

The background of the entire page is a photograph of the U.S. Capitol dome in Washington, D.C. The dome is white with a large, ornate, ribbed structure. It is topped with a statue of Liberty. The base of the dome is surrounded by a colonnade of white columns. An American flag is visible on the left side of the dome. The sky is a clear, bright blue with some light clouds.

2022 LEGISLATIVE AGENDA

*Advancing Excellence
in Practice & Policy*

Recommendations for the Administration and 117th Congress

★ SECOND SESSION ★

PREVENT CHILD ABUSE:

Reauthorize the Child Abuse Prevention Treatment Act (CAPTA), Increase Funding for the CAPTA State Grant and the Community-Based Child Abuse Prevention Treatment (CB-CAP) State Grants

Significant resources are required for the Child Abuse Prevention and Treatment Act (CAPTA). In 2019, there were more than 4.4 million child abuse referrals, involving over 7.9 million children, resulting in child protective services responses in 2.4 million cases. According to the Centers for Disease Control and Prevention (CDC), child abuse and neglect has a total lifetime economic cost of over \$124 billion each year. It affects over 1 million children every year, with child abuse and neglect costing our nation \$220 million every day through increased investigations, foster care, health care costs, and behavioral health costs and treatment. We need to prevent child abuse before it happens.

Congress must reauthorize the Child Abuse Prevention and Treatment Act (CAPTA); and then provide \$270 million in state CAPTA grants and provide \$270 million for the Community-Based Grants for the Prevention of Child Abuse and Neglect/CB-CAP. The House passed the *Stronger Child Abuse Prevention and Treatment Act* (HR 485) in 2021 with funding at \$270 million for CAPTA state grants and \$270 million for CB-CAP. Healthy families are the key to prevention and resilient children; prevention should be community-based; child and family safety are not just the child welfare system's responsibility; prevention and treatment efforts must help families heal from trauma; research and data are central to a public health approach; and significant additional resources are necessary for CAPTA/CB-CAP to be effective.

CONGRESS MUST COMMIT TO CUT CHILD POVERTY IN HALF IN TEN YEARS

Congress must now act to make the Child Tax Credit (CTC) permanent. The National Academies of Sciences, Engineering, Medicine (NAS) released a 2019 study on reducing child poverty in the United States, *A Roadmap to Reducing Child Poverty*. The Congressionally commissioned report required a study that was bipartisan and evidence-based. The committee (including CWLA President and CEO Christine James-Brown) was made up of experts in economics, public policy, child psychology, and human development and they offered

specific proposals to reduce child poverty by half in ten years. Research determined that child poverty rates would be higher if not for current programs that provide income, food, housing, and medical care. It also indicated that a 50% reduction in ten years was demonstrated as achievable but will take a combination of programs and policies. The study identified a number of factors like health and well-being, positive neighborhood environments, and equitable treatment across racial and ethnic groups that impact and influence the success of anti-poverty programs and policies. Children continue to disproportionately experience poverty in the U. S. and are 62% more likely to experience poverty than adults. There is no long-term national strategy to address child poverty and the negative outcomes associated with it. The study included analysis of the economic, health, and social costs of child poverty, as well as the effectiveness of current anti-poverty programs—including international, federal, state, and local efforts—in reducing child poverty. ***One positive outcome of the pandemic is that we proved we can lift millions of children out of poverty by making the Child Tax Credit (CTC) permanent—the most significant action to cut child poverty in half in ten years!***

EXTEND FOSTER CARE TO AGE 21 IN ALL STATES

In 2008, Congress passed the *Fostering Connection to Success and Increasing Adoption Act* (PL 110-351). That law gave states the option to extend foster care up to the age of 21. Since this became an option, 28 states have extended care up to the age of 21—but the remaining states have not. When foster care is extended to age 21, young people have the option to stay in care if they choose and if they follow certain conditions around education and/or workforce development.

Recent data from the National Youth in Transition Database (NYTD) tells us that many youth do better when they remain in extended foster care. We now have federal data that tells us that when young people continue to age 21 in foster care compared to youth who “age out,” youth in care have better outcomes in employment, reduced homelessness, better access to health care, and reduced negative outcomes such as incarcerations. Society has changed since we first directed federal foster care funding to age 18 in 1980. The average first age for marriage, leaving a parent's home, and years it takes to complete a college education all have increased. ***Now, it is time for all states allow youth in foster care the option to stay in care to age 21. We must extend foster care to age 21.***

PROVIDE COMPREHENSIVE CHILD CARE AND PRE-KINDERGARTEN

Child care and early childhood education are critical to the future well-being of all children. Congress created the *Child Care and Development Block Grant Act (CCDBG)* in 1990 and reauthorized it 2014. Now it is time to fully fund this important child and family support service. Child care is vital to both the workforce—by allowing parents to go back to work after the pandemic and by promoting quality work for women in the workforce—and to development for all families.

According to the National Women's Law Center, child care promotes children's cognitive, social, and emotional development, but wages lost due to barriers to accessible and affordable child care are substantial—estimated at \$9.4 billion annually. And these barriers disproportionately impact women of color. Before the pandemic, women were already reducing work hours because of these barriers; the equivalent of a 5% wage cut. The Economic Policy Institute estimates an investment that caps child care expenditures at 10% of a family's income would increase GDP by \$210 billion due to an increase in women's labor force participation.

As part of this major expansion, universal pre-kindergarten must be part of the solution. Again, according to the National Women's Law Center, only 40% of three- and four-year-olds in the United States have access to pre-K compared to 90% of those in other countries like France, Germany, South Korea, Spain, and the United Kingdom. ***Congress needs to enact the child care and pre-K provisions of the 2021 reconciliation legislation.***

REAUTHORIZE AND FUND THE HOME VISITING PROGRAM

The *Maternal, Infant, and Early Childhood Home Visiting (MIECHV)* program was reauthorized in 2018 but funding is still frozen at the 2010 authorized level of \$400 million. ***Congress needs to increase funding by \$200 million a year for each of the next five years.*** Congress must eliminate the across-the-board annual sequestration cuts of approximately

\$ 23 million MIECHV-funded programs that are designed to help parents support the healthy development of infants and toddlers and address the challenges new families face. The Health Resources and Services Administration (HRSA) tells us that 98% of states, territories and nonprofit grantees showed improvement in at least four of six benchmarks including improving maternal and newborn health; prevention of child injuries, maltreatment, and emergency department visits; improving school readiness; reducing crime or domestic violence; improving family economic self-sufficiency; and improving service coordination and referrals for other community resources and support.

In 2019, 154,000 parents in 896 counties were served. That represented a tremendous increase of 350% since some of the initial funding in 2012. According to the Health Resources and Services Administration, 70% of participating families had household incomes at or below 100 percent of poverty and 41% were at or below 50% of the federal poverty level. Twenty percent of households reported a history of child abuse and child maltreatment. Over MIECHV's first five years, it was phased in with increasing funds and had reached \$400 million by year five.

That is the same funding level provided today. MIECHV serves 42% of the highest risk counties in the country as defined by low birth weight, teen birth rates, percent in poverty and infant mortality. ***We need to expand funding to MIECHV so that we cover 100% of the counties at high risk.***

OPPOSE DISCRIMINATION IN THE PLACEMENT OF CHILDREN AND RECRUITMENT OF PARENTS

Across the country there are too many children in foster care who lack a stable, loving family to care for and nurture them. Finding a suitable foster or adoptive home can be a challenge, particularly for older children and those with special needs. Child welfare agencies must make decisions on the recruitment of parents and the placement of children based on what is in the best interest of the child. That may be more challenging in an ever more diverse society but it remains just as important. In recent years the debate has focused less on the needs and



best interest of children and more on the political polarization of the times.

Placement decisions must be based on the best interests of the child. To ensure the broadest pool of families for children and youth, foster, kinship, and adoptive parents should be assessed on the basis of their abilities to successfully parent a child needing family membership and not on their income, age, marital status, religion, race, ethnicity, culture, appearance, differing lifestyle, sexual orientation or gender identity. Each prospective parent should be evaluated on their ability to safely and lovingly care for children and youth. Each child and every young person under the care of state child welfare agencies must be placed based on what is in their best interest and not based on today's politics. That is why Congress has written the best interest of the child into law nearly 20 times. ***Congress must pass the John Lewis Every Child Deserves a Family Act to ban discrimination in recruitment of foster and adoptive parents while protecting the needs of youth in foster care.***

PROTECT FAMILIES, DREAMERS, AND CHILDREN AT THE BORDER AND IN THE UNITED STATES

Reports in recent years tell us that some children are lost in the system and may not be reunited with their parents. Still others are being placed far away from their families. 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. Being separated from their family members and their communities, cultural familiarities, and schools and other connections can cause children to struggle with their identity and face an undue sense of isolation, adding further stress to an already traumatic situation. ***We call on Congress to enact fair immigration reform, to suspend mass deportations, and oppose policies that seek to deter immigration by taking children from their parents.*** In past Congresses, there have been several bipartisan "Dreamers Acts," including legislation in the 117th Congress. This legislation grants DACA (Deferred Action for

Childhood Arrivals) beneficiaries permanent resident status on a conditional basis. ***Congress needs to protect DACA-status immigrants and prevent the separation of children from their families by passing the DREAM Act and related immigration reform legislation.***

EXPAND AND IMPROVE MENTAL HEALTH AND SUBSTANCE USE SERVICES

Accessing and addressing mental health services is a significant component and challenge within child welfare (including child protection). Thoroughly screening children and families involved with the child welfare and foster care system and providing appropriate treatment is essential. Primary prevention efforts, family preservation, reunification, adoption, and all forms of permanence requires addressing barriers created by behavioral health needs.

Many of the reforms can and must be addressed through changes within Medicaid. These reforms or changes include better enforcement of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), reforms of the Institute for Mental Disease (IMD)—especially as it makes the new Qualified Residential Treatment Program (Q RTP) provisions of the Family First Prevention Services Act ineffective—and greater coverage of therapeutic foster care services.

Congress needs to pay special focus to the needs of children and youth both within and outside of child welfare. Part of this can be addressed through strengthening both the child welfare workforce and especially the behavioral health workforce, including the need for more child psychiatric professionals. Congress also cannot ignore the way children and youth who identify as LGBTQ+ are treated. The stress that children experience when they are discriminated against or harmed in other ways increases the risk for depression, suicidality, and other well-being concerns. Within all this, ***Congress needs to expand its focus on how to address the limited availability of substance use services, including services for children impacted by addiction. Underlying each of these challenges is the need to make sure access and availability of services in both urban and rural areas are addressed.***



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