



# 2026 LEGISLATIVE AGENDA



**Linda S. Spears**

I am pleased to introduce CWLA’s Legislative Agenda for the second session of the 119<sup>th</sup> Congress.

Every two years, the Child Welfare League of America releases a detailed agenda of policy priorities for the new Congress. Much like our practice standards and best practice guidelines, these priorities are meant to be actionable and aspirational: We are envisioning a safer, fairer, and more compassionate and livable world for the nation’s children and families. Although it will take time and effort to achieve this vision, we believe that each of the priorities listed in the following pages could be accomplished over the course of these two years if Congress chooses to prioritize the well-being of children in its policy-making.

During the second year of each Congress, CWLA publishes an updated legislative agenda for the second session. Typically, these updates are largely technical: updating information for bills that have been introduced, refining recommendations, and removing anything that has already been passed or otherwise addressed.

This year, however, we have made substantial updates to our 2025 Legislative Agenda, reflecting the devastating cuts passed in H.R. 1 and the impacts of myriad policy changes by the Administration for children, youth, and families in our nation.

CWLA’s *National Blueprint for Excellence in Child Welfare* states that, “we envision all children will grow up safely, in loving families and supportive communities, with everything they need to flourish—and with connections to their culture, ethnicity, race, and language.” In the last 15 months, actions by Congress and the White House have directly threatened this vision, undoing decades of progress and wreaking havoc on our social safety net. Billions in cuts to Medicaid and SNAP, changes to program eligibility, and new regulations that remove protections will have a disparate impact on the most vulnerable—including children who are LGBTQIA+ and those living in immigrant families. At the same time, these federal changes cripple states’ ability to provide vital supports to children, youth, and families in need.

The Administration has prioritized child welfare, issuing the *Fostering the Future for America’s Children and Families Executive Order* in November and launching the new “A Home for Every Child” initiative shortly thereafter. But the cuts and changes to SNAP, Medicaid, immigration policy, and more will undermine their efforts to prevent child maltreatment and keep children safely in their homes. Congress must step in and reverse course by investing resources in programs that serve children and families and undoing the harmful changes from the past year.

During times of great adversity, CWLA’s members and partners have always stepped up as creative and resilient agents of change as we continue to put the safety and well-being of children and families first. This year, we urge the Members of the 119<sup>th</sup> Congress to join us in pursuing our vision that all children in our nation have the opportunity to flourish. We look forward to working with you as we endeavor to build a better, more supportive world for children and their families.

A handwritten signature in black ink that reads "Linda S. Spears". The signature is fluid and cursive.

**Linda S. Spears**

CWLA President & CEO

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**ACTION:**

- Reform the child welfare financing structure and modernize Title IV-E eligibility for kinship care and foster care.
- Reauthorize and increase funding for the *Child Abuse Prevention and Treatment Act* (CAPTA)
- Expand the eligibility criteria and the range of placement prevention services offered through the Title IV-E Prevention Services Clearinghouse
- Reform accountability and oversight for youth residential treatment facilities
- Extend foster care through age 21 in all states, tribes and territories
- Increase supportive services and financial reimbursement for family-based caregivers
- Prioritize permanency for children in foster care
- Invest in the child welfare workforce

**Background**

Federal funding for child welfare services was first authorized under Title V of the Social Security Act in 1935, a program that is now Title IV-B Subpart 1, Child Welfare Services. Since that time, federal investment in and authority over child welfare has grown and changed substantially, with the addition of the *Child Abuse Prevention and Treatment Act* in 1974 and Title IV-E funding for foster care and adoption in 1980. These programs provide most of the federal funding utilized by states to address child abuse and neglect prevention, stabilize and preserve families that come to the attention of child welfare, and provide care and permanency for children in foster care.

Congress has achieved significant progress in child welfare reform in the last decade. Most notably, the *Family First Prevention Services Act* (FFPSA) was enacted in 2018, which amended the foster care program to create new optional prevention and intervention funding under Title IV-E, placed Title IV-E payment limits on child care institutions, and reauthorized the Adoption Incentives Program. This optional prevention intervention funding, which many states are still working to implement, allows for time-limited foster care prevention programs and time-limited (one year)

services for mental health and substance use, and in-home parent skill-based programs. Children and their families may be covered if they are considered candidates for foster care.

More recently, Congress reauthorized Title IV-B of the Social Security Act through the *Protecting America's Children by Strengthening Families Act of 2024*. The reauthorization increased funding for the Promoting Safe and Stable Families (PSSF) program by \$85M per year, including a \$10M increase for both the Court Improvement Program (CIP) and the Regional Partnership Grants (RPGs). There were also policy changes to support the child welfare workforce, address poverty by providing concrete and economic supports for families, and support Indian Tribes and Tribal communities.

There is more work to be done to build on these important policy advancements and to address other barriers and shortfalls across the nation.

**CHILD WELFARE FINANCING**

Payments to states for foster care were initially included within the Aid to Families with Dependent Children (AFDC) welfare program, and eligibility for federal reimbursement for foster care costs for each child was tied to the AFDC eligibility standard. When the Temporary Assistance for Needy Families (TANF) program took the place of AFDC in 1996, Title IV-E eligibility remained linked to the AFDC eligibility guidelines in that year as a temporary solution; instead, eligibility has been frozen in time. As a result, the rate at which families are covered by Title IV-E funding (the “coverage rate”) has declined steadily over the last three decades; only 38% of children in foster care nationally were covered by federal funding in 2023. This coverage rate varies widely from state to state, with some states drawing down far more Title IV-E funding than others, making finance reform efforts a complicated endeavor.

Title IV-B of the Social Security Act includes a mix of mandatory and discretionary funding. The Title IV-B reauthorization of 2024 included a small increase in PSSF funds, but overall, the program’s mandatory funding level has not kept pace with the rise in cost of living over the past three decades. Additionally, discretionary funding has never reached its full potential. Although Congress can appropriate up to \$325 million for Subpart 1, Child Welfare Services, the program funding peaked at \$295 million in

1994 with current funding now down to \$269 million. For PSSF, Congress can appropriate \$200 million more for the four services. Appropriations peaked at \$100 million in FY 2002 and are now down to \$69 million.

As fewer and fewer children are made eligible for Title IV-E funding, and as the funding for Title IV-B becomes less sufficient to meet the needs of programs, the share of federal investment in child welfare services decreases, as does federal authority over state policy and practice.

Therefore, **Congress should:**

- Reform child welfare funding and modernize Title IV-E eligibility to ensure that all children in foster care are covered by the Title IV-E entitlement
- Appropriate the full authorized amount for Title IV-B discretionary funds

## CHILD MALTREATMENT PREVENTION

Child abuse and neglect are serious problems that can have lasting harmful effects on children and their caregivers. Preventing child maltreatment by strengthening families is the right thing to do, as it protects children and allows them to grow up into adulthood as the best possible versions of themselves. However, it is also the fiscally responsible approach: in the United States, the total lifetime cost associated with just one year of confirmed cases of child maltreatment is estimated at \$428 billion. These costs are most visible in expensive physical and behavioral health treatment, costly interventions like foster care, and legal system involvement, but also include the lifetime costs for lost productivity and increased costs for education, health, and mental health care.

The *Child Abuse Prevention and Treatment Act* (CAPTA) is foundational to our nation's system for preventing child abuse and neglect and protecting children who have experienced serious harm. CAPTA is the only federal legislation exclusively dedicated to preventing,

assessing, identifying, and treating child abuse and neglect—the continuum of child maltreatment services and supports. Since 1974, CAPTA has been part of the federal government's effort to help states and communities improve their practices in preventing and treating child abuse and neglect. CAPTA provides grants to states to support infrastructure and innovations in state child protective services (CPS). CAPTA maintains a

broad minimum definition of child maltreatment and provides funding for states to implement community-based prevention services and child abuse and neglect response and intervention programs. The reauthorization of CAPTA usually includes a reauthorization of the Adoption Opportunities Act, one of the first national adoption research and best practice laws that assist in promoting adoption services.

In addition to ensuring a robust safety net of concrete and economic supports for children and families—the first line of defense in preventing neglect, discussed later in this agenda—Congress has a duty to promote, pass, and fund legislation that protects children from abuse and neglect and that provides intervention and treatment for children and families when it occurs. Therefore, **Congress should:**

- Substantially increase funding for CAPTA and CBCAP to support community-based child abuse prevention efforts and state responses to child maltreatment.
- Pass and fund the *Alternative Pathways to Child Abuse Prevention Act* to encourage innovative approaches to family stabilization and preservation.
- Request a GAO report or NAS study on the efficacy of existing differential response or alternative response initiatives in promoting child well-being and preventing child maltreatment and foster care involvement.





- Seek to better understand current mandated reporting training and practices in states and localities to improve mandated reporting practices and outcomes.
- Improve training for mandated reporters by allowing state agencies to utilize Title IV-E training funds and directing HHS to share model training practices.
- Pass and fund the *AI/AN CAPTA Act* to expand CAPTA funding to provide additional resources to assist tribal communities with preventing and treating child abuse and neglect.

## PREVENTION OF FOSTER CARE

The *Family First Prevention Services Act* of 2018 (P.L. 115-123) offers the potential to open a critical source of federal entitlement funding (Title IV-E of the Social Security Act) to services that can help families in crisis or families that are particularly vulnerable to separation. The services that could be offered to these families include in-home services, mental health services, and substance use treatment and prevention services. Family First offers, for the first time, the potential of federal funding to strengthen families that have been reunified and to support families that have adopted children from foster care and are later faced with challenges.

Family First implementation was hindered by the COVID 19 pandemic, but even now, eight years after its

passage, it has not reached its full potential. There are too few programs that have been approved for the Title IV-E Prevention Services Clearinghouse, and many families experience hardship that cannot be addressed by the services that are available for reimbursement, such as housing instability or intimate partner violence. There are several reforms to FFPSA that could help ease barriers to implementation and expand its impact for eligible families to prevent more children from entering foster care.

### **Congress should:**

- Strengthen the Title IV-E Clearinghouse by allocating additional funding for research and evaluation, including funding for research on programs to serve specific populations, including rural communities.
- Eliminate the requirement for 50% of spending on well-supported/ highest-level models, which limits spending for evidence-supported and promising models.
- Address the unique challenges in rural communities, such as the lack of provider capacity and the barriers to providing in-home services in sparsely populated areas through enhanced reimbursement for services in designated rural communities.
- Expand the types of services covered by FFPSA to include programs that address housing, domestic violence, and economic support.

- Provide time-limited implementation funding to get programs off the ground and incentivize collaboration among child- and family-serving systems at the state and local level.

## SUPPORT FOR OLDER YOUTH

More than 15,000 young people transition from foster care to independence without the benefit of formal reunification or an alternative permanency outcome each year. Research has found that nationally, child welfare systems find families for fewer than half of teenagers and young adults in foster care. Young people transitioning out of foster care are affected significantly by the instability that accompanies long periods of out-of-home placement during childhood and adolescence. They often find themselves truly on their own, with few if any financial resources, no place to live, and little or no support from family, friends, or community. Their experiences place them at higher risk for unemployment, poor educational outcomes, health issues, early parenthood, long-term dependency on public assistance, increased rates of incarceration, and homelessness. The resulting harm to the youth themselves, their communities, and society at large is unacceptably high.

Older youth face unique challenges while in foster care, such as difficulty obtaining drivers licenses and other vital documents, navigating benefits and assistance related to employment, education, and other supports, and establishing safe and stable housing. Although some states extend this support beyond age 18, and the John H. Chafee Independent Living Program for Successful Transition to Adulthood offers limited funding for transitional services to these young people to age 26, enrollment in extended foster care and Chafee services is lower than it should be. All too often, the end result is that young people in foster care find themselves on their own at 18.

Certainly, there are few groups more deserving of Congress' attention than those in foster care or who leave foster care after turning 18. **Congress should:**

- Extend foster care through age 21 nationally, building on the 28 states, 9 Tribes, and the District of Columbia, which have extended foster care already.
- Increase funding for the Chafee Program and fully fund Education and Training Vouchers and explore improvements to these programs that would increase participation rates.

- Provide greater and simpler access to student loans and on-campus services, including access to campus housing year-round.
- Support youth who experience foster care in obtaining driver's licenses through passage of the *Foster Youth and Driving Act*.
- Provide greater targeted housing assistance and better coordination of housing resources such as the Foster Youth to Independence (FYI) vouchers and Chafee funding.

## SUPPORT FOR FOSTER AND KINSHIP CAREGIVERS

In recent advancements in child welfare policy, Congress has prioritized family-based care for children who enter foster care. Both Congress and the Administration have emphasized that children should be cared for in families, or in the most family-like setting possible. At the same time, many states are experiencing shortages of foster families, struggling with recruitment and retention of foster parents. More than half of states have seen significant declines in licensed foster homes in recent years. Foster parents cite frustrations with the lack of supports and services available from the agency and the community, and lack of respect for their time, effort, and input as reasons for choosing to not continue with foster care.

The COVID-19 pandemic exacerbated these shortages, but issues related to foster parent recruitment and retention go back more than 50 years, and likely further. When agencies do not have enough licensed foster parents to care for children with different needs in appropriate foster care placements, there is an increase in inappropriate or adverse placements: children may be housed in hotels or spend nights in child welfare agency offices while foster parents are identified, siblings are more likely to be separated, children and youth with complex medical needs may be moved more frequently, and agencies may rely on congregate care to provide housing for youth.

Family-based care also includes kinship care, the practice of an adult family member such as a grandparent, aunt, uncle, or other relative, providing a caring home for a child who is not able to live with their parents. Since the

1980s, CWLA has promoted the practice of kinship care, which is a time-honored tradition in most cultures and a primary and valuable permanency option. When children cannot safely remain with their biological parents, kinship parenting preserves a child's right to both a nurturing and loving family and connections with their family of origin, history, and heritage. Kinship parenting provides a strong foundation upon which a loving, caring relationship has a firm footing and can flourish. As kinship caregivers step up for children, Congress must ensure supports and services keep these families strong.

The *Fostering Connections to Success and Increasing Adoptions Act* of 2008 allowed the use of Title IV-E for kinship placements and funded Kinship Navigator programs; subsequent reforms have expanded support for and emphasis on kinship care.

To ensure that states can prioritize family-based care, **Congress should:**

- Define and fund core supportive services for foster and kinship caregivers, including transportation, respite, and peer support.
- Instruct HHS to establish a guideline for minimum reimbursement rate for foster and kinship parents based on past research and analysis including the 2018 Hitting the MARC study and incentivize states to increase their foster care maintenance payments to meet the guideline.
- Require states to report their current foster care maintenance payment rates for foster parents and kinship parents, the justification for using that rate, and when it was last updated.
- Establish and fund formula grants for innovative approaches to retaining foster parents, including technological advancements, training, and financial support.
- Expand funding for Kinship Navigator programs through Title IV-B to support programs that are unable to meet criteria for inclusion in the Title IV-E Prevention Services Clearinghouse.
- Fund grants to improve kin-finding programs and technology.

## ADOPTION AND PERMANENCY

Adoption has long been a vital service for children who need families, bringing children whose birth parents cannot or will not be able to provide for them together with nurturing adults who seek to build or add to their families. Since the second half of the 20th century, families choosing to adopt have become increasingly diverse. A growing number of foster families and kinship families, families of color, older individuals, families with children, two-parent working families, single parents (both male and female), LGBTQIA+ couples, families with modest incomes, individuals with physical disabilities, and families of all education levels, religious persuasions, and from all parts of the country now adopt.

The Title IV-E Adoption Assistance program is the primary federal support for adopting children from foster care, as it provides subsidies to eligible families who adopt children with special needs (as defined by the state) from the foster care system. The Adoption Incentives Fund in Title IV-E is another adoption funding source first enacted as part of ASFA in 1997 to promote greater permanence for children; if states increase the number of children adopted from foster care over a previous year's high mark, they are awarded an incentive from this appropriation. Title IV-B, reauthorized in 2024, includes funding for adoptive families as one of the categories in Subpart 2, Promoting Safe and Stable Families..

Kinship guardianship is an important permanency option for many children and families. Congress gave states the option to use federal Title IV-E funds for kinship guardianship payments for children raised by relative caregivers as part of the 2008 *Fostering Connections to Success and Increasing Adoption Act* (PL 110-351). If a state chooses to provide these subsidized guardianships to relative caregivers, the federal government will contribute funding just as it does for children placed in foster care. Children eligible, under this kinship option, must also be eligible for federal foster care maintenance payments, must reside with the relative for at least six consecutive months in foster care, and it must be determined that reunification is not possible, and adoption is not appropriate.

In some states, kinship guardians do not receive the same reimbursement or benefits as adoptive parents, necessitating that Congress take action to ensure that kinship caregivers receive adequate support.

To better support adoption and kinship guardianship,  
**Congress must:**

- Review time limits for termination of parental rights in the *Adoptions and Safe Families Act*
- Support the expansion of the adoption workforce, including adoption- and trauma-competent therapists and service providers
- Amend the state option under the 2008 *Foster Connections to Success and Increasing Adoptions Act* to require all fifty states to extend Title IV-E subsidized kinship care guardianship assistance program.
- Amend the Title IV-E subsidized kinship care guardianship assistance program by eliminating the required six-month waiting period before a child (in foster care with the relative caregiver) can be permanently placed into a subsidized guardianship arrangement with that relative.
- Modernize eligibility for subsidized guardianships.
- Fund and support post-adoption services and improve funding access through the Family First Prevention Services Act.
- Amend the *Inter-Ethnic Placement Act* to allow consideration of race and ethnicity in permanency planning and in preparing families who are adopting transracially.



## **INVEST IN THE CHILD WELFARE WORKFORCE**

A well-trained, well-staffed child welfare workforce is vital to the goals of legislators and the broader community. All the reforms and improvements in child welfare policy enacted by Congress in recent years are dependent on the caseworker.

Child welfare work is labor-intensive and emotional, and the COVID-19 pandemic worsened preexisting issues within the workforce, with high turnover rates and rising concern over compassion fatigue, burnout, and secondary trauma. Increased turnover rates and the resulting higher caseloads perpetuate the caseworker crisis. Studies have found that factors related to workloads such as emotional exhaustion and a lack of supervisory or administrative support also led to increased levels of turnover.

High caseworker turnover rates negatively impact children and families. A Government Accountability Office (GAO) analysis in 2003 showed that staff shortages, high caseloads, and worker turnover were factors impeding progress toward the achievement of federal safety and permanency outcomes. Research in Milwaukee and Illinois suggests that children are more likely to achieve permanence if they are assigned fewer workers over the course of their stay in foster care.

Strengthening the workforce and ensuring caseworkers have manageable workloads can improve the quality of case practice and help achieve a reduction in child abuse, reduce the number of children going into foster care, and increase adoptions for children of all ages. A stronger workforce could also allow agencies to devote more resources to post-adoption and reunification services to strengthen permanency for children and families.

Recent changes from H.R. 1 (P.L. 119-21) and the Administration will put additional strain on the child welfare and human services workforce. In H.R. 1, Congress reduced the borrowing limit on federal graduate student loans for degrees not considered “professional degrees,” including social work, education, and more, which will make it more difficult for child welfare caseworkers to pursue graduate education. The Administration’s changes to the Public Service Loan Forgiveness (PLSF) program that would exclude agencies and organizations that have DEI initiatives, serve undocumented immigrants, or provide



gender affirming care will result in qualified, trained child welfare workers seeking employment elsewhere in order to receive loan forgiveness. These changes will negatively impact the child welfare workforce and the families and children it serves.

To support and strengthen the child welfare workforce, **Congress must:**

- Eliminate the current eligibility link between Title IV-E foster care administrative costs from the 1996 AFDC eligibility standards. This will expand states' access to funds that can support the child welfare workforce, as well as funds for training foster parents and legal representation
- Create and fund formula or competitive grants for workforce recruitment, retention, and development
- Fund the human services loan forgiveness program included in the *Higher Education Act Reauthorization of 2008*
- Explore creative solutions to the current workforce crisis, such as:
  - Labor Department program that highlights the need for career development in human service programs, including child welfare

- Long-term workforce development through incentive grants

## LIABILITY INSURANCE

Human service organizations, including those providing foster care, adoption, and residential services, are facing increasing financial strain because of rising liability insurance costs; nonprofit child welfare service providers across the country have reported increases in their liability insurance costs of 100% or more, and others have been warned that steep increases will be coming in the near future. These increases are driven by climate risks, increasing demand for services, and workforce shortages, all factors that are outside the control of the organizations providing critical support for children, families and communities.

Congress is not powerless; to help address this issue, **Congress should:**

- Establish a Commission, including HHS, the Department of Labor, and other relevant federal agencies, to explore the feasibility of establishing and sharing model best practices for addressing the growing cost of liability insurance for the care of children and youth in state custody.

## **ACTION:**

- Cut child poverty in half in five years
- Expand and increase eligibility for the Child Tax Credit (CTC) and the Earned Income Tax Credit (EITC)
- Improve affordability and availability of adequate, stable housing for children, youth, and families, and for young adults exiting foster care
- Implement Paid Family and Medical Leave for all caregivers
- Fully fund and strengthen nutrition and food security for children and families
- Increase TANF funding and make “reduction of poverty” one of the purposes of the program
- Protect from budget cuts programs that have demonstrated a positive impact on reducing poverty

## **Background**

Reducing, and eventually eliminating, child poverty is a critical step in achieving important child welfare policy goals like preventing child abuse and neglect, prioritizing and increasing family preservation, and reducing the need for foster care. Too often, poverty and the lack of economic support that exists in impoverished communities contribute to circumstances that may prompt involvement of children and families in the child welfare system.

The relationship between poverty and child maltreatment is complex, and the relationship between poverty and neglect is not causal but contributory. Economic and material hardship are among the consistent and significant predictors of child welfare involvement, as lack of access to basic needs and resources can cause family and caregiver stress and instability. Child neglect and what is sometimes referred to as “chronic neglect” can be described as a persistent pattern of severe and inadequate care with long-term impacts on the child. Chronic neglect is highly correlated with poverty, although most people living in poverty do not neglect their children

and poverty should not be equated with neglect. Rather, chronic neglect often includes co-occurring mental health issues, substance use disorders, and family violence and results in enduring patterns of deprivation of physical, developmental, or emotional needs that seriously impede a child’s healthy development.

Strategies that reduce child poverty, strengthen families, prevent family separation, and reduce children’s removal to foster care should be a top priority for our nation. There is ample evidence to support the value of addressing the economic and material hardship faced by most families with child welfare involvement, both as a means of preventing foster care or other out-of-home care and preventing child abuse and neglect. Reducing poverty will reduce the number of children in out-of-home care, thereby reducing foster care expenditures.

Last year, Congress passed H.R. 1, the budget reconciliation bill that cut billions of dollars from social safety net programs like Medicaid and SNAP. The provisions had staggered implementation dates, with some cuts happening immediately and others phasing in over the next several years. Over time, the impact of this bill will be an increase in children and families experiencing poverty. This year, Congress must pass legislation and fund programs that will undo the harm of H.R. 1 and make significant progress in reducing child poverty.

## **CUT POVERTY IN HALF**

Nearly everyone agrees that preventing child maltreatment and reducing the number of children who enter the child welfare system are worthwhile goals. These desired reductions form the most basic common ground among advocates, program leads, and members of Congress across the political spectrum. Data shows that the United States has significantly decreased poverty over the last several decades, and we have also seen a decrease in the rates of foster care entries, albeit a slower decrease than we’d like to see. Reducing poverty for children and families is the surest way to also reduce child maltreatment and foster care involvement.

Child poverty dropped by almost half between 2020 and 2021, reducing from 9.7% to 5.2%—the lowest rate

on record—because of the strong federal investment during the COVID-19 pandemic, particularly the expansion of the Child Tax Credit. This incredible progress, though it was temporary, demonstrates that we know what works in reducing child poverty, making the reduction of poverty an achievable goal. **Congress must:**

- Pass the *Child Poverty Reduction Act* to set a national poverty reduction goal.
- Implement tax and other reforms to reduce child and family poverty.

## REDUCE POVERTY THROUGH TAX POLICY

At a time when inflation and the cost of living both have risen dramatically, families are struggling to make ends meet. Skyrocketing costs for housing, child care, food, and other essentials keep families in poverty or on the edge of poverty, where one large, unexpected expense or change of circumstance could push families below the poverty threshold. Tax credits for individuals and families with low incomes help to mitigate these high costs and provide for the basic needs of children and adults.

The Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) are two of the most effective tools we have to provide financial assistance to working people and pull children out of poverty. Expanding these two credits has helped to stabilize families and reduced the harmful effects of poverty on children who are vulnerable. According to the U.S. Census Bureau's poverty data, child poverty, calculated by the Supplemental Poverty Measure (SPM), fell to its lowest recorded level in 2021, declining 46% from 9.7% in 2020 to 5.2% that year. The Census Bureau noted that this sharp decline was, in part, “due to the impact of large anti-poverty programs established or expanded in response to the COVID-19 pandemic, such as the stimulus payments, expansions to SNAP, and the Child Tax Credit (CTC).”

Despite its immediate and incredible success in reducing poverty, the expanded child tax credit—which increased the eligibility for more families, increased the amount received per child, and established monthly payments—expired at the end of 2021 and has not been renewed. Changes to the CTC in H.R. 1 limited the benefit to children who have at least one parent with a Social

Security number, taking the credit away from some citizen children in mixed status families; this change should be reversed. **Congress should:**

- Expand the EITC
- Make the CTC fully refundable for all children, including citizen children in mixed status families and immigrant children with ITIN numbers.
- Allow the CTC to be dispersed monthly to help families address costs in real time, rather than at the end of the year.
- Create a Young Child Tax Credit within the CTC to provide extra support to children age five and under, when research says they need it most.

## HOUSING

Housing stability is the key to reducing intergenerational poverty and increasing economic mobility for families and for young adults, but in recent years, skyrocketing housing costs and a lack of investment in new affordable housing have resulted in families and individuals struggling to maintain stable housing. According to recent data, 80% of Americans in rural communities and 72% of Americans in urban communities believe housing affordability is getting worse in their communities. This sentiment is also shared across all demographics.

Stable housing, which has become increasingly difficult for many families and young adults to achieve, allows parents to provide a greater level of care for their children. Children who experience homelessness have worse outcomes in education, health, mental and behavioral health, and other measures, while parents and caregivers experience additional stress and fear when housing is uncertain or inaccessible. Housing factors contributed to involvement with the child welfare system for 14% of families in 2024. In some states, lack of housing is considered to fall within the definition of child neglect, leading to children entering foster care due to family poverty.

Through the work of CWLA, Congress included a new Family Unification Program (FUP) in the 1990 Affordable Housing Act. FUP was gradually increased in funding in the following years, and in 2000, Congress amended the FUP program to include youth aging out of foster care.

Youth and young adults who have experienced foster care also face increased risk of housing instability upon transitioning to independence. Young adults exiting foster

care consistently report that housing is a primary concern. According to the National Youth in Transition Database, in 2024 24% of young people age 17 that were surveyed reported experiencing homelessness in the past two years; 19% of young people age 19 and 16% of young people age 21 reported the same. Lack of safe and stable housing can lead to other serious concerns, such as worsening mental and physical health, increased substance use, increased vulnerability to trafficking and violence, and lower education and employment attainment.

States and agencies around the country are implementing innovative partnerships and programs to address housing instability for families and young adults, such as utilizing housing vouchers to promote family preservation and reunification, implementing supportive housing models that combine affordable housing with voluntary, family-centered services, developing prevention-based partnerships between child welfare and other relevant agencies and organizations to prevent foster care involvement, and integrating individuals with lived experience in the design of services and solutions. These approaches to service delivery should be reflected in our federal funding streams and housing programs.

To address housing instability for children, families, and young adults, **Congress should:**

- Expand funding for and increase time limits of Family Unification Program vouchers, including Foster Youth to Independence vouchers, to provide more assistance for families and young adults with child welfare involvement.
- Incentivize the creation of housing-child welfare partnerships to coordinate existing resources, provide assistance with fees and moving costs, and streamline service navigation for families and young adults with child welfare involvement.
- Designate funding to scale family-centered housing programs that promote family stabilization and reunification through demonstration grants.



- Expand access to supportive housing services such as education, employment, and mental health supports, for young adults exiting foster care.
- Expand funding for the Housing Choice Voucher Program and other affordable housing programs at HUD and the U.S. Department of Agriculture (USDA).
- Incentivize landlords to accept housing vouchers through additional tax incentives.
- Give rental assistance to residents of low-income housing tax credit (LIHTC) units.
- Provide funding to state and local governments to construct more affordable rental and home units by expanding programs such as HOME block grants and the Community Development Block Grant (CDBG) program.

## PAID FAMILY AND MEDICAL LEAVE

Paid family and medical leave is an important component in a national strategy to promote child wellbeing and to prevent child abuse and neglect; research suggests that paid leave is connected to decreasing rates of abusive head trauma (AHT) in infants, the leading cause of fatal maltreatment among young children, and reduces

reports of child maltreatment and entries into foster care. Paid family and medical leave combats poverty, gives children a healthy start, and lowers the wage gap between women and men by providing structural support to balance work and family. Paid family leave has been shown to reduce infant mortality by as much as 20 percent, which is critical given the United States has such a significant rate of high infant mortality compared to other countries, ranking 37th in this important child wellbeing measure.

The United States is one of the only countries in the world that doesn't offer paid leave to new mothers. Strategies to alleviate poverty and the stress that accompanies living in or near poverty promote family stability and help to reduce instances of child abuse and neglect. A national



paid leave policy will aid in the goal of other child maltreatment prevention legislation, like CAPTA and FFPSA, helping to prevent adverse outcomes for children and families. **Congress must:**

- Pass the *FAMILY ACT* to guarantee paid leave following the birth or adoption of a child or personal or family illness requiring leave from work.

## FOOD SECURITY AND NUTRITION

According to the USDA, nearly 14 million children faced hunger in 2023. Families with children are more likely to face hunger because of the high cost of raising children, which adds additional financial stress and can make it difficult for caregivers to meet all the needs of the family. In 2023, one in three households headed by single moms and one in four households headed by single dads experienced food insecurity. Children who experience hunger and food insecurity are more likely to have poor health and education outcomes, and parents who struggle to provide enough food for the family experience additional stress, which can impact their caregiving abilities.

Federal programs that address food security provide essential support for families. The Supplemental Nutrition Assistance Program (SNAP) continues to be an effective anti-poverty program for children, providing households with low income the ability to put food on the table monthly. However, SNAP suffered significant cuts in the reconciliation bill: it imposed stricter work requirements

for parents, older adults, former foster youth, and homeless individuals and instituted major cost shifts to states. These cuts were made in order to significantly increase the budget of the Department of Homeland Security (DHS). These cuts in H.R. 1 have redirected billions of dollars away from hungry children and families to instead fund immigration enforcement, family detention, and mass deportations, actions which demonstrably cause harm to children. The result will be an increase in food insecurity and hunger among children and families and serious strain on state budgets. This change should be reversed and funding ought to be restored to the SNAP program.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program provides access to healthy food, including fresh fruits and vegetables, for pregnant women, breastfeeding women, postpartum women, infants and children under five years old. SNAP, WIC, and other nutrition programs help mitigate the impacts of poverty for children and their caregivers.

**Congress must:**

- Reverse the cuts in H.R. 1 by eliminating the cost shift to states, reinstating improvements in the Thrifty Food plan, and rolling back the expanded work requirements.
- Restore SNAP funding that was redirected to DHS for harmful immigration enforcement activities.
- Reauthorize the Farm Bill to strengthen the SNAP program, increase SNAP allotments, extend the

program to Puerto Rico and other territories, end time limits on benefits, and improve access for college students.

- Fully fund WIC and support efforts to increase enrollment of eligible children and caregivers.
- Restore the expanded access to school nutrition programs first enacted during the pandemic.

## TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

The Temporary Assistance for Needy Families (TANF) block grant is important to child welfare for three reasons: its role in providing support to relative caregivers, its significant financial support to wrap-around child welfare services, and its potential to address child poverty, which research has shown is a risk factor in abuse and neglect.

TANF, like its predecessor, the Aid to Families with Dependent Children (AFDC) program, provides an important source of support to relative caregivers through the child-only grant. These child-only grants allow some relative caregivers to avoid entering the formal child welfare system, which may be appropriate for some families. In other instances, these TANF-funded grants can support children in the child welfare system who may not qualify for federal reimbursement due to Title IV-E eligibility restrictions. Perhaps the greatest challenge here is the drain on funding: as TANF loses its value due to inflation and past reductions to the block grant, it becomes more difficult to provide adequate support to relative caregivers while also addressing the needs of single and two parent families through basic assistance.

TANF is also important because it provides important wraparound services by funding important family support, family preservation and other preventive services, which should be viewed as initiatives to prevent child maltreatment and to prevent foster care placements.

TANF reform and reinvestment are vital to addressing poverty and preventing foster care placements.

### **Congress must:**

- Increase funding for TANF to address the decreased value of the program, including incentivizing states to increase the number and dollar amount of child-only grants.

- Make reduction of poverty one of the purposes of the act, as included in previous bipartisan proposals.
- Eliminate the caseload credit, which has placed too much emphasis on reduction of cash assistance caseloads.
- Improve and expand what can be counted as work and education hours.
- Eliminate the blanket prohibition on assistance to anyone with a past conviction of a drug-related crime.
- Eliminate marriage penalties.

## ADDRESS THE BENEFITS CLIFF

Families with low incomes are often navigating multiple issues and areas of insecurity, and they are frequently eligible for several federal benefit programs at the same time. Too often, these programs have asset limits and stringent eligibility thresholds that result in families and caregivers with low incomes experiencing a “benefits cliff”—once they are able to slightly improve their incomes and circumstances, they risk losing some or all the supports that made that improvement possible. Families cannot find real stability if they risk losing housing vouchers, SNAP allotments, TANF income supports, child care subsidies, or other benefits before they have the income and employment stability that is necessary to make ends meet without these supports.

The result of this benefits cliff is that families are penalized; for example, marriage is penalized, with couples with or without children opting to remain unmarried or to divorce to retain higher asset caps. There are also penalties for those in lower-wage jobs, as the earnings are not high enough to support a family but are too high to continue to receive needed support.

### **Congress should:**

- Ensure that families and caregivers can avail themselves of the federal benefit programs necessary to improve their circumstances without facing penalties.
- Direct the federal Children’s Interagency Coordinating Council to publish information and data related to the benefits cliff and its impact on children, and guidance to states to better address it.

## **ACTION:**

- Reduce disproportionality by supporting mandated reporter training reform and funding innovative training and technology to better address reporting bias during the screening and intake processes
- Protect LGBTQIA+ children and families by passing the John Lewis Every Child Deserves a Family Act and funding research for family acceptance programs to be included in the FFPSA Clearinghouse
- Ensure equitable financial and other support for kinship caregivers both in and outside the child welfare system, including kin caregivers who adopt
- Amend the Inter-Ethnic Placement Act to allow consideration of race and ethnicity in permanency planning and in preparing families who are adopting transracially.
- Increase access to and availability of federal child welfare funding for Tribes and Tribal communities in CAPTA, Title IV-B, and SSBG
- Ensure full parity for child welfare and anti-poverty programs and measures for the U.S. territories

## **Background**

The American Dream promises that with hard work and determination, anyone can create a better future for themselves. We teach our children that the world is a hopeful place, where they can dream big dreams for their lives, and that they can grow up to accomplish great things.

The reality, though, is that too many children start life with significant obstacles in their path, through no fault of their own. Black and Hispanic children, American Indian/Alaska Native (AI/AN) children, and children living in the U.S. territories are more likely to experience poverty and hardship, which make it much more difficult for them to reach their full potential in life. As discussed above, poverty and the consequences of hardship can push families to child welfare's door, leading to disproportionate representation of these populations in the foster care system. Addressing these external conditions for families is critical to ensure that every child in our nation has an equal opportunity to achieve success and stability.

To ensure that *all* children and families benefit from the laws, policies, and federal support that is available, it's necessary to pay special attention to certain populations to rectify past and current inequities. Congress must act to level the playing field.

## **ADDRESS DISPROPORTIONALITY IN CHILD WELFARE**

Disproportionality in child welfare refers to the over-or under-representation of a particular ethnic or racial group within the child welfare system, compared with their respective percentages in the general population. Black children and Hispanic children are more likely than their peers to have child welfare involvement; before their 18<sup>th</sup> birthday, more than half (53%) of Black children will experience a CPS investigation.

Reducing and eliminating poverty is an important component of addressing racial disparities in child welfare services, as children and families of color are more likely to experience poverty and the negative outcomes that come with it, including child welfare and foster care involvement; see the section above for CWLA's priorities for reducing child poverty. There are additional interventions that can reduce disproportionality as well, such as better training for mandated reporters and funding for agencies to provide staff training and implement technology to address implicit bias in intake, screening and investigation of reports.

LGBTQIA+ children are over-represented in child welfare; one recent confidential survey revealed that 32 percent of foster children ages 12-21 surveyed report that they identify as having a diverse sexual orientation or gender identity. Research suggests that many LGBTQIA+ youth face heightened rates of physical abuse and are more likely to run away from home or be kicked out, often because of conflict over their sexual orientation or gender identity. LGBTQIA+ youth are faced with adversity and discrimination, and such adversity takes a toll: LGBTQIA+ youth have higher rates of suicidal thoughts and suicide attempts than their peers. Better services and care for LGBTQIA+ children and their families are needed to protect youth and to preserve their families and their lives. Recently, the Administration has rolled back protections for LGBTQIA+ youth and families, including efforts to limit access to necessary services and rescind the Designated Placements rule.

To reduce disproportionality in child welfare,  
**Congress must:**

- Reduce child and family poverty
- Better understand and analyze current mandated reporting practices including what training exists in states and localities, who reports, what beliefs, biases and services needs and gaps prompt reporting

among mandated reporters, the role of the public/non-mandated reporters and potential ways to improve and strengthen reporting practices and outcomes for children and families.

- Fund formula or competitive grants for Title IV-E agencies to implement training and technology to better address reporting bias during the screening and intake processes.
- Pass the *John Lewis Every Child Deserves a Family Act* to support LGBTQIA+ families and children in foster care.
- Codify the key provisions of the Designated Placements rule requiring state agencies to provide safe, appropriately trained caregivers for LGBTQIA+ youth.
- Fund research for Family Acceptance programs to be included in the FFPSA clearinghouse.
- Ensure equitable financial and other support for kinship caregivers both in and outside the child welfare system, including kin caregivers who adopt.
- Amend the *Inter-Ethnic Placement Act* to allow consideration of race and ethnicity along with other factors in permanency planning and in preparing families who are adopting transracially.



## **SUPPORT AND PRESERVE AMERICAN INDIAN/ ALASKA NATIVE CHILDREN AND FAMILIES**

Congress passed the *Indian Child Welfare Act* (ICWA) in 1978, the first law to prioritize preserving American Indian and Alaska Native (AI/AN) families as a result of numerous Congressional hearings showcasing the extremely high rates of separation for Native families. The purpose of the Indian Child Welfare Act (ICWA) is “...to protect the best interest of Indian Children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children

and placement of such children in homes which will reflect the unique values of Indian culture...” (25 U.S.C. 1902). In 2022, the Supreme Court upheld ICWA’s constitutionality in a resounding 7-2 decision.

Out-of-home placement is still much more common for Indian youth than it is for the general population, and Indian children continue to be regularly placed in non-Indian homes. Compliance with the ICWA by states is erratic and state court decisions are inconsistent.

There is a great need for the federal government to provide binding regulations to ensure that the ICWA is enforced and applied properly in all states so that our children and families are fully protected.

The 2008 Fostering Connections to Success Act allows tribes to directly access and administer IV-E funds. That act also resulted in improved coordination between tribal governments and state agencies serving a large Native American population within state jurisdictions. Fostering Connections provides \$3 million annually through HHS to provide technical assistance to assist interested tribes to directly provide foster care, adoption assistance, and (at Tribal option) kinship programs.

Aside from this funding, Tribes receive very little from federal child welfare funding sources. FFPSA funding is contingent on programs meeting evidence-based standards; many programs have not been researched for effectiveness, nor adapted to meet the needs of Tribal communities. Tribal governments and communities receive limited set-asides from Title IV-B, Parts 1 and 2; the 2024 Title IV-B reauthorization increased this set-aside for Child Welfare Services. Under CAPTA, Tribes compete for a very small portion of funding with other organizations that serve migrant populations. Tribes are not eligible to receive direct funding from other grant programs and are forced to compete with states. Another important part of human services funding is the Social Services Block Grant (SSBG), which is currently at \$1.7 billion but has never had a set-aside for Tribes.

AI/AN individuals and communities also face significant barriers to accessing other social service programs, including Medicaid health coverage. Burdensome enrollment

and redetermination processes, geographical challenges in rural areas, lack of available providers and culturally appropriate services, and high levels of poverty all create systemic challenges for AI/AN populations in accessing health care and other health services, leading to higher uninsured rates and worse health outcomes for AI/AN children and families.

Congress enacted important improvements for Tribal child welfare programs in the 2024 Title IV-B Reauthorization, but there is still more to do;

**Congress must:**

- Pass and fund the *AI/AN CAPTA Act* to expand CAPTA funding to provide additional resources to assist tribal communities with preventing and treating child abuse and neglect.
- Allow Tribal nations and states to use FFPSA funds for culturally based/adapted prevention and kinship navigator services for Native children and families without needing to meet the evidence standards.
- Reauthorize the *Indian Child Protection and Family Violence Prevention Act* and specifically, the *Native American Child Protection Act*.
- Create a Tribal set-aside in the Social Services Block Grant.
- Increase Title IV-E and IV-B funding so that every Tribal nation and urban Indian program can offer child welfare and related services.
- Reduce barriers and increase access to Medicaid and other health care services.

## EQUAL RIGHTS AND EQUAL ACCESS FOR U.S. TERRITORIES

The United States also encompasses five inhabited, organized territories: Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Northern Mariana Islands. Nearly four million people live in these territories; they are United States citizens, but they are not afforded the same rights as citizens living in the 50 states. Citizens in the territories cannot vote in Presidential elections, and while they are able to elect delegates to the House of Representatives, these delegates do not have the same voting power as other Representatives.

The U.S. citizens residing in the territories also do not have access to the same federal supports and benefits as the rest of the nation. Disparities in Medicaid policy leave citizens of the territories without the funding that ensures a basic level of health care coverage. Additionally, Social Security benefits are not always available; otherwise eligible low-income, aged, blind, or disabled Americans living in most territories are precluded from receiving SSI benefits based solely on where in the country they live. This discrepancy is important for children in the territories, as many children live in multi-generational families or are being raised by their grandparents; in Puerto Rico, for example, some parents move to the continental United States for jobs with higher wages, leaving children behind to be cared for by aging relatives. The lack of SSI benefits has an impact on the care that these children receive.

There is also inequality in food benefits. Citizens living in Puerto Rico do not have access to SNAP food benefits, as the territory is excluded from the program. Instead, Puerto Rico has the NAP program, a capped block grant that cannot be expanded to meet an increased need. The NAP program has more restrictive eligibility requirements, lower monthly benefits, and means that Puerto Rico is not eligible to receive Disaster SNAP (D-SNAP), which provides replacement benefits for SNAP recipients who lose food in a disaster and extends benefits to many households that would not ordinarily be eligible for, but suddenly need, food assistance. Given the occurrence of terrible hurricanes in Puerto Rico over the past decade, the exclusion from D-SNAP is particularly devastating.

To ensure that all American children have access to the same supports, **Congress must:**

- Extend the full range of SNAP eligibility and funding to Puerto Rico and other territories.
- Ensure full parity for anti-poverty programs and measures, like Medicaid, SSI, and the child tax credit, for all U.S. citizens, particularly those living in the territories.
- Support the full implementation of FFPSA in Puerto Rico, the first territory with an approved plan, with funding to support evaluation and implementation of evidence-based programs.

**ACTION:**

- Oppose restrictions to the Medicaid health insurance program by repealing cuts to rural hospitals and new work requirements enacted through P.L. 119-21. Instead, expand Medicaid coverage and the range of services available for children and families
- Oppose any efforts to block grant Medicaid services
- Support the mental health of children, youth, parents and families by expanding access to community-based services, peer and parent partners, and addressing workforce issues
- Increase oversight and accountability of residential treatment providers to ensure high-quality services for the youth who need them
- Expand access to and availability of substance use services for parents and families
- Improve maternal health care and home visiting services for new parents and young children

**Background**

Children in foster care are at higher risk for physical and mental health issues, stemming from the neglect or maltreatment that led to their separation from their parents, preexisting health conditions and long-term service needs, and/or from trauma associated with support systems. Many children who come into contact with the child welfare system have been exposed to several traumatic experiences, including domestic violence, physical and emotional abuse, untreated parental mental health disorders, substance abuse, neglect, and the resulting impact that poverty can bring, such as lack of nutrition or inadequate shelter.

Infants and toddlers, who are in highly formative years, are at particular risk of developing hard-to-overcome attachment and emotional difficulties and developmental delays when they are exposed to this trauma. Once placed in out-of-home care, separation from family members and continued instability often exacerbate the child's initial vulnerability. In 2024, 19% of children who entered foster care were under the age of one year and 47% were five years old or younger.

Each child in foster care is entitled to quality services designed to ensure the child's safety and well-being. Public and private child welfare agencies assume responsibility

for children's health and well-being when they are in out-of-home care. Health care is vital for these children and young people, and for their families as well. Addressing health and behavioral health issues can be essential toward eventual reunification and permanence for children. Child welfare offers primary prevention through many means, including screening, assessments and access to health care, substance use treatment, and mental health services.

Health care access and health concerns add to the challenges communities are contending with along with poverty, access to housing, and lack of human services. Guaranteeing access to needed health and human services is vital to reducing the need for foster care and preventing child maltreatment.

**MEDICAID**

Child welfare agencies are responsible for meeting the health and mental health needs of all children in their custody. Virtually all children in foster care are eligible for and obtain health care services for both acute and long-term conditions through Medicaid. Considering the sheer volume and intensity of their health needs, Medicaid's coverage of children in foster care with physical and mental health services is vital. Medicaid is integral in the treatment of children in foster family homes, children with special needs in residential treatment, children who move from foster care to guardianship, and those with special needs adopted from foster care. To receive federal matching funds, state Medicaid programs must provide beneficiaries with certain mandatory services. A mandatory service that is particularly important for children in foster care is Medicaid's comprehensive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. EPSDT requires states to periodically screen and ascertain if there are any potential chronic conditions or other physical, mental, developmental, dental, hearing, or vision-related problems in children and provide any corresponding necessary treatment that will correct or ameliorate them. Not all children are receiving the EPSDT services, to which they are entitled by federal law, for several reasons, including a low provider participation in Medicaid, often due to the low reimbursement rates, especially among mental health providers and dentists.

Medicaid health care and access for children and families do not exist in a silo. If funding to state Medicaid health care is cut and restricted, as it was in H.R. 1 (PL 119-21), it threatens this infrastructure—especially in rural settings.



Under P.L. 119-21, states will absorb significant cuts to their Medicaid programs, particularly to their ability to fund hospitals and nursing homes. If a rural hospital closes that will result in the denial of both basic and more complex health care needs for children and families in that region. It will also eliminate a critical employer in some rural and isolated areas. In nine states, over 50% of the Medicaid population lives in rural communities: Montana, South Dakota, Wyoming, Mississippi, Vermont, Kentucky, North Dakota, Alaska, and Maine. H.R. 1 included a new Rural Health Transformation Program that will provide \$50 billion to support rural hospitals; experts estimate that this funding will be far outweighed by the resulting fiscal impact of the other provisions in the reconciliation bill.

While hospitals and rural areas feel the cuts, new work requirements for adults in the Medicaid expansion program will have a significant impact on Medicaid funding and services: Put simply, people will lose their health care. By one analysis, 64% of adults with Medicaid already work full time or part time and another 32% are caretakers or are ill or disabled, attend school, or are retired. Despite this, many people will be denied access to health care because they will lose coverage due to required re-enrollments, failure to provide proof that they are working in a timely matter, and other bureaucratic barriers that will knock people off the rolls. States in turn must verify recipients' eligibility monthly and do redeterminations at least twice a year.

Some states have attempted to implement these requirements through an earlier waiver. Georgia spent nearly

\$100 million to implement its work requirement rules, \$55 million of which went toward building a verification system, but in two years they enrolled a fraction of those eligible. The state of Georgia spent \$13,000 per enrollee just to sign them up.

These cuts to health care were made in order to significantly increase the budget of the Department of Homeland Security (DHS). These provisions in H.R. 1 have redirected billions of dollars away from children and families to instead fund immigration enforcement, family detention, and mass deportations, actions which put the health and well-being of children and their caregivers at risk. The result will be an increase in physical and mental health concerns among children and adults and reduced access to health care to address it. The strain on state budgets will limit states' ability to mitigate harm and provide needed services. This change should be reversed and funding should be restored to Medicaid.

Under Medicaid law, a Title IV-E foster care maintenance payment (FCMP) must be received in order for a youth to receive Medicaid. Some states have waivers permitting placements in homes that are not licensed, and these homes are often unable to receive an FCMP, even if the child is otherwise IV-E eligible. Without a maintenance payment, the family loses financial support and the child loses Medicaid. In interstate cases, a child may find themselves unable to receive Medicaid in the new state. This gap may disproportionately impact relative caregivers, as kinship caregivers are more likely to be included in these license waivers. All children in and from foster care

should be eligible for Medicaid, regardless of whether the caregiver receives an FCMP.

To protect and strengthen Medicaid,

**Congress must:**

- Oppose limits to Medicaid access by repealing new work eligibility hoops that require new state data systems, resulting in bureaucratic hurdles and the denial of access to doctors and hospitals.
- Protect rural hospitals and doctors by repealing Medicaid cuts enacted through P.L. 119-21.
- Restore Medicaid funding that was redirected to DHS to pay for harmful immigration enforcement activities.
- Preserve Medicaid as an entitlement program for children, youth, and families with low incomes; oppose efforts to replace it with a block grant.
- Improve access to EPSDT services through oversight and education from CMS and by addressing workforce issues.
- Ensure Medicaid eligibility for all children in and from foster care, including those in subsidized guardianships and adoptions.
- Increase Medicaid reimbursement rates to attract and retain high quality health care providers for Medicaid recipients.

**MENTAL HEALTH**

There is currently an emergency in children’s mental health, with demonstrated increases in depression, suicidality, and youth psychiatric visits to emergency departments. At the same time, there is a significant lack of mental and behavioral health services for children and youth across the nation, and even where they do exist, these services can be difficult to access due to lack of providers, insurance barriers, and long wait times. There is also a lack of services that treat the whole family. Emerging best practices indicate that it is more effective to address the family’s interrelated needs in conjunction with the needs of the individual through a whole-family approach, particularly for families with intergenerational trauma, but services are not typically provided in this way.

These concerns are more pronounced for children involved in the child welfare system, as it can be difficult for caregivers and child welfare agencies alike to access

the services needed for children and youth in their care. Mental and behavioral health is the largest unmet health need for children and teens in foster care, with up to 80% having significant mental health issues compared to approximately 18-22% of the general population. When families are unable to access mental and behavioral health services in the community, they are advised or have no other option but to go to the child welfare system to access the services, as child welfare is required by law to provide them.

In order to meet the mental and behavioral health needs of our children and youth, there must be a robust and sufficient amount of high-quality and developmentally, culturally, and trauma-responsive mental health and behavioral health prevention, community-based services that include early identification and treatment services; 24/7 respite and crisis intervention services; intensive in-home treatment services; and when it is needed, high-quality, trauma-responsive, 24-hour residential treatment interventions.

Although most children in foster care are Medicaid eligible, a majority of children in the United States (54%) are covered by private insurance. Private insurance plans do not cover community-based mental and behavioral health services for children and families to the same extent as Medicaid, often imposing strict time limits on the few services they do cover. Because of this unequal coverage, families are either forced to seek out public insurance or forgo care until the concerns result in a crisis. This coverage gap exacerbates the difficulties that families face in accessing the supports they need and pushes families to child welfare’s door.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides critical support to states to address serious mental health concerns, including those of children and youth. Congress has increased appropriations for the Community Mental Health Block Grant in recent years and has established and funded a 988 suicide prevention line, in addition to several other discretionary grant programs. These efforts by Congress to increase access to, and bolster funding for, mental health services have been threatened by this Administration, which proposed in the White House budget to eliminate most line items outside of the block grant and 988 line, and later attempted to cancel current mental health and substance use grants, a move that was reversed after Congressional and constituent pushback.

To support and address the mental health needs of children, youth, and families with child welfare involvement,

**Congress must:**

- Fund and support the full array of community-based supports and services by expanding the availability and utilization of Medicaid and FFPSA funds by successful, culturally responsive community-based organizations.
- Support the expansion and implementation of mental health services that address the whole family, not just the child or adult.
- Continue to expand support for school-based mental health care to improve accessibility for most children and youth.
- Fund and incentivize expanded use of peer and parent partners in community-based mental health services.
- Ensure parity between public insurance and private insurance coverage of mental and behavioral health services for children and their families.
- Address the mental health workforce issues by increasing Medicaid reimbursement rates for mental health providers and exploring modifiers that make certain services, such as in-home services, reimbursable at a higher rate.
- Increase funding for the Community Mental Health Block Grant and preserve additional discretionary mental health grants.

**RESIDENTIAL CARE**

Residential services are a small but important part of the full array of services both for adults and children. We aspire to have a mental and behavioral health service system in which all children and families have access to the services they need in their homes and at the time that they need them, and thereby reduce and potentially eliminate the need for any type of 24-hour residential intervention; however, society is still far from achieving this goal. Until such a time as the full array of mental health services exists and is easily and readily accessible in the communities in which families live, an inclusive continuum of mental

health services are needed, including high-quality, trauma-responsive, 24-hour residential interventions.

The safety of children is paramount and is a fundamental requirement for successful treatment of mental and behavioral health concerns. Recent and historical evidence illuminates instances of physical abuse, sexual abuse, and improper and harmful use of restraint and seclusion; these reports are evidence that there is significant need for reform to provide the care that our children and youth deserve. Some of these abuses take place in facilities out of reach of federal funding and, as a result, federal regulation. Other facilities have emerged or expanded due to the use of private equity resources to create and support for-profit residential facilities.

To reduce the utilization of residential care and ensure that high-quality residential treatment is available for the small number of youth who truly need it,

**Congress should:**

- Invest in and support the full array of services offered by the behavioral health system, including additional options for reducing the need for and “stepping down” from residential care, and address barriers to accessing existing services.
- Empower and require states to license and provide regular and strict oversight of all youth residential treatment facilities, regardless of their funding stream.
- Explore what protections the federal government can put on publicly traded entities to protect the safety and wellbeing of the young people served by private-equity-owned youth residential programs.
- Direct each system with oversight authority for child and youth serving programs to work towards reducing and eliminating the use of restraint and seclusion and coercive practices in their programs.
- Incentivize multi-system collaboration to address high-acuity youth.
- Congress should ensure comprehensive coordination and integration of oversight and legislative language for Qualified Residential Treatment Programs between child welfare, mental health, and Medicaid agencies and legislative mandates.

## SUBSTANCE USE

Children’s exposure to parental alcohol and other drug (AOD) use—whether through prenatal exposure or environmental affects—puts them at risk of child maltreatment and foster care involvement. Substance misuse is estimated to be a factor in one quarter of cases of children with substantiated reports of abuse and neglect, and in one third of cases of children in foster care. Substance use is not always identified in the allegations of child maltreatment and case data may not be updated to reflect its presence—some estimates indicate that as much as 80% of open child welfare cases may include substance use. Children from families with substance misuse concerns tend to come to the attention of child welfare agencies at a younger age than other children, are more likely than other children to be placed in out-of-home care and are likely to remain there longer.

FFPSA funding can be used to support substance use programs that have met the evidentiary requirements for inclusion in the Title IV-E Prevention Services Clearinghouse, and the Regional Partnership Grant program in Title IV-B supports innovative approaches to local child welfare-substance misuse collaborations; both of these programs should be expanded to improve access to substance use services.

Substance misuse treatment services that are specifically tailored to meet the needs of women and parents are in short supply. FFPSA allows states to use foster care maintenance payments to pay for housing costs for a child placed with their parent within a residential substance abuse treatment facility, but these facilities may not be widely available for all families, particularly families not involved with child welfare. Additionally, although a recent waiver granted an exception to the IMD exclusion in the case of children residing with their parents for treatment of the parent’s opioid use



disorder, many individuals who abuse substances have more than one diagnosis, which are not covered. This gap has significantly limited the availability of this critical treatment option for families involved with child welfare, and FFPSA funding is not sufficient to fully address it. FFPSA funds ought to be made available to states to promote the development and implementation of new family-based models that braid federal resources from SAMHSA, Medicaid, and Title IV-E to maximize the availability of these critical services.

There is also a population of youth and young adults with child welfare involvement that misuse substances. There simply aren’t enough programs that exist that serve these children and youth, who have experienced significant trauma due to maltreatment and subsequent involvement in the child welfare system. There needs to be concerted effort to establish sufficient capacity in existing teen substance misuse programs to serve youth who are eligible, and we need investment in promising and best practices to better address the whole person, considering the substance misuse, trauma, and cooccurring mental health concerns in holistic treatment.

### **Congress must:**

- Consider amending public health law to create a shared statutory responsibility in which child welfare agencies are responsible for overseeing plans of safe care for infants remaining in their homes with open cases and public health entities address children not in need of protective services intervention.
- Increase appropriations for the Residential Treatment for Pregnant and Postpartum Women Program and the family-based services pilot program in the *Comprehensive Addiction and Recovery Act (CARA)*

- Consider waivers to grant exceptions to the IMD exclusion for children residing in residential treatment facilities for parental substance use diagnoses beyond opioid use disorder.
- Allow the utilization of FFPSA funds to promote the development and implementation of new family-based models that braid federal resources from SAMHSA, Medicaid, and Title IV-E to address parental substance use.
- Authorize SAMHSA to provide additional workforce support through Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant.
- Support research and evaluation of teen substance misuse programs for the Title IV-E Prevention Services Clearinghouse.
- Explore potential exceptions to QRTP eligibility requirements to ensure that youth and young adults can access the level of care they need for their behavioral health treatment.



## MATERNAL HEALTH

Maternal physical mental health can have an important impact on child and adolescent health, both in the short and long term. Healthy mothers are better equipped to care for their children, particularly during the infant and toddler years. Home visiting programs are an important component of addressing maternal health and preventing child maltreatment. The Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) supports voluntary, evidence-based home visiting services during pregnancy and for parents with young children up to kindergarten entry. These programs have proven outcomes in supporting positive parenting, improving maternal and child health, preventing child abuse and neglect, and promoting child development and school

readiness. Evidence suggests that there is a decrease in child protective service (CPS) substantiations and out-of-home placements for families receiving home visiting services, a key maternal health intervention.

Our country's maternal mortality rate is the highest of any developed nation in the world and more than double the rate of peer countries, and most pregnancy-related deaths are considered preventable. Research consistently indicates that maternal mortality rates for Black women are significantly higher than in other populations in the United States. Parents, and mothers in particular, should have the best possible start to their parenting experience.

Investment in maternal health at the start of parenthood will result in a reduction of poor outcomes later in life for both the mother and the child, and will lead to less involvement with other systems, like the child welfare and mental health service systems, reducing the overall cost of healthcare as well as reducing trauma for children and parents.

**Congress must** support parents and children in the following ways:

- Significantly increase and expand MIECHV and other home visiting funding streams to provide universal home visiting services to all new parents and young children.
- Provide flexibility in FFPSA for Title IV-E agencies to include evidence-based home visiting services in their prevention plans, regardless of their status in the Title IV-E Clearinghouse
- Address maternal mortality by passing the Preventing Maternal Deaths Reauthorization Act and the Momnibus Act.
- Prioritize maternal health for Black women by investing in research on Black maternal health outcomes and funding education and services to improve those outcomes.

**ACTION:**

- Protect and increase funding for Head Start, Early Head Start, and the Child Care and Development Block Grant
- Pass the *Child Care for Working Families Act*
- Fund workforce development initiatives for child care and early learning and K-12 education
- Protect funding and access to Title I, IDEA, McKinney-Vento, and other critical education programs
- Mandate that state and local child welfare agencies appoint Education Points of Contact to ensure coordination with state and local education agencies
- Expand and increase funding for Education and Training Vouchers
- Create and fund competitive grants for higher education institutions to develop campus support programs specifically for students with foster care experience, including year-round housing, dedicated advising, and peer mentorship

**Background**

Every child deserves the chance to learn, grow, and reach their full potential. Education is more than just a pathway to employment, it is the foundation for lifelong success, economic stability, and civic participation. Yet for children involved in the child welfare system, the promise of education remains frustratingly out of reach. The reality is that too many children in the child welfare system start life with significant obstacles in their educational path. Children involved in child welfare face substantial barriers to educational success at every level, from early childhood education through higher education, barriers that make it much more difficult for them to reach their full potential in life.

Education is one of the most powerful tools for breaking cycles of poverty and creating stable, successful futures. Yet children in foster care and those with child welfare involvement experience educational disruptions, lower academic achievement, and reduced access to early childhood programs and postsecondary education compared to their peers. As discussed above, poverty and hardship can push families to child welfare's door and educational inequities compound these challenges, creating a cycle that is difficult to break. Addressing these educational barriers for children and youth in the

child welfare system is critical to ensure that every child in our nation has an equal opportunity to achieve success and stability.

In the last year, Congress and the Administration have taken steps to undermine access to education for all children and youth: a draft HHS budget that would defund Head Start, efforts to dismantle the Department of Education and move programs to other agencies, massive cuts to higher education in H.R. 1, and proposals to block grant and cut funding to Title I schools. To ensure that all children and families benefit from educational opportunities and the federal support that is available, Congress must act to protect access to and expand the education system.

**EXPAND ACCESS TO HIGH-QUALITY EARLY CHILDHOOD EDUCATION**

Child care and early childhood education are critical to the future well-being of all children and to building a stronger foundation for all families. Child care helps prevent child maltreatment: When parents utilize safe child care providers, they are less likely to rely on unsafe caregivers while they work to provide for their children's needs, and children are less likely to experience abuse or neglect by someone other than their parent. Additionally, child care is more than just a work support for families; high-quality early childhood education provides critical developmental benefits and sets the foundation for lifelong learning and success. Children who participate in quality preschool programs show improved school readiness, higher graduation rates, and better long-term outcomes.

Too many families are unable to access child care, either because it's too expensive or because there aren't enough quality providers where they live. Additionally, too many child care and early education professionals earn poverty-level wages and struggle to make ends meet. This reality is untenable.

Children in the child welfare system face unique barriers to accessing these programs. Young children in foster care can experience frequent placement changes that disrupt enrollment, and many foster families and kinship caregivers face financial barriers or lack information about available programs.

Research shows that when families participate in Head Start, children are 93% less likely to end up in foster care, yet children already in care are often underserved by existing early childhood education systems. Although foster children are automatically eligible for Head Start

regardless of income, a Minnesota study found that over half of eligible young children in foster care were not enrolled in any early childhood education program. Additional funding for Head Start programs and better coordination between child welfare and early learning providers are needed to ensure that more children can benefit from these services. Expanding categorical eligibility to children receiving child welfare prevention services would strengthen and preserve families with children at risk of entering foster care.

To expand access to early childhood education, **Congress must:**

- Protect and increase funding for Head Start and Early Head Start.
- Increase appropriations for the Child Care and Development Block Grant.
- Pass the *Child Care for Working Families Act* (S.2295/H.R.4418) to make high-quality child care affordable and accessible, capping child care costs at 7% of family income and dramatically expanding access to pre-K programs.
- Fund workforce development initiatives for the child care and early learning workforce.
- Address child care deserts by providing funding and incentives for child care providers in rural communities.
- Incentivize child welfare agencies to coordinate with early childhood education providers to ensure seamless enrollment and transitions for young children in care.
- Expand categorical eligibility for Head Start for children in families receiving services through the *Family First Prevention Services Act* (FFPSA).

## REMOVE BARRIERS TO EDUCATIONAL STABILITY AND SUCCESS FOR SCHOOL-AGE CHILDREN

Children in foster care face significant educational challenges throughout their school years. Frequent placement changes often result in school changes, with devastating academic consequences. Research indicates that youth in foster care are over three times more likely to move schools than the general population of students, and these

moves are mainly the result of changes in foster placement. Each foster care placement change sets a student back by approximately six months academically. Of the approximately 328,000 children in foster care nationwide, nearly half are school-aged, and data show that these youth are more likely than their peers to experience barriers that lead to low academic achievement, grade retention, and lower high school graduation rates.

Recent data show that 69–85% of youth and young adults in foster care complete a high school diploma or GED compared to 95% of young people overall. Each school change results in lost instructional time, disrupted relationships, and academic setbacks that compound over time, resulting in these disparate outcomes. The Every Student Succeeds Act (ESSA) includes important protections for students in foster care, requiring school stability and immediate enrollment, but implementation has been inconsistent across states and districts. Many child welfare agencies and school districts lack the coordination mechanisms needed to ensure these protections are realized. Additionally, children in care often lack consistent educational advocacy, as caseworkers carry high caseloads and foster parents may not have sufficient training or authority to make educational decisions.

Children with child welfare involvement also have higher rates of special education needs, trauma-related learning challenges, and social-emotional difficulties that require specialized support. Many schools lack the resources and training to effectively serve these students. It is estimated that over 40% of school-aged children in foster care have educational difficulties, and they are 10% more likely to be chronically absent than their peers due to home placement changes, school transfers, court hearings, and parental visitations.

To improve educational stability and success for school-age children in child welfare, **Congress must:**

- Provide funding for grants to train teachers, school counselors, and administrators on trauma-informed practices and the unique needs of students in foster care.
- Mandate that state and local child welfare agencies appoint Education Points of Contact to better coordinate with state and local education agencies.
- Expand access to tutoring, academic support services, and enrichment programs for children in foster care through dedicated funding streams.



## ENSURE ACCESS TO HIGHER EDUCATION AND SUPPORT FOR YOUTH IN AND FROM FOSTER CARE

Education and vocational training beyond high school is increasingly necessary for economic stability and success, yet youth with foster care experience face enormous barriers to accessing and completing postsecondary education. Research indicates that 84% of youth in foster care ages 17 to 18 want to go to college, but only 20% follow through on their ambitions. The rate at which young people from foster care enroll in higher education varies widely by state, ranging from 29-64%, and the postsecondary degree completion rate ranges from 8-12% by their mid-to-late-twenties. In comparison, approximately 49% of all young adults have earned a bachelor's degree or higher.

Young adults exiting foster care face financial challenges including housing insecurity during breaks, lack of family support, difficulty navigating financial aid and application processes, and the need to work to support themselves while attending school. Most of the young adults from foster care enrolled in college work full-time, over half are parents, and nearly all face economic hardships while enrolled. Young people exiting care at 18 or 21 suddenly lose the housing, health insurance, and other supports they had while in care—often while trying to pursue postsecondary education.

The Education and Training Voucher (ETV) program provides up to \$5,000 annually for eligible foster youth attending postsecondary education or training programs, but this amount has not increased since the program's creation in 2002 and falls far short of covering the true costs of higher education, which have increased exponentially

over the same period of time. Additionally, many campuses lack the wraparound supports that most foster youth need to succeed, including year-round housing, mental health services, peer support, and dedicated advising.

The Chafee Education and Training Voucher program serves approximately 14,000 young adults annually, but many eligible young people never receive these funds due to lack of awareness, administrative barriers, or insufficient state outreach. Furthermore, youth in kinship care and those who achieve permanency through guardianship often lose access to these critical supports despite having similar needs and backgrounds.

To ensure access to higher education for youth in and from foster care, **Congress must:**

- Increase the Education and Training Voucher (ETV) maximum award from \$5,000 to \$12,000 annually to reflect current higher education costs.
- Expand ETV eligibility to include youth in kinship care and those who achieved permanency through guardianship after age 16.
- Fund competitive grants for higher education institutions to develop campus support programs specifically for students with foster care experience, including year-round housing, dedicated advising, and peer mentorship.
- Expand the Federal Work-Study program with specific funding for students with foster care experience.
- Support programs that provide pre-college preparation, including college visits, application assistance, and transition planning for youth in care.

## **ACTION:**

- Reverse changes to social safety net programs like SNAP and Medicaid that bar lawfully present immigrants and children in mixed status households from receiving assistance
- Reduce family separation and trauma by prohibiting policies that deter immigration by separating children from their parents, ending mass deportations and family detention, and creating a pathway to citizenship for undocumented immigrants
- Ensure that immigration enforcement officials employ humane policies and procedures during arrest, detention, and processing in workplace immigration enforcement operations, especially for anyone with children, including protecting sensitive locations and codifying the parental interest directive
- Incentivize state and county child welfare agencies to collaborate with agencies, organizations, and courts serving immigrant families and unaccompanied children and to implement new programs, policies, and partnerships to better serve these children
- Protect and increase funding for ORR to care for unaccompanied children and ensure legal representation for all unaccompanied children
- Pass the original DREAM Act and restore DACA to its original provisions and protections

## **Background**

More than 17 million U.S. citizen children have at least one foreign-born parent, including parents who are naturalized citizens, lawfully present immigrants, and unauthorized immigrants. More than 5.9 million U.S.-born citizen children have at least one undocumented parent, and 90% of these children are themselves U.S. citizens. Immigration issues are children's issues and family issues, and the child and the family must be at the center of any immigration reform that is considered.

CWLA recognizes the importance of valuing and preserving families, building communities, and protecting culture and diversity. The past year has been marked by harmful changes to immigration policy that have negative impacts on the health and safety of immigrant children and their caregivers. The passage of H.R. 1 (P.L. 119-21)

shifted significant resources away from healthcare and food assistance to the Department of Homeland Security instead, inflating the budget for Immigration and Customs enforcement (ICE) for arrest, detention and deportation of immigrants. H.R.1 also made changes to eligibility for Medicaid, SNAP, and the child tax credit that strip benefits from many lawfully present immigrants and children living in mixed status families. Numerous regulation changes from the Administration further constrain agencies' ability to serve immigrant children and families, such as changes to the public charge rule and federal public benefit definition.

Congress must enact fair immigration reform, suspend mass deportations, and create laws that prohibit policies that deter immigration by separating children from their parents. The federal government needs to reestablish our long tradition of recognizing and supporting families seeking refuge from violence and political persecution for themselves and their children.

## **SAFETY NET PROGRAM ELIGIBILITY**

In H.R. 1 (P.L. 119-21), Congress restricted eligibility for many safety net programs, reducing the overall number of people who can utilize them to save money, which was redirected to immigration enforcement activities. Prior to the enactment of the OBBBA, U.S. law already restricted immigrant access to federal programs dramatically—undocumented immigrants have always been ineligible for federally funded Medicaid, Medicare, subsidized private insurance through the Affordable Care Act (ACA) marketplaces, and the Supplemental Assistance Nutrition Program (SNAP).

Now, many lawfully present immigrants and children in mixed status families will also be barred from these same programs, including people resettled in the United States as refugees, those granted asylum or withholding of removal, and survivors of domestic violence and trafficking with a pending or approved related visas; and people with Temporary Protected Status and valid visa holders. These changes will lead to children, youth, parents and caregivers losing access to health care and food assistance, leaving many children and adults hungry and sick.

Additionally, changes to the Child Tax Credit now require that at least one parent in the household have a

Social Security Number (SSN) in order to claim the credit on behalf of a citizen child. This change will strip the CTC from citizen children living in mixed status households, increasing poverty rates among children with immigrant parents.

To fix these detrimental changes, **Congress must:**

- Reverse changes to social safety net programs like SNAP and Medicaid that bar lawfully present immigrants and children in mixed status households from receiving assistance.
- Reverse the requirement that one parent have an SSN to claim the CTC for citizen children.

## Family Separation

Although the number of children who become involved in the child welfare system as a result of immigration enforcement is not clear, studies indicate the devastating impacts of enforcement activities on children. Immigration-related parental arrests (at home or work-sites) resulted in the majority of children experiencing at least four adverse behavioral changes in the six months following a raid or arrest. Compared to the previous six months, children cried or were afraid more often; changed their eating or sleeping habits; and/or were more anxious, withdrawn, clingy, angry, or aggressive. Being separated from their family members and their communities, cultural familiarities, and schools, along with 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.

The most common immigration-related cause of family separation is immigration enforcement, including detention and deportation of parents and caregivers. When workplace and other raids result in detaining and deporting adults, children end up bearing the burden and trauma of family separation, often remaining in the United States when their parents are removed. According to the American Immigration Council, children experience toxic stress when they are suddenly separated from



their parents. Sometimes these children are taken into foster care or otherwise become involved in the child welfare system as a result, but even when foster care is not necessary, the children will experience a significant disruption and the stress that accompanies it.

For nearly three decades, it was the policy of DHS to protect sensitive locations from immigration enforcement—places that provide vital services important to well-being such as hospitals, schools, churches, and courthouses were off limits. Since 2011, DHS had enforced its Sensitive Locations policy, also known as the Protected Areas policy, and in 2021, DHS announced a “protected areas” policy that strengthened and clarified the existing policy. However, on January 20, 2025, the current Administration rescinded the

Protected Areas policy and instead directed immigration officials to use “common sense” as it applies to immigration enforcement in previously protected areas. The result has been a significant increase in arrests in these places, where children are present to witness their parents and loved ones being detained.

When a parent is detained, ICE’s parental interest directive or Detained Parents Directive provides guidelines for ICE agents regarding the parent’s right to determine what happens to their children. It ensures that these individuals can maintain contact with their children, participate in child welfare or family court proceedings, and make care decisions for their children.

This directive is an important protection for immigrant families, and anecdotal evidence suggests that it is not being followed properly, despite DHS releasing an updated version of the directive in July 2025.

To reduce family separation and the trauma that accompanies it, **Congress should:**

- Prohibit policies that deter immigration by separating children from their parents or detaining families for long periods of time.
- Codify the limits on detention for children as specified in the Flores Agreement.



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- End mass deportations and create a pathway to citizenship for undocumented immigrants.
- Ensure that immigration enforcement officials employ humane policies and procedures when dealing with arrest, detention, and processing of anyone involved in workplace immigration enforcement operations, and especially anyone with children, including protecting sensitive locations from ICE enforcement and codifying the parental interest directive.
- Avoid legislation that pushes immigration cases to
- U.S. child welfare courts; child welfare policy and practice is not based on the same circumstances and consideration that immigrant families face, and judges are not necessarily trained for these differences.

## UNACCOMPANIED CHILDREN

An unaccompanied child has no lawful immigration status in the United States, is under 18 years of age, and has no parent or legal guardian in the United States or no parent or legal guardian in the United States is available to provide care and physical custody. Under the Homeland Security Act of 2002, Congress transferred the care and custody of these children to Office of Refugee Resettlement (ORR) in HHS, from the former Immigration and Naturalization Service (INS) to move away from the

adult detention model and toward a child well-being model that seeks to ensure that children are safe, their basic needs are met, and their trauma mitigated. Each child must “be promptly placed in the least restrictive setting that is in the best interest of the child,” subject to considerations of whether the child is a danger to self or others.

The numbers of unaccompanied children arriving in the United States have spiked in recent years, peaking in 2022 with nearly 129,000 arrivals. Midyear data from HHS indicates that the number of unaccompanied children has plummeted in 2025, with fewer than 30,000 encounters with unaccompanied children at the border in 2025. Although there are fewer children and youth entering ORR care, the average length of stay for unaccompanied children has significantly increased over the past year due to policy changes that make it more difficult for children to be released to sponsors (usually a family member already in the United States), such as requiring information sharing between HHS and ICE, and that penalize sponsors. One example is that H.R. 1 included a new \$3,500 fee for sponsors of unaccompanied children, with an additional \$5,000 bond requirement, totaling \$8,500 in potential sponsorship costs, which are prohibitive for many family members.

H.R. 1 included other harmful provisions for unaccompanied children, including providing funding for summary returns of certain unaccompanied children

at the border, potentially sending back to harmful circumstances, and intrusive physical examinations of children as young as two and three years old for “gang-related markings,” with no protections to keep children safe from abuse.

While most of the children who come unaccompanied go to a sponsor (usually a family member), ORR sometimes utilizes child welfare agencies to find appropriate caregivers for children without an identified or suitable sponsor. Depending on the needs of the child, these placements may include foster families, therapeutic foster care, or residential treatment facilities. In less common instances, unaccompanied children become involved with the child welfare system after they experience a disruption in their initial placement through ORR, either due to their mental or physical healthcare needs or because of caregiver abuse or neglect. Unaccompanied children are typically not eligible for Title IV-E reimbursement, leaving it to the states and counties to pay for the totality of their care. Changes in immigration policy by the Administration and through P.L 119-21 have led to unaccompanied children staying in the care of ORR and child welfare agencies much longer, as it has become more difficult to identify willing sponsors and release children into their care. These changes combined with an overall shrinking federal investment in child welfare services is resulting in a significant financial burden for public child welfare agencies.

**Congress must:**

- Oppose efforts to move the care and custody of unaccompanied children out of HHS jurisdiction.
- Protect funding for ORR to ensure adequate staff capacity to care for unaccompanied children.
- Reverse changes in H.R. 1 that impose burdensome fees on potential sponsors of unaccompanied children.
- Reverse provisions in H.R. 1 that put unaccompanied children in harm’s way, including rescinding funding for summary returns and physical examinations for “gang-related markings.”
- Incentivize state and county child welfare agencies to collaborate with agencies, organizations, and courts serving immigrant families and unaccompanied children and to implement new programs, policies, and partnerships to better serve these children.

- Ensure that public and private child welfare agencies providing legally mandated services and care for unaccompanied children have the funding and support needed to safely care for children.

**DEFERRED ACTION  
FOR CHILDHOOD ARRIVALS**

The Deferred Action for Childhood Arrivals (DACA) program allows many youth who are immigrants to fulfill their dreams of attending and completing college, work legally, pay taxes, provide for their families, and find ways to contribute to the country they call home without fear of deportation. This significant increase in enrollment of DACA recipients in school and participation in the workforce is evidence of the positive impact of policies that increase opportunities and access to critical resources.

In past Congresses, there have been several bipartisan “Dreamers Acts,” including the DREAM (Development, Relief, and Education for Alien Minors) Act of 2017. Past legislation grants DACA (Deferred Action for Childhood Arrivals) beneficiaries’ permanent resident status on a conditional basis. Conditions include passing a background check and medical exam and entering the United States before a certain date and age. Dreamers must also meet educational requirements, including having been admitted to a college, university, or institution of higher education; having earned a high school diploma or general education development (GED) certificate; or currently being enrolled in a secondary education program to obtain a high school diploma or GED certificate. Dreamers cannot have been convicted of criminal offenses.

Youth and young adults deserve the opportunity to contribute to and thrive in their communities.

**Congress must:**

- Pass the original DREAM Act.
- Restore DACA to its original provisions and protections.
- Codify the policy change of the former Administration that allowed DACA recipients to access health coverage through the Affordable Care Act Marketplace.



*We are the Child Welfare League of America.  
We will lead the nation in building public will to  
ensure the safety, permanence, and well-being of children,  
youth, and families by advocating for the advancement of public policy,  
setting and promoting standards for best practice, and  
delivering superior membership services.*

## CWLA ADVOCACY TEAM

**Kati Mapa** is CWLA's Director of Public Policy. She recently returned to the Washington, DC, area from her previous work in Massachusetts. Kati brings with her vast experience on issues that are critical to the child welfare field. She most recently worked for the United Way of Greater Plymouth County, Brockton, where she was a Clinical Advocate in the Drug Endangered Children Initiative. She previously worked for the National Alliance on Mental Illness (NAMI) Massachusetts, working on advocacy on state legislative issues and community organization, and for the Eastern Regional Mental Health Board in Norwich, Connecticut.

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