



LEGISLATIVE AGENDA 2017



ADVANCING EXCELLENCE IN PRACTICE & POLICY:

*Highlighting Successful Strategies to Address
the Needs of Children, Youth, and Families*



RECOMMENDATIONS
FOR THE ADMINISTRATION AND 115TH CONGRESS

★ FIRST SESSION ★

PROTECT THE AFFORDABLE CARE ACT (ACA)

Congress must not repeal the ACA without a replacement that will continue to cover more than 21 million people who have had health insurance since its enactment. Access to health care is a vital tool for preventing child abuse and foster care placements. The *CWLA National Blueprint for Excellence in Child Welfare* states that children, youth, and families should have access to health care in their communities, and their health care needs should be met. Children in foster care are at higher risk for physical and mental health issues, stemming from the maltreatment that led to their placement or from preexisting health conditions and unmet long-term health care needs.

The ACA provides more than \$5.5 billion in substance use and mental health services.¹ By comparison the 2016 Cures Act (PL 114-255) provided \$500 million this year and \$500 million next year. The Department of Health and Human Services has stated that “the problem of substance use is straining child welfare agencies ... recent trends in substance abuse are sometimes affecting entire families and neighborhoods, making a child’s placement with relatives an unviable option.”² In 2015, 427,910 children were in foster care, representing an 8% increase since 2012.³

PROTECT MEDICAID AND CHIP AND OPPOSE BLOCK GRANTS OR PER CAPITA CAPS

Medicaid has been a critical health care insurance program since long before the ACA. About 30% of children in foster care, who are categorically eligible for Medicaid, are reported to have severe behavioral, emotional, or developmental problems.

In 2015 there were more than 45 million children⁴ covered by CHIP (Children’s Health Insurance Program) and Medicaid. Approximately 29% of persons who receive health insurance coverage through the Medicaid expansion either have a mental disorder (e.g. schizophrenia, bipolar disorder, clinical depression, anxiety), a substance use disorder (e.g. alcoholism, opioid addiction), or both simultaneously.⁵ Block grants or caps will not protect children’s health insurance or child welfare services. Because block grants never keep pace with inflation (*see TANF*) or come under assault later (*see SSBG*), the most vulnerable children will be left behind and in foster care.

MAINTAIN THE SOCIAL SERVICES BLOCK GRANT (SSBG)

SSBG is a critical source of human services funding. It continues to play a significant role in child welfare services (particularly in child protection and prevention services) and is a significant part of federal support for other human service programs, including services for the disabled, domestic violence services, and other adult protective services. SSBG provides approximately 11% to 12% of total federal funds for child welfare services.⁶ Most of the 50 states use the funding for at least some child welfare services. SSBG is the biggest federal source of funding for child protection services.⁷ Thirty-three states use SSBG to supplement foster care and 19 states supplement adoption services. SSBG is vital to other human services, including the funding to address adult protective services and domestic violence services. SSBG has been attacked because it is a block grant, but this status was established by President Reagan and Congress in 1981. Eliminating it now guarantees that vital human services, and, more importantly, children and adults, will be hurt—especially those in cash-strapped states.

STRENGTHEN EARLY CHILDHOOD EDUCATION AND EARLY CARE

High-quality child care is fundamental to the healthy development of children, the economic security of women and families, and the economic success of our country. Strong bipartisan support has long played an important role in making child care more affordable and available to families. Critical bipartisan support includes support for Head Start and Early Head Start. Head Start provides comprehensive health, nutrition, and education services to children in poverty. It has been developed over several decades, has been built on evidence-based practices, and is constantly adapting, using the best available science and teaching techniques. We need to do much more to address our nation’s current child care crisis, which is leaving working families and their children behind. We endorse the Child Agenda.



PROTECT CHILD WELFARE FUNDING

Title IV-E Foster Care, Kinship Care and Adoption Assistance

Invest in Services, De-link, and reauthorize Title IV-B programs including the Court Improvement Program (CIP)

The National Blueprint for Excellence in Child Welfare returns CWLA to our historic roots of advocating for a multi-system, community-based approach to protecting children and supporting families. We need to advance a child welfare continuum of care: prevention, intervention, placement, and permanency. This is not about flexibility or shifting the same dollars around. It is about *investing in the entire continuum*. Last year's Families First Act found common ground: expand IV-E funds into services and treatment, and we can reduce foster care placements. We must invest in the quality of foster care or there will never be enough quality placements for the children who will need temporary care. We must invest in post-permanency, including needed services in a reunified, adoptive or kinship home. We must invest adequately in the young people who "age out." We absolutely oppose block grants. Blocking or capping funds in an underfunded system merely shifts the dollars around. Congress needs to delink the rest of Title IV-E and provide a full reauthorization for Title IV-B Child Welfare Services and Title IV-B Promoting Safe and Stable Families, along with fully funding the Court Improvement Program.

REAUTHORIZE THE HOME VISITING PROGRAM

(Maternal, Infant, and Early Childhood Home Visiting Program, or MIECHV)

MIECHV promotes an effective model of voluntary, evidence-based home visiting services. It is a critical prevention strategy for at-risk pregnant women and parents with young children up to kindergarten entry. The home visiting program builds on decades of scientific research. Home visiting programs that target pregnancy and the first years of a child's life strengthen families by preventing child abuse and neglect, supporting positive parenting, improving maternal and child health, and promoting child development and school readiness.⁸ The number of children and parents served has quadrupled since FY 2012, and the number of home visits provided has increased five-fold. The total number of counties being served by MIECHV has more than doubled since the start of the program, and now reaches families in 825 counties—26% of all U.S. counties, including 29% of all urban counties and 23% of all rural counties.⁹

PROTECT IMMIGRANTS AND IMMIGRANT FAMILIES

One in five children in this country comes from an immigrant family, and approximately 4.5 million children are living with at least one undocumented parent in the United States. Current immigration policy presents unique concerns and problems for the child welfare system. Many of the children from these families are at increased risk of separation, especially in times of raids, bans, and other immigration restrictions. 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 5,100 children are currently living in foster care because their parents have been detained or deported on the basis of being undocumented.¹⁰ Policies that restrict access to human services that target some of these families, especially documented immigrants, will only increase stress on families and the children. 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. Unaccompanied immigrant children are a particularly vulnerable segment of the child population as they are increasingly susceptible to hardship and become targets for trafficking. We call on Congress to enact immigration reform and to suspend mass deportations light of this failure to act.



SUPPORT THE CHILDREN'S BUDGET

CWLA strongly supports robust funding for programs that impact children's development and well-being, particularly in the areas of health, education, nutrition, housing, and welfare. We are aware of the tight budgetary environment, but we are also aware of the lasting impact of continual disinvestment in programs that benefit children. Congress must reject drastic cuts to the 2018 budget that cut children's programs even more. Total government spending on children in the last five years, when adjusted for inflation, is down 9.4%, more than twice the rate of overall spending decreases of 4%. The overall share of federal spending for children is only 7.83% of total government spending, which is down from 8.45% in 2010.¹¹ At the same time, the federal share of discretionary spending dedicated to children has dropped by 7.3%. Congress must raise the caps while maintaining parity spending between the defense budget and all non-defense spending, and restore the funding lost by the across-the-board cuts that have been imposed on key children's programs over the past five years.

FOOTNOTES:

¹ *Keep Obamacare to keep progress on treating opioid disorders and mental illnesses*, Frank, R., Ph.D., Department of Health Care Policy, Harvard Medical School, and Glied, S., Ph.D., Wagner School of Public Service, NYU, *The Hill*, January 11, 2017.

² U.S. Department of Health and Human Services, press statement, October 27, 2016, *Number of Children in Foster Care Increases for Third Straight Year*, as taken from the website, March 9, 2017: <https://www.acf.hhs.gov/media/press/2016-number-of-children-in-foster-care-increases-for-the-third-consecutive-year>.

³ The AFCARS Report, Preliminary FY 2015 Estimates as of June 2016, No. 23, as taken from the website, March 9, 2017: <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf>

⁴ FFY 2015 number of children ever enrolled in Medicaid and CHIP. See [medicaid.gov/chip/downloads/fy-2015_childrens_enrollment_report.pdf](https://www.medicaid.gov/chip/downloads/fy-2015_childrens_enrollment_report.pdf)

⁵ The Center for Behavioral Health Quarterly Statistics (CBHQs) Report, Substance Abuse and Mental Health Services, (SAMHSA), *National Survey on Drug Use and Health*, November 18, 2015.

⁶ Rosinsky, K., Connelly, D., Child Trends, *Child Welfare Financing Survey SFY 2014*, taken from the website: https://www.childtrends.org/wp-content/uploads/2016/10/Child-Welfare-Financing-SFY-2014_SSBG_12.2016.pdf

⁷ Including TANF funds transferred into SSBG this total increases to more than \$300 million.

⁸ U.S. Department of Health and Human Services, Administration for Children and Families, *Home visiting evidence of effectiveness*, taken from the website: March 9, 2017 available at: <http://homvee.acf.hhs.gov/>

⁹ U.S. Department of Health and Human Services, Health Resources and Services Administration, (HRSA), *The Maternal, Infant, and Early Childhood Home Visiting Program*, taken from the website: March 9, 2017: <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf>

¹⁰ *Shattered Families*, Wessler, S.F., Portillo-Gonzales, F., Applied Research Center (ARC), November 2011.

¹¹ *Children's Budget 2016, First Focus*, July 7, 2016, as taken from the website: <https://firstfocus.org/resources/report/childrens-budget-2016/>



*Established in 1920,
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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