NATIONAL ASSOCIATION of COUNTIES NACo

County Policy Priorities for

Transforming the Child Welfare System

Regardless of population size, geography and available resources, counties are deeply invested in our residents' health and well-being. Every day, we provide services that help vulnerable individuals and families thrive, functioning as an integral part of the federal, state and local partnership in human service delivery. Whether keeping families sheltered when they face homelessness, providing nutrition support to infants and toddlers, operating job training programs, or protecting children from abuse and neglect, counties provide services that break cycles of poverty and help our residents succeed.

Counties employ 257,000 human services workers nationwide and invest over $62 billion annually in federal, state and local funds in safety-net services that safeguard residents' health and well-being and keep families stable. This includes implementing federal and state policies surrounding prevention and response to child abuse and neglect.

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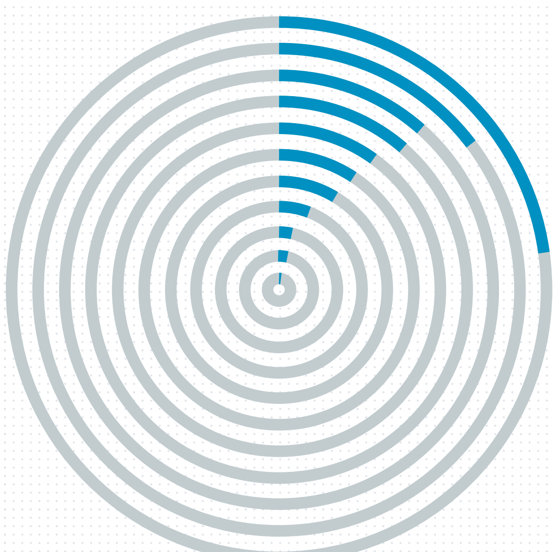
Counties and the Child Welfare System

The child welfare system primarily functions to prevent and respond to the abuse or neglect of children by their parents and caregivers. This mission is accomplished through a federal, state and local partnership that encompasses a wide range of services, such as in home family preservation, child protection, foster and kinship care placements, residential treatment, adoption, independent living, mental health care, substance use treatment, education, parenting skills, domestic violence, employment assistance, health care, child care, financial support and housing.

In nine states, county governments are responsible for administering the child welfare system: California, Colorado, Minnesota, New York, North Carolina, North Dakota, Ohio, Pennsylvania and Virginia. These states generally offer significant authority and much-needed flexibility to county child welfare agencies, and counties are in turn responsible for contributing towards the non-federal share required for different federal funding streams. In Nevada and Wisconsin, counties share administration of the child welfare system with the state in a "hybrid" system. Together, the 11 states with a county role in the child welfare system represented 33.7 percent of the population of children in formal foster care in 2021. However, even when states are the primary entity with jurisdiction over child welfare, counties are important partners on the ground in efforts to prevent child abuse and neglect and reduce the number of children entering the foster care system.

Dedicated federal funding for the child welfare system is primarily allocated to states through formula and competitive grants administered by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS). In FY 2024, these programs received roughly $13 billion in mandatory and discretionary dollars. Along with those programs, states and counties may use flexible funding available through the federal Temporary Assistance for Needy Families (TANF) and the Social Services Block Grant (SSBG) programs to support a continuum of child welfare services.

TOTAL TANF SPENDING BY CATEGORY, FISCAL YEAR 2022



23.0 percent Basic Assistance

15.5 percent Child care

10.4 percent Program Management

10.4 percent Pre-kindergarten/Head Start

8.9 percent Child Welfare

8.4 percent Refundable Tax Credits

8.1 percent Work, Education, and Training Activities

5.4 percent Other

3.6 percent Services for Children & Youth

3.6 percent Transfers to the Social Services Block Grant

2.7 percent Work Supports & Supportive Services

Primary Sources of Federal Child Welfare Funding

PROGRAM	DESCRIPTION	FY 2024 FUNDING
Title IV- E Foster Care, Adoption and Guardianship Assistance	Under Title IV-E, the Federal government reimburses state agencies for spending on foster care, adoption and, optionally, kinship guardianship assistance payments for income-eligible children. The cost-sharing structure is based on the Federal Medical Assistance Percentage (FMAP). Title IV-E also provides reimbursement for certain administrative, training and prevention services at different rates. In state supervised, county administered child welfare systems, non-federal IV-E matching funds are typically provided by a combination of state and county dollars.	**$ 11.984 billion**
Title IV-B Services for Children and Families	Title IV-B of the Social Security Act authorizes the Stephanie Tubbs Jones Child Welfare Services (CWS) and the MaryLee Allen Promoting Safe and Stable Families (PSSF) programs, formula grants to states that provide flexible funding to enhance the well-being of children and families through prevention services, child protection, family preservation, child welfare workforce training, reunification services and adoption promotion and support. County-administered child welfare states vary in their structure of Title IV-B, with some passing funds through to counties, others administering the funds directly or deploying a combination of the two approaches. While there are no eligibility requirements for Title IV-B spending, state must provide at least $1 in nonfederal funds for every $3 in federal funds received.	**$708.23 million**
Chafee Program for Successful Transition to Adulthood	Formula grants to states under the Chafee Program provide youth/young adults in or formerly in foster care with supports to facilitate a successful transition to adulthood, including services related to education, employment, financial management, housing, emotional support and assured connections to caring adults, as well as Education and Training Vouchers that cover the unmet needs of a student's cost of attendance at a post-secondary institution. The non-federal match for Chafee funds is 25 percent, and county-administered states vary in their allocation and cost-sharing structure for the program.	**$ 187.26 million**

PROGRAM	DESCRIPTION	FY 2024 FUNDING
Child Abuse Prevention and Treatment Act	CAPTA authorizes grants to states to improve child protective services (these funds require no non-federal match) as well as community based efforts to prevent child abuse and neglect, which have a 20 percent match. County-administered states vary in their allocation and cost-sharing structure of CAPTA programs.	**$ 211.75 million**
Adoption and Legal Guardianship Incentive Payments	States may earn incentive payments for increasing the rate at which children who would otherwise remain in foster care are placed in new permanent adoptive or guardianship families. The program has no matching or Maintenance of Effort (MOE) requirements. In FY 2022 (the most recent data available), county-administered child welfare states received a total of $11.7 million in Adoption and Guardianship incentive payments, representing 25 percent of the national disbursement that year.	**$75 million**
Adoption Opportunities	This competitive grant program allows grantees invest in locally-designed, evidence-based solutions created to eliminate barriers to adoption and help find permanent families for children who would benefit from adoption, particularly children with special needs. Counties are eligible to apply along with states, non-profits and tribes.	**$51 million**

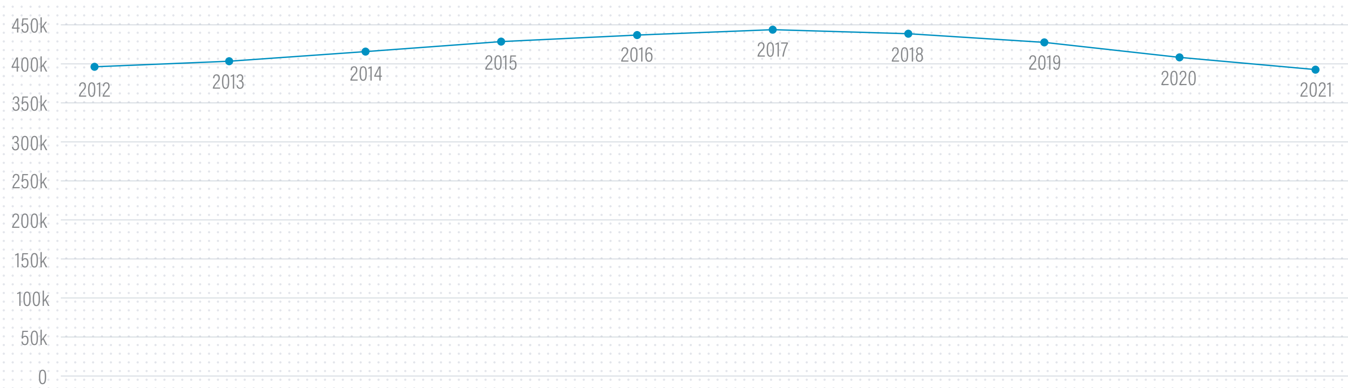
Priority Areas and Recommendations for Child Welfare Transformation

Though federal, state, local and community partners have made modest progress in the mission to prevent child abuse and neglect, rates of child maltreatment have not significantly declined over the last several years, emphasizing the persistent challenges and the need for substantial transformation within the child welfare system. From 2015 to 2019, 9 in every 1,000 children under age 18 were confirmed victims of maltreatment. This figure declined slightly in 2020 and 2021, to 8 in every 1,000 children.[1] The rate of children entering foster care in the United States has fluctuated over the last two decades but has not shown a consistent trend of significant change, with neglect charges continuing to represent the majority of substantiated Child Protective Services (CPS) responses nationally. Though adoptions from foster care have increased, the share of children reunifying with a parent or primary caretaker upon exiting foster care has fallen from 57 to 47 percent since the year 2000. Each year, nearly 20,000 youth are emancipated from foster care without achieving permanency, facing higher risks of homelessness, unemployment, and involvement in the criminal justice system.[2]

Children of color are still disproportionately represented in the child welfare system, with African American children comprising 23 percent of the foster care population, despite only representing about 14 percent of the total child population.[3] Similarly, American Indian or Alaskan Native (AIAN) children are also overrepresented with rates nearly double the share of the general population. These disparities highlight systemic inequities that demand rectification.

While the child welfare system continues to make strides towards evidence-based reform—including by significantly reducing the share of children placed in group home and institutional settings, creating new resources for prevention and working towards increased placements with relative and fictive kin—much remains to be done. As active partners in efforts to better stabilize at-risk families, ensure equitable outcomes and provide comprehensive supports to vulnerable children and youth, county governments urge Congress and the Administration to implement policy recommendations across four priority areas: prevention, workforce, the placement continuum and transition-age youth.

NUMBER OF CHILDREN IN THE FOSTER CARE SYSTEM, 2012-2021



Source: *Annie E. Casey Foundation Kids Count Data Center*

Priority Area: Prevention

Preventing child abuse and neglect from occurring in the first place is the bedrock for system transformation in child welfare. Not only do investments in primary prevention protect children from maltreatment while preserving families, these programs and services yield savings across child protection, health, juvenile justice, and other systems.

The primacy of prevention is increasingly reflected in the policy governing children and family services at the federal, state and local level. In particular, the Family First Prevention Services Act (FFPSA), authorized in 2018, created a new pathway for Title IV-E funding to reimburse the cost of eligible, evidence-based prevention services targeting families and children at risk of entering or re-entering the foster care system. However, the promise of FFPSA has yet to be fully realized as state and county agencies face unexpected barriers to implementation. Meanwhile, FFPSA's emphasis on mental health and substance use prevention and treatment and in-home parent skill-based programs, while critically important, does not capture the growing consensus around the importance of economic and concrete supports in mitigating child maltreatment and child welfare system involvement.

Invest in economic and concrete supports that stabilize families and reduce risk for child welfare system involvement

A growing body of research suggests that poverty is a key predictor of child welfare involvement. Households experiencing material hardship are exposed to stressors and instability that can increase the risk for maltreatment and are also more likely to be referred to CPS for neglect allegations, which comprise the majority (60 percent) of substantiated CPS responses nationally.[4] Nearly 85 percent of families investigated by CPS have incomes below 200 percent of the federal poverty line.[5]

COUNTY BEST PRACTICE

San Diego, California has partnered with the Jewish Family Service to pilot and evaluate a direct cash assistance program for families flagged at risk for child welfare involvement. The program is providing 485 eligible families $500 monthly payments for two years, as well as connections to supportive services.

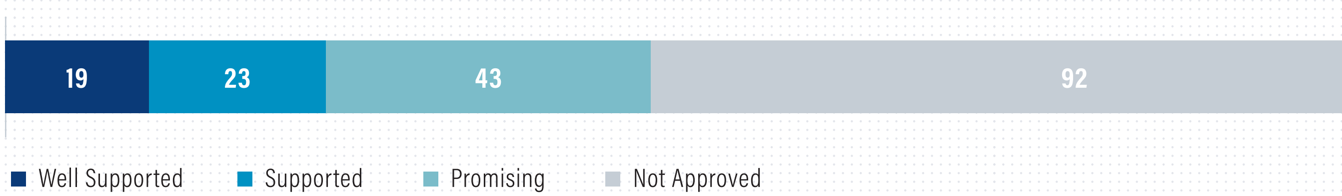
Interventions that provide families with concrete economic and material supports that help them meet their basic needs have been proven to reduce risk for child maltreatment and child welfare involvement. Given the strong linkage between poverty and risk for child welfare involvement, combating intergenerational poverty and ensuring low-income families have access to economic and concrete supports is a critical policy lever for preventing child maltreatment and interaction with the child welfare system. Federal anti-poverty supports that have been shown to reduce maltreatment, CPS referrals and foster care placements include income support through the Temporary Assistance for Needy Families (TANF) program, refundable tax credits, the Supplemental Nutrition Assistance Program (SNAP), the Child Care and Development Block Grant (CCDBG), housing assistance and health coverage through the Medicaid program. **Congress and the administration should act to remove barriers to access and increase available resources through investments in these and other safety net programs.**

Increase prevention resources available under the Family First Prevention Services Act

While FFPSA is a promising opportunity for sustained, federal investment in evidence-based child welfare prevention, structural challenges have limited the law's scope and impact thus far, with ACF estimating that just 18,400 children were served by Title IV-E prevention services programs in FY 2023. In FY 2022, 30 states and Washington, D.C. had approved FFPSA prevention plans, but just 17 states drew down federal reimbursement totaling $64 million. Of those funds, 41 percent went to Illinois, 22 percent to Kentucky and 12 percent to D.C., with the remainder states receiving less than ten percent of the total.[6] With the following reforms, FFPSA can generate more meaningful and sustained federal funding for effective prevention services:

- **Evidentiary standards:** States can only receive federal reimbursement for specific prevention programs that, after review by the FFPSA Clearinghouse, meet the criteria for promising, supported, or well-supported practice; at least 50 percent of state expenditures must be on well-supported programs. However, a relatively small share of programs has received ratings that qualify them for reimbursement, in part due to the significant cost associated with collecting and analyzing data using the accepted evaluation methods. As of May 2024, the clearinghouse has granted review of just 177 individual models and programs, and of these, approved only 85. Only 19 have been granted the highest rating of "well-supported." Because the clearinghouse is limited to programs focused on parenting, mental health interventions, substance abuse treatment and kinship navigation, it may limit opportunities for states and counties to receive Title IV-E reimbursement for economic and concrete supports. Lack of existing infrastructure and available providers can further exacerbate the ability of states to opt into well-supported programs. **Congress and the administration should revisit the evidentiary standards associated with clearinghouse review and approval and make significant investments in the research base needed to qualify programs for clearinghouse review and approval. The 50 percent well-supported requirement should be adjusted or removed.**
- **Candidacy definitions:** Title IV-E prevention services are limited to the children (and/or their caregivers) who are candidates for foster care and identified as being at imminent risk of entering foster care, as well as children in foster care who are pregnant or parenting.

FFPSA CLEARINGHOUSE REVIEWS AS OF MAY 2024



Source: *Title IV-E Prevention Services Clearinghouse, Programs and Services Reviewed*

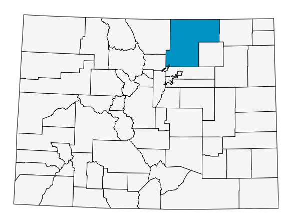
While states have flexibility in the decisions and definitions related to who is at "imminent risk" of entering foster care, many have faced difficulties in writing their FFPSA prevention services plans to appropriately balance the statutory requirement to serve families at risk of entry into the foster care system with existing mechanisms for claiming reimbursement and the desire to limit families' formal involvement with the child welfare system when possible. **The administration should offer robust technical assistance to states and counties to ensure candidacy definitions are allowing for the meaningful provision of services to at-risk families without subjecting them to undue surveillance or unwanted interactions with child protection agencies.**

- **Financing:** Many of the approved programs in the clearinghouse are already eligible for Medicaid reimbursement or other federal funding sources, such as the Maternal and Infant Home Visiting Program (MIECHV), Temporary Assistance for Needy Families (TANF) program, Maternal and Child Health Block Grant and others. This may prevent Title IV-E, as the payer of last resort, from reimbursing those services. Non-Title IV-E expenditures do not count toward the 50 percent well-supported requirement, which may further narrow the array of services that states can realistically incorporate into their plans or leverage for new funding. Additionally, some states have faced challenges developing administrative processes to claim reimbursement for services provided for families without formal cases, particularly on a per-child basis. **The administration should direct the FFPSA clearinghouse to prioritize the review and approval of services that are not also eligible for Medicaid reimbursement or other federal funding streams to help agencies diversify available funding streams. HHS should provide robust technical assistance to state and local agencies around coordinating, blending and braiding funding streams to maximize Title IV-E and reimbursement and access new financing streams for prevention services. The federal government should offer technical assistance and funding to address technological and administrative barriers to claiming Title IV-E reimbursements.**

Increase flexible funding for prevention under Title IV-B and CAPTA

Title IV-B plays an important role in the continuum of child and family well-being, including primary and secondary prevention. The program's flexibility allows agencies to serve families with a variety of programs and supports that help prevent child maltreatment without having to adhere to strict eligibility rules. Unfortunately, the modest funding available through Title IV-B limits its scope and impact.

COUNTY BEST PRACTICE



Weld County, Colorado uses Title IV-B funds to provide case management, in partnership with Catholic Charities, to residents of a community shelter and a Permanent Supportive Housing Project. The blend of preventive services and crisis intervention management are intended to stabilize families to ensure the well-being of their children by preventing abuse and neglect and building safe, healthy, and nurturing environments for children.

Similarly, CAPTA has served as a historic source of funding for primary and secondary prevention, including through Community-Based Child Abuse Prevention (CBCAP) grants, which facilitate public-private partnerships to support community-based family strengthening services such as home visiting, family resource centers, early childhood programs and more. As with Title IV-B, however, CAPTA remains chronically underfunded, minimizing its ability to support meaningful investment across all levels of the prevention continuum.

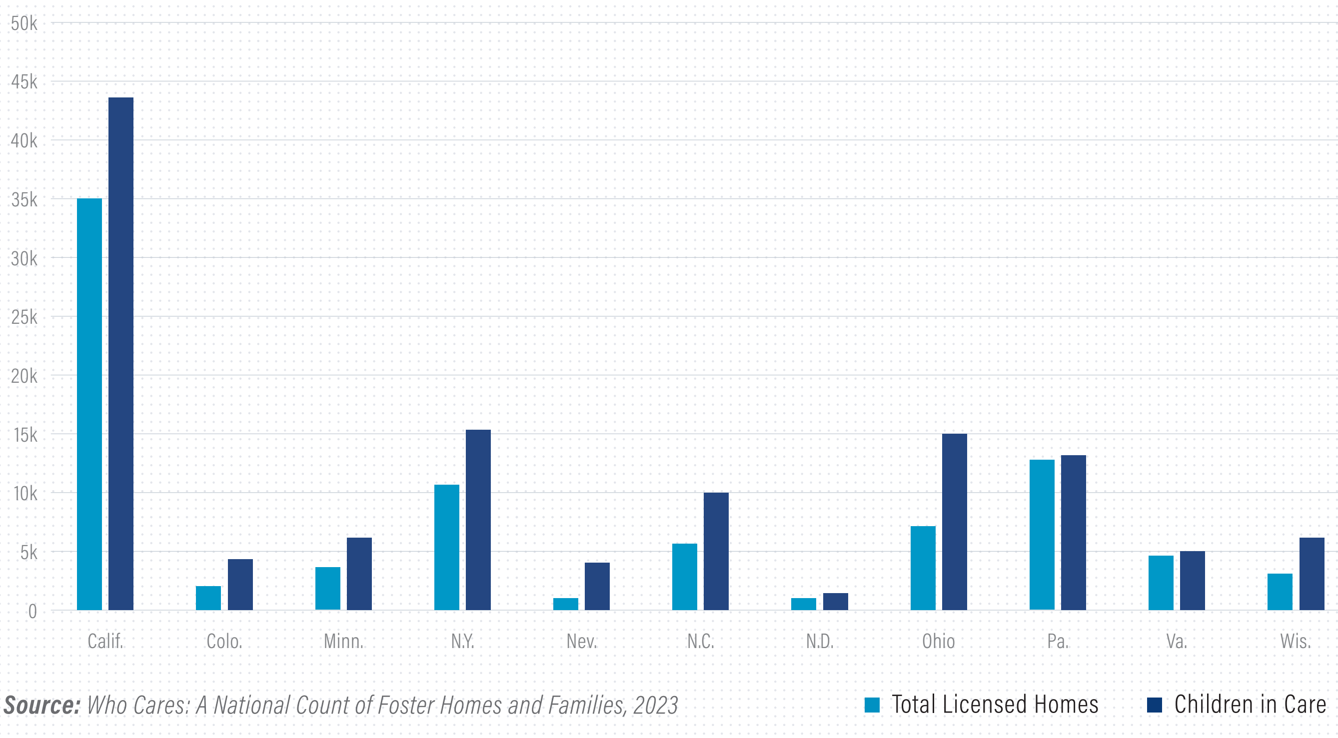
Congress should provide a significant influx of funding for Title IV-B and CAPTA to strengthen and expand the ability of these programs to tailor sustainable prevention programs and services that meet the unique needs of families and communities.

Priority Area: Strengthening the Placement Continuum

County officials understand that protections for abused and neglected children should be based on a continuum of care, including a broad array of preventive services. When out-of-home care is necessary, kinship placements must be thoroughly explored before a child is placed into non-relative foster care, while group and residential care programs should function as a time-limited placement only considered once community based-services have proven ineffective. This is a principle borne out by research and reflected in statute, and counties are working tirelessly in cooperation with our state and federal partners to ensure it is realized. In fact, over the past 10 years, the child welfare field has seen a 35 percent reduction in youth living in group and institutional placements nationwide, with decreases in nearly every state.[7]

However, many states, including those with county child welfare systems, are warning of critical shortages of licensed foster homes, especially for adolescents in foster care whose needs are primarily related to mental illness, developmental/intellectual disability, or juvenile delinquency. According to data collected by The Imprint, in Wisconsin, Ohio and Colorado, and Nevada, there are more than double the number of children in foster care as there are licensed family foster homes, while the number of licensed foster care homes fell between 2019 and 2023 in Minnesota, New York, North Carolina, North Dakota, Nevada, Ohio, Pennsylvania and Wisconsin (this data is unavailable for Virginia.)[8] Child welfare transformation is contingent upon significant improvements to, and investment in, the entire continuum of out-of-home placements.

CHILDREN IN FOSTER CARE VS. TOTAL LICENSED FOSTER HOMES IN COUNTY-ADMINISTERED CHILD WELFARE STATES, 2023



Source: *Who Cares: A National Count of Foster Homes and Families, 2023*

Continue investment in kinship placements

Counties applaud regulatory action finalized by HHS in 2023 to rectify longstanding disincentives to licensed kinship care placements, such as onerous licensing requirements, that can translate to reduced levels of financial assistance and delays in permanency. The option for states to develop separate licensing standards for kin will allow a more streamlined, manageable process to access licensure and its corresponding supports without compromising child safety. Requiring that states ensure equity across Foster Care Maintenance Payments (FCMPs) for kinship caregivers will further improve their access to meaningful financial assistance.

The federal government should invest in greater concrete supports for relative caregivers, such as incentivizing states to offer increased TANF child-only payments for non-licensed relatives and utilizing Title IV-E adoption and guardianship assistance payments for kinship placements that will prevent formal entry into the foster care system. Congress should increase Kinship Navigator programming under Title IV-B and the FFPSA clearinghouse should approve more Kinship Navigator models as "well-supported" to be eligible for 50 percent Title IV-E reimbursement.

COUNTY BEST PRACTICE

Ramsey County, Minnesota's specialized Kinship Support Unit provides enhanced support services to relative and kin providers to help achieve licensure and provide items needed to care for the children.

COUNTY BEST PRACTICE

St. Croix County, Wisconsin's Foster Care Recruitment and Retention Team partnered with the United Way of St. Croix Valley to hold an informational and recruitment event in 2023 to connect over 100 youth placed in out of home care with foster parents, respite providers, and businesses who are interested in helping support the children. To draw attention, the event featured a famous athlete as a keynote speaker.

Modernize Title IV-E eligibility requirements

Financial challenges prevent many families from serving as foster homes, a problem that is exacerbated by outdated income eligibility standards for Title IV-E. Currently, children are only eligible for Title IV-E foster care, adoption and guardianship assistance if they meet the income eligibility requirements associated with the 1996 Aid to Families with Dependent Children (AFDC) program. This "lookback" ensures that over time, fewer and fewer children are Title IV-E eligible given the effects of inflation. The erosion in Title IV-E funding for children in care not only impacts available administrative and training funding for child welfare agencies, it also hampers recruitment and retention of high-quality foster parents who cannot afford to bring meet the cost associated with caring for additional children. **Congress must de-link Title IV-E eligibility standards from the AFDC lookback and modernize the current financial structure to better meet the needs of children and providers.**

Coordinate services for youth with complex needs

Children in foster care requiring higher levels of care to address their complex multi-system needs may be placed in a treatment foster home, a group home, or a residential treatment facility. However, county child welfare agencies across the nation are experiencing extreme challenges in finding appropriate and available treatment placements for high-acuity youth due to a lack of community alternatives, viable treatment homes, and residential placement options. The all too often norm for county child welfare agency staff is to spend days working to find placements for youth with complex needs. At times, the only viable placement options may be hours away or in another state entirely. As a result, youth are overstaying medical necessity in higher levels of care, boarding in emergency rooms and sleeping in child welfare offices and hotels with 24/7 staff supervision because the appropriate interventions are not available.

Investing in behavioral and mental health services that children and youth can access at school, in the community or at home is a critical piece of the puzzle, particularly for preventing the entry of youth into the foster care system due to their mental and behavioral needs rather than abuse or neglect.

Additionally, counties urge greater investment in the availability of safe treatment placements for high-acuity youth in the foster care system. The federal government should:

- **Develop guidance and providing technical assistance to states and counties to develop task forces whose mission is to reduce placement disruptions and find suitable emergency and long-term placements for high-acuity youth in foster care.**

- **Authorize a refundable tax credit for emergency foster homes that care for children for less than six months and are therefore unable to claim other refundable tax credits available to defray the cost of raising children.**

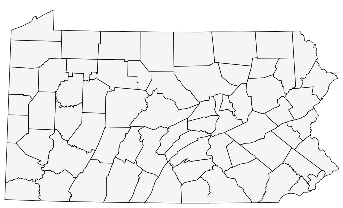
- **Exempt Qualified Residential Treatment Programs (QRTPs), which are one of the few residential settings eligible for Title IV-E foster care reimbursement, from the Institutions for Mental Diseases (IMD) exclusion. Current federal guidance allowing the IMD exclusion to apply to QRTPs with more than 16 beds prevents Medicaid reimbursement for the cost of the medical, dental, behavioral, and mental health care for children placed in those settings. As a result, providers are finding it difficult to meet the significant QRTP requirements—such as accreditation, clinical and nursing staff, provision of trauma-informed care, and mandated family-based aftercare.**

- **Provide enhanced funding and technical assistance for states and counties to scale up the recruitment, training and retention of treatment and therapeutic foster homes.**

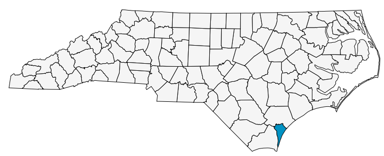
- **Give states the flexibility to use Title IV-E funds for cross-agency training of child welfare staff and other public and private agencies that work with these children, including substance abuse, mental health, education, juvenile justice, probation, and welfare agencies.**

- **Commission a bipartisan Congressional task force focused on addressing the needs of high-acuity youth**

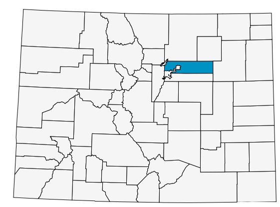
COUNTY BEST PRACTICE



The County Commissioners Association of Pennsylvania created a complex case work group of 17 county leaders that engaged key stakeholders at the state and community level. The group's final report assessed the current landscape and issued actionable recommendations at the state and county level to address the needs of children and youth who have complex behavioral health issues.



New Hanover County, North Carolina partnered with the Family Focus Treatment Association and Boys and Girls Homes of N.C. on a three-year demonstration project to develop and pilot a therapeutic kinship care model in North Carolina. The goal of the program was to license kinship families for youth in foster care who have therapeutic needs, ensuring the families received extra behavioral support, clinical guidance, and financial assistance to best meet the needs of the youth in their home.



Adams County, Colorado renovated and furnished two county-owned homes with foster parents who receive training, certification and financial support from the county and community partners to provide temporary foster care services for children in emergency situations. The program, called Homes for Hope, supports the placement of up to 5 children in each home for 30-90 days as the county creates a permanency plan, with an emphasis on minimizing the change and disruption for the children by keeping them in their schools, community, and together with their siblings.

Priority Area: Workforce

Turnover of frontline workers, as well as supervisory, management, and administrative staff, has been a decades-long concern in many child welfare agencies. However, post-pandemic, this problem is even more acute. Similar to many other sectors of the economy, many county agencies are struggling to hire, train and retain caseworkers. Double-digit vacancy rates are all too often the norm, feeding a vicious and costly cycle of unmanageable caseloads that further erode morale and capacity to serve children and families.

COUNTY BEST PRACTICE

Coshocton County, Ohio county commissioners used ARPA funds in 2022 to provide a 7 percent wage increase for all children services staff, plus a $1,000 bonus.

For example, in Virginia, local agencies have vacancy rates averaging between 25 and 35 percent for child welfare staff as the number of applicants for open positions has also drastically declined since 2019. The average entry-level child welfare worker in Virginia leaves the field in less than two years. In Ohio, 38 percent of CPS workers left their position in 2020, with 63 percent of respondents in a state-wide survey reporting moderate or high levels of work stress. In 2023, more than half of counties in Pennsylvania had caseworker vacancy rates greater than 30 percent. Drivers of child welfare workforce vacancies and turnover include high caseloads and administrative burden, job stress and secondary trauma and poor compensation.

Dedicate funding to boost compensation

Recognizing that staff turnover places vulnerable children at greater risk for maltreatment, impedes timely intervention, and can delay permanency, many counties utilized their one-time flexible funding offered through the Coronavirus State and Local Fiscal Recovery Fund (Recovery Fund) authorized under the American Rescue Plan Act of 2021 (ARPA) to provide staff bonuses and increased pay to fill worker shortages, boost retention, and keep caseloads manageable for their human services workforce.

Unfortunately, those resources were temporary. Meanwhile, existing funding streams are inadequate to support local child welfare agencies in offering competitive compensation and benefits packages. For instance, while Title IV-B offers set-aside funding for workforce development (dependent upon monthly caseworker visits), this amount has been capped at just $20 million nationwide. In California, which has the highest Title IV-B allocation of all states, several counties received just $1,740 to support caseworker visits in FY 2023. Los Angeles County, with a population of 10 million, received $395,677. Meanwhile, while Title IV-E offers a 75 percent reimbursement rate for the cost of training local agency staff, those dollars are only available to the extent that those individuals will serve children eligible for Title IV-E assistance, a number that continues to decline due to outdated eligibility requirements.

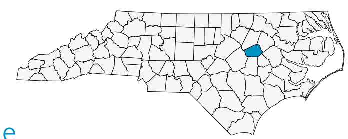
Congress should support new, sustainable funding to support these practices in the long-term and ensure the workforce is properly compensated for their vital contribution to the wellbeing of children and families. This includes the creation of a grant program aimed at educating, training and placing child welfare professionals with public agencies, drawing on existing HHS models such as the Community Health Worker Training Program, Health Profession Opportunity Grants and Public Health Infrastructure Grants. Staff training should be reimbursed at 75 percent regardless of the proportion of children in a state who are eligible for Title IV-E.

Invest in workforce mental health

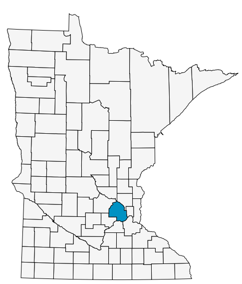
Retention of child welfare workers must encompass intentional investments in mental health and wellbeing. Even as counties work to create comprehensive and systemic reforms to prevent child maltreatment, child welfare staff are at their core first responders as they enter homes to investigate reports of abuse and neglect, stabilize families with concrete supports, find temporary safe homes for children and work to secure permanency for children in their care. Their role is like that of law enforcement, firefighters, and paramedics. Every day, they knock on doors to respond to reports of child abuse and neglect, not knowing what is on the other side. Within the strict guidelines of federal and state laws, caseworkers make critical decisions every day, often working for low-to-average wages, and very little recognition. County agencies are already investing in safe, confidential mental health services to help staff cope with burnout, secondary trauma and compassion fatigue, often hiring or contracting with licensed clinicians who can support staff in individual and group settings. However, dedicated federal resources to support and scale these efforts are limited.

In 2022, the American Rescue Plan Act made available $103 million in awards to improve the retention of health care workers and help respond to the nation's critical staffing needs by reducing burnout and promoting mental health and wellness among the health care workforce. **Congress should authorize a similar grant program focused on the child welfare workforce. Congress should also consider expanding eligible activities for Title IV-E administrative and training costs to include programs and services that support the psychological safety of these employees.**

COUNTY BEST PRACTICE



Wilson County, North Carolina hired in-house clinicians using General Revenue Fund and TANF dollars to provide confidential mental health support to child welfare staff.



Hennepin County, Minnesota has developed the Relative Search app, which allows kinship social workers to store relative search information as data points that can be queried rather than via a static document. This technology solution helps social workers find and answer important questions about identified relatives far more quickly while avoiding duplicative efforts. In 2021, the application identified 5,241 relatives and kin.

Support upgrades to legacy technology

Financial support to update legacy IT infrastructure is critical in reducing caseworker stress. Counties across the country consistently report that outdated technological infrastructure adds to the strain, frustration and fatigue of their human services staff. When a caseworker spends a significant amount of time waiting for screens to load, they have less time to devote to assisting families. Technology failures and slow systems can also lead to caseworkers receiving incorrect/outdated information about families and foster care children. Congress and the administration should provide technical assistance and dedicated funding, for instance through an enhanced federal match, for child welfare agencies to invest in technology and systems upgrades to improve efficiency, cross-systems alignment, and accuracy, recognizing that modernization of technology can further spur innovations that help meet program goals.

Priority Area: Youth Aging Out

Every year, roughly 20,000 young people age out of foster care without achieving permanence. Youth transitioning out of the foster care system often experience significant hardship, with increased risk for homelessness, barriers to educational attainment, difficulty accessing employment, higher incidence of young parenthood, substance abuse and interactions with the criminal justice system. Current federal resources and flexibilities for this unique population do not go far enough to meet their complex needs.

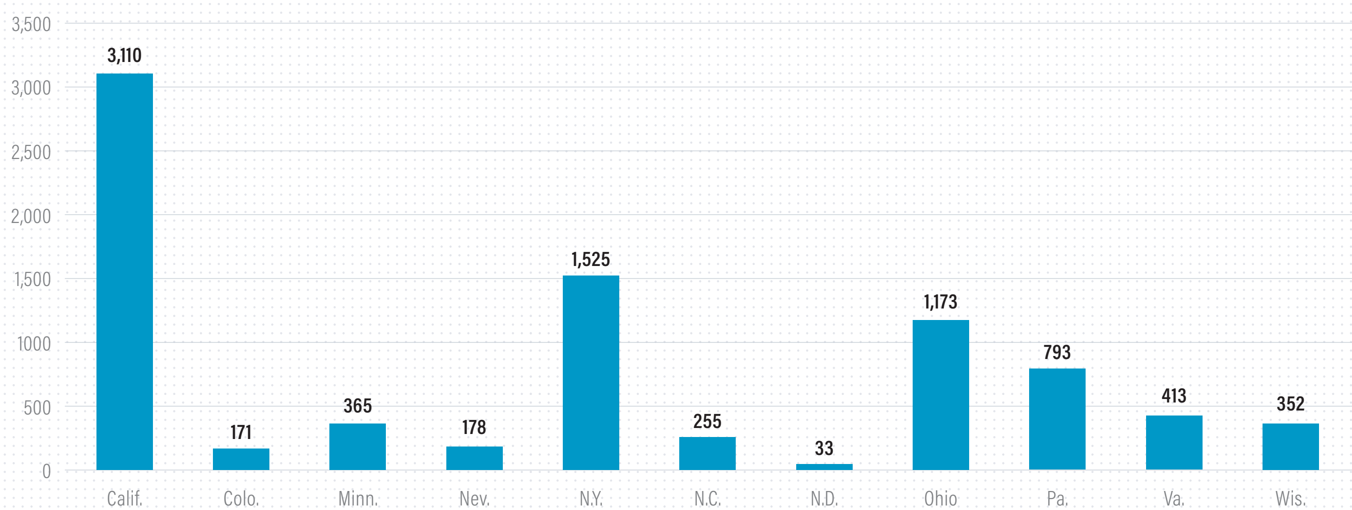
Expand concrete supports and services

Counties call for enhanced federal funding for supports that will help former foster youth thrive. **Congress and the federal government should invest in increased access to, and funding for, programs that connect youth aging out with workforce and educational opportunities, housing, health care, independent living programs, mental health, substance abuse services, and transitional services. At a minimum, the eligible age for a childless worker to receive the Earned Income Tax Credit (EITC) should be lowered from 25 to 19 for former foster youth. Disabled youth receiving federal foster care payments should automatically receive Supplemental Security Income (SSI) upon aging out of care.**

COUNTY BEST PRACTICE

Hamilton County, Ohio's Job and Family Services Department partnered with a national nonprofit network in 2019 to launch First Place for Youth Cincinnati, an education and workforce program that uses housing as a stabilizing force for the 100 foster youth aging out of care in the county each year. All of the youth participating in the program have completed or are actively working toward a High School Diploma/GED and 96 percent of youth avoid arrests while in the program.

YOUTH EMANCIPATING FROM FOSTER CARE IN COUNTY-ADMINISTERED CHILD WELFARE STATES, 2021



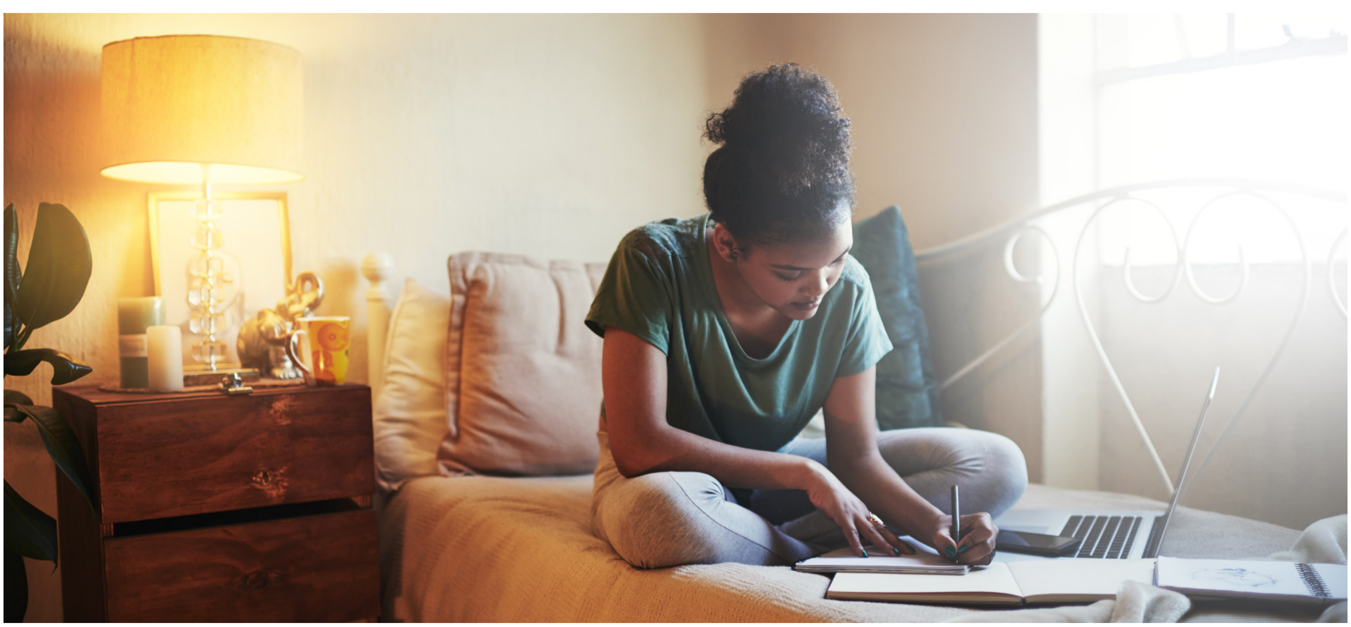
Source: *Annie E. Casey Foundation Kids Count Data Center*

Incentivize states to extend foster care to age 21

Federal law provides foster care payments to eligible youth up to age 18 and allows states to opt into federal support for them until age 21 as long as they are completing secondary school (or the equivalent), enrolled in postsecondary or vocational school, participating in a program or activity that promotes or removes barriers to employment, employed 80 hours a month, or incapable of school and/or work requirements due to a documented medical condition. Extended foster care is associated with a greater chance of high school completion, college enrollment, employment, and earnings while reducing the risk of homelessness, pregnancy, involvement with the justice system and participation in other assistance programs. However, only 28 states and the District of Columbia have chosen to extend Title IV-E foster care for youth beyond the age of 18. **Congress should pass legislation to incentivize states to take up this option (including youth who voluntarily leave care to return if they choose) by removing the AFDC lookback for this specific population to defray the cost of extended care. Additionally, HHS and the Department of Labor should issue joint guidance to state and local agencies on how to connect youth in extended foster care with workforce development programs.**

COUNTY BEST PRACTICE

Los Angeles County, California's Workforce Development, Aging and Community Services (WDACS) department allocates funding under its Youth@Work program to serve current or former foster youth. The targeted efforts ensure that foster youth countywide can participate in workforce services inclusive of soft skills development and work experience. To facilitate services to youth, WDACS partners with Department of Children and Family Services (DCFS) and other community-based organizations to provide referrals for potential foster participants using an Automated Referral System.



Endnotes

[1] Annie E. Casey Foundation, Child Welfare and Foster Care Statistics, Updated April 2024, https://www.aecf.org/blog/child-welfare-and-foster-care-statistics

[2] Ibid.

[3] Ibid.

[4] Toria Herd, Sarah Font, Lindsey Palmer, Claire Selin, Stacey Shipe, Anneke Olson, Catherine Diercks, Kayla Brown, Casey Mullins, Melissa Jonson-Reid, Sheree L. Toth & Jennie G. Noll, Disentangling Neglect from Poverty, Penn State Social Science Research Institute, June 2022.

[5] Chapin Hall, System Transformation to Support Child & Family Well-Being: The Central Role of Economic & Concrete Supports. July, 2021.

[6] Administration for Children and Families Title IV-E Programs Expenditure and Caseload Data 2022, current as of September 15, 2023 (latest available data.)

[7] Annie E. Casey Foundation, Child Welfare and Foster Care Statistics, Updated April 2024, https://www.aecf.org/blog/child-welfare-and-foster-care-statistics

[8] Who Cares: A National Count of Foster Homes and Families, https://www.fostercarecapacity.com/about

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