



CWLA 2015 Legislative Agenda

ADVANCING EXCELLENCE IN
FEDERAL CHILD WELFARE POLICY

THROUGH

Innovation & Collaboration

RECOMMENDATIONS FOR THE ADMINISTRATION AND 114TH CONGRESS

★ FIRST SESSION ★



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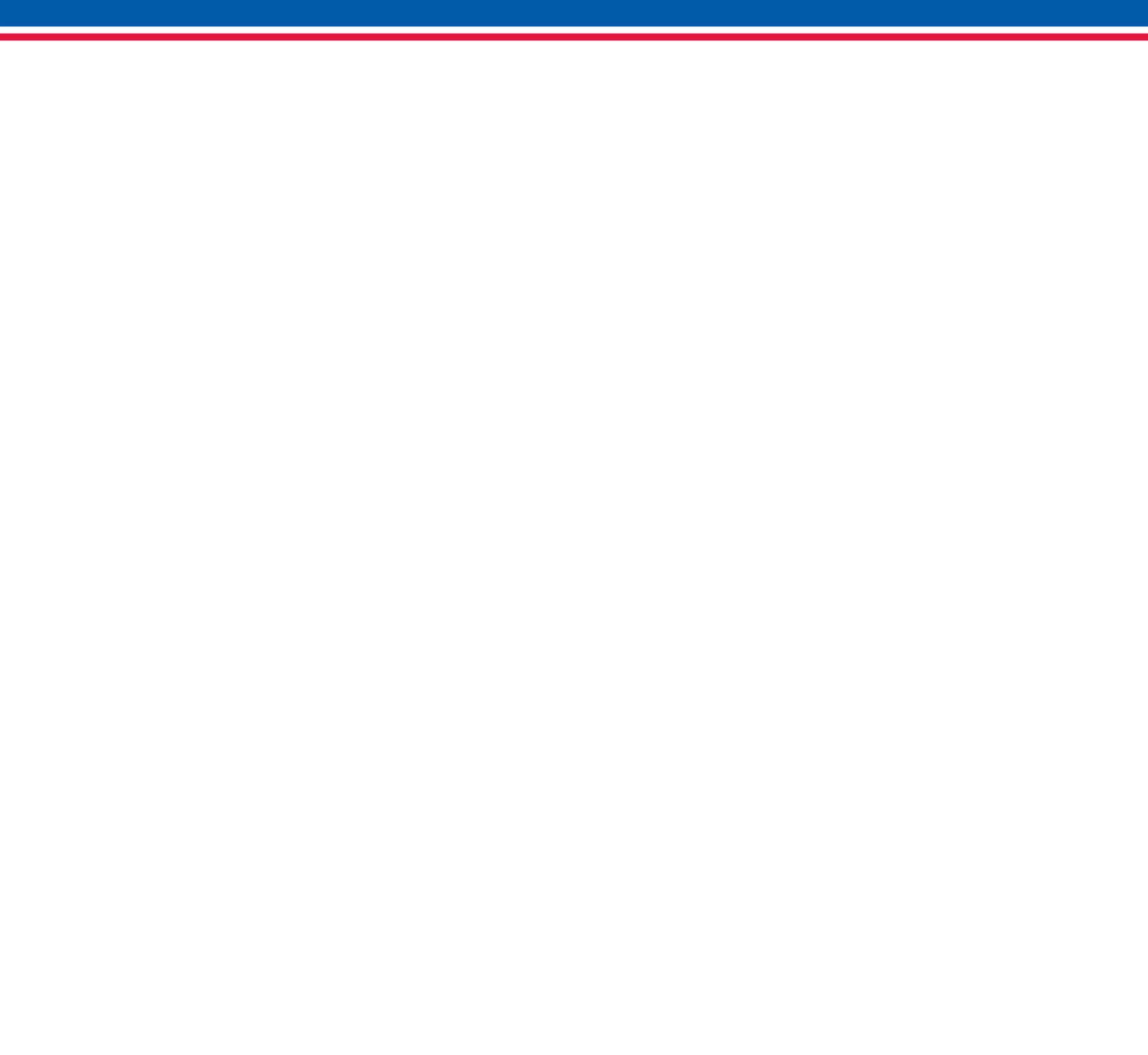


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Introduction

Child welfare encompasses a comprehensive set of policies, programs, and practices aimed at ensuring the safety and well-being of infants, children, youth, and the families that raise them. In this Legislative Agenda, the Child Welfare League of America (CWLA) presents a vision for the future of child welfare. Here, in collaboration with our members and partners, we offer strategies that will enable children to grow up in families with the necessary resources to protect them from harm, meet their developmental needs, and create nurturing and enduring relationships. Our vision is that all children will grow up safely, in loving families and supportive communities, with the skills they need to be productive members of society. The diversity of their cultures, ethnicities, races, languages, and sexual orientations must be acknowledged and respected.

Our values recognize the unique needs of vulnerable infants, children, and young people. We value families of all kinds: birth, single- and two-parent, extended and kinship, foster and adoptive, and sexual minority.

We value communities with neighborhoods and schools that are safe and have resources, affordable and accessible housing, transportation, playgrounds, and afterschool programs for young people.

We value the strong, historic partnership between public and private agencies to serve children who spend time in care, as well as the hundreds of thousands more who receive supportive services but do not enter care.

We value dignity, fairness, honesty, integrity, the importance of relationships, and social justice. We value respect, innovation, service, inclusiveness, collaboration, trust, flexibility, competence, and humility. The core principles below are derived from this vision and this set of values.

This Legislative Agenda for the 114th Congress presents goals and policy recommendations based on a vision for child welfare, our *National Blueprint for Excellence in Child Welfare*, that recognizes that there are fundamental changes that must be enacted at all levels—individuals and families, organizations and communities, programs and services, and funding and policies. These reforms must assure that tribal governments, communities, and populations are included in the process of achieving essential reforms for policies and practices.

The federal policy advocacy for 2015 includes the following core principles:

- Prioritizing A Balanced Approach through Child Welfare Finance Reform
- Improving Workforce and Workforce Supports
- Improving Coordination and Access between Child Welfare and Health Care, Especially Medicaid
- Adequately Funding Child Welfare Supports and Services
- Reauthorizing Vital Children’s and Child Welfare Services
- Protecting Families through Culturally Competent Immigration Reform

On behalf of CWLA’s members, partners, staff, and board of directors, we invite you to join us in achieving our new legislative agenda.

—Christine James-Brown, CWLA Chief Executive Officer

Prioritizing a Balanced Approach Through Child Welfare Finance Reform

BLUEPRINT PRINCIPLE:

Families, individuals, communities, organizations, and systems protect children from abuse and neglect and provide an array of supports and services that help children, youth, and their families to accomplish developmental tasks, develop protective factors, and strengthen coping strategies.

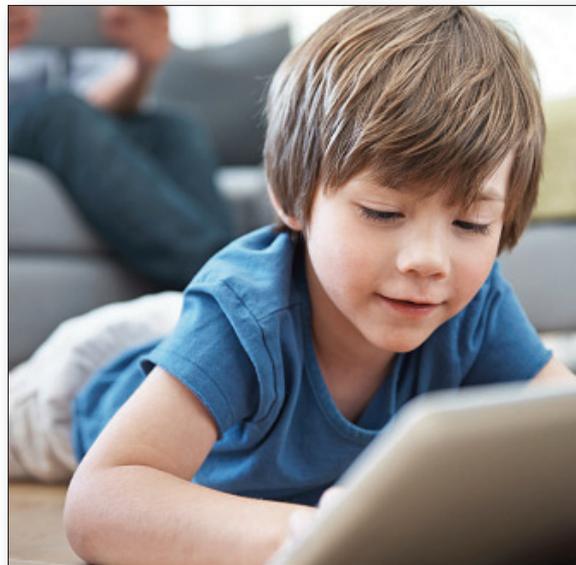
BACKGROUND

The majority of maltreated children have experienced substantiated neglect. Many of the circumstances of physical and emotional neglect involve issues of mental health, substance abuse, inadequate housing, improper supervision, a lack of family supports, and other complex challenges. Child physical and sexual abuse also can be an unacceptable result of these strains. Struggling families place their children at risk for maltreatment, and those families often have unique needs that involve the intervention of multiple services systems.

Social policies that address these needs promote strong, healthy families and protect children from maltreatment. Policies that prevent the separation of children from their families—resulting in the unnecessary use of foster care—have a human, economic, and moral impact. While no single

model exists that prevents every instance of child abuse and child neglect, there are many effective interventions and strategies. The challenge lies in providing the full spectrum of these services for children and families, from early intervention programs when it is first determined that a family is at risk; to quality foster care and other treatment alternatives for those children whose safety and well-being is more significantly threatened; to reunification, kinship, and adoption services; and to post-permanency support services that prevent unnecessary reentry into out-of-home care. When children must be separated from their parents, it is essential that resource parents, kinship caregivers, and foster and adoptive parents have the strengths, skills, training, and financial supports needed to successfully achieve child safety, well-being, and permanency.

Government at the federal, state, and local levels should strive to create and sustain a safe physical environment and a culture that promotes making healthy lifestyle choices. At the federal level, child welfare policy should do more to promote prevention and support permanency. In particular, Title IV-E of the Social Security Act should be revised to allow for prevention and post-permanency activities to be reimbursed, as foster care, kinship/guardianship, and adoption are now.



Such reform would provide more resources for services that are currently not eligible under IV-E, including those that prevent placement, reunify families, provide specialized treatment, and offer post-permanency services. The current financing structure does not provide nearly enough funding for services and critical placement options that can reduce the need for out-of-home care. This can be addressed by opening up IV-E to cover these interventions. We must also assure that all populations have access to improved placement options and services, including tribal communities and rural areas.

These reforms would address the rigidity of the current child welfare financing structure; its failure to properly incentivize services and placements that are most likely to improve outcomes for children and families; and the need to restructure how the system is financed so that it directs increased resources toward proven, innovative services in a way that improves the safety, permanence, and well-being of every child.

VISION

- Provide federal support for all children and youth who are substantiated as abused or neglected, determined to be dependent, or in need of protective services.
- Tie federal funding to children and youth in need, not to a block grant or other arbitrary cap.
- Maintain the partnership between federal, tribal, state, and local governments and private provider organizations.
- Enact the next phase in child welfare reforms by making changes to the federal child welfare system that will provide greater support to states, require more accountability, and address the need for prevention and post-permanency services.

POLICY RECOMMENDATIONS

Congress and the Administration should enact finance reform that:

- Offers, at minimum, temporary fixes such as freezing current funding to prevent further cuts by adjusting the Aid to Families with Dependent Children (AFDC) eligibility link to inflation. This could be done for a short period—two or three years—while further reforms are phased in or enacted at another date.
- Implement possible reforms such as a gradual AFDC de-link for other services—for example, a phased-in eligibility de-link for kinship care. This could also be adapted to include additional requirements in kinship care around licensing and services. While this would not be budget-neutral, it would restrain costs.
- Reject arbitrary time limits on care that may attempt to reach a positive outcome but that will result in a loss of vital child welfare funding.
- Tie some funding eligibility to certain practices, evidenced-based or evidence-informed models, trauma-informed care, or related promising practices, including evaluation.
- Ensure that reforms are framed to allow the provision of culturally appropriate services that build on strengths and meet the needs of the communities they serve.
- Strengthen and increase support and post-permanence funding, especially for reunification services and adoptive and kinship families.
- Extend and expand important non-child welfare services, including home visiting, Head Start, pre-kindergarten, and child care funding and services, which serve as protective measures for vulnerable children.

Improving Workforce Supports

BLUEPRINT PRINCIPLE

The child welfare workforce consists of competent, skilled professionals with a variety of experiences and representing varied disciplines. They are committed to high-quality service delivery and are provided with the training, tools, resources, and supports necessary to perform their roles effectively.

BACKGROUND

The child welfare workforce faces a number of challenges that hamper efforts to improve the lives of children, including low pay, high caseloads, insufficient training and supervision, bureaucratic impediments, media scrutiny, compromised emotional and physical safety, and other risks. The combination of these forces has led to very high rates of turnover in the profession. This turnover negatively impacts children by disrupting ongoing cases and robbing the system of some of its more experienced workers. Better retention efforts through a range of supports, including the adoption of acceptable caseloads, ongoing training, and implementation of the necessary infrastructure and safety provisions, must be made in order to maintain a stronger workforce.

The child welfare workforce must be fully staffed; educated in best practices; and supported by proper supervision,



equipment, and attention to worker safety. As the country continues to face economic woes, vulnerable children and families continue to struggle. At the same time, child welfare budgets have been cut in states across the country over the past few years, compounding the challenge. The child welfare system has been chronically underfunded for decades, and today workers are being asked to do even more with even less.

CWLA's Direct Service Workers report found that front-line workers support increased salaries and benefits, more training both for front-line workers and supervisors, and reducing caseloads as ways to retain a quality child welfare workforce. Currently, there are a number of federal programs that provide grants that cover training for child welfare workers and loan forgiveness for public child and family service agency employees. But many are not funded or are under-funded. In addition, the Child and Family

Services Improvement and Innovation Act provided greater flexibility for caseworker visit requirements.

VISION

- Employ qualified leaders, who are equipped to transform child welfare to respond to the changing needs of children, youth, and families within their communities.

- Train child welfare workforce to be evidence-informed and culturally competent.
- Provide child welfare staff with the education and experience appropriate for the position.
- Have workloads that adhere to the criteria recommended by licensing authorities when applicable; in the absence thereof, workloads should be reasonable and allow staff to perform the required duties.

POLICY RECOMMENDATIONS

Congress and the Administration should:

- Create a loan forgiveness program targeted to child welfare workers that can serve as the first step in providing federal support and recognition of the need for a well-supported and educated child welfare workforce.
- Authorize the National Academy of Sciences (NAS) to conduct an updated study on the child welfare workforce-including isolated areas of need such as rural and tribal communities. The study would:

- Examine the workforce, including compensation, working conditions, safety issues, academic degrees held, education and training received, and factors contributing to turnover like secondary traumatic stress and burnout.
- Make recommendations regarding caseloads and workloads, education levels, and training requirements.
- Examine data reporting and collection and make recommendations on how states might improve these efforts.

- Increase access and flexibility for IV-E training funds so that training can be made available for all efforts to improve the safety, permanence, and well-being of children, not just for out-of-home care.
- Work with states and entities to reduce paperwork and other bureaucratic burdens that can contribute to worker burnout and less focus on improved outcomes for children and families.

Improving Coordination and Access Between Child Welfare and Health Care

BLUEPRINT PRINCIPLE

Families, individuals, organizations, and communities share responsibility for assuring the safety and well-being of children and youth. To help children and youth flourish, leaders at every level and in all realms must ensure that individuals, families, organizations, and systems collaborate, communicate, create, and nurture meaningful partnerships.

BACKGROUND

In increasingly complex societies, individuals and communities are dependent upon one another to ensure an environment in which children and youth are safe and can thrive. There should be widespread recognition that children and youth are served most effectively when there is partnership and collaboration among systems. One of the most important collaborations must be between health care systems and child welfare.

In 2013, 402,000 children were in foster care at the end of the federal fiscal year. Over the course of a year, approximately 640,000 children and youth will spend at least some time in care. In order for these children to be reunified with their families, or adopted where appropriate, there are a number of services needed before they can leave foster care. One of the

most important is Medicaid and the potential help it provides. Medicaid is a vital part of the safety net for children and youth in the child welfare system. Under federal statute, children receiving Title IV-E foster care and adoption assistance are categorically eligible for Medicaid. Additionally, all states currently extend Medicaid benefits to non-IV-E-eligible children in foster care. Children covered by Medicaid are eligible for basic health care needs and services, and Medicaid is a major source of coverage for special services. These include rehabilitative services, therapeutic foster care, targeted case management, and inpatient psychiatric services.

One vital service required under Medicaid but not always provided to children is the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. The EPSDT requirement is intended as a comprehensive and preventive health care service for children (to age 21) who are enrolled in Medicaid. States are required to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines.

EPSDT is made up of screening, diagnostic, and treatment services. The required screenings are in five areas:



comprehensive health and developmental history; comprehensive unclothed physical exam; appropriate immunizations (according to the Advisory Committee on Immunization Practices); laboratory tests (including lead toxicity screening); and health education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention).

- In March 2015, the Office of Inspector General (IG) at HHS issued an updated report on the challenges states are facing regarding the required health screening of children through Medicaid. The IG report indicated that nearly a third of children in foster care who were enrolled in Medicaid did not receive at least one required screening. In addition, an earlier IG report showed that the HHS-required goal of having at least 80% of all Medicaid-eligible children screened through EPSDT was not being met; in fact, only 63% of children nationally had been screened. Overall, 32 million children are eligible for the mandated screenings.
- Children in foster care account for a disproportionately higher share of Medicaid expenditures when compared to other children in the Medicaid program. For example, although children in foster care represent only 3.7% of the nondisabled children enrolled in Medicaid, they account for 12.3% of total expenditures and 25–41% of Medicaid mental health expenditures.
- In California, for example, Medicaid-eligible children in foster care accounted for 53% of all psychological visits, 47% of psychiatry visits, 43% of the public hospital inpatient hospitalizations, and 27% of all psychiatric inpatient hospitalizations among the program's entire child population. A Pennsylvania study found that Medicaid mental health-related expenditures for

children in foster care are nearly 12 times greater than costs for non-foster children.

An important tool for assisting children in foster care is Therapeutic Foster Care (TFC). TFC is a distinct and powerful intervention that provides children with a combination of the best elements of traditional foster care and residential treatment centers. In Treatment Foster Care, the positive aspects of the nurturing and therapeutic family environment are combined with active and structured treatment. Therapeutic Foster Care programs provide, in a clinically effective and cost-effective way, individualized and intensive treatment for children and adolescents who would otherwise be placed in institutional settings.

Child welfare case workers and caregivers play a critical role in helping children access necessary services and supports. Children are referred to Therapeutic Foster Care programs to address their serious levels of emotional, behavioral and medical problems. Therapeutic Foster Care is active and structured, and occurs in the home of the foster family.

In addition to the need for health care services and access, children in care need a central repository to track that child's medical records, treatment, and health needs. Current legislative language under both federal child welfare law and the Affordable Care Act (ACA) encourages the use of medical homes and one health care provider to keep track of that patient. In addition, recent child welfare law mandates that for youth leaving foster care, the state child welfare agency assures that that young person has their medical records.

The President's budget proposal once again includes the jointly funded demonstration project between the Administration on Children and Families (ACF) and the Centers on Medicare and Medicaid Services (CMS) that targets better access to health care services framed around the goal of reducing the overuse of psychotropic medication for children and youth in foster care.

VISION

- Children, youth, and families should have access to health care in their communities, and their health care needs should be met.
- Strategies should be in place to ensure comprehensive health care assessments for all children.
- Each child and youth should have a comprehensive, accessible, central health record that contains all information about the child and youth while preserving confidentiality.

POLICY RECOMMENDATIONS

Congress and the Administration should:

- Enact the Family-Based Foster Care Services Act, which will encourage the use of Therapeutic Foster Care by establishing a federal definition of TFC and a baseline quality standard for providers.

- Continue to work with states and provide supports and strategies so that 100% of eligible children are being screened under Medicaid EPSDT.
- Provide greater technical and financial assistance to state Medicaid and child welfare departments to expand the use of medical homes, improve access to health care records for youth leaving foster care, and better control certain practices such as the use of psychotropic medication.
- Create and encourage greater collaboration and coordination between state Medicaid programs and tribal communities and governments.
- Enact the demonstration project between the Administration on Children and Families (ACF) and the Centers on Medicare and Medicaid Services (CMS) so that families can better access health care services, and reduce the overuse of psychotropic medication for children and youth in foster care.

Adequately Funding Child Welfare Services and Related Supports

BLUEPRINT PRINCIPLE

Funding decisions at federal, state, local, and tribal levels are informed by the certainty that the well-being of children, families, and communities are interconnected and that sufficient, equitable funding is essential to the well-being of all of them.

BACKGROUND

Within the federal budget framework there are two main types of programs important to the health and well-being of vulnerable children and families: those broadly designed to promote economic security and those specifically created to ensure child protection. Among the broader category of economic security programs are a number of large programs, such as Medicaid and the Children's Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), the Social Services Block Grant (SSBG), Head Start, child care, and unemployment insurance. Other programs more specifically designed to ensure child protection, with the exception of the Title IV-E foster care and adoption assistance programs, tend to be much smaller and include Title IV-B programs like Child Welfare Services (CWS) and Promoting Safe and Stable Families (PSSF), the various



programs funded through the Child Abuse Prevention and Treatment Act (CAPTA), and a number of juvenile justice programs.

Prior to sequestration, historic federal budget cuts enacted over the past few years had mostly preserved child protection programs, due to both the direct impact they make on vulnerable populations and their relatively small size in relation to some of the bigger economic security programs. Even without sequestration, however, funding for these programs has not kept pace with inflationary costs.

When sequestration went into effect, the previously protected status of these programs was upended, and while some mandatory child protection programs were exempted from the sequester, including IV-E foster care and adoption assistance, IV-B and CAPTA discretionary programs were subjected to a 5.1% cut for Fiscal Year 2013. These programs will be cut even more deeply in the future unless sequestration is overturned.

Economic security programs have been even more severely cut, and have been continuously targeted for cuts in order to reduce the deficit. The House has repeatedly passed budgets supporting the complete elimination of the Social Services Block Grant (SSBG) Program, as well as transforming Medicaid and the Supplemental Nutrition Assistance

Program (SNAP) into block grants. The Medicaid expansion passed through health care reform has also been repeatedly attacked in the courts, at the federal level, and by some states. In addition to the proposals to cut funding for a number of these economic security programs, other bureaucratic efforts have also been proposed that would make it harder for families to access these programs. Several of these programs were also cut by an additional 5.1% via the sequester, including Head Start, child care, and SSBG. Unfortunately, if sequestration isn't repealed or replaced, these cuts will be even greater over the next several years.

MIECHV

The federal home visiting (Maternal, Infant and Early Childhood Home Visiting, or MIECHV) program is an essential part of the early childhood services continuum. Healthy brain and physical development begins in the prenatal period with proper nutrition and care for the expectant mother. The architecture of the brain is shaped by a baby's earliest experiences, which in turn take place in the context of close, trusting relationships with adults—primarily parents. Since home visiting services are available for very young children, and in some cases for pregnant mothers, home visiting is often the very first service that touches a vulnerable young child and his or her parents. Home visiting can help support a baby's development, provide a strong start for the youngest children and their families, and make connections between families and other community services. Home visiting connects vulnerable children and their families with the help they need to positively impact their growth, development, and ability to learn.

CHIP

The Children's Health Insurance Program (CHIP) is up for reauthorization. Although Medicaid coverage is available to almost all children in foster care, CHIP has successfully

broadened health coverage for low-income children and families, especially at-risk families and children transitioning out of foster care. The law maintains coverage for more than 7 million children. Important improvements in the program would be to guarantee dental benefits and mental health parity, offer states the option to implement express-lane eligibility, provide grants for outreach and enrollment, and establish a child health quality initiative.

CAPTA

The Child Abuse Prevention and Treatment Act, or CAPTA, is the principal federal legislation regarding the regulation of protection of children and prevention of maltreatment at the front end of child welfare services, encompassing prevention, identification, assessment and treatment of child abuse and neglect. It establishes the minimum definition for abuse and neglect and is the main federal policy covering child protective services (CPS), community-based prevention services, and research and development of innovative prevention and treatment programs. CAPTA could be more of a force in addressing child abuse, neglect, and child deaths if it were a higher priority. In terms of the overall federal budget, the CAPTA increase to authorized levels is not significant; in fact, in 2015 12 states were getting less in-state CPS grants than we pay a member of Congress in annual salary.

SSBG

The Social Services Block Grant (SSBG) has long supported our most vulnerable children and continues to be a critical resource for child welfare. This flexible funding stream creates and sustains strong communities through a broad range of health and human services. SSBG represents 12% of federal funds states spend to provide child abuse prevention, adoption, foster care, child protection, independent and transitional living, and residential services for children

and youth. Nationwide, more than 2.6 million children received a range of child welfare services funded in part or in total by SSBG.

VISION

- Evaluate not only current expenditures but also the potential costs of failing to make investments in vulnerable children and families.
- Streamline funding sources and take into account evidence-based practice and the long-term impact on the quality of care provided to children and families.
- Individuals, providers, and communities should all advocate for funding on behalf of vulnerable children and families.
- Diversify funding streams for services and supports for vulnerable children and families.
- Funding should be linked to positive outcomes and should be discontinued for programs, services, and supports that do not work or result in unintended negative consequences.

POLICY RECOMMENDATIONS

Congress and the Administration should:

- Overturn sequestration and restore protected status of child protection programs in budget negotiations.
- Reauthorize and fully fund home visiting (MIECHV).
- Reauthorize and extend the Children's Health Insurance Program (CHIP).
- Reauthorize and fully fund CAPTA to meet the CPS and child abuse prevention mandates.
- Protect the \$1.7 billion in Social Services Block Grant (SSBG) funding and allow tribal access to funding.

Reauthorizing Vital Children's Programs

BLUEPRINT PRINCIPLE

Children, youth, and families are engaged and empowered to promote family success and build community capacity. Service providers and systems acknowledge, appreciate, and validate the voices and experiences of those whose lives they touch so that responsive community-based resources and services are developed, nurtured, and sustained.

BACKGROUND

Children, youth, and families know best the challenges they face. Their experiential knowledge of struggle, overcoming, and achievement is essential for understanding child abuse and neglect. Real stories, when relayed in a safe way and at the right time, can powerfully convey both the need to be addressed and the hope that can be fulfilled. In addition to accurately conceiving the causes, manifestations, and consequences of maltreatment, children, youth, and families are more in tune with the feasibility and cultural appropriateness of proposed solutions. Effective child welfare practice and prevention calls for not only their participation as clients and collaborators, but also the leadership to fully respect the critical expertise they bring.

Helping education and child welfare agencies work together better recognizes the whole lives of the children they



both seek to help. Only together can they ensure that children enroll in the best school for their needs, make as few school transfers as possible, and experience seamless transitions when necessary. Students should also have the supports necessary to advocate for their educational goals, actively participate in academics and extracurricular activities, and steer clear of disciplinary measures. Child welfare agencies cannot tend to every aspect of a child's well-being, and education agencies must be aware of the challenges children are facing to successfully impart knowledge and skills. Early childhood, child care, and after-school systems are also critical partners in ensuring that vulnerable children are school-ready, prepared for secondary education, and have at least one adult invested in their education.

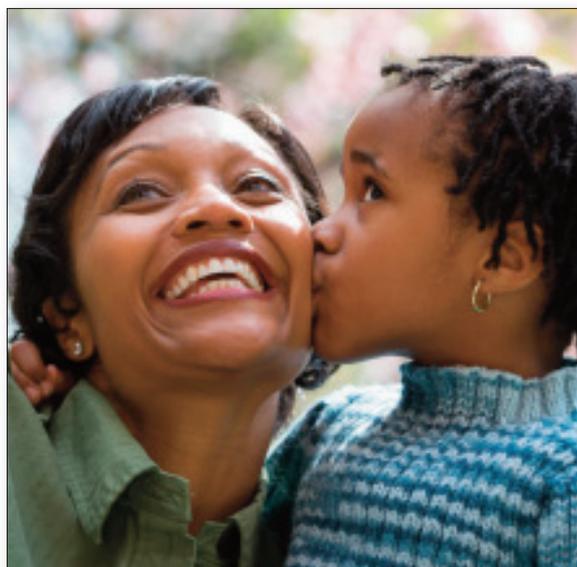
Under federal law, child welfare agencies must maintain children's education records. Since the passing of the 2008 Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections, P.L. 110-351), child welfare agencies must ensure that able children are attending school, consider education stability when identifying foster care placement, and coordinate with local education agencies to ensure that children remain in the same school and experience seamless transitions when necessary. Recent reauthorization of IV-B clarified that the stability provisions apply to all foster care moves.

Fostering Connections also requires a transition plan for all youth 18 or older to be developed with young people during the 90 days before exiting care, including a plan for their education. In addition, the federal John H. Chafee Independent Living Program offers limited funding for transitional services to young people exiting foster care without a permanent family. The program helps eligible children make the transition to self-sufficiency through services like education assistance, vocational training, job placement and retention, and training in daily living skills. Education and Training Vouchers (ETV) is a component program that provides up to \$5,000 per year for the cost of attending an institution of higher education or post-secondary training. Youth in foster care and those who entered kinship guardianship or adoption arrangements at age 16 or older are eligible for ETVs.

In the 112th Congress, the Uninterrupted Scholars Act (USA, P.L. 112-278) was enacted to amend the Family Educational Rights and Privacy Act (FERPA), which covers the privacy of education records. The USA added to the FERPA exceptions for prohibiting disclosure of records to third parties without parental consents. Education agencies no longer need parental consent or to supply parental notification to release education records to child welfare agencies for children for whom they are “legally responsible,” which will reduce delays in child welfare decisions for both foster care and education placement decisions.

In his recent budgets, the President has proposed high-quality preschool for every child. Early plans call for

coordinating an array of early childhood programs into a comprehensive, birth-to-4, school-readiness service system. Partnerships, investments, and incentives would improve quality and expand access to not only universal preschool, but to full-day kindergarten, a Head Start focused on children 3 years old and younger, a Head Start-Child Care partnership, and expanded home visiting. In addition, current budget proposals call for a major expansion of the Child Care Development Block Grant (CCDBG) that will help to implement the health, safety, and quality reforms that were made part of the 2014 reauthorization of the CCDBG.



Developing research is making clear that fathers are not just additional caregivers but provide unique, positive benefits for a child’s well-being. In federal statute, Responsible Fatherhood is a program within the Temporary Assistance for Needy Families program that provides \$75 million per year in grants for activities promoting fatherhood—such as counseling, mentoring, marriage education, enhancing relationship skills, parenting, and activities to foster economic stability. The administration also provides a National

Responsible Fatherhood Clearing House (available at <http://www.fatherhood.gov>) and convenes a Responsible Fatherhood and Healthy Families Task Force.

Until every youth in foster care achieves permanency, youth aging out of foster care without a family must have access to as many services and supports they need to find self-sufficiency and thrive. Their experiences of instability, coupled with being on their own, puts them at risk for

unemployment, poor educational outcomes, health issues, early parenthood, long-term dependency on public assistance, incarceration, and homelessness. Young people leave care at age 18 simply because there is an age limit on federal funding. In 2008, Fostering Connections gave states the option of extending care to age 21, but only a quarter of eligible states have taken up that option.

The transition plan required by the Fostering Connections Act must be as detailed as the youth chooses, and must include specific options on housing, health insurance, education, local opportunities for mentoring, continuing support services, workforce supports, and employment services. Also, as previously described, the federal John H. Chafee Independent Living Program offers assistance to young people exiting foster care. The Chafee program is a capped entitlement of \$140 million, and 30% can be used for room and board. In addition, the Patient Protection and Affordable Care Act (111-148) includes a provision that expands Medicaid coverage to former foster children up to age 26. To qualify, individuals must have been enrolled while in foster care.

Children and families cannot be full participants in their service plan with untreated trauma. While advances have been made in the identification of children's responses to trauma, along with the development and testing of evidence-based, trauma-focused treatments, child welfare has only recently begun to draw from and apply this learning. In 2011, the Child and Family Improvement and Innovation Act (P.L. 112-34) added a requirement for every child's service plan to describe how trauma related to maltreatment and removal, which is identified through initial and follow-up health screenings, will be monitored and treated. The Child Abuse Prevention and Treatment Act (CAPTA) includes provisions for Department of Health and Human Services (HHS) technical assistance and national clearinghouse information on mitigating psychological trauma. HHS houses this

information online at <http://childwelfare.gov>. In addition, grant funding has recently been provided under the Adoption Opportunities section of CAPTA for grantees to integrate trauma-informed and focused practice in Child Protective Services (CPS).

The Juvenile Justice and Delinquency Prevention Act, P. L. 93-415, was last reauthorized in 2002. This legislation is the primary law governing federal efforts to support effective juvenile justice and delinquency prevention activities. The Act is designed to help state and local governments and private nonprofit agencies in supporting and initiating programs that prevent and treat juvenile delinquency. Many public and private facilities nationwide provide custody and care for children who are wards of juvenile courts, juvenile corrections, or other public or private agencies. These facilities represent a spectrum of residential programs for accused or adjudicated delinquents and status offenders—youths detained for offenses that would not be crimes if they were adults, such as running away or truancy.

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

In December 2014, legislation was introduced to update and reauthorize this law. The legislation strengthens the coordination between juvenile justice and child welfare agencies; provides that states plan to provide necessary services for the treatment of victims of child abuse and neglect who have entered, or are at risk of entering, the juvenile justice system; supports a trauma-informed continuum of programs to address the needs of at-risk youth; and expands requirements for states to include community-based alternatives to the detention of juveniles in correctional facilities.

VISION

- Community services should be provided in a strengths-based, culturally competent, family-focused, and trauma-informed way, engaging all members of the family in all aspects of planning and decisions about their services.
- Services can be provided in a way that addresses disproportionality by creating greater access, and which in turn can assist in addressing the overrepresentation of some populations in the child welfare and juvenile justice systems.
- Youth and families should be engaged in all aspects of service provision, including program design and development, policy and procedure and development, hiring and training, practice, evaluation, and quality improvement.
- Family and youth participation is included on all boards, committees, and commissions that impact the child welfare system.
- All efforts should be made to include fathers at all stages of their children's involvement with prevention, supports, and services.

POLICY RECOMMENDATIONS

Congress and the Administration should:

- Make permanent, statutory connections between federal agencies like the Department of Health and Human Services and Department of Education.

- Reauthorize the Elementary and Secondary Education Act (ESEA), including language similar to the Fostering Success in Education Act/Amendment, and engaging local education agencies as partners in ensuring the educational stability and best interests of children and youth in foster care.
- Reauthorize the Higher Education Act with a consideration to college preparation, retention, and graduation supports for youth formerly in and aged out of foster care.
- Expand eligibility for Education and Training Vouchers (ETVs) to youth up to age 23, conditioned on states extending foster care to age 21.
- Expand and strengthen the early education and care continuum of services, including legislation to assist states in implementing a universal pre-kindergarten program.
- Enact major expansions of the CCDBG to both implement the bipartisan reauthorization reforms enacted in the 113th Congress and to expand access, especially for families with infants and toddlers.
- Reauthorize the Juvenile Justice and Delinquency Prevention Act, including language to strengthen the coordination of juvenile justice and child welfare agencies; provide that states plan to provide necessary services for the treatment of victims of child abuse and neglect who have entered, or are at risk of entering, the juvenile justice system; support a trauma-informed continuum of programs to address the needs of at-risk youth; and expand requirements for state to include community-based alternatives to the detention of juveniles in correctional facilities.

Protecting Families Through Culturally Competent Immigration Reform

BLUEPRINT PRINCIPLE

Individuals, families, communities, providers, and systems work together to understand and promote equality, cultural humility, and strong racial, cultural, and ethnic identity, while showing consideration for individual differences and respecting the sovereign rights of tribes.

BACKGROUND

One in five children in this country comes from an immigrant family and approximately 5 million children of undocumented parents are living in the United States. As immigrant families continue to represent the largest-growing population, immigration policy presents unique concerns for the child welfare system. The many children in the United States with at least one parent who is considered to be undocumented, are at increased risk of separation, especially in times of raids and other immigration enforcement activities. Currently, there is no consistent mechanism across child welfare systems to adequately identify immigrant status, which has contributed to a lack of understanding of this population and their unique needs. Furthermore, the inability of the child welfare and immigration systems to work together often results in abrupt separation of parents and children



after parents are detained or deported, and can lead to long-term stays in foster care for children and youth.

It is estimated that over 5,000 children are currently living in foster care because their parents have been detained or deported on the basis of being undocumented. Most child welfare agencies, already functioning with limited resources, simply are not equipped to deal with the increase in the influx of these children, many of whom should never have been separated from their parents in the first place. When children are separated from parents, they face short- and long-term psychological damage, including depression, post-traumatic stress, anxiety, feelings of abandonment, and suicidal thoughts. In addition, out-of-home care not only separates children from their family members, but also from their communities, cultural familiarities, and schools. Losing these connections can cause children to struggle with their identity and face an undue sense of isolation, adding further stress to an already traumatic situation. Lastly, these unaccompanied immigrant children are a particularly vulnerable segment of the child population as they are increasingly susceptible to trafficking.

VISION

- Provide services that are nondiscriminatory and conform to applicable law.
- Ensure that the child welfare workforce is culturally informed and diverse.
- Examine points of potential systemic bias and implement strategies to overcome it.
- Examine disparities in service delivery, recognizing its impact on disproportionality, and work to eliminate any inequalities.
- Implement programs responsive to the special needs of immigrant families.

POLICY RECOMMENDATIONS

Congress and the Administration should:

- Pass immigration reform that updates our outdated immigration policy to provide opportunity, support families, and bring people out of the shadows.
- Pass immigration reform that provides structure for the coordination between child welfare and immigration systems to work together to prevent the unnecessary separation of families.

- Include reforms that assure a reorientation of Immigration and Customs Enforcement (ICE) to focus on the needs of children, promote enhanced coordination between ICE and state and local child welfare agencies so that timely planning can be done to protect and support children, and strengthen the role of parents in decision-making on behalf of the child.
- Protect families from separation by working with child welfare and immigration enforcement to temporarily stop the clock on termination of parental rights and deportation, ensuring that parents have time to make the best decisions for the care and custody of their children in the event that they are detained for an extended period of time or deported.
- Make sure that young people described as “dreamers” continue to have the protection currently provided through presidential executive action to assure they can stay in this country and continue their education.



The Child Welfare League of America's public policy division works with its member agencies, state and Congressional leaders, and the Administration to monitor public and private sector policies and promote action that will benefit vulnerable children and youth, their families, and their communities.

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