



FIRST FOCUS

MAKING CHILDREN & FAMILIES THE PRIORITY

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March 4, 2008

The Honorable Jim McDermott
U.S. House of Representatives
Washington, DC 20515

Dear Congressman McDermott:

I am writing on behalf of First Focus, a bipartisan advocacy organization committed to making children and their families a priority in federal policy and budget decisions, to thank you for your leadership in introducing the Invest in KIDS Act (H.R. 5466). This bill is a critical first step towards vastly reforming and improving our existing child welfare system to better care for our most vulnerable children.

The Invest in KIDS Act will improve our child welfare system by enhancing states' capacity to secure safe, stable, and permanent homes for all foster children. The Act also invests in families, guarantees federal coverage for all children in need, supports a qualified workforce, ensures continuity in care for teens aging out of the child welfare system, and improves connections to health care, schools and families.

We are especially pleased to see the following provisions included in H.R. 5466:

- Allows States to Utilize IV-E Funds to Support a Broad Array of Services in a More Flexible Manner than Currently Permitted

Today, the majority of federal funding for child welfare cannot be used to pay for prevention efforts, reunification or post-permanency services. In fact, in 2007, over 90% of federal child welfare funds were made available to support children in foster care or those adopted. Less than 7% percent of federal dollars dedicated for child welfare were available to states to provide critical prevention and reunification services and supports. In order to reduce the number of children entering foster care, we must substantially increase our investment in prevention efforts.

Providing supports and services for at-risk families is critical to ensuring that they never enter the child welfare system in the first place. We encourage efforts that provide a reliable and flexible source of federal funding for states to support a broad continuum of services to at-risk children and families. These services include critical prevention services which are essential to keeping children safe, promoting resiliency and healthy child development, strengthening parent-child relationships, and ensuring nurturing and stable homes for our nation's children.

- Ensures Federal Foster Care Coverage for all Children in Need

Under the existing financial reimbursement structure, eligibility for federal assistance (Social Security Act (SSA) Title IV-E) is linked to the Aid to Families with Dependent Children (AFDC) program, which no longer exists. As a result, many children are not eligible for federal foster care assistance, and

each year, fewer children qualify for aid. De-linking IV-E eligibility is a critical element in reforming the child welfare system.

- Allows Tribes and Tribal Consortia to Apply for Direct Access to Federal IV-E Funds

American Indian/Alaskan Native (AI/AN) children in care represent our most vulnerable children. As you know, close to 10,000 AI/AN children are currently in the foster care system, often representing a disproportionate number of kids in care. In fact, the Child Welfare League of America (CWLA) reports that in some states - including Alaska and South Dakota – AI/AN children represent over 45% of substantiated cases of child abuse. Providing tribes with equal access to IV-E funds is essential to ensuring that tribal agencies have the capacity to provide essential supports and services to Indian children and families in need.

- Allow States to Utilize IV-E Funds to Extend Assistance for Foster Children to Age 21

In 2005, over 24,000 teens left foster care at the age of 18. Sadly, the outlook for many of these kids is grim. One in four will be incarcerated within the first two years after leaving the system, and over one-fifth will become homeless at some point. Only 58 percent will obtain a high school degree by age 19 – compared to 87 percent of non-foster kids. These teens are also more likely to experience serious mental health problems and to be involved in the juvenile justice system.

Currently, states that allow coverage for teens 18 or older use state funds or compile a patchwork of federal funding, including funds from the Chaffee Independent Living program, to provide a mix of services as a transition but not to keep children in care. Allowing states flexibility to continue funding foster care services for youth to the age of 19, 20 or 21 significantly improves states' capacity to meet the needs of teens in transition, and in turn, will contribute to positive outcomes for older youth.

- Allows States to Utilize Title IV-E Funds to Provide Assistance to Kinship Caregivers and Guardianship Placements

Kinship care is the fastest growing form of placement for children in foster care. The CWLA reports that nearly a third of all children in foster care live with a relative - often a grandparent. These grandparents typically live in poverty, and struggle to support themselves and their grandchildren. According to the American Bar Association, over half of kids in kinship care live in families with incomes below 200% of the federal poverty line. Over half live with a single caretaker – typically a relative over 50 years of age. These relatives are also more likely to experience health problems.

Despite enduring clear hardships, kinship families typically do not receive the same financial assistance, services, supports and training as foster parents. We strongly support extending IV-E funds to kinship and guardianship placements, and believe doing so will make family placement a viable permanency option for vulnerable children. We also support the proposed increase in focus on placing siblings together and ensuring strong sibling relationships among children in foster care.

- Requires States to Develop Plans to Oversee and Coordinate Health Care for Foster Children

We support the proposed Health Oversight and Coordination Plan, a critical first step to ensuring the health care needs of children in foster care are adequately met. In a 2005 survey, HHS found that more than 30 percent of foster care cases reviewed did not demonstrate the provision of adequate services to

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children. A 1995 GAO report found that despite regulations requiring comprehensive routine health care for foster care children, 12 percent received no routine health care and 32 percent had unmet needs. In addition, a 2001 Mathematica report found that although most children were enrolled in Medicaid before entering foster care, between one-third and one-half lost their Medicaid coverage within a month after leaving foster care. Disruptions in coverage are a serious concern, especially for foster kids who have great needs. We must address the barriers foster children experience in accessing health care, ensure continuity in coverage, and improve the quality of care afforded to our most vulnerable children.

We believe H.R. 5466 will help us move toward the long-term goal of substantially reducing the number of children entering foster care, and working to ensure that our existing system of care protects children and adequately meets the needs of families in the child welfare system. We are grateful for your leadership on this issue, and for all of your efforts to ensure that our nation's most vulnerable children and families receive essential service and supports. Thank you again for your support, and we look forward to working with you on this and other proposals to address the needs of our nation's children.

Sincerely,



Bruce Lesley
President