



# CHILDREN'S MONITOR

**MONDAY, 13 DECEMBER 2021**

## ***This Week:***

- ❖ **Family First Clearinghouse Issues Call For More Programs**
- ❖ **GAO Details School Bullying**
- ❖ **Adoption Incentive Funds Are Down**
- ❖ **Support Medicaid Funding For Police-Free Youth Mobile Response Teams**
- ❖ **Bill Would Drop College Fees for Youth/Homeless /Foster Care**
- ❖ **[Early CWLA Registration for the best](#)**

## **Debt Ceiling Deal, Reconciliation Christmas?**

Last Tuesday, December 7, 2021, congressional leaders came to an agreement on how to raise the federal debt ceiling that should be adopted and finalized this week. The process is a two-step bill strategy that first allowed Congress to adopt a bill to suspend Medicare cuts along with a temporary procedure allowing the Senate to raise the debt ceiling on a simple majority vote.

In effect it avoids a filibuster and avoids a full-fledged reconciliation process. Fourteen Republican senators voted for the bill on Thursday that clears the way to raise the debt ceiling while claiming they didn't vote to raise the debt ceiling. The measure received 64 senate votes. It prevents several reductions in Medicare that were scheduled to go into effect at the end of this year including some reductions in Physician Fee Schedule rates.

The House acted quickly on the measure after the Tuesday deal while the Senate approved the first bill on Thursday, December 9, 2021. The second bill should pass this week clearing the ceiling and avoiding another 11<sup>th</sup> hour emergency.

After the ceiling is raised this week, it should open the Senate process up to deal with the Build Back Better reconciliation bill. This past week involved ongoing discussions with the Democratic leaders with the Senate parliamentarian making sure various parts of the bill and potential changes do not violate the reconciliation Byrd rule.

As those discussions proceeded, the hope is that actual debate and votes will begin the week of December 20 putting final votes close to Christmas (and applying pressure on senators not to stall the process).

**ICYMI: [Last Week's Children's Monitor](#)**

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re Act, AFCARS=Adoption and Foster Care Analysis and Reporting System, HHS=Department of Health and Human Services, DC= Budget Control Act, CAPTA= Child Abuse Prevention and Treatment Act, CBO=Congressional Budget Office, CR=continuing resolution, DACA= Deferred Action for Childhood Arrivals, GAO= Government Accountability Office, FFA=Family First Prevention Services Act or Family First Act, JJDA= Juvenile Justice and Delinquency Prevention Act, HELP=Senate Health, Education, Labor and Pensions Committee, MIECHV=Maternal, Infant and Early Childhood Home Visiting, SSBG= Social Services Block Grant, TANF=Temporary Assistance for Needy Families

Behind the scenes there are larger discussions involving Senator Joe Manchin (D-WV) and just what he will accept or veto as well as discussions to meet spending requirements and limitations. Key Senate Democrats, led by Senator Kristen Gillibrand (D-NY) are pressing Manchin on keeping in some form of family and medical leave—something CWLA has long supported. He has said he supports a family leave policy but would like to do it separately and on a bipartisan basis but there are wide differences between the two parties on what is covered, the form it would take and how they pay for the plans. If the Senate can keep to the timetable and garner the swing votes they need to reach fifty votes, it would presumably go to the House quickly.

If the Child Tax Credit (CTC)'s monthly payment option is extended the IRS will need to have known by December 28, 2021, to assure the monthly checks can still be delivered by January 15<sup>th</sup>.

Whatever happens with the CTC, families will still be eligible for the January through June 2021 half of the CTC so next year's tax filing will be critical to millions of families. Look for additional information here and in other CWLA communications on how you can assist families to file their tax returns in 2022 to get the second half of the credit. This will be especially important for low-income families who may not file tax returns because of their low income.

The [latest analysis from the Center on Poverty and Social Policy at Columbia University](#) on the impact of the Child Tax Credit (CTC).

## Prevention Clearinghouse Calls for More Program/Service Recommendations

The Prevention Services Clearinghouse, created under the Family First Act, has issued a new call for additional recommendations. As noted in the announcement the call is an opportunity for the public to recommend mental health, substance abuse, in-home parent skill-based, and kinship navigator programs and services for systematic review. Additional public calls for recommendations will occur on at least an annual basis. [The deadline for this call is December 21, 2021](#). As noted in the announcement to be eligible to be listed as fundable prevention services program the programs or services must:

Address at least one of the four program or service areas: (1) mental health prevention and treatment programs or services, (2) substance abuse prevention and treatment programs or services, (3) in-home parent skill-based programs or services, and/or (4) kinship navigator programs. In addition, programs/services must have a book, manual, writings available and the programs and services must be clearly defined and replicable. They must have available written protocols, manuals, or other documentation that describes how to implement or administer the practice.

Of note in this new call, HHS indicates that the letter or e-mail submitting the review highlight two areas if they apply: COVID-19, that is specify whether review of the recommended program

or service is of particular interest due to the COVID-19 pandemic. For example, in-home programs and services aiming to support or enhance the protective capacities of families.

The other highlighted priority are those services relevant to advancing equity and supporting underserved communities (if applicable). Specify how the recommendation supports the goals and requirements of the [Executive Order on Advancing Racial Equity and Support for Underserved Communities](#). For example, specify whether review of the recommended program or service is of particular interest due to the specific population it serves. This may include programs and services that are designed for or have been adapted for specific cultural, ethnic, or racial groups, or programs that aim to serve other populations that have been historically marginalized and/or have historic or ongoing disproportionate representation in the child welfare system. To this point, some of the programs under review or approved may not have been applied or tested in these populations. This issue has received greater focus during the pandemic and in the aftermath of George Floyd's death.

One instance of limited cultural adaptation, HHS has allowed (under statutory authority) Tribal IV-E plans to make adaptations to apply programs in these tribal service areas. This flexibility however is limited to tribal areas served by tribal plans and not tribal areas served by state programs which are still limited to Clearinghouse-approved Family First Service programs/services.

Currently [there are 41 programs](#) that have been categorized as well-support, supported or promising with 11 of these receiving the highest rating of well-supported (three are home visiting models), 12 are classified as supported and 18 are promising. Approximately 73 programs have been reviewed as of December 7, 2021. Under the original legislation at least 50 percent of state spending must be on well-supported programs to qualify for the federal match (although some of these provisions have been suspended during parts of the pandemic).

## **GAO on Student Bullying, Hate Speech, Crimes, and Victimization in Schools**

Last week the Government Accountability Office (GAO) released a new report: [Students' Experiences with Bullying, Hate Speech, Hate Crimes, and Victimization in Schools](#), indicating that about one in five students aged 12 to 18 were bullied annually in school and of students who were bullied in school about one in four students experienced bullying related to race, national origin, religion, disability, gender, or sexual orientation.

The report is based on the experiences of students from ages 12 through 18 during the 2014-15, 2016-17, and 2018-19 school years. The study was requested by House Education and Labor Committee Chair Bobby Scott (D-VA) with a goal of determining how serious the problem is and what is being done by the schools and the US Department of Education. The Department's Office of Civil Rights (OCR) is responsible for enforcement of:

Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color, or national origin in programs or activities that receive federal assistance; Title IX of the

Education Amendments of 1972 which prohibits sex discrimination in programs or activities that receive federal financial assistance; and Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 which prohibit discrimination on the basis of disability.

The report notes how many of these behaviors go underreported by students and schools. As a result, the GAO used a variety of reporting and research sources. The GAO estimates that school officials were aware of students being bullied regularly in about 30 percent of schools and occasionally in about 64 percent of schools; school officials were aware of students being cyberbullied regularly in about 30 percent of schools and occasionally in about 52 percent of schools; and fewer than one-half of all bullied students (44 percent in school year 2018-19) reported the bullying to a teacher or another adult at the school. They also found that middle school students were more likely to be bullied than high school students, and students in schools with 300 or fewer students were more likely to report being bullied than were students in schools with 1,000 or more students.

Of the estimated 5.2 million students bullied, one in four students (an estimated 1.3 million students) experienced bullying related to their race, national origin, religion, disability, gender, or sexual orientation. An estimated 1,064 rapes or attempted rapes occurred in 726 schools in school year 2017-18, also finding that sexual assaults other than rape increased by an estimated 17 percent during the same time period.

The GAO estimated that nearly all schools offered students programs, including social emotional learning, peer mediation, and restorative circles, to address hostile behaviors.

According to the report, students who experience hostile behaviors are more likely to experience depression and anxiety; interrupted sleep and eating disorders; loss of interest in activities they used to enjoy; physical health complaints; and decreased academic achievement and school participation. Students who bully others are more likely to abuse alcohol and other drugs in adolescence and as adults; get into fights, vandalize property, and drop out of school; engage in early sexual activity; have criminal convictions and traffic citations as adults; and be abusive toward their romantic partners, spouses, or children as adults.

## **Adoption/Kinship Incentive Payment Dropped Last Year**

The Adoption and Legal Guardianship [Incentives](#) released earlier this year provided just \$24 million in incentive funding for states that placed children in adoptive families or in legal subsidized guardianship during 2020. In recent years the awards have exceeded over \$60 million. In fact, in recent appropriations, Congress has appropriated additional funding (\$75 million) so that HHS could make up for a shortfall in payments to states paid for the previous years number of adoptions and guardianships. Before FY 2018 Congress had only appropriated \$39 million a year which fell short each year of what states earned.

The incentive fund was originally passed as part of the Adoption and Safe Families Act (ASFA), and it has been reauthorized several times with adjustments to the target number of adoptions a state places to earn an incentive. In 2015 it was changed to also reward subsidized guardianships.

The awards were adjusted in terms of categories of adoptions/guardianship placements so that \$5,000 is earned per increased adoptions; \$4,000 is earned for overall kinship placements; \$7,500 is earned per pre-adolescent (ages 9-14) adoption/guardianship placements; and \$10,000 is earned per increase in in older adoption/kinship placements (ages 14 and older).

The awards as always are based on an increase over the previous year, but this formula (since 2014) is based on a rate increase instead a specific increase in the number of adoptions. That is intended to allow states that have been reducing their foster care population (thus reducing the pool of children waiting for adoption) to receive an award for positive permanency policies.

For FY 2021 the data is based FY 2020—the pandemic year. For FY 2021 states earned \$9.4 million for increased overall adoptions; \$4.4 million for overall subsidized guardianship; \$7.1 million for older child adoptions and \$3.3 million from previous year’s awards. Since FY 1998 states have been awarded [\\$840 million in incentive funds](#) with Texas receiving the most at over \$96 million far ahead of California’s \$69 million.

Only 57,881 children were adopted from foster care a significant drop from the 66,208 the year before. It is the lowest total since FY 2016 and the reduction of more than 8,300 may be the biggest year to year drop since adoptions have been tracked since the 1997 ASFA. Only nine states saw an increase in adoptions and all these states received an incentive payment:

Alabama	738—816
Idaho	328—353
Iowa	1228—1266
Oregon	792—877
South Carolina	529—551
Tennessee	1166—1186
Vermont	260—263
Virginia	769—844
Wisconsin	711—748

While adoption dropped so did the number of children waiting to be adopted decreasing from 123,809 (2019) down to 117,470 (2020). Of children waiting to be adopted the numbers of terminations of parental rights in this group went down from 71,860 down to 63,815—the lowest number in six years.

**Report on Effectiveness of Youth Mobile Response**

In April of 2021, The Center for Law and Social Policy (CLASP) reported findings on the effectiveness of *mobile responses* - “an alternative to using law enforcement to respond to mental health and social crisis.” This week CLASP started a letter to CMS to support these efforts (see following article for what you can do).

ACA= the Affordable Care Act, AFCARS=Adoption and Foster Care Analysis and Reporting System, HHS=Department of Health and Human Services, BCA=Budget Control Act, CAPTA= Child Abuse Prevention and Treatment Act, CBO=Congressional Budget Office, CR=continuing resolution, DACA= Deferred Action for Childhood Arrivals, GAO= Government Accountability Office, FFA=Family First Prevention Services Act or Family First Act, JJDP= Juvenile Justice and Delinquency Prevention Act, HELP=Senate Health, Education, Labor and Pensions Committee, MIECHV=Maternal, Infant and Early Childhood Home Visiting, SSBG= Social Services Block Grant, TANF=Temporary Assistance for Needy Families

In the report, CLASP dissects successful mobile response systems in Connecticut, Oklahoma, and Oregon, shares principles for implementation, funding opportunities, and recommendations for the federal government to get involved.

CLASP reports individuals with untreated mental illnesses are 16 times more likely to be shot and killed by the police, and they are one in four of all individuals who are incarcerated. Additionally, people of color are susceptible at an increased rate. Black people with a mental health diagnosis are more likely to be incarcerated than any other race. It is likely this is caused by historical and generational trauma, leading to high rates of anxiety, depression, and suicidal thoughts and ideation in part due to racism and social inequities. To combat the adverse effects of poor mental health, CLASP provides these key principles for effective mobile response programs:

- Invest in police-free mental health response
- Create their own point of entry
- Train all staff involved in mobile response
- Not require mental health responders to have professional degrees
- For mobile response to be effective and equitable, services must be Medicaid reimbursable for all organizations and providers
- Invest in a continuum of services to address the whole person.

Currently many states mobile response systems are funded using multiple sources, including Medicaid 1915 (b) and (c) waivers. CLASP also proposes that the federal government implement the National Suicide Hotline Designation Act, which assigns 9-8-8 as the national suicide and mental health crisis hotline telephone number, pass the Crisis Assistance Helping Out on the Streets (CAHOOTS) Act, which enhances the federal matching rate of 95% for mobile crises services, and changing the priorities of the Substance Abuse and Mental Health Services Administration (SAMHSA). Already, three states, Connecticut, Oklahoma, and Oregon, have enacted effective crisis services that provide some aspect of CLASP's proposals.

Designed 12 years ago, Connecticut developed a statewide mobile crisis service, that uses 2-1-1 telephone number (open 24/7) as a point of entry for services. For funding, Connecticut has utilized federal block grants, philanthropy, Medicaid, private insurance, and State allocated funds.

Through this program, Connecticut has seen phenomenal outcomes, including 92-93 percent mobility rates, meaning providers were dispatched to a crisis over 90 percent of the time, when called.

In 2019, a survey conducted among Connecticut parents, showed an average of 8.8 percent improvement in child functioning and 10.8 percent decline in child problem severity following mobile crisis involvement. Connecticut's program has shown many strengths like their high mobility rates, and their statewide system. Additionally, the implementation of their strong data system, allows them to run data analysis to track the demographics of their clients, has given them the tools for improvement. Similarly, Oklahoma has successfully implemented an evolved Mobile Crisis Response and Stabilization system creating a positive impact on communities. Oklahoma's original model only addressed acute mental health issues, requiring a criterion one must meet in order to receive care. The new model offers families the ability to define their own criteria, which in turn resulted in decreased suicide calls to the police, high rates of students receiving services and returning to class, reduction in Medicaid costs, and positive change in youth behavior and functioning.

Oklahoma's Mobile Crisis Response and Stabilization service is funded through state and Medicaid funding, which allows staff to be adequately compensated for their time and free services for clients. Oklahoma's service is based on a continuum of care, so it offers follow-ups for non-hospitalized clients, services for individuals up to age 25, de-escalation, restoration to pre-crisis level of stabilization, and prevention services for homelessness, detention, and hospitalization.

Individuals who call the crisis line are not barred to a time frame, they are able to request either an immediate response or an appointment in the following days. This flexibility helps prevent individuals from waiting until an emergency before they reach out for mental health assistance.

Oregon enacted a similar program, CAHOOTS, Oregon has struggled to reach a state-wide level because of the lack of funding. Currently, Medicaid and city grants pay for funding in Springfield and Eugene, which provides de-escalation and homelessness services. From the services, both cities were able to save \$15 million from ER diversion and visit high schools for prevention services. CAHOOTS struggles with outreach and funding, so it is at a standstill of services.

CLASP recommends enactment of the [Medicaid 115 Demonstration Waiver](#), [Medicaid 1915\(b\) and \(c\)](#), or [Medicaid State Plan Amendment](#) to improve these programs already in place and initiate the expansion to other states. Link to report: [https://www.clasp.org/sites/default/files/publications/2021/04/Youth%20Mobile%20Response%20Services\\_0.pdf](https://www.clasp.org/sites/default/files/publications/2021/04/Youth%20Mobile%20Response%20Services_0.pdf) See following article to learn what your agency can do.

## **CWLA Joins Effort: CMS Support for Police-Free Youth Mobile Response**

The Child Welfare League of America has signed onto the letter/request by the Center for Law and Social Policy (CLASP) and other organizations in urging the Center for Medicare and Medicaid Services (CMS) to prioritize police-free youth mobile response services that are fully reimbursable under the new Medicaid mobile crisis incentive established in the American Rescue Plan Act.

The letter highlights the state of Connecticut's model. As explained in the letter, that state's youth mobile response services are 24 hours a day and 7 days a week, statewide, and serves young people up to the age of 18. When someone under the age of 18 is in crisis, community members, parents, schools, case managers, or the youth or young adult themselves can dial 2-1-1, and the crisis staff will link them to the appropriate mobile crisis provider for their town. Including law enforcement in social crisis and mental health related emergencies can be more dangerous for many young people, especially in communities of color and the Connecticut effort is a strategy to not use law enforcement as a proxy for mental health services within the community. As the letter states, 60 to 75 percent of the youth arrested each year have at least one mental health diagnosis.

The letter is open for sign-ons by national, state, and local organizations through Tuesday, December 14, 2021. CLASP is [collecting the sign-ons](#). **Please sign on by Tuesday, December 14, 2021, COB, and please share widely with your partners and networks.**

You can review the full letter text here: <https://tinyurl.com/43mzvn5e>.

Link to sign on letter: <https://forms.gle/nf1V3ec1BvqU26Ly6>

## Legislation Would Suspend Fees for Youth in Foster Care/Homeless

Senator Jacky Rosen (D-NV) and Senator Rob Portman (R-OH) introduced the Helping Foster and Homeless Youth Achieve Act last Thursday, December 9, 2021. CWLA has endorsed the legislation.

The bipartisan legislation seeks to improve access to educational opportunities by requiring that higher education institutions receiving federal assistance waive application fees for young people who are homeless or in foster care.

“Foster and homeless youth in Nevada and across the nation face significant financial barriers to pursuing higher education,” said Senator Rosen. “This bipartisan bill will help Nevada’s homeless and foster youth more easily take this early step toward additional education and training by eliminating application fees and reducing the strain they face. This is an important step to make higher education more financially accessible.”

“Kids facing homelessness, or in the foster care system, face an uphill battle when trying to pursue higher education. It is in all of our interests to ensure services for these children are a priority in existing federal programs,” said Senator Portman. “This common-sense, bipartisan legislation will remove unnecessary barriers and make college more affordable for these youths.

The bill is endorsed by numerous national organizations, including Schoolhouse Connection, National Association of Counsel for Children, Children’s Advocacy Institute, National Network for Youth, and the Child Welfare League of America.

In offering our endorsement, CWLA President & CEO said, “We are pleased to endorse the Helping Foster and Homeless Youth Achieve Act. This legislation takes an important step in helping young students navigate the multiple challenges of homelessness, foster care and financial barriers to higher education,” said Christine James-Brown, President & CEO of the Child Welfare League of America. “CWLA appreciates Senator Rosen's attention to the needs of these young people, and we look forward to working with her on its passage.”

Other comments included:

“Youth experiencing homelessness and youth in foster care face many barriers to higher education, including deep poverty, histories of trauma, and lack of family support. Yet postsecondary education is increasingly necessary to avoid poverty and homelessness as adults,” said Barbara Duffield, Executive Director of Schoolhouse Connection. By waiving college application fees, the Helping Foster and Homeless Youth Achieve Act helps level the playing field and open the door to opportunity. We strongly support this legislation and urge Congress to pass it quickly.”



Amy C. Harfeld, National Policy Directory for Children's Advocacy Institute, said, "College opens doors and opportunities," said "Let's open the first one for homeless and foster youth by waiving burdensome application fees to send these promising students on their way."

### UPCOMING CAPITOL HILL BRIEFINGS/EVENTS

- Children's Bureau Webinar: Technical Assistance implementing the Youth in Foster Care Driver's License Programs, **Monday, December 13 / 2 – 3:30p.m. EST**, Children's Bureau and in partnership with ICF, Embrace Families, and Treehouse have created the "Paving the Way" initiative to offer expertise to child welfare agencies on creating or enhancing driver's license and transportation programs for teens in foster care. [Webinar Registration](#)
- A Virtual Congressional Briefing: [A National Emergency in Youth Mental Health: Strengthening Supports and Access to Care for Kids and Teens](#), **Tuesday, Dec. 14 at 12:30 p.m. ET**, a virtual briefing exploring the drivers of the national emergency in child and adolescent mental health. What can be done now and in the long-term? Sponsors: Children's Health Care Caucus, Congressional Mental Health Caucus, Bipartisan Addiction and Mental Health Task Force. Coordinating the event: American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Foundation for Suicide Prevention and the Children's Hospital Association. [Link to RSVP](#).
- **December 15, 2021**, the federal debt ceiling is projected to be reached.
- **January 10, 2022**, Congress Begins Second Session of 117<sup>th</sup> Congress
- *Intersection of Child Welfare and Suicide Prevention*, **January 11, 2022, 3:00 - 4:30 p.m. EST**, CWLA with the SAMHSA Suicide Prevention Resource Center (SPRC). Explore current data on the vulnerabilities of this population and explore the SPRC's work in engaging child welfare systems in suicide prevention. Presenters: the Garrett Lee Smith State Youth Suicide Prevention Program grantees, followed by Q&A, [register here](#)
- *FY 2022 Continuing Resolution expires*, **February 18, 2022**
- *The Fierce Urgency of Now: Collective Action to Ensure Children and Families Flourish*, **April 27-29, 2022 – Hyatt Regency Capitol Hill, Washington, DC**. We are pleased to announce that early registration for the [CWLA 2022 National Conference](#), is now open. [Early Registration for the best conference rate!](#)