Time for Reform:

INVESTING IN PREVENTION: KEEPING CHILDREN SAFE AT HOME

KIDS ARE WAITING
Fix Foster Care Now

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Foster care provides a much-needed safety net for children and youth when they have experienced abuse or neglect and cannot remain safely at home. However, a growing body of evidence and real-life experiences in Nashville, Milwaukee and Allegheny County Pennsylvania, among others, suggest that providing families with a broader array of services and supports can effectively prevent child abuse and neglect from occurring in the first place.[1] When abuse or neglect occurs, providing vulnerable families with a full continuum of services can help more children safely stay with or return to their families from foster care.[2] However, to provide alternative services to foster care—including family counseling, emergency housing support, referrals for drug treatment programs, and parenting classes, among others—states and localities need federal support to help ensure children live safely with permanent families.

Unfortunately, the majority of dedicated federal funding for child welfare is currently reserved for foster care services and cannot be used for prevention or reunification services or supports.. States may access dollars under Title IV-E, the principal source of federal child welfare funding, only after children have been removed from their home and enter foster care. Of the $7.2 billion in federal funds dedicated for child welfare in 2007, approximately 90 percent supported children in foster care placements ($4.5 billion) and children adopted from foster care ($2.0 billion). States can use about 10 percent of federal dedicated child welfare funds flexibly for family services and supports, including prevention or reunification services, in accordance with local and regional decisions about what is most needed.[3]

Failure to invest in the broad range of services needed by vulnerable children and families, and in particular, prevention and reunification services, is costly to society. A recent analysis estimated that in 2007, the total annual cost of child abuse in the United States was nearly $104 billion.[4] This total represents more than $33 billion in direct costs of child maltreatment, including judicial, foster care, law enforcement and health system responses, and $70 billion in indirect costs, including long-term economic effects. The cost of providing foster care alone, including local, state and federal dollars, was $23 billion in 2004.[5]

Although foster care is an important and necessary safety net, equally important services for vulnerable children and families are not adequately supported by current federal financing policies. Family support, family strengthening, and family reunification services have shown great promise in ensuring the safety and well-being of children.[6] In 2005, approximately 124,000 (or 54 percent) of the children leaving foster care were returned to their families, after having stayed in foster care for an average of six months.[7] Diversifying the kinds of effective services that can be supported with federal child welfare funding can produce better results for children and families. A stronger array of front-end services could:

- **Decrease the incidence of abuse and neglect.** An evaluation of the Nurse-Family Partnership program (which provides nurse home visits to low-income first time parents) found a 48 percent lower level of abuse and neglect for children served through the program than children in the control group.[8]

• **Reduce short and long term trauma to children.** Childhood experiences of abuse and neglect are linked with serious lifelong problems, including depression, suicide, alcoholism and drug abuse, as well as major medical problems such as heart disease, cancer and diabetes.[9] Renewal House in Nashville, Tennessee provides a residential program for mothers who have an addiction and allows children to accompany their mothers into treatment. Studies show that children served by the program double their developmental assets and that fewer infants born while mothers are in the program require neonatal intensive care, sparing babies severe medical complications and lifelong disabilities.[10]

• **Lessen the need to remove children from their families** in some cases and **help children safely return home from foster care more quickly and safely.** In Pennsylvania's Allegheny County, as a result of increased investment in prevention services, more than 65 percent of children remain at home for the entire time they are served by the child welfare system. The length of stay for those who entered foster care before they were safely returned home dropped from 21 months in January 1997 to 14 months in August 2007.[11]

• **Lower the costs of care per child.** By pooling funding from several state and county agencies, Wraparound Milwaukee has achieved greater flexibility in meeting a range of family needs. It has succeeded in decreasing the number of children in foster care by sixty percent (from 364 daily to less than 140) and reduced the cost of care from $5,000 to less than $3,300 since the program was implemented. By reinvesting the savings into other services, the program now serves more than 650 youth with only 21 percent of the youth living in out-of-home foster care placements.[12]

The federal child welfare financing system should better support the full range of services needed to keep children safe and strengthen families. States could significantly improve the lives of children and families through changes at the federal level that make existing federal child welfare dollars more flexible while maintaining protections for children in need and by making targeted new federal investments in front-end services to prevent child abuse and neglect and reduce the need for foster care. These reforms would also allow states to provide services and supports for children and families so that children in foster care could leave for safe, permanent families more quickly through reunification or, when reunification is not possible, through adoption or subsidized guardianship.

The following policy options for federal child welfare financing could help keep children safe and strengthen families:

1. Ensure a sufficient, flexible and reliable federal resource to help support the continuum of services needed by at-risk children and families.

2. Reward states for safely reducing the number of children in foster care and achieving all forms of permanence.

3. Make all children who have experienced abuse or neglect and who cannot remain safely with their families eligible for federal foster care support.

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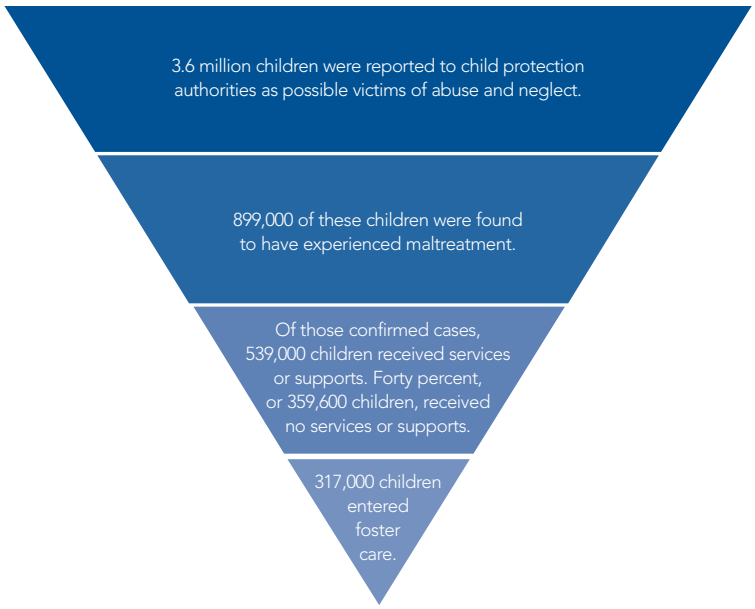
INTRODUCTION

Approximately 3.6 million children were reported to child protection authorities as possible victims of abuse and neglect in 2005. Unfortunately, few data exist about services provided to these children, but it is estimated only 2.5 percent of these children receive any kind of preventive services. We do know that, of the 899,000 confirmed cases of maltreatment, our child welfare system provides services or supports to approximately 60 percent of the children. Approximately 359,000 children with confirmed cases of abuse or neglect receive no services or supports. See figure 1.

These statistics beg important questions: Why do so many children who have experienced abuse or neglect and their families receive no services after abuse or neglect occurs? Had we provided prevention services to more of the 900,000 children confirmed as victims of abuse or neglect could we have prevented further abuse or neglect or perhaps even reduced the number of children who end up entering into foster care?

FIGURE 1—Children Served Through Child Welfare Systems



Source: US Department of Health and Human Services. (2006). *Child Maltreatment 2005*. Available on-line at: http://www.acf.hhs.gov/programs/cb/pubs/cm05/chaptersix.htm#post (accessed November 9,2007).

This report examines the role that child welfare programs play in keeping children safe and helping families remain together whenever possible. While recognizing that the prevention of child abuse and neglect and the provision of services and supports for vulnerable families are responsibilities of many service systems that must work together, this report focuses on the role of child welfare agencies. The report describes the continuum of prevention and reunification services that must be in place to:

- Prevent child abuse and neglect from occurring in the first place;
- Prevent child abuse and neglect from reoccurring or intensifying;
- Prevent children from unnecessarily entering foster care by keeping them safely with their families; and
- Promote the safe and timely reunification of children in foster care with their families whenever possible.

Currently, there are insufficient preventive and reunification services in place—services that have proven to be effective in improving outcomes for children and families. This report highlights some prevention and reunification programs that have shown promising results. The report then describes federal legislative efforts to support these practices. It examines how the federal foster care financing straightjacket limits states' ability to provide the prevention and reunification services that children and families need. Finally, we conclude by recommending several changes to the child welfare financing structure that could improve states' ability to provide the kinds of services most likely to help children and families safely stay together whenever possible.

PREVENTING CHILD ABUSE OR NEGLECT AND **KEEPING CHILDREN SAFELY WITH THEIR FAMILIES**

In 2005, approximately 311,000 children entered foster care. They will remain on average for three years and be moved three or more times. The majority of children who enter foster care each year return to their families. More than 154,000 children, or 54 percent of the children leaving care, returned home in 2005. Children who leave foster care to be reunified with their parents tend to leave foster care rather quickly. The average length of time that children, who left foster care to reunification in 2005, had been in care was 6 months. This time period contrasts sharply with the time for children with adoption as a goal (average of 32 months), and children who left foster care when they became ineligible for foster care at age 18 or older (average of 44 months).[13] Because more than half of all children in foster care eventually return home, generally within several months of entering foster care, it is logical to ask whether more children could safely remain with their families without the trauma of removal if services and supports were available to their families. Children, families and society would benefit if the federal government were to strengthen its commitment

"I was five and my family was being ripped apart by men with blue suits and badges. I kneeled backwards in the front seat of a squad car staring out through the back window. I was scared. And I'm sure the car was full of my siblings, but I only remember being alone. My mother was alone too. I remember her. A broken young woman blurred by my tears and the dirty back window. She stood in the middle of the street and watched as two cars drove away with her life."

EPRISE, *21, 13 years in foster care in Indiana*

to ensuring adequate prevention services and allow states to use federal funds more flexibly to prevent child abuse or neglect from occurring and to prevent the unnecessary placement of children in foster care. States would be able to pay for alternative solutions to the problems that families face so that more children are able to remain with their families safely. These alternative solutions are often far less expensive than foster care.

Unfortunately, the majority of federal funds dedicated to child welfare can only be accessed *after* a child has been removed from the family, and they can be used only to pay for foster care placements—with foster families, in group homes and in child care institutions—and related services. Many believe that this financing straightjacket has contributed to an over-reliance on the provision of foster care over alternative services that might help children safely stay with or return to their families.

ENTERING FOSTER CARE BECAUSE OF ABUSE OR NEGLECT

Some children enter foster care each year because their families need but *do not receive* necessary services and supports that would help keep their families together. States are required by federal law to use "reasonable efforts" to remedy the conditions that bring families to the attention of child welfare systems.[14] These services—known as "family support," "family preservation," and "preventive services"—are intended to strengthen families and keep children and parents together safely. (See Appendix A for definitions.) Yet, in many cases, the very services that families need are not available. Studies, for example, have found that children whose families have housing problems are almost twice as likely to enter foster care as children whose families do not have these problems.[15]

Although children may be removed from their families because of physical, sexual, or emotional abuse,[16] children are most often placed in foster care because of neglect. As Table 1 shows, neglect, when combined with families' housing problems, has consistently been the principal reason that many children enter foster care. In 2005, states reported to the federal government that about half of the children who entered foster care did so at least partly because of neglect.[17] The rate of removals because of neglect, in fact, increased 17 percent between 2000 and 2005, or by nearly 35,000 cases. Appendix B shows the same patterns on a state-by-state basis. In each state, it is neglect, not abuse, that accounts for the majority of children's entries to foster care.

Neglect, which can take many forms, often results from families' difficulties in accessing needed services and supports.[18] For some families, there is too little income to provide their children with food, health care, and other necessities that their children need. For other families, the lack of affordable quality housing results in homelessness or substandard living conditions that pose risks to their children's and their own safety.[19] For yet other families, parents must work two or more jobs and struggle to provide their children with appropriate

"I found out later in life that my birth father fought to keep me but the State determined my medical issues far outweighed his financial ability to care for me. It's so hard to say whether the State made the right decision. I still carry the wounds of the experience. I can only imagine the anguish my father carried through life knowing that his financial means kept him from knowing his son."

FOSTER CARE ALUMNUS, *Atlanta, GA*

supervision while the parents are at work. Child care for many families is unaffordable. And for some parents, depression and other mental health conditions undermine their ability to provide adequately for their children.

TABLE 1—Reported Reasons for Removal (2000–2005): National Data*

	2000	2001	2002	2003	2004	2005
Physical/sexual abuse	58,611 20.4%	60,567 20.4%	62,718 20.7%	61,455 20.8%	61,579 20.2%	61,821 19.9%
Neglect/housing**	130,285 45.4%	138,333 46.7%	146,976 48.6%	149,312 50.4%	156,555 51.4%	164,957 53.0%
Parent drug/alcohol abuse	48,531 16.9%	51,611 17.4%	57,242 18.9%	60,633 20.5%	66,117 21.7%	74,764 24.0%
Parent inability to cope	30,753 10.7%	32,241 10.9%	38,404 12.7%	36,968 12.5%	37,341 12.3%	37,572 12.1%
Child behavioral problems	64,736 22.5%	64,436 21.8%	66,038 21.8%	61,562 20.8%	64,725 21.2%	66,077 21.2%

*These columns do not total 100% because a case worker may record multiple reasons for a child's entry into foster care. A case worker, for example, may indicate that a child has suffered physical abuse AND neglect.

*Neglect and housing are reported together as inadequate housing and homelessness are often treated as neglect.

Source: AFCARS.

Neglect may also occur when parents struggle with substance abuse, an issue that has become increasingly prevalent over the last several years. In 2005, nearly 75,000 children and youth were removed from their families because of parental substance abuse—a 42 percent increase over the 2000 rate. Alcohol related problems have long hindered some parents' abilities to care for their children. Beginning with the cocaine epidemic in the 1980s and continuing with the methamphetamine problems of this decade, substance abuse crises have significantly contributed to children's and families' involvement with child welfare services.[20] Parents involved with alcohol and/or drugs may be so focused on obtaining and using substances that they leave their children without supervision and without the basic necessities of shelter, food, and health care. Without intensive treatment and social supports, some parents may not be able to control their addiction. In many cases, treatment services are not available—the waiting lists are long and programs may require in-patient stays that take parents away from their children. One study found that only 10 percent of child welfare agencies reported that they could readily locate substance abuse services for clients who needed them.[21]

When prevention services and supports are not available for families, the only solution often is the placement of children in foster care—which in and of itself can be a traumatic experience for children and create greater stresses on already fragile families. For many families, community based services and supports could prevent neglect altogether or could significantly mitigate the

"I prayed every night to see my mom again, to live with her once more. They told me I could live with her when she had accomplished what they wanted, when she was ready. But she could never get ahead..."

SHARDE, *22, 12 years in foster care in Indiana.*

impact of neglect on children by helping families obtain safe and affordable housing, health care, mental health and substance abuse treatment services, and legal protection when domestic violence is an issue. When these services and supports are lacking in communities, child welfare agencies are often forced to remove children from their families to protect them.

PROMISING PREVENTION PROGRAMS

Prevention programs are designed both to respond to families' needs for services and support before a crisis occurs and to immediately meet families' needs when a crisis develops. These programs help provide families with services, supports, and the skills they need to solve problems so that their children remain safe and do not enter foster care unless it is absolutely necessary. The effectiveness of prevention services is inherently difficult to demonstrate. Successful prevention programs prevent harm from occurring, and success, as a result, must be measured by showing that a service contributed to an absence of harm—a challenging result to prove. Outcomes research on family support and strengthening programs, however, suggests that certain program features appear to be associated with greater effectiveness in prevention programs:[22]

STRENGTHS-BASED FAMILY SERVICES: Effective programs use assessment processes that identify the family's core strengths and find ways to incorporate those strengths in resolving the problems the family is experiencing.[23] Families are recognized as resources to other family members, and the focus is on enhancing families' capacities to support the growth and development of all family members: adults, youth and children.[24]

CULTURAL SENSITIVITY: Given the disproportionate representation of children of color, and African American children in particular, in the child welfare system,[25] effective programs utilize culturally relevant practices in serving families. Social workers recognize cultural differences in the ways that families raise children and the ways that families respond to crises within the extended family.[26]

COMPREHENSIVE AND HOLISTIC APPROACHES: Effective programs are embedded in the community and mobilize formal and informal resources to support family development. They are flexible and continually responsive to emerging family issues.[27] Some communities have implemented differential response programs that individualize services for families and establish a community-based system of assistance that includes informal and natural supports for families—diverting many families from formal involvement with the child welfare system.[28]

PREVENTING CHILD ABUSE AND NEGLECT: SOME PROMISING PROGRAMS. A number of promising programs have been developed that focus on preventing child and abuse from occurring in the first place. Examples of these primary prevention programs include the following:

"Preventive service programs need to let families know what resources are available and how they can help them. Parents need friendly support from people who care."

MRS. Y. WILLIAMS, *parent*

Family Connections, Baltimore, Maryland[29]

Family Connections is a community-based program of the University of Maryland, Baltimore Center for Families. This program promotes the safety and well-being of children and families through family and community services, professional education and training, and research and evaluation. The primary goal is to develop, implement, and evaluate the effectiveness of early intervention models of community-based, neglect-prevention, psychosocial service programs for families who are having significant difficulty meeting the needs of their children. Based on a rigorous evaluation, Family Connections has been found to: (1) increase the protecting factors for children; (2) decrease the risk factors for child neglect; (3) reduce the incidence of child abuse and neglect; and (4) increase child safety and well-being.

Circle of Security, Spokane, Washington[30]

The Circle of Security program is a 20-week, group-based, parent educational and psychotherapeutic intervention designed to improve parenting behavior in high-risk, caregiver-child relationships. Using edited videotapes of their interactions with their children, caregivers are encouraged to increase their sensitivity and appropriate responsiveness to their children's signals for closeness and comfort, affect regulation, and exploration and autonomy; increase their ability to reflect on their own and their child's behaviors, thoughts, and feelings regarding their attachment-caregiving interactions; and reflect on experiences in their own histories that affect their current caregiving patterns. The program also provides support for caregivers and children between group meetings from Head Start teachers and family service coordinators. Preliminary evaluation results have suggested that Circle of Security may lead to more appropriate caregiving strategies and increased attachment between caregivers and their children.

Nurse-Family Partnership[31]

Nurse-Family Partnership (NFP) is an evidence-based, nurse home visiting program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children. NFP nurse home visitors work with their clients to: improve pregnancy outcomes by helping women engage in good preventive health practices; improve child health and development by helping parents provide responsible and competent care; and improve the economic self-sufficiency of the family by helping parents develop a vision of their own future, plan future pregnancies, continue their education, and work. Women voluntarily enroll in the program as early in their pregnancy as possible with nurse home visits beginning ideally by the 16th week of pregnancy and continuing through the first two years of the child's life. Nurse home visitors involve the mother's support system, including family members and friends, and they assist in assessing the need for other health and human services. The program currently operates in more than 150 sites in 20 states.

"I feel that if my parents could have gotten drug counseling and our family the help or money put into us, maybe my brother and I would have been able to stay with our mother. In the long run, maybe even keeping my brother and me together."

SCHYLAR, *24, 11 years in foster care in Montana*

NFP is the most rigorously tested program of its kind. Through randomized controlled trials of the program, the program was found to improve prenatal health, result in fewer subsequent pregnancies, increase intervals between births, decrease childhood injuries, increase maternal employment, and improve school readiness. A key result for children served through the program was a 48% lower level of abuse and neglect than children in the control group. NFP more than pays for itself, given the many positive effects of the program. The RAND Corporation has estimated that the return for each dollar invested in NFP was $5.70 for the higher-risk population served and $2.88 for the entire population served (in 2003 dollars). Because this estimate does not include the cost saving attributable to reductions in subsequent pregnancies or preterm births, the actual cost savings are likely to be larger given the significant expenses associated with these outcomes.

STRENGTHENING AND STABILIZING FAMILIES: SOME PROMISING PROGRAMS. Other promising programs have been developed to provide services and supports to families in crisis—to help them stabilize the situation and continue to safely care for their children. Examples of these programs include the following:

The Homes for the Homeless Prospect Crisis Nursery[32]

The Homes for the Homeless (HFH) Prospect Crisis Nursery, located in the South Bronx of New York City, partners with local hospitals and child and family serving agencies to serve families with children at risk of abuse or neglect. The goals are to prevent child abuse and neglect, prevent placements into the City's already overburdened foster care system, and ultimately strengthen families by helping them create and maintain a stable family life. The Prospect Crisis Nursery is open 24 hours a day, seven days a week, to children from infancy to six years old whose parents are coping with family emergencies or high-stress situations. Parents are strongly encouraged to keep their child at the Nursery for a minimum of 24 hours so that they can address the cause of the family's crisis and Nursery staff can assess the child and make appropriate referrals when needed. The program additionally provides after-care supports and services to help families remain together. Evaluations of the program show that 80 percent of the parents demonstrate improved discipline techniques, 60 percent of the parents report reduced stress as a result of crisis care, and 100 percent of the families served through the program with open child welfare cases remain safely together.

Renewal House, Nashville, Tennessee[33]

Renewal House offers a residential program for mothers who have an addiction and who are pregnant or who have physical custody of one or two children aged 10 or younger. Mothers and their children are in recovery together at Renewal House. Upon moving to Renewal House, the entire family's needs are assessed and addressed. The program has two parts: a residential component that lasts

between 6 and 15 months and an aftercare component that lasts between 3 and 6 months. While in the residential component of the program, a mother resides in a fully furnished one bedroom apartment and receives random drug screens; attends a licensed outpatient addictions treatment program; and upon completion of these services, receives ongoing addiction recovery counseling through individual and group counseling sessions that are held on site while attending 12 step support groups in the community. Parenting, life skills, and vocational individual and group sessions also are provided. To address children's needs, mothers also receive a variety of referrals to parenting and children's resources, which may include developmental assessments, family therapy, children's mental health services, case management, and individual or group counseling. According to Renewal House, the outcomes for mothers and children served by this program are positive: almost half (49 percent) of mothers move with their children to permanent housing when they leave the program; 49 percent of mothers leave with employment income (compared to only 2 percent who have employment income when they enter the program); children double the number of developmental assets (skills, values and inner strengths) while in the program; and fewer infants born while mothers are in the program require neonatal intensive care, sparing babies severe medical complications and lifelong disabilities and saving the community money.

Healthy Families New Jersey[34]

Healthy Families New Jersey (HFNJ), initially funded by The Robert Wood Johnson Foundation, is a multi-state effort in which trained caseworkers provide intensive home visitation and supportive services to families at risk for abusive or neglectful behaviors toward their children. HFNJ's goals are to: (1) identify all at-risk families with infants in New Jersey; (2) promote positive family functioning and healthy child development; (3) prevent child abuse and neglect; (4) facilitate the use of existing community resources; (4) link each child to a primary health care provider; and (5) encourage use of preventive and primary health care measures. An evaluation of the program found a number of positive effects, including positive changes in parenting attitudes and beliefs, parent-child interaction, and quality of home environment; higher birth weights among premature babies of women who enrolled prenatally compared to babies of women who enrolled after birth; a rate of only 1 percent substantiated abuse and neglect; involvement of 76 percent of fathers in parenting (although only 2 percent of mothers were married); an increase in the mothers' employment from 10 percent to 35 percent; and 91 percent of enrolled children with up-to-date immunizations. The Healthy Families New Jersey Initiative continued after RWJF funding ended through federal Title IV-B funds. The project's most significant challenge has been attracting long-term support.

Family Preservation: Ft. Berthold Reservation, North Dakota[35]

Family preservation among the Arikara, Hidatsa, and Mandan tribes at the Ft. Berthold Reservation follows a cultural network model that has as its

"It's imperative that the federal financing mechanisms for child welfare be overhauled if we are going to improve safety, permanency and well-being outcomes for children and families. States must have flexibility and relief from oppressive regulations in order to meet the intent of ASFA and the CFSR benchmarks. There must be accountability and incentives for performance rather than the current system of financial penalties which further reduces the state's ability to meet the needs of vulnerable children."

MARC CHERNA, *Director, Allegheny County Department of Human Services*

foundational components: community education and advocacy to keep the principles of family preservation at the forefront of the tribal agenda; tribal members as staff; reliance on tribal cultural systems as an essential part of tribal social work; and social work practices based on cultural facilitation and a strengths-based model. Tribal leadership and members of the tribal community worked with tribal child welfare services to develop this family preservation model. Its key features are:

- A strengths-based standard that guides case management: family difficulties and related stresses are viewed through a lens of family strengths and available resources in extended families
- Practice methods that empower culture, with emphasis placed on extended kin systems, reaffirming traditional thinking about family and tribal responsibility
- Casework interventions consistent with social and cultural standards of the tribes—which place tribal knowledge, attitudes and beliefs regarding extended families into a dominant position
- A kinship connection among caseworkers, communities and clients, resulting in open communication and cultural awareness

As a result of the changes in Ft. Berthold's family preservation program, the number of children in foster care has drastically declined: from close to 200 children in the early 1990s to only 9 children by 2001.

Family Preservation Services Working in Allegheny County, Pennsylvania[36]

The Allegheny County Department of Human Services (DHS) adheres to the tenet that children are to be removed from their homes only if absolutely necessary. When a removal is being considered following an assessment, a pre-placement conference is held. This meeting includes, at a minimum, an Office of Children, Youth and Families (CYF) administrator, supervisor and caseworker. The team meets to help ensure that the maximum number of possible alternatives to placement have been explored before removing a child from his/her family. Removals occur only when it is determined that no combination of supports or services can assure a child's safety. Families who need services to remain safely together receive intensive family preservation services which range from crisis intervention to in-home, community-based and aftercare services designed to support families. Services range from parenting and life skills to familiarizing the family with community-based supports. In addition, the County provides financial assistance to help meet families' needs—for food, to pay utility bills, or to meet emergencies. Additionally, since substance abuse is a major reason for families' involvement with the child welfare system, the County utilizes the Pennsylvania Organization for Women in Early Recovery (P.O.W.E.R.) Connection to conduct comprehensive substance abuse assessments, referrals to treatment, service coordination, mentoring, relapse prevention, consultation, and follow-up care.

Allegheny County's prevention efforts have resulted in a decline in the number of children in foster care. In January 1996, 3,318 children were in foster care; as of August 1, 2007, the foster care population was 2,402, a 28 percent decrease. More than 65 percent of the children that the Department serves remain at home with services for the entire time that they are involved with the agency. In addition, Allegheny County has seen children in foster care return home more quickly. For children with a goal of reunification, expediting family reunifications has reduced the average length of time that children spend in an out-of-home setting by 33 percent—from almost 21 months in January of 1997 to 14 months in August 2007. In 2006, 82 percent of children entering foster care were reunited with their families within 12 months.

SAFELY REUNIFYING CHILDREN **WITH THEIR FAMILIES**

Safely reunifying children placed in foster care with their parents is a primary goal of the child welfare system. Family reunification services often include many of the same services that could have kept families safely together: housing supports, substance abuse treatment services, mental health services, and parenting education. Between 2000 and 2005, the number of children leaving foster care each year increased, including the number of children who left foster care to be reunified with their parents. However, the percentage of children exiting foster care to reunification, compared to other outcomes, has shown a slight decline. The percentage of children exiting to reunification decreased from 55 percent in 2000 to 53.6 percent in 2005 (although there was a slight increase between 2004 and 2005). During this same time period, the percentage of children exiting to adoption increased slightly (from 17 percent to nearly 18 percent). The percentage of children who aged out of foster care without a permanent family increased from 7 percent to 8 percent. See Table 2.

TABLE 2—Leaving Foster Care: Where Children and Youth Go—National Exits from Foster Care (2000-2005)

	2000	2001	2002	2003	2004	2005
Reunified with parents	147,302 55.1%	148,715 55.2%	152,800 54.3%	152,052 54.0%	149,154 52.8%	154,249 53.6%
Living with Relatives (informal/formal)	32,980 12.3%	33,705 12.5%	37,982 13.5%	41,588 14.8%	45,161 16.0%	44,067 15.3%
Adopted	44,403 16.6%	44,984 16.7%	49,255 17.5%	49,239 17.5%	50,567 17.9%	50,752 17.6%
Aged out	19,041 7.1%	18,309 6.8%	19,614 7.0%	21,935 7.8%	22,741 8.0%	24,235 8.4%
Other (ran away, unknown)	23,757 8.9%	23,463 8.7%	21,761 7.7%	16,837 6.0%	14,974 5.3%	14,457 5.0%
Total Exits	**267,483**	**269,176**	**281,412**	**281,651**	**282,597**	**287,753**

Source: AFCARS.

"[After I was reunified with my mother,] I became more outgoing. I was more comfortable with myself, and my grades improved. I was in plays and musicals at church. Now, I had lots of friends! ... If I could wish for anything, it would be that our family could have gotten help sooner. I don't know what life would have been like if I had stayed in foster care or been adopted, but I know if I didn't have my family around me—my mom, my brother, my grandparents, and my cousins—I would be devastated. My family means everything to me."

STEPHANIE LOPEZ SMITH,
Washington State

There may be a number of reasons for the declining percentage of children exiting foster care to reunification with their families. Some possible explanations might suggest that children are experiencing better outcomes. It may be that states are diverting most families from foster care and addressing their needs without removal, and as a result, the families of children who must enter foster care have more extensive problems that make reunification more time consuming and less likely. On the other hand, the reasons for a declining percentage of children being reunified could suggest poorer outcomes for children. It could be that fewer families are being offered the services and supports they need to successfully reunify with their children because states and localities are more focused on adoption (particularly since the enactment of the Adoption and Safe Families Act) and guardianship. Finally, the declining percentage of exits to reunification may be a demographic artifact that does not tell us much about the actual changes in outcomes for children in foster care. The decline in the proportion of children reunified may be the result of larger numbers of children who have been in foster care for extended periods of time with limited prospects for reunification, and who then leave foster care to adoptive and guardianship families.

States vary in the number of children they reunify with their families each year and in the percentage of children who leave foster care to reunification. In some states, more than two-thirds of all children exiting foster care are reunified with their families, while in other states, less than one-third return to their families. See Table 3. State by state data on the percentage of children who exited foster care in FY 2005 to return to their parents can be found in Appendix C. As with the national data, these trends may be the result of a number of factors, including low rates of removal of children from their families and the placement of children in foster care only in the most serious cases.

TABLE 3—States with the Highest and Lowest Rates of Children Reunified with their Families from Foster Care in 2005

TOP 15 HIGHEST REUNIFICATION RATES

RANK	STATE/DISTRICT	N	%
1	Idaho	1,067	76%
2	Nebraska	2,507	73%
3	Iowa	3,425	72%
4	New Mexico	1,417	69%
5	Minnesota	4,903	67%
6	Delaware	448	66%
7	New Jersey	4,992	66%
8	Wyoming	663	66%
9	Wisconsin	3,759	65%
10	Indiana	3,910	63%
11	Rhode Island	856	63%
12	Nevada	1,989	63%
13	Oregon	3,150	63%
14	Connecticut	1,180	62%
15	Washington	3,770	62%

BOTTOM 15 LOWEST REUNIFICATION RATES

RANK	STATE/DISTRICT	N	%
37	Kentucky	1,727	46%
38	Montana	532	46%
39	Ohio	5,517	45%
40	South Carolina	1,381	45%
41	Alabama	1,461	45%
42	Arkansas	1,466	43%
43	North Carolina	2,313	42%
44	Illinois	2,517	41%
45	New Hampshire	219	40%
46	Maine	386	39%
47	Utah	680	34%
48	Texas	4,146	34%
49	Maryland	908	34%
50	Virginia	1,120	33%
51	District of Columbia	310	30%

Note: Percentages represent the number of children reunified of total exits from foster care in 2005.
Source: AFCARS.

"What parents need is someone to help parents with the family situation. Instead, social workers hear 'abuse' or 'neglect' and they look at nothing else. They leap to deciding that parents are 'terrible' and have mental health problems, when parents are struggling and need services and supports to keep their children and have a healthy family."

SANDRA KILLETT, *parent, New York*

From the research literature on reunification, it is clear that reunification is much more likely to take place earlier in children's foster care placements than later. One study found that children's probability of reunifying with their families is 28 percent during their first year in foster care. During their second year in foster care, the probability of reunification declines to 16 percent. For children who continue to remain in foster care, the probability of reunification declines further each year.[37] Infants are least likely to be reunified with their parents. One study found that only about 35 percent of children under the age of 1 in foster care were reunified compared to slightly more than half of the children ages 1 to 5 and 6 to 12. Although only about 45 percent of adolescents are formally reunified with their parents,[38] studies indicate that many youth who leave care through "aging out" when they become ineligible for foster care have ongoing contact with their families of origin after they leave care.[39]

Some children who are reunified with their families may suffer additional abuse or neglect and return to foster care. The federal government, in assessing states' performance in achieving permanency, measures the percentage of children discharged to reunification who reenter foster care in less than 12 months from the date of discharge. Data show that states range from a low of 1.6 percent of reunified children reentering foster care to a high of 29.8 percent (with a median of 15 percent.)[40] Studies indicate that children return to foster care following reunification for a variety of reasons, many of which are related to the lack of available services and supports to help families remain stable and safely parent their children.[41]

Removal and reunification outcomes for children and youth vary by race.[42] Research has demonstrated that Black and American Indian/Alaskan Native children are disproportionately removed from their families and placed in foster care.[43] Of the total number of children exiting foster care in 2005, Black children were the least likely to be reunified with their families when compared to children of other races/ethnicities.[44] See Table 4. A recent GAO report highlighted the problem of disproportionality and recommended federally supported guardianship as one way to help children remain within their families and communities.[45]

PROMISING **REUNIFICATION PROGRAMS**

As the U.S. Children's Bureau has recognized,[46] a number of practices hold promise in supporting timely reunification of children in foster care and their families:

FAMILY ENGAGEMENT: Research studies and the recent Child and Family Services Reviews conducted by the federal government consistently find that family engagement contributes to the success of family reunification efforts.[47] Family engagement strategies include bringing families into planning and decision-making through family group conferencing, family team meetings, and other approaches.[48] Family engagement is most successful when caseworkers establish open and honest communication with parents.[49]

"My children were placed far away from where I lived. I had to coordinate visits and make my own travel arrangements to get to see them."

TRACEY, *parent, New York*

TABLE 4—Types of Exits from Foster Care by Race (2005)

	White	Black	Hispanic	American Indian/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Multiple Races	Unknown	Total
Reunified	71,854 55%	38,636 48%	28,964 58%	3,175 54%	1,592 68%	547 56%	4,898 52%	4,579 59%	**154,249 54%**
Living with relatives (Informal /guardian)	20,813 16%	14,414 18%	5,520 11%	922 16%	165 7%	125 13%	1,291 14%	816 11%	**44,067 15%**
Adopted	22,009 17%	14,968 18%	8,857 18%	839 14%	284 12%	173 18%	2,270 24%	1,351 17%	**50,752 18%**
Aged out	10,497 8%	8,518 11%	3,466 7%	405 7%	178 8%	87 9%	573 6%	510 7%	**24,235 8%**
Other	5,251 4%	4,738 6%	2,832 6%	590 9%	120 5%	48 5%	389 4%	489 6%	**14,457 5%**
Total children exiting	**130,424 100%**	**81,274 100%**	**49,639 100%**	**5,931 100%**	**2,339 100%**	**980 100%**	**9,421 100%**	**7,745 100%**	**287,753 100%**
Total children in foster care 9/30/05	**208,065**	**166,487**	**94,460**	**10,498**	**2,974**	**1,428**	**17,490**	**11,867**	**513,269**

Source: AFCARS.

ASSESSMENT AND CASE PLANNING: Family reunification is more likely to be successful when the strengths and needs of children and families are assessed, services build on strengths, the specific needs of the family and child are addressed, and individualized plans for families are developed and carried out.[50]

PARENT ADVOCATES AND PARENT MENTORS: These services are provided to parents by parents who have had direct experience with child welfare systems and who are trained to act as advocates/mentors for parents. The Parent Advocate is a role model, living proof that families can reunite. They understand how to make the system work, as opposed to how it is "supposed to" work.[51]

TARGETED SERVICES: Targeted services that meet the individualized needs of children and families are key to achieving family reunification. Families may need concrete services such as housing and food, mental health and substance abuse treatment services, comprehensive wraparound services, and coordination of service providers.[52]

INTENSIVE FAMILY VISITATION: The research is clear that when children must enter foster care, frequent parent-child visits are fundamental to the reunification process.[53] Continuing family connections when children are in foster care increase the likelihood of reunification, and they can ease the child's transition back to the family.[54] Research suggests that visitation also provides opportunities for parents to build parental skills and improve their interactions with their children, thereby enhancing reunification planning.[55]

"My daughter was 17 months old when I gave birth to my son. Shortly before he was born, I relapsed into drug use and my son tested positive for cocaine at birth. The agency took my son from the hospital. … The agency never offered me substance abuse treatment—I found it on my own. My children have now been home with me for four years."

TRACEY, *parent, New York*

REUNIFYING FAMILIES: SOME PROMISING PROGRAMS. A number of programs have shown promise in safely reunifying children in foster care and their families. These programs include the following:

Michigan: Time-Limited, Intensive Services Promote Family Reunification[56]

This program, established in 1992, provides assessment, case management, in-home services, transportation services, 24-hour service availability and flexible funds for families over a four- to eight-month period. The program has proven successful in supporting the safe return of children to their parents. It also has been successful in saving the state money: the average cost of serving children and families through this program for 18 months (6 months of services and 12 months of follow up) was $3,830 compared to $9,113 for children and families served in a more traditional program over an 18-month time period.

Rhode Island: Project Connect[57]

This community-based program provides services for families who are substance involved and who are at risk of having or have already had a child placed in foster care. Families receive home-based substance abuse and family counseling as well as parenting education, domestic violence groups, sobriety groups, and linkages to community supports such as affordable housing and health care. When compared to families served outside the program, Project Connect families are less likely to be the subject of a child maltreatment report, and when they have children in foster care, they are reunified more often and more quickly.

Wraparound Milwaukee[58]

This program utilizes a family-centered model to address the needs of children and families. Unique features of wraparound programs are that they involve private agencies as care coordinators; give care coordinators small caseloads of 8 to 10 families; use flexible funding so that care coordinators can purchase the services that children and families need; focus on results rather than process measures; continually assess family satisfaction; empower families to take charge; and use available community support structures for families. Outcomes for youth participating in Wraparound Milwaukee have been encouraging. The use of residential treatment has decreased 60 percent since Wraparound Milwaukee was initiated (from an average daily census of 364 youth in placement to fewer than 140 youth). Inpatient psychiatric hospitalization has dropped by 80 percent; in 1998, only 322 days of care were provided. The average overall cost of care per child has dropped from more than $5,000 per month to less than $3,300 per month. Because the savings have been reinvested into serving more youth, the project now serves 650 youth with the same fixed child welfare/juvenile justice monies that previously served 360 youth placed in residential treatment centers.

"When our children are taken away, we are angry. Social workers, though, see our anger as a 'mental health problem.' They interpret anger as 'being crazy.' We are put through psychological evaluations, psychiatric evaluations, therapy, and we are given medication to take. For parents struggling with street drugs, we do not need 'legal drugs.' Our children are also angry because they have taken from us. They too are given medication and they get addicted and then are vulnerable to street drugs. What we need is help to get our children back. Medicating us just keeps us in the system—we go from legal drugs to street drugs to negative actions that lead to jail, institutions, or death."

CARMEN CABAN, *parent, New York*

A SUCCESSFUL **REUNIFICATION STORY**

KELLY CATES is the mother of three young children. One plays the violin, another is in the gifted program at school; all are active in their church. Because of Kelly's addiction to drugs, her children were placed in foster care with her parents for three years.

Kelly had little contact with the children and no contact with her social worker during the first two years her children were in foster care. When her mother told Kelly that the social worker wanted to speak with her, Kelly learned the agency was ready to terminate her parental rights. After meeting Kelly, however, the social worker concluded that Kelly was prepared to work with the agency and began efforts to reunify the family.

Then, Kelly discovered that she was pregnant. "I was told that the only place you could go if you were pregnant is… a long-term intensive outpatient program… I thought 'I can't do this.' [But] I successfully completed the program." Kelly is grateful for her social worker, her counselors, and the services that helped her get her children back. "I had everybody pulling for me."

Kelly says her social worker's attitude made all the difference. "She could have said, `Look, you've had three years. This is over. This is done.' We ended up having a very good relationship. We still do."

Kelly understands the importance of providing parents with the resources and supports needed to bring their children safely home and help them remain there. She points to the challenges that families face once their children return home and the few resources that are available for families. Kelly, for example, needed housing before her children could return home. Her social worker and counselors worked to obtain an immediate Section 8 housing voucher for her – a resource that has become less and less available to other families whose children are in foster care. As a result of her experiences, Kelly is now forming a parent support group to help struggling parents, no matter their circumstances.

"I walked myself into the child welfare office. Once my son reached adolescence, he was out of control. Nothing that I tried worked, and I did not know what to do. What I wanted was help—an emergency referral for an evaluation and counseling for my son, assistance for me in dealing with his aggressive behavior, or respite services. But, instead, what I walked into was a 'case.' I was initially told to take my son home and work it out. I worked hard to find services on my own, but his behavior continued to become even more aggressive and threatening, until we reached a crisis. He physically attacked me and I defended myself, only to have charges of child abuse filed against me. My son went into foster care despite all of my efforts to get the help that he and I needed to resolve our problems."

SANDRA KILLETT, *parent, New York*

THE CASE FOR PREVENTION **AND REUNIFICATION SERVICES**

Children's health and safety are clearly paramount concerns, but federal law recognizes that children's needs are most often met best within their families.[59] Federal law requires that "reasonable efforts" be made to keep families safely together and to safely reunite children and families when children must enter foster care. As the programs highlighted in this report show, states and communities are striving to provide a continuum of services to protect children, strengthen and support families, and safely reunite children and families whenever possible. Figure 2 illustrates the range of services and supports that share the ultimate goal of keeping children safe and helping families be successful.

These services and supports are critical to ensuring the best outcomes for children and families. They also are essential from a societal perspective. Society pays when we fail to prevent child abuse and neglect from occurring in the first place, fail to support and strengthen families so that abuse and neglect do not recur, fail to prevent the unnecessary placement of children into foster care, and fail to safely reunite children and families whenever possible. Prevent Child Abuse America recently estimated that the total annual cost of child abuse in the United States was nearly $104 billion in 2007.[60] These costs include more than $33 billion in direct costs of child maltreatment, including judicial, foster care, law enforcement, and health system responses, and $70 billion in indirect costs, including the long-term economic effects of child abuse and neglect. The cost of providing foster care alone, including local, state and federal dollars, was $23 billion in 2004.[61]

Yet, the vast majority of federal child welfare resources are available only to pay for foster care and related services. Improved federal policies are needed to prevent child abuse and neglect and unnecessary placements in foster care and to safely reunite children and families—including a greater investment in proven practices and more flexibility for existing child welfare resources to be used more on prevention and reunification.

FIGURE 2—A Continuum of Services to Protect Children and Strengthen Families

DRIVEN BY FAMILIES AND YOUTH • COMMUNITY-BASED • CULTURALLY COMPETENT

WHEN FAMILIES NEED SUPPORT

- PARENTING EDUCATION
- HOUSING SUPPORT
- EMPLOYMENT SERVICES
- HEALTH CARE
- LIFE SKILLS TRAINING
- HOMEMAKER AID
- CHILD CARE/RESPITE CARE
- INFORMATION AND REFERRAL TO AVAILABLE SERVICES
- SUPPORT GROUPS
- FAMILY COUNSELING
- MENTAL HEALTH TREATMENT
- ALCOHOL/DRUG TREATMENT
- PARENT/CHILD RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS
- SPECIAL EDUCATION FOR CHILDREN
- BEHAVIORAL SERVICES FOR CHILDREN
- ADOLESCENT-PARENT CONFLICT MEDIATION
- ADOLESCENT PREGNANCY/PARENTING SERVICES
- YOUTH DEVELOPMENT PROGRAMS

WHEN FAMILIES ARE IN CRISIS

- DOMESTIC VIOLENCE SERVICES/SHELTER
- EMERGENCY HOUSING
- EMERGENCY HEALTH CARE
- EMERGENCY FUNDS FOR FAMILY NEEDS
- EMERGENCY MENTAL HEALTH SERVICES FOR CHILDREN AND PARENTS

WHEN CHILDREN CANNOT REMAIN SAFELY WITH THEIR FAMILIES AND ARE PLACED IN FOSTER CARE

UPON REMOVAL:

- FAMILY FOSTER CARE
- RELATIVE CAREGIVER RECRUITMENT/SUPPORT
- RESIDENTIAL TREATMENT CENTERS

TO HELP CHILDREN RETURN HOME SAFELY:

- PARENT-CHILD VISITATION
- PARENT EDUCATION
- ANGER MANAGEMENT
- FAMILY COMMUNICATION BUILDING
- TEACHING BEHAVIOR MANAGEMENT
- COUPLES COUNSELING
- SAFETY PLANNING

FOR CHILDREN WHO CANNOT RETURN HOME:

- ADOPTIVE PARENT RECRUITMENT
- KINSHIP CARE SERVICES/SUPPORTS

WHEN CHILDREN LEAVE FOSTER CARE

TO RETURN HOME:

- FAMILY COMMUNICATION BUILDING
- BEHAVIOR MANAGEMENT TOOLS
- SAFETY PLANNING

FOR ADOPTION OR GUARDIANSHIP

- ADOPTION/GUARDIANSHIP SUBSIDIES
- BEHAVIOR MANAGEMENT TOOLS
- SAFETY PLANNING

TO LIVE ON THEIR OWN:

- CONNECTIONS TO CARING ADULTS
- ACCESS TO:
  - HEALTH CARE
  - EDUCATIONAL AND VOCATIONAL SUPPORTS (TUITION, VOUCHERS, STIPENDS, ETC.)
  - TRANSITIONAL SERVICES AND SUPPORTS

Adapted from a chart created by Jacquelyn McCroskey & William Meezan.[62]

These categories are intended to suggest the range of services vulnerable families may need at different points. It is worth noting that a family or child may need services and supports from one or more categories, depending on the situation.

A BRIEF HISTORY OF FEDERAL CHILD WELFARE POLICY: **PREVENTION AND REUNIFICATION**

Child welfare efforts in the United States date back to 1873, when Henry Bergh intervened on behalf of an eight-year-old New York girl, Mary Ellen, who was being abused and neglected. That case was initiated by the Society for the Prevention of Cruelty to Animals (SPCA), which Bergh had established several years earlier.[63] In the wake of the Mary Ellen case and extending through the early 1900s, reformers who were concerned about poverty, neglect, and immorality created Societies for the Prevention of Cruelty to Children, Children's Aid Societies, and settlement houses. Initially, the aim of many of these charities was to rescue the child from the perceived degradation of the family and its surroundings.[64] It does not seem that the harm that can be caused when a child is removed from the only family they have ever known or how to strengthen families to prevent removals were part of the policy debate at this time.

These private organizations investigated and brought charges of child abuse and neglect. If courts found the charges had merit, children would be removed from their families and sent to a children's home or child placement agency. During this period, the emphasis was on removal rather than reunification; only children who became "lost" or were kidnapped and recovered were ever returned to their parents. The 1920s through 1950s saw the evolution of a formal child protection system involving governmental agencies. With this development, the approach to child maltreatment broadened beyond the protection of children from abuse and neglect to include the provision of services to families to avoid the recurrence of maltreatment, efforts to identify the causes of child maltreatment, and environmental reforms to prevent child abuse and neglect.[65]

The federal government began to play a role in creating child welfare policy with passage of the Social Security Act of 1935, which authorized grants to states for child welfare services. Amendments to Title IV of the Social Security Act in 1961 provided federal matching funds for children placed in foster care.[66]

During the 1970s, concern arose about the increasing number of children in foster care who were being supported with federal foster care funding and about the length of time children spent in the foster care system. In response to these concerns, Congress passed three key pieces of federal legislation focused both on preventing child abuse and neglect and on strengthening families.

The Child Abuse Prevention and Treatment Act (CAPTA), enacted in 1974, provided federal funds to states for child abuse prevention and treatment services.[67] Title XX of the Social Security Act, passed in 1975, provided federal funds for social services to support children and families and older adults.[68] Title XX was later amended to include funds for "preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families."[69] The 1978 Indian Child Welfare Act aimed to reduce the high numbers of Native American children being removed from their families and placed outside of their communities.[70]

In 1980, in response to concerns about "foster care drift," that is, children's extended stays in foster care, Congress enacted the most sweeping federal child welfare legislation to date. The Adoption Assistance and Child Welfare Act included requirements that states make "reasonable efforts" to keep families together by providing prevention and family reunification services; the creation of an adoption assistance program; and the requirement that child welfare cases be regularly reviewed by the courts.[71]

The 1990s saw significant Congressional activity in the child welfare arena. In 1993, Congress created the Family Preservation and Support

Services Program, designed to encourage states and tribes to provide services to help keep children safely at home, prevent unnecessary foster care placements, and assist both children in foster care and those moving to adoptive families.[72] In an attempt to further increase preventive services, Congress authorized the Child Welfare Demonstration Program the following year, giving states flexibility to use exiting federal funding streams for prevention.[73] In 1996, Congress created the Temporary Assistance for Needy Families (TANF) block grant to reform the nation's welfare system, which had a mixed impact on child welfare. On the one hand, it offered the promise of new federal funds that could be used for prevention. Some states have used TANF funds for home visiting programs and other parenting support services to keep children safely with their families.[74] On the other hand, some states have principally used child welfare-related TANF dollars for foster care.[75]

The Adoption and Safe Families Act of 1997 (ASFA) addressed three stated concerns about child welfare: children remained in foster care too long; child welfare systems were biased toward family preservation at the expense of children's safety and well-being; and inadequate resources were devoted to adoption as a permanency option.[76] ASFA created timelines for moving children to permanency; modified the reasonable efforts requirements to specify that the child's safety and health is paramount when deciding the placement of a child; created adoption incentive bonuses for states that increased the number of children adopted from the foster care system; and established performance standards and state accountability. ASFA also renamed the Family Preservation and Family Support Services Program as the Promoting Safe and Stable Families (PSSF) program, and authorized PSSF funds for two new types of services: time-limited reunification and adoption promotion and support services.

"My daughter, Lynn, was in a serious car accident and sustained a brain injury that left her unable to care for her six-month old son, Anthony. The doctor recommended that Lynn place Anthony with me so she could concentrate on getting well but she resisted. Finally, the public child welfare agency became involved and they placed Anthony with me. The social worker spoke Spanish and was extremely helpful. She worked with both me and my daughter, and we enrolled in parenting classes together, passing with the best attendance and highest scores ever. We participated in an early intervention program for Anthony. Services were available to us in our community and within walking distance. People knew us and our family and even if things got hard sometimes, I knew they wanted to help us stay together. Anthony is now back with Lynn and everyone is doing well."

TERESA, *parent, New York*

FEDERAL CHILD WELFARE **FUNDING STREAMS**

Currently, the principal sources of federal funding that provide states with resources for services to prevent child abuse and neglect are:[77]

- The Child Abuse Prevention and Treatment Act (CAPTA)

  Section 106 of Title I provides funds to states to improve child protective services systems. The grant serves as a catalyst to assist states in screening and investigating child abuse and neglect reports, creating and improving the use of multidisciplinary teams to enhance investigations, improving risk and safety assessment protocols, training child protective services workers and mandated reporters, and improving services to infants disabled with life-threatening conditions.

  Title II provides Community-Based Grants for the Prevention of Child Abuse and Neglect to assist states in supporting community-based efforts to develop, operate, expand, enhance, and network initiatives aimed at preventing child abuse and neglect; to support networks of coordinated resources and activities to strengthen and support families; and to foster appreciation of diverse populations.

- Title XX of the Social Security Act, Social Services Block Grant (SSBG)

  SSBG provides funds that states can use for such preventive services as child daycare, child protective services, information and referral, and counseling, as well as other services that meet the goal of preventing or remedying neglect, abuse, or exploitation of children.

- Child Welfare Services Title IV-B Support

  Federal funding for services to support and strengthen families, keep children safely with their families, and prevent the need for foster care principally is available through Title IV-B of the Social Security Act. States have flexibility in their use of Title IV-B Subpart 1 funds (Child Welfare Services) and may use these dollars for services for children and families. Recent analyses suggest that states principally use these funds for child program operations, child protective services, and foster care and adoption, with only 14.2 percent of these funds used for family services.[78]

- Promoting Safe and Stable Families

  The principal source of dedicated federal funding for services to keep families safely together and to reunify parents with their children after they have entered foster care is the Promoting Safe and Stable Families (PSSF) program of Title IV-B (Subpart 2). Through PSSF, the federal government provides states with funding for four categories of services: family support services, family preservation services, time-limited reunification services,

and adoption promotion and support service.[79] (See Appendix E). Federal guidelines require that states devote "significant portions" of their PSSF dollars to each of the four categories of services, and they require that states provide a "strong rationale" for spending less than 20 percent of their allotments on each category of services.[80]

Little is known, however, about how states actually use their PSSF dollars. A study by the Government Accountability Office (GAO) found that states spent over 70 percent of these dollars on services to families,[81] with nearly 50 percent used for family support and family preservation services. The GAO found that the remaining PSSF dollars spent on services to families were fairly evenly split among family preservation services (nearly 12%), adoption support services (over 11%), and family reunification services (about 9%).[82]

States may finance their family preservation and family support services primarily with other federal and non-federal dollars. Dedicated federal child welfare dollars for these purposes are limited and other federal funding that states might use (such as TANF, the Social Security Block Grant and Medicaid) are typically needed for a range of other purposes.[83] To fund family support and family preservation programs, states often must pool funds from diverse sources and encourage public-private funding partnerships.[84]

The limited federal investment in family support, family preservation and family reunification services is made all the more clear when these investments are compared to the level of federal dollars that are dedicated to foster care and adoption assistance through Title IV-E of the Social Security Act. The great majority of federal child welfare dollars support foster care programs and are allocated through per-diem claims that are made only when children are in foster care,[85] with the second highest federal child welfare investment made in the form of adoption assistance on behalf of eligible children adopted from foster care.[86] Because Title IV-E funds are specifically restricted to foster care and adoption assistance and may not be used to provide alternative services for children and families that might better meet their needs, they are considered "inflexible." By contrast, PSSF and Title IV-B, Subpart 1 funding may be used for a range of services and supports that children and families need (as long as they fall within designated service categories) and are considered "flexible."

Table 5 provides a comparison of dedicated (inflexible) child welfare dollars that may be used only for foster care and adoption assistance and dedicated federal child welfare dollars that can be used more flexibly for services (PSSF and Title IV-B Subpart 1). These comparisons do not attempt to quantify states' use of non-dedicated dollars under TANF, the Social Services Block Grant, or Medicaid for the provision of prevention and reunification services nor do they include states' CAPTA allocations. As Table 5 shows, for each one dollar in flexible PSSF and Subpart 1 funding that the federal government provides, it makes available to states between $8 and $9 dollars for foster care and adoption assistance, depending on the fiscal year.

TABLE 5—Comparison of Federal Funding for Foster Care, Adoption Assistance and PSSF (in millions)[87]

	TITLE IV-E FOSTER CARE (FC)	TITLE IV-E ADOPTION ASSISTANCE (AA)	TOTAL TITLE IV-E: FC +AA (INFLEXIBLE)	TITLE IV-B: PROMOTING SAFE AND STABLE FAMILIES (FLEXIBLE)	TITLE IV-B SUBPART 1 (FLEXIBLE)	TOTAL TILE IV-B (PSSF + SUBPART 1)	RATIO OF INFLEXIBLE TO FLEXIBLE DOLLARS
FY 2004	$4,974	$1,700	$6,674	$404.4	$290.0	$694.4	$9.6:$1
FY 2005	$4,896	$1,770	$6,666	$403.6	$289.3	$692.9	$9.6:$1
FY 2006	$4,325	$1,791	$6,116	$454.0	$286.8	$740.8	$8.3:$1
FY 2007 (estimated)	$4,475	$2,027	$6,502	$454.1	$286.8	$740.9	$8.7:$1

Source: US Department of Health and Human Services. (2007). FY 2008 Budget: Payments to States for Foster Care and Adoption Assistance, Promoting Safe and Stable Families, and Children and Families Services Programs.

The difference between these two sets of funding is even more dramatic in some states. Appendix E provides state data on the ratio between PSSF and Title IV-B Subpart 1 dollars and the combined federal dollars for foster care and adoption assistance for FY 2006. The ratio of inflexible to flexible dollars is significantly greater than the national ratio in a number of states, including Connecticut ($22:$1), California ($19:$1), Maryland ($16:$1), and New York ($15:$1).

When states succeed in serving families so that children remain safely with their parents and when states succeed in safely reuniting children and parents, the impact on their systems typically translates into a loss of federal foster care dollars. If a child does not enter foster care, federal Title IV-E foster care funds are not available. When a child leaves foster care, the basis for claiming federal funding—and the associated federal dollars—disappears entirely unless the child qualifies for federal adoption assistance.

Given the federal financing structure, child welfare agencies currently must depend on other non-child welfare federal sources, or they must draw on state and local dollars to provide prevention and reunification services and supports to keep at risk children safe and families together. In some states and localities, by re-allocating their own dollars through innovative demonstrations, child welfare agencies have succeeded in maintaining children safely with their families rather than placing them in out-of-home care, and they have made great strides in returning children in foster care quickly and safely to their parents.[88] Changes at the federal level would augment these efforts and help them spread nationally.

IMPORTANCE OF PROVIDING **A FULL RANGE OF SERVICES**

The federal child welfare financing system should better support the full range of services needed to keep children safe and to strengthen families. The continuum should cover services to stabilize families in crisis so that children can remain safely with their families as well as reunification, adoption and guardianship supports. By aligning federal funding with services that can be tailored to the needs of children and families at risk, states can better protect children and, in many cases, may be able to keep children safely with their families.

Services such as parenting education, child care, family counseling, and emergency housing would help strengthen and preserve families who are experiencing stresses that place their children at risk and their families in crisis. Re-alignment of federal financing would provide states with resources to more quickly reunify children with their parents, thereby reducing children's long waits in foster care and the attendant psychological and social impact of their status as "foster children."[89] Services that prevent child abuse and neglect and strengthen families so that children can remain safely at home and do not enter foster care and reunification services that safely return children home as quickly as possible would make it possible to reduce the number of children in foster care.

Experiments with flexible federal funding through the Title IV-E waiver demonstration program show that when states have flexibility with federal dollars, they can innovate and achieve positive outcomes for children and families. In Indiana, for example, the state's flexible funding waiver provided counties with the ability to provide a range of services, including child and family counseling, parenting and homemaker education, job-related services, and legal assistance. Children served through this program were significantly more likely to remain safely with their families. Close to half of the children served through the waiver program avoided foster care completely (45.6 percent), compared to 38 percent of children who were not served through this program.[90]

RECOMMENDATIONS

Children do best when they have a family to protect, nourish, and guide them. Indeed, the importance of family is a fundamental American value. Prevention of child abuse and neglect is critical to ensuring that children have the safe families that they need and deserve. When abuse or neglect occur, federal law requires child welfare agencies to make reasonable efforts to keep families safely together so that children do not unnecessarily enter foster care, and it requires agencies to make reasonable efforts to reunite parents with their

children from foster care. Despite these mandates, the current child welfare financing structure restricts the use of the majority of federal resources to foster care and adoption services, leaving states struggling to develop and support prevention and reunification services. Because these services and supports often are not available, children may experience preventable abuse and neglect and enter foster care when their families could have been supported and could have safely cared for their children.

In 2004, the Pew Commission on Children in Foster Care, a national, non-partisan group of leading child welfare experts, legislators, system administrators, judges, foster and adoptive parents and youth, concluded that the federal child welfare financing system should be restructured to provide states with greater flexibility, opportunities to reinvest savings from safely reducing their foster care populations, and greater accountability. The Commission issued a set of recommendations for accomplishing these changes, and many of these are currently under active consideration.

Many former foster youth, foster, adoptive and birth parents, and leading advocacy organizations from across the ideological spectrum support reforms that call for new investments in the full array of services that children and families need. Although foster care is widely recognized as necessary and an important safety net, current financing policies do not reflect equally important alternative services. Family support, family strengthening, and family reunification services have shown great promise in ensuring the safety and well being of children.

Children would be much better served by a child welfare financing structure that provides a continuum of services discussed in this report that can prevent child abuse and neglect, keep children safely with their families, and when children must enter foster care, reunite children with their families as safely and quickly as possible. The following policy options for federal child welfare financing would help keep children safe and strengthen families:

1. **ENSURE A SUFFICIENT, FLEXIBLE AND RELIABLE FEDERAL RESOURCE TO HELP SUPPORT THE CONTINUUM OF SERVICES NEEDED BY AT-RISK CHILDREN AND FAMILIES.** Today's federal Title IV-E financing structure favors the provision of foster care over alternative services and supports that could keep families together, reunify them quickly and safely, and, when that is not possible, help children leave foster care to join safe, permanent families through adoption or guardianship. As a result, states have few federal resources to help them develop and provide alternative services such as family counseling, housing support or drug treatment—services and supports that might keep children from entering the foster care system or help them exit the system more quickly and safely to permanent families. Addressing the institutional bias

"I'll never forget the night before my life changed forever. The piercing cries of my frantic mother as she was coming down off of her methamphetamine high will echo in my head and haunt me forever. At the tender age of 13, I was forced to wave goodbye to the people I loved most through the back seat window of a stranger's car, knowing that things were going to be different now..."

VERONICA, *21, 4 years in foster care in Oregon.*

for foster care over prevention services and changing the inflexibility of current federal IV-E funding is critical to ensuring that case workers and other professionals deliver services tailored to meet the needs of each child and family.

2. **REWARD STATES FOR SAFELY REDUCING THE NUMBER OF CHILDREN IN FOSTER CARE AND ACHIEVING ALL FORMS OF PERMANENCE.** States should be rewarded for safely reducing the number of children in foster care, rather than punished by losing federal funds. Under the current system, states lose money when the foster care caseload declines. States should be allowed to reinvest savings from safely reducing their foster care caseloads into their child welfare programs, expanding their prevention, reunification and post-foster care services.

3. **MAKE ALL ABUSED AND NEGLECTED CHILDREN ELIGIBLE FOR FEDERAL FOSTER CARE SUPPORT.** The link between eligibility for federal foster care support under Title IV-E to eligibility for the now-defunct Aid to Families with Dependent Children program should be removed. Social workers should be focused on keeping children out of foster care or helping children leave foster care through reunification, adoption or guardianship, rather than wasting hours chasing down paperwork related to a parent's eligibility for a program that has not existed for 10 years. By making all children eligible for Title IV-E foster care support, the money currently being spent on a cumbersome eligibility determination process could be used to bolster or develop vitally needed prevention and reunification services.

A flexible and reliable funding stream would allow states to reduce the reliance on foster care and expand services and supports that could prevent child abuse and neglect, prevent some children from entering care in the first place, and help others reunify more quickly whenever safely possible. Foster care should not be the first option available to caseworkers and judges trying to keep children safe and help families in crisis. Removal from a family is a traumatic experience for children—one that often stays with them forever. Providing federal support for services that strengthen families can reduce child abuse and neglect, keep children safely with their families, prevent the need for some children to enter foster care, and help some children return to their families safely and more quickly. How much longer must children and families wait?

What Prevention And Reunification Services Are Needed:
THE VOICES OF PARENTS*

PREVENTION SERVICES **TO KEEP FAMILIES TOGETHER**

Prevention program that support families and keep families safely together should:

- Be based in the community, not necessarily part of the public child welfare agency
- Be culturally aware – understand the differences in parenting from one culture to another
- Understand that all parents, irrespective of income, have goals and expectations for their children
- Get "to the root" of families' needs by listening to them and providing responsive services
- Offer a range of services and supports for parents
- Provide "one stop shopping" for services
- Have parents with experience with the child welfare system as staff members
- Offer a range of services and supports for adolescents, including recreational opportunities and mentoring by other youth
- Make services available as long as families need them

SERVICES TO HELP **REUNIFY CHILDREN WITH THEIR FAMILIES**

When parents are working to reunify with their children, they need:

- Respect
- Experienced caseworkers to clearly explain what they need to do
- Services that meet the parent where she or he "is at"
- Regular visits with their children
- Family counseling services, including counseling for adolescents
- Substance abuse treatment services

*These characteristics were identified by parents who are members of the Child Welfare Organizing Project (CWOP), New York City. CWOP is a parent / professional partnership dedicated to public child welfare reform in New York City through increased, meaningful parent involvement in service and policy planning.

APPENDIX A
DEFINITION OF SERVICES (BEFORE AND AFTER CHILD WELFARE INTERVENTION)

TYPE	DEFINITION
Family Support	Community-based activities intended to reach families that are not yet in crisis and to prevent child abuse or neglect from occurring. These services should promote the safety and well being of children and families, increase the strength and stability of families (including adoptive, foster and extended families), increase parents' confidence and competence, provide children with a safe, stable and supportive family environment, enhance child development and strengthen parental relationships and promote healthy marriages.[91] Examples include: • Life skills such as education, employment and vocational training, or personal development skills such as problem solving, stress reduction, and communication. • Parent information classes and support groups. • Parent-child groups and family activities, which provide occasions for parents to spend more time with their children. • Child care for parents participating in a class or activity. • Housing support. • Newsletters and other materials providing information on programs, activities, and available resources for families. • Information and referral services. • Crisis intervention/family counseling to respond to parents' special concerns about their children or specific family issues. • Auxiliary support services: clothing exchanges, emergency food, transportation.[92] These services may be provided to parents and kin caregivers.
Family Preservation	Activities and service delivery models designed to keep at-risk families—including extended and adoptive families—together and avoid the need to place children in foster care. Federal funds under Title IV-B are authorized for programs: • to prevent placement of children in foster care, including intensive services to enable children to remain safely at home; • to help reunite children with their biological families, if safe and appropriate, or to place them for adoption or another permanent arrangement; • to provide follow up services to families after a child has left foster care (such as respite care to provide temporary relief for parents and other caregivers (including foster parents); services to improve parenting skills; and, to create safe havens for infants as a way for a parent to safely relinquish a newborn at a location designated by state law.[93] These services may be provided to parents and kin caregivers.
Reunification Services	Services to facilitate the timely reunification with families when safe and appropriate: • counseling • substance abuse treatment services • mental health services • assistance to address domestic violence • temporary child care and therapeutic services such as crisis nurseries • transportation to and from these activities[94]
Adoption Promotion and Support Services	Activities designed to encourage more adoptions of children from foster care to support pre- and post-adoptive services and activities designed to expedite adoption and support adoptive families.[95] Examples include: • Individual advocacy for prospective adoptive families that experience difficulties in obtaining help or other resources from their adoption agency • Education and training specific to the needs of adoptive parents • Help and assistance to families in completing the pre-placement assessment and any other forms or paperwork necessary • Information and referral • Adoption-competent mental health services for children and families • Adoptive family support groups • Respite care[96]

APPENDIX B
STATE BY STATE COMPARISON: REPORTED REASONS THAT CHILDREN ENTERED FOSTER CARE IN 2005*

STATE	PHYSICAL/ SEXUAL ABUSE	NEGLECT/ HOUSING	PARENT DRUG/ ALCOHOL USE	PARENT INABILITY TO COPE	CHILD BEHAVIORAL PROBLEMS	TOTAL ENTERING IN 2005
Alabama	794 20.7%	1,242 32.3%	674 17.5%	357 9.3%	211 5.5%	**3,844**
Alaska	190 20.5%	621 66.8%	469 50.5%	225 24.2%	87 9.4%	**929**
Arizona	758 10.0%	6,255 82.9%	86 1.1%	725 9.6%	2,496 33.1%	**7,546**
Arkansas	900 24.7%	1,629 44.6%	779 21.3%	924 25.3%	389 10.7%	**3,651**
California	6,735 15.4%	23,618 54.0%	1,646 3.8%	1,139 2.6%	6,171 14.1%	**43,772**
Colorado	1,149 15.0%	2,449 32.0%	2,526 33.0%	1,039 13.6%	2,630 34.4%	**7,651**
Connecticut	368 12.9%	1,806 63.2%	899 31.5%	594 20.8%	868 30.4%	**2,856**
Delaware	79 8.5%	464 50.2%	35 3.8%	41 4.4%	323 34.9%	**925**
District of Columbia	245 27.2%	561 62.2%	135 15.0%	80 8.9%	35 3.9%	**902**
Florida	4,919 22.2%	9,021 40.7%	9,370 42.3%	3,568 16.1%	1,250 5.6%	**22,147**
Georgia	2,040 18.7%	7,077 65.0%	3,308 30.4%	1,590 14.6%	866 8.0%	**10,887**
Hawaii	509 26.5%	1,144 59.6%	640 33.3%	173 9.0%	130 6.8%	**1,920**
Idaho	303 17.6%	1,224 71.1%	8 0.5%	98 5.7%	111 6.4%	**1,722**
Illinois	1,189 20.8%	4,181 73.1%	— 0.0%	129 2.3%	119 2.1%	**5,718**
Indiana	1,225 16.2%	6,461 85.3%	1,883 24.9%	1,062 14.0%	1,546 20.4%	**7,571**
Iowa	665 9.8%	1,579 23.3%	2,539 37.4%	449 6.6%	2,624 38.7%	**6,781**
Kansas	717 23.0%	1,093 35.0%	211 6.8%	442 14.2%	947 30.4%	**3,119**
Kentucky	768 12.8%	4,101 68.2%	1,497 24.9%	840 14.0%	1,463 24.3%	**6,015**
Louisiana	546 16.2%	2,597 77.0%	529 15.7%	296 8.8%	526 15.6%	**3,371**
Maine	210 28.9%	625 86.0%	274 37.7%	143 19.7%	140 19.3%	**727**
Maryland	556 16.6%	2,278 67.9%	1,105 33.0%	827 24.7%	459 13.7%	**3,353**
Massachusetts	613 9.8%	3,027 48.4%	1,507 24.1%	565 9.0%	1,964 31.4%	**6,252**
Michigan	2,179 23.4%	6,570 70.7%	3,319 35.7%	2,046 22.0%	1,839 19.8%	**9,296**
Minnesota	1,127 13.8%	2,624 32.1%	2,004 24.5%	902 11.0%	3,302 40.4%	**8,166**
Mississippi	300 14.6%	929 45.4%	571 27.9%	297 14.5%	169 8.3%	**2,048**
Missouri	1,706 26.4%	3,305 51.2%	2,249 34.9%	1,725 26.7%	1,100 17.1%	**6,451**

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Source: AFCARS 2005 Data.

* The categories are not mutually exclusive; some children will have multiple reasons for removal. As a result, the percentages do not total 100%. States may collect data on reasons for entry to foster care that categorize entry reasons differently than those categories used by AFCARS.

APPENDIX B (continued)
STATE BY STATE COMPARISON: REPORTED REASONS THAT CHILDREN ENTERED FOSTER CARE IN 2005*

STATE	PHYSICAL/ SEXUAL ABUSE	NEGLECT/ HOUSING	PARENT DRUG/ ALCOHOL USE	PARENT INABILITY TO COPE	CHILD BEHAVIORAL PROBLEMS	TOTAL ENTERING IN 2005
Montana	262 18.3%	1,000 69.8%	337 23.5%	119 8.3%	104 7.3%	**1,432**
Nebraska	585 14.9%	1,632 41.4%	819 20.8%	509 12.9%	1,371 34.8%	**3,939**
Nevada	526 13.9%	2,686 70.8%	784 20.7%	633 16.7%	231 6.1%	**3,796**
New Hampshire	59 10.8%	341 62.2%	56 10.2%	18 3.3%	144 26.3%	**548**
New Jersey	2,893 43.7%	3,404 51.4%	2,659 40.1%	693 10.5%	3,480 52.5%	**6,626**
New Mexico	605 27.0%	1,565 69.8%	904 40.3%	599 26.7%	396 17.7%	**2,241**
New York	Not reported	Not reported	Not reported	Not reported	Not reported	**11,284**
North Carolina	866 13.3%	5,440 83.3%	1,957 30.0%	792 12.1%	790 12.1%	**6,529**
North Dakota	90 8.2%	260 23.8%	324 29.7%	202 18.5%	372 34.1%	**1,092**
Ohio	1,636 13.3%	8,073 65.6%	1,203 9.8%	609 5.0%	2,091 17.0%	**12,300**
Oklahoma	2,068 29.0%	4,402 61.7%	2,725 38.2%	1,603 22.5%	263 3.7%	**7,129**
Oregon	4,193 67.6%	3,278 52.9%	4,140 66.8%	205 3.3%	3,415 55.1%	**6,199**
Pennsylvania	2,061 14.1%	3,887 26.5%	2,743 18.7%	1,382 9.4%	6,208 42.4%	**14,658**
Rhode Island	146 9.4%	543 34.8%	397 25.4%	153 9.8%	665 42.6%	**1,561**
South Carolina	890 27.5%	2,381 73.6%	436 13.5%	139 4.3%	138 4.3%	**3,234**
South Dakota	219 16.0%	711 52.1%	223 16.3%	114 8.4%	67 4.9%	**1,365**
Tennessee	764 10.8%	1,655 23.5%	1,064 15.1%	961 13.6%	2,451 34.7%	**7,056**
Texas	8,741 51.6%	14,129 83.4%	9,480 56.0%	3,366 19.9%	3,642 21.5%	**16,933**
Utah	329 14.9%	1,408 63.6%	1,024 46.2%	551 24.9%	1,473 66.5%	**2,215**
Vermont	53 6.9%	221 28.7%	87 11.3%	56 7.3%	328 42.6%	**770**
Virginia	675 19.2%	1,665 47.3%	748 21.3%	717 20.4%	1,025 29.1%	**3,518**
Washington	1,152 16.4%	4,168 59.5%	2,132 30.4%	625 8.9%	1,319 18.8%	**7,004**
West Virginia	571 18.9%	950 31.4%	721 23.8%	460 15.2%	1,257 41.5%	**3,026**
Wisconsin	991 16.2%	2,419 39.7%	791 13.0%	955 15.7%	2,399 39.3%	**6,099**
Wyoming	116 9.8%	630 53.1%	- 0.0%	31 2.6%	471 39.7%	**1,186**
Puerto Rico	540 27.9%	1,628 84.1%	747 38.6%	1,804 93.2%	212 11.0%	**1,936**
United States	**19.9%**	**53.0%**	**24.0%**	**12.1%**	**21.1%**	**311,296**

Source: AFCARS 2005 Data.

APPENDIX C
NUMBER AND PERCENTAGE OF CHILDREN LEAVING FOSTER CARE TO REUNIFICATION (2000 TO 2005)

STATE	2000	2001	2002	2003	2004	2005
Alabama	1,223 52.4%	1,085 47.8%	1,297 48.2%	1,295 46.0%	1,301 42.8%	1,461 44.6%
Alaska	593 65.0%	615 61.7%	505 59.8%	512 65.6%	433 60.6%	430 54.4%
Arizona	3,320 65.7%	2,882 60.9%	2,292 48.0%	2,355 49.1%	2,646 51.8%	3,134 49.3%
Arkansas	1,757 47.8%	1,644 50.7%	1,734 54.3%	1,726 50.6%	1,612 49.4%	1,466 43.4%
California	30,908 61.7%	26,091 59.2%	26,555 58.2%	27,402 61.8%	26,076 60.4%	25,913 60.8%
Colorado	3,545 64.3%	3,085 59.3%	3,473 54.8%	4,131 56.7%	4,107 54.2%	3,845 53.5%
Connecticut	1,441 60.9%	984 50.6%	1,749 62.8%	1,426 66.5%	1,499 70.7%	1,180 62.0%
Delaware	601 67.8%	604 65.9%	606 65.3%	533 65.8%	507 67.7%	448 65.8%
District of Columbia	125 39.7%	173 44.4%	228 57.6%	218 28.8%	177 17.3%	310 29.5%
Florida	7,197 46.4%	9,372 54.9%	9,030 52.1%	10,751 49.8%	10,500 49.8%	10,360 50.4%
Georgia	1,816 39.0%	3,762 51.9%	4,838 51.3%	5,142 51.7%	5,468 49.3%	5,335 48.2%
Hawaii	991 58.9%	1,193 62.1%	1,228 58.6%	1,286 60.8%	1,333 60.6%	1,120 55.0%
Idaho	788 77.9%	835 77.0%	811 77.5%	827 75.1%	999 74.7%	1,067 75.7%
Illinois	2,676 26.0%	2,751 32.9%	2,807 35.1%	2,713 38.7%	2,501 38.6%	2,517 41.2%
Indiana	3,147 60.6%	2,794 58.8%	2,590 56.4%	2,953 60.2%	3,323 60.7%	3,910 63.3%
Iowa	3,831 70.8%	4,101 71.8%	4,056 71.8%	4,157 72.6%	4,072 74.3%	3,425 72.5%
Kansas	1,352 75.6%	1,379 76.6%	1,198 70.1%	1,246 54.5%	1,127 50.9%	1,659 56.4%
Kentucky	1,727 51.3%	2,098 49.6%	2,219 50.4%	2,413 48.4%	2,387 46.8%	2,548 46.4%
Louisiana	1,288 40.9%	1,243 39.0%	1,187 39.6%	1,401 48.9%	1,216 45.5%	1,355 49.1%
Maine	237 32.9%	232 32.4%	272 36.8%	374 40.1%	411 42.5%	386 39.0%
Maryland	1,320 42.4%	1,276 41.6%	1,375 39.9%	1,131 36.9%	1,318 40.4%	908 33.9%
Massachusetts	3,423 53.6%	3,450 52.0%	2,957 53.3%	3,635 59.2%	3,772 59.4%	3,720 58.8%
Michigan	4,119 52.8%	4,452 53.6%	5,250 53.4%	4,270 47.6%	4,307 46.6%	4,578 48.0%
Minnesota	7,520 75.7%	6,812 73.5%	7,099 73.2%	5,912 69.7%	5,208 67.5%	4,903 67.1%
Mississippi	856 49.6%	921 54.4%	668 44.2%	465 30.5%	678 43.5%	809 48.8%
Missouri	3,211 58.3%	3,263 57.2%	3,398 53.6%	3,825 58.3%	3,374 55.8%	3,407 54.8%
Montana	611 46.0%	739 49.4%	589 46.0%	475 43.7%	426 42.9%	532 46.3%

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Source: AFCARS 2000–2005 Data.

APPENDIX C (continued)
NUMBER AND PERCENTAGE OF CHILDREN LEAVING FOSTER CARE TO REUNIFICATION (2000 TO 2005)

STATE	2000	2001	2002	2003	2004	2005
Nebraska	1,575 62.6%	2,118 80.3%	2,356 73.7%	2,331 74.1%	2,165 69.4%	2,507 73.2%
Nevada	124 32.0%	2,174 71.2%	2,095 68.1%	1,339 41.6%	1,414 39.6%	1,989 63.0%
New Hampshire	220 44.8%	231 49.4%	245 47.9%	267 43.6%	218 41.7%	219 39.9%
New Jersey	2,929 71.3%	3,215 69.8%	3,504 64.8%	3,788 68.8%	4,786 67.4%	4,992 65.7%
New Mexico	1,170 68.2%	1,175 67.0%	954 59.4%	916 64.2%	1,285 69.8%	1,417 69.5%
New York	10,738 52.8%	10,184 54.5%	9,494 52.8%	8,688 51.4%	7,854 48.8%	7,288 49.5%
North Carolina	1,914 42.7%	2,269 43.3%	2,330 43.1%	2,149 42.4%	2,029 39.1%	2,313 42.2%
North Dakota	562 66.0%	465 56.2%	526 60.9%	526 59.9%	483 55.3%	475 52.1%
Ohio	6,367 45.1%	6,255 44.2%	6,806 47.2%	6,282 43.5%	5,673 41.8%	5,517 45.2%
Oklahoma	3,584 66.8%	3,864 65.9%	4,070 64.3%	3,391 59.0%	2,675 52.8%	3,692 61.3%
Oregon	2,669 58.5%	2,601 56.7%	2,716 58.5%	2,607 61.4%	2,673 61.6%	3,150 62.8%
Pennsylvania	7,141 59.9%	7,203 58.3%	7,165 59.6%	7,112 59.3%	7,101 56.2%	7,711 56.8%
Rhode Island	759 56.3%	789 64.3%	904 65.6%	825 61.2%	890 60.9%	856 63.0%
South Carolina	1,766 56.3%	1,669 53.7%	1,650 48.4%	1,719 52.8%	1,515 48.1%	1,381 45.0%
South Dakota	749 71.9%	750 63.9%	659 57.2%	645 61.8%	688 61.2%	634 54.1%
Tennessee	2,686 61.5%	2,903 57.0%	3,106 57.1%	1,801 42.0%	2,002 41.0%	3,006 46.8%
Texas	2,522 31.6%	2,652 29.9%	2,795 30.7%	3,645 35.6%	3,795 35.0%	4,146 34.1%
Utah	983 43.4%	763 38.0%	802 37.9%	652 35.8%	586 32.7%	680 34.3%
Vermont	418 59.4%	395 68.1%	387 58.9%	416 54.7%	382 50.1%	394 55.2%
Virginia	547 30.0%	687 32.8%	821 35.6%	873 35.5%	1,029 37.1%	1,120 32.8%
Washington	4,727 66.3%	4,247 66.0%	4,241 66.5%	3,870 61.4%	3,756 61.8%	3,770 61.6%
West Virginia	741 32.8%	710 30.3%	460 18.4%	605 47.7%	554 43.2%	930 52.1%
Wisconsin	2,402 59.5%	2,602 59.7%	2,855 55.1%	3,010 51.6%	3,170 55.8%	3,759 65.3%
Wyoming	386 52.8%	399 57.9%	449 61.8%	535 67.0%	605 68.4%	663 65.6%
United States	**157,712 57%**	**148,600 57%**	**152,757 54%**	**151,770 55%**	**151,648 54%**	**155,608 54%**

Source: AFCARS 2000–2005 Data.

APPENDIX D
COMPARISON OF INFLEXIBLE AND FLEXIBLE FEDERAL DOLLARS (FY 2006 IN MILLIONS)

	INFLEXIBLE			FLEXIBLE			
STATE	TITLE IV-E FOSTER CARE (FC)	TITLE IV-E ADOPTION ASSISTANCE (AA)	TOTAL: TITLE IV-E FC + AA	TITLE IV-B PROMOTING SAFE AND STABLE FAMILIES (PSSF)	TITLE IV-B SUBPART 1	TOTAL TITLE IV-B PSSF + SUBPART 1	RATIO: INFLEXIBLE TO FLEXIBLE DOLLARS
Alabama	18.6	7.8	26.4	8.6	4.9	13.5	$2:$1
Alaska	16.0	7.3	23.3	1.0	0.3	1.3	$6:$1
Arizona	94.4	37.1	131.5	9.6	5.6	15.2	$9:$1
Arkansas	31.6	10.1	41.7	5.7	3.2	8.9	$5:$1
California	1,184	313.1	1,497.1	44.1	33.3	77.4	$19:$1
Colorado	61.4	19.9	81.3	3.9	4.0	7.9	$10:$1
Connecticut	83.0	24.9	107.9	3.0	2.0	5.0	$22:$1
Delaware	6.2	1.6	7.8	0.9	0.8	1.7	$5:$1
District of Columbia	9.4	11.6	21.0	1.3	0.3	1.6	$13:$1
Florida	144.2	61.0	205.2	17.9	15.7	33.6	$6:$1
Georgia	31.6	34.8	66.4	14.1	9.3	23.4	$3:$1
Hawaii	23.6	11.2	34.8	1.6	1.2	2.8	$12:$1
Idaho	8.9	3.4	12.3	1.5	1.7	3.2	$4:$1
Illinois	213.9	88.7	302.6	17.5	11.3	28.8	$11:$1
Indiana	99.0	37.0	136.0	8.6	6.6	15.2	$9:$1
Iowa	26.7	21.9	28.9	2.7	2.9	5.6	$5:$1
Kansas	29.9	13.1	43.0	2.7	2.8	5.5	$8:$1
Kentucky	54.2	24.8	79.0	8.1	4.4	12.5	$6:$1
Louisiana	55.6	13.5	69.1	12.3	5.3	17.6	$4:$1
Maine	8.1	8.3	16.4	1.7	1.2	2.9	$6:$1
Maryland	121.1	19.7	140.8	4.4	4.4	8.8	$16:$1
Massachusetts	69.0	29.0	98.0	5.6	4.1	9.7	$10:$1
Michigan	91.4	113.1	204.5	15.5	9.8	25.3	$8:$1
Minnesota	58.7	22.0	80.7	4.2	4.3	8.5	$9:$1
Mississippi	7.9	4.3	12.2	6.8	3.6	10.4	$1:$1
Missouri	57.2	36.2	93.4	10.0	5.7	15.7	$6:$1
Montana	12.9	7.4	20.3	1.2	0.7	1.9	$11:$1
Nebraska	14.5	7.0	21.5	1.8	1.7	3.5	$6:$1
Nevada	21.1	6.6	27.7	2.0	2.3	4.3	$6:$1
New Hampshire	16.9	3.6	20.5	0.8	1.1	1.9	$11:$1
New Jersey	55.0	31.7	86.7	6.2	5.8	12.0	$7:$1
New Mexico	20.9	11.7	32.6	3.8	1.7	5.5	$6:$1
New York	343.0	211.4	554.4	23.6	14.5	38.1	$15:$1
North Carolina	84.3	28.7	113.0	12.29	8.7	20.99	$5:$1
North Dakota	9.8	3.4	13.2	0.7	0.5	1.25	$11:$1
Ohio	201.8	146.0	347.8	15.1	11.1	26.2	$13:$1
Oklahoma	42.4	28.6	71.0	6.6	1.9	8.5	$8:$1
Oregon	55.5	30.4	85.9	6.4	3.4	9.8	$9:$1
Pennsylvania	220.8	73.2	294.0	14.3	10.8	25.1	$12:$1
Rhode Island	13.0	9.4	22.4	1.5	0.9	2.49	$9:$1
South Carolina	10.6	13.0	23.6	8.2	4.6	12.8	$2:$1
South Dakota	5.6	2.7	8.3	1.0	0.6	1.6	$5:$1
Tennessee	40.8	30.0	70.8	11.6	5.8	17.4	$4:$1
Texas	212.1	58.3	265.4	40.8	24.9	65.7	$4:$1
Utah	23.0	6.8	29.8	2.2	3.3	5.5	$5:$1
Vermont	11.5	5.7	17.2	0.6	0.6	1.21	$14:$1
Virginia	78.5	14.2	92.7	7.1	6.4	13.5	$7:$1
Washington	78.8	34.3	113.1	6.4	5.3	11.7	$10:$1
West Virginia	12.7	10.7	23.4	3.7	1.8	5.5	$4:$1
Wisconsin	84.9	39.7	124.6	6.1	5.1	11.2	$11:$1
Wyoming	3.1	0.9	4.0	0.5	0.4	0.9	$4:$1
National	**$4.5 billion***	**$2.0 billion***	**$6.5 billion**	**$454 million****	**$286.8 million**	**$740.8 million**	**$8.3:$1**

* Includes all Title IV-E expenditures in the category.

** Includes the Court Improvement Project grants and other Title IV-B, Subpart 2 grants.

Source: US Department of Health and Human Services. (2007). FY 2008 Budget: Payments to States for Foster Care and Adoption Assistance, Promoting Safe and Stable Families, and Children's and Families' Services Programs.

APPENDIX E
PROMOTING SAFE AND STABLE FAMILIES (PSSF) ALLOCATIONS (TITLE IV-B, SUBPART 2) FY 2006

STATE/TERRITORY	ALLOTMENT
Alabama	$8,610,111
Alaska	936,555
Arizona	9,621,558
Arkansas	5,661,135
California	44,100,325
Colorado	3,894,143
Connecticut	3,028,795
Delaware	915,408
District of Columbia	1,323,405
Florida	17,876,775
Georgia	14,072,653
Hawaii	1,607,465
Idaho	1,496,087
Illinois	17,488,795
Indiana	8,623,067
Iowa	2,737,066
Kansas	2,738,319
Kentucky	8,056,920
Louisiana	12,285,196
Maine	1,701,047
Maryland	4,431,673
Massachusetts	5,604,547
Michigan	15,491,365
Minnesota	4,152,576
Mississippi	6,811,437
Missouri	10,018,908
Montana	1,220,243
Nebraska	1,838,399

STATE/TERRITORY	ALLOTMENT
Nevada	2,047,764
New Hampshire	794,736
New Jersey	6,160,121
New Mexico	3,846,340
New York	23,627,907
North Carolina	12,234,701
North Dakota	700,284
Ohio	15,096,510
Oklahoma	6,573,118
Oregon	6,420,565
Pennsylvania	14,328,306
Rhode Island	1,459,218
South Carolina	8,286,302
South Dakota	976,167
Tennessee	11,644,913
Texas	40,832,915
Utah	2,152,528
Vermont	594,876
Virginia	7,051,503
Washington	6,447,333
West Virginia	3,728.844
Wisconsin	6,106,188
Wyoming	472,440
American Samoa	320,694
Guam	535,314
North Mariana Islands	272,443
Puerto Rico	7,946,811
Virgin Islands	384,586

Source: US Children's Bureau, http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2007/pi0705a2.htm

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[88] Among the states that have developed innovative funding approaches in an attempt to meet the needs of families for reunification services are Illinois (increased funding for reunification), Michigan (dedicated reunification funds), Louisiana and Utah (flexibility in the use of funds), Pennsylvania and Texas (blended funding streams) and New York (financial incentives for contractors). Child Welfare Information Gateway. (2006b). Op cit.

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[90] US Department of Health and Human Services. (2007). Child Welfare Demonstration Projects: Executive Summary. Available on-line at: http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/flexfund/execsum.htm (accessed July 12, 2007); James Bell Associates. (2007). Profiles of the Child Welfare Demonstration Projects. Available on-line at: http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/2007/profiles_demo2007.pdf (accessed July 12, 2007)

[91] The Promoting Safe and Stable Families Act (PSSF) defines "family support" as community based activities designed to promote the safety and well being of children and families, increase the strength and stability of families (including adoptive, foster and extended families), increase parents' confidence and competence, provide children with a safe, stable and supportive family environment, and enhance child development. PL 107-133 (which reauthorized PSSF in 2002) added to the definition by including "to strengthen parental relationships and promote healthy marriages." Stoltzfus, E. & Spar, K. (2002). *Child welfare: The Promoting Safe and Stable Families Program*. Washington, DC: Congressional Research Service.

[92] National Resource Center for Respite and Crisis Care Services. *Fact Sheet #22: Family Support Services*. Available on-line at: http://www.archrespite.org/archfs22.htm (accessed September 6, 2007).

[93] PL 107-133 created infant safe haven programs. Stoltzfus, E. & Spar, K. (2002). *Child welfare: The Promoting Safe and Stable Families Program*. Washington, DC: Congressional Research Service.

[94] Stoltzfus, E. & Spar, K. (2002). Op cit.

[95] Stoltzfus, E. & Spar, K. (2002). Op cit.

[96] National Conference of State Legislatures. (2002). Post Adoption Services: Issues for Legislators. Available on-line at: http://www.ncsl.org/programs/cyf/PASI.htm (accessed September 6, 2007); Mountain Youth Resources. Post Adoption Services. Available on-line at: http://www.mountainyouthresources.org/apass.htm (accessed September 6, 2007).

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