



William C. Bell, Ph.D.
Testimony before the U.S. House of Representatives Committee on Ways and Means
Subcommittee on Worker and Family Support
May 12, 2021

Intro William/Casey:

Good morning Chairman Davis, Ranking Member Walorski and members of the committee. My name is William Bell and I am the President and Chief Executive Officer (CEO) of Casey Family Programs. Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care in the United States.

Casey Family Programs was founded in 1966 and has been providing, analyzing, developing and informing best practices in child welfare for 55 years. We work with child welfare agencies in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and with 16 American Indian tribal nations, and with the federal government on child welfare policies and practices. We partner with child welfare systems, policymakers, families, community organizations, national partners, philanthropy, American Indian tribes and courts to support practices and policies that increase the safety and success of children and strengthen the resilience of families. Our mission is to provide and improve – and ultimately prevent the need for – foster care. We are committed to building what we call Communities of Hope, a nationwide effort to prevent the need for foster care by supporting families in raising safe, happy and healthy children.

Thank you for inviting me here today. I want to thank the committee for your vision and continued commitment to the Family First Prevention Services Act and for prioritizing the critical policy changes that youth and families have elevated. The Subcommittee also is considering the critical issue of reauthorizing the Title IV-B-1 Stephanie Tubbs Jones Program and the Title IV-B-2 MaryLee Allen Promoting Safe and Stable Families Program, to support states, territories and tribes in keeping children safe and supporting families.

My testimony will focus on three key areas:

1. Families are the foundation of every community, and every family should have the ability to thrive with the support of a caring community. All families have strengths and all families need support. Casey Family Programs has spent the last 55 years working to bring hope and opportunity to families across this nation regardless of the ZIP code or community where they live. We will continue to work with others in our commitment to anti-racism, anti-discrimination and equity. We will continue to be motivated by our belief in the intrinsic dignity and value of every person. We will continue to strive for fairness and justice in the way people are treated across America and the opportunities they are given to succeed. As a nation, we must create a world where our children's lives are no longer cut short by America's history of systemic racism and inequitable treatment. We should do everything we can to keep families strong.
2. Foster care placement should be a temporary intervention for children at imminent risk of harm and should only be used when absolutely necessary. Children thrive with their families, so we should ensure that children in foster care are with relative caregivers. We

also should work to safely reunify children with their parents in a timely way, and when that is not possible, be sure we are working toward permanency through other paths, including guardianship or adoption.

3. Safety must be paramount in all our child welfare decisions. Our child protection system should value families and ensure appropriate services and supports are provided. We know from data, however, that the child protection system is unnecessarily involved in the lives of too many families, causing harm and trauma. This not only impacts the ability of the system to engage with those children most at risk for harm, it also imposes unnecessary harm and trauma on families and children. Our response and child protection system must be re-envisioned as a child and family well-being system, one that, while regarding safety as paramount in all its decision making, also values families and ensures appropriate services and supports are provided. All too often, encounters with the child protection system result in unintentional harm and trauma for children and families.

Priorities in transformation:

The goal of child welfare is to ensure the safety, permanency and well-being of children. Children cannot be well without their families, so we believe that we should also prioritize support and services for families as a whole. Casey Family Programs believes that the current child protection system is flawed because it is set up to react to events that have already occurred, thereby missing numerous opportunities to protect children and support families in their communities before harm occurs.

We know from research — and from providing direct services for over five decades — that in most cases children do best when they remain with their own families and can access services and supports that respond to their needs. Children and families should be assessed for future risk of harm, and whenever possible, address any needs without removing children from their home. If removal is necessary, placement with kin is best. We know that the act of removing children from their families and communities creates emotional distress and lifelong trauma that should be avoided whenever possible.

When removing a child from their home is necessary, it is critical to recognize that such a removal should be temporary, and should only be utilized to ensure the safety of a child. In accordance with existing law, it is important to establish a timely plan for the child and family to receive appropriate services and safely reunify as quickly as possible, and when this is not possible, to achieve permanency — whether that is adoption or guardianship. In those cases where foster care is necessary, placements should be in family-based settings, ideally with relatives, close family friends or other adults known to have a supportive relationship with the child, and ideally in the child's same community, where school and other connections can be maintained.

However, the child welfare system has not historically taken that approach. Instead, children are often removed from their homes and families and placed in foster care with strangers, often far from their siblings, their schools, friends and teachers, and outside of their neighborhood or community.

Research shows that the longer a child stays in foster care and the more moves a child has while in foster care, the poorer the outcomes for that child. Extended periods in care can harm the sense of belonging that comes from a permanent, lifelong connection and can reduce the ability of youth to develop relationships, connect with their community, and acquire life skills.

Compared to their peers in the general population, foster care alumni (most of whom in research samples have emancipated from care) experienced higher rates of incarceration and criminal justice involvement; unintended pregnancy; food, housing, and income insecurity; unemployment; educational deficits; receipt of public assistance; and mental health problems. This is particularly pronounced for older youth who have a more difficult time achieving permanency than younger youth; the odds of achieving permanency decrease by 12% for every additional year of a youth's age at the time of their first placement. Adolescents who feel connected to a parent are better protected against a range of risks, including emotional distress and suicidal thoughts, alcohol use, smoking, violent behavior, early sexual activity and early pregnancy.

We must do better for our children and for our families. We know that to support child and family well-being, it is important to support families and ensure child safety as early as possible.

Child welfare transformation during COVID-19 pandemic

One of the many truths that the global COVID-19 pandemic made clear is that, at any given moment, all families need support. Like many, child welfare agencies have been resourceful and made many positive adjustments in practice. The child welfare field learned a great deal during the global pandemic, and we want to apply that learning to ensure better outcomes for children and families. However, challenges remain in meeting the needs of children and families. One example involves court and judicial engagement with families. The COVID-19 pandemic led to many court closures and delays, which has delayed permanency for children, meaningful parental visitation, access to services and supports to facilitate timely reunification, and in-person engagement with families.

The COVID-19 pandemic has required child welfare agencies to work differently, often with more nimble and creative problem-solving. It has offered an unprecedented opportunity to examine existing child welfare policy and practice, in favor of charting a new path forward, one that honors, celebrates and enhances child and family well-being. Throughout the spring and summer of 2020, Casey Family Programs spoke with child welfare leaders across the country about changing the existing narrative, adopting new strategies, and advancing a bold vision for transformation that supports healing and equity for all children and families.

Nine key themes emerged:

1. All families deserve honor, respect and support.
2. Transformation in the child protection system will require addressing systemic racism
3. Family voice and choice must drive change. We must center those with lived experience in all our decision-making.
4. Data show that families come to the child protection system for poverty-related reasons. We must not equate poverty with neglect.
5. Protecting children is paramount. We must continue to explore whether policies such as mandated reporting and child protection hotlines are structured to ensure we are engaging with children most at-risk while not unnecessarily imposing harm and trauma on families in need of other services.
6. Research shows that investing in prevention is a smart investment that will produce the best outcomes in the most cost-effective manner.
7. We must look across our programs and systems to streamline support and ensure families receive what will help them thrive.
8. Children thrive with their parents — systems and facilities are not good parents.

9. We need to rethink how the child protection agency is structured, our use of technology and who we engage as trusted staff and partners to deepen our relationship-building with families.

The work of transforming our child and family well-being system to better serve and support families must start with a focus on meeting the needs of families earlier, with the partnership and assistance from organizations in communities and neighborhoods that are familiar, trusted and culturally appropriate. Agencies such as health, mental health, domestic violence, substance abuse, law enforcement, housing, early child care, and education are critical partners in helping families to thrive. Collaboration between sibling agencies and collaboration among agencies and community service providers is central in this effort. Strengthening families together — not breaking them apart — is key to helping families thrive and ensuring the safety of children.

Authentic and consistent engagement with constituents who know child welfare best — from the inside — is critically necessary to achieve the transformation we need in child welfare. Individuals with lived experience should be engaged at all levels of the system: as the experts of what their family needs at the individual case level; as peer mentors and partners who offer support and guidance to those newly involved with or trying to navigate the system; and as consultants who participate in leadership and decision-making on policy development and implementation, as well as system transformation.

Fathers, in particular, play an essential role in a child's physical, emotional and social development throughout the lifetime of the child. However all too often, child welfare discounts the importance of a father's involvement in the lives of their children, treating payment of child support as the father's only critical responsibility. Data show that outcomes for children improve through high quality relationships and engagement between fathers and their children. And we know from our work and from research that having an involved father lets a child know that they are loved, provides a child with emotional support and enhanced self-esteem, increases a child's intellectual development, moral development, and an increased chance for academic success. Conversely, lack of involvement with fathers can lead to even worse outcomes for children involved with child welfare.

Race equity and disparities

Black and American Indian and Alaska Native (AI/AN) children are overrepresented nationally in all stages of the child welfare system, and disparate outcomes for these children have been well documented for decades.¹ Overrepresentation of Black and AI/AN children starts early in the child welfare process. It begins with who is reported to child protective services, and remains a profound issue at every subsequent decision point, including the initial screening of reports, decisions about whether to substantiate allegations of abuse or neglect, removal of children from their homes, and permanency outcomes for children in foster care and beyond.

Child protection agencies across the country receive approximately 4.3 million referrals of alleged maltreatment involving 7.8 million children each year. Hotline reports and child maltreatment investigations add trauma to already stressed families and communities, and most are not substantiated. Over half of all investigated reports pertain to general neglect and, although a small number of neglect cases can be very serious, the majority of reported families simply need what every family needs — access to food, clothing, housing, medical and

behavioral health care, employment, treatment for substance use disorders, legal representation, transportation and child care.

Despite reductions in the number of Black children in foster care over the last few years, they continue to be disproportionately represented, making up almost one-quarter of children in care, but only 14% of the general population. We see this disparity at every decision point within the child protection system, with Black children more likely than their white peers to experience negative outcomes, including a greater likelihood of being reported or having a substantiated report of maltreatment, longer lengths of time spent in foster care, less stability of placement, and lower rates of reunification.^{ii,iii,iv}

American Indian and Alaska Native children also experience significant disparities within child welfare and continue to be removed from their homes at three times the rate of non-Native children. For Native children who are adopted, 56% are placed with non-relatives, outside of their communities and culture. At a state and local level, these disparities may be even more pronounced: American Indian and Alaska Native children are overrepresented in the child welfare system in 17 states, and Black children in 40 states.^{v,vi} Enhanced cooperation and collaboration between states and tribes as contemplated by the Indian Child Welfare Act can be an important mechanism for addressing disparities faced by AI/AN children.

For Latinx families and children, the national data don't reflect disparities in rates of removal though we know at the community level disparities exist. Casey Family Programs is committed to continuing to work to ensure that every child in every community thrives and we are currently working to develop and move forward work that will elevate and prioritize Latinx child and family well-being.

There are certain functions that every child protection agency carries out that contribute to racial disproportionality. We must do better. There is no single solution to achieve equity in child welfare. Highlighting disparities within the system, hiring a diverse workforce, and training staff on the causes and consequences of inequities are insufficient to counteract the pervasiveness of racism. We must be willing to collectively commit to understanding and dismantling the long history of structural and institutional racism embedded in many of our policies and practices.

Identifying populations who have increased service and support needs — and who because of these needs are at increased risk — is critical. We must ensure access to real-time information that identifies and prioritizes at-risk families for the appropriate services to address their needs in a timely manner with particular attention to communities at such risk.

The recognition of cultural and community values must be a priority in our child welfare investments. This is particularly true given the unique and over-represented populations that make up the population of children and youth in foster care in this country. Involving those with lived experience with the child welfare system, especially populations that are historically underserved and disproportionately overrepresented — such as Black mothers and fathers, American Indian and Alaska Native families — is a critical step in reversing this pattern and transforming the current system.

Title IV-B child welfare programs: Critical supports for families

Title IV-B of the Social Security Act is the primary source of federal funding for services to help prevent maltreatment and the unnecessary separation of children from their families. Federal funding to states, territories and tribes through Title IV-B of the Social Security Act has been a

critical component of transformation efforts, as these programs provide important, dedicated child welfare funding in key areas shown by research to improve child and family outcomes.

Title IV-B of the Social Security Act includes two components, referred to as subparts 1 and 2.

Subpart 1 is a discretionary grant program composed primarily of the Stephanie Tubbs Jones Child Welfare Services (CWS) program. CWS funds can be used for a broad variety of child welfare services including, but not limited to, the prevention of maltreatment, family preservation, family reunification, services for foster and adopted children, and training for child welfare professionals. This funding is distributed by formula based on a state's under 21 population and per capita income. In federal fiscal year (FFY) 2018, Subpart 1 also included dollars awarded competitively through the Child Welfare Research, Training, and Demonstration Project.

Subpart 2, the MaryLee Allen Promoting Safe and Stable Families (PSSF) program, has both mandatory (capped entitlement) and discretionary funding components. This program primarily funds family support, family preservation, reunification, and adoption-promotion and support activities. In FFY 2018, Subpart 2 also included set-asides for improving caseworker visits, improving outcomes for children affected by parental substance abuse (commonly referred to as regional partnership grants or "RPGs"), state and tribal Court Improvement Programs (CIP), kinship navigator programs, and for research, evaluation, training, and technical assistance. Funds for RPGs, Tribal CIPs, and for research, evaluation, training, and technical assistance are awarded competitively. Subpart 2 funds for all other purposes are distributed by formula.

For subparts 1 and 2, states determine which individuals are eligible for services funded with Title IV-B dollars. Generally, for both subparts, states must provide a 25% match, with 75% of program costs (up to the state's maximum allotment) borne by the federal government (that is, states must provide \$1 in nonfederal IV-B funding for every \$3 in federal IV-B funding they receive).

In State Fiscal Year 2018, child welfare agencies reported spending \$528 million in Title IV-B funds on child welfare services.^{vii} As we seek to further transformation and eliminate the need for foster care, we know resources provided through the Title IV-B programs address critical needs and support families. Most recently, an additional \$85 million was provided to states, territories and tribes with passage of the Consolidated Appropriations Act, 2021 (P.L. 116-260) for Title IV-B-2 activities to improve outcomes among families and children impacted by the COVID-19 pandemic.

Family First Prevention Services Act and national implementation:

Thanks to the leadership and vision of this Committee, the Family First Prevention Services Act (Family First) became law in February 2018. This landmark legislation fundamentally shifted how the federal government partners with states, territories and tribes in the protection of children and strengthening of families.

While Title IV-E funding still provides reimbursement to states for foster care, Family First allows Title IV-E funding to also provide reimbursement for critical prevention and support services for families before there is a crisis and foster care placement is the option of last resort. The goal of Family First is to safely allow children to remain at home with their parents, in lieu of foster care placement, by enabling and incentivizing child welfare agencies to provide the services they need and services that work. These services must meet an evidence based

standard and address those key needs that we often see precipitating a crisis that leads to child welfare involvement:

- Mental health prevention and treatment services
- Substance abuse prevention and treatment services
- In-home parent skill training, including programs such as home visiting

This historic policy change provides states the opportunity to serve families differently by tailoring services that are culturally appropriate and meet the unique needs of individual families. These services are intended to strengthen families and keep children safely at home.

Family First also includes key provisions to limit unnecessary placement in group care settings, instead requiring that such placements demonstrate clinical need, be trauma-informed and provide participation by family in the case plan as well as after-care supports when a child leaves their group care setting. The clear intent of this law is supported by research that shows children thrive in family-based settings.

Casey Family Programs has been supporting states, counties and tribal nations in their planning for and implementation of Family First. We believe this historic change provides numerous opportunities for states, territories and tribes to better serve children and families by preventing the need for foster care and supporting better outcomes for children in care.

To date, 12 states and one tribe have approved Family First Title IV-E prevention plans. An additional 12 states and two tribes have submitted Family First prevention plans and are awaiting approval.

- Approved
 - States: 12 (AR, DC, IA, KS, KY, MD, ND, NE, OR, UT, WA, WV)
 - Tribes: 1 (Eastern Band of Cherokee Indians, NC)
- Submitted
 - States: 12 (AK, CO, HI, IL, IN, ME, MO, MT, OH, SC, TN, VA)
 - Tribes: 2 (Aleut Community of St. Paul Island, AK; Salt River Pima-Maricopa Indian Community, AZ)

This Committee has shown an ongoing vision and commitment to ensuring successful implementation of Family First. We applaud the passage of both the Family First Transition Act of 2019 and the inclusion of significant funding for Family First in the Consolidated Appropriations Act, 2021. States, territories and tribes continue to demonstrate interest in moving forward. We continue to engage with the U.S. Department of Health and Human Services to raise issues for which clarity is needed and further support would push implementation along. We offer the following recommendations for consideration:

- Consider another year of the 100% waived state match for prevention services, as well as 100% kinship navigator service funding, to go through September 2022. States, territories and tribes are making concerted efforts to move forward. Enhanced, consistent, predictable funding could really drive transformation.
- Allow for the flexibility in the Family First evidence standard provided to direct IV-E tribes, for states and tribes with tribal IV-E agreements.
- Allow for the use of the California Evidence-Based Clearinghouse as the standard for evidence, no longer using the Prevention Services Clearinghouse. This would streamline

things considerably, ensure evidence and take away a huge roadblock in the process of developing and approving Title IV-E prevention plans.

- Consider Title IV-E changes in foster parent policies that would allow for enhanced payments to foster parents, in lieu of congregate care. States have been unable to explore enhanced rates that appear to offer a “salary,” when we know enhanced payment rates would lead to more foster parents and less congregate care.
- Please stand firm against any proposed modifications to the Institutions for Mental Disease (IMD) rule or delays in implementing the qualified residential treatment program (QRTP) standards. Investing in proven prevention strategies makes considerably more sense than allowing for the ongoing use of these facilities as placement settings
- The discretionary spending in the MaryLee Allen Promoting Safe and Stable Families Program is up for reauthorization this year, the mandatory spending portion in FY2022. We suggest you consider increased investments in the mandatory spending side of PSSF that align with and enhance efforts to engage with families and address disparate outcomes among children.
- Tribal child welfare spending also continues to be a significant need. The vast majority of tribes receive very little funding from the small set-asides included in child welfare programs. We offer for your consideration an increase in Promoting Safe and Stable Families mandatory funding that would specifically provide a consistent and significant source of funding to support tribal child welfare programs. Right now, the set-aside is approximately \$10 million, divided among more than 130 tribes.

Conclusion:

Creating a world where all of our children have the chance to grow and thrive in safe and supportive environments is something that must be done. Creating a world where a child’s ZIP code no longer determines their future health and well-being is something that must be done. And our goal is for states, territories and tribes to be fully supported in realizing these opportunities and providing needed services to children and families so they can remain together, in strong, healthy communities.

We welcome the opportunity to continue to share the experiences of states, tribes and, most importantly families with the Committee and provide information based on our work to ensure best practices are in place and are supported throughout the country to ensure all children are safe and families are thriving.

I look forward to continuing to support the work of the Committee and am happy to answer any questions you may have.

-
- ⁱ Harris, M. S., & Hackett, W. (2008). Decision points in child welfare: An action research model to address disproportionality. *Children and Youth Services Review*, 30(2), 199-215.
- ⁱⁱ Pryce, J., Lee, W., Crowe, E., Park, D., McCarthy, M., & Owens, G. (2018). A case study in public child welfare: County-level practices that address racial disparity in foster care placement. *Journal of Public Child Welfare*, 13(1), 35-59.
- ⁱⁱⁱ Boyd, R. (2014). African American disproportionality and disparity in child welfare: Toward a comprehensive conceptual framework. *Children and Youth Services Review*, 37, 15-27.
- ^{iv} Dettlaff, A. J., Weber, K., Pendleton, M., Boyd, R., Bettencourt, B., and Burton, L. (2020). It is not a broken system, it is a system that needs to be broken: The upEND movement to abolish the child welfare system. *Journal of Public Child Welfare*, 14(5), 500-517.
- ^v Between FY 2010 - FY 2017, the percentage of Black children entering foster care decreased nationally; however, African American children are still represented in foster care at about 1.6 times their rate in the general population. For more information, see: <https://www.childwelfare.gov/pubPDFs/foster.pdf>
- ^{vi} U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (n.d.). *Child Population Data*. Retrieved from <https://cwoutcomes.acf.hhs.gov/cwodatasite/population/index>.
- ^{vii} Rosinsky, K., Williams, S.C., Fischer, M. & Haas, M. (2021). Child Welfare Financing SFY 2018: A survey, of federal, state, and local expenditures. Retrieved from : <https://www.childtrends.org/publications/child-welfare-financing-survey-sfy2018>.