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The Child Welfare League of America offers the following testimony requesting increased funds for the following six programs under the supervision of the Administration for Children and Families (ACF): Child Welfare Services (CWS), Promoting Safe and Stable Families, the Adoption and Kinship Incentives Fund, the Adoption Opportunities Act, the Child Abuse Prevention Treatment Act state grants, the Community-Based Child Abuse Prevention program.

In February, Congress passed the Family First Prevention Services Act (PL 115-123). The legislation has potential to expand services that can prevent the placement of children into foster care. It challenges states to reduce the number of children and youth in congregate placements. All important goals of the Family First Act, but it is a challenge to states to build the capacity and access to services (mental health, substance use, and in-home services) and to build the infrastructure of services and providers.

The challenge is greater in light of the fact that the two goals come against a backdrop of ever increasing foster care numbers driven by the opioid epidemic in parts of the country. Since 2012 the number of children in foster care has increased by 10 percent to 437,000 in 2016. CWLA believes it is critical for Congress to fully fund six programs to both build capacity to effectively implement the Family First Act, and help address the crisis many communities are facing as foster care placement demands explode.

The Family First Act provides funding for services to prevent the placement of children in foster care but does not fund services to prevent child abuse and neglect. Child welfare strategy must significantly increase funding for child abuse prevention. We urge appropriators to focus more attention on primary prevention through the Child Abuse Prevention and Treatment Act (CAPTA) and the Community-Based Child Abuse and Neglect Prevention (CB-CAP) program.

CWLA calls on Congress to fully fund *Child Welfare Services from \$269 million to \$325 million* and *Promoting Safe and Stable Families from \$99 million in discretionary funding to \$200 million*; increase funding to *the Adoption Opportunities Act to \$60 million*; fully fund the *annual Adoption and Kinship Incentives Fund at \$75 million*; fund *the Child Abuse Prevention and Treatment Act (CAPTA) at \$120 million* in state grants and double funding the *Community-Based Grants for the Prevention of Child Abuse and Neglect/CB-CAP at \$80 million*.

Impact of Opioids on Child Abuse and Neglect and Foster Care

Earlier this year HHS through the Secretary of Planning and Evaluation conducted an analysis of child welfare data and supplemented that work with field level research. Some of the key findings included:

- A 10 percent increase in overdose death rates correspond to a 4.4 percent increase in the foster care entry rate and a ten percent increase in the hospitalization rate due to drug use corresponds to a 3.3 percent increase in the foster care entry rate.
- While in past drug epidemics family and communities could fill some of the gaps, today agencies report that family members across generations may be experiencing substance use problems forcing greater reliance on state custody and non-relative care.
- Parents using substances have multiple problems including domestic violence, mental illness, trauma history, and addressing substance abuse alone is unlikely to be effective.
- Substance use assessment is haphazard and there is a lack of “family-friendly” treatment that includes family therapy, child care, parenting classes and developmental services.
- There is a shortage of foster homes and this is exacerbated by the need to keep children longer in care which keeps existing homes full and unable to accept new placements.

HHS findings have been supplemented by new research from Wisconsin. The Wisconsin Institute for Law and Liberty found:

- Opioid prescription rates and opioid-related hospitalizations are both strongly related to the number of kids in out-of-home care. Put another way, an increase in opioid usage leads to an increase of kids in foster care.
- The rate of children entering care is strongly related to the number of opioid-related hospitalizations. As opioid-related hospitalizations increase, so does the number of kids entering foster care.
- The rate of neonatal abstinence syndrome (NAS) – when babies are exposed to drugs or alcohol in the womb and are born addicted – is strongly related to the number of kid’s age 0-1 in foster care. So, as NAS rates go up, so does the number of children in foster care age 0-1.

Preventing Child Maltreatment

The Child Abuse Prevention and Treatment Act (CAPTA) State Grants

Investing in prevention is less costly to society and the government than trying to treat problems later. Successful prevention of child maltreatment means better outcomes for children and can prevent the need for future intervention services or foster care.

We are pleased with the 2018 \$60 million increase for CAPTA to \$85 million. As Congress looks to implement CAPTA provisions for plans of safe care, we ask the Committee to ***appropriate a full \$120 for CAPTA state grants***. The Family First Act provides important intervention services to prevent foster care placements. It is the role of CAPTA and CB-CAP to fund the prevention of child abuse.

In 1974, Congress passed the Child Abuse Prevention and Treatment Act (CAPTA) and helped establish national standards for reporting and response practices for states to include in their child protection laws. CAPTA is the only federal legislation exclusively dedicated to the

continuum of child maltreatment services and supports, including preventing, assessing, identifying, and treating child abuse and neglect. Successful prevention of child maltreatment means better outcomes for children and can prevent the need for intervention services such as foster care.

According to research by Prevent Child Abuse America, child abuse and neglect affects over 1 million children every year. Child abuse and neglect costs our nation \$220 million every day through increased investigations, foster care, health care costs, and behavioral health costs and treatment. Additional costs may include special education, juvenile and adult crime, chronic health problems, and other costs across the life span. According to PCA, we paid \$80 billion to address child abuse and neglect in 2012. We need to prevent child abuse before it happens by funding key federal programs that focus on the *prevention of child abuse*.

Funding CAPTA state grants beyond the small allocation of \$25 million in recent years can help develop greater accountability and a stronger continuum of child prevention and child protection.

The Community-Based Grants for the Prevention of Child Abuse and Neglect (CB-CAP)

Another key prevention program is the Community-Based Grants for the Prevention of Child Abuse and Neglect (CB-CAP), which provides funds to states to support, develop, operate, and expand a network of community-based, prevention-focused family support programs. Funds coordinate family resources among a range of local public and private organizations.

CWLA asks for a *doubling of funds from \$40 million to \$80 million*. The advantage of this increase is that it is community-based, it is targeted to prevention and it is designed to leverage outside sources of funding. 70% of funding is allocated to states based on child population and 30% is based on leveraged state, federal and private funds. The minimum grant award is \$200,000 and states must meet minimum 20% cash match (not in-kind).

In 2016, according to the National Resource Center for CB-CAP, FRIENDS, CB-CAP funded activities served more than 295,000 adults and caregivers; 289,000 children and 200,000 families including those with disabilities. Over 29.4 million families were reached through public awareness activities funded by CBCAP. These services included 21,697 parents and 19,710 children with disabilities.

Each state application must describe actions the lead agency (frequently a Children's Prevention Trust Fund) will take to advocate systemic changes in state policies, practices, procedures and regulations to improve the delivery of community-based child abuse and neglect prevention programs and activities designed to strengthen and support families to prevent child abuse.

Some of the recent work includes: 22 states working with tribes or tribal organizations, 14 states working on human trafficking initiatives, 43 states providing outreach and/or local programs to rural populations, and 33 states using CBCAP funds for fatherhood initiatives and programs.

CB-CAP blends a combination of federal and state funds as well as non-government funds into community-based action. It is a wide investment both because we are targeting the prevention of child abuse and because it leverages federal funds to bring in community dollars and resources.

A doubling of funding will support a significant expansion in the number of children and families served. In addition more states might be able to move toward a comprehensive service system, particularly where family needs are more challenging, complex and complicated. Small states that have the lowest child populations and, as a result receiving some of the lowest amounts from CBCAP funding, would likely be able to increase their ability to provide services that would show greater impact.

This doubling of funding could also assist in addressing a need for CBCAP state lead agencies to evaluate their efforts to know what is working, to refine and adjust services as needed and to ensure their services are the best fit for their population. In addition to supporting proven effective strategies, it has always been the role of CBCAP lead agencies to identify, assess and fund emerging, innovative ideas and to evaluate them to determine whether continued funding is warranted. This will help in the development of programs to be replicated in Family First.

Family First Act

Starting in FY 2020, the Families First Act will allow states to draw funds for children and families at risk of foster care placement. States taking the optional services will be limited to specific evidence-based services for families that need intervention, post-adoption, and reunification services. For states to draw funds, they must engage in and coordinate public and private agencies experienced with providing child and family community-based services, including mental health, substance use, and public health providers. States face a limited supply of foster homes and family-based aftercare support that can provide for post-discharge services for children leaving institutional care. Child welfare agencies need to find and support more family-based foster care homes that do not exist now. The following four funding sources can help states develop evidence-based services that will meet the laws “well-supported,” “supported,” and “promising” standards and assist in the coordination of community based behavioral health and human services to successfully strengthen families outside of foster care.

Child Welfare Services (CWS), Title IV-B part 1

We ask for \$325 million for Child Welfare Services which is the full authorization and above the current total of \$269 million. Starting in FY 2020, the Families First Act will allow states to draw funds for children and families at risk of foster care. CWS is flexible enough to allow states to test out and develop these services and provide the research required to meet these evidence standards. For states to draw funding, they must engage and coordinate public and private agencies experienced with child and family community-based services, including mental health, substance use, and public health providers.

Promoting Safe and Stable Families (PSSF), Title IV-B part 2

We also asking for *full funding of \$200 million for Promoting Safe and Stable Families*. Currently this appropriations is set at \$99 million despite being authorized at \$200 million. These funds supplement approximately \$345 million in mandatory funds divided between services, the courts, substance use treatment grants and workforce development. Additional appropriations to \$200 million could be used for the four key services funded under PSSF: family reunification, adoption support, family preservation and family support. There are limited services dedicated toward reunification services for children who return to their families. The same is true of post adoption services which may require behavioral health services. These will all be eligible services under Family First but there are few models now eligible for funding.

The Adoption Opportunities Act

The Adoption Opportunities program is the nation's oldest adoption program created to develop adoption promotion, post adoption services and strategies. It was enacted in 1978 to encourage and provide for stable, supportive, and ultimately permanent homes for children and youth adopted from foster care. It has funded grants to reduce barriers to adoption, reduce disproportionality in the child welfare system, and more recently to promote adoptions of older youth in foster care and develop post-adoption services. It is funded at \$39 million. *We ask for funding at \$60 million to develop evidence-based models* for post adoption services to families.

The Adoption and Kinship Incentive Fund

We ask for a *continued funding level of \$75 million for the adoption incentive fund*. The fund was created as part of the Adoption and Safe Families Act (ASFA). It was re-named and adjusted in 2014 as the Adoption and Legal Guardianship Incentive Payments Program. We thank the Appropriations Committee for partially addressing a recent shortfall in this incentive fund with the 2018 appropriations of \$75 million. The awards are based on adoptions and kinship placement increases that took place since the previous fiscal year. In recent years HHS has been not been able to fully award states because of a reduced appropriation. As a result, HHS has made up the previous year's shortfall with the following year's appropriations. The \$75 million for FY 2018 was a significant step in addressing the shortfall of 2017.

In the beginning years Congress would recognize this and provide an extra amount of appropriation. Your 2018 appropriation reestablished this practice. When HHS issues the latest awards for FY 2018, this September, there will have \$25 million remaining. That total will likely fall short to fully fund the incentives. We again ask for an appropriation of \$75 million to both fully fund the 2018 awards and have enough in place for FY 2019.

These funds are reinvested by states into adoption services. These funds can be used by states to build both the evidence-based adoption services include post-adoption counseling and services that can prevent and reduce adoption disruption. CWLA thanks you for this consideration and stands ready to respond to your questions and concerns.