

**Statement of Mary J. Nelson, President
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***Testimony Before the Subcommittee on Human Resources of the
House Committee on Ways and Means
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Introduction

Good morning, Chairman Herger and Members of the Subcommittee. I am Mary Nelson, administrator of the Division of Behavioral, Developmental and Protective Services for the Iowa Department of Human Services. In this position, I have responsibility for program and policy in child protection, foster care, permanency, and adoptions as well as child care regulation, juvenile institutions, delinquency programs, dependent adult protection, mental health and developmental disability services for adults and children, family planning, and teen pregnancy prevention. I am also the current president of the National Association of Public Child Welfare Administrators (NAPCWA), an affiliate of the American Public Human Services Association (APHSA), and am here today in that capacity. APHSA is a nonprofit, bipartisan organization representing state and local human service professionals for over 70 years. NAPCWA, created as an affiliate in 1983, works to enhance and improve public policy and administration of services for children, youth, and families. As the only organization devoted solely to representing administrators of state and local public child welfare agencies, NAPCWA brings an informed view of the problems facing families today to the forefront of child welfare policy.

I appreciate the opportunity to testify before this subcommittee about the review of federal and state oversight of child welfare programs. With over 29 years of experience with the Iowa Department of Human Services, beginning as a caseworker, I have seen the many changes the child welfare system has undergone. My testimony today will focus on the strategies being utilized in Iowa to address the needs of children and families involved with the child welfare system, particularly the role that the states, the federal government and communities can play with respect to the safety of vulnerable children we serve.

The Current Child Welfare System

Challenges

The challenge is great. In 2001, state child protective services agencies received an estimated 2.7 million referrals alleging child abuse and neglect. An estimated 903,000 were found to be victims. The majority, about 517,000 or 57.2 percent, were the victims of neglect. Two percent were the victims of medical neglect, 6.8 percent were the victims of psychological abuse, 9.6 percent were the victims of sexual abuse, and 18.5 percent were the victims of physical abuse. As of September 2001, 542,000 children were in foster care and 126,000 children were awaiting adoption. For families in need of support and children in need of protection, states are pursuing solutions in many areas and at multiple levels simultaneously. Public child welfare incorporates a broad array of core services including prevention, family support, early intervention, family preservation, child protection, foster care, adoption, guardianship, post-permanency services, and independent living.

Safety Strategies and System Collaborations

Core Work of the Child Welfare System. Child safety is a central focus for America's child welfare systems. From the time a mandated reporter, a family member, a concerned neighbor, or any other person believes he or she has reason to suspect that a child is being maltreated, through well beyond case closure, the focus on child safety is unwavering. No other decision rests more heavily on a child welfare professional than the safety decision; therefore, states have developed strategies to help guide this decision process.

When an allegation of abuse or neglect comes in, caseworkers make broad-based assessments that identify current safety issues, future risks of maltreatment, and the family's strengths and needs to determine the status of the case. Caseworkers must be skillful in considering how serious the abuse or neglect is, how likely it is to occur again, and what underlying causes led to the incident. The majority of cases that initially come to the attention of the system do not pose serious harm to the child. In cases where the degree of harm is relatively minor, a caseworker can and should look at other factors, such as the vulnerability of the child and the protective capacities of the family, to make the best judgment about the most appropriate safety response. In more serious cases, the safety response will include restriction of access to the child either by placing the child out of the home or restricting access of a maltreating caretaker. However, there may be other options if the caseworker assesses that the risk to the child can be mitigated by alternative responses such as intensive case management, mental health services, substance abuse treatment, parenting skills, and other interventions.

The safety of children is dependent on good decision-making by child welfare professionals, judges, service providers, and the community. Decision-makers in child welfare cases must contend with the fact that what they decide to do or not do will directly impact the lives of children and families. A community member who calls in a report of suspected abuse may hesitate because of concerns for what may happen to the family. Child protection workers who remove children from dangerous homes must often immediately face a child's grief at the loss of parents and the child's need for a stable and nurturing family. Given the statutory requirement for states to make "reasonable efforts" to prevent the child's removal from his or her home, caseworkers who have determined that a child can stay home may second guess if they have made the right decision. The need to continually balance potentially conflicting goals often places a premium on skilled decision-making and a need for a skilled workforce.

Need for a Skilled Workforce. Child welfare professionals courageously work in one of the most challenging professions in this country. The jobs performed by caseworkers have become more complicated as the challenges faced by families in the child welfare system have become increasingly complex. An enormous responsibility is placed in the hands of caseworkers as they are expected to perform multiple interventions and make judgments that have the power to change a child's life. Their findings can determine whether a child is kept safe or put at risk.

Child welfare systems throughout the country struggle to recruit, retain, and reward these dedicated professionals. In a survey of public agency administrators, APHSA found that the number one issue in preventable turnover was that "workloads are too high, demanding, or both." Systems, workers, and families face many barriers and constraints as they work to achieve safety, success, and positive outcomes. Economic and budgetary challenges, changes in the political landscape, complex social factors, and complicated demands can impact a child welfare system's ability to contain workloads.

Child welfare supervisors play a vital role in providing support, skill building, and professional development to caseworkers. Supervisors are coaches, mentors, and evaluators responsible for the quality of services children and families receive. A supported, skilled, and stable workforce is crucial in child welfare practice given the tremendous impact caseworkers can have on helping vulnerable children and families overcome difficult life circumstances. Training, workload, risk of violence, supervision, and turnover present great challenges to providing the needed workforce supports in this field. However, the level of motivation and the level of dedication among the child welfare workforce are assets that can contribute to meaningful and sustained improvements. A key to improving the workload for caseworkers is to ensure access to other human service systems that can help provide the services needed by children and families.

Cross-System Collaborations. The child welfare system cannot work in isolation from other critical human services programs. The system has increasingly been contending with crosscutting challenges impacting the lives of children and families including high rates of domestic violence, unmet medical and mental health needs, substance abuse, and poverty. Child protection is often the final safety net for many of the children and families who weren't "caught" in time by other social service systems. Addressing these issues is often integral to the ability of a family to care properly for its children.

Although many child welfare systems have begun to partner effectively with other sectors to address the multiple needs of children and families, there remain obstacles to truly connecting the supports these families need. For instance, an inpatient substance abuse treatment facility may not have the capacity to accommodate a family, causing a mother to have to lose physical custody while she is receiving treatment to keep her child. Even that is assuming that the parent can get into a treatment facility in a reasonable amount of time. Many states struggle with substance abuse treatment waiting lists that are often long due to insufficient resources and facilities. Once children are in the system, parental substance abuse is a significant hurdle in their path out of the system—a hurdle that requires drug or alcohol treatment for the parent in addition to other services for the family. The nature of drug and alcohol addiction means a parent's recovery can take a considerable amount of time. Other problems these parents face, such as mental illness and homelessness, further complicate these cases. Foster care cases that involve parental substance abuse therefore place an additional strain on a child welfare system already overburdened by the sheer number of foster care cases.

Numerous families that come to the attention of child protection have unmet mental health needs. Private health insurance limitations, an inadequate supply of services, and limited resources have all impacted the access to mental health services for both children and parents. A recent General Accounting Office study highlighted the critical importance of access to mental health services for children within and outside the child welfare system. These factors can cause a family to run up against the timelines set in the Adoption and Safe Families Act (ASFA), under which states must seek, with limited exceptions, termination of parental rights whenever a child has been in foster care for 15 of the previous 22 months. We have seen cases where the lack of adequate housing can lead to overcrowded conditions that cause high levels of stress and can ultimately lead to the maltreatment of a child. These examples serve to highlight how systems must work together to better address the varied needs of families.

I can share with the Committee the Iowa story to more clearly illustrate how a system goes about its core work in safety, addresses the need for a skilled workforce, and develops cross-system collaborations.

Iowa's Child Welfare Story

Challenges

The number of reports of suspected child maltreatment in Iowa reached an all-time high in 2001, and have subsequently declined slightly and leveled off, as have the number of child abuse victims. Iowa's per-thousand rate of child abuse is higher than national averages. Child neglect is by far the most common category, accounting for 66 percent of all substantiated cases.

Safety Strategies and System Collaborations

Core Work of the Iowa Child Welfare System. Addressing child protective concerns resulting from parental use and/or manufacture of methamphetamines has become a significant part of the work of the Iowa Department of Human Services (DHS) and its community partners. Recent studies of Iowa's child protective caseloads in the southwest region, for example, have revealed that one-third of child protective investigations conducted involved methamphetamines; one in four cases referred to child protection for assessment were referred specifically due to parental meth involvement; and 49 percent, almost half, of the children in ongoing caseloads in the Council Bluffs Service Area come from homes where caretakers have been or are involved with meth. The prevalence is even higher in some counties.

The Iowa DHS has been continually working to address these and other challenges to child safety and well-being. Iowa has aggressive timeframes for responding to reports of maltreatment—a report involving an immediate threat or high risk to the child receives a response within 1 hour; reports not involving an immediate threat, but in which the alleged responsible person has access to the child, receive a response within 24 hours; and reports not involving immediate threat or access to the child by the perpetrator receive a response within 96 hours. Iowa does not triage child abuse reports and investigates all reports that are screened in. We only screen out if a report doesn't meet the three criteria of potential abuse—not a child, not a caretaker, or the allegation would not constitute the definition of abuse even if it were true.

We've recently strengthened training on intake to build more consistency across the state and to emphasize a focus on screening cases in unless a report clearly does not meet the criteria of potential abuse. We have also developed an extensive manual for staff on issues to consider in assessing child safety. We have recently implemented use of standardized risk and safety assessment tools, as well as a family assessment that focuses on family strengths and needs. We have developed strong training programs for new child protective assessment workers, although these training programs have been negatively impacted by budget cuts in the last few years—which have reduced available training and caused higher caseloads resulting in less time for staff to take training classes.

The focus on child safety extends beyond child proactive assessments and in-home services. The Department has recently implemented a new 30-hour training curriculum for new foster and adoptive parents that integrates ASFA and the Child and Family Services Reviews (CFSR) outcomes and expectations into the training. To the extent possible, we want to encourage and allow existing foster parents to go through this training as well. However, the lack of resources, money for actual training, and time prevents us from doing this as extensively as we would like. The Department also conducts record checks before foster family licensure and adoptive family approval—including criminal history, child abuse, and sex offender registry. We've also built a strong partnership with the Iowa Foster and Adoptive Parent Association (IFAPA) to provide a range of supports to foster and adoptive parents. For example, we have a contract with IFAPA to do our recruitment and retention project, as well as to provide other supports such as peer liaisons to new and experienced foster and adoptive parents, training, and on-going support groups. Iowa's CFSR Program Improvement Plan (PIP) also includes new activities for IFAPA—including training foster parents on preventing child abuse, contacting new foster families after the first placement to help provide support to the family, and providing post-adoptive support to families when their adoption is finalized.

Need for a Skilled Workforce. The Department uses private agencies extensively to supervise and support foster parents. Due to our own high caseloads, we contract with private agencies to ensure face-to-face visits with children and families. We've also implemented policy and training on safety planning throughout our involvement with a child and family, and on safe case closure. The policy requires safety assessments, for example, when considering unsupervised visits, immediately before returning a child home, and immediately before closing a service case.

Cross-System Collaborations. Iowa's child welfare system has endeavored to build working relationships at both the state and community level with partners in domestic violence, substance abuse, the courts, the local community, law enforcement, mental health, and education. For example, we are implementing Rural Domestic Violence and Child Maltreatment Response Teams. Through these teams, six agencies are working to develop state protocols for collaboration among domestic violence, child protection, law enforcement, county attorneys, and others. We're also working with seven communities to reduce domestic violence and child victimization by creating Family Violence Response Teams whose goal is to ensure safety, justice, stability, and well-being for families.

In response to the increasing challenge of substance abuse, particularly methamphetamines, Iowa has taken several steps. For example, we've created meth specialist positions in our eight Service Areas. These staff provide consultation for our staff and the community in addressing meth abuse and working with families with a history of meth use, and provide case management for a limited caseload of families involved with meth. Iowa has also initiated Drug Endangered Children (DEC) projects in three communities with heavy reported meth production—including our most populous county, a rural county, and a mid-size county. These projects bring law enforcement, child protection workers, public health officials, medical practitioners, and prosecutors together to assist children who are endangered by being exposed to meth manufacture or use in their environment. Projects focus on removing children from the dangerous living conditions in a drug lab, holding the caretakers accountable for the endangerment with prosecution, and medical and developmental assessment to address the child's needs.

The judicial system is a fundamental partner in child welfare. Iowa has an active judiciary that takes a strong interest. Our juvenile judges are knowledgeable about ASFA and the CFSR outcomes and processes, and take seriously their role in child protection and permanency. Juvenile judges and the director of our court improvement project were actively involved in developing our CFSR self-assessment and our PIP. Two juvenile judges actually participated in the on-site review as peer reviewers. Our PIP includes several strategies that our court improvement project will implement to strengthen the court's role in improving outcomes for children and families.

Community Partnership for Protecting Children

Finally, Iowa has been a Community Partnership for Protecting Children (CPPC) site through the Edna McConnell Clark Foundation since 1997. In Iowa's Community Partnership sites, community members are engaged to help find solutions in child welfare cases. The sites have organized a network of neighborhood and community supports. The partnership has created a network of agencies, neighborhood groups, and families to support the overall mission of the community child protection. Core members of networks include schools, faith institutions, mental health professionals and healthcare providers, substance abuse and domestic violence programs, police, child care providers, parent groups, and of course, the public child protective services (CPS) agency.

The child welfare system in Iowa has begun to adopt new policies, practices, roles, and responsibilities to support Community Partnerships. In order to take a leadership role in the partnership, DHS has changed the way it responds to reports of maltreatment, while still fulfilling its legal mandate to protect children from abuse and neglect. This process has meant teaching staff different skills for working with families. If the child's immediate safety needs are met, but the family is still in need of help, then the worker connects parents to the services and resources they may need by first conducting a thorough assessment. DHS has acted as a "safety consultant" to other members of the partnership network—assisting teachers, pediatricians, family support workers, and residents in determining what they can contribute to child safety in the community, and how to effectively intervene when a child is at risk of harm. DHS has also incorporated the key principles of the Community Partnership in child welfare policy and practice.

The community partnership model has worked well for families in Iowa. The following examples help to highlight the benefits we've seen from this model.

In one CPPC site, the community has recruited and trained Neighborhood Partners – local residents who organize events for parents and children and help families who may be isolated within the neighborhoods to take full advantage of local resources. They've also located family support workers at two of the schools in the targeted neighborhoods to assist families in identifying needed services. In another site, the community developed circles of support for at-risk families, as well as family partners for individual families. In this particular site, the community has developed its CPPC work in conjunction with a project called Beyond Welfare that is focused on helping families achieve self-sufficiency goals.

We had a case in which a mother with two children, a newborn and a two-year old toddler, was brought to the attention of the child protection agency. A caseworker visited her home to find out about the specific allegation—a bruise on the two-year old. Although the family appeared troubled, the worker was unable to connect the bruise to abuse.

The worker could have left with the hope that the family doesn't reappear to the system on more serious abuse charges. But instead, the caseworker conducted a thorough assessment of the family. The assessment revealed a young single parent who was unsure of how to care for her children and was drinking too much alcohol. She was isolated from her neighbors, friends, and family and had no contact with the father of the children.

After the assessment, the caseworker and mother developed an "individualized action plan". The plan targeted the family's strengths as well as their problems, and brought together family members and friends with service providers in a team meeting. As a result of the meeting, the mother agreed to join a support group for young parents and attend AA meetings; the caseworker went to the first AA meeting

with her. A neighbor agreed to visit every few days and help out with occasional meals and errands. The toddler was enrolled in day care. A family support worker helped the mother tackle long-term challenges such as finding ongoing medical care for her family and getting into a job training program.

Quality Assurance Systems

States constantly work to improve and move their child welfare systems forward, as exemplified by Iowa's efforts noted above. To assure that results are being achieved, it's critical for systems to continually assess their progress. States have a strong history of addressing and assessing quality within their own child welfare systems so that these systems will better serve children and families. State data has been a key piece in assessing quality services. Quality assurance systems are employed to evaluate, monitor, and improve practice. State quality assurance systems have helped to identify conditions of frontline practice that can lead to good results—such as quality of the relationship between the caseworker and the family, good matching of needs and supports, good assessments, range of services available, resilient children, and families able to communicate and willing to ask for help. States have also been able to identify conditions that limited the ability to achieve good outcomes including caseload size, prevalence of crisis patterns, reluctance of family to be involved with services, dual diagnosis caregivers, lack of available treatment alternatives, and parental substance abuse.

Some states, such as Michigan, have found through quality improvement outcome evaluations that tools like structured decision-making have led to a higher rate of permanency in 15 months, lower rates of subsequent harm to children returned home, less time in care, and lower recidivism rates. Here in Iowa, we have established a framework for a quality assurance and quality improvement system that places a strong focus on child safety, permanency, and well-being. Key components include:

- Provision and use of case-specific data to allow system-wide results, trend data, and best practices to be shared to assist in decision making;
- Use of in-depth quality service reviews (using a case review protocol similar to that used in the on-site CFSR review) to provide feedback on strengths and areas needing improvement related to child and family outcomes (especially safety, stability and permanency) and related to performance of the child welfare system (e.g., family engagement, service planning, service coordination); and
- Support for the use of evidence-based practice.

A number of states have proactively incorporated federal performance indicators within their state quality assurance systems and performance-based budgeting systems to align state and federal accountability standards.

Child and Family Services Reviews and Program Improvement Plans

Many of the federal performance indicators that states are aligning with their own accountability standards come from the Child and Family Services Reviews. Currently, states are engaged in measuring child welfare system performance through the CFSR and subsequent program improvement plans (PIP) based on the findings of the review. The CFSR process has brought the focus on core outcomes and helped to create a common platform of dialogue among states. States have been diligently working on the CFSR and PIPs and are willing to be accountable for their efforts on behalf of children and families in need of support and services.

According to an Administration for Children and Families summary of the 2001 and 2002 CFSR final reports of 32 states, performance was stronger on the safety outcomes than in the permanency and well-being outcomes. State performance on the indicators within the safety outcomes shows that 47 percent of states achieved a strength rating for timeliness of initiating investigations, 41 percent achieved a strength rating for reducing repeat maltreatment, 50 percent achieved a strength rating for services to protect children and prevent removal, and 34 percent achieve a strength rating for reducing risk of harm to children. As of 2003, 48 states have had their system reviewed to assess baseline data on measures of safety, permanency, and child well-being; however, similar performance rating data are not yet available.

Despite some of the positive results, states recognize that they need to continue to make strong efforts to address areas needing improvement. In striving to meet the national standards, states must be able to also support good practice. The compatibility of data across states is a serious concern, and states feel strongly that the baseline for each state from this first round of CFSRs should drive measurement of improvement rather than national standards. Several differences in state definitions and data contribute to the lack of comparability across states. Comparing results of a very rural state with a largely urban state can prove misleading. States often have varying definitions of abuse and neglect as well as different standards for substantiating abuse and neglect. The very nature of the child welfare population, where some states include certain children in their mental health and juvenile justice programs and other states do not, is another source of variation that contributes to the lack of comparability across states.

For states, the CFSRs and PIPs are consistent with their commitment to improving outcomes and increasing accountability in the public child welfare system. APHSA and states have had a long-standing interest in moving the public child welfare system from a process-driven system to an outcomes-focused system, so that its success is measured by positive outcomes for children. States are committed to quality services for children and families and accountability for achieving outcomes. States support the outcomes-focused approach to federal child and family service reviews and the use of both qualitative and quantitative information to judge performance. However, reviews must serve as an accurate and fair measure of state performance. National standards on which performance is determined must be based on accurate data so that the fairness of these reviews is not compromised.

Iowa's Child and Family Services Review. A key finding of the Iowa CFSR was that Iowa is in substantial conformity with two of the seven outcomes and three of the seven systemic factors. With regard to the outcomes, Iowa achieved substantial conformity with Safety Outcome 2 (Children are safely maintained in their homes whenever possible and appropriate) and Well Being Outcome 2 (Children receive appropriate services to meet their educational needs). The CFSR determined that DHS is effective in addressing the risk of harm to children either through placement in foster care or through providing adequate services to maintain children safely in their own homes. Most stakeholders commenting during the onsite CFSR indicated that there is a large array of preventive and home-based services available to prevent children's removal from their homes or re-entry into foster care after reunification. Stakeholders also commented that DHS routinely conducts risk assessments and establishes safety plans for children. The CFSR also determined that DHS makes concerted efforts to address the educational needs of children in the child welfare agency caseloads and is consistently effective in reunifying children with their families in a timely manner.

With regard to the systemic factors, Iowa was determined to be in substantial conformity with the factors of statewide information system; agency responsiveness to the community; and foster and adoptive parent licensing, recruitment, and retention. The state did not achieve substantial conformity with the systemic factors of case review system, training, and service array. Information from the Statewide Assessment and the stakeholder interviews conducted during the onsite CFSR attributed many of the current difficulties experienced by DHS to recent budget cuts in all areas of child welfare agency functioning. In recent years, funds available for services, training, quality assurance, and maintenance of the management information system have been substantially reduced.

Iowa's Program Improvement Plan. Iowa's program improvement plan, based on the child and family services review, was submitted on January 20, 2004. The goals and strategies from the PIP address a variety of safety outcomes.

Iowa's goals to address Safety Outcome 1 (Children are, first and foremost, protected from abuse and neglect) include:

- Increasing the timeliness of initiating responses to reports of child abuse/neglect. Due to Iowa's aggressive timeframes for responding to child abuse and neglect reports, our CFSR final report found that Iowa was timely in establishing face-to-face contact with children and families in accordance with state-established timeframes when reports involved immediate threat or high risk, but was less consistent in meeting timeframes when reports involved moderate or low risk.

- Decreasing recurrence of maltreatment. Iowa did not meet the national standard for repeat maltreatment, although case reviews in the CFSR on-site review did not identify extensive repeat maltreatment and reviewers rated this item a strength in 92 percent of cases reviewed.
- Decreasing the incidence of abuse and neglect in foster care.
- Iowa's PIP strategies to address the safety outcomes include:
 - ▲ Enhancement of functional assessment protocols to better identify critical underlying issues;
 - ▲ Providing staff with guidelines for service planning around different issues such as neglect cases, domestic violence, and substance abuse;
 - ▲ Expansion of Community Partnerships for Protecting Children statewide by July 1, 2007;
 - ▲ Expansion of family team meetings;
 - ▲ Provision of training and technical assistance on substance abuse and child welfare;
 - ▲ Provision of additional support to new foster parents through IFAPA, as well as training on preventing abuse in family foster care;
 - ▲ Review of cases of abuse in residential treatment on a quarterly basis; and
 - ▲ Development and monitoring of performance data on all three indicators and review quarterly with Service Area Managers (SAMs).

The Federal Role

The federal government and states have begun working collaboratively through the child and family services reviews and program improvement plans to focus on key outcomes. Through this process, there is a real opportunity for the federal government to better support and help enhance the capabilities of state child welfare systems to achieve these outcomes.

Limitations of IV-E Funding

- As you are well aware, states are required to “look back” to old AFDC rules in effect on July 16, 1996, to determine Title IV-E eligibility. Not only is this administratively burdensome, but the law does not allow the income standards to grow with inflation. As a result, eligibility for federal reimbursement has decreased over time, leading to a continued loss of federal funding to states.
- Federal IV-E funding does not support the most basic work of our agencies, particularly with respect to safety. For example, the investigation stage, where an agency determines the efficacy of the charge of abuse or neglect—the first point of contact an agency has with vulnerable children and families—cannot be supported with federal IV-E dollars. Furthermore, federal funding is disproportionately directed to funding out-of-home care—the very part of the system agencies seek to minimize to achieve greater permanence for children. Federal IV-E entitlement cannot be used to fund front-end services, reunification, or post-adoption services for children and families in the system.
- The health and mental health of children in the child welfare system is a key outcome measure in the CFSR. States have helped many children and families in the system by providing wraparound services, such as comprehensive needs assessments, individual service plans, service plan development and review, referrals for services, service coordination and monitoring, case management, rehabilitation service coordination, rehabilitation links and aftercare, and service management through targeted case management (TCM). Because federal IV-E funds cannot be used for these purposes, states have funded these services with Medicaid money for decades. APHSA and our members are very concerned about recent federal actions to limit states' ability to use Medicaid funds for TCM services for children in the foster care system.
- Despite the federal government's renewed emphasis on accountability and program improvement through the Child and Family Services Review process, IV-E funds cannot be used to achieve many of the mutually agreed-upon goals in the Program Improvement Plans. It is not enough to know what goals need to be achieved to help children and families in the child welfare system; the resources must also be available. For example, in Iowa's PIP we are proposing to undertake the following initiatives to improve the safety outcomes for the children and families we serve, but federal IV-E funding cannot be used for the following:

- ▲ One of the areas Iowa needs to work on is reducing repeat maltreatment. IV-E funding, however, cannot be used for individualized “wraparound” services to address the underlying causes of maltreatment based on engaging the family and implementing a good assessment—only foster care.
- ▲ Iowa also wants to move to paying providers for results—again, IV-E can only be used to pay for maintenance. And, if the result the provider achieves is a shorter length of stay or foster care prevention, we lose IV-E funding, and the state and provider have fewer resources available to achieve results.
- ▲ Iowa is proposing to expand our Community Partnership initiative and to increase wrap-around flexible funds to provide services based on individual family needs, and to allow children who need services traditionally provided in residential care to remain in their communities. Neither of these will qualify for IV-E funding because they are not focused on foster care.
- ▲ Iowa wants to include private agency staff, who deliver many of the child welfare services to children and families in Iowa, in our training. IV-E match for training private agency staff, however, is lower than for training our own staff, meaning fewer dollars available for this critical training.

Recommendations

- NAPCWA and the states have welcomed the opportunity to participate in the Children’s Bureau workgroup to make improvements to the outcomes and how they’re measured based on the first round of CFSRs. Some promising preliminary suggestions include augmenting AFCARS data with state data to paint a more complete picture; increasing the capacity of HHS regional offices and resource centers to better assist states; incorporating commitments from other systems that impact child welfare such as mental health and substance abuse; and supporting development and execution of PIP goals.
- We support breaking the link between IV-E eligibility and the long-since-repealed AFDC program, so that the federal government can share in the support of all children in the child welfare system, regardless of income.
- We support broadening the use of IV-E funding to support investigations, prevention and post-permanency services, and other services to vulnerable children and families.
- We support the continued use of Medicaid funds for targeted case management, health, and mental health services to children and families in the system.
- We support the reform and continuation of state child welfare waiver authority contained in the pending welfare reform legislation, H.R. 4, that would provide states with a mechanism to use federal funding more flexibly over time within cost neutrality constraints.
- However, in addition to the aforementioned waiver authority, we set forth another idea for your consideration. Recognizing the constraints of growing federal and state budget deficits, APHSA and our NAPCWA members want to be a part of a reasonable and cost effective approach to afford states greater flexibility in the use of federal IV-E funds. We are currently developing a proposal that would allow states to use IV-E funding for any purpose approved under their Program Improvement Plan. As you are aware, following the CFSR, states are required to review the findings and develop a PIP that specifies actions the state will undertake in an effort to improve the outcomes. The PIP is a negotiation between states and the federal government, concluding with a formal approval by the federal government. States are asked to implement the PIP, and the federal government will undertake a subsequent CFSR to evaluate the extent to which the state has achieved improvement or attained the desired outcomes set forth in its plan.

Because the PIP is formally approved by the federal government, we believe Congress should consider a policy change that would permit states to use a federal IV-E dollar for any purpose set forth in the PIP and during the time period set forth in the PIP. Given the rigor of the federal approval process, the federal government would have all the tools necessary to ensure that the purposes set forth in the PIP relate directly to the outcomes a state seeks to achieve.

Conclusion

Child welfare systems are meeting the ongoing challenges of the many needs of children and families. States are working to ensure quality assurance efforts which allow them to monitor and improve their systems on an on-going basis. As was highlighted in the work in Iowa, states are also building effective alliances with other crucial human services systems and are pursuing promising new interventions. States are thoughtfully engaged in the program improvement plan process through the CFSR and are energized by the prospects of achieving much-sought-after outcomes for children and families. In the pursuit of these goals, NAPCWA and APHSA welcome the opportunity to work with the administration to make meaningful progress.

NAPCWA's vision for child welfare is a society where children are free from abuse and neglect and live in safe, stable, permanent families—where children and families have needed supports and can help themselves. When children are at risk and come to the attention of the public agency, the agency can provide services and supports to them and their families to mitigate their problems and prevent them from being removed from their families and communities. When children must come into care, the agency can address children and family needs expeditiously and enable a safe reunification or, where that is not possible, find an alternative permanent placement expeditiously, while assuring their well-being in the interim. This is a vision where the safety and protection of children is the shared responsibility of all parts of the human service agency and the larger community. It is a vision where the child welfare system has the capacity to improve outcomes for children and families, and the federal government and states are equal partners in serving all children in all parts of the system.

Thank you for the opportunity to testify. I would be pleased to respond to any questions you may have.