



**PROGRESS ACHIEVED AND CHALLENGES AHEAD FOR
AMERICA'S CHILD WELFARE SYSTEM**

**UNITED STATES SENATE
THE COMMITTEE ON FINANCE**

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The Child Welfare League of America (CWLA), on behalf of its over 800 public and private nonprofit, child-serving member agencies, thanks the U.S. Senate Finance Committee for holding this hearing on progress achieved and challenges ahead for America's child welfare system. We also look forward to this year committees guidance in the reauthorization of the Promoting Safe and Stable Families (PSSF) program. We believe that as a country we must confirm our commitment to prevent child abuse and neglect and to support children who have been abused and neglected. We support strengthened partnerships between federal, state, and local governments and providers in the nonprofit and charitable communities in order to do a better job of protecting our nation's children.

OUR VISION

CWLA envisions a future in which families, communities, organizations, and governments ensure that all children and youth benefit from the resources they need to grow into healthy, contributing members of society. Child welfare services need to be available to families whenever concerns are raised regarding the safety, nurturance, 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 is the best way to provide 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 from occurring;
- ?? Preventing the unnecessary separation of children from their homes;
- ?? Minimizing the length of time children remain in foster care should placement be necessary;
- ?? Sustaining the permanent placements that are made; and
- ?? Assuring no disproportionate affect on children or families.

CWLA's model embraces the principle that families must be at the center of services that prevent and remedy situations leading to child abuse and neglect. The full spectrum of service opportunities for children and families must be encompassed: from early intervention, the provision of services in the family's home, to foster care for those children whose safety and well-being are threatened, permanency effects including reunification, kinship/guardianship and adoption, and the services it takes to sustain these permanency solutions. A professional workforce is required to ensure high quality casework practice, according to national child welfare standards. It is essential to recruit, hire, train and maintain qualified, culturally diverse, culturally competent, effective, and dedicated professionals.

THE ROLE OF CONGRESS

CWLA recognizes that today's hearing extends beyond reathurization of PSSF and serves as a larger review of child welfare as a whole. We urge the Finance Committee to review all aspects impacting the child welfare system. In addition to foster care, the child welfare system also includes child abuse and neglect prevention, treatment, out-of-home care, adoption, kinship care and services provided to children and families when a child returns from foster care or becomes part of a family through adoption. Any evaluation and reform of the child welfare system must not be narrowly focused on just one funding stream, such as Title IV-E that is used to subsidize the foster care and adoption assistance system; but must also recognize all components of the system. This includes other critically important funding streams such as Medicaid, Temporary Assistance for Needy Families (TANF) and the Social Services Block Grant (SSBG).

In this regard, CWLA expresses our appreciation to the Chairman's recent efforts in support of SSBG. This is a vitally important source of funding to the child welfare services across the country.

LESSONS FROM RECENT REFORM INITIATIVES

The Adoption and Safe Families Act (ASFA)

In 1997 this Committee and the Congress enacted the Adoption and Safe Families Act (ASFA) (PL 105-89). The primary goal of ASFA was to ensure safety and expedite permanency for children in the child welfare system. The most positive outcome has been an increase in the number of adoptions. Since enacted, the annual number of adoptions has increased by nearly 80%, with adoptions increasing from 28,000 in 1996 to 50,000 in 2003.ⁱ These numbers were larger than projected. The role ASFA played in the increase is unclear because some states had already begun renewed adoption efforts prior to ASFA and in fact the 1996 totals pre-date the implementation of ASFA. It should still be noted that the most significant annual increase did take place in the post-ASFA years 1998, 1999 and 2000. ■

There are other important developments related to ASFA. States have taken the timeframes seriously. They have enacted new legislation and promulgated regulations to expedite permanency, consistent with ASFA. Jurisdictions are 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 is not possible or appropriate. The length of time before deciding on a permanency plan has been reduced. States are looking for tools to assist in expediting permanency, including guardianship, and kinship support.

In addition to the permanency option of adoption, there appears to be a broadening of the traditional notion of permanency in some states and localities. This includes states increasingly turning to relatives as a permanency option and making relatives a part of the permanency process. States report an increase in the use of temporary and permanent relative placements over the past few years.ⁱⁱⁱ There are a number of new state initiatives in the areas of guardianship and kinship support that seek a safe and caring home for the child. Some states are working to relieve relative burdens by using mediation and financial support to address relatives' needs.

Other practice improvements in some jurisdictions include use of family-based approaches and interventions that feature family group conferencing, family mediation, Family-to-Family and other neighborhood foster care approaches. These methods stress non-adversarial, collaborative efforts to achieve permanency for children. Similarly, there is greater use of voluntary relinquishment and open adoption, specifically in conjunction with concurrent planning and foster parent adoption.

Child and Family Service Reviews (CFSR)

The Child and Family Services Review process was the result of a 1994 congressional mandate included as amendments to the Social Security Act (P.L. 103-432). That law required the U.S. Department of Health and Human Services (HHS) to review state child welfare programs to ensure "substantial conformity" with state plan requirements in Titles IV-B and IV-E of the Social Security Act. The law requires that state child welfare programs be measured or judged in certain areas ensuring appropriate services for the child. During the mid-1990s, HHS and the states worked to develop this review process according to the dictates of the law, and was completed in 2000. The initial round of state reviews began in 2001 and was completed in early 2004.

The decision by Congress to create a comprehensive review process was an important step for this nation's child welfare system. Some states have used this process as a way to engage and collaborate other critical partners in ensuring services to children. Partners, such as the state's legislative body, other social service providers, the news media, and the community, are critical to creating and maintaining a system that, nationally, must protect and support the nearly one million annually, who are victims of abuse and neglect, the more than 523,000 children in foster care and other out-of-home placements, the 50,000 children adopted each year from the child welfare system, and the thousands of other families receiving prevention and support services.

During CFSRs, the federal government determines: (1) if a state child welfare agency's practice is in conformity with Title IV-B (Promoting Safe and Stable Families and Child Welfare Services) and Title IV-E (Foster Care and Adoption Assistance) requirements; (2) if children and families are achieving desirable outcomes; and (3) if a state needs assistance with its efforts to help children and families achieve positive outcomes.

The results of the CFSR process show that no state has been found to be in conformance with all fourteen outcome measure and systemic factors. States were slightly stronger in the safety outcomes than in the permanency and well-being outcomes. States were weakest in helping children achieve their permanency goals in a timely manner and in helping families with services they need to care for their children.

As the Committee reviews CFSRs it is critical that these results not be viewed as a state passing or failing. The Children's Bureau does not use the term "fail" or "pass," but considers the outcomes in terms of "in substantial conformity" or "not in substantial conformity." The CFSR process is intended to reflect both the areas in which the state is doing well and the areas in which the state needs to make improvement. While it is appropriate to focus on the areas that need improvement, the entire child welfare field must be considered when evaluating state performance and making subsequent changes based on that evaluation. For most states, the CFSRs have held few new surprises, but now states are being held accountable in two areas: (1) outcomes for children and families in terms of safety, permanency, and child and family well-being; and (2) the administration of state programs that directly affect the capacity to deliver services leading to improved outcomes. This accountability had not been a focus in the past. The CFSR is also just the first step. States will also be evaluated in their ability to implement the changes outlined in their Program Improvement Plan (PIP). The PIP is the follow up to the initial review and is intended as a focused plan to address any shortfalls.

CWLA believes that the CFSR process is important but the measurements used in the CFSR process can be improved. The scope and reliability of measurable outcomes need to be refined to improve comparability among states and to also produce measures that reflect good practice in the field. The current measures fall short in these areas.

The current measures do not necessarily reflect good practice. They are an artifact of aggregate data reported by the states through the Adoption Foster Care Analysis Review System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). CWLA believes that the next generation of outcomes should be shepherded by an interdisciplinary group of state and federal participants, advocacy and consumer organizations, the research and academic communities, and the general public.

CWLA currently facilitates and maintains the National Working Group to Improve Child Welfare Data that unites all states in capturing reliable information. Through this process, CWLA has

documented the reliability deficiencies in the placement stability federal outcome measure, as well as reliability and accuracy problems with the measure on child maltreatment in foster care. Most recently, inconsistencies have been documented for the reunification measure and reentry into foster care measure. Recommendations from this National Working Group were presented to the U.S. Children's Bureau and, in the case of placement stability and child maltreatment in foster care, have resulted in improved guidance from HHS to the states.

The establishment of common definitions for widely used terms such as 'placement stability' and 'reunification,' would also go a long way to produce comparable information that informs Congress of the efficacy of the child welfare system. CWLA has started a process working with states to determine definitional standards. That work will result in more clearly established common standards for the federal measures, using the existing federal guidelines.

CWLA has recommended to HHS that the methodology to produce outcome measures be modified to include measures derived from longitudinal analysis, to complement the present point in time and exit cohort data. Longitudinal data is based on entry cohorts of children and this approach mitigates inherent biases associated with point in time and exit group data. This approach also is preferable for showing the effects of agency programs and policies.

State child welfare systems vary widely in terms of the populations they serve (juvenile justice, mental health, domestic violence, etc.), their administrative structures (county- or state-based), and their regional locations (rural, urban, north, south, etc.). CWLA recommends that states be allowed to use alternate measures to assess how their child welfare system is improving the safety, permanency, and well-being of children. These measures may vary according to the particular idiosyncratic elements of particular state systems.

Program Improvement Plans (PIP)

As a result of performance on the CFSR process states are working on implementing their Program Improvement Plans. A 2004 GAO report^v found that the most common challenges affecting states' PIP implementation was insufficient funding, insufficient staff, insufficient time, and high caseloads. We urge Congress to pay special attention to what these and other findings tells us.

The PIPs shows some important patterns. In addressing safety strategies, 38 states are attempting to improve on their training. This training includes staff, their supervisors and community partners who can play a role in child safety. In addressing the need to improve on risk and safety assessment, a key component of the child protection system, once again training is a common element in state PIPs. Training and staff is a key component for every area impact child welfare outcomes. This includes areas such as increasing the rate of permanence, youth successfully transitioning, and improving child well-being, for example.

Additional common themes and approaches for states are using relatives more frequently as a route to permanence. Currently 11 states include PIP policies that seek to identify relatives at the point of intake. As a strategy to increase the well being of children in care, thirty states are revising standards for caseworker visits; 14 states are placing a special focus on quality visits; 14 states are focusing on staff recruitment and retention; five states are addressing specific training in regard to provisions around the Indian Child Welfare Act (ICWA); and 7 states are making an effort to target services to youth in transition. The PIPs also show a consistent need for greater services and access to services that includes mental health service, access to physicians and dentists, and more and greater access to substance abuse treatment.

States are not required to include information or details on what it will cost the state to fully implement the PIP. Each state makes a determination based on resources as how to fund the requirements described in the PIP. The decisions to fund the improvements outlined in each states PIP now relies on each state's ability to dedicate scarce additional state resources. Without new, dedicated federal resources to assist states implement the needed improvements, CWLA believes that states will continue to struggle to fully meet the needs of the children in their care, and comply with federal expectations and may be penalized as a consequence.

The use of CFSRs and the PIPs is an important tool and source of information. ASFA and these reviews have had some impact, but improvement is still needed and those improvements can only be made if there is a fully engaged partnership between the federal, state and local governments.

RECENT TRENDS

While there has been a decrease in the number of children in foster care, with the national numbers decreasing from 564,000 in 1999 to 523,000 in 2003, twenty-six states have actually experienced an increase in their caseloads. What these numbers demonstrate is that we cannot base an evaluation of the child welfare system solely on caseload data. Outside factors influence states differently.

The Finance Committee has highlighted some of these outside factors during the April 25th, hearing on methamphetamines.^{vii} In addition to such unpredictable outside forces, families continue to come to the attention of the child welfare system because targeted early intervention supports are not available. Without these services, many families will require intensive and extensive interventions. Appropriate services for families whose children are already in care and who must meet the ASFA time frame are also lacking. As indicated by the CFSRs, in many communities, there continue to be insufficient substance abuse, mental health, and other treatment resources for families, as well as inadequate housing and economic supports. All families- whether they be the family of origin or one formed through reunification, adoption, kinship guardianship, or another permanent plan-need follow-up support and assistance if they are to be successful. These services are rarely offered and are greatly needed to preserve permanency and prevent re-entry into the system.

Disproportionate Representation of Children of Color

Findings suggest that children of color continue to be over represented in the child welfare system. In examining the impact of ASFA on children and families of color, CWLA found that the rate of entry of African American children was higher than the rate for Caucasian children, and in 30 states it was more than 3 times higher.^{viii} Forty percent of the children in foster care are black, non-Hispanic, 38% are white non-Hispanic, 15% are Hispanic, and 2% are Native American.^{ix}

The lack of preventive and treatment services appears to be particularly relevant for families of color, whose children are disproportionately represented in the child welfare system.^x Preventive and treatment services need to be culturally competent and available in the family and child's language. In five states (NM, CA, AZ, CO and TX), over 30% of the children in the child welfare system are Hispanic. In both North and South Dakota, Native American children make up more than 25% of the children in foster care.^{xi} Further, AFCARS data tells us that minority children are primarily adopted by single parents.^{xii} These parents, often relatives, need ongoing support by the agency, if they request it, so that they can best care for their children.

The Child Welfare Workforce

Workforce issues pose a challenge to ensuring children's safety and care. Success in reducing the number of children entering or remaining in out-of-home care or waiting for an adoptive family lies in the ability of a well-staffed and well-trained child welfare workforce. Caseworkers must assist families that are experiencing difficult and chronic family problems. They must also achieve the goals of safety and permanency and make lifetime decisions for the child within established timelines. Yet, the safety and permanency of children is hampered due to large caseloads, minimal training and caseworker turnover. Some jurisdictions report annual turnover in excess of fifty percent.

Court Improvements

ASFA has also underscored the continued importance of the courts in ensuring timely permanency for children. Greater judicial involvement and oversight is required to provide added protections for foster children. To be effective, everyone must work together to streamline court processes, ensure timely and complete documentation, ensure the participation of all relevant parties, and maintain a sense of urgency for every child, courts have been challenged to fully respond to the ASFA requirements. With limited new resources, judicial caseloads, inadequate representation, unnecessary delays, and unprepared workers and legal counsel are but a few of the difficulties encountered.

CWLA POLICY RECOMENDATIONS

The Child Welfare League of America has a comprehensive proposal for reform of the child welfare system that is part of our legislative agenda. We recognize that reform sometimes is carried out in gradual but critically important steps. Our recommendations are limited today to those areas we have highlighted in our statement today.

The Reauthorization of Promoting Safe and Stable Families

Of most immediate importance for this Committee is the reauthorization of the Promoting Safe and Sable Families program (PSSF) beyond FY 2006. We appreciate the Chairman's efforts to enhance PSSF funding by \$40 million and we seek full funding for this program in the next reauthorization. PSSF supports four vital services that address four different types of families in need: those in need of basic support services that can strengthen the family and keep them whole, families being reunified, families we are trying to preserve or maintain, and adoptive families in need of support. CWLA believes these services and families should continue to be the target for PSSF in a reauthorization bill.

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

☞ ☞ Reunification is the first permanency option states consider for children entering care. Yet, in many ways, it is the most challenging option to achieve in a plan-based, permanent way. We know that forty-eight percent or 246,650 children in care on September 30, 2003 had a case plan

goal of reunification with their parents or other principal caretaker. At the same time 151,770 children, or 55 percent of those children who left care in 2003, were returned to their parent's or caretaker's home.^{xiii} Successful permanency through reunification requires many things, including skilled workers, readily available supportive and treatment resources, clear expectations and service plans, and excellent collaboration across involved agencies. Reunification also requires worker skills, the need for accessible and culturally appropriate support and treatment services for families with children and the critical need for after care or post-permanency services to ensure that safety and permanency are maintained following reunification.

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

✍ ✍ **Adoption support** is an important need as the number of adoptions have increased. There is still more work to be done. Services may include information and referral, case management services, support groups and a range of other services. Of the 523,085 children in foster care in 2003, approximately 119,000 were waiting to be adopted and 68,000 were free for adoption (parental rights had been terminated). Of the children waiting, 40% were black non-Hispanic, 37% were white non-Hispanic, 14% were Hispanic, and 4% were of undetermined ethnicity. In 2001, the median age of children waiting to be adopted was 8.7 years; 3% of the children waiting to be adopted were younger than 1 year; 32% were ages 1 to 5; 28% were ages 6 to 10; 30% were 11 to 15; and 6% were 16 to 18.

Improve Access to Mental Health and Basic Health Care

As indicated in the CFSRs there is a significant problem with access to mental health services as well as access to physicians and dental services. We commend the Chairman for his efforts to preserve access to Medicaid services for children in foster care and we appreciate your recent letter to the Department of Health and Human Services on April 5, 2006 in regard to regulations around the issue of targeted case management (TCM).

Medicaid provides basic health insurance coverage for children in the child welfare system. As a report released by the Urban Institute last year indicated, when children in foster care were enrolled in targeted case management through Medicaid 68 percent received physician's services compared to 44 percent when they were not enrolled in TCM.^{xiv} That same study indicated that 44 percent of foster children received dental services compared to 24 percent when they were not enrolled.^{xv}

States also use Medicaid to fund some critical medical services not always provided by the child welfare agency, its contracted providers, or other providers of services to children and families in the child welfare system. These services include in addition to TCM, rehabilitative services, and therapeutic and psychiatric services provided in residential facilities.

Such services can be critical. Children in foster care may have been exposed to domestic violence, abuse, substance abuse, homelessness, and other traumas—plus, the loss of family is a significant pressure that can harm a foster child's mental health and hinder his or her ability to

obtain permanency and stability. Anywhere from 40% to 85% of children in foster care have mental health disorders. Medicaid plays an important role in meeting these needs.

The Urban Institute data also indicates that children enrolled in TCM services have greater access to rehabilitative, therapy and psychiatric care than when they are not enrolled.^{xvi} Medicaid rehabilitative services are medical or remedial services provided to reduce a physical or mental disability, thereby helping recipients reach their optimal functioning level. These services include behavioral management services, day treatment services, family functioning interventions, and other similar services.

In recent months, HHS's Centers for Medicare and Medicaid Services have challenged some states in the use of Medicaid funding to support services for children in the child welfare system working through the use of TCM and rehabilitative services. Since states vary in their use of Medicaid to address the needs of children in the child welfare system, different federal regional offices may issue different rulings on the use of Medicaid funding for child welfare services. This raises an obvious concern and possibly violates the intent of the law and what the Committee and Congress had intended. We look forward to working with the Chairman and the Committee to see that TCM and rehabilitative services are both preserved for these children and interpreted in a consistent manner. CWLA recommends that the Committee continue to monitor this important health need and make sure access to care is not reduced or eliminated.

Alcohol and Other Drug Addictions

Families in the child welfare system need access to appropriate substance abuse treatment. A common thread in child protection and foster care cases is the high percentage of children, their parents, or both who have a substance abuse problem. Up to 80% of the children in the child welfare system have families with substance abuse problems. As the Senate Indian Affairs Committee noted on April 5th, the recent meth epidemic is impacting all communities and tribal nations.^{xvii}

ASFA was designed to promote the safety and permanence of children by expediting the timelines for decision-making. That law requires that a court review plan for a child's permanent living arrangement be made within 12 months of the date a child enters foster care. It also requires that if a child is in foster care for 15 or more of the most recent 22 months, that a petition to end a parent's rights to the child must be filed, unless certain exceptions apply. To ensure that permanency decisions can be made for children whose families have alcohol and drug problems, special steps must be taken to begin services and treatment for the family immediately. These resources for substance abuse treatment for families are chronically in short supply. There is a national shortage in all types of publicly funded substance abuse treatment for those in need, especially for women with children. Alarming, over two-thirds of parents involved in the child welfare system need substance abuse treatment, but less than one-third get the treatment they need.

In previous sessions, legislation sponsored by Committee members Senator Olympia Snowe (ME) and Senator Jay Rockefeller (WV) would help address this problem. The Child Protection/Alcohol Drug Partnership Act would provide new resources for a range of state activities to improve substance abuse treatment. State child welfare and substance abuse agencies, working together, would have flexibility to decide how best to use these new funds to enhance treatment and services. States could develop or expand comprehensive family-serving substance abuse prevention and treatment services that include early intervention services for children that address their mental, emotional, and developmental needs, as well as comprehensive home-based, out-patient, and residential treatment for parents with an alcohol and drug abuse problem. CWLA

recommends that the Committee review this legislation and seek ways to address the role of substance abuse in the child welfare system.

Expand the Kinship and Guardianship

CWLA believes that one area that can serve as a significant tool in providing children with a safe and permanent setting is the use of guardian kinship care arrangements. Some states have used various resources to fund this permanency option. A few states have utilized federal Title IV-E funds to support guardianship through the use of Title IV-E waivers. As indicated by the PIPs, states are looking to kinship placements as a tool to increase permanence. ASFA recognized kinship placements as one of three ways to permanence for children in care. A federally funded guardianship permanency option should be available to allow states to provide assistance payments on behalf of children to grandparents and other relatives who have assumed legal guardianship of the children for whom they have committed to care for on a permanent basis. Kinship guardianship assistance agreements and payments would be similar to the adoption assistance agreements in that they would take into consideration the circumstances and the needs of the child.

Kinship care has been shown to provide safe and stable care for children who remain with or return to their families. In 2003, 23 percent of children in care are living with relatives, some of who will not be able to return to their parents.^{xviii} States vary in their use of relative homes for foster care even though federal regulations state that there is a preference for relative placements. States are challenged to provide the financial, social, and legal supports that are needed to ensure safety and permanency in kinship placements. Legislation now in both houses of Congress including S. 985, the Kinship Caregiver Support Act cosponsored by Senator Olympia Snowe (ME), and Senators John Kerry (MA), and Charles Schumer (NY), would provide needed resources to state child welfare systems and enhance the use of kinship placements. CWLA strongly supports these legislative efforts.

Strengthen the Child Welfare Workforce

A quality child welfare workforce is essential to ensure positive outcomes for children in the child welfare system. No issue has a greater effect on the capacity of the child welfare system to serve at-risk and vulnerable children and families than the shortage of a competent, stable workforce. Again we refer the Committee to the PIPs and the many instances in which training of staff at all levels and the recruitment and retention of staff are part of state strategies in almost all areas: permanency, access to services, child safety and child well being.

This shortage impacts agencies in every service field. The timely review of child abuse complaints, the monitoring and case management of children in foster care, the recruitment of qualified adoptive and foster families, and the management and updating of a modern, effective data collection system all depend on a fully staffed, diverse and qualified child welfare workforce.

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

A comprehensive child welfare system cannot be maintained if the foundation of the workforce is crumbling. Workers frequently have caseloads that are two, three, or even four times what good practice demands. The result is little time for training new hires and no time for ongoing training.

Moreover, supervision is often limited. These factors and others, including concerns about worker safety, create a workplace with high turnover and limited appeal when recruiting.

One way to improve the child welfare workforce is through increased training resources and opportunities. The major federal child welfare programs include training supports; training under Title IV-E is the largest and most important of these. Title IV-E Training allows states to claim a match for training of state and local agency staff and current and prospective foster and adoptive parents. CWLA proposes that access to these federal training funds be extended to support training of private agency staff, related child-serving agency workers, and court staff working with any children in the child welfare system. We also recommend that Title IV-E training funds be used for training on all subjects relevant to achieving positive outcomes for children. This includes training related to cultural and ethnic diversity both in the workforce and in the way services are provided. We urge members of Congress to be aware of the significant positive impact a strong child welfare workforce would have on the system and the children and families it serves.

Preserve Administrative Funds Under Title IV-E

Although many people envision Title IV-E Administration costs as paying for office space and utilities, it is in fact much more. Title IV-E Administration provides funding for the workforce. The time caseworkers spend preparing for and attending court hearings related to children in foster care is administrative. Meeting with families and children to discuss what needs to be done to achieve permanency for the children is also administrative. Helping foster parents cope with the problems of children in their care is administrative. Advocating for children in other systems, such as the local schools is also part of what is described as administrative. There is a great need for more foster parents and more adoptive parents. Recruitment of foster parents and adoptive parents is administrative funding.

Some have examined the level of spending under Title IV-E and raised questions about that part that is allocated or drawn down as administrative funding. Some criticize the variances that exist between states. In fact administrative funding now is classified in four general categories of case planning and management, preplacement services, eligibility determination, and other. The variances between states should not be a surprise due to the varied ways in which states have had to fund their systems and the fact that not all children in care are eligible for federal support.

CWLA rejects any proposal that would convert IV-E Administrative funding into a block grant. Such an action would undercut efforts to strengthen the workforce and would pit training of the workforce and other supports for the workforce against the need to greater access to services.

Strengthen Title IV-E Funding

There are two improvements that must be addressed when it comes to the issue of support for the child welfare system. It is nearly ten years since eligibility for foster care and adoption assistance was tied to AFDC, the cash assistance program that no longer exists. Members of the Committee have offered legislation to update this eligibility standard both for foster care and adoption assistance. CWLA believes all children who have been abused or neglected should be eligible for a federal commitment and federal support. That federal commitment now extends, by some estimates to less than fifty percent of abused and neglected children who come into out-of-home care. But if complete coverage is not possible then there are various others ways in which this eligibility can be updated while maintaining the current entitlement. Members of the Senate Finance Committee through previous legislation have sponsored some of these approaches including allowing states to link eligibility to the TANF cash assistance program. A current House Bill (H.R. 3576) offers a different approach to updating eligibility by phasing in expansion

of eligibility. An additional option would allow states to link eligibility to the Medicaid program. There are many approaches to address this significant undercutting of the foster care and adoption assistance programs.

CWLA rejects any suggestion that a way to update eligibility is to simply turn current funding into a block grant. That is neither an update of eligibility nor an adequate response.

CWLA also highlights the need to update the Title IV-E program in one other significant way by providing Native American tribes with direct access to federal funding for foster care and adoption funding. Although federal law has established procedures and protections for placing Native American children in out-of-home care, adequate funding for these services has not followed. Tribal nations do not have the option of receiving Title IV-E federal foster care and adoption assistance funds directly. As a result, most Native American children placed in out-of-home and adoptive settings through tribal courts are not eligible for federal foster care maintenance or adoption assistance payments. In a few instances, some tribes have negotiated agreements with states that allow them to access Title IV-E funds. Senator Gordon Smith has introduced S 672 along with the cosponsorship of other Finance Committee members to address this flaw in the current system.

Conclusion

CWLA urges the Finance Committee to continue its efforts to evaluate the child welfare system. As our statement, and the testimony of others here today indicate, this is a complex issue deserving our nation's attention. We look forward to assisting you in this task and in assisting you as you work on the issue immediately before you, the reauthorization of the Promoting Safe and Stable Families (PSSF) program.

ⁱ National Data Analysis System. (2005). Available online at <http://ndas.cwla.org>. Washington, DC: Child Welfare League of America.

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ⁱⁱⁱ Main, R., Ehrle Macomber, J. & Geen, R. (2006). Trends in service receipt: Children in kinship care gaining ground. Available online at: <http://www.urban.org/publications/311310.html>. Washington, DC: Urban Institute.

^{iv} Child and Family Service Reviews, Available online at <http://www.acf.dhhs.gov/programs/cb/cwmonitoring/index.htm#cfsr>

^v U. S. General Accounting Office. (2004). Child and Family Services Review: Better use of data and improved guidance could enhance HHS's oversight of state performance. Washington, DC: Author.

^{vi} Program Improvement Plans, Available online at:

http://www.acf.dhhs.gov/programs/cb/cwmonitoring/results/pip_presentation_final/sld001.htm

^{vii} CWLA's comments to the Senate Finance Committee are available at:

<http://www.cwla.org/advocacy/aod060425.htm>

^{viii} Child Welfare League of America. (2002). The impact of ASFA on children and families of color: Proceedings of a forum, November 2000. Washington, DC: Author.

^{ix} Ibid.

^x Ibid.

^{xi} Maza, P. (2003). "Is the adoption and safe act (ASFA) doing what it is supposed to do?" Presentation at CWLA national conference. Washington, DC.

^{xii} U.S. Children's Bureau. (2005). *AFCARS report #10: Preliminary estimates published April 2005*.

Available online at http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report10.htm

Washington, DC: U.S. Department of Health and Human Services (HHS).

^{xiii} Ibid.

^{xiv} Geen, R., Sommers, A., & Cohen, M. (2005). Medicaid spending on foster children. Available online at <http://www.urban.org/publications/311221.html>. Washington, DC: Urban Institute.

^{xv} Ibid.

^{xvi} Ibid.

^{xvii} To access CWLA's comments to the Senate Indian Affairs Committee on the Impact of Meth on Tribal Nations visit: <http://www.cwla.org/advocacy/aod060405.htm>

^{xviii} U.S. Children's Bureau. (2005). *AFCARS report #10: Preliminary estimates published April 2005*.

Available online at http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report10.htm

Washington, DC: U.S. Department of Health and Human Services (HHS).