



April 14, 2020

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Leader McConnell and Leader Schumer:
Dear Speaker Pelosi and Leader McCarthy:

The Child Welfare League of America (CWLA) was founded 100 years ago by a group of child- and family-serving organizations who were committed to improving the health and well-being of children and families across the country. As the impact of the COVID-19 pandemic continues to move across this country, the evidence of its impacts on the child welfare system are increasingly becoming visible. While many other agencies and businesses closed down quickly to protect their workers and those they serve, the child welfare system as a whole cannot close down. Child protection and foster care has a mandate to keep children safe and to protect their well-being, and in the midst of this pandemic that mandate does not go away—rather, achieving it becomes much more difficult.

We believe these recommendations are required in the next package and feel that there is a need for all of us to reach beyond our old agendas and past priorities to give you a picture of what is truly needed based on our regular contact with agencies and our dedicated CWLA members.

It is critical that the next package includes specific protections and supports for the social workers who are now part of the emergency responder workforce, financial support for the agencies that have been the basis for helping and protecting these children and families, and, most importantly, aid for the children and families who are now socially isolated, without work, and lacking basic necessities. What you will find is that child protection, child welfare, and social services agencies are confronting a number of emergency situations, including providing services, caring for their first responder workforce without the necessary protections, and assisting families in the most appropriate and timely fashion, both in person and virtually.

As we collect the what is happening across the country—both in the “hot spots” and in those areas that can expect the same challenges from public and private sector organizations on what the immediate areas are, we have included specific legislative recommendations.

Include an additional increase in the FMAP and continue to apply that increase to Title IV-E. We support the effort of the governors and some advocacy groups to increase the temporary Medicaid match to at least 12 percent. We also support making it broader from the earlier increase by making sure this temporary FMAP increase extends into next year while states continue to deal with the fallout from the economic downturn and the pandemic. Medicaid funding is critical to child welfare and all families that rely on it. It isn't just about maintaining budgets but maintaining agencies and services. If you want to think of child welfare remember the important drug treatment facilities that must continue to exist such as the methadone clinic that was established because of the opioid addiction that lead to a heroin addiction in many communities across the country over the past several years. We cannot afford to lose these and other behavioral health services due to future budget cuts.

It is just as critical that this increased funding extend to the Title IV-E programs of foster care, adoption assistance, and subsidized guardianships. This is not about placing more children in foster care, as some might suggest, but about addressing the greater need. As one of our most dedicated and long-time leaders told us recently, *“all of us are spending dollars to provide PPE for our staff; technology for those we serve, so that children won't be compromised, educationally, by e-learning for many months; food for families who need it...and many of the agency contracts are reduced because of the need...agency expense are going up while income to support the needs are going down.”*

Currently, Title IV-E funding covers only 40 percent of children in foster care, according to the most recent budget submitted in February. That makes this increase even more important. It also speaks to the need to continue our efforts to address post-adoption support for those families that will also face new challenges in this pandemic. The challenges include lower-income families who are providing important permanency services despite the economic stress caused by the pandemic. They also include a loss of caretaker jobs and other supports and ongoing support for the agencies that provide these critical services to these foster, adoptive, and relative caregivers.

Increase Title IV-B child welfare services by \$3 billion in new funds. This funding can be used to address the broad needs of the child welfare system, both during this pandemic and in the aftermath. By our approximate estimate, this \$3 billion would provide \$315 million for the largest state and as little as \$5 million for the smallest states. We strongly support a Tribal set-aside to provide at least \$30 million for Tribal governments and \$20 million designated to fortify kinship navigator programs and initiatives, and ask you to broaden its uses to expand its use across all 50 states. There also a need to double the current Court Improvement Program (CIP) from the approximate \$30 million to \$60 million, although this may require a tripling. Currently, New York State, one of the current hot spots receives a little less than \$1.4 million with that total divided under “basic needs” at \$550 thousand, “data improvements” at \$430 thousand, and “training” at \$415 thousand dollars.

The overall increase here for Child Welfare Services can be used to address the broad needs of the child welfare system both during this pandemic and in the immediate aftermath. It has the potential to fill in some of the gaps that can't be paid for through Title IV-E administrative and maintenance/adoption assistance funds.

There is a need for advanced technology to conduct virtual visits. As noted earlier, the agencies may possess the technology and equipment, but families will not. This need extends to not just those families in foster care but families that receive services to reunify or prevent foster care. States could also use these funds to address service shortages in rural areas including “frontier” areas (frontier areas generally six people per square mile). There is the need to address appropriate responses and practice when a child or caretaker is exposed or tests positive for COVID-19 or to provide emergency placements when a child or youth has been exposed or a caretaker has tested positive for COVID-19. These challenges exist with family foster care and residential care. In residential care there is a need to protect both patients and staff, including support staff, and to implement strategies that can address staffing shortage.

This increase in Child Welfare Services will also assist Tribal communities and Tribal governments. In the past, some child welfare funds were not as extensive in terms of funding for Tribal communities—but this pandemic does not discriminate in its spread.

Expand by \$1 billion each the CAPTA state grants and the Community-Based Child Abuse Prevention (CB-CAP). These two state funding programs have been limited in their use but are now important policy-making tools that provide states with important flexibility while also targeting two key areas: child protection and prevention services for communities.

CB-CAP funding can assist with family support services through community resource centers and other services in addressing the potential increase in family stress due to a range of social changes (school closings, loss of work, loss of activities, increased isolation). In a world in which all parents should have backup caretakers and care strategies for their children, many of these families do not have a choice as they live in a crowded house and community that may not allow for six feet of space between people.

Funding through CAPTA state grants are critical because the child protection system will face and is facing many challenges during the pandemic. There is concern across the world about the likely and real increase in family violence. CPS workers are required to make home visits in instances when a virtual visit would be the safer option but the urgency of the matter requires an actual visit and investigation. CAPTA state grants are flexible enough to support the workforce that conducts delicate and important work through investigations. Support will be needed for this workforce, especially if their workload increases either because of increased need or the loss of CPS workers.

These state grants are also flexible enough to supplement and support the use of Court Appointed Special Advocates (CASAs), who serve an even more important role in this pandemic. Finally,

the nation and CPS system must be on guard regarding predatory behavior through the internet and social media. This was a growing problem before the pandemic; now it will be exacerbated as more children and youth turn to technology during their long hours at home.

Boost Title IV-E Chafee funds above the \$143 million by \$500 million and temporarily waive the 30% Chafee housing cap for the duration of the crisis. This is a population that is especially challenged during this pandemic and its aftermath. A recent story in the *New York Times* provided a picture of one young person: *“For Mr. Stokes, the Kutztown student, the pandemic has intensified feelings of trauma he was struggling to overcome. After a stint of foster care at age 3, he attended nine schools in 12 years, while suffering from an anxiety disorder. Estranged from his mother at 17, he spent half his senior year of high school living in a friend’s car. Despite it all, in January he made it to a four-year college, a source not only of pride but stable housing. “I felt, ‘I don’t have rely on anybody — I got a dorm, I got a 24/7 dining hall, I’m good,’” he said. With hopes of becoming a marriage and family therapist, he chose his first research topic: “How does childhood trauma affect educational success?”*

These additional funds could be used above and beyond what states have already locked into place for their ongoing independent living funds and services. Allow states flexibility in expanding Chafee funds for services and supports for youth until age 23, including financial assistance and employment assistance. Technical and supportive services will be needed for these young people to navigate their access to important relief measures, including access to unemployment benefits and the \$1,200 tax rebates.

Allow the 25 states that currently do not extend foster care to age 21 to extend it through a speedy notice to HHS. HHS needs to clarify and make explicit previous guidance (as outlined in a recent GAO report) that state child welfare agencies can redetermine a young person’s Title IV-E eligibility when s/he turns 18 by closing out their case and re-opening the case under that young person’s own income. States also have the discretion to develop a range of supervised independent living settings that can be reasonably interpreted as consistent with the law. Finally, states that extend care to 21 should be allowed to extend foster care beyond age 21 until the end of the health emergency, thus preventing “aging-out” of youth in care under these harsh conditions.

Increase Social Services Block Grant (SSBG) funding by 4.1 billion dollars. SSBG is an important tool that Congress must use in this pandemic. In the past, Congress has successfully targeted SSBG funding to state and local hot spots based on need. It is a critical funding source for domestic violence investigation and services. SSBG funding can be used to provide additional fortification to critical needs that are now emerging. SSBG has been used to supplement other FEMA and disaster funding. This includes states hit by catastrophic hurricanes including Katrina and Wilma. Funds were allocated according to FEMA claims and poverty. In FY 2008, appropriations language explicitly directed HHS to target funds to states based on “demonstrated need in accordance with objective criteria that are made available to the public.” There are several areas that SSBG can supplement in a most effective way. SSBG is a major

funder of adult protective services. It also supplements counties directly in a number of states. Again, we emphasize the need to extend this funding to tribal governments and communities with a set-aside of no less than five percent.

Provide emergency funding for Temporary Assistance to Needy Families (TANF). In 2009, Congress provided over \$5 billion in TANF emergency funds. The funding was used by states to subsidize jobs and income support as the country was addressing a severe recession.

We support the recent recommendations of our colleagues at the American Public Human Services Association (APHSA), *“Authorize funding through the Temporary Assistance for Needy Families (TANF) program to reimburse states 80% of the cost of increased spending on non-recurrent short-term benefits, subsidized employment, and basic assistance to address economic needs during the recovery. In addition, Congress should provide a two-year extension for TANF so state efforts to support the economic well-being of families during the recovery are not jeopardized by the threat of short-term funding lapses.”*

This emergency requires the use of needed TANF funds to support relative caregivers. The other measures we have proposed here will assist those relative caregivers in the formal foster care system. TANF currently provides support for informal care under child-only grants. Beyond these two sets of relative caregivers are a large number of families headed up by relatives but not receiving either Title IV-E or child-only grants. These families will likely grow in number as more parents are exposed to COVID-19 or economic hardship that could be helped by these emergency funds.

Sustain the Essential Human Services Workforce. We also join with APHSA and CWLA membership across the country in supporting the vital workers across these agencies who provide important services in the community. As we described in our April 6 communication to Congress, *“Child welfare workers are under great stress. States are generally listing them as essential, but this does not guarantee that they will receive the same support of first responders. With a shortage of personal protective equipment (PPE), social workers and staff in residential facilities have very limited protection.”*

As APHSA states in its letter, *“the pandemic has created a new set of challenges for human services workers and community providers that are critically needed to support the well-being of families and provide essential services and emergency assistance in communities. Risk of exposure to those infected with COVID-19, lack of access to child care, and alternative work environments have strained staff capacity at a time when there is rising need for services.”*

Any legislation that provides support for first responders must include essential human services workers and community providers. This includes appropriate support or “hazard pay” to frontline human services workers whose jobs risk exposure to the COVID-19 infection.

In the best of times, these children and families need our help. In this pandemic, that help has become critical. We strongly urge Congress to act swiftly to prioritize these recommendations that will help children, youth, and families to navigate these troubled times.

Thank you for your consideration of this request.

Sincerely,

A handwritten signature in black ink that reads "Christine James Brown". The signature is written in a cursive, flowing style.

Christine James-Brown
President/CEO, Child Welfare League of America