Conferences on Aging, such an event begins with hundreds of state and local gatherings, meetings, and conversations during 2009 and 2010, culminating in a national conference called by the President.

While the conference focuses on issues of child welfare, it creates a national dialogue and opportunity to address the challenges some of our most vulnerable families and children face each day. The critical issues to be examined include permanency, health and mental health care, education, substance abuse, housing, juvenile justice, workforce issues, tribal access and services, strategies to help families, and strategies to prevent abuse. This conference will build a state and local commitment that can inform federal support.

The Two-Year Process

Similar to previous White House Conferences on Children and Youth and conferences on aging, Congress first passes authorizing legislation that sets the goals and establishes a policy committee that oversees a two-year process. The policy committee is bipartisan, with the President and the majority and minority leadership of both the House and Senate selecting members.

In the first year, state and local meetings and conferences are held, with some meetings under the oversight of the policy committee. Local agencies, advocates, and policymakers wanting to contribute their ideas, solutions, and goals for this dialogue and conference would organize other state and local gatherings. The dialogue focuses not only on legislation, but also on how communities can come together to address the issues raised by the child welfare system.

Delegates from the states are selected to attend the White House Conference by each member of Congress, by every state governor, and by members of the policy committee.

Brief History of Past Conferences

Starting in 1909 through 1970, a White House Conference took place every 10 years. These conferences made significant contributions to national, state, and local policy. In 1909, the White House Conference on the Care of Dependent Children addressed the effects of the institutionalization of dependent and neglected children. The delegates emphasized the importance of family and home life and advocated for better foster care services and the creation of a Children's Bureau. They also called for regular inspection of foster homes, and education and medical care for foster children. At the 1919 Conference on Standards of Child Welfare, committees were formed to determine minimum standards for child labor, health care for children and mothers, and aid for special-needs children.

Other conferences were held in 1930, 1939, 1950, 1960, and 1970. In 1950, the conference became the White House Conference on Children and Youth; this name was kept through the succeeding conferences. The results from these conferences include: a Children's Charter offering 19 proposals on the requirements for a child's education, health, welfare, and protection (1930); the creation of the Emergency, Maternity, and Infant Care Program, the largest medical care program instituted by the United States at the time (1940); the elevation of the Children's Bureau in the Department of Health, Education, and Welfare (1960); and the creation of a new Subcommittee on Children and Youth, chaired by Senator Walter Mondale (1970). In addition, the Nixon Administration followed up with a \$300,000 budget request to help carry out recommendations at the state level as a result of the 1970 conference. In 1980 and 1990, authorizing legislation allowed for conferences, but they were never followed by actual White House conventions.

The Need

Many White House events, meetings, and conferences take place, but few focus on children and families. This White House Conference is a way for citizens nationwide to become engaged in determining and recommending to the national government and to their communities the best ways to improve the well-being of America's children. Imagine a gathering in your congressional district or state that brought together not just state and local policymakers and agencies, but also communities of experts and, perhaps most importantly, families, children, and youth.

State and local events would include experts on health, education, mental health, and other vital community resources. The events would bring together tribal governments and leaders, local advocates and judges, as well as the people most affected—families, children, and youth. They all would participate in a national dialogue, develop recommendations, and commit to improving the lives of our most vulnerable children and families.



WHITE HOUSE CONFERENCE ON CHILDREN AND YOUTH

KEY FACTS

Child Abuse and Neglect

- During FFY 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. 64% were neglected, 16.6% were physically abused, and 8.8% were sexually abused.
- Of the children substantiated as abused and neglected, only 58.9% received follow-up services.

Adoption

- Of the 504,000 children in foster care in 2006, approximately 129,000 were waiting to be adopted.

Health and Mental Health Care

- In 2004, 935,225 children were enrolled in Medicaid on the basis of being in foster care, representing approximately 3.4% of all children enrolled in Medicaid.
- Although children in foster care represent a very small percentage of Medicaid enrollees, they account for 25% to 41% of Medicaid mental health expenditures.
- 44% of former foster youth in Wisconsin reported difficulty accessing health and mental health services.
- More than 40% of children entering the child welfare system do not receive initial screening for mental health or developmental delays
- Despite the disproportionate need, some estimate only about 25% of children in foster care are receiving mental health services at any given time.

Education

- In a national study of 1,087 foster care alumni, youth who had one or fewer placement changes per year were almost twice as likely to graduate from high school before leaving care.
- In a study of Chicago public school youth, 15-year-old students in out-of-home care were half as likely as other students to have graduated five years later, with significantly higher percentages of students in care having dropped out (55%) or been incarcerated (10%).
- A national study indicates that only 15% of youth in foster care are likely to be enrolled in college preparatory classes, versus 32% of students not in foster care.

Grandparents

- In 2007, approximately 2.5 million grandparents across the country had primary responsibility caring for their grandchildren.

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 2003 GAO report cited that the average caseload for a child welfare/ foster care caseworker was 24 to 31, and that these high caseloads contributed to high worker turnover rates and to insufficient services being provided to children and families.

Teen Pregnancy

- Females who have been in foster care are 2.5 times more likely than those who have not been in foster care to become pregnant by age 19.
- Females who have been in foster care have higher birth rates than their non-foster care counterparts (31.6% versus 12.2%) and higher subsequent pregnancy rates (46% versus 29%).

Homelessness

- Three in 10 of the nation's homeless adults report foster care history.

Substance Abuse

- 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.
- Data indicate that abused and neglected children from substance abusing families are more likely to be placed in foster care and more likely to remain there longer than maltreated children from non-substance abusing families.

Vulnerable Youth

- In 2006, 26,154 youth “aged out” of out-of-home care, meaning they left foster care only because they reached their 18th birthday.
- A study of young adults who had spent a year or more in foster care between age 14 and 18 found that 25% had experienced post-traumatic stress, compared to 4% of the general adult population.

Where You Can Learn More

- View more information on the White House Conference on Children and Youth, including a history and a list of supporting organizations, on the CWLA website, www.cwla.org.



PROTECTING HUMAN SERVICES IN A RECESSION

BACKGROUND

As a result of the current economic downturn, at least 39 states have proposed cutting or have already cut vital services, many of which serve our neediest populations. These include reductions to child welfare and foster care services, Medicaid, Children's Health Insurance Program (CHIP), education, housing assistance, and Temporary Assistance for Needy Families (TANF) cash assistance. These cuts hurt families and children. Unemployment, lack of resources and needed services, losing homes, and poverty are known risk factors for child abuse and/or neglect.

Many economists have recently advised that providing direct help to families experiencing such stress jumpstarts the economy, because they spend the money quickly, and that state aid which maintains vital services prevents more harm to the economy and the people.

Children and families need protections against hunger, sickness, and unemployment. Government investments in human services protect people from hardship and invest in shared prosperity. These investments avert severe hardship among low-income populations and preserve needed state and local services.

Protecting the Medicaid Safety Net

ACTION

- The Administration should withdraw a series of Medicaid regulations that in the aggregate, would devastate our nation's health care safety net. Two rules that must be withdrawn because they would particularly harm vulnerable children and youth in our nation's child welfare and foster care systems are the Targeted Case Management and Rehabilitative Services rules.
- In the interim, Congress should if necessary extend the current moratorium on the Medicaid regulations so that the new administration has adequate time to act.

BACKGROUND

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 help reduce physical and mental disabilities that many children in care experience as a result of abuse, neglect, or similar trauma. 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. 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 of children in foster care, 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 other similarly restrictive Medicaid regulations that together 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 state child welfare and foster care systems that are struggling tremendously, particularly during the current recession. 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 rule is delayed until April 1, 2009. Congress very recently extended the moratorium on the TCM rule until June 30, 2009 (HR 1). These moratoria grant the new Administration time to properly consider the regulations' harmful impact and take appropriate action.

Home Visiting Programs

ACTION

- Urge members of Congress to cosponsor and pass the Education Begins at Home Act (S. 244).

BACKGROUND

Home visitation programs refer to different models that provide in-home visits to vulnerable or new families. Stand-alone and center-based programs annually serve at least 400,000 children between the ages of 0 and 5. 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. Program goals include an increase in positive parenting practices, an improvement in the health of the entire family, an increase in the family's ability to be self-sufficient, and enhanced school readiness for the children.

Home visitation services stabilize at-risk families by significantly affecting factors directly linked to future abuse and neglect. Research shows that families who receive at least 15 home visits have less perceived stress and maternal depression, while also expressing higher levels of paternal competence.

Senator Christopher Bond (R-MO) first began promoting home visiting when, as governor of Missouri, he signed the Early Childhood Education Act of 1984. This legislation helped expand the Parents as Teachers (PAT) programs in all state school districts. PAT joins several other model programs used by states across the country. States follow these different models depending on local needs and preferences. Other home visitation programs include Nurse-Family Partnership (NFP), Healthy Families America, Early Head Start, Home Instruction for Parents of Preschool Youngsters (HIPPI), and the Parent-Child Home Program.

Legislation

The Education Begins at Home Act (EBAH), recently reintroduced for the 111th Congress, would establish the first dedicated federal funding stream solely for quality, voluntary home visiting programs for parents with young children. Under the legislation, each governor would designate a lead state agency to oversee and implement the state program. The states can use their grants to supplement—but not replace—current state funding. If a state currently lacks a home visitation program, the funds can be used to develop a program. A state's grant funding award would be based on the number of children 5 and younger living in the state.

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