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FOSTERING PERMANENCE: PROGRESS ACHIEVED AND CHALLENGES AHEAD FOR AMERICA'S CHILD WELFARE SYSTEM

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FOSTERING PERMANENCE: PROGRESS ACHIEVED AND CHALLENGES AHEAD FOR AMERICA'S CHILD WELFARE SYSTEM

WEDNESDAY, MAY 10, 2006

U.S. SENATE,
COMMITTEE ON FINANCE,
Washington, DC.

The hearing was convened, pursuant to notice, at 10:08 a.m., in room SD–215, Dirksen Senate Office Building, Hon. Charles E. Grassley (chairman of the committee) presiding.

Also present: Senators Smith and Baucus.

OPENING STATEMENT OF HON. CHARLES E. GRASSLEY, A U.S. SENATOR FROM IOWA, CHAIRMAN, COMMITTEE ON FINANCE

The CHAIRMAN. Good morning, everybody. Thank you all very much for being patient a few minutes.

Today's hearing is for the purpose of hearing testimony on a subject that we have named "Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare System."

Just last month, our committee heard testimony on the devastating effect that the methamphetamine epidemic is having on child welfare agencies. We also heard testimony on the strains that exist on the child welfare system that are distinct from the methamphetamine problem.

Today's hearing has several purposes: to elaborate on the issues raised during the hearing on the effects of methamphetamine on States' child welfare agencies, and also for members to hear testimony on child welfare issues generally, and also the Promoting Safe and Stable Families Program and the Mentoring of Children of Prisoners Program, specifically. The authorization for both of these programs ends this fiscal year, so we have to be ready for that reauthorization.

The committee will hear testimony on the development of the 1997 Adoption and Safe Families Act which was enacted to emphasize the safety, permanency, and well-being of children. That act reauthorized, expanded, and renamed the former Family Preservation and Support Services Program to the Promoting Safe and Stable Families Program.

I was pleased to have actively participated in the development of that act back then. The legislation was negotiated in a genuinely bipartisan manner. All indications are that this bipartisan tradi-

tion persists relative to legislation addressing child welfare issues yet today.

The Promoting Safe and Stable Families Program provides funds to States, territories and tribes for four categories of child and family services: family support, family preservation, time-limited reunification, and adoption promotion and support.

These funds help a broad range of families. Promoting Safe and Stable Families provides one of the few funding streams to actively address problems within families that, if not addressed, could lead to the child's removal from the home.

The Promoting Safe and Stable Families Program also includes funding for court improvement grants. The courts play a significant, but often overlooked, role in achieving permanency for children. Some judges are taking a real leadership role in their States that ends up better serving children. I look forward to learning more about the important work being done through the courts in collaboration with child welfare agencies to increase child safety and permanence.

I am encouraged by reports, following the landmark National Judicial Leadership Summit on the Protection of Children last September, that judges, attorneys, court administrators, social workers, and those involved with child protection got engaged and became more focused on collaborative efforts to improve outcomes for children.

According to the latest data, 340,000 children from the child welfare system have been adopted into safe and permanent homes. The steady increase in the number of adoptions and the current efforts directed towards court improvement I find very encouraging. However, we still have 518,000 vulnerable children remaining in foster care needing care and support.

As many as 20,000 a year will age out of care without finding that permanent home, and that is a sad situation. The statistics on outcomes for these young people then still remain very grim.

Additionally, the system is under-staffed and under-trained. Children linger too long before securing permanency. More funding should be available for substance-abuse treatment. During last month's hearing on the epidemic of methamphetamine, we heard from Allison Bruno and the Noble family, for whom long-term care residential and family treatment was a very effective strategy for reunification.

I appreciate the good work on these issues by members of the Senate Finance Committee, where there has been a great deal of Democratic and Republican cooperation. These child welfare issues really do cut across the ideological divide.

As always, I look forward to working on these reauthorizations with Senator Baucus, particularly on the Promoting Safe and Stable Families Program, and hopefully, in addition, making some progress on consensus on the broader issues relative to child welfare.

We have Senator Baucus with us, and I would ask him for his statement.

OPENING STATEMENT OF HON. MAX BAUCUS, A U.S. SENATOR FROM MONTANA

Senator BAUCUS. Thank you, Mr. Chairman. I very much appreciate your calling this hearing. It is very important.

The Psalmist called on God "to defend the fatherless and the oppressed." Well, today that job often falls to the child welfare system. That system protects the most vulnerable and provides a safe harbor for children. It looks out for children whose birth families, for one reason or another, have not been able to provide fertile soil in which to grow.

Each year, almost 3,000 Montana children enter foster care. They come because of abuse, they come because of neglect, they come because of other serious difficulties in their families.

Unfortunately, the number of foster families available to provide safe, caring homes for these children has not kept up with the need. The shortfall is especially acute for minority children, older youth, and sibling groups.

The Montana Department of Public Health and Human Services places foster children from infants to 18 years of age. Often, sibling groups need to be placed, and it is almost always better if they can be placed together. Many of the children have physical, emotional, or learning challenges, and all of the children need placements in safe, stable homes.

The children reflect Montana's cultural diversity and special needs. We have heard testimony that "over 65 percent of all foster care placements in Montana are directly attributable to drug use, and of those, methamphetamine is the primary factor 50 percent of the time. Methamphetamine use among residents of the seven Indian tribes in Montana is far in excess of epidemic proportion."

I am proud to be a co-sponsor of legislation introduced by Senator Bingaman that will make Combat Meth funds under the PATRIOT Act available to tribes.

Today we will hear from Arlene Templer, a member of the Confederated Salish and Kootenai Tribes of Montana. I will be interested to hear from her the successes and challenges faced by our Indian child welfare system.

One usually thinks of a child's placement in foster care as temporary, but some children may never be able to return safely to their families. In those cases, every effort should be made to find the most permanent living arrangement possible, such as guardianship or adoption.

Among the children who are adopted nationwide through the foster care program, 62 percent are adopted by their foster family. The Promoting Safe and Stable Families Program supports efforts to rebuild families and helps to provide permanency for kids when that proves impossible. This program is the largest dedicated source of Federal funds for services to children and families.

Last year, Montana received a little more than $1 million for the program. These funds are critical to Montana's child welfare system.

While children are in the child welfare system, their needs are great. We must also remember that there are approximately 20,000 children in our country that age out of the system without finding a permanent home. I applaud the resiliency of the children who

manage to make this difficult transition and go on to lead functional and fulfilled lives.

I also commend the thousands of case workers, foster families, neighbors, and friends across the country who work to provide safety, stability, and love for the more than half a million children in the Nation's foster care system.

Critical child welfare services have recently experienced cuts in funding. This year, the Promoting Safe and Stable Families Program is up for reauthorization and this, I might remind us, is a pivotal opportunity to ensure adequate support for strong families.

I look forward to hearing the perspectives of today's witnesses on how we defend the fatherless and the oppressed. I look forward to hearing how we can better protect our Nation's most precious resource. I look forward to hearing how we can better safeguard the well-being of our children.

Thank you, Mr. Chairman.

The CHAIRMAN. Yes. Senator Baucus, thank you very much.

[The prepared statement of Senator Baucus appears in the appendix.]

The CHAIRMAN. We have our first witness, Ms. Ohl, Commissioner of the Administration on Children, Youth and Families, and that is in the Department of Health and Human Services. Before she was in her current position, she served as the Secretary of Health and Human Resources for the State of West Virginia.

Senator Rockefeller cannot be with us today because he is recovering from back surgery, but if he were here, he wanted to say nice things about you. [Laughter.] I cannot replace what he would say, but I know if he would say nice things about you, there are nice things to be said about you.

Senator BAUCUS. He will say nice things about you anyway. He is that kind of a guy.

The CHAIRMAN. All right. Well, anyway, you know that Senator Rockefeller is a key member of this committee, and he has been a leader on child welfare issues for many years.

I am interested to learn from you about the work that the administration has done to improve the outcome for children, as well as learn about the administration's proposals on the reauthorization of these programs, so we will listen to you now.

And, if you have a longer statement than the time we allotted for you, it will be placed in the record in its entirety and we will obviously study it. So, we will ask you to go ahead with your oral testimony at this point.

STATEMENT OF JOAN OHL, COMMISSIONER, ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES, WASHINGTON, DC

Ms. OHL. Thank you, Mr. Chairman. Obviously, the last time I sat in this seat before the two of you was my confirmation hearing.

Senator BAUCUS. Welcome back.

Ms. OHL. I am glad to be here.

I thank you for inviting me to discuss reauthorization of three important programs: the Mentoring the Children of Prisoners Program, the Promoting Safe and Stable Families Program, and the Court Improvement Program.

According to the Justice Department, nearly 1.5 million children wake up each morning with at least one of their parents incarcerated. In recognition of the potential benefit of the mentoring of these children, the Mentoring the Children of Prisoners Program was established.

Now in its third year, the program has 218 grantees, including States, local governments, tribes, and faith- and community-based programs across the country. These programs connect positive adult role models with children between the ages of 4 and 15 who have an incarcerated parent.

As of December of 2005, nearly 20,000 children have been matched through this program, and we are taking steps to increase that number by providing targeted technical assistance and by proposing a critical change in conjunction with our reauthorization request to allow the use of vouchers to provide services to the children of prisoners.

Under the current structure, children of incarcerated prisoners only have access to services provided by the 218 site-based organizations who currently receive the funds. Many children are not located in areas that are served by these grantees, and currently three States have no access to a program within their borders at all.

Under our proposal, a national mentoring support agency would recruit and accredit mentoring programs nationwide. Vouchers will allow families to choose any approved program from among the 4,100 programs currently operating throughout the country.

The second program up for reauthorization, the Promoting Safe and Stable Families Program, provides funds for States and eligible tribes to develop, establish, expand, and operate coordinated programs of community-based family support services, family preservation services, time-limited reunification services, and adoption promotion and support services.

The program has been expanded over the years in order to strengthen and enhance States' abilities to provide these services, targeting the goals of safety, permanency, and well-being.

It is structured to provide critical support for an array of services, while allowing States adequate flexibility to target the resources in the manner it deems best meets the needs of its communities.

As a result of that, we are not seeking programmatic changes. Rather, our proposal seeks the 5-year reauthorization of the current program at $345 million in mandatory funds, maintaining the increase under the Deficit Reduction Act, and $200 million in authorized discretionary funding.

The third program that I want to talk about, which is under the Promoting Safe and Stable Families Program, is the Court Improvement Program. In this program, grants are awarded to the highest court in each State to enable the court to conduct assessments of their foster care and adoption laws and judicial processes and to implement system improvement.

These improvements must provide for the safety, well-being, and permanence of children in foster care. Recently, as part of the Deficit Reduction Act of 2005, Congress provided $20 million for two new court improvement grants that are focused on data collection

and collaboration between the courts and child welfare. We are excited about the opportunity to expand our work with the courts through this program.

The reauthorization of these programs is key to our overall strategy for working with the States to improve child welfare. The Child and Family Service Reviews—the CFSRs, as we refer to them—are the cornerstones of our efforts to review State child welfare programs, monitor performance, promote improved outcomes, and ensure compliance with key provisions of the law.

CFSRs have now been completed in all 50 States, the District of Columbia, and Puerto Rico, and we have learned that States need to take steps to improve their system. By themselves, just this finding would be of little use.

The most important product, the CFSR, is engaging the States to develop, and then implement, a Program Improvement Plan, a PIP, in order to address practice issues that underlie the outcomes for children and families who come in contact with the child welfare system. To date, we have approved PIP plans for all 50 States, and this summer we will launch the second round of the Child and Family Service Review.

I know, Mr. Chairman, that time is short. But let me make a couple of comments regarding some of the things that ACF is doing with the methamphetamine use and the accompanying social and economic impact.

ACF's Children's Bureau, in collaboration with the Child Care Bureau and SAMHSA's Center for Substance Abuse Treatment, convened a National Conference on Methamphetamines and Child Welfare.

Additionally, we sponsored comprehensive training last summer of child welfare grantees and our ACF regional offices on the implications of methamphetamine abuse for child welfare.

We will continue to use our data resources and our work with the States through the CFSR process to identify trends in methamphetamine usage, as well as its impact on child welfare.

Each of the programs that I have talked about this morning, the Promoting Safe and Stable Families Program, the Court Improvement Program, and the Mentoring the Children of Prisoners Program, play a significant role in promoting the well-being of our Nation's vulnerable children and families, and we look forward to working with this committee on the reauthorization.

Thank you very much. I look forward to answering questions that you may have.

[The prepared statement of Ms. Ohl appears in the appendix.]

The CHAIRMAN. Yes. Well, you commented on your recent conference on methamphetamine. I want to say that I am pleased that you have given that serious attention. You just commented a little bit on the interaction between the child welfare system and the methamphetamine problem. Could you share some of the promising practices—if it is not too early to draw conclusions—and approaches with us?

Ms. OHL. I think one of the things, for instance, is some of the data that we have looked at that have come out of family drug treatment courts have been very good in terms of the work. Families that have been in those programs have stayed with those pro-

grams, and the impact that that has had, both in terms of the reunification of families, and in effect having children and families move on, is very positive.

We also are looking—and I thought Senator Baucus would be interested in this—at some of the issues related to the high impact of methamphetamine on the tribal programs and the high usage.

So one of the things that I looked at in preparation for the hearing—as you know, our data is not overly specific. At the time there is a removal from the family, it is not drug-specific. But I did look, because I know, Senator Grassley, you have been asking questions regarding particularly the rural parts of the country and the impacts on the caseload.

So I began to take a look at some of the data, and looking at DEA data regarding methamphetamine and laboratories, as well as in terms of per capita methamphetamine arrests, and beginning then to take a look at the caseloads and the growth in caseloads. So that is what has driven our work in terms of both the training and the conference. We are going to continue to track this data and work with States.

When you did your hearing a couple of weeks ago, Dr. Nancy Young, who is the head of the resource center that we jointly fund with SAMHSA, I know testified before you and had a lot of data that she presented. So that is the course of the work that we are currently on.

The CHAIRMAN. Sure. In regard to the one part of Promoting Safe and Stable Families, we added a program, Promoting Healthy Marriages, as one use of funds. Have States exercised the option to direct funding from the Promoting Safe and Stable Families Program to Promoting Healthy Marriages? Describe those efforts, if they exist, and whether or not you judge they have been successful.

Ms. OHL. Senator, we know that at least 17 States have reported Healthy Marriage initiatives in terms of their reports to us in their annual updates. Part of those efforts have been utilizing funds for the Promoting Safe and Stable Families Program.

For instance, in Georgia, there has been Family Support funding that was used on both Healthy Marriage and co-parenting initiatives, trying to strengthen healthy marriages, parental relationships, marriage education, relationship skills, those kinds of things.

Delaware's Promoting Safe and Stable Families Program has focused on Healthy Marriage, parenting services, and substance abuse services. We also had a waiver in Delaware on co-locating—within the child welfare offices—substance abuse counselors. Healthy communication and conflict resolution—Louisiana has had a knapsack program. So as a part of this, there is the growth of a number of these programs that are currently under way.

I think, also, there have been two national programs that you may be aware of that ACF has had some involvement in, obviously, the African American Healthy Marriage Initiative, and the Hispanic Healthy Marriage Initiative, and those are things that have grown up across the country with coalitions of people from community- and faith-based organizations.

They have developed programs. It is States, community-based, tribes, and a variety of groups. A lot of that is in terms of the

money that came as a result of the reauthorization of TANF. That program announcement will be out probably within the month.

I think, as a part of that, there are a number of community- and faith-based groups, States, localities who will be coming forth in order to apply for those funds.

The CHAIRMAN. All right.

Senator Baucus?

Senator BAUCUS. Thank you, Mr. Chairman.

Ms. Ohl, thank you very much for all you do. I take my hat off to all the people in our States who really work very hard to help kids. I have had some direct experience with all this, working with families, with foster homes, and parents. I am very impressed by what I see. I am sure they are stretched, but I am still very impressed.

I took it upon myself to mentor this kid. I do this a lot in Montana at high schools and middle schools, with school-wide assemblies to combat methamphetamine. We have a lot of resource people, and we really focus in.

I went in, and this little kid walked up to me, and I could tell he had some problem. He blurted out to me that his mother was on methamphetamine and he is in a foster home, he cannot find his sisters, and all that, his grades are terrible, and he started to cry.

So I thought, on the spot, I will do what I can to help mentor this kid, and have for the last year. It is the foster program in Montana which has really made a difference. We correspond a bit, and I see him, and so forth. We have learned our favorite ice creams, and all that.

But I had supper with him at Pizza Hut in Lewistown, MT a couple of weeks ago, and man, he has really developed. But it is the foster program which is the real difference there, and his foster mom.

My eyes kind of welled up when he called his foster mom "mom," because his birth mother died of methamphetamine-related disease a couple of months ago. So he is doing really well.

But my concern is this. I want to make sure our dollars are spent well. Do you have any studies that show that, of the Federal funds that are appropriated, how many dollars actually get down to the homes?

Just with what the administrative costs are of the program, and the pass-through costs, and all that. I just want to make sure that the dollars we appropriate are spent very, very well. I know you are working really hard and so forth. But do you have any data on any of that?

Ms. OHL. Part of it, Senator, would be, on the Promoting Safe and Stable Families Program, the administrative amount is capped. I mean, that is 10 percent administrative.

These are the monies that we are talking about that are really services-related, that in effect can work with families, both in terms of family preservation and family support and those kinds of activities. And then States come to us as a part of their plan and they tell us how they're going to allocate the monies across those areas.

Senator BAUCUS. Right. How much of your effort is spent on trying to prevent some of the causes of kids having to go into foster home? That is a little complicated, clearly. But in my State, as I mentioned in my statement, so much of this is related to methamphetamine.

When I go around Montana, I ask each law enforcement officer, what is your greatest law enforcement problem? I began doing this about 4 or 5 years ago. In every case, it was methamphetamine. I asked today, and it is still the same.

We are able to put the precursors of production of methamphetamine—ephedrine, et cetera—back behind the counter so they can no longer be sold out in front, and that has cut down on the labs, but it has not cut down on demand. The drug still comes in from Mexico, and so on, and so forth.

I am just curious what you are doing to try to prevent kids from taking methamphetamine, or their parents from taking methamphetamine. At least in my State, that is the main reason why so many kids end up in foster homes, because of dysfunctional families, clearly, and a lot of it is related to methamphetamine.

In Montana, we have this program, and perhaps you have heard of it, that is very effective. A fellow by the name of Tom Siebolds spent $11, $12 million of his own money producing and airing very graphic TV ads in Montana, and they are really graphic.

I go around in assemblies and I ask for a show of hands, how many kids have seen these TV ads. Every hand goes up. How effective do you think they are? Do you think they are preventing the first-time use of methamphetamine? Virtually every hand goes up.

Now, that is not terribly scientific, but it is causing kids to talk to their parents now. It is causing kids to talk to their parents about methamphetamine. It is clearly having a very positive effect.

I was wondering how much you, in your organization, work with efforts like that to try to get at the root causes that force kids unfortunately to have to be in foster homes because of a dysfunctional family, et cetera.

Can you address that, please, just very briefly?

Ms. OHL. Yes, I would be glad to. One of the funding streams that we are here to talk about, Promoting Safe and Stable Families, is the most flexible money. It is service-oriented and it can work with families, identified families, and it can provide support and it can provide preservation services. It can provide a variety of things to work with families.

I agree with you, we have to get more ahead of this train than we have. This is the most flexible money that is in the child welfare system. The remainder of the money, the largest bulk of the money, is in the foster care maintenance side.

Senator BAUCUS. My time is about up. Has the administration proposal increased or decreased funds for these programs?

Ms. OHL. Well, in effect, we are requesting that it be reauthorized at the $365 million mandatory and 200——

Senator BAUCUS. I am talking about the budget. The administration's budget request.

Ms. OHL. We have an increase in the adoption——

Senator BAUCUS. Are there any decreases recommended?

Ms. OHL. No. In effect, there are increases projected both in terms of the adoption assistance, as well as on the foster care side. There are increases on both sides of that.

Senator BAUCUS. All right. So there are no decreases.

Ms. OHL. No, there are not. There are no decreases. As a matter of fact, on the Promoting Safe and Stable Families Program, we have tried to get it on the discretionary side. We have, for numerous years, tried to get it appropriated at the authorized level, which is $200 million.

Senator BAUCUS. All right. I appreciate that. I would just encourage you to really be aggressive. I mean, really aggressive on all these budget submissions. You are already working on the 2007 budget right now. I mean, the squeaky wheel gets the grease around here, and the earlier you begin, the better. The early bird gets the worm, and the squeaky wheel gets the grease.

So if you would really just be aggressive within the administration here and just raise a ruckus so next year you will get the money you need, you will be supported by this committee. This helps, too.

Thank you. My time has expired. Thanks.

The CHAIRMAN. Thank you.

Senator Smith?

Senator SMITH. Thank you, Mr. Chairman.

Commissioner Ohl, thank you for your service, and your agency. You are truly working on the side of the angels. I hope you sense from all of us here how much we value the work that you do.

Ms. OHL. I do.

Senator SMITH. I chair the Senate Committee on Aging, and in that capacity we spent quite a bit of time in hearings on the reauthorization of the Older Americans Act. So I especially appreciated the comments in your testimony about grandparents.

One of the things that has come out in our hearings, however, is that some grandparents are finding that, unless they legally adopt their grandchildren, that they do not get the services—or the funding, rather—to help them in their programs.

I am wondering if you can address that. Is this an impediment that we need to remove to make sure they are given the dollars for respite and those kinds of things? Are they disqualified because of that legal standing?

Ms. OHL. Let me answer the question in a couple of different ways. There are obviously a number of grandparents in this country who are taking care of their grandchildren, for a variety of different reasons.

As a part of that, as you know, the funding streams are very straightforward in terms of the foster care, the adoption. We have waivers where, in effect, we have had guardianships and a variety of other kinds of permanency streams that could be utilized.

As a part of that, you may be aware, we have, from the administration side, proposed what we call a Child Welfare Program Option, which would give States an opportunity to take their foster care funding in a flexible funding allocation.

Right now, there are very rigid eligibility requirements. As a matter of fact, there is a look-back to 1996, as well as there are a number of licensure and a variety of different requirements.

What we had proposed is looking at giving States an opportunity to braid these. We were talking about Promoting Safe and Stable Families, there is the IV–E—the largest bulk of the funds—foster care, and we have been doing Child and Family Service Reviews with States for a period of time. States have a lot of information about the system and where it is.

So what we have talked about, and getting back to Senator Baucus's point, if you had your money, if you chose the option, you could take your funding in a flexible way and use it and build the kinds of programs that individual States would know would best meet their needs. You could use everything from prevention, to subsidized guardianships, to information systems, to a variety of services, from the front end all the way up to the higher end.

Senator SMITH. So there is no Federal impediment to States being able to give grandparents help just because they are not the legal adopted parents.

Ms. OHL. It depends. There is an issue of licensing of homes. We always try to work with kin first. I think one of the things that we have found is, we have worked with caseworkers all over the country to explore, find family, work with them and see if this is the right option for children. We would like to see more flexibility.

Senator SMITH. Yes, I would, too. As you know, Aid to Families With Dependent Children was abolished in 1996 and replaced by the TANF program. However, as I understand it, the eligibility criteria for title IV–E foster care programs continues to follow the old Aid to Families With Dependent Children Program.

Are you working on a new formula for TANF that is not necessarily tied to the old program?

Ms. OHL. In effect, this is where I was talking earlier about the child welfare option. As part of that option, you would not have the look-back, and for States who would choose that, you also would not have the cost allocation. So, anyway, that is the approach that we had taken regarding that.

Senator SMITH. One of my areas of concern is for those children who are in foster care and who are leaving foster care who may still have some issues with mental illnesses or depression. I am wondering if there are any services available to help foster children with mental illnesses who are aging out of the system so that as they go on they do not fall through the cracks.

Ms. OHL. I think there are differences in terms of the way the States approach it. As you know, we have the Chaffee program, the Independent Living Program that is for older children, as well as the education vouchers.

But States have an option in terms of how they might structure their Medicaid program, or their CHIP program, or other programs that, in effect, could then provide wrap-around services to the young people. But it is a critical issue, particularly on the mental health services.

Senator SMITH. Just a word of encouragement, that those wrap-around services be there and that States be encouraged and incentivized to provide them. It could be a life-and-death issue.

Ms. OHL. As the Chairman indicated earlier, I was a State Secretary, so I know the issues from the field and coming up.

Senator SMITH. Thank you.

Ms. OHL. Thank you.

The CHAIRMAN. I have one follow-up question. Then, since other members are not here, you may get a lot of questions for answer in writing.

Ms. OHL. I would be glad to answer them.

The CHAIRMAN. This is following up on the Healthy Marriage Initiative. You answered my question about States and what they do, but are you aware of any States planning on expanding their Healthy Marriage program in order to access the new amount of money of $100 million that is in the stream?

Ms. OHL. I know from being at meetings around the country, and currently even now, as I mentioned, there is the Hispanic Healthy Marriage Initiative; currently that meeting started in San Antonio today, and Assistant Secretary Horn is there.

There are groups all over the country. As you know, we have been hoping to have this reauthorized for a few years, so they have been getting ready for a period of time.

I think that when this program announcement comes out, you will have community- and faith-based organizations, you are going to have State and local governments, you are going to have tribes. You are going to have a variety of groups who will be coming forward in order to access those funds.

The CHAIRMAN. Then a question on family support services. It is intended to help a broad range of families to promote safety and stability in a family. Some of these services are primarily provided by community agencies rather than the State agency.

Could you describe the community agencies and services they provide and the role that faith-based initiatives play in providing these services?

Ms. OHL. I would be glad to. You may be aware in your own State, the Iowa Department of Human Services obviously does a number of contracts and other things with community-based organizations, and they have also partnered with Prevent Child Abuse Iowa.

As a part of that, they have identified one of the pieces that they feel is very important is providing services to children and families at critical points in the family's life cycle.

This gets at some of the issues we were talking about earlier on prevention: immediately after the birth of a child, young parents with infants, in effect, families that are under stress, and obviously all of these targeted at trying to prevent child abuse and neglect.

Also, I think that one of the things in the adoption promotion and support area, a number of faith-based and community-based organizations, but a lot of faith-based organizations, have been actively involved in the recruitment of both foster parents, foster homes, and adoptive homes. We have had a number of one church/one child types of initiatives, as well as a number of other faith-based initiatives.

As I said, I was the secretary in West Virginia, and we had an organization called Mission West Virginia. I went to them with the Governor, and they were very active in helping to recruit foster parents and adoptive parents.

Just as an aside, when the Compassion Capital Fund was looking for intermediaries in order to help develop grassroots

community- and faith-based organizations, Mission West Virginia became one of the intermediaries as a part of that.

So there are a number of community- and faith-based organizations that are providing these Promoting Safe and Stable Families types of services, and have had a long tradition of doing this.

The CHAIRMAN. Thank you.

Any further questions from Senator Smith?

Senator SMITH. No.

The CHAIRMAN. Thank you very much.

Ms. OHL. Thank you very much. It is a pleasure to have been with you this morning.

The CHAIRMAN. Now will the second panel come? I am going to introduce you while you come.

We have Jackie Hammers-Crowell, former foster care youth and foster care advocate, Iowa City, IA, spending 10 years, as she did, before aging out of her sixth placement in 1999. She has earned a B.A. degree in journalism at the University of Iowa. She successfully published a number of articles on foster care. She happened to be an intern in my office, and I welcome her back.

Gary Stangler, executive director, Jim Casey Youth Opportunities Initiative, St. Louis, MO. I think he has a unique perspective because, while working in the private sector currently, he has also served the State of Missouri as Director of the Missouri Department of Social Services under two Governors.

Arlene Templer, of the Confederated Salish and Kootenai Tribes.

Senator BAUCUS. Kootenai.

The CHAIRMAN. Kootenai Tribe. Oh. In Montana. No wonder you know how to say that. [Laughter.] Could you pronounce Meskwaki? [Laughter.] Anyway, thank you for that.

Senator BAUCUS. No, I cannot.

The CHAIRMAN. All right.

Senator Baucus has already elaborated. Did you want to further elaborate on your constituent?

Senator BAUCUS. On one of my bosses? Yes.

The CHAIRMAN. All right. So why don't you do that at this point?

Senator BAUCUS. Thank you, Mr. Chairman.

I would like to introduce Arlene Templer. Arlene is with the Confederated Salish Kootenai Tribes in Montana, a very, very progressive organization, I might add. All that they are involved in, the Salish Kootenai, with defense contracts and other work they are doing, it is a very, very impressive organization.

Arlene has been with the tribe for 25 years. She was selected as chair of the State Rehabilitation Council for Montana as well earlier this year, and is a Social Services representative at the Salish Kootenai College, a very progressive tribal college. They do great work. She is on the Human Services Board there.

I met with Arlene earlier today and she said, oh, I am nervous. I do not know what to say, and all that. I said, Arlene, just speak from your heart. Just tell us what we need to know, and it is going to be just great. So, Arlene, thanks for making the effort and coming out.

The CHAIRMAN. And then we have Joe Kroll. He is executive director of the North American Council on Adoptable Children, and he is both an adoptive and a biologic father and has been involved

in this council's work for over 30 years. So I think we have people with real-life experiences here.

And we are going to start with you, Jackie. Thank you for coming back, too.

STATEMENT OF JACKIE HAMMERS-CROWELL, FORMER FOSTER CARE YOUTH AND FOSTER CARE ADVOCATE, IOWA CITY, IA

Ms. HAMMERS-CROWELL. Thank you for allowing me to be here today.

Whenever I speak about foster care, I am aware that I have the privilege of speaking for myself, but also for other former foster children and current foster children in the system.

Fortunately, I was able to bring the perspective of some of them with me here today in the form of a DVD, which I have provided to each member of the committee, and more are available for other interested people

Just to say a bit about me. I spent 10 years in six foster care placements in Iowa. I had mixed experiences in the system, but I do not hesitate to say that I feel the system saved my life.

My birth mom was born mentally challenged and she spent time in foster care herself due to be being part of a rather dysfunctional family. When I was born, her biological parents helped her to take care of me, which they did to the best of their ability, but we still lived in filth and poverty.

When my grandmother died unexpectedly, it set off a chain of events that ended with my mom in a home for adults with disabilities and me in foster care.

When I was in care, I sometimes told my social worker what I thought was wrong with the system, and she would help me with what she could, but sometimes she would tell me that some of those things would have to wait until I was a grown-up. I think that it was probably just a way to try to get me off of the phone, but it kind of helped me to think.

As I grew older, I became aware of not just the flaws of the system, but the benefits that it is able to offer to foster children. For example, when I was in school, my social worker was able to access funds to help me pay to join extra-curricular activities. This funding came largely from decategorized money, a type of flexible funding.

After I aged out, the State of Iowa cut funding to many areas, and decategorized money took a major hit. Since then, it has not been restored to the same levels as when I was in care.

More flexible funding from a national level would lend itself not just to helping children join school activities, but could be used to better educate professionals about the needs of the children in their caseloads, to rehabilitate birth families, or to meet a host of other needs that could vary from State to State.

While I am on the subject of rehabilitating birth families, I would like to address the perception that services provided to birth families who do not reunite with the child taken from their home before the child ages out or is adopted are wasted.

People who think this way do not realize that, just like my mother, the majority of children in foster care return to their birth families after they turn 18.

Because of the high possibility that a child will attempt to reconnect with them later, it is best for the family to be at its most functional so that it can provide appropriate reciprocal relationships and not derail a young person at this critical time in their life.

I would also like to discuss Medicaid and its impact on foster youth. When I was in care, Medicaid covered things like dental and doctor appointments, but also ophthalmology, orthodontics, and dermatology. It is not always the case, however, that foster children are able to get the medical help that I received.

Medical professionals hesitate to accept Medicaid because of low reimbursement rates and the extended length of time before they are paid. When offices do accept Medicaid, it is often for a limited number of patients. Once these spots are full, they no longer accept Medicaid.

As an example of this, I was contacted by a foster mom who lives in my area who was trying to get braces on her teenaged foster daughter's teeth, and she was unable to find an orthodontic clinic that would accept the Medicaid program before the foster child was going to be 22 years of age.

We did finally find an orthodontic clinic, but she took their last spot, so if another foster kid came along later, they might have been denied.

I would also like to talk a bit about the programs that have been created by the Foster Care Independence Act of 1999. I think this is just the greatest thing since sliced bread.

In Iowa, it has allowed us to create After Care, which provides self-sufficiency advocates and direct vendor payments. It has provided funding for the first of two State-wide foster youth boards. It has created eight transition planning specialist positions, and a program manager to oversee them.

It has paid for State-wide life skills conferences for youth in foster care, and a State life skills curriculum that is distributed to all teens after their 16th birthday if it is likely that they will age out of care.

Beyond what I have already listed, my favorite parts of this bill are that it allowed for foster children to continue to receive Medicaid coverage until their 21st birthday, which is especially helpful for college students, and it acknowledged that there are children for whom reunification and adoption are not always the best option.

This has opened discussion to options like subsidized guardianship, which my fellow panelist, Joe Kroll, will touch on. But that would have been a good option for me, and he will explain why.

A relatively new program that is benefitting foster children nationally is the Education and Training Voucher program, or ETV. Thanks to good legislation, foster children all over our country who might not have otherwise had the opportunity can go to college, beauty school, or a police academy. The program is even available to foster children who were adopted after the age of 16.

There is one problem, however. Some foster parents who are not able to afford to send their adoptive children to college are waiting

until the child turns 16 to perform the adoption. I feel that this practice can add to unstable feelings of a child who has experienced foster care.

I cannot condemn prospective adoptive parents for doing this because they just want the child to get a college education, so my suggestion would be to lower the age at which a child can be adopted and still qualify for ETV.

I alluded to it before when I was talking about flexible funding, but I also wish to say directly that some new workers and attorneys working with foster children are not always aware of the needs of the children on their caseloads.

This may be partially due to the fact that the positions are poorly paid. When they realize that their salary will not allow them to cover their student loans and other bills, many of the best candidates may go elsewhere.

A forgivable loan program for professionals going into child welfare could potentially increase the pool of applicants for a social work and guardian ad litem position, diminish the number of incompetent workers hired, lessen burn-out, decrease turnover, and maybe help the child feel more connected to an adult in their life.

There are foster children in each of our States who can achieve as good, or better, outcomes than what I have, but it cannot happen unless they have access to appropriate programs and at least one lifelong permanent connection to a caring adult.

More than anything, it is the support of the adults in my life that I feel has helped me come through the system intact. The lifelong supports in my life include two sets of foster parents, my social worker, a transition planning specialist, and the families of two of my friends.

For other foster children, it might include a teacher, a coach, a mentor, a therapist, a member of the clergy, maybe even a U.S. Senator. The point of that connection is that it be lifelong and supportive.

In conclusion, the foster care system is a work in progress. It has made huge strides in only a few decades, but it still has much room for improvement. Each State, each county, and each child is different from the next.

Since we cannot customize the people to fit the services that we have available, we must tailor the options to the people who are being served. This is the best way to end the cycle that keeps feeding generation after generation of children into our foster care system.

I would be happy to answer any questions that you might have.

The CHAIRMAN. Yes. We are going to go through the entire panel and then we will come back for questions. Thank you for your testimony.

[The prepared statement of Ms. Hammers-Crowell appears in the appendix.]

The CHAIRMAN. Mr. Stangler?

STATEMENT OF GARY STANGLER, EXECUTIVE DIRECTOR, JIM CASEY YOUTH OPPORTUNITIES INITIATIVE, ST. LOUIS, MO

Mr. STANGLER. Thank you, Mr. Chairman.

I am executive director of the Jim Casey Youth Opportunities Initiative based in St. Louis. It is a national foundation focused exclusively on youth transitioning from foster care. It is named for Jim Casey, who was the founder of UPS.

We have demonstration projects in 10 States, ranging from Maine, to Iowa, to Tennessee, to California, focused on two things: enhancing opportunities for economic success of youth transitioning from foster care, and building permanence in their lives.

Policy and practice in the field of child welfare has evolved over the past 10 years—and I think this is a very positive development—from viewing independent living as a goal, very often even a placement category, instead of thinking of the permanent connections that young people need to make a successful transition.

The evolution and thinking in the field has been of the integration of preparation for adulthood and permanence. We as parents intuitively understand that you cannot separate those two for our own kids. You cannot separate preparing them for adulthood from the stability and permanence they need in their lives.

What is permanence? What do we mean? We mean, as close to a family relationship as we can possibly get, whether that is reunification with kin, adoption, legal guardianship, preferably a legal, long-term relationship.

We also talk about relational permanence, which is an emotional bond beyond a legal relationship. But the important point, I think, about permanence for young people, is that it is forever, and it is a forever attachment that they can count on.

We have a lot to learn about how to achieve this permanence for older youth transitioning from foster care, but some things we do know. We know, for instance, that success in education is entirely dependent on permanence, that your ability to succeed in school is so closely linked to closeness to a family, including a foster family, for you to have educational success, which then is the basis for economic success.

At Chapin Hall at the University of Chicago, their recent research says that this closeness to a family, for kids in foster care, doubles the chances of them succeeding in school.

Intuitively, that is not surprising to us. If a child is bounced from placement to placement—many kids in our systems have seven, eight placements as adolescents—it is no surprise that education suffers, so grades get repeated, records do not follow. We have kids immunized more than one time because the records do not keep up.

So establishing this permanence is an important, necessary step, I believe, for educational success for them to be successful adults and transitioning to permanence.

There are specific things that I would ask Congress to consider. People respond to incentives, especially financial incentives. Systems are like people, they respond to financial incentives as well, and this committee knows that very well.

We need to extend the supports and the Federal support and incentives to States to continue foster care to age 21, and Medicaid to age 21. I would note that the State of Iowa, just this past month,

passed legislation—the legislature and the Governor working together—to establish foster care to age 21, Medicaid to 21, and to allow kids to reenter the system.

Kids turn 18, they think they are grown up, they want to get out on their own, and then they find out it just is not so great out there trying to make it on your own as an adult.

Again, back to the Chapin Hall research, kids who are allowed to stay in foster care to 21 had double the odds of success financially and in school.

On Medicaid, Jackie referenced the importance of Medicaid, especially in mental and behavioral health, and this committee has wrestled with methamphetamine and other forms of substance abuse.

Ms. Ohl referenced that, under Chaffee, States can opt to cover 18- to 21-year-olds under Medicaid; only 12 States have done so in the 5 years since Chaffee passed. Congress put the money on the table. It is disconcerting to me that the States do not pick up this option for one of the basic important services for kids leaving foster care.

As young adults, many are going to become pregnant. The mental and behavioral and substance abuse issues are right in front of us. I think the States, for one reason or another, need to overcome the barriers to establishing Medicaid for kids to 21.

By the same token, I find it disconcerting that, again as Jackie mentioned, education and training vouchers are a terrific thing. Again, the Congress has put the money on the table.

States have layered requirements upon kids leaving foster care, often well-intentioned in terms of staying in school, making grade progress, et cetera, but so many of these kids—18-year-olds—they have to find a place to live, they have to support themselves, they have to work part-time, and they have to go to school.

We need to factor that in in supporting post-secondary education and continuing their education, and I would urge the Congress to look at this and how this money that is there can be better used by the States to support these kids staying in school. Hardly any kid in the United States has graduated from high school at age 18, and foster kids at age 18 have a whole host of other things to deal with besides that.

Two final things. One is, we should sever the link between eligibility for financial aid for post-secondary education and adoption, legal guardianship, other forms of permanency.

We have a young lady from our Nashville Youth Board. All of our projects have youth boards. She testified last year on the Hill about how she had to choose between adoption and financial aid for college. She was 18 years old.

She said that she chose a family because she wanted a father to walk her down the aisle, she wanted her kids to have grandparents, and she gave up the financial aid, because now her new family's income was deemed for her eligibility for financial aid for college. Senators Coleman and Landrieu have introduced legislation to correct this, and I believe that is still in committee.

Finally, to sum up, I was a member of the Pew Commission on Children and Foster Care, and want to reiterate our recommenda-

tions about post-adoptive services, subsidized guardianship, and post-permanency services.

We should provide post-adoption-type services, not just for adoptive parents but for legal guardians and for other people who try to establish permanence for kids leaving foster care, to have those same kinds of family supports and family preservation services that Senator Grassley alluded to earlier.

I also congratulate the Congress for their work on improving the courts and the court improvement grants. This is a big step. It is part and parcel of everything we do. We have made much progress in the last 10 years, Senators, and I believe this committee will help this country continue that progress. Thank you.

The CHAIRMAN. Thank you.

[The prepared statement of Mr. Stangler appears in the appendix.]

The CHAIRMAN. Now, Ms. Templer?

STATEMENT OF ARLENE TEMPLER, MSW, ACSW, CRC, CONFEDERATED SALISH AND KOOTENAI TRIBES, DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT, SOCIAL SERVICES DIVISION MANAGER, PABLO, MT

Ms. TEMPLER. Good morning. I am Arlene Templer. I am honored to be here. My father was illiterate, he could not read or write, and I grew up in great poverty. My mother pushed education, and the tribe pushes education for its individual members. So I sit here before you today, and I am a little nervous.

I am from the great State of Montana, and I am a member of the Confederated Salish and Kootenai Tribes. I am the end of the line in my family. My children are first-generation descendants.

The Confederated Salish and Kootenai Tribes is a self-governance tribe, which means that we operate almost all of the programs and services that the Federal Government, mainly through the Bureau of Indian Affairs and Indian Health Service, would be required to provide were the tribes not operating them on behalf of the Federal Government.

The Confederated Salish and Kootenai Tribes manages both the Child Protection Services and foster care. Last year, our agency received over 480 CPS referrals involving over 900 children.

The majority of all families referred for suspected abuse and neglect are unemployed. There is a direct relationship between poverty and abuse and neglect on our reservation.

Our unemployment rate is 36 percent. The average unemployment rate on Montana Indian reservations is 62 percent. The other reservations, it runs anywhere from 75 to 90. Our low average brings down everybody's unemployment rate.

Due to a combination of limited State, Federal, IV–E, and BIA funds, our ability to respond to the high number of referrals and the need for quick investigation are severely compromised.

The present IV–E funds and the BIA funds do not provide for total support of foster care families struggling with high-need children. We have submitted an official testimony, but I would like to tell you what is happening in the field.

In the last 4 years, we have placed 30 methamphetamine-affected children. As you know, this is probably the tip of the ice-

berg. *Law and Order* reports that in 2000 there were 39 labs seized in Lake County, that is, on the reservation; in 2001, there were 23 in Montana, 5 on the reservation; in 2002, we had 13 labs; in 2003, we had 18 labs. In 2004, we had 74 Federal arrests and 120 searches.

The developing fetus appears to be vulnerable to the DNA changes from methamphetamine because it has not developed the enzymes that protect it. In adults, you can actually see degeneration of the brain.

At 14 to 18 months, we are seeing excessive screaming, headbanging, and crying for extended periods of time. At 3, 3½, we are seeing destruction of property and physical aggressiveness behavior, mostly to grandparents because the parents are still caught up in their addictive behavior. They are literally beating up the grandparents. They are hurtful to animals and exhibit extreme defiance.

Services for these children include speech therapy, sensory reintegration therapy, occupational therapy, and dental services. We have had six emergency surgeries in 1 month, in the last couple of months. They have rotten teeth, they are abscessed. These kids have a high tolerance to pain, and that worries me. On a weekly basis, these kids have several appointments.

In many of them, the guardian or the foster parent needs to be involved. In the last month, five of our foster kids have been returned back to us, given back to us before we can achieve permanency, saying, here, we cannot deal with it. We need to act fast. I do not want to be back here justifying the need for orphanages.

This is what we need to do. Excuse my ignorance of crossing over boundaries. These issues cross many boundaries. Tribes cannot access Department of Correction dollars unless we give up jurisdiction of our kids to the county. These dollars can be used for treatment and services.

Tribes cannot access the State of Montana's title IV funds, the general funds, like our partners, Department of Family Services, for in-home services, respite care, and counseling. Tribes cannot access IV–E funding unless it develops a contract with the State. One year, our contract was held up for the entire year because of the argument of venue.

We support the Pew Commission in removing the income guideline requirements and direct funding to tribes. Tribal members, tribal children, are coming home. When States transfer back kids to the reservation, we attempt to keep the IV–E intact. But in our northwest, we have gotten kids back where the IV–E has not come back intact. When that happens, we have to use BIA funds.

If we get to guardianship on those kids, the BIA funds only pay 75 percent of the State rate and then they have to ask for that funding annually, and only if the Bureau has the money.

IV–B funds are inadequate. These funds can be used to train workers, train foster parents. The children we are dealing with have comprehensive service needs. We as a tribe believe reunification is in the best interests of children.

If we cannot reunify, we go to permanency through legal guardianship. We would like to see legal guardianship interchange with the adoption language. We do not do many adoptions. In the last

2 years, we have done 33 guardianships, mostly kinship, and only 3 adoptions.

We do not believe in termination of parental rights, but the services are the same in legal guardianship and adoption. We need to figure out how to make foster parenting attractive and create incentives to become foster parents. These are the people we look to to go to guardianship, relatives or not.

I have heard a lot of talk about flexible funding. Here are some of the things we could do under flexible funding. We spend a lot of time writing grants. We wrote a grant to assess children's needs when they were born positive to methamphetamine called DAC, a Developmental Assessment Clinic.

We have professionals from the medical, nutrition, occupational therapy, physical therapy, cognition, dental, audiology, speech, and language fields. It is a model program, but the funding is 1 year and we do not have the funds to pick it up.

Family-based services. We are currently applying to the Stranahan Foundation; again, limited funding for limited years. We want to keep our families together.

Joe Kroll will talk about how 90 percent of the IV–E funding is for children who have entered foster care. We do not have the money for prevention, family support, and reunification efforts and services.

We need flexible funding for extra-curricular activities, for kids to do sports, cultural events, things that keep them away from drugs. We need funding for family shelters. We need to place families, not just kids, into family shelters and teach them how to live drug-free and train them for employment.

Reauthorization has not occurred on WIA, critical to the Native American disability community. Title IV is vocational rehabilitation. Tribes, not States, must compete under discretionary grants every 5 years.

These funds will be critical as parents attempt to reenter the work world from their addictions, and for the children who are methamphetamine-affected and must now learn to work with whatever disability they might have.

Drug court funding. More funding for tribal drug courts. We applied. We were not chosen. We are currently rewriting our Tribal Children's Code, making plans for long-term changes, but we need resources. The drug court grants can include funding for drug treatment programs.

Independent living. Again, it is a State pass-through. Seven tribes were put in a room and told that we could divide up $70,000 between us. That comes out to a 0.4 FTE. Some of these kids have lost their parents to addiction. We need to break the cycle of addiction and poverty. This program is a necessity for kids aging out of foster care. It does not have to be a sad situation.

Indian Health Service. The methamphetamine epidemic is going to, and will continue to, have catastrophic effects on the Indian Health Service budget and the State Medicaid budget.

Indian Health Service is currently funded at 59 percent. If there is no action to increase funding, the general health of the Indian community will not be met when dealing with the increased health needs of the methamphetamine-affected children. We have the

ideas. We need the resources to resolve our problems and challenges.

Lastly, my life has been threatened twice in the last month. We have installed "panic" buttons for social services workers' offices. We are exposed to contaminated children. We are walking into homes, methamphetamine labs. We are drug testing adults and getting positive results. That means they are coming to our office within hours of taking methamphetamine.

We have two CPS and one foster care position open in our office. We have been advertising for 3 months and only have four applications.

The last methamphetamine drug bust, there were seven children in the home, and the youngest one was 7 weeks old. I believe today we have outlined what our needs are to turn this around. Please consider our offerings of ideas and needs. Thank you.

The CHAIRMAN. Thank you very much.

[The prepared statement of Ms. Templer appears in the appendix.]

The CHAIRMAN. Now, Mr. Kroll?

STATEMENT OF JOE KROLL, EXECUTIVE DIRECTOR, NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN, ST. PAUL, MN

Mr. KROLL. Thank you, Senator Grassley. I guess I am the closer here. A number of the previous panelists have indicated what I might be talking about, and I will be as brief as possible.

I just want to thank the committee for taking the time today, and I want to thank you personally for your sponsorship of the forum that we had back in March. I like to call my testimony "Real Families, Real Recommendations."

Also, I just want to say, whenever I have the opportunity to talk about my work, I talk about this committee's bipartisanship. I made the joke once that in the dictionary under "bipartisanship" there is a picture of this committee, because you do work together and you achieve those wonderful votes.

I think that the passage of the Adoption and Safe Family Act back in 1997 that I worked with your staff on was a benchmark in this country. The proof is, in 7 years there are 330,000 more children in permanent adoptive families. The increase has been dramatic, and the outcome is excellent. There is still work to be done, though, so I will address that now.

There are 118,000 still waiting for permanent families, and each year 20,000 children age out of foster care. Too many end up homeless, incarcerated, or physically and mentally ill.

My remarks will focus on two areas today: supporting expanded permanency options and providing additional post-permanency support. I know the committee has a 9-page testimony, but I have shortened it dramatically.

NACAC has "adoption" in its name, but we are going to talk about birth families, relatives, and adoptive families who are caring for children who are the most vulnerable in the country.

I first want to address birth families. As mentioned earlier, 90 percent of the funds in the IV–B and IV–E programs goes to foster

care and adoption. Only 10 percent goes to the flexible title IV–B services in both part I and part II.

In Nashville recently, I met Melissa. Melissa spoke at our forum very eloquently in March and described her story. The short version is, she was addicted to drugs. She was at risk of losing her son, when she found an innovative drug program that kept parents and children together rather than placing children away from their families in foster care.

Melissa explained how hard it would have been for Marley to enter care rather than staying with her during treatment. "The pain of his mother being sick and gone . . . I know that would have been devastating. None of it was his fault. To be able to heal with him while I was healing—that was just a beautiful thing." Melissa is now a proud soccer and Cub Scout mom, and a nurse.

I think the recommendation that we want to emphasize in this area is that the Federal Government must significantly increase its investment in title IV–B, parts I and II, and provide States with increased flexibility in how they spend child welfare monies.

In addition, if States successfully reduce the use of foster care, they should be able to reinvest Federal dollars saved into preventive and post-permanency services. This would provide an incentive to keep or move children out of care, while also beginning to address the vast imbalance in Federal funding.

Now I want to address subsidized guardianship. Also at the hearing, a Des Moines resident, Helen Clay, described caring for her 9-year-old grandson, Cordell. He had been with her for many years, but adoption was not the right choice.

As Helen explained so eloquently, "He has enough problems without his aunts and his mothers becoming his sisters. That is like a bad rap song." She delivers that line much better than I did.

Helen is no opponent of adoption—she has adopted four other foster children—but knows that in Cordell's case, guardianship would provide the permanency needs without rearranging family boundaries. At the same time, Helen needs assistance to help meet Cordell's significant special needs.

Senator Smith had asked earlier about barriers to guardianship, and there is a huge barrier. We would like to see that subsidized guardianship be an approved permanency option included in the title IV–E program, like adoption assistance. A Federally supported guardianship program could help almost 20,000 children leave foster care right now, and thousands more can be served each year.

In the area of the adoption incentive program, which has been recently reauthorized and expanded and focused on older children, there are a couple of recommendations that I would like to make.

It is a small pot of money but it goes to support children and families. We think that the Federal Government's goal, and each State's goal, should be to achieve the best permanency option for a particular child in as short a time as possible. Incentive programs should be expanded to reward States for safe reunification, guardianship, and adoption, all permanency goals that work for children.

Then I want to add a free one that does not cost the Federal Government any money. We think that the incentive dollars, when they are rewarded to the States, should be there for more than 1 year. They get awarded in September, they have until the following

September to spend the money. We think, if the States had 3 years to spend the money, they could develop more appropriate programs.

Then, finally, two areas related to adoption. The first one is in terms of adoption assistance. We have had families around the country addressing their issues. Sean, from Iowa, spoke last March. He said of adoption assistance, "It took the weight off and moved us from thinking, 'Can we financially make it work?' to 'Can we love and care for this child?'" The adoption assistance program served Sean well.

I think you probably heard about the situation in Missouri where there was a dramatic cut attempted of the subsidy program, with almost 1,000 families being removed from the program. A judge just recently found that law to be unconstitutional, and there is, in effect, a stay of execution on that issue.

But we think that it is time for the Federal Government to delink the adoption assistance program from the AFDC requirements. Senator Rockefeller has introduced a bill, Adoption Equality Act of 2005, that would extend title IV–E adoption assistance to every child with special needs adopted from foster care. We think that it is time for that to occur.

Then, finally, in the area of post-permanency support, just one brief description, a family from New Mexico. Heather, from New Mexico, adopted Chris from foster care at age 9. At that time Chris had been in several foster placements, including a group home. Heather explains, Chris attended over 11 different schools by the time he hit second grade. He could not really read or write. He was in special education and had ADHD. Unfortunately, after a few years Chris's behavior escalated and he began stealing and lying, and then seriously injured his younger sister. Heather helped get Chris into a psychiatric hospital and then residential treatment. Chris is coming home, but Heather knows that he and the rest of the family will continue to need extensive, often expensive, support. Those are the kinds of children that we are caring for now who have been adopted from the foster care system.

The title IV–B program, which provides post-adoption services, has a limited amount of funds, and we think that more research is needed for adoption, competent mental health services, and case management programs that will ensure that children with difficult histories and current mental health and behavior problems do not needlessly return to foster care.

We want to keep the families intact once an adoption subsidy or reunification occurs. That is our goal, and we hope that the Federal Government can assist us with that goal. Thank you very much.

[The prepared statement of Mr. Kroll appears in the appendix.]

The CHAIRMAN. Thank you. I am going to start with Jackie. Obviously I appreciate your testimony and devotion to this cause. It has been very helpful to us to hear from you directly because you have been a part of this system that we are talking about.

You mentioned many programs that have provided essential benefits for foster children, including the Foster Care Independence Act. Now, I have a 3-part question and I will ask it all at once. As one of your lifelong supports, you mentioned in your testimony about a transition planning specialist.

Could you provide us with a little more detail as to the types of skills these specialists need to work with children to develop the skills that children have to develop? Is there a specific program that is followed, or is it tailored for each individual? At what age do children typically begin working with these specialists?

Ms. HAMMERS-CROWELL. I would be happy to answer that. The transition planning specialists, because there are only eight of them in the State of Iowa, are not assigned a regular caseload of children. What they do is, they meet with the children twice who are expected to age out of care. They do not meet with children who are anticipated to be reunified or adopted.

The first time they meet with that child it is as part of a family team meeting, and they discuss what the child would like to see in their future, what their plans are, if they would like to go to college, trade school, anything like that, any job skills that they have, job skills they may need to acquire, the different problems that they may have had in their foster home that could be a sign of something that they need to work on in their adult lives, et cetera.

The first time they do that, they come up with a plan with this family team, which would be the foster parents, the regular social worker, perhaps the guardian ad litem, may even include teachers, anyone who is really interested in the child being successful leaving the system.

The second time, they meet to follow up to make sure that the plan that was created is put into place and that the people who agreed to help the child with the skills are doing their part of the deal. Basically it is on a case-by-case basis. They would get to know the child a little bit, get to know what supports they have, and help them develop a plan.

Because it is done in the family team meeting style, you do not always have the same person doing the same thing. The child might have a particularly strong bond with the foster parents or they might not. They may go with a bond that is stronger for certain things in a different family.

I believe that the first meeting is when the child is 16, and the second meeting is sometime before their 18th birthday, but I could look that up and get back to you on that to be sure. But it is after the age of 16 that they are initially referred.

The CHAIRMAN. Thank you.

I am going to go on to Mr. Stangler, about the courts. You heard what I said in my opening statement about the program for funding court improvement grants, obviously because courts play a very significant role in permanency. Some judges take a real leadership role in some States to better serve children. And we have this $20 million.

So my question is, from your experience as director of the Missouri Department, can you elaborate on the role that State courts play in working towards establishing permanency for a child out of home care, and could you share some specific examples from your experiences in Missouri of effective collaboration?

Mr. STANGLER. Thank you, Senator. Starting with the latter, we worked with the National Council of Juvenile and Family Court Judges and our Supreme Court to have joint convenings of executive branch bureaucrats like myself with the judiciary to work on

common protocols and procedures and ways for agency case workers to talk to judicial officials. The bottleneck that the courts often have for the child welfare system very often is a lack of resources, or lack of leadership, very often, as you have pointed out. You have an effective leader, like you have in Maura Corrigan in Michigan, among others, who was on the Pew Commission with me. People like that can make all the difference in the world.

I would tell one anecdote, stealing from Judge Corrigan, where the guardians ad litem were not meeting with the foster youth prior to the hearing. She established a rule from the court that they would not be reimbursed for their time absent an affidavit attached testifying that they had met with the child prior to the hearing.

Surprisingly, compliance rates went up quickly in terms of the guardians meeting with the kids, and Jackie referenced this. So it is not just things like the model courts, which are wonderful, and there are people far smarter than I on this.

But I think, being the highly-trained bureaucrat that I am, Congress could also find ways to incentivize the executive agencies as well who are not getting any of the model court's money to work with the judiciary; we are often intimidated by judges who occasionally threaten us with things. So I think getting over that for this collaboration and incentivizing that would be a wonderful thing.

The CHAIRMAN. Thank you.

I will have two questions of the last two witnesses after Senator Baucus.

Senator BAUCUS. Thank you, Senator.

Arlene, you gave a very effective, compelling statement which kind of sounds like a dysfunctional system; that is, with all the different potential sources of dollars, all the jurisdictional impediments that you face, whether State, tribal, Feds, whatnot.

What really works? That is, what funds, or sorts of funds, or approach, or combination? If you could wave the magic wand and say, what works, what would you do? You are there, you are on the front lines. You see what is going on. What would you do about prevention? What would you do about foster care? What would you do about rehabilitation treatment?

I know that is an awful lot in a short period. But Arlene, you are the one. You are going to write this. What are some of the things that come to mind?

Ms. TEMPLER. The State block grants have not worked well for us. We get a very small proportion once they pass through the States. If we were given the resources we need, if we had direct funding, we have had things that have worked. The Developmental Assessment Clinic has worked for those kids on methamphetamine. We have assessed their needs. We have been able to make the referrals for those kids. But that program is over. There is no more funding.

Senator BAUCUS. What is the program that works?

Ms. TEMPLER. The Developmental Assessment Clinic. The DAC clinic has worked.

Senator BAUCUS. All right.

Ms. TEMPLER. Rehabilitation. We hope that those parents, once they get off the drugs, will come back in to vocational rehabilitation. The tribe, though, only gets funded under discretionary grant funds.

Senator BAUCUS. All right. But how much do you get for kids, and how short is that?

Ms. TEMPLER. We only get a little over $300,000 under IV–E.

Senator BAUCUS. You get $300,000. Generally, if you look at the various programs, what is the total to get that is effective?

Ms. TEMPLER. We get $500,000, and that is not effective.

Senator BAUCUS. What do you get that is effective, roughly?

Ms. TEMPLER. We do not get the money to make us effective. It is haphazard.

Senator BAUCUS. No, no, no. The money that you do receive.

Ms. TEMPLER. Yes. How are we spending effectively?

Senator BAUCUS. And of the dollars you receive, how much of that is effective, roughly? Just a guess, off the top of your head. It is all right.

Ms. TEMPLER. Fifty percent.

Senator BAUCUS. Fifty percent. And how much would that be, roughly? How many dollars?

Ms. TEMPLER. I guess I am not understanding.

Senator BAUCUS. No, you are on the right track.

Ms. TEMPLER. Am I?

Senator BAUCUS. You are right. Yes. Fifty percent of the total you get would be what?

Ms. TEMPLER. A hundred and fifty thousand.

Senator BAUCUS. A hundred and fifty thousand. How many dollars do you need to reasonably get the job done?

Ms. TEMPLER. Twice that.

Senator BAUCUS. At least $300,000.

Ms. TEMPLER. At least, yes.

Senator BAUCUS. Now, why is half of the $300,000 currently ineffective?

Ms. TEMPLER. We can start programs but we cannot continue them. Funding runs out. Time is limited.

Senator BAUCUS. So it would help tremendously if you knew that you had $300,000 and it is going to stay there and it is going to continue for over a couple, 3 years.

Ms. TEMPLER. Yes. Yes. And the flexibility to do the things that we have identified.

The CHAIRMAN. Can I ask, you indicated that there is money creamed off at the top. I presume this is for administrative costs. What does that average?

Ms. TEMPLER. On the IV–E?

The CHAIRMAN. Well, on whatever you said. If the money came directly to the tribe and you could depend on it, you would have more money because, I get the impression, so much of it is left at the State level.

Ms. TEMPLER. Probably 25 percent of it is creamed off the top for administrative.

Senator BAUCUS. How much of that can be cut, reasonably?

Ms. TEMPLER. It is hard to cut that because tribes have what is called an indirect cost. We are told what indirect costs are for administrative.

Senator BAUCUS. No. Your gut guess. You have seen it. Forget all this stuff. How much administrative cost do you think is reasonable? What percentage, roughly?

The CHAIRMAN. In other words, I think he is asking, if you were spending the money directly, how much would you spend for administrative costs as opposed to the 25 percent? We are talking about effective use of taxpayers' money here.

Ms. TEMPLER. Yes.

The CHAIRMAN. If you are telling us it is being wasted at the State level, we need to know that.

Senator BAUCUS. And Arlene, if anybody gives you a hard time, let me know and I will back you up. [Laughter.]

The CHAIRMAN. And I will back up Senator Baucus. [Laughter.]

Ms. TEMPLER. What we have been doing as a detriment to the tribe is, when we write grants we rarely put administrative dollars into them. We write the grants for direct services, for monies that get to the family level. So in my position I wear three, four, and five hats because we are trying to get that money out to families and out to individuals.

The CHAIRMAN. So you are saying you would have 25 percent more money to spend on services.

Ms. TEMPLER. Yes.

The CHAIRMAN. Am I not hearing you right?

Ms. TEMPLER. I think you are.

The CHAIRMAN. But you are afraid to say it. [Laughter.] Well, then you did not say it.

Senator BAUCUS. That is right. You did not say it. Well, that is important.

Any other thoughts while you have the magic wand and you are the deal here, you are the one who will fashion this?

Ms. TEMPLER. I think the biggest thing that I heard them all say, is the flexibility in dollars. We at the tribal level know the programs and the services that people need. If that flexibility is created within the funding line items, I believe that we know how to help our own people.

Senator BAUCUS. Where is the current inflexibility?

Ms. TEMPLER. Title IV–E dollars. Ninety percent, as Joe said, goes to foster care maintenance. There is only a 10 percent margin in there that you can do anything with.

In IV–B, there just are not enough dollars. Do you do training of personnel or training of foster parents? We would like to do a whole prevention, family support, many more other things, but the dollars are not there.

Senator BAUCUS. Would any of the others of you disagree with what Arlene said about flexibility? I see Jackie kind of agreeing with Arlene, and others do.

Mr. KROLL. I think on the flexibility issue that one of the things that people have talked about is, if States can reduce their foster care population, their title IV–E reimbursement goes down. How could we reinvest that money in front-end and back-end services?

Senator BAUCUS. Right. Right. Right.

Arlene, what else do you have on your list?

Ms. TEMPLER. The methamphetamine stuff. We need tribal court grants. We need to be able to get in front of methamphetamine.

Senator BAUCUS. Right.

Ms. TEMPLER. We need to be able to have law offices.

Senator BAUCUS. Why were you turned down in your application for a tribal court?

Ms. TEMPLER. They liked our application, they asked us to reapply. We intend to do that. The competitiveness of those drug court grants is pretty intense.

Senator BAUCUS. Where do those drug court dollars come from? I am just curious: what is the competition? The demand apparently is high. Where is the supply?

Ms. TEMPLER. Office of Juvenile Justice.

Senator BAUCUS. Office of Juvenile Justice.

Ms. TEMPLER. And there is no set-aside for tribes. It is, everybody competes against each other.

Senator BAUCUS. Well, that is an idea. Maybe there ought to be a set-aside for tribes because the need is so great there.

Ms. TEMPLER. Right.

Senator BAUCUS. Anything else on your list? Here is your opportunity.

Ms. TEMPLER. Indian Health Service needs the money.

Senator BAUCUS. Right.

Ms. TEMPLER. Indian Health Service needs the money. At 59 percent, when we identify all the kids' needs from the DAC clinic, we need to have a referral where we can send them. We need the mental health services. We need the alcohol programs. We need the dental. The dental, on our reservation, is scarce, to be nice.

Senator BAUCUS. Right.

What about these methamphetamine ads. Have you seen them on TV?

Ms. TEMPLER. Yes, I have. And I have heard the kids, like you said. A lot of the parents say, too graphic, too graphic. The kids are not saying that. The kids are hearing them. The kids are relating to them. I think they are incredible.

Senator BAUCUS. Do you think they are helping?

Ms. TEMPLER. I do.

Senator BAUCUS. Great.

Ms. TEMPLER. I do.

Senator BAUCUS. Good. All right. Well, thank you very much. My time has expired here. Jackie, I was going to ask you any thoughts you have since you have been through the system here, and what works and what does not work, just in a nutshell, maybe one sentence or two.

Ms. HAMMERS-CROWELL. Well, I think what works is talking to the people who are in the system, talking to foster parents, talking to the kids, talking to their biological parents, talking to social workers. They know what is going to work for each individual case.

As an example, I know someone who wanted to be adopted, and she was 16 years old. She was told she was too old to be adopted, which is the most ridiculous thing I have ever heard. If there is a family who wants to adopt her and she wants to be adopted, then that should happen.

What would have worked for her, what would have been good for her, would have been to be adopted, but she was pushed not to do that. Things like that happen all the time where there is a misconception.

I think there needs to be more training of social workers, more training of guardians ad litem. When people say that guardians ad litem do not talk to their caseload, mine was one of those. I probably could not pick him out of a group of 10 people. I probably could not say, yes, that was him.

Senator BAUCUS. Right. Right.

Ms. HAMMERS-CROWELL. So I think that that is important, that they be aware of what is going on with the kids. It is really hard to identify a potentially abusive situation that could arise in a foster home if they are never meeting with the kids.

Senator BAUCUS. Well, thank you very much. My time has expired. Thank you very, very much. And Arlene, you were just aces. You should be nervous more often. You did a great job. [Laughter.]

The CHAIRMAN. Arlene, after 150 years I suppose we ought to understand the Native Americans, and I do not think we do. So, you are there and there are certain things that we ought to be sensitive to as we craft policy.

Could you describe the unique aspects of the culture of Native Americans that are specifically relevant to children interacting with the child welfare agency operated on a reservation or where there are Indians generally located?

Ms. TEMPLER. Culturally, we do not like to remove children. We do not like to terminate parental rights. If you look at a reservation like ours, we have about 7,000, but maybe only 4,000 people live on it. It does not work to terminate rights.

We are such a small community, and we need to know who family members are in that kind of a small community. We have ceremonies. We have cultural events. We have the things that families need. A lot of times the child welfare system does not recognize those.

In the flexible funding, if we could use those things in our own child welfare system, I believe we would have a better chance at working with our families. We want to do sheltered care. We want to remove entire families, not kids. We want to keep our families together.

When we do addictive treatment, mental health, or alcohol treatment, we use our own native stuff. We use ceremonies. We use cultural events. We use camp-outs. We have the things that we do back on the reservation that work for people. We need that flexibility.

The CHAIRMAN. Thank you very much.

Mr. Kroll, the Government Accountability Office has identified a lack of appropriate substance abuse treatment as a key barrier to determining a child's permanency options. Could you elaborate on substance abuse as a barrier to permanence?

In your testimony, you described mothers who struggled with addiction who were either at risk of losing their child or who had a child in foster care. According to your testimony, both of these mothers were able to be reunited with their children after treatment.

So as a follow-up to my first question—and I will remind you of the first one: could you elaborate on substance abuse as a barrier—could you describe additional instances where long-term family treatment was an effective tool in reunification?

Mr. KROLL. The two examples that are in the testimony, I think are excellent and illustrative of solutions to a very bad problem. Many of the children—the number is not coming into my head right now—come into care because their parents are substance abusers, and there simply are not enough resources for those families.

The one that I mentioned where the child stayed with the mom, there were less than 20 beds in that facility in Nashville, Tennessee. The need is much greater than the resources. So we know how to serve the families. We just do not have enough slots for all the families. I think that example of Renewal House in Nashville, TN is one of the models in the country that needs to be replicated, replicated, replicated.

The other mother was in a long-term treatment program, but the child was removed and in foster care, and she was able to reunite.

I think one of the issues with ASFA that is of concern to many advocates is the fact that we have tightened down the guidelines to make a permanent decision, and sometimes people do not make it out of treatment in time. That is something that, in terms of ASFA, there is a balancing act there.

There is kind of a tightrope, and we need to be respectful of the parents attempting to get help, getting them help, but also when we have to move on for the child's best interests. I think that is a very, very difficult situation that judges and caseworkers are put in.

The CHAIRMAN. All right.

Well, I thank you all very much for testifying. As a notice to staff, we would like to have questions—if there are questions that they should answer in writing—by close of business Friday, May 12, I guess it is. If you folks do not have experiences with answering questions, my staff will be glad to help you with that process.

Thank you all very much.

[Whereupon, at 11:50 a.m., the hearing was concluded.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

Committee On Finance

Max Baucus, Ranking Member

Opening Statement of U.S. Senator Max Baucus (D-Mont.)
Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare System
Hearing Before the Senate Finance Committee

The Psalmist called on God "to defend the fatherless and the oppressed." Today, that job often falls to the child welfare system.

That system protects the most vulnerable. It provides a safe harbor for children. It looks out for children whose birth families, for one reason or another, have not been able to provide fertile soil, in which to grow.

Each year, almost 3,000 Montana children enter foster care. They come because of abuse. They come because of neglect. They come because of other serious difficulties in their families.

Unfortunately, the number of foster families available to provide safe, caring homes for these children has not kept up with the need. The shortfall is especially acute for minority children, older youth, and sibling groups.

The Montana Department of Public Health and Human Services places foster children from infants to 18 years old. Often sibling groups need to be placed. And it is almost always better if they can be placed together. Many of the children have physical, emotional, or learning challenges. All the children need placements in safe, stable homes.

The children reflect Montana's cultural diversity and special needs. And we have heard testimony that "over 65 percent of all foster care placements in Montana are directly attributable to drug use and of those, meth is a primary factor 57 percent of the time. . . . And meth use among residents of the seven Indian tribes in Montana is far in excess of epidemic proportion."

I am proud to be a cosponsor of legislation introduced by Senator Bingaman that will make Combat Meth funds under the Patriot Act available to tribes.

Today, we will hear from Arlene Templer, of the Confederated Salish and Kootenai Tribe of Montana. I will be interested to hear from her the success and challenges faced by our Indian Child Welfare system.

One usually thinks of a child's placement in foster care as temporary. But some children may never be able to return safely to their families. In those cases, every effort should be made to find the most permanent living arrangement possible, such as guardianship or adoption. Among the children who are adopted nationwide through the foster care program, 62 percent are adopted by their foster family.

The "Promoting Safe and Stable Families" program supports efforts to rebuild families. And it helps to find permanency for kids when that proves impossible. This program is the largest dedicated source of federal funds for services to children and families. Last year, Montana received a little over one million dollars from the program. These funds are critical to Montana's child welfare system.

While children are in the child welfare system, their needs are great. But we must also remember the approximately 20,000 children in our country that age out of the system without finding a permanent home. I applaud the resiliency of the children who manage to make this difficult transition and go on to lead functional and fulfilled lives. I also commend the thousands of case workers, foster families, neighbors, and friends across the country who work to provide safety, stability, and love for the more than half a million children in the nation's foster care system.

Critical child welfare services have recently experienced cuts in funding. This year, the "Promoting Safe and Stable Families" program is up for reauthorization. This is a pivotal opportunity to ensure adequate support for strong families.

I look forward to hearing the perspectives of today's witnesses on how we defend the fatherless and the oppressed. I look forward to hearing how we can better protect our nation's most precious resource. I look forward to hearing how we can better safeguard the wellbeing of our children.

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Jackie Hammers-Crowell
Testimony for the Senate Committee on Finance Hearing entitled
"Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare System"
May 10, 2006

Thank you for allowing me to be here today. Whenever I speak about foster care, I am aware that I speak for myself, but that I also have the privilege of speaking for other foster children. Fortunately, I was able to bring the perspective of some of them with me today in the form of a DVD that was created by a speaker's bureau of current and former foster children in my state. I have provided copies for those present today, but if anyone would like one who may be unable to get a DVD today, they can acquire a copy through Tammy Mahan at Children and Families of Iowa, by calling (515) 288-1981.

Just to say a bit about me, I spent ten years in six foster care placements in Iowa. I had mixed experiences within the system, but do not hesitate to say that I feel the system saved my life. My birth mom was born mentally challenged and spent some time in foster care herself due to being part of a rather dysfunctional family. When I was born, her biological parents helped her care for me, which they did to the best of their ability, but we still lived in filth and poverty. When my grandmother died unexpectedly, it set off a chain of events that ended with my mother in a home for adults with disabilities and me in foster care.

When I was in care, I sometimes told my social worker what I thought was wrong with the system. She helped me fix the things that were possible for her or I to change but she told me a few times that some of the things, I would have to wait to change until I was grown up. I think it was simply meant to quiet me down, but it made me think. As I grew older, I became aware of, not just the flaws, but the benefits foster care is able to offer to children and the precarious nature of the funding streams of some wonderful programs. I would like to use a few of these as examples to demonstrate how a foster child's prospects are shaped.

When I was in school, my social worker was able to access funds to help me pay for extra-curricular activities. This funding came largely from Decategorized money, a type of flexible funding. After I aged out, the state of Iowa cut funding to child welfare. Decat funds took a major hit. Since then, it has never been restored to the same level as when I was in care. More flexible funding from a national level, with the required accountability measures in place, would lend itself not only to helping children join school activities, but could be used as needed to better educate professionals about the needs of foster children on their caseloads, rehabilitate birth families or to meet a host of other needs that could vary from state to state.

While I am on the subject of rehabilitating birth families, I would like to address the perception that services provided to birth families who do not achieve reunification before the child ages out or is adopted are a waste. People who think this way do not realize that, just like my mother, the vast majority of former foster children return to their birth families after they reach the age of 18. This includes some adoptees. The fact is, the legal bond can be severed, while leaving the emotional one still very much intact. Anything that is done to help the family function better in the meantime is thus not wasted, because there is a high possibility that the child will attempt to reconnect with them later and it is best for the family to be at its most functional possible, so as to be able to have an appropriate, reciprocal relationships and not derail a young person at this critical time in their life.

Next, I would like to address Medicaid and its impact on foster youth. When I was in care, Medicaid covered opthomology, orthodontics and dermatology. It is not always the case, however, that foster children are able to get the medical help that I received. Medical professionals hesitate to accept Medicaid because of low reimbursement rates and an extended length of time before they are paid. When offices do accept Medicaid, it is often for a limited number of patients and once those spots are full, they accept no more Medicaid. As an example, in my area, there are orthodontists with waiting lists several years long for Medicaid patients.

I would also like to talk a bit about the programs that have been created due to the Foster Care Independence Act of 1999. In Iowa, it has allowed us to create:

- Aftercare, which provides self-sufficiency advocates and direct vendor payments
- The first of two statewide foster youth advisory boards
- Eight Transition Planning Specialist positions to help teens prepare to age out of care and a program manager to oversee them
- Statewide life skills conferences for teens in care
- A statewide life skills curriculum that is distributed to all teens after their sixteenth birthday if it is likely that they will age out.

Beyond what I already listed, my favorite parts of this bill are that it allowed for foster children to continue to receive Medicaid coverage until their 21st birthday, which is especially helpful to college students and that the act acknowledged that there might be children for whom reunification and adoption are not always the best option. This has paved the way to being able to discuss options like subsidized guardianship, which is part of the presentation of my fellow panelist, Joe Kroll, of the North American Council on Adoptable Children.

A relatively new program that is benefiting foster children nationally is the Education and Training Voucher Program or ETV. Thanks to good legislation, foster children all over our country who might not have had the chance, may be able to attend college, beauty school, police academy or other post-secondary training. This program is even available to foster children adopted after the age of 16. There is one problem, however. Some foster parents are unable to afford to send their adopted children to college and may be inclined to hold off on adopting children until after their 16th birthday. I cannot condemn prospective adoptive parents for doing this, as they only want the chance to educate their child. I feel, however, that this practice can add to unstable feelings a child in foster care may experience. Lowering the age at which a child could be adopted and still qualify for ETV to 13 would help.

I alluded to it before, when I was talking about flexible funding, but I wish to also say directly, that social workers and attorneys working with foster children are not always aware of the needs of foster children. This may be partially due to the fact that the positions are poorly paid. When they realize their salary will not allow them to cover their student loans and other bills, the best candidates may go elsewhere. A forgivable loan program for professionals going into child welfare could potentially increase the pool of competent applicants for social work and guardian ad litem positions, diminish the number of incompetent workers hired, lessen burn out, decrease turn over, and maybe help the child feel more connected to an adult in their life.

I have a sense of normalcy, of belonging and of accomplishment today because of the chances offered to me by the foster care system and its assorted programs. I have hope that even better things will be offered to generations of foster children to come. Without the boost various programs gave me, I might never have

finished high school, stayed away from alcohol and drugs, gone to college and been an intern on Capitol Hill the summer after I received my bachelor's degree. There are foster children in each of our states who can achieve even better outcomes than I have, but it cannot happen unless they have access to appropriate programs and at least one lifelong connection to a caring adult who will be there for them no matter what. More than anything, it is the support of the adults in my life that helped me to come through the system intact. The lifelong supports in my life include two sets of foster parents, my social worker, a transition planning specialist, and the families of two of my friends. For other foster children, it might include a teacher, a coach, a mentor, a therapist or a member of the clergy. The point is that the connection be lifelong and supportive.

In conclusion, the foster care system is a work in progress. It has made huge strides in only a few decades, but it still has much room for improvement. Each state, each county and each child is different from the next. We cannot customize the people to fit the services available and so we must tailor the options to the people being served. This is the best way to end the cycle that keeps feeding generation after generation of children into the foster care system.

Testimony of

Joe Kroll
Executive Director
North American Council on Adoptable Children

before the

United States Senate Committee on Finance

regarding

Fostering Permanence:
Progress Achieved and Challenges Ahead for America's Child Welfare System

May 10, 2006

North American Council on Adoptable Children
970 Raymond Avenue, Suite 106
St. Paul, MN 55114
651.644.3036
www.nacac.org

Testimony of Joe Kroll
May 10, 2006

I have to start by saying how proud I am of the progress that has been made in this country in the last 30 years. When our organization was founded in 1974, few people were paying attention to the foster children who were languishing in care, and adoptions of foster children older than two were rare.

Policy and program changes at the state and local level, guided by the passage of the Adoption and Safe Family Act and the creation of the Promoting Safe and Stable Families program, have made a world of difference to the nation's most vulnerable children. Children's time in foster care has been reduced, more than 330,000 children have been adopted, and adults have finally started to look at the system through the eyes of the child. Each year for the last five years, 50,000 children have left the insecurity of foster care for the permanence and stability of a forever family.

The progress has been remarkable, but there is much more to be done. More than 118,000 children are still waiting for a permanent family.[1] Many others are consigned to long-term foster care, with no one even seeking a family for them. Each year, 20,000 young people age out of care with no legal family connection and an uncertain future. Many have limited education and poor employment prospects. Too many end up homeless, incarcerated, and physically or mentally ill.

I would like to focus my remarks today in two areas that would significantly reduce the number of foster children who never find a permanent family: (1) supporting expanded permanency options and (2) providing additional post-permanency support.

Support Expanded Permanency Options

You might be surprised to hear the director of an adoption organization touting other permanency options, but we at the North American Council on Adoptable Children (NACAC) are committed to achieving each child's best interests. In most cases that means keeping a child with his birth family or reunifying that family as quickly as possible. In other cases, it means finding a grandparent, aunt, uncle, or another long-term, committed caregiver to provide legal guardianship. And, of course, for thousands of foster children adoption *is* the best option.

Provide Support to Birth Families

The *Green Book* states: "It is generally agreed that it is in the best interests of children to live with their families. To this end, experts emphasize both the value of preventive and rehabilitative services and the need to limit the duration of foster care placements."[2] Federal funding, however,

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[1] Maza, P. (November, 2003). *Who is adopting our waiting children?* Presentation given at AdoptUSKids National Adoption and Foster Care Recruitment Summit, Washington, DC.

[2] U.S. House of Representative, Committee on Ways and Means. (2004). *2004 green book: Section 11,- child protection, foster care, and adoption assistance.* [Online]. Available: http://frwebgate.access.gpo.gov/cgi-bin/multidb.cgi?WAISdbName=108_green_book+2004+Green+Book+%28108th+Congress%29&WAISqueryRule=%28%24WAISqueryString%29+AND+%28repttype%3D%24sect+OR+repttype%3D%24sect1+OR+repttype%3D

does not reflect this priority. Currently, 90 percent of federal funding can be used by states only after Title IV-E-eligible children have entered foster care or been adopted.[3]

Since so much federal funding is for children who have entered care, states do not have sufficient resources to invest in birth family support and reunification. In recent years, we have seen the percentage of foster children who reunite with their birth families go down—from 62 percent in 1998 to 55 percent in 2003.[4]

Children can reunify with their birth families when parents get needed support. In Nashville recently, I met Melissa, a mother who was addicted to drugs. She was at risk of losing her son Marley when she found an innovative drug treatment program that keeps parents and children together, rather than placing children away from their families in foster care. Melissa explains how hard it would have been for Marley to enter care rather than staying with her during treatment: "The pain of his mother being sick and gone … I know that would have been devastating. He would have gone through things he shouldn't have to. None of it was his fault. To be able to heal with him while I was healing—that was just a beautiful thing." Melissa is now a proud soccer and Cub Scout mom who loves her new job as a private duty certified nurse technician.

Annie was a meth user whose son Jory entered foster care in Oregon. She tried conventional drug treatment programs—like those offered to most birth parents—but they were not successful. It wasn't until she found a comprehensive program that she was able to recover from her addiction and become a good parent to Jory. The program provided shelter, parenting support, and case management to help her form a more healthy relationship with Jory. "It was a very structured place," Annie explains. "They had a parenting person and a manager on-site. … I had to have a plan and a goal sheet showing what I was going to accomplish while I lived there."

Today, clean for five years, Annie serves as a mentor to other mothers who are trying to overcome their addictions. "[My experience gives me] a more realistic approach with parents. It is rewarding and empowering, especially when people get their kids back," says Annie.

A recent survey of child welfare administrators found that substance abuse and poverty are the most critical problems facing families being investigated for child maltreatment.[5] In some areas, substance abuse is an issue for one-third to two-thirds of the families involved in child welfare.[6] Unfortunately, only 10 percent of child welfare agencies report that they can find drug treatment programs for clients who need it within 30 days.[7] Almost no drug-addicted parents can access drug treatment programs with a mother-child residential component, and few are able to participate in comprehensive programs that address issues of parenting and housing along with

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%24sect2%29&WAISqueryString=duration+of+foster+care+placements&WAIStemplate=multidb_results.html&Submit.=Submit&WrapperTemplate=wmprints_wrapper.html&WAISmaxHits=40. [Retrieved May 7, 2006.]

[3] In FY 2006 the appropriation for Title IV-E foster care and adoption assistance programs is $6.48 billion while the funding for Title IV-B Parts 1 and 2 (Safe and Stable Families Program) is only $721.7 million.

[4] U.S. Department of Health and Human Services. (2005). AFCARS report #10 (Preliminary FY 2003 estimates). [Online]. Available: http://www.acf.dhhs.gov/programs/cb/stats_research/afcars/tar/report10htm [Retrieved February, 2005].

[5] National Center on Child Abuse Prevention Research. (2001). *Current trends in child abuse prevention, reporting, and fatalities: The 1999 fifty state survey.* Chicago: Prevent Child Abuse America.

[6] U.S. Department of Health and Human Services. (1999). *Blending perspectives and building common ground: A report to congress on substance abuse and child protection.* Washington, DC: U.S. Government Printing Office.

[7] U.S. Department of Health and Human Services. (1999). *(See complete citation above.)*

substance abuse. For families dealing with poverty and housing issues, support is also hard to come by. As the National Center for Child Protection Reform notes, "Three separate studies since 1996 have found that 30 percent of America's foster children could be safely in their own homes right now, if their birth parents had safe, affordable housing."[8]

Recommendations: Currently, for every dollar that the federal government spends on family preservation and post-permanency support, nine dollars are spent on out-of-home care. The federal government must significantly increase its investment in Title IV-B Parts 1 and 2, and provide states with increased flexibility in how they spend federal child welfare monies.

In addition, if states successfully reduce the use of foster care, they should be able to reinvest federal dollars saved into preventive and post-permanency services. Currently, when states reduce the number of IV-E eligible children in foster care, the federal government reduces its payment to the state. We recommend that the federal government provide states with an amount equal to the money saved in Title IV-E maintenance payments, training, and administration. This would provide an incentive to keep or move children out of care, while also beginning to address the vast imbalance in federal funding.

Investing in at-risk families has been shown to work. Using a IV-E waiver, Delaware demonstrated that investing in substance abuse treatment had positive outcomes for children: the project's foster children spent 14 percent less time in foster care than similar children who did not participate in the waiver, and total foster care costs were reduced.[9] Certain counties in North Carolina used a federal child welfare waiver to cut down on out-of-home placements by investing in court mediation, post-adoption services, intensive family preservation services, and other interventions.[10]

Implement Federally Supported Subsidized Guardianship

About one-quarter of foster children are cared for by grandparents or other relatives.[11] Right now, almost 20,000 of these children cannot return to their birth families and have been with their relatives for at least a year.[12] These stable, loving kin families are a perfect permanent resource for many foster children, but the children remain stuck in foster care simply because adoption is not the right choice for their family.

For families such as these, guardianship is the right permanency option. Des Moines resident Helen has been caring for her nine-year-old grandson Cordell for many years and is committed to him forever. Adoption, however, is not the right choice for Cordell. Helen explains, "He has

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[8] National Coalition for Child Protection Reform. (2004). *Who is in "the system" and why* [Online]. Available: http://www.nccpr.org/newissues/5.html [May 7, 2006].

[9] U.S. General Accounting Office. (2002). *Recent legislation helps states focus on finding permanent homes for children but long-standing barriers remain.* Report to Congressional Requestors. [Online]. Available; http://www.gao.gov/new.items/d02585.pdf. [Retrieved May 7, 2006].

[10] Usher, C., Wildfire, J., Brown, E., Duncan, D., Meier, A., Salmon, M., Painter, J. & Gogan, H. (2002). *Evaluation of the Title IV-E waiver demonstration in North Carolina.* Chapel Hill, NC: Jordan Institute for Families, University of North Carolina.

[11] Generations United. (2006). *All children deserve a permanent home: Subsidized guardianships as a common sense solution for children in long-term relative foster care.* Washington, DC: Author.

[12] Children and Family Research Center. (2004). *Family ties: Supporting permanence for children in safe and stable foster care with relatives and other caregivers.* Urbana-Champaign, IL: School of Social Work, University of Illinois at Urban-Champaign.

enough problems without his aunts and his mother becoming his sisters. That's like a bad rap song." Helen is no opponent of adoption. She has adopted four other foster children, but knows that in Cordell's case guardianship would provide the permanence he needs without rearranging family boundaries. At the same time, Helen needs assistance to help meet Cordell's significant special needs. Iowa's recently approved waiver allows only children older than Cordell to receive government-supported guardianship.

Seven years ago in New Mexico, Annabelle and Gilbert became foster parents to their nephew Vernon. After a few years, Annabelle and Gilbert were able to become Vernon's permanent legal guardians through a waiver program run by the Navajo Nation. Culturally, guardianship was the right decision for this family but Annabelle and Gilbert needed financial support to make a permanent commitment to Vernon. Now a teenager, Vernon is a true member of the family. He helps when Gilbert fixes thing around the house, and hands him the right tools as they work together. "I like to work in Gilbert's garage with him fixing up cars and things. I can fix flat tires and fix my bike," says Vernon.

Jackie Hammers-Crowell, a panelist here today, spent 10 years in foster care without ever finding a legally permanent family. Her birth mother was mentally challenged and was unable to care for Jackie. Jackie stays in contact with her mother, however, whom she describes as "the world's best cheerleader." Jackie never wanted her mother's rights terminated, but would have liked a permanent family. She explains, "Subsidized guardianship may have kept me with my extended birth family, saved the state money, and kept my mom's parental rights from being needlessly, hurtfully terminated against our wills."

For children like Cordell and Jackie who remain in foster care, daily life is unnecessarily complicated—they cannot sleep over a friend's house without social worker approval. They cannot receive routine medical care without the government getting involved. A grandfather caring for his grandchildren as a foster parent recounts the unnecessary burden on his family and on the system: "A social worker comes out to our house every month. The children are embarrassed, maybe a little ashamed, that they are in foster care, and I am worried that a judge who doesn't know us is making decisions about them."

Recommendation: Federal waivers have proven the efficacy of subsidized guardianship. While waivers allow states to experiment with needed innovations, they are temporary. We now need subsidized guardianship to be an approved permanency option, included in the Title IV-E program like adoption assistance. Children in stable foster placements with relatives and other committed caregivers would benefit from greater federal support for guardianship, allowing children to leave care, eliminate costly caseworker visits, and reduce unnecessary court oversight. A federally supported guardianship program could help almost 20,000 children leave foster care to a permanent family *right now*. Thousands more could be served each year.

Expand the Incentive Program

While recent changes in the adoption incentive program placed needed emphasis on the adoption of children over age nine, states are still not rewarded for increases in reunification or guardianship. As a result, the incentive program is one-sided and may have a perverse effect—because there are incentives for only one form of permanence, states may be tempted or guided to choose one permanency option over another that might be in child's best interest. A 2002

Government Accountability Office report found that one of states' primary concerns about the program was that it might convey the impression that adoption was the best plan in all cases.[13]

Recommendations: The federal government's goal—and each state's goal—should be to achieve the best permanency option for a particular child in as short a time as possible. The incentive program should be expanded to reward states for safe reunification, guardianship, and adoption—all permanency goals that work for children.

States should also be required to reinvest incentive funds in post-permanency services and should be permitted a longer time, perhaps up to three years, to spend the funds. Typically, states are awarded incentive funds in the last days of the fiscal year, and have only until the following September 30 to spent them. A longer time to spend the money costs the federal treasury nothing, but allows for thoughtful program development and implementation.

Increase Available Post-Permanence Support

In 1997 Congress passed the Adoption and Safe Families Act, and between 1998 and 2004, more than 330,000 foster children were adopted into loving, caring families. But adoption is not a giant eraser. Children who have been abused or neglected—and who have bounced from foster home to foster home—do not emerge unscathed.

As Babb and Laws detail, children adopted from foster care face a variety of special needs: mental illness, fetal alcohol spectrum disorder, attention deficit hyperactivity disorder, emotional disabilities, attachment disorder, learning disabilities, mental retardation, speech or language impairments, AIDS or HIV, and other severe physical disabilities.[14] Groze and Gruenewald agree that "[f]amilies face enormous challenges and strains in adopting a special-needs child."[15]

While adoptions doubled from 1997 to 2004, post-adoptive services failed to keep pace. More people are adopting more children, and the children are often older, have been in care longer, and face daunting special needs. The Center for Advanced Studies in Child Welfare notes that older children and children with disabilities are at highest risk for adoption disruption.[16] Few states or counties have the comprehensive services necessary to meet parents' needs as they raise children who have been abused and neglected and have resulting physical and emotional special needs.

The government has a moral obligation to make a long-term commitment to adoptive and guardianship families who take into their homes foster children who have languished in care for far too long, many of whom are older and have multiple special needs. These children carry their histories of turmoil with them. Below we present two key avenues for post-permanence support.

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[13] Congressional Research Service. (2004). Child welfare: Implementation of the Adoption and Safe Families Act. [Online]. Available: http://www.pennyhill.com/aboutcrs.php.

[14] Babbs, A., & Laws, R. (1997). *Adopting and advocating for the special needs child: A guide for parents and professionals.* Westport, CT; Bergin & Garvey.

[15] Groze, V., & Gruenewald, A. (1991). Partners: A model program for special-needs adoptive families in stress. *Child Welfare, 70*(5), 581-589.

[16] Center for Advanced Studies in Child Welfare. (1998). *CASCW practice notes # 4: Post-adoption services.* [Online]. Available: http://ssw.che.umn.edu/img/assets/11860/PracticeNotes_4.pdf [Retrieved: May 7, 2006].

Protect and Expand Adoption Assistance

Adoption assistance (or subsidy) is a critical support to families who adopt children with special needs from the foster care system. Subsidies help strengthen these new families and enable many foster parents to adopt children already in their care by ensuring that they do not lose support as they transition to adoption.

Sean and Alissa from Iowa adopted two children with serious medical needs. When they learned adoption assistance would help offset medical costs, Sean explains, "It took the weight off and moved us from thinking, 'Can we financially make it work?' and put the focus back where it should be—'Can we love and care for this child? Do we have the love and commitment to parent this child?' That was *never* in question!"

Currently, the federal government shares in a portion of adoption assistance costs only for children whose birth family income is below the 1996 Aid to Families with Dependent Children income standards. In contrast, states are obligated to provide protection to *every* abused or neglected child, regardless of family income. Unfortunately, a funding system that ties adoption assistance to outdated income guidelines has resulted in a system in which far fewer children are eligible for Title IV-E federal support. From 1999 to 2003, the average monthly number of foster children receiving IV-E maintenance payments dropped from about 53.5 percent to 46 percent.

As a result, states and localities must share a greater burden for foster care and adoption. In some states, this has severely limited the amount of funding that can go to prevention or adoption support. Recent Missouri legislation requires rapid federal action on this issue. In 2005, as allowed by federal regulations, Missouri enacted legislation that would have instituted a means test for state-funded adoption assistance agreements. As a result, more than 1,000 existing adoption assistance agreements would have been terminated. Although a federal district court found the law unconstitutional on May 1, the state is appealing the ruling and the law could still be enacted. Such short-sighted policies will relegate more children to foster care, rather than helping them leave care to a permanent family.

A recent study by Barth et al. suggests that such adoption assistance cuts are not cost-effective: "[C]uts in subsidy amounts could reduce the likelihood of adoption and ultimately increase costs for foster care."[17] In contrast, an upcoming study suggests that a small increase in adoption assistance would result in increased adoptions, again saving money in the long run by reducing higher foster care costs.[18] The federal government needs to invest more in adoption assistance, thereby helping children achieve better outcomes and saving government funds.

In the long run, adoption—even well-supported adoption—saves money. The Barth et al. study demonstrates that the 50,000 children adopted each year save the government from $1 to $6 billion, when compared to maintaining those children in long-term foster care. Savings result from reduced administrative costs, medical courts, court expenses, compared to the costs of seeking adoptive families and providing adoption assistance.[19]

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[17] Barth, R., Lee, C., Wildfire, J., & Guo, S. (2006). A comparison of the governmental costs of long-term foster care and adoption. *Social Service Review, 80*(1). 127-158.

[18] Hansen, M., & Hansen, B. (2006). The economics of adoption of children from foster care. *Child Welfare,* forthcoming. In R. Barth et al. A comparison of the governmental costs of long-term foster care and adoption. *Social Service Review, 80*(1). 127-158

[19] Barth et al. (2006). *(See complete citation above.)*

Recommendations: Since 1988 NACAC has advocated for an elimination of the link between birth parent's income and eligibility for Title IV-E adoption assistance. It makes no sense to tie a child's eligibility to the financial status of parents whose parental rights have been terminated. State *and federal* assistance should be required to ensure support after adoption for every abused and neglected child—not just every child born into a poor family. As proposed by Senator Jay Rockefeller, the Adoption Equality Act of 2005 (S. 1539) would extend Title IV-E adoption assistance to every child with special needs adopted from foster care. Such legislation would also save states money currently spent on costly income-eligibility determinations. The savings could then be invested in supporting families after permanency or preventing foster care placements in the first place.

Adoption assistance is designed to help an adoptive family meet a child's needs without creating an undue financial burden on the family. Therefore, a program in which the federal government provides support to all children with special needs adopted from foster care must maintain the federal prohibition against using the adoptive family's income to determine eligibility.

Fund More Intensive Post-Permanency Support

While adoption assistance is a critical support for children adopted from foster care, it is often not enough. Frequently, adopted children have serious mental health and other disabilities that place a tremendous burden on their new families. A recent Illinois study found that families seeking help for adoption preservation were facing issues related to anger, antisocial behavior, attachment disruption, and family instability.[20]

We at NACAC have met far too many families who are deeply committed to their adopted children, but are unable—or barely able—to meet their children's mental health needs.

Brenda and Bob from Maryland adopted two sisters several years ago. The girls have serious mental health problems that the Gates struggle to meet. Their oldest daughter is in residential treatment and may remain there indefinitely. The financial strain is great, as is the emotional drain. Brenda notes, "If you haven't lived with children who have emotional issues, you can't imagine it. They bring you into their storm. You cannot stay out of it. Fortunately my husband and I are very strong people," Brenda adds, "We are committed to our children. We're holding on, but sometimes we don't know what we're holding on to."

Heather from New Mexico adopted Chris from foster care at age nine. At that time, Chris had been in several foster placements, including a group home. Heather explains, "Chris attended over 11 different schools by the time he hit the second grade. He couldn't really read or write; he was in special education and had ADHD." Unfortunately, after a few years ago, Chris's behavior escalated—he began stealing and lying, and then seriously injured his younger sister. Heather helped get Chris into a psychiatric hospital and then residential treatment.

Chris is coming home, but Heather knows that he and the rest of the family will continue to need extensive, often expensive support. Heather worries about their future. "When these kids get older, they need lots of services and they're just not there. Just getting a psychiatrist was a huge

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[20] Children's Bureau Express. (2006). Benefits of adoption preservation services. [Online]. Available: http://cbexpress.acf.hhs.gov/printer_friendly.cfm?issue_id=2006-05&prt_iss=1 [Retrieved May 3, 2006].

struggle," Heather explains. The family receives $620 a month in adoption subsidies, but that barely covers basic costs. The family pays $500 a month for private tutoring and close to $995 a month for family therapy. They are looking for ways to cut family expenses, such as moving to a smaller house.

A mom from Minnesota has seen first-hand the devastation caused by a lack of post-adoption services. Several years ago, Alice's adopted daughter Jane (not her real name) began to have serious behavioral problems due to attachment disorder, fetal alcohol spectrum disorder, and an appalling history of abuse and neglect. Alice tried the therapy that was covered by her medical assistance, but Jane needed more intensive residential treatment and the county would not pay for it. Alice couldn't afford the care, and Jane's behavior got more out of control and even violent. Eventually, Alice had no choice but to seek emergency shelter care for her daughter. The county filed child abuse charges against Alice because she wouldn't take her daughter home where she knew she was unsafe and unprotected. Alice was forced to surrender her daughter back into foster care where Jane finally received the residential treatment Alice had been seeking all along. In the meantime, Jane had been sexually exploited and exposed to illegal drugs and even more traumatized by the instability. Rather than providing help upfront, the system put a vulnerable teenager and her mother through hell.

Post-adoption and post-permanency supports cut down on the risk of disruption and dissolution. Most adoptions succeed, but as many as 10 to 25 percent of public agency adoptions of older children disrupt before finalization, and a smaller percentage dissolve after adoption finalization (NAIC website; Festinger, 2002; Berry, 1997; Goerge et al., 1997; Freundlich & Wright, 2003).

Recommendations: Funding of Title IV-B must be increased, and the new funding should cover post-permanency support. Currently, good post-adoption programs are providing basic information, support, training, and other services to families in many areas. It is not enough. More resources are needed for adoption-competent mental health services and case management programs that will ensure that children with difficult histories and current mental health and behavior problems do not needlessly return to foster care or devastate their new families. If we want adoption and guardianship to be truly permanent, we must find the resources to provide in-depth, sometimes intensive support to these permanent families. It is far more economical—let alone humane—to provide these services now to ensure that children don't return to foster care.

Conclusion

The last several years have shown us that when we have the political will and the resources we can ensure that tens of thousands of children find a permanent, loving family—with their birth families, relative caregivers, or adoptive parents. It is time for us now to do what is right and expand our investment to reach even more children. We cannot rest on our laurels and ignore the children remaining in foster care or the families who have opened their hearts and homes permanently to foster children.

Andrea, an adoptive parent from Pennsylvania, said at a recent NACAC forum, "Although parenting has been extremely difficult and challenging at times, my husband and I know that adopting our three beautiful children was worth it. The sadness we so vividly saw in their eyes the day they moved into our family is rarely, if ever, seen as they continue to grow emotionally."

Andrea's story shows us how foster children with special needs—even those with behavioral challenges—do better in a forever family. Yet families and children need services and support so that adoption and other forms of permanence, such as subsidized guardianship, can last a lifetime. Melissa of Tennessee and Annie from Oregon teach us that birth parents can heal and parent their children given the right treatment and supports. We need to be partners with these parents and provide an expanded continuum of funding and services. Children will be better off and, in the long run, so will our society.

Responses to Questions for the Record From Joe Kroll
Senate Finance Committee Hearing of May 10, 2006

"As someone who has been involved in child welfare issues for many years, can you elaborate on the circumstance that led to the agreement on the termination of parental rights?"

NACAC was very supportive of the Adoption and Safe Family Act as it evolved during negotiations between Senate and House members. For years, we had been recommending ways to shorten children's time in care while increasing accountability. (In fact, in 1990 NACAC proposed limiting the Title IV-E reimbursement rate for children in care longer than two years so that states would have a fiscal incentive to provide foster children with a permanent placement.)

Despite efforts to reform the child welfare system through the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272), the foster care population grew from an estimated 276,000 in fiscal year 1984 to 494,000 in fiscal year 1995.[1] P.L. 96-272 included a requirement that the first permanency hearing be held within 18 months, but the federal government failed to enforce the provision and it had little impact on the length of time children spent in care. Typically, an agency might spend one to three years providing services to families before beginning permanency planning—filing a petition to terminate parental rights and recruiting an adoptive home.[2] Decisions regarding children's long-term permanent placement were being driven by the needs of adults—birth parents, caseworkers, judges, foster parents—rather than the needs of children.

In early and mid-1990s, concern about the large number of children in care and their experiences in care were coming to a head. Two foundation-funded initiatives—The Annie E. Casey Foundation's Family to Family initiative and the Kellogg Foundation's Families for Kids program—were helping to spur a change in focus around the country. Child advocates such as juvenile family court judge William Byars of South Carolina were asking others to see the child welfare system through the eyes of a child. Soon "through the eyes of the child" became a mantra that spread throughout the child welfare and juvenile and family court communities.

In 1997, we saw this philosophical change reflected by Congress when members from both sides of the aisle came together to draft legislation that focused on a child's sense of time. With the passage of the Adoption and Safe Families Act, questions shifted from a focus on adults' needs to children's needs: How do we identify relatives as potential caregivers so that children do not have to live with strangers? How do we limit the number of placements a child has so that they experience continuity in care? How do we limit the length of time a child spends in temporary care before finding a permanent family?

As a result of this paradigm shift, it was logical to place limits on the length of time children could remain in temporary care. Advocates argued for different time lines from 12 to 24 months.

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[1] U.S. General Accounting Office. (1997). *State efforts to expedite permanency hearings and placement decisions.* Testimony before the Subcommittee on Human resources, Committee on Ways and Means, House of Representatives. Washington, DC: U. S. General Accounting Office, GAO/T-HEHS-97-76.
[2] Katz., L., Spoonemore, N., & Robinson, C. (1994). *Concurrent planning: From permanency planning to permanency action.* Mountlake Terrace, WA: Lutheran Social Services of Washington and Idaho.

The 15 of 22 month language was a compromise that sought to provide a reasonable timeframe to support reunification while also ensuring that children did not spend their lifetimes in care.

"In your view, is '15 of 22' months sufficient to determine whether or not family reunification is possible? Is there data to support that period of time as the appropriate amount of time to achieve family reunification?"

As you know, Section 103 of the Adoption and Safe Families Act of 1997 (ASFA) requires states to initiate or join proceedings to terminate parental rights for children in foster care if a child has been in state care for 15 of the most recent 22 months, unless:

- the child is being cared for by a relative,
- a court has found that TPR would not be in the child's best interest, or
- the state has not provided timely services to the child's family that might enable the child to return home.

We believe that the timelines imposed by ASFA have had a real impact in shifting the system's view to reflect a child's sense of time. While the 15 of 22 months provision creates a short timeline, the exemptions are designed to ensure that practice is carefully done on a case-by-case basis and that reunification remains a priority whenever it is possible. In short, we stand behind the timeline with the necessary exemptions, but recommend that additional attention must be paid to reunification and that effective services must be provided to parents in a timely manner.

Research on the 15 of 22 Provision

It appears that ASFA's timelines—and the focus on adoption that preceded and followed this important law—has had a positive, if limited impact. Fiscal years 1998 to 2002 saw a consistent decline in the average number of months from removal to termination of parental rights—from 29 months to 22 months. At the same time, the trends for other critical timeframes for children waiting in foster care are not yet clear.[3] Before ASFA was passed, the pace of adoptions had increased because about half of states had implemented shorter permanency timeframes.[4,5] The trend for adoptions to happen faster continued once ASFA was enacted, based on comparisons of children admitted to foster care in 1990 to those admitted in 1997.[6] In addition, social workers report that they now move more quickly to adoption, whereas previously children on their caseloads would have stayed in long-term foster care.[7]

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[3] Maza, P. (2004). *Finding homes for foster children: Promising practices and programs for foster children.* Presented at the NACAC National Conference, Minneapolis, Minnesota.

[4] U.S. General Accounting Office. (1997). *State efforts to expedite permanency hearings and placement decisions.* Testimony before the Subcommittee on Human resources, Committee on Ways and Means, House of Representatives. Washington, DC: U. S. General Accounting Office, GAO/T-HEHS-97-76.

[5] Wulczyn, F. (2004). *Family reunification.* [Online]. Available: http://www.futureofchildren.org/usr_doc/6-wulczyn.pdf [Retrieved May, 2006].

[6] Wulczyn, F. (2004). *Family reunification.* [Online]. Available: http://www.futureofchildren.org/usr_doc/6-wulczyn.pdf [Retrieved May, 2006].

[7] Legal Action Center. (2003). *Safe and sound: Models for collaboration between the child welfare and addiction treatment systems.* [Online]. Available: http://www.ncsacw.samhsa.gov/files/SafeSoundReport.pdf [May, 2006].

While it appears shorter timelines have helped children leave care more quickly, little formal research has been in this area. In 2002, the Government Accounting Office (GAO) reported the results of its research on state implementation of ASFA's 15 of 22 provision, in which it examined national AFCARS data, surveyed 50 states and D.C., and conducted site reviews in Illinois, Maryland, Massachusetts, North Carolina, Oregon, and Texas.[8]

Very few states were able to provide information on the number of children affected by ASFA's 15 of 22 provision, according to the GAO report, partly because the U.S. Department of Health and Human Services does not require states to collect this data. State officials at the six visited sites said that the 15 of 22 provision helped them make more timely permanency decisions for children. Importantly, the majority of states that provided data reported that the number of children exempted from the 15 of 22 provision greatly exceeded the number of children to whom it was applied.

According to researcher Fred Wulczyn, parental rights appear not to have been weakened by ASFA.[9] Family reunification remains the first permanency goal for most children involved in child welfare systems. On the other hand, family reunification is less often the reason a child exits care than in the past—reunification decreased from 62 percent of foster care exits in fiscal year 1998 to 55 percent in 2003.[10] Family reunification has also slowed down in recent years.[11]

Parental Substance Abuse and Reunification Services

The real question is whether families can and do receive sufficient services in 15 of 22 months so that children can be safely reunified with their parents. To answer this question, we must look closely at the issue of substance abuse, which affects the majority of children in foster care.

The National Center on Addiction and Substance Abuse estimates that 70 percent of child maltreatment cases involve substance abuse by parents.[12] The National Center on Addiction and Substance Abuse study found that treatment programs have waiting lists of one to three months, and that only 31 percent of substance abusing parents in the child welfare system receive treatment, and that the treatment is whatever is available rather than what parents may need. Further, most programs are designed for men, not women with children.[13] Only 10 percent of

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[8] United States General Accounting Office. (2002). *Recent legislation helps states focus on finding permanent homes for children, but long-standing barriers remain.* Washington, DC: United States General Accounting Office, GAO-02-585.

[9] Wulczyn, F. (2004). *Family reunification.* [Online]. Available: http://www.futureofchildren.org/usr_doc/6-wulczyn.pdf [Retrieved May, 2006].

[10] U.S. Department of Health and Human Services. (2005). AFCARS report #10 (Preliminary FY 2003 estimates). [Online]. Available: http://www.acf.dhhs.gov/programs/cb/stats_research/afcars/tar/report10.htm [Retrieved February, 2005]; U. S. Department of Health and Human Services. (2006). AFCARS report#3 (Interim FY 1998). [Online]. Available: http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report3.htm [Retrieved May, 2006].

[11] Wulczyn, F. (2004). *Family reunification.* [Online]. Available: http://www.futureofchildren.org/usr_doc/6-wulczyn.pdf [Retrieved May, 2006].

[12] Reid, J. (1999). No safe haven: Children of substance-abusing parents. [Online]. Available: http://www.casacolumbia.org/publications1456/publications_show.htm?doc_id=7167 [Retrieved May, 2006]

[13] Reid, J. (1999). No safe haven: Children of substance-abusing parents. [Online]. Available: http://www.casacolumbia.org/publications1456/publications_show.htm?doc_id=7167 [Retrieved May, 2006]

child welfare agencies report that they can find drug treatment programs for clients who need it within 30 days.[14] Almost no drug-addicted parents can access drug treatment programs with a mother-child residential component, and few are able to participate in comprehensive programs that address issues of parenting and housing along with substance abuse. For many parents, substance abuse issues are linked to problems of mental illness, domestic violence, and housing, which can make reunification extremely challenging.[15]

The ASFA-imposed time limit is reasonable only if parents do not have to wait for treatment and only if treatment and other services are designed to help families reunify—not just to help an adult recover from addiction. As focus has shifted to adoption in recent years, attention to reunification services has dwindled from an already low level.[16] Little research has been done on what constitutes effective reunification services[17] and few incentives exist for reunification.

Reunification is often seen as a conclusion rather than a process requiring attention and ongoing services. Currently, about one-quarter of children who are reunified with their birth parent(s) return to foster care within the next few years.[18] Clearly, we need to pay more attention to which services and supports facilitate successful reunification and how long safe reunification takes.

The Exemptions

As mentioned earlier, the GAO study found that some states reported that the exemptions were used more than the 15 of 22 provision. As a result, these exemptions need careful examination:

- *Children are placed with relatives* — Relative caregivers have saved the foster care system in recent years. Relatives have taken in tens of thousands of children who would otherwise be placed with strangers. In FY 2003, 23 percent of foster children were cared for by relatives, up from 18 percent in 1986.[19] Exempting these relatives from the time limits makes sense, but the exemption should not have to mean that these children are consigned to a lifetime of impermanence and unnecessary, expensive caseworker and court involvement.

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[14] U.S. Department of Health and Human Services. (1999). *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection.* [Online]. Available: http://aspe.hhs.gov/hsp/subabuse99/chap7.htm [Retrieved May, 2006].

[15] Children and Family Research Center. (2006). *Illinois alcohol and other drug abuse (AODA) waiver demonstration: Final evaluation report.* Report prepared for the State of Illinois Department of Children and Family Services. [Online]. Available: http://cfrcwww.social.uiuc.edu/pubs/pdf.files/AODA.01.06.pdf [Retrieved May, 2006].

[16] Wulczyn, F. (2004). *Family reunification.* [Online]. Available: http://www.futureofchildren.org/usr_doc/6-wulczyn.pdf [Retrieved May, 2006].

[17] Wulczyn, F. (2004). *Family reunification.* [Online]. Available: http://www.futureofchildren.org/usr_doc/6-wulczyn.pdf [Retrieved May, 2006].

[18] Wulczyn, F. (2004). *Family reunification.* [Online]. Available: http://www.futureofchildren.org/usr_doc/6-wulczyn.pdf [Retrieved May, 2006].

[19] U.S. Department of Health and Human Services. (2005). AFCARS report #10 (Preliminary FY 2003 estimates). [Online]. Available: http.//www.acf.dhhs.gov/programs/cb/stats_research/afcars/tar/report10.htm [Retrieved February, 2005];

- For many (but not all) relative caregiving families, pursuing termination of parental rights unnecessarily rearranges family boundaries and pits one family member against another. For those children for whom TPR is not the right choice, subsidized guardianship should be a more accessible permanency option after reunification has been ruled out. Making subsidized guardianship an approved IV-E reimbursable expense—like adoption assistance—would ensure that children in relative care are offered the full range of permanency options, and could help 20,000 children leave care to a permanent, stable family right now. [20]

- *A court has determined that TPR is not in a child's best interest* — Again, this provision provides a necessary safeguard for children and youth. In many cases, when older children and youth oppose TPR, a court exempts them from the ASFA time limit. In these cases, subsidized guardianship might again be a reasonable alternative. Many children who know their birth parents and oppose TPR would be willing to have permanency with a long-time foster parent or relative. Federally supported guardianship would provide these youth with an opportunity to leave care, achieve permanence, and maintain their important ties to their birth families.

  In other cases, the judge's exemption protect children whose birth parents are in treatment when their time limit approaches or who otherwise are demonstrating a commitment to their children and their case plan. The flexibility of this exemption enables the system to ensure that parental rights are not terminated while a parent is doing all that she can to safely reunify with her children. It should not, however, be used to universally ignore the timeline or the need for permanence for older children and youth.

- *The state has not provided services* — As discussed earlier, waiting lists for substance abuse treatment are long and services are often not well tailored to parents attempting to reunify with their children. Child welfare agency and substance abuse treatment staff often do not work together toward shared success.[21] System reform must address the need for comprehensive, culturally competent, and cross-systems, collaborative services that are provided quickly. While the exemption provides the system and birth parents a second chance, it ignores a child's need to achieve permanence quickly. The federal government needs to hold states accountable for the timely delivery of effective services so that this exemption rarely, if ever, needs to be used.

Solutions

We at NACAC see a number of future actions the federal government can take to help ensure that foster children quickly achieve permanency, whether through reunification, adoption, or subsidized guardianship:

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[20] Children and Family Research Center. (2004). *Family ties: Supporting permanence for children in safe and stable foster care with relatives and other caregivers.* Urbana-Champaign, IL: School of Social Work, University of Illinois at Urban-Champaign.

[21] U.S. Department of Health and Human Services. (1999). *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection.* [Online]. Available: http://aspe.hhs.gov/hsp/subabuse99/execsum.htm [Retrieved May, 2006].

- *Further research the 15 of 22 provision and its impact on children in care* — In the one report specifically examining the time limit, GAO recommended that HHS collect better information from states, and more detailed information on the number of children exempted from the provision. This data would identify gaps in services, problems with the timeline, and barriers that delay permanency for children.

- *Expand the adoption incentive program to reward states for increases in all forms of safe permanence, including family reunification* — Even before ASFA, the attention of the child welfare system was shifting to adoption. While we strongly support attention to a child's need for permanence, incentives should be for all forms of permanence, including reunification. Systems should be rewarded for quickly and safely achieving the right permanency goal for each particular child and youth, rather than being rewarded for only adoption.

- *Mandate concurrent planning* — Concurrent planning has been shown to achieve permanency more quickly[22], but additional training and support is required for its effective implementation. Public agencies should have access to concurrent planning training funds so that public agency social workers develop a thorough understanding of this dual-track method that balances family reunification with alternatives for permanency for children at risk for foster care drift.

- *Identify and then support effective reunification programs such as those with a mother-child residential treatment component and comprehensive services that include job training and housing assistance* —When it is safe to do so, programs should keep mothers and children together in residential drug treatment programs that also serve children's needs, in order to improve family reunification outcomes.[23] Since many families have multiple needs, programs should also combine substance abuse treatment with job training and housing assistance to assure better, proven outcomes.[24]

- *Encourage the development of collaborative policies and practices across child welfare agencies, courts, and drug treatment providers in order to better assess, refer, monitor, and share information and progress.*[25]

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[22] Wulczyn, F. (2004). *Family reunification.* [Online]. Available: http://www.futureofchildren.org/usr_doc/6-wulczyn.pdf [Retrieved May, 2006].

[23] Stevens, S., Arbiter, A., & McGrath, R. (1997). Women and children: Therapeutic community substance abuse treatment. In G. De Leon, ed., *Community as method: Therapeutic communities for special populations and special settings,* 129-141. Westport, CT: Praeger Publishers.

[24] Committee to Identify Strategies to Raise the Profile of Substance Abuse and Alcoholism Research. (1997). *Dispelling the myths about addiction: Strategies to increase understanding and strengthen research.* Washington, DC: Institute of Medicine, and

[25] Legal Action Center. (2003). *Safe and sound: Models for collaboration between the child welfare and addiction treatment systems.* [Online]. Available: http://www.ncsacw.samhsa.gov/files/SafeSoundReport.pdf [May, 2006].

TESTIMONY OF

JOAN E. OHL
COMMISSIONER
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
ADMINISTRATION FOR CHILDREN AND FAMILIES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE

COMMITTEE ON FINANCE
UNITED STATES SENATE

MAY 10, 2006

Mr. Chairman and members of the Committee, thank you for inviting me to appear before you to discuss reauthorization of three important programs: the Mentoring Children of Prisoners Program, the Promoting Safe and Stable Families Program and the Court Improvement Program. Each of these programs plays an important role in promoting the well-being of vulnerable children and families.

The Bush Administration strongly supports reauthorization of these programs, and I appreciate the opportunity to talk about our reauthorization plans. I also would like to use my time today to update the Committee on some of our broader work in the area of child welfare reform and how we are responding to emerging issues in the field, such as the increased use and production of methamphetamines in households with children.

Mentoring Children of Prisoners

According to the Department of Justice, nearly 1.5 million children wake up each morning while at least one of their parents is incarcerated. These children frequently experience the trauma of multiple changes in caregivers and living arrangements. Children of prisoners are seven times more likely to become involved in the juvenile and adult criminal justice systems than their peers, and more likely to go to prison than graduate from high school, college, or trade school. They often succumb to depression and drug usage.

A study of the Big Brothers/Big Sisters showed that mentored youth were less likely than non-mentored youth to begin using drugs and alcohol and to initiate violence. Mentored youth also were more likely to have improved their school attendance and performance, their attitudes toward completing school work and their peer and family relationships. In recognition of the potential of mentoring to benefit children affected by parental incarceration, the Mentoring Children of Prisoners (MCP) program was established under the Promoting Safe and Stable Families Amendments of 2001.

Now in its third year of operation, the program has 218 grantees, including States, local governments, Tribes, and faith and community-based programs across the nation. There are MCP grantees in urban, suburban, and rural settings. Participating grantees operate programs that create and sustain mentoring relationships. Agencies recruit staff, screen, and train potential volunteer mentors; identify and recruit eligible children of prisoners in their communities; and match each mentor based on the interests and preferences of the mentor, mentee and mentee parent or guardian. The MCP program is a one-on-one mentoring program and quality and long-lasting mentoring relationships are keys to MCP grantees' success.

All grant recipients are required to provide services that strengthen and support children between the ages of four and 15 who have an incarcerated parent by cultivating mentors within the child's family and community through recruitment, screening, training, monitoring, and evaluation. The MCP Program's cornerstone is the model of Positive Youth Development (PYD). PYD is an approach that views each child holistically,

rather than as a series of problems to be solved and seeks to enhance positive aspects of children's lives rather than primarily avoiding negative behaviors. Programs that follow this model engage youth in their communities and promote positive and healthy choices.

As of December 2005, nearly 20,000 children have been matched with mentors through the Mentoring Children of Prisoners program. We believe this figure can and should be much higher. We are taking steps to raise this number by providing increased technical assistance and by proposing a critical change in conjunction with our reauthorization request.

The President's FY 2007 budget proposes to reauthorize the program through FY 2011 at the current authorization level with a modification to allow the use of vouchers to provide services to children of prisoners. Under the program's current structure, children of incarcerated persons are only able to access the services provided by an organization currently receiving the grant funds, which provides the children and their families with limited choices among mentoring services available to them. Under the proposal, vouchers would be coordinated through a national mentoring support agency that would recruit and accredit mentoring programs nationwide. Vouchers will allow families to choose any approved program from among more than 4,100 mentoring programs currently operating throughout the country. In addition, as prisoners come from a wide variety of communities and demographics, families will be able to select from the programs that are geographically close and connected to their respective neighborhoods. We look forward to working with the Committee to make this important change to the program.

In addition, we will continue to fund a long-term evaluation of the program which began in FY 2005 with a research designed developed for evaluating several key aspects of the program. In addition to the outcome evaluation that is underway, we intend to use planned training and technical assistance visits to enhance our understanding of how programs achieve success. Training and technical assistance providers will conduct site visits with current grantees and during these visits researchers will assess factors that contribute to or impede success in forming matches that are enduring, quality mentoring relationships for children of prisoners. Along with our reauthorization proposal, these efforts will contribute to improved program results for children.

Promoting Safe and Stable Families

The Promoting Safe and Stable Families (PSSF) program provides funds for States and eligible Tribes to develop, establish, expand and operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services. The services funded through the program seek to:

- Prevent child maltreatment among at-risk families through the provision of supportive family services;

- Assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively in that setting;

- Address the problems of families whose children have been placed in Foster Care, including by providing substance abuse treatment so that reunification may occur in a safe and timely manner; and

- Assist adoptive families by providing support services that enable them to make a lifetime commitment to their children.

The Promoting Safe and Stable Families Program was originally authorized by the Omnibus Budget Reconciliation Act of 1993 as the Family Preservation and Support Services program. The initial legislation provided a broad framework and flexible funding to States to prevent child abuse and neglect from occurring and to help families whose children were at risk of being removed. It also encouraged comprehensive planning and coordination with a broad array of community-based stakeholders and service providers – elements of the program that continue to play an important role today in our ongoing efforts to improve child welfare services.

In 1997, the Adoption and Safe Families Act reauthorized and expanded the program and gave it its current name – the Promoting Safe and Stable Families program. At that time,

two additional service categories were also added to the program: time-limited family reunification services, and adoption promotion and support services.

The program was further strengthened by the Promoting Safe and Stable Families Amendments of 2001 (signed into law in January 2002). The law mirrored the Administration's proposal to authorize an additional $1 billion for the program to provide resources to promote strong families and keep children safe. Other important additions in that legislation included language that specified that States could use their PSSF funds to strengthen parental relationships to promote healthy marriages – strategies that the Bush Administration strongly believes promote the safety and well-being of children. The 2002 amendments also allowed States to use funds to establish and/or support infant safe haven programs.

Most recently, the Deficit Reduction Act of FY 2005 increased the authorization for mandatory funds by $40 million. Our reauthorization proposal maintains the new level of $345 million in mandatory funds, and authorizes $200 million in discretionary funding. The Administration requests these funds because this program strengthens and enhances States' ability to provide services targeted to achieving the goals of safety, permanency, and well-being. Because the statute as currently structured provides critical support for an array of services, while allowing States adequate flexibility to target resources in a manner responsive to the needs of their specific communities, we are not seeking programmatic changes.

Court Improvement Program

I would like to turn now to the third program up for reauthorization, the Court Improvement Program. The 1993 legislation that created the Family Preservation and Support Program also established a program focusing on the role of the courts in child welfare – the Court Improvement Program. Since that time, the program was reauthorized in 1997 and again as part of the Promoting Safe and Stable Families Amendments of 2001.

The 2002 reauthorization provided additional resources to the Court Improvement Program to improve the effectiveness of courts involved in child welfare. From the funds provided for Promoting Safe and Stable Families (PSSF), $10 million in mandatory funding is reserved each year for grants to State court systems, plus an additional 3.3 percent of the discretionary funds appropriated under PSSF. At current funding levels, the set-aside is nearly $13 million in FY 2006. The grants are awarded to the highest court in each State to enable the courts to conduct assessments of their Foster Care and adoption laws and judicial processes, and to develop and implement plans for system improvement. These improvements must provide for the safety, well-being and permanence of children in Foster Care, and implement Program Improvement Plans (PIPs) developed as a result of the Child and Family Services and IV-E Foster Care Eligibility Reviews.

Most recently, the Congress took action to further expand the Court Improvement Program as part of the Deficit Reduction Act (DRA) of 2005. The DRA provides $20 million for two new court improvement grants that focus on improved data collection and collaboration between courts and child welfare agencies. The new grants are for the purposes of:

- Ensuring that the needs of children are met in a timely and complete manner through improved case tracking and analysis of child welfare cases (the case analysis/data tracking grant); and

- Training judges, attorneys and other legal personnel in child welfare cases and conducting cross-training with child welfare agency staff and contractors (the training grant).

The new grants – authorized for $10 million each – are funded for Federal fiscal years 2006 through 2010.

The DRA also establishes a collaboration requirement for both State courts and child welfare agencies:

- State court applicants must now, as part of their applications for the basic court improvement grant and the two new grants, demonstrate that they will have

"meaningful, ongoing collaboration" among the courts in the State, the State child welfare agency and, where applicable, Indian Tribes.

- The DRA adds a State plan requirement to title IV-B of the Social Security Act through which the State or tribal child welfare agency to demonstrate substantial, ongoing and meaningful collaboration with State courts in the development and implementation of its State plans under titles IV-B and IV-E and program improvement plans developed as a result of the Child and Family Services and IV-E Foster Care Eligibility Reviews.

We commend the Congress for the inclusion of new funds and increased collaboration requirements in the DRA. We are pleased that Congress recognizes that courts must be key partners in achieving better outcomes for children and through these new funds has provided what we hope will be a catalyst for more active collaboration. We are excited about the opportunity to expand our work with the courts through this program and we strongly support the reauthorization of funding for the basic Court Improvement Program.

On a personal note, I have also taken the opportunity to visit courts all across the country during the past few months, sitting with judges as they hear child welfare cases, and talking to judges about opportunities to move our system forward toward more satisfactory outcomes. I have had the pleasure of visiting courts in Florida, Louisiana, Arkansas, Colorado, Arizona and California.

These visits have given me a first-hand opportunity to witness how the interface between casework practice and court decisions profoundly affect children and families, and how essential it is that leaders from the courts and agencies work closely together in planning for and implementing systemic child welfare reforms.

Improving Child Welfare: ***Oversight and continuous improvement***

The Promoting Safe and Stable Families Program and the Court Improvement Program are two important pieces of our overall strategy for working with the States to improve child welfare. At the heart of our work are the Child and Family Services Reviews and accompanying Program Improvement Plans. I would like to take just a few moments to update you on what we have learned and the progress that is being made.

First implemented in 2001, the Child and Family Services Reviews (CFSR) are the cornerstone of our efforts to review State child welfare programs, monitor performance, promote improved outcomes, and ensure compliance with key provisions of law. The reviews cover outcomes for children and families served by the State child welfare agency in the areas of safety, permanency, and child and family well-being. Through the CFSR we look at all types of child welfare cases, from child protection and family preservation, to Foster Care, family reunification and adoption services. The CFSR assesses State performance on seven outcome measures and seven systemic factors that are central to the mission of child welfare agencies. We look at casework practices in the

field, review the State agency's capacity to serve children and families effectively, and examine the relationships between the various child welfare serving agencies. The CFSR includes a review of statewide data and a comprehensive State self-assessment, as well as an intensive on-site review of a sample of cases and interviews with key stakeholders.

CFSR Findings

CFSR reviews have now been completed in all 50 States, the District of Columbia and Puerto Rico. We have learned many important lessons through this process, including the finding that all States need to take steps to improve their systems in order to ensure children's safety, permanency and well-being. The following is a summary of some of the key conclusions we have drawn from these reviews:

- States are performing somewhat better on safety outcomes for children than on permanency and well-being outcomes. Still, only six States were in substantial conformity with the outcome measure reflecting the ability to protect children from abuse and neglect. In particular, States need to work to prevent the repeat abuse and neglect of children, and need to improve the level of services provided to families to reduce the risk of future harm, including better monitoring of families' participation in services.

- The timely achievement of permanency outcomes, especially adoption, for children in Foster Care is one of the weakest areas of State performance. Indeed, no

State was found to be in substantial compliance with the outcome measure reflecting whether or not children have permanency and stability in their living situation.

- A strong correlation was found between frequent caseworker visits with children and positive findings in other areas, including timely permanency achievement and indicators of child well-being.

- States need to improve how they assess the needs of family members and provide services, and engage parents and children when developing case plans.

- Less attention and fewer services are often provided to families whose children are served within the family's home compared to families whose children are placed in Foster Care. States need to strengthen up-front preventive services they provide to families in order to prevent unnecessary family break-up and protect children who remain at home. Overall, only six States were in substantial conformity with the outcome measure reflecting whether or not children are maintained in their own homes when appropriate.

By themselves, these findings would be of little use if the CFSRs simply stopped at reporting on current State practice. Rather, to be useful, these findings must be employed to improve State child welfare practice. That is why the most important product of the CFSRs is to engage the States in developing, and then implementing, Program Improvement Plans designed to address the underlying practice issues that affect outcomes for children and families who come in contact with state child welfare systems.

Program Improvement Plans

For any of the outcomes or systemic factors in which the State is determined not to be in substantial conformity, the State must develop and implement a program improvement plan (PIP) designed to correct the area of non-conformity. Once approved, States enter a two-year Program Improvement Plan (PIP). During this time, ACF monitors the States' progress and provides technical assistance to support the States during their PIP. An array of training and technical assistance is provided at no cost to the States through a network of federally funded National Resource Centers.

Program Improvement Plans are designed to serve as a catalyst for significant reforms of State child welfare systems. Through the Program Improvement Planning process, we are looking for meaningful changes that will lead to lasting improvements in the way that States operate their programs. Because the PIPs are intended to result in long-term, measurable improvements in State child welfare programs, we reject PIPs that are "plans-to-plan" rather than plans that include concrete strategies that will lead to positive results. Many States have been challenged through this process to conceptualize and plan fundamental reform, and we have been unwilling to accept plans that do not target the key issues affecting outcomes for children and families and instead have taken the time to work with States to help them re-shape their initial PIP submissions.

Penalties associated with non-conformity are suspended while the State implements the approved PIP, and are rescinded if the State is successful in ending the non-conformity through completion of the PIP.

To date, ACF has approved PIPs for all States. Thirty-three States have completed their two-year PIPs. Of these 33 States, we have completed our evaluations of 18 States' PIPs. The determination was made that 17 States successfully implemented all required activities in the PIPs, reaching their approved PIP goals. One jurisdiction did not successfully complete the PIP and we will begin withholding Federal funds as a result. We are in the process of evaluating the remaining States' success in meeting the goals of their PIPs. Several other PIPs are scheduled for completion this Federal fiscal year.

What is encouraging and striking to me is that through this process, every State in this country has assessed the needs of the children and families in their child welfare systems and has taken meaningful action to improve services and outcomes – and thus far most have been successful in achieving measurable improvements. Does this mean our work is done? No–really, it has just begun. We know of the ongoing challenges that child welfare systems across the country face. And we, too often, read in our local paper of individual tragedies when children have not been protected. We have a lot of work left to do. But we do have a framework to move forward and continue to address the challenges as they emerge.

Our primary mechanisms for moving child welfare programs toward higher and more reliable levels of service delivery are the Child and Family Service Review and the Program Improvement Plans that States implement as a result of our review findings. This summer, we anticipate launching the second round of Child and Family Service Reviews. The second round of reviews, together with the momentum for forward

progress inspired by the initial round of reviews, are the critical next steps in our pursuit of continuous quality improvement in State child welfare programs.

Methamphetamines: An Emerging Child Welfare Challenge

One challenge we know that many areas of the country are confronting is the widening problem with methamphetamine use and the accompanying social and economic impact. The production and use of methamphetamine, a synthetic drug commonly known as "meth," is now a major concern not only to law enforcement officials but to those engaged in several other areas of work, especially child welfare.

Two circumstances connected with this drug make it particularly problematic for child welfare: 1) the high-use rate by females during their childbearing years; and 2) the environment where methamphetamine is manufactured and/or used is hazardous to children, posing some unique challenges for child protection.

The increase in Foster Care placements due to methamphetamine addicted parents, and the accompanying environmental dangers to children resulting from meth labs have made it essential for members at all levels of the child welfare community to formulate a swift and strong response. ACF recognizes the importance of providing leadership on this timely and important issue. As our response efforts have intensified, we have been seeking ways in which we can effectively integrate our work with other Federal efforts and highlight those areas which are of special concern to child welfare.

Last August, HHS Secretary Mike Leavitt met with Attorney General Alberto Gonzalez to discuss the growing concerns surrounding meth manufacture and use, to develop a more coordinated effort in response, and to launch new targeted initiatives. At that time, Secretary Leavitt committed to convening a national conference on methamphetamine and child welfare at the earliest possible time. To that end, just this week, ACF's Children's Bureau, in collaboration with the Child Care Bureau, and SAMHSA's Center for Substance Abuse Treatment convened a national conference on methamphetamine and child welfare. The conference, *Methamphetamine: The Child Welfare Impact and Response* brought together more than 300 State and Tribal leaders in child welfare, child care and substance abuse treatment to share successes and challenges in working with families and children in the child welfare system impacted by methamphetamine use and production, to develop cross-agency responses, and to highlight promising practices and model approaches.

Since then, the Children's Bureau in ACF has continued to pursue a number of initiatives around the issue of methamphetamine and child welfare through our national training and technical assistance network. To begin, we sponsored comprehensive teleconference training last summer to child welfare grantees and ACF Regional Office staff on the implications of methamphetamine abuse for child welfare. Several areas of concern were addressed including patterns of meth use, prenatal exposure, and chronic neglect and inconsistent parenting due to methamphetamine use.

We continue to support the important work of the National Center on Substance Abuse and Child Welfare which we jointly fund with the Center for Substance Abuse and Treatment at the Substance Abuse and Mental Health Services Administration (SAMHSA). Dr. Nancy Young, Director of the Center, and her staff have been presenting at conferences and meetings on this issue, have responded to many requests for technical assistance on meth-related topics, and have developed a number of resources that are available from the National Center and on their website. I know that you also had the opportunity to hear from Dr. Young directly at your April 25 hearing on the impact of methamphetamine on the child welfare system.

We will continue to use our data resources, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS) and our work with the States through the CFSR process to identify trends in meth usage and its impact on child welfare, and we will continue to work through our National Resource Centers and in collaboration with our Federal partners at SAMHSA and elsewhere to support States as they confront the challenges posed by the meth epidemic.

Federal Child Welfare Financing Reform

While there are many challenges in child welfare, there is one more that I would like to discuss today – and that is the challenge presented by the current structure of Federal child welfare funding. As you know, the largest single source of Federal child welfare

funding comes from the title IV-E Foster Care program, which provides about $5 billion annually to States. These funds may only be used to reimburse a portion of the Foster Care maintenance payments and related case management and administrative costs, and only for some children – those meeting specific, at times antiquated, eligibility requirements. The title IV-E program is administratively complex and substantively rigid in how funds may be used, limiting States' abilities to craft service responses that could lead to more positive outcomes for children and families.

For this reason, the President has asked the Congress to pass legislation that would offer States an option to take title IV-E Foster Care funding as a fixed allocation (rather than as an open-ended entitlement) that could be used to pay not just for Foster Care, but for the full range of child welfare services, including preventive services, in-home services, services to reunify children with families, and post-permanency support services to stabilize families after reunification or after an adoptive placement. In addition, under the President's proposal, Tribes will benefit from direct access to and flexible use of title IV-E funds for the first time.

As I mentioned earlier, one finding of the CFSR was that children and families served in their own homes received less attention and fewer services than children removed from home. By opening up title IV-E and giving States an option – not a requirement, but an option – to receive Federal funds in a manner that gives them a choice to receive title IV-E as a flexible grant that could fund a full array of child welfare activities, we believe that we would see progress in developing a child welfare system that places children only

when necessary and that places greater emphasis on providing timely and better tailored services. These services would serve to maintain children safely in their own homes whenever possible; to address parental problems and reunify children in a timelier manner when removal is necessary; and/or to move children to other permanent homes when reunification is not possible.

Conclusion

We are making strides in all three programs discussed here today – the Promoting Safe and Stable Families Program; the Court Improvement Program, and the Mentoring Children of Prisoners Program. Each of these programs plays a significant role in promoting the well-being of our nation's vulnerable children and families. To that end, we are committed to working with the States, the Congress, and community-based organizations to continuously strive for better outcomes for all of these children. We look forward to working with the Committee on reauthorization of these vital programs and on the President's child welfare financing proposal.

Again, I thank you for this opportunity to testify before the Committee, and I would be pleased to answer any questions you may have.

Senator Jay Rockefeller
Statement for Finance Committee Hearing:
Fostering Permanence: Progress Achieved and Challenges Ahead
May 10, 2006

I want to thank Chairman Grassley for this important oversight hearing on the issues of our child welfare and foster care programs and the effort to secure permanent homes for children, along with their health and safety. Our child welfare and foster care systems have been a real priority for me throughout my years on the Senate Finance Committee. Unfortunately, I am still recovering from recent back surgery and unable to personally attend but I wanted to submit my written remarks for the record.

Since 1997, and the passage of the Adoption and Safe Families Act, there have been real changes in the child welfare system. The Adoption and Safe Families Act sought to establish a better balance of reasonable efforts to focus on the needs of children, and to promote a child's safety, health and permanent home. It is especially reassuring to note that over the years, our committee and the Senate has acted in a strong bipartisan manner to push for change in the child welfare system. Clear progress has been made with about 50,000 children a year being adopted from our foster care system, which is double the number in 2002. But there are still over 100,000 children in the system that permanency plan is adoption, so the challenge is obvious.

Within the Adoption and Safe Families Act, is a program known as Promoting Safe and Stable Families Program. This initiative was part of the 1997 law, and I was proud to work with Senator DeWine and others in 2002 to reauthorize and expand this program. The Promoting Safe and Stable Families Program is up for reauthorization this year, and I hope that we will continue the strong bipartisan effort to review and extend this program.

Promoting Safe and Stable Families Program suggests investments for the full range of investments for children and families in the child welfare system, including family support, family preservation, time-limited family reunification, and adoption and post-adoption support services. A state is expected to allocate substantial sums to each of the four activities, defined as twenty percent of the funding. States also get the flexibility to invest the remaining twenty percent in any way among the categories. States that want to aggressively pursue family support could invest up to forty percent of this funding into that priority. Another state could invest up to forty percent in adoption and post-adoption services.

The increase in adoptions from foster care is a clear sign of progress and the need for flexibility to invest more funding into post-adoption services to help the growing number of caring families who have adopted some of our most vulnerable children. There are also promising stories from the last Finance Committee hearing on

methaphetamines, known as "meth" that indicate that family support and preservation or family reunification services can change lives as well.

My hope is that we can take the lessons learned from the "meth" hearing and today's event to forge bipartisan consensus to reauthorize and strengthen the Promoting Safe and Stable Families Program to build on the foundation of the 1997 law that refocus our system on the children, and their need for safety, health and a permanent home.

Written Testimony of Gary Stangler
Executive Director, Jim Casey Youth Opportunities Initiative

Before the Senate Committee on Finance
Hearing on Fostering Permanence:
Progress Achieved and Challenges Ahead for America's Child Welfare System
May 10, 2006

Good morning, Mr. Chairman, Senator Baucus, and members of the Committee. It is my great pleasure to be here today, especially as we celebrate National Foster Care Month this month.

The Jim Casey Youth Opportunities Initiative is a national foundation focused solely on helping communities assist older youth in foster care make successful transitions to adulthood. We have demonstration projects in both rural and urban areas in 10 states from Maine to Tennessee to Iowa to California. We focus on two key areas that we know will help these young adults thrive: providing opportunities to achieve economic success and helping them build permanent relationships in their lives.

As Congress considers reauthorizing the Promoting Safe and Stable Families program, perhaps the biggest challenge we face in America's child welfare system today is finding permanence for children who were placed in foster care due to parental abuse or neglect. And over the past 10 years, we have increasingly recognized the need for permanence for the older youth in the system.

What do we mean by permanence? To us in the field, it means a young person being in a family relationship – reunified safely with kin or living with legal guardians or adoptive parents, but certainly living in a relationship that has a strong sense of "forever" attached. The closest relationships many of these youth have are with social workers and attorneys. These are ephemeral, professional relationships and no substitute for a family.

Policy and practice in child welfare has evolved from "independent living" being the goal – often even a type of placement – to the integration of permanence with preparation for adulthood. That is how we treat our own children. We no longer accept that teens in foster care do not need permanent connections as they enter early adulthood. On the contrary, those of us who are parents intuitively know these two cannot be separated, that preparation for adulthood is inextricably linked to permanence.

I ask you to listen to the compelling words of 22-year-old Nadege Breeden. Nadege chairs our youth leadership board at our project in Bridgeport, Connecticut. Not long ago, she became the first adult adopted in Connecticut in years, and she recently submitted an op-ed for her local paper that included this passage: "What does permanency mean? There's no all-purpose definition. For me, it meant feeling comfortable at home. I found that in my second foster home.

My foster mother never thought of me as just another kid in foster care. She never forced me to be anyone but me. But she enforced strict rules: Time limits on the phone. No sleepovers at

friends' houses. Church every Friday and Sunday. Good grades. Nice attire. I hated it, but secretly, I loved it.

About a year ago, my mother asked how I would feel if she were to give me her last name? At first, I didn't understand. She told me she wanted to adopt me. I cried and cried. She asked me why I was crying, and I told her that for the first time somebody wanted me and loved me, just as I am."

Nadege is one of the very fortunate young people from foster care. Creating permanence for young people age 14 and older is possible, and critically necessary, but it is also very difficult. For older youth who will not be adopted or reunited with their parents, we are striving to create "relational permanence," a lifelong attachment, a relationship that is an emotional connection beyond a legal relationship. It's not group care, and it is not simply a mentor. It's a lifelong attachment we seek.

We have much to learn about how to achieve permanence, but we know that educational and economic success rest heavily on it -- and right now, youth in foster care have low high school graduation rates and little economic success. Only half of them finish high school. Only 20 percent who are qualified for college actually go on to postsecondary education. And only 5 percent of those in college finish their degrees. Low educational attainment guarantees poor economic success.

Educational attainment depends on permanence. Youth in foster care are bounced from placement to placement, and thus school to school, interrupting their educations. School records don't catch up. Grades get repeated. And there is rarely a family member to help keep things on track. Closeness to someone – especially in a family – including a foster family – dramatically increases the likelihood of succeeding in school. With spotty education, economic success becomes a much steeper climb. Recent research at the Chapin Hall Center for Children at the University of Chicago indicates that if the state continues to take responsibility for young people past age 18, it doubles the chances of educational success.

A disturbing trend in America's child welfare system is the alarming racial disparities in foster care placements. In 46 states, the proportion of black children in foster care is more than two times the proportion of black children in the state's total number of children 18 or younger. The scenario is similar for Latino, Native American and Native Alaskan children – too many are in the child welfare system, compared to their numbers in the general population. What does all that mean? It means more poor outcomes – the same spotty educational and economic track records – for children of color. The interruptions in schooling, for example, compound the poor outcomes.

Suffering from disrupted educations and bleak economic prospects, many older youth who "age out" of foster care when they turn 18 struggle to stay in school, find stable housing, support themselves financially and secure medical services. A study last year by the Chapin Hall Center for Children found that those who left foster care at the age of 18 were nearly three times more likely than a national sample of their peers to be disconnected from work or school. Very few kids in this country have finished high school by age 18. Yet our foster care system releases them even as we know it devastates their chance for a high school diploma.

So, how do we create permanence? Human nature responds to incentives. Systems, like people, respond best to incentives as well. And the best kind of incentive is financial. We need financial incentives to foster permanence – through adoption, legal guardianship, family members trying to take on that role, or other family-type arrangements that assure life-long connections. As you know, I was privileged to be a member of the Pew Commission on Children in Foster Care, and I strongly support our recommendations that:

- We need to continue post-adoption support, including family support and family strengthening services, and ensure they are available for guardians as well as for adoptive parents. Post-permanence support is perhaps the more correct term.

- We should provide federal subsidies to guardians of all children who leave foster care to live with a permanent legal guardian when a court has explicitly determined that neither reunification nor adoption is feasible.

- We also desperately need post-permanence services for relatives trying to provide the supports that would come from a family but are in situations where adoption or guardianship is not an option.

- We need to encourage innovative and entrepreneurial approaches among states to learning best practices. One approach, for example, is using the parent locator services of the child support enforcement system to identify youths' other relatives. We need to reinstitute the waiver process and provide incentives to states that increase all forms of safe permanence.

In addition, Congress should support a number of policy measures:

- We need to extend federal support and incentives for foster care to age 21 in all states. We need to allow youth who have aged out at 18 to re-enter foster care when they realize that being on their own is harder than they thought it would be. The Chapin Hall study from the University of Chicago found that remaining in care after the age of 18 increased the likelihood that young adults would continue their education or be employed. I want to commend the leadership in Iowa – the legislature and the governor – for recent legislation expanding services and supports to youth leaving foster care up to their 21st birthday. We need all states to take this step.

- We need more aggressive and flexible support for post-secondary education because economic success depends on education. Emancipated youth have to support themselves financially and attend school. The states should ensure that the use of educational training vouchers supports part-time employment and part-time school attendance more strongly.

- We should sever the link between adoptive/guardian family incomes and eligibility for financial aid. One of our interns had to choose between her financial aid package for college and having a family, since her adopted family's income would be factored in. In the end, she decided it was more important to have a father to walk her down the aisle

than to be able to afford college. Mary Lee told her story last spring here on Capitol Hill, and Senators Landrieu and Coleman introduced the Foster Adoption to Further Student Achievement Act last summer, which wouldn't force kids to choose between having a family and getting financial aid. The bill is still in committee.

- We need incentives for states to extend access to health care – including mental health and substance abuse services – for these young people. So far, only 12 states have taken the option under the Chafee Act to extend Medicaid benefits for former foster youth older than 18. They are Connecticut, California, Arizona, Texas, Kansas, South Carolina, Mississippi, New Jersey, South Dakota, Wyoming, Oklahoma, and Iowa. We need many more states to provide this basic care for young adults who aged out of foster care.

- We need better data about what states are doing with their independent living dollars through the Chafee Program, which was established under the Foster Care Independence Act of 1999. Establishing and finalizing the Act's mandatory data collection and performance assessment requirements for states under the Chafee Program should be a priority of the administration and the Department of Health and Human Services.

- Congress should enact authorization for matched savings accounts, or Individual Development Accounts, for youth transitioning from foster care that would include assets such as a car, which is essential to get to school or work in most places in this country. Particularly in rural areas, there is no alternative to a car to get work or school. One young man in our rural Northern Michigan site recently used his matched savings account to buy a pickup truck because he got a job in the construction trades.

- We should guard against unintended consequences of successful permanence. Some young people may be ineligible for services under the Chafee Act, if they are placed with family members or adopted.

Today, there's evidence that parents are supporting the economic success of their offspring all the way into their thirties. A recent *New York Times* story said that nationally one-third of those between 18 and 34 receive cash from their parents. The story, headlined "The Bank of Mom and Dad," told how more and more parents are subsidizing their college-educated and employed offspring, sometimes to the tune of thousands of dollars a year. We do this for our own kids, and we need to establish that kind of life-long permanence. Considering our job done with an 18-year-old who has not graduated from high school should be unthinkable.

When I directed Missouri's Department of Social Services, all too often we focused exclusively on finding a safe placement for a child in foster care. The priority was on making sure children were clothed, housed, and fed in a safe environment. But that approach didn't prepare young people to be on their own once they had to leave the child welfare system. It also has led to over-use of congregate, institutional care. The Urban Institute notes that half of the cost of out-of-home care was group, the most expensive type of placement. This lack of permanence takes a toll on both budgets and human beings.

To date in our Jim Casey Youth Opportunity Initiative sites, our communities have worked with 1,500 young people, ages 16 to 23, who have or will transition from foster care. We have several key components we believe will provide opportunities for both economic success and permanence for these young people.

First, with our Opportunity Passport™, we train these young people in financial literacy: money matters, such as how to budget, how to balance a checkbook, how to use credit wisely. We encourage saving by matching their savings one-to-one in an Individual Development Account, or IDA, that they can use to buy assets, such as homes, college educations, cars to get to work and school, or to start a business. Some kids struggle to save $10 a month, while others have started businesses or continued in school with their assets. Again, the idea of financial incentives – in this case, the match – keeps some kids putting away money in their IDAs.

To date, our young people have saved nearly $860,000 and have bought 410 assets. Last year, two of our young women in Atlanta – Anita Alston and Katrina Lawson – used their IDAs to buy their own first homes. In Bangor, Maine, 20-year-old Brian Morrison saved $1,000, got a $1,000 match and invested that $2,000 in a 12-month CD to build a nest egg for himself once he graduates next month from Eastern Maine Community College. We know from our work that the young people who have permanence in their lives are better at saving in their IDAs.

Another key component of our Opportunity Passport™ is what we call Door Openers – individuals, businesses and community organizations that provide opportunities to young people from foster care. Most of us sitting in this room had someone who opened a door or two for them, growing up. Maybe it was a first job or help getting into college or an entrée into politics. Most young people from foster care simply don't have that. Our Door Openers provide mentoring, employment, internships, housing, even discounted driving classes or clothing vouchers. The idea is that Door Openers from the community will create that permanent support network. Most young people from foster care are never exposed to the wider world of work outside of social workers. All young people need connections: connections to families, coaches, teachers, mentors, and peers. Such Door Opener connections helped turn around the life of a 20-year-old mother of three in Nashville. She got a job at Asurion, a cell phone insurer, complete with an on-the-job mentor and health insurance. She saved for a car through her matched IDA, and today has transportation for herself and her children.

In Des Moines, Mikelle Wortman also has benefited greatly from one such Door Opener. She went into an independent living program at 16, meaning she lived on her own in supervised apartment. While in high school, she worked three jobs – hotel front desk clerk, a city EMT and a certified nursing assistant at a hospital. Mikelle remembers what that was like: "The worst part was not having a family, not having someone to turn to and say, 'I love you.' I worked very hard, and I felt like I was making it and doing OK. But I was still very lonely." When she was a high school senior, our grantee in Des Moines introduced her to a retired local businessman who wanted to help youth who lacked family support. He did many of the little things a parent would do – such as lending her his car when hers was in the shop, getting her a new cell phone when her budget was too tight, driving two hours to have dinner with her at University of Iowa. As Mikelle puts it: "Uncle Roger has always been there for me. I don't think I would have been able to keep going without him." Today, Mikelle is 18 and hopes to complete a paramedic training course next month. "If you have a mentor, it makes a world of difference," she says.

A cornerstone of the work of the Jim Casey Youth Opportunities Initiative is youth engagement and youth leadership. All 10 of our projects have youth leadership boards. These have proven to be remarkable and invaluable sources of connections, peer support, and leadership development. Congress recognized the importance of listening to your customers when enacting the Chafee legislation. All states were required to involve youth in the planning. Some states did better than others. That wisdom is paying off more than anyone anticipated.

Kids like Mikelle in Des Moines and Nadege from Bridgeport, whom I told you about earlier, display something that I've often seen in my years in the child welfare field: a remarkable spirit of resiliency.

In her op-ed for the local paper, Nadege also wrote: "Family means so much to me. It feels good to have a home, a mother and love to call my own. I just don't know how I made it through the first 14 years of my life without her. If you have a home and a heart to give a child permanency, please do so."

The drive – the need – for family is hard-wired in these kids. They show it in every setting and in every way. Resilience is amazing. Resilience based on stability and permanence in their lives is priceless.

Thank you very much for this opportunity to address the committee.

This concludes my testimony, and I welcome your questions.

MOVING ON UP! Passport to Independence

POLK COUNTY, IOWA
JIM CASEY YOUTH OPPORTUNITIES INITIATIVE

Polk County is one of ten sites around the country piloting a new approach to help youth in foster care make successful transitions to adulthood and self-sufficiency.

Our Initiative - MOVING ON UP! Passport to Independence - is working to improve outcomes for youth in foster care in five priority areas: ***Employment, Education, Connections to the Community, Housing, Physical and Mental Health.*** Primary components include:

Opportunity Passport™: This component, with ***Bankers Trust*** as our local banking partner, provides financial opportunities, support and connections for youth, ages 14 to 23, who are or were in foster care at age 14 or older. More than 150 Polk County youth have completed a 12-hour ***Financial Literacy Training*** and are enrolled in the Opportunity Passport™ giving them access to:

- ***Personal debit account*** for short-term expenses and to gain experience banking.
- ***Matched savings account*** for medium- and long-term asset building. Participants' savings are matched up to $1,000 a year to purchase approved assets. To date, approximately 50 youth have purchased assets worth more than $58,000.
- ***Door Openers*** – educational, health, employment, and personal opportunities for youth.

Youth Leadership Board (YLB): Young people are actively engaged in the operation of MOVING ON UP! Supported by the Youth Policy Institute of Iowa, YLB members are provided training in leadership, planning, communication and other skills that will empower them to serve as effective partners and advocates. Members are compensated for their time and contributions to the Initiative.

Community Partnership Board (CPB): The Transition to Adulthood Community Partnership Board meets regularly to ensure the achievement of the Initiative's goals by developing opportunities for youth. Members of the YLB and CPB will be involved in self-evaluation and long-term planning for **MOVING ON UP!** ***Passport to Independence.***

Local partners include:

- Youth Policy Institute of Iowa
- United Way of Central Iowa
- Iowa Department of Human Services
- Des Moines DHS Service Area
- Multiple Youth-Service Agencies and Organizations
- Bankers Trust
- Polk County Decategorization
- Agenda One
- Polk County Youth Development Partnership
- Des Moines Public Schools

For more information contact:
Youth Policy Institute of Iowa
7025 Hickman Road, Suite 4
Des Moines, Iowa 50322
Phone: 515-727-4220

Local partners of **MOVING ON UP!** gratefully acknowledge the support provided by the Jim Casey Youth Opportunities Initiative (**www.jimcaseyyouth.org**), a nonprofit foundation formed by the Annie E. Casey Foundation and Casey Family Programs to promote better outcomes for youth transitioning from foster care, and United Way of Central Iowa.

Finance Committee Hearing
"Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare System"
Questions and Answers Submitted for the Record
Mr. Gary Stangler

Senator Grassley

Mr. Stangler, I am aware that as many as 20,000 young people "age out" of foster care each year. You have written a book, "On Their Own: What Happens to Kids When They Age Out of the Foster Care System." What are some of the challenges that these young people face? What happens to them?

The most serious challenge faced by most of the young people aging out of foster care is the lack of family supports that most youth in this country are able to take for granted. The emotional support, the unconditional support that comes from a lifelong attachment, is the single most important challenge that we, government and communities, must help them overcome. *New York Times* columnist David Brooks notes that this is where scientific research and popular culture come to a common position:

> "Kids learn from people they love. If we want young people to develop the social and self-regulating skills they need to thrive, we need to establish stable long-term relationships between love-hungry children and love-providing adults" David Brooks, *New York Times*, May 26, 2006

There are many programs that teach skills needed for economic success, and these are important to address the deficits many youth in foster care accumulate as they are shuffled from placement to placement, family setting to group home, and finally released with little more than their belongings. But *skills* cannot substitute for family *supports*. The acquisition of skills is highly related to the level of support and attachment from caring adults.

During the past five years of my work in this field, I have come to two conclusions: the drive for attachment to family is hard-wired in our nature, and, secondly, the resilience of human beings is remarkable and inspiring.

In the Jim Casey Youth Opportunities Initiative projects, we have youth leadership boards in all ten of our demonstration sites, made up of youth in or formerly in foster care. In almost every setting, I observe the creation of "families" among the young people. And in many of their stories is the refrain of wanting to be with, or take care of, the natural parent(s), sometimes in spite of the impossibility of doing so. Likewise, the drive to take care of siblings, or to protect them from what they have gone through, is equally strong.

And the resilience of young people who have had very difficult childhoods, if it can even be called childhood at times, is something I witness repeatedly. This is especially so when connections or supports are accessible, from both caring adults and peers. Isolation so often accompanies foster care, caused by frequent placement moves, instability and insecurity in their lives, and the fact that often the only connections are with professional caregivers, at best, or with shift-workers in institutional

settings. Once given the opportunity to establish connections, to feel valued, that often provokes that resilience needed to thrive.

The second major challenge facing these youth is in continuing their education. Very few of the youth who are released from foster care at age 18 have finished high school (actually, few 18-year-olds anywhere have graduated high school). Even though many states offer financial assistance for those trying to finish their education or training, these young people must simultaneously negotiate—and finance—a place to live, not to mention finding a job and learning to live on their own after being in a system that made all of their decisions for them. The financial assistance available from the states often has strings attached, which sometimes precludes going to school part-time in order to work to support themselves. Most states do not provide Medicaid—despite this option given to them by Congress—and so many find themselves without the medical care they need, or the behavioral health services they need since many suffer from depression and come from environments where the reason they were removed from their families was because of the caregivers' substance abuse.

Most studies note that income and employment are at low levels for former foster youth. Labor economists note that having connections to job prospects is often more important for young people than job skills. Yet, the isolation of many of these young people, and the fact that many have been *prevented* from having part-time jobs while in custody because they are in institutional care, result in few connections to adults who could be helpful in a job search.

These are the immediate challenges facing young people aging out of foster care, and the answer to the question of what happens to them flows from the lack of family supports, inability to continue education, lack of medical and behavioral health care, and difficulty in finding and holding employment. The results are outcomes that are as bleak as for any population of youth: high risk of homelessness, unemployment, poor health, and risk of ending up in the juvenile or adult corrections system.

I understand that you have written that "government agencies . . . cannot compensate for the lack of preparation for adulthood that most teenagers get from their families." I agree that a permanent mentoring adult is not something that the government can, or should provide. But, do you have recommendations as to what those of us in Congress can do to facilitate assistance for these young people?

In order to address the challenges noted above, and to improve the outcomes for a population of young people that have been the wards of the government, I would suggest the following specific Congressional action.

Permanency and Family Supports

There is an emerging effort in some states and jurisdictions to identify potential family members prior to emancipation, with the primary goals being adoption or legal guardianship. The youth themselves are frequently the best sources for identifying extended family members or adults who have had significant roles in their lives. It should be the general policy of public agencies that discharge from foster care must or should be to a family member or other adult willing to provide a permanent relationship. Congress expressed this intent in the goals of the John Chafee Foster Care Independence Act of 1999. A recent report from the General Accountability Office (GAO) noted that the executive branch expected states to "self-certify" compliance with the law, and Congress should exercise oversight of the states' efforts to establish permanent connections.

Recent research from the Chapin Hall Center for Children at the University of Chicago found that there were significant differences in outcomes between young adults who were able to stay in foster care beyond age 18 up to age 21 and those who emancipated at age 18. Those youth who continued to have foster care supports were much more likely to finish their education and to be employed. Most states do not provide for care beyond age 18, and even those that do often attach conditions that make it difficult or deny care to those who emancipated but wish to return when they are unable to find the supports they need on their own. Congress should provide incentives and allow federal reimbursement for room and board payments for youth up to age 21, on a voluntary basis.

Educational Support

The Congress has provided funding to the states for Educational Training Vouchers (ETV) for youth exiting foster care. Many states attach conditions that are well-meaning but do not recognize the reality of the situations many of these youth encounter. For example, maintaining full-time attendance in school, and even requiring certain levels of school performance, are not feasible for young people who lack stable or secure living arrangements, or those who have to work enough hours to finance a place to live and provide for food and other necessities. Congress should exercise oversight on how states are using the federal ETV funds to support continuing ability to stay and advance in school, and ensure that states provide the flexibility necessary to meet real-life situations.

Health Care

Congress provided the states the option to provide Medicaid to former foster youth up to age 21, but only a handful of states have taken advantage of the federal reimbursement to provide access to health care. There are critical medical and mental health services needed by this population, especially since they were removed from their homes for reasons of abuse or neglect, and who often came from backgrounds of parental substance abuse. The current Congressional attention to the issues of methamphetamine and the impact of the child welfare system bring this point home. Congress should mandate that states take advantage of the option given to them by the Congress to address these needs.

Financial Aid for Post-Secondary Education

Congress should sever the link between eligibility for financial aid for college and the income of adoptive or guardianship families. One of our youth board members from Nashville, Mary Lee, spoke to Congressional staff about her choice between being adopted and her financial aid for college. Her adoptive parents' income was deemed in determining her eligibility, despite the fact that they had adopted her at age 18. In response, Senators Coleman and Landrieu have sponsored legislation to address this issue, but it remains in committee. The Congress should promote adoption and permanency by severing the link.

Economic Success

It is a well-known fact: the opposite of poverty is not a job. It is assets, savings. The Congress recognized this with the Assets for Independence Act, providing authorization and funding for Individual Development Accounts (IDAs). These are savings accounts where individuals can save money and draw matching funds when withdrawn for approved purposes, such as home ownership, educational expenses, etc. While the research supports the efficacy of such accounts for low-income adults, the record for youth IDAs is dismal, for both the reasons of low earnings and the abstractness for a 14-year-old to save for a home.

The work of the Jim Casey Youth Opportunities Initiative is instructive in this regard. Our Opportunity Passport™ includes an IDA that specifically allows a car as an approved asset purchase, as well as a down payment for an apartment or home purchase. A car is an absolute necessity for young adults to attend school or work in most places in the country, and especially in rural America. Our data show that saving for a car is popular and a strong motivator, with the additional consequences of successful saving patterns and sense of achievement. Other studies have shown the impact of purchasing a car on earnings.

Congress should pass legislation or amend the Assets for Independence Act to provide demonstration projects for IDAs for foster youth, providing the matching funds as in the existing program. But Congress should specifically provide flexibility for IDAs for this youth population to include a car, purchase of insurance, and deposits for housing as allowable assets.

As noted above, connections in the community are incredibly important, as labor economists note the link between connections to job opportunities and employment as more important than skills for young people. And jobs are not the only connections needed for this isolated population; continued education, internships, part-time jobs, vocational options are all boosted by connections to adults who can provide mentoring, guidance, and information. The role of youth themselves in determining better connections is acknowledged in the intent of the Chafee Act. Youth engagement in the decision-making that affects their lives should not wait to be given at age 18. Program design is improved when the youth are involved, and our experience with our youth leadership boards in the ten national Jim Casey Youth Opportunities Initiative demonstrations underscore the power of engaging youth.

Data Collection

The John Chafee Foster Care Independence Act of 1999 required the executive branch to determine requirements for state reporting of data for this population, especially those served with the funds from the Act. Five years later, the executive branch has yet to publish regulations or implement the requirements of the law. Congress should exercise oversight of this compliance issue.

Research and Evaluation

Congress designated funds for research and evaluation as part of the Act. Such research must include more attention to the practices and policies that would result in permanent family connections for this population.

Pew Commission on Children in Foster Care

As a member of the Pew Commission, I would like to reiterate support for our recommendations, especially those that call for federal support for legal guardianship and other forms of permanent family attachments; expansion of post-adoption family supports, including to guardianship and relative placement arrangements.

Written Testimony of Arlene Templer, MSW, ACSW, CRC
Tribal Social Services Division Manager of the Department of Human Resources Development (DHRD), Confederated Salish and Kootenai Tribes (CSKT) of the Flathead Nation

Before the Senate Committee on Finance
Hearing on "Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare System"
April 25, 2006

Honorable Chairman Charles E. Grassley, and the Honorable Senator Max Baucus from the great state of Montana, and members of the committee, the Confederated Salish and Kootenai Tribes of the Flathead Nation (CSKT or Flathead Nation) appreciates this opportunity to present you with testimony on the "Fostering Permanence: Progress Achieved and Challenges Ahead for American's Child Welfare System". Before offering remarks on this important topic of fostering permanence, which greatly impacts Indian Country and the Country in general, here are the summary recommendations of the Flathead Nation:

- **That the Tribes share of the annual Title IV-B child welfare services budget within HHS ACF be increased to a level of at least 3% of the overall appropriation. The CCDF funds, which are in HHS ACF, earmark a set per cent for Tribal grantees. The same is suggested for Title IV-B Child Welfare Services that are allocated to the Indian Nations.**

- **That the Tribes share of Title IV-B Promoting Safe and Stable Families be increased to a mandatory set aside level of 3% (for both mandatory and discretionary programs) dedicated to the Indian Nations. The Deficit Reduction Act provided for a $40 million increase for Title IV-B, Part 2 and it is expected that this will be incorporated into the reauthorization bill; thus, an increased tribal allocation will simply result in a larger percentage of the increase going to tribes than would have been the case – it will not result in any reduction of funding to states.**

- **Title IV-E Foster Care and Adoption Assistance – The current law only allows tribes that have agreements with states the opportunity to operate this program, and currently there are less than 70 tribes that have these agreements. Our Tribe, other Tribes and a number of states support direct funding of tribes under Title IV-E. In 1994 the Office of Inspector General for DHHS examined tribal access to Social Security Act programs and identified several barriers to the passing through of funding from states to tribes and concluded that the surest way to fund tribal programs was direct funding (OEI-01-93-00110). The CSKT Tribes support this recommendation as well as the Pew Commission and the Affiliated Tribes of the Northwest (ATNI).**

- **Other sources of funding to support tribal foster care and adoption assistance services are also scarce. This has resulted in many tribes having to ask tribal members to provide these homes without any subsidy and limited support, creating a much higher risk for tribal foster homes to fail. This situation is something that no state nor Tribal nor federal government can tolerate. Legislation in Congress has been pending to provide direct tribal access to Title IV-E. We think it is time.**

- **<u>President's Flexible Funding Proposal</u> – We agree with the President that child welfare reform is needed and should address issues of financing. From the descriptions that we have heard, the President's proposal would make some tribes eligible for a reserved amount of funding to provide child welfare services, including foster care services. This is an important acknowledgement of the role that tribal governments play with their tribal children and families, and we thank him for this. To help us further evaluate this proposal, we need to see an official written description, which several tribes and Indian organizations have asked for, but have not received. We are also supportive of Assistant Secretary Horn's openness to allowing tribes that don't currently have full capacity to be eligible for this funding if they provide a plan for building that capacity. Our biggest concern at this point without a written description to evaluate is the amount of funding being suggested - $30 million annually. This amount would not enable every tribe that wanted to operate foster care the ability to do so. The Congressional Budget Office estimates that at least $68 million per year is needed to fully provide all tribes with foster care services under Title IV-E. We think this amount is fair and would recommend that the President increase the amount they are reserving for tribes to this amount.**

- **The identification of a commission/entity to evaluate the health care implications and health care needs as poor isolated Indian reservations struggle with the health impacts and costs of serving "Meth" affected children and families. The "Meth" epidemic is going to and will continue to have a catastrophic affect on both the Indian Health Service[1] budget and the States Medicaid budgets.**

- **That the real issue impacting the child welfare system in Indian county is an issue of Poverty. The Administration must offer a meaningful poverty reduction program in order to have lasting effect on the child welfare system. On our reservation, nearly 80% of those families who are referred for suspected abuse and neglect are**

[1] Indian Health Service is typically funded at 59% of need and the limited funding does not anticipate nor provide for the costs of the following: physical therapy, speech therapy, anger management, sensory integration dysfunction issues due to the affects of the drugs. The costs to care for meth affected children in the foster care system and their treatment is going to be significant.

unemployed. Children in families with poverty experience abuse, neglect, addictions, crime, and sometimes even death.

Background: The CSKT reservation is a result of the cession of tribal lands made by the Salish, Kootenai, and Pend d'Oreilles Indians under the Hellgate Treaty of 1855. In the Hellgate Treaty the Tribes ceded over 20 million acres of ancestral land (much of what is now considered western Montana) in exchange for a reservation of title to lands within an area of 1.3 million acres in northwestern Montana. In 1904, Congress opened up the Flathead reservation to allotment and widespread transfer of tribal land into the hands of individual tribal members and ultimately to non-Indians took place. Beginning in the 1940's, the CSKT began to recover some of the lands over which the Tribes had lost ownership. Currently, we have over 600,000 acres of land in trust, almost 71,000 owned by the Tribe in fee, as well as over 36,000 acres owned in fee by individual tribal members, within the reservation. The Flathead Nation has been on the cutting edge not only of land consolidation in Indian Country, but also in the exercise of tribal self-determination.

The CSKT is a Self-Governance tribe, which means that we operate almost all of the programs and services that the federal government, mainly through the Bureau of Indian Affairs and Indian Health Service, would be required to provide were the Tribes not operating them on behalf of the federal government. In addition to the more traditional programs that many tribes operate, we operate the Land Realty program, operate and manage the power utility (Mission Valley Power), and the Financial Trust Services program, including Individual Indian Money (IIM) accounts, as well as most Indian Health Service functions. At the beginning of FY06, we had to give the Contract Health Services program back to the IHS to operate because we would go bankrupt if we continued operating this program. While we are confident that the Tribe is the entity best suited to carrying out all of these activities, they require major obligations of financial support from the federal government.

The CSKT manage both the Child Protective Services (CPS) system and the Foster Care system for those children who are enrolled, eligible for enrollment or who are at least ¼ degree Indian. Last year our agency received over 480 CPS referrals involving over 900 children. As stated earlier the majority of all families referred for suspected abuse and neglect are unemployed. There is a direct relationship between poverty and abuse and neglect ON OUR Reservation. Our unemployment rate is approximately 36%[2]. The average unemployment rate on Montana Indian Reservations is 62%. Due to a combination of limited State/federal IV-E and BIA funds, our ability to respond to the high number of referrals and the need for quick investigations is severely compromised.

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[2] Montana Business Quarterly – Economic Status of American Indians in Montana. The University of Montana – Missoula. Bureau of Business and Economic Research – Gallagher Business Building, Suite 231 – Volume 42, Number 4, Winter 2004.

The present IV-E funds and the BIA funds do not provide for total support of foster care families struggling with high needs children. In the last four (4) years we have placed over 30 met affected children in the foster care system and the agency is experiencing tired, worn out caregivers who are now turning children back to us, before we can even achieve permanency for these needy children. The children are being turned back due to the high needs they have the few supports we offer. There are no funds for respite for caregivers; our departmental budget cannot afford it. There are no funds for specialized therapy, other than Medicaid. Caregivers are not trained to deal with the physical and mental health complications that the children present. In addition, caregivers are not trained to deal with the birth parents, when addictions and addictive behaviors are still present.

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

As everyone knows, good health care systems are essential for maintaining health, and healthy individuals are the keystone of healthy families and healthy communities. Despite the federal government's trust obligations owed to Indian Tribes in the field of health care, Indians remain the minority population with the highest rate of a number of serious diseases in the United States. Further, Indian people have by far the lowest life expectancy of any minority population in the U.S. Alcoholism, diabetes, drug abuse, cancer, heart disease, accidental deaths, and suicide are all rampant in Indian Country. While not all of the burden can be placed on the federal government for the well-being of Indian people, the federal government does have a legal obligation to fund Indian health care services, among other populations.

While Indian people rank highest among occurrences of a number of major diseases among all of the groups for which the U.S. must pay for health care, Indians rank the lowest in terms of per person funding. According to a report issued by the U.S. Commission on Civil Rights, *A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country*, the federal government pays $5,915 annually per Medicare recipient and $5,214 annually per veteran through VA health care. The U.S. even pays $3,803 annually in health care for each federal prisoner. For Indian people, in contrast, the federal government contributes only $1,914 per person annually. This disparity is completely unacceptable. The government is essentially saying we are only worth half as much a federal prisoner! The Congress must begin to address this stunning inequity and commit to parity funding between tribes and other federal health care beneficiaries. At this time, the CSKT would like to call for a ramping up of the IHS service budget over the next five to seven years to reach parity with other federal health care recipients. This is going to require a concentrated political effort on behalf of advocates for Indian Country in Congress, as nothing less than an increase of $500 million per year for the next five years will get Indian health care to a level of equity with other federal health care recipients. This must be a coordinated approach between the Budget Committees, the Authorizing Committees and the Appropriations Committee but it really must start in FY 07.

If there is no action and no increase in Indian Health Service funding, the general health needs of the Indian community will not be met, when dealing with the increased health care needs of "Meth" affected Indian children.

In summary, the Confederated Salish and Kootenai Tribes appreciate the gracious opportunity afforded to our nation, to present our views and recommendations on improvements to the child welfare system. Our Tribes are committed to the very best for each of our children, as you are to the children of this great nation. Together along with the other Tribes, the Pew Commission and the Child Welfare League, maybe we can make a difference, working on common recommendations and identifying ways to improve the Child Welfare system through hearings such as this.

Thank you.

Arlene Templer, MSW, ACSW, CRC
Social Services Division Manager
Confederated Salish and Kootenai Tribes of the Flathead Indian Reservation

COMMUNICATIONS

Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare System

Committee on Finance
United States Senate

May 10, 2006

The American Public Human Services Association (APHSA) and its affiliate, the National Association of Public Child Welfare Administrators (NAPCWA), commend the Senate Finance Committee for holding two full committee hearings after nearly ten years on issues confronting the country's child welfare agencies. APHSA is a nonprofit, bipartisan organization representing state and local human service professionals for more than 75 years. NAPCWA, created as an affiliate in 1983, works to enhance and improve public policy and administration of services for children, youth, and families as the only organization devoted solely to representing administrators of state and local public child welfare agencies.

We appreciate the leadership of Chairman Grassley and Ranking Member Baucus in focusing on child welfare issues and their commitment to working with states to improve the lives of children and families who have come to the attention of the child welfare system. With the upcoming reauthorization of the Promoting Safe and Stable Families (PSSF) program, the support of the Finance Committee will be essential.

Federal Funding for Child Welfare

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

With the recent changes in the Deficit Reduction Omnibus Reconciliation Act of 2005 (P.L. 109-171), Title IV-E has become even more restrictive. States are now explicitly limited in their access to Title IV-E costs for children placed in the care of a relative and in Title IV-E administrative costs for children who are at-risk of entering foster care or who are placed in certain facilities. These limitations to Title IV-E funds, which are in addition to the eligibility criteria tied to family income and appropriate language in court documents, make the broad accessibility and flexibility in Title IV-B all the more important for states as they look to continue providing critical services to vulnerable children and families.

History of PSSF Funding

Title IV-B was established in 1935 to provide a wide array of services for children who come to the attention of the child welfare system. In 1993, Congress established subpart 2 of Title IV-B, the Family Preservation and Family Support Services Program, as part of the Omnibus Budget Reconciliation Act (P.L. 103-66). This program provided flexible funding for services to prevent child abuse and neglect and to help families whose

children were at risk of being removed. As part of the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89), Congress reauthorized the program which was renamed the Promoting Safe and Stable Families (PSSF) program, and was expanded to include funding for time-limited family reunification services and adoption promotion and support activities.

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

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

The Importance of PSSF Funding

Flexibility

States realize that reducing the need for foster care by providing an array of supports and services for both biological and adoptive families will lead to improved outcomes for children. However, the largest source of dedicated federal child welfare funding, Title IV-E, is directed at out-of home care. Although the funding amount is more limited under Title IV-B, this funding source, particularly under subpart 2, has provided states an opportunity to focus federal and state resources to provide prevention, reunification and adoption services. Within the parameters of the four categories of PSSF – family preservation, family support, time-limited reunification, and adoption promotion and support – states have seized the opportunity to structure and create programs to respond to the different needs in different communities. This funding has allowed states to implement innovative and effective practices such as family group decision making, post-adoption support networks, respite care, safe haven programs, and improved collaboration with counties and tribes.

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

Mandatory Funds
The stability of the mandatory portion under PSSF over time has allowed states to rely on these funds to ensure on-going services and to allow local jurisdictions more flexibility in developing programs. The decrease in the discretionary portion of the funds over the last several years has not allowed for the same level of reliability and innovation with the funds.

Recommendations
States appreciate that Title IV-B is the most flexible source of dedicated federal child welfare funding. APHSA supports the reauthorization of the current $505 million in mandatory, not discretionary, funding. States would like to see additional mandatory funds under PSSF in order to expand and continue the array of services and innovation they have been able to achieve. However, any efforts to set-aside or designate any additional funds for a specific purpose would run contrary to the benefits of being able to meet the diverse needs of individual communities based on the flexibility of this program.

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

We look forward to continuing to work with the Finance Committee to ensure a federal financing construct that can help states meet the needs of the most vulnerable children and families we serve.

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

UNITED STATES SENATE
THE COMMITTEE ON FINANCE

May 10, 2006

440 First Street, NW, Third Floor, Washington, DC 20001-2085
Phone 202-638-2952; Fax 202-638-4004; www.cwla.org

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 reauthorization 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.[ii] 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.[iii]

As the Committee reviews CFSR's 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[iv] 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[v]. 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.[vi] 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 data from earlier in this decade on 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.[vii] 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.[viii]

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.[ix] 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.[x] Further, AFCARS

data tells us that minority children are primarily adopted by single parents. [xi] 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.[xii] 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.[xiii] That same study indicated that 44 percent of foster children received dental services compared to 24 percent when they were not enrolled.[xiv]

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.[xv] 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.[xvi]

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. Alarmingly, 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.[xvii] 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 cospsonorship 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.

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750 First Street, N.E., Suite 700
Washington, DC 20002

Written Testimony of Elizabeth J. Clark, PhD, ACSW, MPH, Executive Director

National Association of Social Workers

For the
Finance Committee
U. S. Senate
May 10, 2006
10:00 a.m.
215 Dirksen Bldg.
Washington, DC

Hearing on "Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare System"

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

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

Social work is the largest and most important social service profession in the United States. Social workers help people function better in their environments, improve their

relationships with others, and solve personal and family problems through individual, social, and psychological counseling and support.

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

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

Overview

The social work profession has a long tradition of involvement with the child welfare system and welcomes the opportunity to participate in the process of reauthorizing the Promoting Safe and Stable Families Program (PSSF). The program, formerly the Family Preservation and Support Services Program, is an important flexible funding source for an array of services for families with children. We recognize the importance of this program given that in 2003, an estimated 2.9 million cases of child abuse and neglect were reported and referred for investigation to state and local child protective service agencies because family members, professionals, or other citizens were concerned about their safety and well-being. After follow-up assessments, officials were able to substantiate 906,000 of these cases.[1] The program is also a critical component for reaching the goals of the Adoption and Safe Families Act (ASFA). It helps build capacity in states and communities so that services are available for children and families.

Background on the Promoting Safe and Stable Families Program

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

In addition to the mandatory funds guaranteed for PSSF annually, Congress also has the ability to approve up to $200 million each year in additional discretionary funds. In FY 2006, Congress approved $89.1 million in discretionary PSSF funds, a decrease of nearly $9 million from the FY 2005 level – far short of the $200 million that Congress could have approved. Therefore, the net increase for PSSF funding in FY 2006 will be slightly

less than $30 million, bringing total funding (mandatory and discretionary) for the program from $403 million in FY 2005 to $434 million in FY 2006.

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

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

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

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

Chairman Grassley, we completely agree with your statement during the Senate Finance Committee's hearing on April 25 that the child welfare system is over-burdened, understaffed and under-trained and that children are left too long before securing a safe and permanent home. Child welfare positions are particularly demanding and stressful, often involving unreasonable workloads and low pay in comparison to jobs in other sectors that require comparable amounts of education and responsibility. Consequently, it becomes difficult to attract and retain the most qualified employees – those with professional training and experience. We hope to work with Congress to identify solutions to these complex problems and we offer the following recommendations:

Improve Education and Training Opportunities for Frontline Workers

The public has high expectations for the child welfare system, as it should. Everyday, these agencies make life and death decisions for children and families with complex needs, striving to meet extensive legal mandates. We know that proper staff training is a

critical component of this system. A number of studies have documented the critical connections between training, competency, and quality services.

In 1982, a study based on an analysis of the data from the "1997 National Study of Social Services to Children and Their Families," found that workers with social work education were more effective in service delivery than workers with a Bachelor of Arts (BA) degree or other graduate degrees.[2] The connection of workforce quality to family outcomes was further documented in a March 2003 report by the U. S. General Accounting Office which states, "A stable and highly skilled child welfare workforce is necessary to effectively provide child welfare services that meet federal goals. [However,] large caseloads and worker turnover delay the timeliness of investigation and limit the frequency of worker visits with children, hampering agencies' attainment of some key federal safety and permanency outcomes".[3] The issue of high caseloads will be addressed later in this document.

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

A new national study from NASW, "Assuring the Sufficiency of a Frontline Workforce: A National Study of Licensed Social Workers,"[4] shines a bright light on issues related to workforce retention. The study warns of an impending shortage of social workers that threatens future services for all Americans, especially the most vulnerable among us, children and older adults. Key findings include:

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

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

Establish a National Caseload Size

The Child Welfare League of America recommends a caseload ratio of 12 to 15 children per caseworker, and the Council on Accreditation recommends that caseloads not exceed 18 children per caseworker. However, a national survey found that caseloads for individual child welfare social workers range from 10 to 110, with workers handling on average 24 to 31 children, each double the recommended number.[5] As was noted, high caseloads lead to increased worker turnover and reduced service capacity.

Recommendation: We ask Congress to consider ways to establish a national caseload size. Federal policy incentives that encourage states and counties to improve their human services workforce by building a comprehensive and integrated continuum of services, fostering innovation in program design, and developing consistent leadership, are desperately needed. Federal statutes, policies, and funding streams can help make important and lasting improvements in the ability of social workers to meet the needs of the consumer.

Conclusion

Social workers are an integral part of the child welfare system as is the Promoting Safe and Stable Families Program. For the system to be improved, adequate funding and supports for the program need to be made, and the program must be fully funded to its authorized level of $505 million for FY 2007 through 2012. Also, social workers who care for children and families must receive adequate salaries, appropriate training, and manageable caseloads if the system is to be truly reformed. We look forward to partnering with you on this important legislative initiative. To discuss any of these issues in detail, please contact Ikeita Cantú Hinojosa, Associate Counsel Legislative Affairs, at 202-408-8600 x278.

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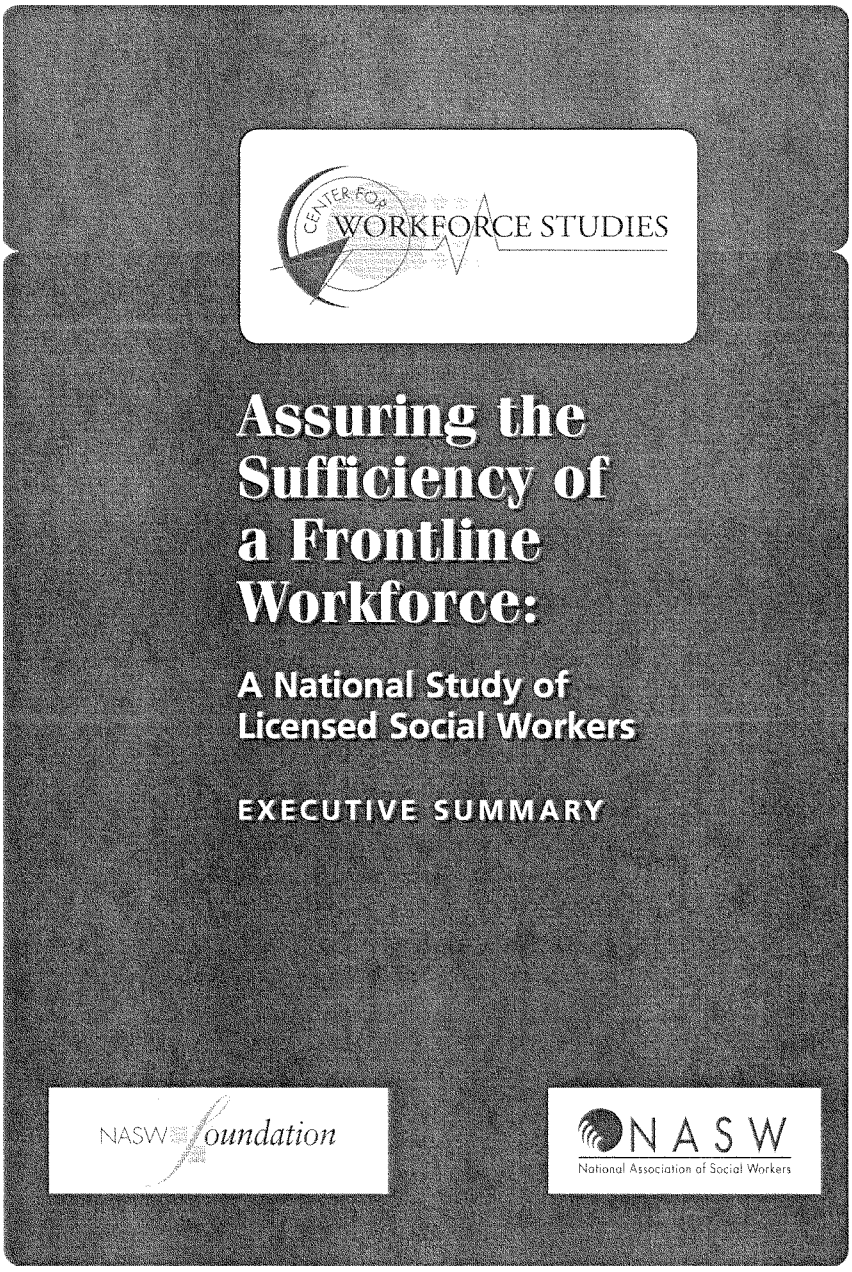
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Assuring the Sufficiency of a Frontline Workforce Project

Tracy Whitaker, ACSW,
Co-Principal Investigator

Toby Weismiller, ACSW,
Co-Principal Investigator

Elizabeth J. Clark, PhD, ACSW, MPH,
Co-Principal Investigator

National Association of Social Workers

Elvira Craig de Silva, DSW, ACSW
NASW President

Elizabeth J. Clark, PhD, ACSW, MPH
Executive Director

NASW Workforce Study Expert Panel

Brad Sheafor, PhD, ACSW
Colorado State University

Patricia Volland, MBA, ACSW
New York Academy of Medicine

Darrell P. Wheeler, PhD, MPH, ACSW
Hunter College

Cynthia Stuen, DSW, ACSW, CSW
Lighthouse International

Nelly Rojas Schwan, LCSW, ACSW
The Village for Families & Children

Barbara A. Conniff, ACSW
Allegheny East MH/MR

Kathleen A. Rounds, PhD, MPH, MSW
University of North Carolina

Diana DiNitto, PhD, ACSW
University of Texas at Austin

Lisa Yagoda, LICSW, ACSW
National Association of Social Workers

Nancy McFall Jean, MSW
National Association of Social Workers

Laura LaRue Gertz, LCSW, ACSW
National Association of Social Workers

NASW Center for Workforce Studies

Tracy Whitaker, ACSW
Director

Melvin Wilson, MBA, LCSW-C
Manager, Workforce Development
& Training

Evelyn Tomaszewski, ACSW,
Sr. Policy Associate

Tim Tunner, PhD, MSW, Sr. Policy Associate

Sharon Tyson, Grants Administrator

Gwendoline Nkabyo,
Sr. Administrative Assistant

Rochelle Wilder, Administrative Assistant

Toby Weismiller, ACSW, Consultant

**Center for Health Workforce Studies,
School of Public Health,
University at Albany**

Jean Moore, BSN, MSN, Director
Paul Wing, D.Engin., Deputy Director
Bonnie Cohen, Associate Director
Sandra McGinnis, PhD, Research Associate

Assuring the Sufficiency of a Frontline Workforce:

A National Study of Licensed Social Workers

EXECUTIVE SUMMARY

National Association of Social Workers
Center for Workforce Studies
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Preface

This report is one of six prepared as part of a national study of licensed social workers conducted by the National Association of Social Workers (NASW) in partnership with the Center for Health Workforce Studies (CHWS) of the School of Public Health at the University at Albany. It summarizes and interprets the responses of social workers obtained through a national survey of licensed social workers in the U.S. conducted in 2004. The report is available from the NASW Center for Workforce Studies at http://workforce.socialworkers.org

The profile of the licensed social work workforce is an invaluable resource for educators, planners and policy makers making decisions about the future of the social work profession and its related education programs. The information will support the development of effective workforce policies and strategies to assure the availability of adequate numbers of frontline social workers prepared to respond to the growing needs of individuals, families, and communities in the United States.

Suggested citation:

Whitaker, T., Weismiller, T., & Clark, E. (2006). *Assuring the sufficiency of a frontline workforce: A national study of licensed social workers. Executive summary.* Washington, DC: National Association of Social Workers.

Overview of the Study

Social work is a diverse profession,

unique among the human service professions in that the term *social worker* is defined so broadly in different organizations and settings. Predicted changes in the country's demographics landscape over the next several decades are expected to increase the need for social work services. However, the lack of a standard definition has left the social work profession without reliable data upon which to base future projections about the supply of, and demand for, social work professionals. In addition, available data sets were inadequate to describe the scope of professionally trained social workers who provide frontline services. To better predict the adequacy and sufficiency of the social work labor force to meet the changing needs of society, the National Association of Social Workers (NASW), in partnership with the Center for Health Workforce Studies, University of Albany conducted a benchmark national survey of licensed social workers in the fall of 2004. Licensed social workers were selected for the sample because they represent frontline practitioners and because state licensing lists provided a vehicle for reaching practitioners who may not have had any other identifiable professional affiliation. This national study provides baseline data that can guide policy and planning to assure that an appropriately trained social work workforce will be in place to meet the current and future needs of a changing population.

A random sample of 10,000 social workers was drawn from social work licensure lists of 48 states and the District of Columbia. Licensure lists were not available from Delaware and Hawaii. The sample was stratified by region. Three mailings were conducted: The first was sent to all social workers in the sample, and two subsequent mailings were sent to nonrespondents. The survey response rate was 49.4 percent. Among the respondents, 81.1 percent reported that they were currently active as social workers.

The majority of licensed social workers in the United States have a master's degree in social work (MSW). In many states, the MSW is the minimum qualification for social work licensure. Other states, however, license social workers with a bachelor's of social work (BSW) degree, utilizing a separate level of licensure for BSW social

Overview of the Study continued

workers. A few states license social workers who do not have a degree in social work; generally, they must have at least a bachelor's degree in a related field.

More MSW degrees than BSW degrees are conferred each year, although BSW programs are rising in popularity. In 2000, social work education programs graduated about 15,000 new BSWs and 16,000 new MSWs. The number of social workers graduating with bachelor's degrees increased by about 50 percent between 1995 and 2000, while the number of social workers graduating with master's degrees rose by about 25 percent during the same period (National Center for Education Studies [NCES], 2000).

Of the survey respondents:

- Seventy-nine percent of the social workers have a MSW as their highest social work degree,
- Twelve percent have a BSW only,
- Two percent hold a doctorate, and
- Eight percent of the respondents did not have degrees in social work[1].

This report focuses on the key findings of the comprehensive study and incorporates data and analysis from the four specialty practice reports in the areas of aging, behavioral health, children and families, and health. It provides an overview of the current role and use of licensed social workers in the United States.

Background

Numerous indexes of health and well-being indicate that many individuals in this country currently lack the personal resources and access to public benefits to meet basic needs and to achieve fully productive lives. If we are to effectively address the persistence of poverty, violence, untreated mental illness and addiction, and inadequate housing, health care, and educational opportunities in this country, we must make systems of care with adequately trained personnel a priority. Social work, as a profession dedicated to helping individuals, families, and communities achieve the best lives possible, finds itself at a crossroads as it tries to ensure there will be a qualified workforce to meet the service needs of these vulnerable populations.

Dramatic changes are underway within the social service landscape. Projected changes in the population, new service delivery models, increased emphasis on accountability, and improved service outcomes based on evidence-based practice require that the social work profession reassess its current capabilities and limitations. Many public agencies, private organizations, and foundations have identified workforce planning and development as a critical component of improving health and social service outcomes for all Americans. In response to this challenge, the National Association of Social Workers has established a Center for Workforce Studies as a focal point for the collection, analysis, and dissemination of data about the frontline social work labor force. The Center will provide resources for educators, workforce planners, and policymakers and will represent the social work profession in interdisciplinary forums.

Although the term social worker has been used generically to refer to someone offering social assistance, there is a need to clarify the educational preparation, knowledge, skills, and values that are embodied in professional social work (West et al., 2000). The discipline of professional social work is over 100 years old and has a well-developed system of professional education governed by national educational policy and accreditation standards (Council on Social Work Education [CSWE], 2006). Professional social work practice is legally defined and regulated in all state jurisdictions in this country. However, there is not a universal definition of professional social work that is used by federal agencies that collect and analyze

Background continued

labor force information. Consequently, available data resources are inadequate to reliably gauge the sufficiency of the current workforce or to project future needs for the profession (Barth, 2003). There are many indicators that the demand for social work services will increase in the near future, primarily because of the changing demographics within our society. This study of the frontline social work labor force provides important data for planning and capacity-building within the profession.

Chapter 1: Characteristics of Licensed Social Workers

Key Findings:

- Social workers have advanced educational preparation and practice experience.
- Social workers are significantly older than the U. S. civilian labor force.
- Social workers are not as diverse as the populations they serve in terms of race, ethnicity and gender.
- The geographic distribution of social workers is uneven, resulting in gaps in access for those in rural areas.

Social work is the largest and most important social service profession in the United States. Social workers help people function better in their environments, improve their relationships with others, and solve personal and family problems through individual, social, and psychological counseling (Bureau of Labor Statistics, 2001; Volland et al., 2000). Social workers may provide counseling, education, psychotherapy, and/or other services to help their clients in a wide range of settings, including public agencies, private organizations, and private practice arrangements. Some function as members of interdisciplinary teams that evaluate and manage the care of patients in health care settings like hospitals and long-term care facilities (Bureau of Labor Statistics, 2001). The approximately 310,000 *licensed* social workers represented about 38 percent of all self-identified social workers in the United States in 2004 (Bureau of the Census, 2000).

• Social workers have advanced educational preparation and practice experience.

A master's in social work (MSW) is the predominant social work degree for licensed social workers. Seventy-nine percent of active practitioners responding to the survey have an MSW as their highest degree, 12 percent have a bachelor's degree in social work (BSW), and 2 percent have a doctorate in social work (PhD or DSW). Eight percent do not have a social work degree.

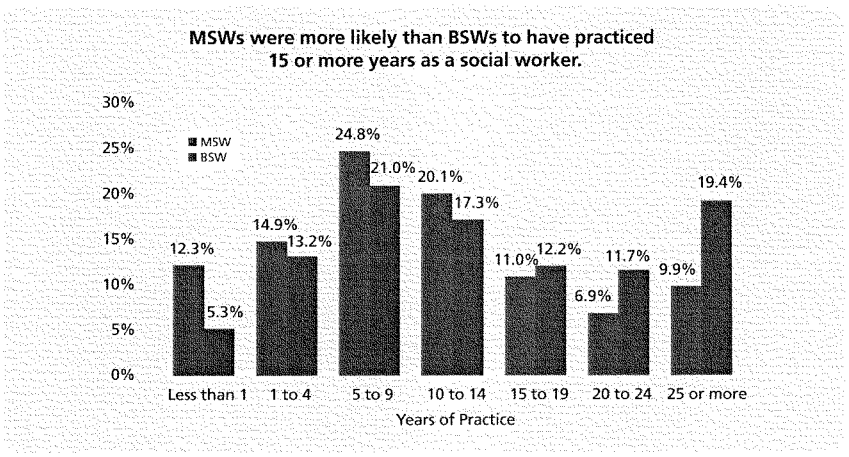
The MSW is the most common first degree at entry to the field. Fifty-nine percent of licensed social workers entered the field with the MSW. Another 31 percent entered at the BSW level. Younger social workers are far more likely to have entered the field of social work through a BSW program, reflecting growth in BSW-level social work programs. Non-degreed social workers account for most of the remainder (8%), with a very small number of social workers reporting a DSW or PhD as their first social work degree.

BSW programs generate graduates who often pursue MSW degrees. Sixty-three percent of first-degree BSWs in the survey subsequently received an MSW, although later BSW recipients have been less likely to receive subsequent MSWs than early BSW recipients. Eighty percent of the social workers who completed a BSW program between 1960 and 1969 subsequently completed an MSW. In contrast, this was the case for only 66 percent of social workers who completed a BSW in the 1970s; 62 percent of those who completed a BSW in the 1980s; and 58 percent of those who completed a BSW in the 1990s. Just 42 percent of those who received BSWs in the year 2000 or later have now completed MSWs, and another 9 percent are currently enrolled in MSW programs.

Seventeen percent of social workers report less than five years of experience, and 32 percent report more than 20 years of experience. Male social work respondents have been in the field longer than females (17.0 years compared with 14.6 years). Non-Hispanic White social workers have been in the field the longest on average (15.2 years), whereas Black/African American social workers have been in the field the shortest period of time (13.4 years).

Social workers with MSWs have been in the profession for longer on average than those with BSWs (15.8 years compared with 11.1 years), whereas DSWs/PhDs have been in the field the longest (23.4 years). Figure 1 shows MSWs are much more likely than BSWs to have worked at least 20 years as a social worker.

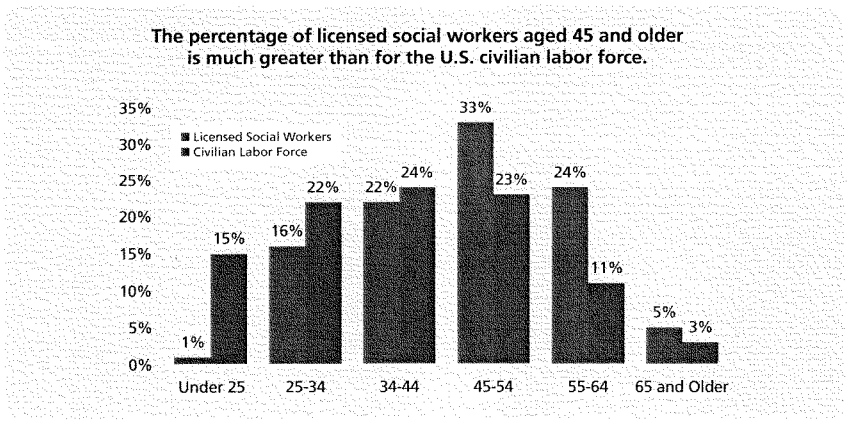
FIGURE 1. PERCENTAGES OF LICENSED SOCIAL WORKERS WITH HIGHEST DEGREES OF BSW AND MSW WITH DIFFERENT YEARS OF PRACTICE



- Social workers are significantly older than the U. S. civilian labor force.

Licensed social workers are significantly more likely to be in older age groups than the U.S. civilian labor force. Figure 2 shows that a higher percentage of social workers are ages 45 to 54 (33% compared with 23%), ages 55 to 64 (24% compared with 11%) and 65 and older (5% compared with 3%).

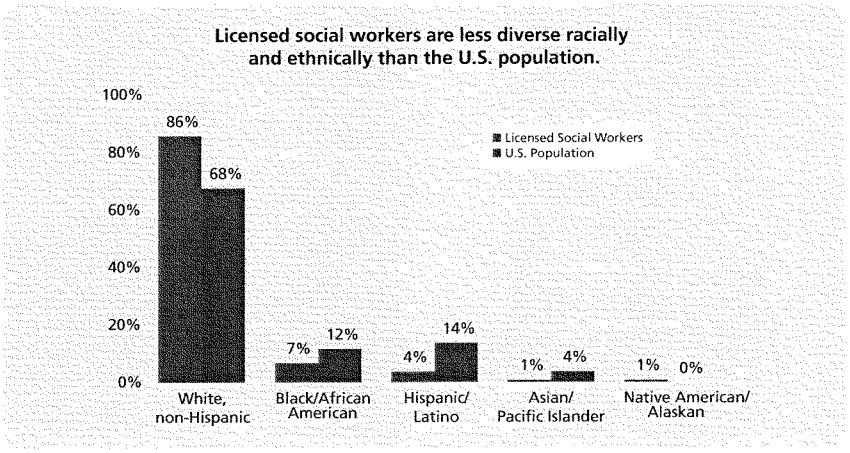
FIGURE 2. AGE DISTRIBUTION OF ACTIVE, LICENSED SOCIAL WORKERS AND THE U.S. CIVILIAN LABOR FORCE, 2004



- Social workers are not as diverse as the populations they serve in terms of race, ethnicity and gender.

Social work, like most health care professions, is less ethnically diverse than the U.S. population. Figure 3 shows that licensed social workers are predominantly non-Hispanic White (86%).

FIGURE 3. RACIAL/ETHNIC DISTRIBUTION OF ACTIVE, LICENSED SOCIAL WORKERS AND THE U.S. POPULATION, 2004



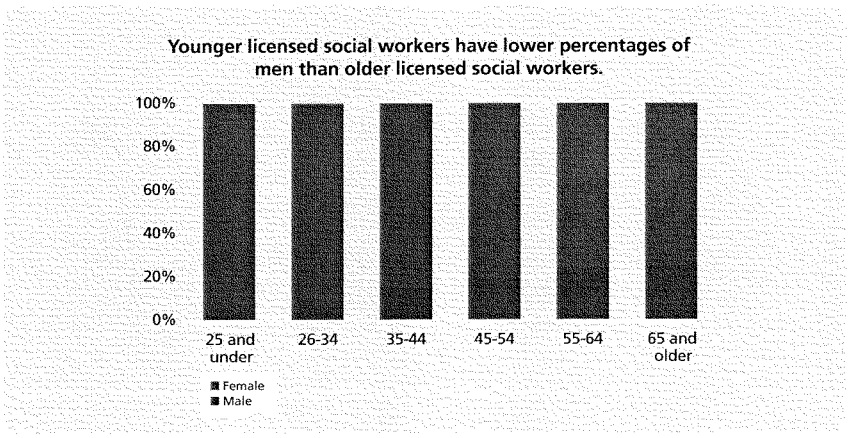
New entrants (those 30 and younger) are somewhat less likely to be non-Hispanic White (83% compared with 86%) and more likely to fall into the category of "other" (3% compared with 1%).

Data show improvement in the numbers of students of color recruited into social work education programs. This trend needs to be accelerated, and strategies must be developed to retain social workers of color who are currently in practice (Lennon, 2004).

Licensed social workers are disproportionately likely to be women (81% compared with 51% of the U.S. population), although this varies by race/ethnicity. Only 26 percent of Hispanic/Latino social workers are male, compared with 17 percent of non-Hispanic White social workers, and 15 percent of both Black/African American and Asian/Pacific Islander social workers.

Figure 4 shows that social workers nearing retirement age are substantially more likely than young social workers to be men. Of the social workers in our study, fewer than one in 10 aged 26 to 34 (9%) and none under the age of 25 are men. In contrast, one-quarter of social workers aged 65 and older and nearly one in four social workers aged 55 to 64 (24%) are men. Social work clearly is not drawing young entrants who are men. Furthermore, the social work profession may become further female-dominated as older men age out of the workforce.

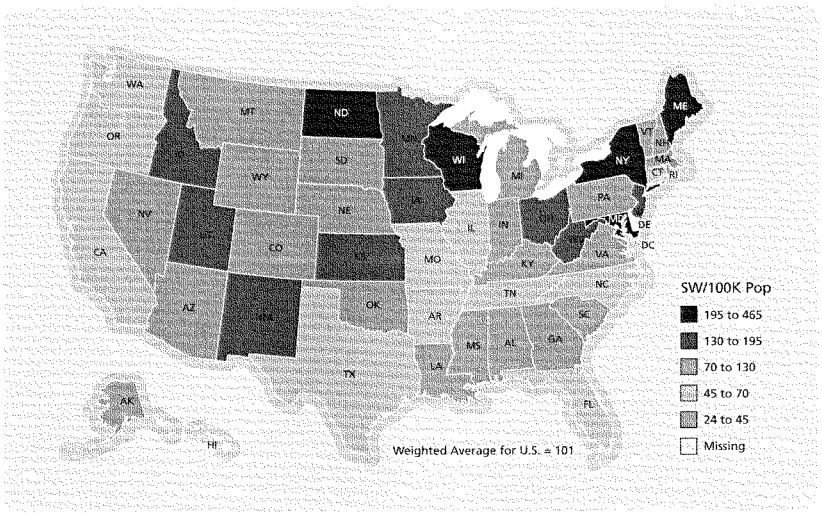
FIGURE 4. GENDER DISTRIBUTION OF LICENSED SOCIAL WORKERS BY AGE GROUP



- The geographic distribution of social workers is uneven, resulting in gaps in access for those in rural areas.

The licensure lists used to create the sampling frame for the survey showed that there were approximately 310,000 *licensed* social workers in the United States in 2004, or 101 per 100,000 in the general population. The map in Figure 5 shows, as is true for most professions, that these practitioners were not uniformly distributed across the 50 states. The ratio of active licensed social workers per 100,000 in the population varied by a factor of about 17 across the states in 2004, from 23.7 in New Hampshire to 408 in Maryland. [Counts for Hawaii and Delaware were not available.]

FIGURE 5. LICENSED SOCIAL WORKERS PER 100,000 POPULATION FOR THE 50 STATES AND THE DISTRICT OF COLUMBIA, 2004



This variation in the ratio of practitioners to population is relatively large compared with similar ratios for most licensed health care professions. This is an indication of a lack of standardization of roles and utilization of licensed social workers across the states. It is also consistent with the fact that the requirements for social work licensure eligibility (e.g., education requirements) also vary substantially across the states. The data show that, with the exception of New York, large states had relatively low numbers of licensed social workers per capita.

Licensed social workers are concentrated in metropolitan areas. More than 80 percent of licensed social workers who provide services to older adults practice in metropolitan areas, whereas only three percent practice in rural areas. In addition, social workers in small towns and rural areas are more likely than those in cities to have caseloads with high percentages of adults over the age of 75 (Whitaker et al., 2006a). Social workers in rural areas who provide services to children and families are much more likely than those in small towns and micropolitan areas to work with children who have Medicaid coverage (Whitaker et al., 2006b). Health social workers are most likely to practice in metropolitan areas (85%), whereas few practice in micropolitan areas (7%), small towns (6%), or rural areas (2%) (Whitaker et al., 2006c). MSWs in behavioral health are far more likely to practice in metropolitan areas (84%) than in micropolitan areas (9%), small towns (5%), or rural areas (2%) (Whitaker et al., 2006d).

Chapter 2: Employment Settings, Roles, and Tasks of Licensed Social Work Practice

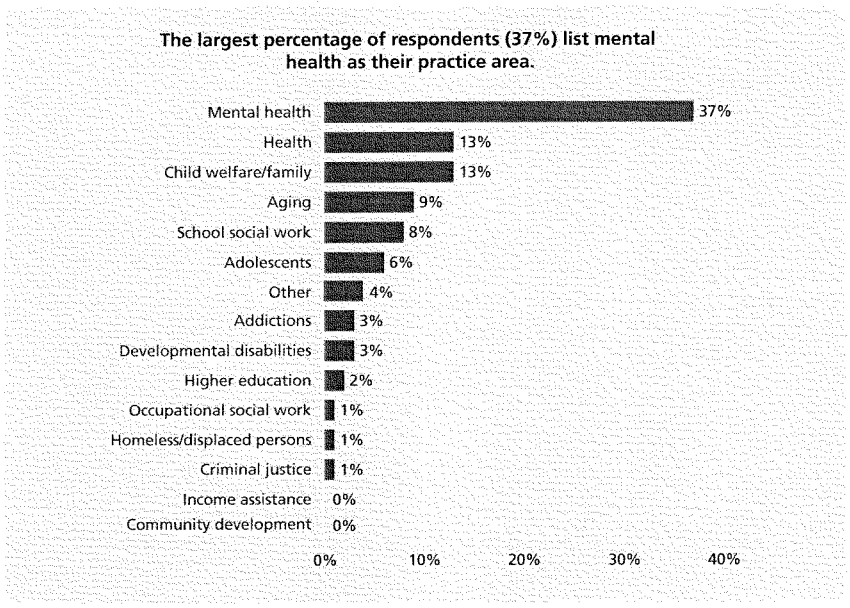
Key Findings:

- Social workers' most frequent specialty practice areas are mental health, child welfare/family, health, and aging.
- Social workers are employed in a wide range of community settings, including public, non-profit, and for-profit organizations.
- Licensed social workers spend the majority of their time providing direct client services.
- Social workers perform a range of tasks related to direct client intervention as well as assistance with navigation of community resources and systems of care.

• Social workers' most frequent specialty practice areas are mental health, child welfare/family, health, and aging.

The most commonly reported practice areas (specialties) of licensed social workers are mental health (37%), child welfare/family (13%) and health (13%). Nine percent of social workers report their primary practice area as aging, and eight percent as school social work. Six percent report a primary practice area in adolescents. Developmental disabilities, addictions, higher education, criminal justice, homeless/displaced persons, occupation social work, community development, and income assistance are each reported by fewer than five percent of social workers, with the latter five reported by fewer than two percent of social workers (Figure 6).

FIGURE 6. PRIMARY PRACTICE AREA (SPECIALTY) OF LICENSED SOCIAL WORK



- Social workers are employed in a wide range of community settings, including public, nonprofit, and for-profit organizations.

Social workers are employed in a wide range of organizations. Mental health social workers are most likely to be found in private practice (38%) or behavioral health clinics (20%), and health social workers are most likely to be found in hospitals (56%). Child welfare/family social workers are most likely to be found in social service agencies (60%), whereas social workers in aging are most likely to be found in nursing homes (29%). Addictions social workers are most likely to be found in behavioral health clinics (20%), whereas adolescent social workers are most likely to be found in schools (17%) and developmental disabilities social workers are most likely to be found in social service agencies (22%).

Table 1 provides additional details on the employment patterns of social workers. It shows the percentages of active licensed social workers in different primary sectors working in a range of settings.

Respondents in the private for-profit sector are most likely to be employed in private practice (56.8%) or a hospital/medical center (8.3%). Those in the

private nonprofit sector are most likely to be in a hospital/medical center (18.9%), social service agency (16.6%), or a behavioral health clinic (16.5%). Those in the state government and local government sectors are most likely to work in a social service agency (27.7% and 22%, respectively) or a school (14% and 32%, respectively).

TABLE 1. ACTIVE LICENSED SOCIAL WORKERS WITH PRIMARY EMPLOYMENT IN DIFFERENT SETTINGS BY PRIMARY EMPLOYMENT SECTOR

Primary Employment Setting	Primary Employment Sector						
	Private For-Profit	Private Nonprofit	Federal Gov't	State Gov't	Local Gov't	Military	Total
Private Solo Practice	44.9%	0.8%	0.0%	0.7%	0.0%	5.0%	13.6%
Private Group Practice	11.9%	1.0%	0.0%	0.2%	0.0%	0.0%	3.9%
Hospital/Medical Center	8.3%	18.9%	43.8%	5.5%	4.9%	5.0%	12.2%
Psychiatric Hospital	2.8%	3.4%	7.5%	7.1%	1.2%	0.0%	3.7%
Health Clinic/Outpatient Facility	4.5%	7.0%	13.8%	2.0%	6.8%	15.0%	5.6%
Home Health Agency	2.0%	1.5%	0.0%	0.0%	0.7%	0.0%	1.3%
Behavioral Health Clinic	4.7%	16.5%	8.8%	3.1%	7.3%	15.0%	9.4%
Social Service Agency	1.7%	16.6%	2.5%	27.7%	22.0%	10.0%	14.5%
Employee Assistance Program	1.2%	0.7%	0.0%	0.4%	0.5%	0.0%	0.7%
Case Mgmt Agency - Older Adults	0.4%	1.0%	0.0%	1.3%	2.0%	0.0%	1.0%
Case Mgmt Agency - Other	0.8%	2.2%	1.3%	1.5%	1.0%	0.0%	1.4%
Nursing Home	5.0%	3.3%	0.0%	0.5%	1.2%	0.0%	2.9%
Assisted Living Facility	0.3%	0.4%	0.0%	0.0%	0.0%	0.0%	0.3%
Hospice	2.3%	4.9%	1.3%	0.2%	0.0%	0.0%	2.5%
Group Home – Adult	0.4%	0.8%	0.0%	0.2%	0.0%	0.0%	0.4%
School	1.2%	4.9%	10.0%	14.0%	32.0%	5.0%	9.0%
Child Guidance Clinic	0.2%	0.5%	0.0%	0.2%	0.0%	0.0%	0.3%
Group Home - Child/Adolescent	0.6%	2.8%	0.0%	0.4%	0.7%	0.0%	1.4%
Resource Center	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%
Information and Referral Service	0.1%	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%
Insurance Company/HMO	2.0%	0.3%	0.0%	0.2%	0.0%	5.0%	0.8%
Criminal Justice Agency	0.3%	0.3%	0.0%	5.3%	4.4%	0.0%	1.7%
Public Health Agency	0.0%	0.1%	1.3%	5.5%	2.4%	0.0%	1.3%
Other Gov't Agency	0.0%	0.1%	6.3%	10.6%	8.0%	15.0%	3.1%
Business	0.2%	0.0%	1.3%	0.0%	0.0%	0.0%	0.1%
Higher Education	0.4%	1.7%	0.0%	6.7%	1.0%	5.0%	2.1%
Other	3.6%	9.9%	2.5%	6.9%	3.9%	20.0%	6.6%

Older social workers are much less likely to practice in the areas of adolescents, child welfare/family, and school social work. Instead, 55 percent of social workers ages 65 and older (compared with just 13 percent of those under the age of 25) practice in mental health. About 9 percent of social workers over the age of 25 list aging as their practice area. Those 25 and younger are less likely to practice in aging.

Women are more likely than men to practice in health (14% compared with 8%) and aging (10% compared with 5%), whereas men are somewhat more likely to practice in mental health (41% compared with 35%) and addictions (5% compared with 2%).

Health social work seems particularly attractive to Asian/Pacific Islanders (26% of whom are in health), whereas child welfare/family social work and school social work are more popular among Black/African American social workers (17% and 11%, respectively) and Hispanics (15% and 32%, respectively). Black/African American social workers are much less likely to be in mental health (23%) than social workers overall (37%).

Licensed social workers in many practice areas are most likely to work in the private/nonprofit sector, including those in addictions (66%), adolescents (53%), aging (72%), developmental disabilities (36%), health (51%), and mental health (43%).

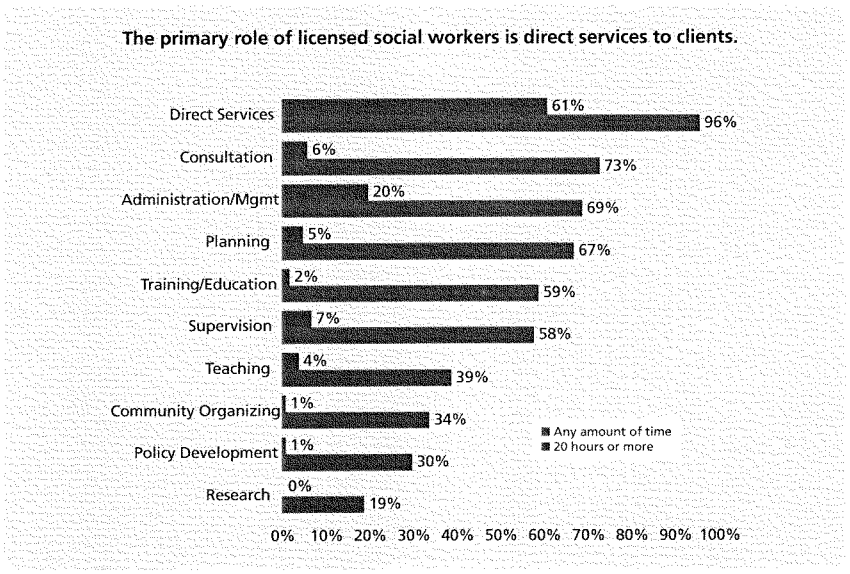
Social workers in some other practice areas are more likely to work for public-sector agencies, including those in child welfare/family (53%), criminal justice (73%), higher education (65%), and school social work (77%).

Private practice accounted for a large proportion of primary employment in mental health (37%), and notable proportions in adolescents (13%) and addictions (10%).

- Social workers spend the majority of their time providing direct client services.

The most common role in which licensed social workers spend any of their time is direct services (96%), followed by consultation (73%), and administration/management (69%). Frontline social workers are least likely to spend any of their time in research (19%), policy development (30%), and community organizing (34%). Relatively few social workers devote as much as 20 hours a week to any role other than direct services (61%) or administration/management (20%) (Figure 7).

FIGURE 7. PERCENTAGE OF SOCIAL WORKERS SPENDING ANY TIME OR 20 OR MORE HOURS PER WEEK ON SELECTED ROLES, 2004



Licensed social workers are most likely to be involved with the tasks of screening/assessment (93%), information/referral (91%), crisis intervention (89%), individual counseling (86%), and client education (86%). These are not necessarily tasks on which they spend a majority of their time, however. There are only four tasks that significant numbers of social workers report spending more than half of their time on: individual counseling (29%), psychotherapy (25%), case management (12%), and screening/assessment (10%). Fewer than 10 percent of social workers report spending more than half their time on any other task.

Chapter 3: Client Populations Served by Social Workers

Key Findings:

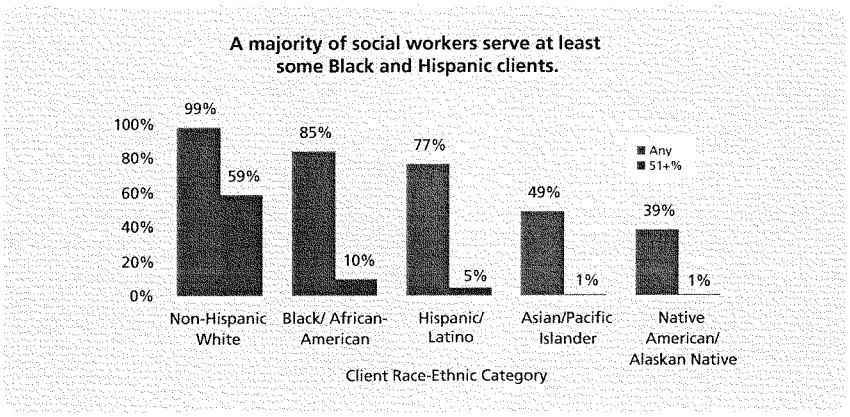
- Client populations served by social workers are diverse in race, age, and gender.
- Clients often have multiple conditions and complex problems.
- Client populations are frequently from vulnerable groups such as children and older adults or are individuals with serious physical or mental disabilities.

Social workers typically work with a wide range of client populations, many of whom live in disadvantaged circumstances. Helping clients solve problems and improve their lives is a fundamental goal of social work practice. Clients often have multiple problems and have difficulty navigating and accessing what tend to be fragmented community resources.

• Client populations served by social workers are diverse in race, age, and gender.

Most licensed social workers see clients who are racially and ethnically diverse. Virtually all social workers (99%) see at least some non-Hispanic White clients and most see some Black/African American clients and Hispanic/Latino clients (85% and 77%, respectively). Fewer social workers see any Asian clients (49%) or Native American clients (39%) (Figure 8).

FIGURE 8. PERCENTAGE OF CASELOAD OF LICENSED SOCIAL WORKERS, BY CLIENT RACE/ETHNIC CATEGORY, 2004

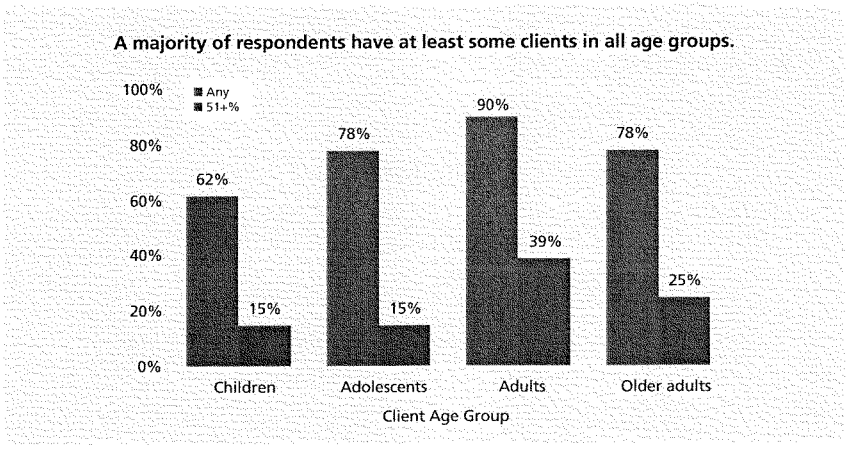


Forty-one percent of survey respondents report that more than half of their caseloads belong to a non-White minority group. Still, few social workers see caseloads that are predominantly (51% or more) composed of any single minority group. Ten percent of social workers have caseloads that are predominantly Black/African American, and five percent handle caseloads that are predominantly Hispanic/Latino. Fewer than one percent have caseloads that are predominantly Asian, Native American, or "other" race/ethnicity.

Caseloads usually have both male and female clients. More than half of social workers (51%) report that women make up 50 percent or less of the clients in their caseloads, and three percent of social workers report that they have no female clients at all. Only 14 percent of social workers work in settings in which their caseloads are 75 percent or more female.

Children, adolescents, and older adults are vulnerable populations frequently served by social workers. Figure 9 illustrates that most social workers have caseloads of mixed age ranges.

FIGURE 9. PERCENTAGE OF CASELOAD OF LICENSED SOCIAL WORKERS, BY CLIENT AGE GROUP, 2004

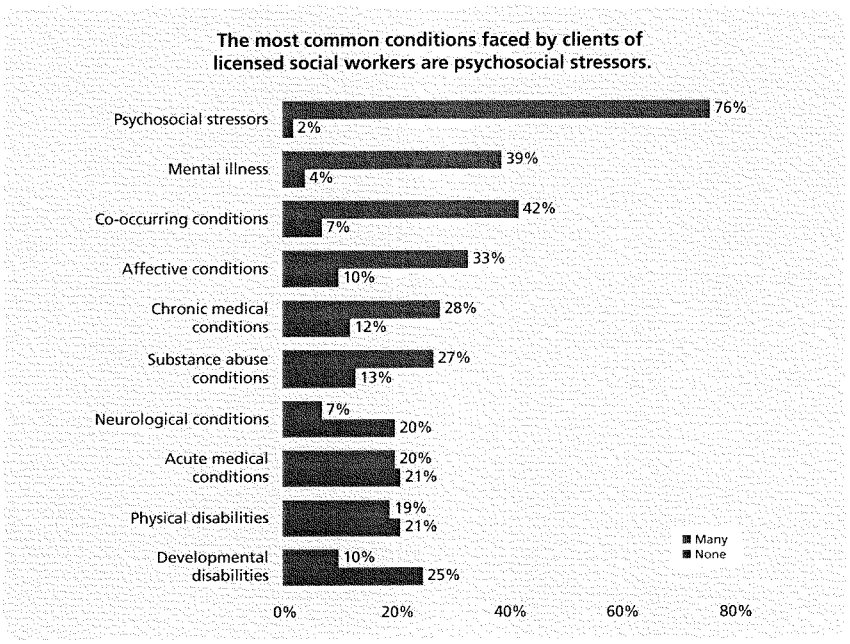


- Client populations are frequently from vulnerable groups such as children and older adults or are individuals with serious physical or mental disabilities.

Survey respondents treat clients with a variety of problems. These problems are physical, psychological, or social in nature and they may require different tasks and treatments on the part of social workers. Virtually all social workers report seeing at least some clients who experience psychosocial stressors (98%) or mental illness (96%). Many social workers have some clients with co-occurring disorders (93%), affective conditions (90%), and substance use disorders (87%). Large percentages of social workers also report serving clients with chronic medical conditions (88%), neurological conditions (80%), acute medical conditions or physical disabilities (79%), and developmental disabilities (75%).

A better indicator of the client problems that social workers confront on a day-to-day basis, however, is the percentage of social workers reporting "many" clients with given problems or conditions. Figure 10 shows that the majority of social workers (76%) report that "many" of their clients experience psychosocial stressors, and 42 percent report that "many" of their clients have co-occurring conditions. Significant numbers of clients also have mental illness, affective conditions, chronic medical conditions, and substance use disorders.

FIGURE 10. PERCENTAGE OF CLIENTS REPORTED TO HAVE MANY OR NONE OF SELECTED CONDITIONS



Older adults have a unqiue set of presenting problems. The most common problem reported by social workers who see a predominantly older population is chronic medical conditions. This is followed by psychosocial stressors (67%), acute medical conditions (62%), physical disabilities (61%), and co-occurring conditions (60%). Psychological conditions are much less common in predominantly elderly caseloads.

Chapter 4: Workplace Issues

Key Findings:

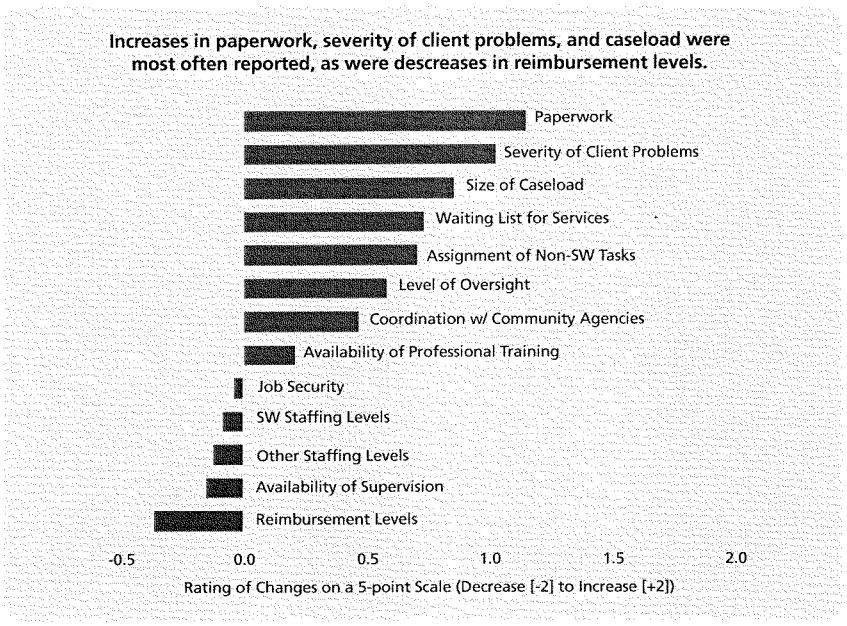
- Over the last two years, social workers have experienced increases in barriers to effective practice and decreases in support systems for effective practice.
- Overall, social workers express satisfaction with their efficacy as practitioners.
- Social work salaries have high variability.
- Twelve percent of respondents report plans to leave the workforce in the next two years.

• Over the last two years, social workers have experienced increases in barriers to effective practice and decreases in support systems for effective practice.

Overall, licensed social workers indicate that in the previous two years, they experienced increases in paperwork, severity of client problems, caseload size, waiting lists for services, assignment of non-social work tasks, level of oversight, coordination with community agencies, and availability of professional training. Most of these increases can be characterized as barriers to effective practice, except for the latter two (which are also the factors reported to have increased the least).

Social workers also report that they experienced decreases in job security, staffing levels (both social worker and other), availability of supervision, and, most of all, levels of reimbursement (Figure 11).

FIGURE 11. CHANGES IN THE PRACTICE OF SOCIAL WORK IN THE PAST TWO YEARS REPORTED BY LICENSED SOCIAL WORKERS IN 2004



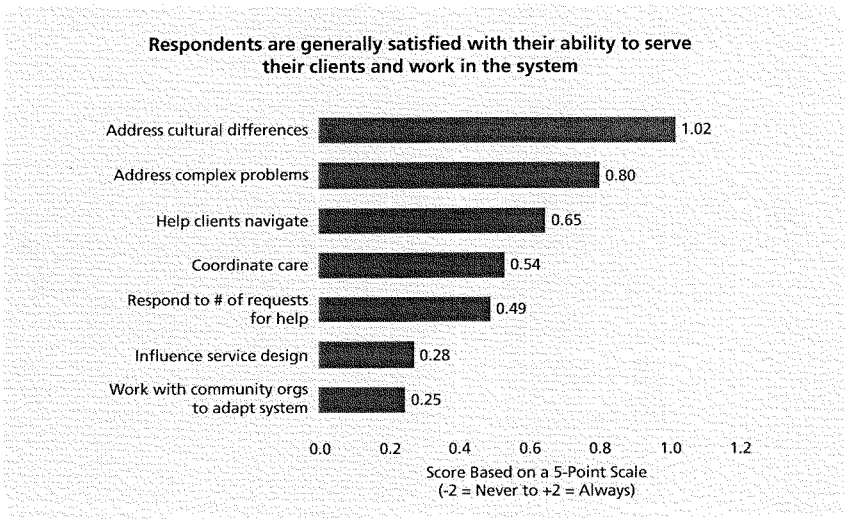
Forty-four percent of social workers reported that they faced personal safety issues on the job, and of these, 70% percent report that these safety issues were adequately addressed by their employer. Social workers in criminal justice were most likely to report personal safety issues (67%), followed by those in child welfare/family and addictions (both 52%). Those in higher education and aging were least likely to report personal safety issues (13% and 32%, respectively). Of those reporting safety issues, those in medical health were most likely to say that their issues had been addressed (84%), while those in child welfare/family were least likely (61%).

Nineteen percent of social workers reported that vacancies were common in their agencies and 53 percent reported that vacancies were either "difficult" or "somewhat difficult" to fill. Of those social workers who were able to report whether or not their employers recruited non-social workers for social work vacancies or outsourced social work functions, 27 percent reported the recruitment of non-social workers, and 20 percent reported outsourcing of social work functions. Both of these practices were somewhat more common in the public sector.

- Overall, social workers express satisfaction with their efficacy as practitioners.

On average, social workers report that they are satisfied with their abilities and skills on a number of dimensions of social work practice. Figure 12 shows that they are most satisfied with their ability to address cultural differences and complex problems, and least satisfied with their ability to influence service design and to work with community organizations to adapt the service delivery system.

FIGURE 12. RATINGS OF AGREEMENT OF RESPONDENTS WITH STATEMENTS ABOUT THEIR PRACTICE ENVIRONMENT



Women indicate significantly higher agreement than men with the statement that they help clients with a range of problems. Meanwhile, men agree significantly more than women that they are able to respond effectively to the number of requests for help and able to influence service design.

Older social workers are more satisfied with their ability to address complex problems, the amount of time they spend with clients, and their ability to address cultural differences. Younger social workers are significantly more likely to feel that they help families respond to client needs.

Social workers in public-sector agencies report the greatest satisfaction in working with community agencies and helping clients navigate the service delivery system.

Social workers in private practice consistently express more satisfaction than other social workers with their ability to help clients. There is less variation between social workers in private-sector organizations and those in public-sector agencies, but private-sector social workers generally expressed more satisfaction with their efficacy than public-sector social workers.

- Social work salaries have a high variability.

Social work salaries vary depending upon a number of factors, including geographic location, highest social work degree and gender (Table 2).

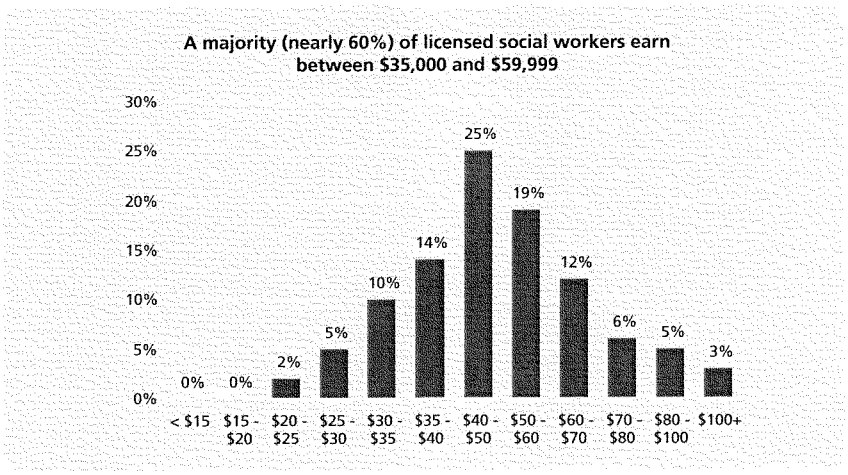
TABLE 2. VARIABLES WITH A STATISTICALLY SIGNIFICANT RELATIONSHIP WITH ESTIMATED SALARIES OF LICENSED SOCIAL WORKERS WORKING FULL TIME IN A SINGLE SOCIAL WORK JOB

Variable	General Nature of the Relation to Salary Level
Gender	Males have higher salaries
Census Division	Pacific region has highest salaries; South Central has lowest
Highest SW Degree	DSWs have highest salaries; MSWs have second highest
Rural/Urban Location	Metropolitan areas have highest salaries; rural areas have lowest
Size of Primary Caseload	Social workers without caseloads have highest salaries; 11-15 and 26-50 clients have lowest
Sector of Employment	Private practice has highest salaries; private nonprofit has lowest
Years of Experience	Each year of experience is associated with about $419 increase in salary

Median salaries range from a high of $55,129 among those working both full-time and part-time social work jobs to a low of $24,067 among those working only part-time social work jobs. Subsequent analyses examine only those working a single, full-time social work job in order to ensure comparability across the categories.

Figure 13 shows that the most commonly reported salary category for full-time licensed social workers is $40,000 to $49,999, with 25 percent of social workers falling into this category. Nearly 60 percent of social workers earn between $35,000 and $59,999. A significant proportion (26%) earn more than $60,000, and a smaller proportion (17%) earn less. Estimated annual salaries vary substantially by highest social work degree; the medians are $33,628 for BSWs, $46,845 for MSWs, and $58,390 for DSW/PhDs.

FIGURE 13. DISTRIBUTION OF ANNUAL GROSS WAGES/SALARY FROM ALL SOCIAL WORK POSITIONS



MSWs salaries are highest in the practice areas of developmental disabilities and medical health and lowest in the practice area of aging. BSWs earn the highest average salaries in the practice areas of adolescents and school social work and the lowest in developmental disabilities and child welfare/families.

Salaries are higher in public agencies than in private/nonprofit-sector organizations ($48,313 compared with $45,329), but are highest in private practice ($57,297). Most of this variation is in MSW salaries, however. MSWs earn a median of $52,593 in public-sector agencies, $47,634 in private/nonprofit-sector organizations, and $56,449 in private practice. In contrast, there is variation of less than $1,000 in full-time BSW salaries by sector.

Median salaries for social workers increase steadily with age. BSW salaries increase from a median of $32,115 at ages 26 to 34 to a median of $38,466 at ages 55 to 64. MSW salaries increase even more with age, from a median of $43,241 at ages 26 to 34 to a median of $54,166 at ages 55 to 64.

Table 3 shows the estimated median salaries for full-time social workers by urban/rural location and sector of primary employment. Those in metropolitan areas earn substantially more than those in micropolitan areas, small towns, and rural areas, especially in government and private practice settings. The table also shows that median salaries for those in private practice are substantially higher than those in the other three sectors.

TABLE 3. MEDIAN SALARIES OF FULL-TIME SOCIAL WORKERS, BY RURAL URBAN LOCATION AND SECTOR OF PRIMARY EMPLOYMENT

Sector of Primary Employment	Metropolitan Area	Micropolitan Area	Small Town	Rural Area	Total
Private Practice	$58,747	$47,820	$46,415	$34,266	$57,357
Private, Not-For-Profit	$46,482	$40,658	$36,344	$38,542	$44,998
Private, For-Profit	$47,286	$45,713	$39,332	$33,628	$46,433
Government	$51,833	$39,681	$41,123	$37,906	$48,351
Total	$49,175	$42,160	$39,014	$37,641	$47,640

As is true in most professions, the survey responses reveal a gender gap in salaries for licensed social workers. The raw difference in average salaries for men and women working full-time in a single social work job is $12,045, with 389 men reporting an average annual salary of $61,040 and 1,744 women reporting $48,995. Controlling for a number of other factors (including age, race, geographic area, highest social work degree, rural/urban setting, license required, size of caseload, vacancy patterns, practice area, employment sector, employment role, and years of experience), the average salary gap drops to approximately $7,052. Since the mean salary for these individuals is about $51,192, the percentage gap is about 14 percent.

- Twelve percent of respondents report plans to leave the workforce in the next two years.

Career plans are an important aspect of the workforce supply of any profession. Such information helps to clarify the reasons for outflows of practitioners from the workforce, which generate the need for new professionals to maintain the supply of practitioners and services. Table 4 summarizes the responses to a question on the 2004 survey about "career plans in the next two years." The table shows that although nearly 70 percent of respondents plan to remain in their current positions, 7.4 percent indicate they will either retire or stop working, and another 4.7 percent indicate they will leave social work, but continue working.

TABLE 4. CAREER PLANS OF ACTIVE LICENSED SOCIAL WORKERS BY AGE GROUP, 2004

	Age Group						
Career Plans in Next Two Years	**25 & Under**	**26-34**	**35-44**	**44-54**	**55-64**	**65 & Over**	**Total**
Remain in Current Position	53.8%	58.7%	69.4%	72.6%	75.4%	64.9%	69.8%
Seek New Opportunity/ Promotion as SW	50.0%	39.1%	31.1%	26.2%	16.5%	4.6%	26.1%
Increase SW Hours	3.8%	7.3%	9.6%	8.7%	7.1%	3.4%	8.0%
Decrease SW Hours	3.8%	11.6%	8.7%	7.8%	13.2%	16.7%	10.3%
Re-Enter SW	0.0%	0.0%	0.1%	0.2%	0.2%	0.6%	0.2%
Leave SW But Continue to Work	3.8%	4.7%	5.7%	4.9%	3.5%	4.0%	4.7%
Retire	0.0%	0.0%	0.5%	2.9%	13.7%	33.3%	5.9%
Stop Working	0.0%	2.4%	1.8%	0.7%	0.9%	5.2%	1.5%
Pursue Additional SW Degree	30.8%	13.5%	7.3%	5.5%	1.6%	2.3%	6.3%
Pursue Additional Non-SW Degree	19.2%	10.6%	9.1%	6.8%	3.1%	1.1%	6.8%
Pursue Non-Degree SW Training	23.1%	17.3%	14.2%	15.0%	11.9%	9.2%	14.2%
Other	0.0%	7.1%	7.5%	6.6%	5.4%	2.3%	6.3%

Although men and women report similar career plans, women are more likely than men to plan to pursue non-degree training in social work and to increase their social work hours. Men, on the other hand, are more likely to plan to retire (8% of men versus 5% of women).

Of those social workers who plan to remain in the labor force, 4.7 percent report that they plan to leave social work but continue to work, indicating some level of dissatisfaction with social work as a career. Social workers who report plans to leave are:

- more likely to be ages 26 to 34
- more likely to have a BSW as their highest social work degree
- more likely to report that continuing education is unavailable
- disproportionately in their first four years of practice
- more likely to work in a nursing home, social service agency, or hospital
- more likely to describe their salary as very limited
- more likely to earn a smaller salary
- more likely to report that most of their clients are uninsured
- more likely than other social workers to report that they are assigned tasks below their training
- less satisfied with their access to three types of resources (agency resources, medical care, and mental health care)
- significantly less likely than others to report that their agencies engage in demonstration programs and best-practices training
- significantly more likely to report that vacancies in their agency are common
- significantly more likely to report that their employer recruits non-social workers to fill social work positions
- significantly more likely to report their employer outsources social work functions
- significantly more likely than other social workers to report that they face personal safety issues

- less likely to report that there is respect/support for social work services within their agency
- less likely to report that they receive support and guidance from their supervisors
- less likely to report that they receive or provide support on issues of ethical practice in the workplace
- less satisfied with their time available to address presenting problems, provide services to client families, address severity and breadth of client problems, address service delivery issues, provide clinical services, conduct investigations, participate in training, and perform administrative tasks
- significantly more likely than those who do not plan to leave to report negative changes in the practice of social work over the past two years, including: increased caseloads, increased severity of client problems, decreased levels of reimbursement, increased paperwork, decreased social worker staffing levels, decreased job security, decreased availability of supervision, increased assignment of non-social work tasks and decreased availability of professional training
- significantly more likely to say that they would change position due to higher salary, increased mobility, different supervision or management, ethical challenges, and stress

Although they represent a small segment of the sample, their experiences clearly highlight some of the challenges facing the profession in its efforts to ensure an adequate supply of frontline social workers for the future.

Conclusion

The 2004 survey of licensed social workers reveals much about the contributions, commitment and strength of social work professionals. Social workers represent a significant provider of professional social services to a broad cross-section of clients. Their direct services help people from a variety of socioeconomic backgrounds to access and benefit from social supports and services. Social workers also are key providers to the most vulnerable populations, providing a safety net of services to older adults, neglected and abused children, and people at high risk for disparate health and behavioral health service access, treatment and outcomes.

This survey also highlights challenges that are clearly facing the profession. A number of sources outside the 2004 survey predict that demand for licensed social workers in the aggregate may increase in the coming decade and beyond. The 2006-2007 Bureau of Labor Statistics' *Occupational Outlook Handbook* projects that the demand for new social workers will increase between 18 percent and 26 percent by the year 2014 (Bureau of Labor Statistics, 2006). Much of this increase is attributed to the aging of the population, which carries with it increased demand for social work services. A recent report by the Center for Health Workforce Studies, University at Albany (2005) pointed out that the projected 54 percent growth in the number of older adults in the United States between 2000 and 2020 is likely to be a primary driver of increased demand for social work services in coming decades.

On the one hand, the profession appears poised to meet this demand through its successful recruitment of students into its educational programs. There is a well-developed infrastructure of social work education that produces more than 30,000 MSWs and BSWs per year. However, given the serious challenges regarding recruitment, retention and replacement of retiring social workers that the profession now faces, there is no certainty that this educational pipeline is sufficient to fully meet future demands for new licensed social workers.

Challenge #1: Replacement of Retiring Social Workers

According to data and projections from the Bureau of Labor Statistics, social work is one of the occupations most affected by Baby Boomer retirements, with the retirement replacement needs reaching 95,000 in the 2003-2008 timeframe (Dohm, 2000). This projection is supported by this study, which identifies an older social work workforce compared to the civilian workforce.

This study also confirms that the social work profession is female-dominated and is likely to become more so in the future. Occupations dominated by women, like social work, are especially vulnerable with an aging workforce since women's level of workforce participation is lower than men's as they approach retirement age (Toossi, 2005). The trend of people entering the field of social work later in life is an additional concern for the profession. The mean age of entry into the licensed social work profession has increased over the years, from 26.3 years old for those who entered prior to 1960, to 34.2 years old for those who entered in between 2000 and 2004. This means the average career duration for licensed social workers is now about 25 or 30 years, which is shorter than for most major health professions.

Challenge # 2: Recruiting New Social Workers

The fact that many respondents report increased use of non-social workers to fill vacant social work positions and increased outsourcing of social work tasks indicates a need for more professional social workers to be available to meet the current needs of agencies and clients. The profession is challenged to recruit new social workers, particularly those interested in working with older adults. The study identifies several challenges that gerontological social workers encounter, including lower salaries, assuring that assigned tasks fit the skill level of the social worker, improving peer networks, and rebalancing the increased demands for services with the agency supports to deliver those services.

The profession must also target its recruitment to keep pace with the changing demographic composition of the United States. Social work must position itself within diverse communities as a viable career choice in a changing world to attract a broad spectrum of providers to reflect its client constituencies.

Challenge #3: Retaining the Social Work Labor Force

Once professional social workers are recruited, educated and prepared for practice, perhaps the biggest challenge is retaining this corps of workers. Although most social workers express satisfaction with their career choice and aspects of their practices, too many become discouraged by agency environments that are unresponsive to their needs for professional growth, respect and fair compensation. A profession cannot successfully retain its workforce when issues of personal safety go unaddressed. In addition, increases in demands on workers accompanied by decreases in supports not only frustrate practitioners, but ultimately drive them away from the field.

Clearly, the social work profession is at a crossroads. If there are to be adequate numbers of social workers to respond to the needs of clients in this decade and beyond, the sufficiency of this frontline workforce must not only be ensured, it must be prioritized.

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Footnotes

1 Eight percent of the respondents to the 2004 survey did not have degrees in social work. These individuals are older practitioners who have been permitted to retain licenses earned earlier in their careers even though the formal requirements have since become more stringent. Data related to these practitioners are not reported in tables or charts, but may be referenced in text.

Testimony for

The United States Senate Committee on Finance

Hearing on
Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare System

May 10, 2006

215 Dirksen Senate Office Building

Submitted by:

Prevent Child Abuse America
500 North Michigan Avenue, Suite 200
Chicago, Illinois 60611
Contact: James M. Hmurovich, Interim President/CEO
312-334-6821
jhmurovich@preventchildabuse.org

Prevent Child Abuse America thanks Chairman Grassley and the other distinguished members of the U.S. Senate Committee on Finance for this opportunity to provide the organization's perspective on the progress achieved and challenges facing the child welfare system. I hope this testimony will provide the Committee with information as it begins to consider the reauthorization of Promoting Safe and Stable Families (title IV-B, Subpart 2 of the Social Security Act). This is a program that, among other things, provides funding to services that seek to ameliorate risk factors associated with child maltreatment.

The Scope of Child Abuse and Neglect

According to the most recent data from the U.S. Department of Health and Human Services (HHS), an estimated three million children were reported to have been abused or neglected during FY 2004; approximately 872,000 of these children were determined by state child protective services (CPS) agencies to have been substantiated victims of child maltreatment. In addition, nearly 1,500 children died as a result of abuse or neglect, a statistic that has changed little in recent years.[1]

In one of the more troubling details from the HHS report, child welfare agencies report that over 40 percent of maltreated children received no services following a substantiated report. That figure alone is a source of great alarm and should initiate immediate action. But this is by no means new information. HHS's *Child Maltreatment* reports dating back to 1998 consistently note that between 40 percent and 45 percent of child victims receive no services after maltreatment is substantiated.[2]

The Consequences of Child Maltreatment

Child maltreatment has devastating long-term consequences for children, families, and communities. Children who are victims of abuse and neglect suffer higher rates of school failure, feelings of worthlessness, aggressive behavior, detention, and incarceration.

To address the consequences of abuse and neglect, billions of dollars are spent each year in out-of-home care, health and mental health care, special education, juvenile justice, and adult crime. In 2001, Prevent Child Abuse America released a study that looked at the cost our nation incurs every year as a direct or indirect result of child abuse and neglect.[3] Using data from HHS, the U.S. Department of Justice, the U.S. Census Bureau and other sources, we determined a conservative estimate of the nationwide cost resulting from abuse and neglect of $94 billion annually; or $258 million every day. Of the $94 billion total annual cost of child abuse and neglect, $24.4 billion counts as a direct cost – i.e. those costs associated with the immediate needs of abused or neglected children.

In contrast, very little federal money is dedicated to preventing harm to children before it occurs. This is not to imply that the costs of services for treatment and intervention are too high or that the services themselves are not essential; rather, it is to note that there is a tremendous imbalance between what is invested on the front end to prevent abuse and neglect before it happens and what is spent as a consequence after abuse or neglect has occurred. *This is analogous to avoiding routine automotive oil changes that subsequently often result in much higher cost engine repairs.*

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

[2] U.S. Department of Health and Human Services, Administration on Children, Youth and Families. Archived reports retrieved online at: http://www.acf.hhs.gov/programs/cb/stats_research/index.htm.

[3] Prevent Child Abuse America. *Total Estimated Cost of Child Abuse and Neglect in the United States – Statistical Evidence.* 2001

The Importance of Promoting Safe and Stable Families
Promoting Safe and Stable Families (PSSF) provides the largest federal funding source dedicated to prevention and family support services in child welfare, and if adequately funded, could help states and local communities address many factors that lead to child abuse and neglect. The program's flexibility allows states and localities to determine the best use of the dollars to meet the unique needs of their communities.

When Congress established the first iteration of PSSF in 1993, federal funding was made available solely for family preservation and family support services. When reauthorized in 1997, Congress added two additional purposes: time-limited family reunification and adoption promotion and support. HHS specified that states must spend 20 percent of their allotments on each of the four categories, or provide a "strong rationale" for doing otherwise. The name of the program was changed to *Promoting Safe and Stable Families (PSSF),* and the mandatory funding level was increased incrementally to $305 million in FY 2001.

While all four categories of the program provide vital support to children and families, the two original categories of family preservation services and family support services focus on prevention and are of particular importance to Prevent Child Abuse America. ***Family preservation services*** are designed to keep families together and avoid the need to place children in foster care. These services are generally targeted towards families already known to the child welfare system and can include: intensive family preservation services; respite care to provide temporary relief for parents and other caregivers; services to improve parenting skills; and infant safe haven programs. ***Family support services*** can target foster and adoptive families, and can also be geared more towards families that are not yet in crisis as a way to prevent child abuse and neglect before it occurs. These services are typically provided by community-based organizations and may include: home visiting programs; programs to improve parental relationships; and early developmental screening for children.

Home visiting is just one example of a family support service with proven positive outcomes for children and families. Healthy Families America is a national home visiting program model designed to help expectant and new parents get their children off to a healthy start. A recent randomized control evaluation of Healthy Families New York found positive outcomes, including a reduced incidence of child abuse or neglect for the at-risk mothers and infants who participated in the program. The study found that Healthy Families New York mothers experienced better childbirth outcomes than control mothers and were less likely than control mothers to report neglecting their children and reported committing fewer acts of severe physical abuse, minor physical aggression, and psychological aggression against their children.[4]

In 2001, during the most recent reauthorization of PSSF, Congress set the capped entitlement funding level at $305 million through FY 2006 and added a $200 million discretionary grant subject to annual appropriations, placing the total authorized funding for PSSF at $505 million. Unfortunately, PSSF has not been fully funded since the discretionary grant was authorized. The combined mandatory and discretionary funding level for FY 2005 totaled just $403 million. As of this testimony, funding for FY 2006 is unclear. In FY 2006, Congress appropriated $89 million in discretionary funding, a $9 million decrease from the previous year. The *Deficit Reduction Act of 2005* (DRA) included a much needed $40 million increase to the mandatory funding, but that funding has not been allocated to date.

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[4] New York State Office of Children and Family Services, Bureau of Evaluation and Research, Albany, N.Y.: Center for Human Services Research, University at Albany. *Evaluation of Healthy Families New York (HFNY): First Year Program Impacts.* February 2005.

Prevent Child Abuse America Recommendations
As the Committee considers ways to strengthen PSSF through reauthorization, Prevent Child Abuse America offers the following recommendations:

- *Ensure that family preservation and family support efforts remain program priorities and continue to require that states spend at least 20 percent of their PSSF allocation on each of those purposes.* Investing in positive outcomes for children and families through evidence-based family support and family strengthening programs can and do lead to fewer incidences of child abuse and neglect.
- *Provide all PSSF funding as a capped entitlement totaling the current authorized level of $505 million.* PSSF has been authorized at $505 million – with $305 million of that mandatory, and $200 million subject to annual appropriations – since 2001, but has never been fully funded despite the President's request to do so in previous years. Last year, appropriators cut PSSF discretionary funding by nearly $9 million. If fully funded, PSSF would promote expansion of family support services in communities across the nation and provide more intensive help for families in crisis.
- *Examine PSSF reporting requirements.* Some have suggested that state's reporting requirements should be improved and data on how PSSF funding is used made more readily available to the public. We welcome a broader discussion on this important issue.

Thank you for focusing attention on this area of critical importance to the child abuse prevention field. We look forward to working with the Committee as you develop PSSF reauthorization proposals.

About Prevent Child Abuse America
Since 1972, Prevent Child Abuse America has been building awareness, providing public education and encouraging hope in the effort to prevent the abuse and neglect of our nation's children. Working with our 43 chartered and provisional statewide chapters and 415 Healthy Families America sites nationwide, we provide leadership to promote and implement prevention efforts at both the national and local levels.

Our vision imagines a culture (and a cultural attitude) wherein the well-being of children is universally understood and valued and where raising children in surroundings which ensure healthy, safe and nurturing experiences is supported by the actions of every individual and every community.

This is a generational vision in which it becomes the norm for all parents and caregivers to seek and accept qualified support regarding the knowledge and skills required for effective parenting and child development; and for the general public to become educated and engaged in supporting the well-being of children.

Testimony of:
Alicia Groh
Executive Director
Voice for Adoption

Submitted to the
U.S. Senate Committee on Finance

For the hearing on:
Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare System
May 10, 2006

Voice For Adoption
P.O. Box 2685
Washington, DC 20013
voiceforadoption@gmail.com

I want to thank the committee for taking the time to hold a hearing on the successes and challenges that our child welfare system is experiencing. Voice for Adoption (VFA) is very pleased to know that this committee is interested in examining the current status of the child welfare system and exploring the potential for improvements moving forward.

As the members of this committee know, our child welfare system is charged with a set of incredibly complex, critical responsibilities. Balancing the interests and rights of birth families, children, relatives, and foster and adoptive parents is challenging enough, but the work is further complicated by varying timeframes that parents face for reunification efforts, welfare eligibility, and the time needed for rehabilitation. As in most systems, progress often comes slowly, but slow progress feels unsatisfactory when we are dealing with the lives of vulnerable children. Six months may seem almost negligible to an adult, but to a three-year-old child, six month constitutes a significant portion of her life. As we all work to improve the experiences and outcomes of families involved with the child welfare system, I hope that we will all keep in mind a child's sense of time, and feel a heightened sense of urgency to make things better for our most vulnerable children. These children need our child welfare system to work for them **today**.

Voice for Adoption is a membership advocacy organization. We speak out for our nation's 118,000 waiting children in foster care. VFA members recruit families to adopt special needs children and youth. Our members also provide vital support services both before and after adoption finalization to help adoptive families through the challenges they often face. We, like the members of this committee, are dedicated to finding permanent, loving families for every waiting child in foster care. We are also dedicated to ensuring that those children continue to have their needs met after they find their permanent families.

Over the past decade, the child welfare field has made significant progress in promoting adoption for children in foster care. An energized focus on providing permanency for youth in out of home care, as well as new laws and funding, helped drive dramatic increases in the number of waiting children who found permanent, loving families. Federal efforts to promote and support creative adoptive parent recruitment efforts, online photolistings of waiting children, and financial incentives for States to find more adoptive families have helped provide permanent, loving adoptive families to at least 50,000 waiting children each year over the past five years.

The success of these adoption efforts at the Federal, State and local level is wonderful, and I hope that the child welfare field continues to experience great success in finding adoptive homes for waiting children. The work cannot stop at the time an adoption is finalized, however. The recruitment and adoption promotion efforts must be matched by a strong commitment to ensuring that adoptive families are able to meet the needs of their children. As we all celebrate the increase in the number of children who are adopted, we need to support the individual families that make these adoptions possible. Real post-adoption services are not just an important aspect of support for families after they have adopted; these services act in concert with recruitment efforts to reassure prospective families that they will be able to access the services they need to care for their children. Most children who are adopted from foster care have experienced abuse or neglect, and many spent years in foster care without stability and security. Many of these children received much-needed services while in foster care, and a child's challenges do not vanish when his adoption is finalized. Finding a permanent family can be a

healing experience for a child, but adoption itself cannot heal all of a child's wounds. Adoption should never mean that a child loses the services and support that he needs in order to gain a permanent family.

VFA's member organizations know from experience that many adoptive families struggle to find appropriate post-adoption services, especially mental health services, that can respond to the unique dynamics involved in adoption. Gaining access to high-quality mental health services can be challenging enough for any family, but adoptive families face an additional challenge trying to find service providers who understand how a child is affected by a history of abuse and neglect, experiences in foster care, and the process of joining an adoptive family. Even when adoptive families are fortunate enough to find adoption-competent service providers, they may face further hurdles because the providers are not covered by their insurance. We already ask so much of the families that adopt children from foster care; should we really demand that they spend their life savings in an attempt to help their children heal? Funding is certainly critical in ensuring that post-adoption services are available, but funding alone will not make service providers understand the issues that are unique to adoption. VFA strongly encourages Congress to support training and information that will enable providers to become well-informed about the issues that adoptive families and adopted children face.

In recent years, there has been a noticeable growth in the intensity of discussions about reforming the child welfare system. Certainly, the current structure has many components that need to be improved in order to serve children better, particularly the Title IV-E eligibility criteria. VFA is hopeful that all of the debate about reforming the child welfare system will lead to thoughtful, well-designed improvements that will truly improve the lives of children in foster care and the families that care for them.

Recommendations

Increase Funding for the Promoting Safe and Stable Families Program

Federal funding for child welfare programs should acknowledge the complexity of the work that child welfare systems must perform. Flexibility is key in order for States to be able to provide the specific services and support systems that individual families need, but without sufficient resources, States are forced to choose between equally important support services. The four service categories within the Promoting Safe and Stable Families program all address high-priority services for vulnerable families, and States need to be able to provide each category of service without jeopardizing another set of clients. Voice for Adoption encourages Congress to provide adequate funding both for the costs of caring for children in out of home care and adoptive placements and for providing needed services to birth, foster, adoptive, and kinship families. At a minimum, the program should be fully funded at its total authorized level. Funding for the program should be entirely mandatory; having the authorization split between mandatory and discretionary funding leaves the program vulnerable to smaller appropriations from year to year for crucial child welfare services. Child welfare funding is already too fragmented, so States need to be able to rely on a consistent amount of Promoting Safe and Stable Families funds in order to plan wisely and provide crucial services to families.

Ensure that Adoption Opportunities Funds Support Adoptive Families

The Adoption Opportunities program provides an opportunity to target Federal funding consistently toward post-adoption support. In recognition of the essential role that post-adoption services play for adoptive families, a portion of the Adoption Opportunities grants each year should be aimed specifically at providing support and services to adoptive families. The need for post-adoption services is ongoing; the Adoption Opportunities grants should direct funds every year to provide post-adoption services to families that adopt children with special needs.

Establish Funding Specifically for Post-Adoption Services

Voice for Adoption encourages Congress to establish a dedicated funding stream for post-adoption services, acknowledging the essential role that these services play in providing the stability that children need after being adopted from foster care. Adoptive families need to be able to access a continuum of services, including support groups, case management, and mental health services. Many children in foster care require multiple services and support systems to meet their medical need, to help them address their history of abuse and neglect, and to help them learn how to develop healthy family relationships. Prospective adoptive parents should not have to choose between providing permanency to a child or ensuring that the child's ongoing medical, educational, and mental health needs are met. Within existing funding streams, post-adoption services are pitted against other important child welfare services, forcing States to decide whether it is more important to recruit adoptive families or support them after they have adopted. Creating such a dilemma makes it harder for children to get their need for both permanency and stability met.

Increase Flexibility While Continuing Children's Entitlement to Federal Support

Current discussions about the child welfare system often emphasize the need for increased flexibility in how States spend Federal child welfare funds. Certainly, States need to be able to meet the specific needs of the children and families that they serve without being unduly constrained. Voice for Adoption encourages Congress to consider the idea of flexibility within the context of maintaining individual children's entitlement to Federal funding to support their care in foster and adoptive placements. Congress can give States increased flexibility for providing services and support structures without sacrificing the child-specific funding for the costs of foster care or adoptive placements. Vulnerable children should not be made more vulnerable as a result of efforts to provide increased flexibility to States.

Eliminate the Link to AFDC for Title IV-E Eligibility

As this committee has heard from many other organizations, the Title IV-E program's link to the Aid to Families with Dependent Children program needs to be eliminated. Children who enter foster care need are all equally in need of government protection and support, regardless of the financial situation in the birth families' homes. Making Federal support of the costs of foster care and adoption assistance contingent on 10-year-old eligibility criteria for a program that no longer exists creates an unreasonable barrier to Federal funding, as well as an administrative burden for social workers who are serving our country's most vulnerable youth.

Conclusion

The current funding structure requires States to develop a patchwork of funds in order to provide post-adoption services, and this patchwork is stretched thin trying to provide even basic services. More intensive services such as in-home therapy and residential treatment are often out of reach for the families that really need them. Adoptive families make a permanent commitment to their children, and VFA believes that Congress should make a commitment to providing ongoing support to help these families meet their children's needs. Adoption is a life-long experience, and children and families deserve support as the children move toward adulthood.

STATEMENT FOR THE RECORD OF MATTHEW E. MELMED
EXECUTIVE DIRECTOR
ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES
(2000 M Street, NW, Suite 200, Washington, DC 20036)

BEFORE THE SENATE COMMITTEE ON FINANCE
Hearing on: Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare System

May 10, 2006

Mr. Chairman and Members of the Committee:

I am pleased to submit the following testimony on how best to ensure the safety and permanency of very young children in the child welfare system. My name is Matthew Melmed. For the last 11 years I have been the Executive Director of ZERO TO THREE. ZERO TO THREE is a national non-profit organization that has worked to advance the healthy development of America's babies and toddlers for over twenty-six years. I would like to start by thanking the Committee for your ongoing commitment to ensure that our nation's youngest children are safe. I commend you, Mr. Chairman, and the Committee for holding a hearing on the progress achieved and challenges ahead for our nation's child welfare system.

My focus today is on the youngest and most frequent victims of abuse and neglect and the only ones without words to tell us that they hurt – babies and toddlers. In the time it takes to watch an episode of *Law and Order SVU*, five U.S. infants are being removed from their homes for abuse or neglect or both. During the time you're getting ready to go to work, another five babies move into foster care. Every day in the United States, 118 babies leave their homes because their parents cannot take care of them.[i] The quality of their entire lives – at home and in foster care – is deeply troubling.

But I also want to tell you about a promising community-level solution to the cycle of despair that is perpetuated when children who are abused and neglected grow up and return to court as abusive or neglectful parents. This solution, known as Court Teams for Maltreated Infants and Toddlers, involves dedicated juvenile and family court judges around the country who are learning more about how young children develop and are leading the way in their communities to give infants and toddlers the services they need for healthy development.

Portrait of Infants and Toddlers in Foster Care

Children between birth and three years have the highest rates of abuse and neglect victimization. Although infants only account for 5.6% of the child population, they represent double that percent of all child maltreatment victims.[ii] Children ages three and younger are also 34% more likely to be placed in foster care than children ages four to 11.[iii] Once they have been removed from their homes and placed in foster care, infants stay in foster care longer than older children.[iv] Half of the babies who enter foster care before they are three months old spend 31 months or longer in placement.[v] And one-third of all infants discharged from foster care re-enter the child welfare system.[vi] When we consider the dramatic brain development that occurs during the first three years of life, it is clear that far too many children are spending these critical early years in a most precarious living arrangement.

Developmental Impact of Child Abuse and Neglect on Very Young Children

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

Infants and toddlers are the most vulnerable to the effects of maltreatment, and its impact on all aspects of their development can have life-long implications if not properly addressed[x],[xi] Research shows that young children who have experienced physical abuse have deficits in IQ scores, language

ability, and school performance, even when the effects of social class are controlled.[xii] Physical abuse extracts a substantial toll on young children's social adjustment, as seen in elevated levels of aggression that are apparent even in toddlers.[xiii] Long-term negative outcomes include school failure, juvenile delinquency, substance abuse, and the continuation of the cycle of maltreatment into new generations. By waiting until children enter school, we are missing the most critical opportunity for prevention and intervention.[xiv]

The Challenge: Ensuring Safety, Permanency and Well-Being

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

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

A Promising Solution: Infant-Toddler Court Teams

The outlook for young children caught in the child welfare system need not be hopeless; and as such, I would like to recommend to the Committee a promising approach, Court Teams for Maltreated Infants and Toddlers, that helps improve the well-being of maltreated infants and toddlers and their families and seeks to break the intergenerational transmission of abuse and neglect. This pilot program combines judicial muscle with child development and mental health community partners so that babies and toddlers are given the attention and life-changing help they need.

In each of three communities – Fort Bend County, Texas; Hattiesburg, Mississippi; and Des Moines, Iowa – a judge is partnering with a child development specialist to create a team of child welfare and health professionals, child advocates and community leaders who provide services to abused and neglected infants and toddlers. By working together, with support and training from ZERO TO THREE, these teams are developing and enacting comprehensive approaches to meet young children's complex needs, swiftly and effectively. Each of the three Court Teams is educating court and community members about the needs of abused and neglected infants, toddlers and young children. They are working to enhance and better coordinate services for these children and their families. Court orders for cases involving young children are now being written to include services for the children as well as the parents, and monthly reviews are ensuring that court-ordered referrals are implemented as ordered. Ultimately, they hope to prevent young children from being abused or neglected, and reduce their numbers in foster care.

This Infant-Toddler Court Team model is based on the pioneering work of the Honorable Cindy Lederman, Presiding Judge of the Juvenile Court in Miami-Dade County, Florida and Dr. Joy

Osofsky, of the Louisiana State University Health Sciences Center, who have partnered to develop a groundbreaking effort to address the well-being of infants and toddlers involved in the Miami-Dade Juvenile Court. In this court, all infants, toddlers and mothers receive screening and assessment services. All babies are screened for developmental delays and referred for services. A parent-infant therapeutic intervention is available to a select number of mothers. An Early Head Start program connected to the court is the nation's first designed specifically to meet the needs of maltreated children.

Judge Lederman was motivated to develop this approach after observing children who first came into her court as victims of abuse and returned later as abusive parents. A major goal of the Court Teams project is to break this cycle of abuse by giving these young mothers the skills they need to understand and respond to their infants and toddlers in a positive way.

Research is confirming the effectiveness of the approach used in the Miami-Dade Juvenile Court. The first three years of data showed substantial gains in improving parental sensitivity, child and parent interaction, and behavioral and emotional parental and child responsiveness. The children showed significant improvements in enthusiasm, persistence, positive affect and a reduction of depression, anger, withdrawal and irritability. There were no further acts of abuse or neglect during treatment and 100% of infants were reunified with their families.

The major lesson emerging from the work in Miami-Dade is that juvenile and family court judges, who are responsible for the safety of the children in their courts, can be powerful agents of change. They are uniquely positioned to improve the well-being of infants and toddlers in the child welfare system and to ensure that they are receiving the services and supports they need to address their special needs. Judges have an opportunity, perhaps the last one for these most vulnerable infants and toddlers, to focus on healing in the process of adjudicating the case.[xvi]

Details of On-Going Court Teams Projects

While the Court Teams projects based on the Miami-Dade model are still in a relatively early stage, already we are seeing the benefits of the judicial leadership and community collaboration that are their hallmarks. Some activities and highlights include:

-- In Polk County, Iowa, the Court Team led by Judge Constance Cohen has already formed solid collaborations among community providers in a locale that faces a growing threat to child welfare from the rapid proliferation of methamphetamine. A total of 1,300 children younger than five are in the child welfare system in Polk County; 90% of those cases involve methamphetamine use and/or the manufacture of methamphetamine. The Early Access Early Intervention Project, Drake Head Start, and the Child Guidance Center (a mental health center for children) are formulating flexible ways to deliver services to the population of children in the project. The Court Team project, the Drake University School of Law, and the Middleton Children's Rights Center are planning a joint conference to be held next week to educate students and professionals in the fields of law and social work on ways to improve the system of services for very young children.

-- In Fort Bend County, Texas, the Court Team led by Judge Ronald Pope has seen important systems changes occur. For example, prior to the implementation of the Court Teams project, visitation between young children in foster care and their parents was limited to one hour per week. Brief weekly visits do not promote the strong positive attachment necessary for the healthy development of infants and toddlers. Research has shown that increasing the number of visits per week improves the likelihood of achieving permanency within 12 months.[xvii] The Fort Bend Court Team Community

Coordinator, understanding the value of frequent visits, was able to increase visitation in one of the Team's first cases to four hours daily. Transportation services for children and families in the child welfare system, in a county where public transportation is non-existent, have also been arranged with a community partner. As in Des Moines, substance abuse plays a major role in bringing young children into the child welfare system – approximately 80% of infants and toddlers in the system entered as a result of substance abuse. Co-occurring mental health problems (e.g. depression) as well as other significant risk factors (e.g. low socio-economic status, unemployment, lack of medical insurance, unstable housing, etc.) are often seen in the families of these children.

-- Hurricane Katrina delayed project implementation in Forrest County, Mississippi. However, even in a short time, the Court Team, led by Judge Michael McPhail, has secured strong commitments to the project from community stakeholders. In a county seemingly devoid of resources for young children who mostly are placed in care because of parental neglect, both public and private organizations and professionals responded positively to the judge's initial overtures to community providers to become part of the Court Team. For example, the director of Head Start made a commitment to find a placement for every child between the ages of birth to three referred by the court. The director of Head Start also promised the services of their dentist for young children who need dental care. The head of the Part C Early Intervention program committed to evaluate every child referred, and a private developmental/behavioral pediatrician offered to conduct Part C evaluations. The University of Southern Mississippi arranged to provide a social work intern for the pediatrician to assist in evaluating children's mental health needs.

Widespread Interest in Court Teams Approach

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

Like Judge Lederman, these dedicated judges are searching for a way to stop the intergenerational cycle of abuse and neglect. Judges are often in their jobs over a long period of time, affording them the opportunity to observe this cycle firsthand and then provide the continuity necessary to lead a Court Team toward positive change. Child welfare administrators and caseworkers come and go, but often it is the juvenile court judge sitting on the bench for many years who sees children grow up in the system. As judges become more and more frustrated by the seeming inability of the system to respond effectively, they are welcoming the knowledge and guidance of child development experts who can reach into the community for services that support vulnerable babies.

Conclusion

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

services and programs that ensure that our nation's youngest and most vulnerable children are safe and which promote and improve their emotional, social, cognitive and physical health and development.

Although the Adoption and Safe Families Act (ASFA) made states accountable for providing services to address the "safety, permanency and well-being of children and families", we know that states are not in compliance with several key requirements. State child welfare systems are simply not meeting the needs of the children who rely on public intervention to protect them. Policies and funding must be directed toward preventing harm to maltreated young children and to assure that children are safe – in permanent and stable living arrangements. I urge the Committee to make the investment now to ensure that the current ill-equipped child welfare system can better protect very young children.

Court Teams is not a global solution to the problems of the child welfare system, Mr. Chairman. But it is a very concrete approach to addressing a critical need at the local level. To ignore the needs of infants and toddlers when they come into the child welfare system in the earliest stages of life is practically to guarantee that they will experience difficulties later on. Court Teams gives judges tools to ensure healthy development and to help move these children into a permanent family situation. As the Committee looks at ways to improve the child welfare system, I encourage you to consider the Court Teams approach that so many judges would like to adopt as one solution that could improve the lives of many young children.

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

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