S. Hrg. 118–809

THE FAMILY FIRST PREVENTION SERVICES ACT: SUCCESSES, ROADBLOCKS, AND OPPORTUNITIES FOR IMPROVEMENT

HEARING

BEFORE THE

COMMITTEE ON FINANCE
UNITED STATES SENATE

ONE HUNDRED EIGHTEENTH CONGRESS

SECOND SESSION

MAY 22, 2024

Printed for the use of the Committee on Finance

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CONTENTS

OPENING STATEMENTS

	Page
Wyden, Hon. Ron, a U.S. Senator from Oregon, chairman, Committee on Finance	1
Crapo, Hon. Mike, a U.S. Senator from Idaho	3
Whitehouse, Hon. Sheldon, a U.S. Senator from Rhode Island	5
Young, Hon. Todd, a U.S. Senator from Indiana	5

WITNESSES

Jones Gaston, Hon. Rebecca, Commissioner, Administration on Children, Youth, and Families, Administration for Children and Families, Department of Health and Human Services, Washington, DC	6
Reed, David, MSW, LCSW, CSAYC, Deputy Director, Child Welfare Services, Indiana Department of Child Services, Indianapolis, IN	8
Chang, JooYeun, program director for child well-being, Doris Duke Foundation, New York, NY	10
Tapozada, Laurie, kinship caregiver, peer mentor, and kinship navigator professional, Cranston, RI	12

ALPHABETICAL LISTING AND APPENDIX MATERIAL

Chang, JooYeun:	
Testimony	10
Prepared statement	37
Responses to questions from committee members	40
Crapo, Hon. Mike:	
Opening statement	3
Prepared statement	43
Jones Gaston, Hon. Rebecca:	
Testimony	6
Prepared statement	44
Responses to questions from committee members	49
Reed, David, MSW, LCSW, CSAYC:	
Testimony	8
Prepared statement	55
Responses to questions from committee members	59
Tapozada, Laurie:	
Testimony	12
Prepared statement	63
Responses to questions from committee members	66
Whitehouse, Hon. Sheldon:	
Opening statement	5
Wyden, Hon. Ron:	
Opening statement	1
Prepared statement	67
Young, Hon. Todd:	
Opening statement	5

COMMUNICATIONS

Aidileys	69
Alvarez, Cecil	71
American Academy of Pediatrics	74
American Bar Association	80

Page

American Civil Liberties Union et al. 82
American Enterprise Institute 84
American Public Human Services Association 87
Annie E. Casey Foundation 92
Ballard, Louann 100
Barnes-Mayfield, Tiffany 102
Barrow, Khasim Obieda 103
Bazelon Center for Mental Health Law 104
Beaupre, Brianna 107
Blue, Daniel, Jr. and Brenda 108
Boys Town 110
Brabson, Michael and Jennifer 111
Caldwell, Jessica 117
Carter, Stephanie L. 117
Center for the Study of Social Policy 120
Chapin Hall Center for Children 125
Chiellino, Matthew 132
Child Welfare League of America 133
Children and Family Futures 137
Children's Home Society of America 140
Children's Service Society of Utah 143
Children's Trust Fund Alliance 144
Colorado Resilience 146
Consortium for Constituents with Disabilities 152
County of Los Angeles Department of Children and Family Services 153
County Welfare Directors Association of California 155
D'Antonio, Meghan Lynn 159
DiMaio, April Lee 162
Early, Matthew Wesley 164
Early, Steven L. 164
Family Centered Treatment Foundation, Inc. 164
Family Focused Treatment Association 166
Family Justice Group 168
Garlock, Kristin 169
Generations United 176
Goodface, Garfield Henry 180
Gordon, Shane and Jenifer 182
Hamrick, Tura 186
Home Visiting Coalition 193
Horton, Keshia 196
Houghton, Kelly, and Jake Bichard 200
Howell, Kimberly 206
Jensen, Christie 212
Journey to Success 214
Kepler, Christian-Nicholas 218
King, William 219
Kirkland, Lori 223
Lesher, Sherry 226
McMillan, Joyce and Angela Olivia Burton 226
Medrano, Cassandra 229
Mirakhori, Brandi 233
Natale, Lili 234
National Association of Counsel for Children 239
National Association of Counties 241
National Association of County Human Services Administrators 244
National Child Abuse Coalition 248
National Organization of State Associations for Children 250
New York State Office of Children and Family Services 253
Parents as Teachers 258
Prevent Child Abuse America 259
Ramos, Nayda 261
Richards, Rhonda 263
Ricks, Samantha-Siong 273
Roberts, Crystal 276
Robles, Gustavo 279
Rutcoskey, Samantha Marie 281
Sanders, Brandi 282

Page

Schuman, Roger 283
Shearer, Michele Lynn 284
Social Current 285
Solis, Racquel Kristin 288
State Policy Advocacy and Reform Center 291
Stephens, Linh Tran 293
Sturdivant, Chequita 296
Sullivan, John 299
Think of Us 300
Triple P America Inc. 307
Trudel, Mary 310
Van Gorder, Rosemary 313
Virginia Poverty Law Center 315
Williams, Jonathon and Jennifer 317
Winkles, Laura Michelle 317
Womac, Patricia 325
Youth Villages 326
Zelinsky, Barbara 329
ZERO TO THREE 330

THE FAMILY FIRST PREVENTION SERVICES ACT: SUCCESSES, ROADBLOCKS, AND OPPORTUNITIES FOR IMPROVEMENT

WEDNESDAY, MAY 22, 2024

U.S. SENATE,
COMMITTEE ON FINANCE,
Washington, DC.

The hearing was convened, pursuant to notice, at 10:09 a.m., in Room SD–215, Dirksen Senate Office Building, Hon. Ron Wyden (chairman of the committee) presiding.

Present: Senators Cardin, Brown, Bennet, Casey, Warner, Whitehouse, Hassan, Cortez Masto, Crapo, Grassley, Thune, Lankford, Young, Barrasso, Tillis, and Blackburn.

Also present: Democratic staff: Olivia Kirchberg, Policy Advisor and Staff Director—Subcommittee on International Trade, Customs, and Global Competitiveness, for Senator Carper; Rebecca Nathanson, Senior Domestic Policy Advisor; and Joshua Sheinkman, Staff Director. Republican staff: Kellie McConnell, Health Policy Director; Gregg Richard, Staff Director; and Charlotte Rock, Senior Health Policy Advisor.

OPENING STATEMENT OF HON. RON WYDEN, A U.S. SENATOR FROM OREGON, CHAIRMAN, COMMITTEE ON FINANCE

The CHAIRMAN. The Finance Committee will come to order.

And what we will do this morning by way of starting is, I will have an opening statement; Senator Crapo, the senior member on the Republican side, will make an opening statement; and then, my understanding is, we will have David Reed and Laurie Tapozada introduced by our colleagues. Okay.

Over a decade ago, the Finance Committee, under the leadership of the late Chairman Orrin Hatch and I, decided it was time to take some bold action with respect to helping families where there were challenges. It might be alcohol, or drugs, or one thing or another. And there were only two choices back then. You could keep a kid in a bad situation at home with the parents juggling varieties of these kinds of problems that I mentioned, or you could send them off to a foster care facility, some of which were good, some of them were not so good.

And Chairman Hatch, to his great credit, said to me, as we were talking about it, "We are going to come up with a third path, and we are going to call it Families First. And we are going to give the families the tools that they need so that everybody can get on their feet."

And so, here we are, 6 years removed from passing that legislation—and this is a special priority of mine. And that is what we are doing today: we are going to examine how the law is being used to improve the system so that we can have good choices, healthy choices, for kids and families.

Now, Family First, our law, bipartisan effort, centered around three priorities: prevention, strengthening, and kinship care. And I just want to say "thank you" to all the grandparents in the house. Ms. Tapozada is going to speak for them today, and you are really going to hear a powerful and passionate advocate for kinship care.

But we have a lot of other folks in the house. We want to thank them all for coming. I think they are residing at Plaza West, which is nearby.

Hey, there they are! They are in the house waving. All right. That probably violates some rule, you cannot wave or anything. But I thought it was——

God bless. God bless. We are glad you are here. And I am coming to Plaza West here when we get back, bringing some pastries and some coffee.

And what these grandparents are doing is something called kinship care. And back when I was the director of the senior citizens—Gray Panthers—all the church folks would always come to me, and I would sometimes come by after services or something, and we would talk and say, "What do you think we ought to be working on?"

And they would all talk about something called kinship care. And so we began, back in the days when Bill Clinton was President—and of course, he could talk the birds out of the trees. And I told him, "We need to go with this, Mr. President."

And that is why grandparents, aunts, uncles, are all stepping in all over this country to care for kids to make sure they get the help they need from a supportive and loving home.

And so, we will hear from kinship grandma Laurie Tapozada of Rhode Island. Senator Whitehouse will introduce her in a few minutes. She is going to share her firsthand experience being a caregiver after Family First, and how the law has particularly improved her ability to care for her grandson after he was placed in her care back in 2015.

And Family First funding allowed Laurie to give back to her community by creating new supports for these families, kinship families, building the Kinship Advisory Counsel, so we could make it a big deal to use these grandparents. That was what was so mystifying to me back when I started talking to President Clinton about it.

I said, "What an obvious treasure, right in front of us." And I am seeing my colleagues here who have been great advocates for care and human services.

And we all started talking here in the Finance Committee. And nobody said anything about Democrats and Republicans—not a word. But everybody said, "What can we do for these families?"

So, let us talk about these three pieces. We are talking about kinship care now for prevention. Sometimes you need to prevent the need for a foster care placement. Mom and dad are just really saying, "Hey, we just need a little help."

A parent might need a bit of mental health care, or substance use disorder treatment, parenting support. Maybe the family just needs to have somebody to kind of talk things through. And with Family First, we created new Federal funding for these services.

The committee is going to hear from David Reed, from the Indiana Department of Child Services. He is going to talk about how his State is working on those kinds of things.

Now, the vast majority of States, like my home State of Oregon, and Indiana, have basically been working on ways to get through a more streamlined system with these Family First prevention dollars. We still have some work to do.

And Ms. Jones Gaston is here; we kind of claim her for Oregon. She is doing really good work to kind of cut through the red tape and get this off the ground. And we really appreciate her approach, because she has a great heart, but she has also got a lot of common sense. And that is the way to go.

Now, apropos of the factors at work, we are still not getting the full benefit of the approach for Family First at home. The Federal Government last year spent $182 million on prevention services, and spent $4 billion on traditional foster care placements.

So we can do better than that. We are going to talk about that today. We are going to talk about prevention, talk about kinship care, talk about getting the resources out more quickly.

And finally, Family First worked to put an end to the policy of warehousing vulnerable kids in these big buildings that really resembled prisons. And often, the kids were more traumatized than they were when they entered.

And there is no question that foster youth struggling with mental health need a better support system. That is why we have Family First.

But I want everybody to know that, on my watch, if they think we are going to turn back the clock in America and go back to the days when we were warehousing these kids in these big buildings that produced all of these horror stories—I want anybody who is thinking about doing that to know they are going to have to run over me to do it, because I think that would be a huge mistake.

[Applause.]

The CHAIRMAN. All right. We probably can't let people clap either. [Laughter.] I don't know what all the rules are. But——

Senator CRAPO. I think we can waive that.

The CHAIRMAN. Senator Crapo, to his credit, just said, for the seniors, we can waive the rule. Okay. Thank you, Senator Crapo.

Senator Crapo, welcome.

[The prepared statement of Chairman Wyden appears in the appendix.]

OPENING STATEMENT OF HON. MIKE CRAPO, A U.S. SENATOR FROM IDAHO

Senator CRAPO. Thank you, Mr. Chairman. I appreciate you holding this hearing.

The child welfare system is a critical component of the social safety net aimed at ensuring children are able to thrive in safe, stable environments. After years of bipartisan, collaborative work between this committee and the child welfare community, the Fam-

ily First Prevention Services Act was enacted in 2018 to deliver on our shared goals of keeping families together and promoting high-quality foster care placements.

The structural reforms in Family First allow States to direct their Federal child welfare dollars to evidence-based prevention services, including mental health and substance use disorder treatment, family counselling, and parent education. These front-end interventions recognize that strengthening families can often allow children to remain safely in their homes. When foster care is necessary for a child's safety, the law provides and prioritizes investments to place children with family members or neighbors who can provide a loving, more stable atmosphere.

Bolstering the efforts of this committee, the administration recently took the essential step of finalizing a regulation that makes it easier for family members to become licensed foster parents. By reducing bureaucratic barriers, more children will have the opportunity to live with trusted caregivers.

Today's hearing provides an opportunity not only to celebrate the law's success, but to reflect on areas for needed improvement. The Title IV–E Prevention Services Clearinghouse, known as the Clearinghouse, was established in Family First to ensure Federal funds are directed to proven preventative programs. However, despite bipartisan efforts in Congress to increase the number of evidence-based models certified by the Clearinghouse, States continue to have limited options in certain categories, and rural areas struggle to implement one-size-fits-all models in their communities. The chairman and I have encouraged the administration to expedite the Clearinghouse review process so that States have a variety of community-based services to offer as part of a comprehensive continuum of care.

Unfortunately, some foster youth experience complex behavioral health needs that require placement in a setting that can provide them with more intensive services. In these circumstances, States need to be able to rely on Qualified Residential Treatment Programs, which were established by Family First as a high-quality trauma-informed treatment option to address the clinical needs of children with serious emotional or behavioral disorders.

We owe it to our most vulnerable children and families to continue to build on this bipartisan work. This will require us to arm States with innovative options for targeted interventions that support families, promote kinship care, ease pathways to adoption, and rely on safe treatment centers when vital for a child's well-being.

I look forward to hearing more from our witnesses about these opportunities to continue to strengthen our child welfare system.

Thank you, Mr. Chairman.

[The prepared statement of Senator Crapo appears in the appendix.]

The CHAIRMAN. Thank you, Senator Crapo.

And as everybody can see who is following the debate, on C–SPAN or whatever, Senator Crapo and I are very much in agreement with respect to the law. And I think you will see a lot of bipartisan support for it.

Now, we have two of our very thoughtful members who have been working on these issues to introduce our guests. Senator

Whitehouse will introduce Ms. Tapozada—she is from Cranston, RI. And then, Senator Young will introduce David Reed. And then, I will come back and get the rest of the panel.

Senator Whitehouse?

OPENING STATEMENT OF HON. SHELDON WHITEHOUSE, A U.S. SENATOR FROM RHODE ISLAND

Senator WHITEHOUSE. Thank you very much, Mr. Chairman. I am delighted to welcome Laurie Tapozada to the committee. She is a kinship caregiver, grandmother, and kinship navigator from Cranston, RI.

When Ms. Tapozada took in her baby grandson, she did not know a single family like hers. She later connected with The Village for Rhode Island Foster and Adoptive Families and discovered resources and support for kinship families. And after that, she made it her mission to support other kinship families.

Ms. Tapozada went on to redesign the kinship training within the organization. She took the initiative to make the training more interactive, providing families with a platform to share their experiences.

Laurie then spearheaded the design and launch of the Rhode Island Department of Children, Youth, and Families kinship peer mentor program. And she played a crucial role in creating the kin-specific support groups across the State and facilitated the Rhode Island statewide Kinship Advisory Council.

In 2023, GRAND Voices Network of Generations United recognized Laurie's contributions and invited her to be our representative from Rhode Island. Laurie's extensive work with kinship families has given her a deep understanding of the needs, challenges, and joys of being a kinship provider.

I thank Ms. Tapozada for being here today and commend her for the example of taking a completely unexpected turn of events in her life and turning it into an opportunity for leadership and to help others.

The CHAIRMAN. What a perfect way to describe it. The grandparents get the chance to do good, as Senator Whitehouse said, through an unexpected turn in their life.

Ms. TAPOZADA. Yes.

The CHAIRMAN. Well said, Senator Whitehouse.

Senator Young?

OPENING STATEMENT OF HON. TODD YOUNG, A U.S. SENATOR FROM INDIANA

Senator YOUNG. Chairman Wyden, Ranking Member Crapo, members of the committee, as we engage in this hearing today on the Family First Prevention Services Act, I want to thank you for bringing an expert from my home State of Indiana.

Since passage of FFPSA, Indiana has seen a reduction of children in foster care of more than 50 percent. And removals by race disparities have gone down drastically. Here to talk about these successes, as well as some of the challenges still ahead, is David Reed.

Mr. Reed is the Deputy Director of Child Welfare for the Indiana Department of Child Services. He has been in that role since 2017.

He is a licensed clinical social worker who has worked in the field since 1994, including 17 years at the Villages of Indiana, which is the State's largest not-for-profit child and family services agency.

His work at DCS has been innovative; it has been effective. Our title IV–E prevention plan, which he will talk about some today, is receiving national recognition for getting us closer to true prevention of abuse and neglect.

So, I am grateful for his leadership in what is a very challenging field. And I am proud to welcome Mr. Reed here today.

The CHAIRMAN. Thank you very much, Senator Young. Mr. Reed is really one of the authorities in the field. I mean, 20 years working on all the basic kind of nuts and bolts work that is not so flashy and does not get written up as stuff that you would normally hear about.

So, we are really glad you are here, Mr. Reed. And you've got a champ in Senator Young.

Okay. Let me introduce our other witnesses, and then we will keep going from there.

Rebecca Jones Gaston serves as Commissioner of the Administration on Children, Youth, and Families at the Department of Health and Human Services. She brought some good ideas to my home State. She went to another program before she came west. She worked in Maryland, then she came west. And we are very glad to have her.

She holds a BA degree in psychology from Georgetown University and an MA in social work from the University of Pennsylvania. We are glad you are here.

And let's see, we have one other guest. Yes; Ms. JooYeun Chang is program director for child well-being at the Doris Duke Foundation. And I have gotten to know them. They have had some very good, innovative approaches.

She oversees grant making to promote children's healthy development and protect kids from abuse and neglect. She was in the Obama administration. She was the top Federal official overseeing the implementation of national child welfare policy.

So we have kind of got the NBA all-stars here. It is basketball season—my time. So, we have great witnesses. Let's get ready to learn.

And we will begin with you, Ms. Jones Gaston.

STATEMENT OF HON. REBECCA JONES GASTON, COMMISSIONER, ADMINISTRATION ON CHILDREN, YOUTH, AND FAMILIES, ADMINISTRATION FOR CHILDREN AND FAMILIES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, WASHINGTON, DC

Ms. JONES GASTON. Good morning. Good morning, Chairman Wyden, Ranking Member Crapo, and distinguished members of the committee. Thank you for the opportunity to appear today on behalf of the U.S. Department of Health and Human Services.

I am Rebecca Jones Gaston, Commissioner for the Administration on Children, Youth, and Families within the Administration for Children and Families.

ACYF's priorities reflect our commitment to supporting parents, caregivers, children, and youth through holistic and proactive ap-

proaches that focus on keeping families together and preventing unnecessary involvement with the foster care system.

I hear routinely from young people and families who have experienced the foster care system that they could have stayed together, if support for their concrete needs had been met. The lived experience of families who have encountered the system will continue to inform our policies and programs.

A comprehensive system of care is needed to meet the needs of children and families well before engagement with child protection. For our part, ACF is building stronger relationships and collaborative efforts across HHS and other Federal agencies.

The implementation of Family First across the country is promising, but work remains. The Children's Bureau has approved 47 Family First prevention plans, 38 of those during this administration, including 42 States, the District of Columbia, and four Tribes.

All jurisdictions with approved plans are required to submit data over time. So, we will have the ability to report on these findings in the future.

It is important to emphasize that Family First is still a relatively new optional program, compared to the foster care program. Developing a comprehensive prevention plan takes time, and child welfare agencies continue to manage unprecedented workforce and leadership challenges and changes. We are committed to working with jurisdictions, as they move from planning to implementation, and providing technical assistance and support.

As of May 2024, the Title IV–E Prevention Services Clearinghouse, critical to the success of Family First implementation, has reviewed 177 programs and services, of which 85 were rated as promising, supported, or well-supported. Collectively, approved State, territory, or Tribal plans create pathways for child welfare agencies to support families and prevent the trauma of family separation.

Implementation has revealed potential limitations of the law that impact some jurisdictions more than others—particularly Tribes—such as some Clearinghouse requirements that prescribe methods of evaluations that are not commonly used to evaluate Tribally specific intervention.

ACF is doing what we can to expand the number of culturally responsive prevention programs in the Clearinghouse and evidence-based practices in foster care and prevention programs. But notably, the Fiscal Year 2024 $4-million reduction in the Clearinghouse funds significantly reduces ACF's ability for generating evidence and reviews.

ACF is working to release the final revisions to the Handbook of Standards and Procedures, Version 2.0 in the coming months. ACF looks forward to continued support from Congress, including this committee, and further investments to help ensure the Clearinghouse is a transparent and trusted source of evidence.

The President's Fiscal Year 2025 proposed budget includes additional opportunities to further Family First, such as increasing funding and amending the Promoting Safe and Stable Families program; increasing funding for the community-based Child Abuse Prevention program and increasing Federal reimbursement rates for the Title IV–E Prevention Services Program and Title IV–E

Kinship Navigator Program; and expanding flexibility for the use of prevention plan funding.

I urge Congress to support these proposals to further realize the intent of and increase the impact of Family First. ACF is strengthening kinship care and family connections even when child welfare involvement cannot be entirely prevented.

Recent regulatory actions by the Biden/Harris administration will have a profound impact on child welfare systems in America by removing barriers to kinship care, increasing access for families to legal representation, and promoting fairness in the child welfare system. These rulemakings, along with Family First, represent the most substantial advances in the child welfare system in a generation.

I look forward to continuing to work with Congress as part of our collective efforts to achieve our shared goal of preventing children from unnecessarily entering the foster care system; keeping families together; and working across systems to increase the safety, permanency, and well-being of all children and families.

Thank you, and I am happy to address questions.

[The prepared statement of Ms. Jones Gaston appears in the appendix.]

The CHAIRMAN. Thank you very much, Ms. Jones Gaston. We will have some questions for you in a little bit.

Mr. Reed, welcome.

STATEMENT OF DAVID REED, MSW, LCSW, CSAYC, DEPUTY DIRECTOR, CHILD WELFARE SERVICES, INDIANA DEPARTMENT OF CHILD SERVICES, INDIANAPOLIS, IN

Mr. REED. Good morning, Chairman Wyden, Ranking Member Crapo, and members of the committee. My name is David Reed, and I am the Deputy Director of Child Welfare Services for the State of Indiana.

I want to first thank Chairman Wyden for the opportunity to speak about Indiana's experience in recent years. It is an honor to share what we have been working on.

As I begin, I thought it would be helpful to review the history of foster care in Indiana prior to the passage of Family First. In late 2017, Indiana had over 17,000 children in out-of-home care. That represented the fourth most in the entire country with only California, Florida, and Texas having more kids in care than Indiana. And each of those States has over three times our population.

In addition, Family First encouraged national conversations about historical removal by race disparities that have been clearly identified in child welfare. National statistics demonstrate unfortunately that Black and multiracial children are removed at higher rates than White children.

FFPSA passed in February 2018 with bipartisan support. It promised to shift resources away from largely only being able to respond to kids after they had been hurt and placing them in foster care to instead, allow States to use those same Federal dollars to deliver services to prevent kids from coming into foster care in the first place.

This was research-informed, as we now know how hard it can be for kids to come into foster care. We understand the impacts of dis-

rupted bonding and traumatic separations. And, make no mistake, coming into foster care and being separated from family is traumatic for children.

The passage was well timed for Indiana, but respectfully, the rollout was challenging and slow. We were eager for things like the Title IV–E Clearinghouse to have models that were available in my State.

And we recognized that a one-model-at-a-time approach to serving families was not likely to achieve the kind of progress that we wanted for our kids and families. Families are diverse and complicated, and we needed something more comprehensive that could respond to the needs of all Hoosier families.

Indiana, much like when FFPSA was first being deliberated in Congress, decided to use as much research as we could to create a model—our own approach—to try to keep more kids safely with their families. So Indiana developed our Indiana Family Preservation Services model, or INFPS, using the foundations of evidence-based interventions that were already studied and much more widely available. But we added more research-informed and repeatable and manualized components. We required providers delivering INFPS to focus on the development of well-researched and -understood protective factors. These are things that we can teach to families, and those children are then safer.

These protective factors include things like social connectedness, knowledge of child development, and access to concrete supports in times of need. Much research exists about how families with access to economic and concrete supports when they need them, have safer children. And it is indeed a well-researched and clearly understood protective factor.

While the value was apparent, the challenge has been how to manualize the provisions of these supports, which is increasingly important in a Family First world. We wanted to ensure that these valuable resources could be used when needed to prevent removals and to keep kids safe. So that is what we did.

The INFPS model requires that concrete supports be provided to families, when not doing so would result in children coming into care. That is the plan language in our manual.

And it is clear that those supports have been some of the most valuable interventions that we have provided since we launched the services statewide back on June 1, 2020. Time permitting, I will be happy to talk to you about some examples of how those supports have benefited families.

Now, nearly 4 years to the day later, with 95 provider agencies delivering INFPS across the State, we have served over 27,000 kids and nearly 14,000 families. We have seen the number of kids in care drop by more than half from our peek, and markedly improved child safety as well. More kids are home with their families, with their well-being intact.

While this has been gratifying, what has been even more so, is the dramatic improvement in our removal disparities. We have seen a 67-percent decrease in our Black removal disparity, and an extraordinary 86-percent reduction for our multiracial children.

Our goal is that there are no disparities by race with removals. And we are very close to that being the reality in Indiana.

Last month, INFPS was designated a promising practice by the California Clearinghouse for Child Welfare, and it is currently being reviewed by the Title IV–E Clearinghouse. While we are hoping for a favorable review—as that will give us access to more funds to do this work—we also see other areas where FFPSA can be improved.

These recommendations are in my written testimony, and I would be happy to elaborate on them this morning. As I close, I want to thank, again, Chairman Wyden for the opportunity to be here today. I look forward to answering questions.

[The prepared statement of Mr. Reed appears in the appendix.]

The CHAIRMAN. Thank you, Mr. Reed. Some of your ideas sometimes strike me as a little too logical for government. And heaven forbid that we start getting into that business.

But I was hearing from the staff something along the lines of—you were talking about how a family wanted to stay together. And you took the radical approach of trying to help with a van so that people could get the van and move around town.

And you know, presumably again, people of all ages would be able to use those kinds of things in trying to get a fair shake for kids.

Mr. REED. That is one of many examples, Mr. Chairman.

The CHAIRMAN. We are going to be getting them from you. Thank you.

Ms. Chang, welcome.

STATEMENT OF JOOYEUN CHANG, PROGRAM DIRECTOR FOR CHILD WELL-BEING, DORIS DUKE FOUNDATION, NEW YORK, NY

Ms. CHANG. Thank you, Chairman Wyden, Ranking Member Crapo, and honorable members of the Senate Finance Committee, for the invitation to testify today about the Family First Prevention Services Act.

My name is JooYeun Chang, and I am the director of the child well-being program at the Doris Duke Foundation. I came to the Foundation after serving as the Acting Assistant Secretary at the Administration for Children and Families, and before that, as the head of the child welfare agency in the State of Michigan.

Doris Duke's mission is to build a more creative, equitable, and sustainable future. For the past 25 years, the Foundation has invested in programs designed to prevent abuse and neglect and to promote child well-being.

The Family First Prevention Services Act is landmark legislation that has helped change the tone and tenor of the child welfare field. For the first time, we have a glimpse of what we aspire to be: a society that acts proactively to prevent foster care; and equally important, prevents abuse and neglect in the first instance by supporting families, to give all children the opportunity to thrive.

But we have more to do to fully realize this aspiration. Each year, approximately 7.5 million children are reported to abuse and neglect hotlines. And yet, the vast majority of those children will not receive any needed services or supports. Many of these families will return to the attention of CPS through repeat calls to the hotline.

Often, it is only after those challenges have turned into crisis that any intervention is provided. And it is commonly one that is costly to the child, family, and society as a whole.

We must do more to prevent this expensive, traumatic, and inefficient response to family needs. Abuse or neglect that causes serious harm to children requires child protection intervention.

But neglect cases and child well-being concerns tied to poverty alone should receive a different response, one that is voluntary and is delivered by service providers that are trusted in the community rather than government agencies.

Family First was momentous legislation. It addressed a longstanding concern that Federal financing policy that only guaranteed funding for foster care had the unintended consequence of incentivizing foster care over more cost-effective prevention services. Your bold act to guarantee Federal funds for prevention provides a unique transformational opportunity.

There are important challenges in Family First implementation that we at Doris Duke are seeking to address through a new demonstration project called Opportunities for Prevention and Transformation Initiative, or OPT-In for Families.

In four States across the country, we hope to show that there is a more effective and scalable way to prevent abuse and neglect by responding at the first signal of need using a comprehensive array of community-based services and supports. Even as Doris Duke supports these four States to fill gaps in the short term, congressional action is needed to ensure that children and families benefit from your bold vision to promote prevention. We submit for your consideration the following two recommendations.

One, clarify who is eligible for Family First to include children and families who are at risk of child welfare involvement, and ensure that services are delivered in a way that promotes program utilization. The current statute defines eligibility for a child who is a candidate for foster care as someone who is at imminent risk of foster care entry.

The literal interpretation of this clause increases administrative burdens, creates stigma and fear, and as a result, reduces participation in the very services and programs that we know can be helpful. States should have the flexibility to identify risk at a population level based on data that shows who and where there is the greatest risk of foster care placement.

Two, expand the scope of eligible services to include things that we know families need most. Research shows that poverty is a central predictor of abuse and neglect.

To realize the promise of Family First, it is essential to identify how $40 can enable States to supplement existing programs with material support that can directly address moments of acute stress in vulnerable households.

There are other changes in Family First that we hope Congress will consider that will help families meet the challenges they face today, including domestic violence services and informed care, and system navigation for families with complex needs.

Thank you again for the opportunity to be here. I look forward to your questions.

[The prepared statement of Ms. Chang appears in the appendix.]

The CHAIRMAN. Well said.
Ms. Tapozada, welcome.

STATEMENT OF LAURIE TAPOZADA, KINSHIP CAREGIVER, PEER MENTOR, AND KINSHIP NAVIGATOR PROFESSIONAL, CRANSTON, RI

Ms. TAPOZADA. Chairman Wyden, Ranking Member Crapo, and members of the Senate Finance Committee, thank you for your leadership, for holding this important hearing, and for inviting me to share my perspective.

My name is Laurie Tapozada. I am a kinship grandma. Today I am speaking to you with two hats. One is from my personal experience, and one is from working with hundreds of kinship families in Rhode Island, including grandparents, other relatives, and those with an existing relationship with the child.

I am also a member of the GRAND Voices Network of Generations United. I am raising my 9-year-old grandson E.J., who is the light and love of my life and the biggest blessing I have ever received.

At the time that it all happened, I was not thinking that way. I was in the process of selling my home in Rhode Island and moving to Florida to start a new career in real estate, and life was finally going to be all about me. One day my daughter asked if I could babysit my infant grandson while she went to the mall. Well, she did not come back, and child services placed my grandson in my care.

It felt like a disaster that blew up all my plans for my golden years. It had been a long time too, since I had cared for an infant, so I was at a loss.

I needed to find child care so I could go to work. And at first, shock kept me going. But then, as the reality sank in that I would be caring for him for the foreseeable future, a tidal wave of emotions came through, and I had nobody to turn to.

Today, we are here to talk about the Family First Preventation Services Act and the impact it has had. Well, I am here to say that the impact is immeasurable. It recognized and invested in services that helped kinship families like mine. When all this was happening to me, that was pre-Family First.

I had to leave my job because it required long hours and travel, so finances began to be very stressful. I was not aware of any resources for families like mine, partly because there were not any.

So, pre-Family First Prevention Services Act, yes, it was a desert with nothing. So, the impact is huge.

One day I discovered a small grassroots organization, the Village for Rhode Island Foster and Adoptive Families. It is a peer support organization, and they became my community.

Having them changed my life. And once I had finally adopted my grandson, I wanted to help other families going through this. I did not want them to feel the fear, the grief, anger, resentment, isolation, and stress all by themselves.

In 2019, when the kinship navigator funds came through, DCYF in Rhode Island hired me to build supports for kinship families involved with the Department—so, open to the Department. With that money, we created a peer mentor program that is a kinship

navigator program in which the navigators all have lived experience.

We formed a statewide Kinship Advisory Council. We partnered with community organizations to offer kinship-specific support groups and kinship family events. We developed training for staff that worked directly with kinship families, helping them understand the whole kinship dynamic.

While the supports for families involved with the Department had come such a long way and did so much good, my concern for families not involved with the Department was growing.

It is not a fun experience to be involved with DCYF as a family, but at least you are directed to resources, you are given resources, and stuff like that. But the families not in the Department had no idea. They were just like me, pre-Family First.

And the thing is, for every kinship family involved with the Department, there are 18 families not involved with the Child Welfare Department—a much bigger pool of families.

In January, I left the Department to begin outreach work with the Village to those informal kin families. The needs are significant, from financial, to legal, to mental health, to help their children get the services that they need, and a growing and heartbreaking problem is housing.

We need stable, affordable housing for our kinship families. I recently had to work frantically with a grandmother in her 70s raising her two grandchildren, trying to keep them out of her car as a home.

Family First has taken critical steps to help kinship families, but we have a long way to go. I am aware that kinship caregivers not only keep children with family and reduce the trauma of being separated from their parents, but they also save this country approximately $4 billion each year.

One huge roadblock to operating more kinship navigator programs is the stringent evaluation requirements from the Title IV–E Clearinghouse. Some requirements do not make sense for kinship navigators, which are different than other types of prevention programs. Furthermore, no State has been able to, or will be able to, meet the Clearinghouse standards without using expert consultants, which adds a significant cost burden.

My recommendations are to put an emphasis on developing peer-to-peer services in kinship navigator programs, which have been demonstrated to be more effective than programs that do not engage peers.

The second one is to review the Title IV–E Clearinghouse requirements for evaluation of kinship navigator programs and remove unnecessary barriers by redefining the methodologies to measure the effectiveness.

Please continue annual funding for kinship navigator programs to help them operate and pay for evaluation, and include funding for concrete and material needs. Some of my colleagues have mentioned the importance of that.

Please help us do the important stuff: raising our kin children to be happy, healthy adults with a strong sense of self and family, who can be self-sufficient and successful. Our work is not easy, especially for us grandparents. But we do it, heart and soul.

Thank you. And I look forward to—I have a lot more to say.

I look forward to questions.

[The prepared statement of Ms. Tapozada appears in the appendix.]

The CHAIRMAN. Ms. Tapozada, you stole our hearts. And back when you were facing this, it is hard to almost imagine the horror, that you were helping out in the household and your daughter went to the mall and did not come back. And then, all of a sudden, you had all this thrown at you.

So, God bless. And what an inspiring model you are for this debate. And we are going to call on you often for your counsel.

Ms. TAPOZADA. Thank you.

The CHAIRMAN. Let's start with you, Ms. Jones Gaston, because so much of this that we are looking at is, how we are going to reduce the red tape and the bureaucracy?

And let's start with innovative prevention programs, because I know you share my interest in this, and our guests do.

What can we do to reduce the red tape and the bureaucracy in terms of getting States and communities access to those prevention funds?

Ms. JONES GASTON. Thank you, Mr. Chairman. There are a couple of things that come to mind.

One is, as this wonderful kinship grandmother just stated, the requirements related to the evidence, the levels of evidence that are required for the Clearinghouse to determine whether or not an intervention can come in and be approved as part of the Prevention Clearinghouse, are very, very technically specific and limit then some of the ability for interventions that may work. And there may be evidence that does not rise to the level of the requirements in the law.

And so, I think taking a look at the ability to be able to have some expansive definitions to increase the diversity of the interventions that are available——

One of the things that we are doing from the Children's Bureau is, we have funded some demonstration projects to be able to try and build some evidence. But ultimately, our hope is to meet the requirements of the Clearinghouse.

I think the other challenge stated in my testimony is, we did experience a reduction in the funding for the Clearinghouse in this current fiscal year. And that certainly impacts the ability of the Clearinghouse to get through the reviews and work with the purveyors to make sure that we have the information to determine eligibility.

The CHAIRMAN. So, about 6 months ago, Commissioner, I, Senator Crapo, and then our counterparts—our sister committee, the Ways and Means Committee—6 months ago we sent a letter to the Department asking for information essentially on how we were going to be able to speed up the money that is efficiently spent and targeted to programs that would really work in a transparent and timely manner.

We still have not gotten a response to that. That is unacceptable. So, please tell everybody at the Department—I know they mean well, and they have a lot of stuff on their plate—I expect an answer

to that letter, which is now outstanding for 6 months, in the next 30 days. Okay?

Now, let us go next to you, Mr. Reed. So much of your account is really valuable. But I noticed that you have been able to make a big difference in the racial disparities of childhood removals in your State between Black and White kids.

Now, a lot of people talk about doing it. Not that many people kind of walk the walk. You did not just talk the talk, you brought the receipts. You have the information on how to do it.

So, tell us a little bit about how you are bringing people together and reducing these racial disparities between Black kids and White kids.

Mr. REED. Thank you for the question, Mr. Chairman. You have heard every witness talk about concrete supports and how critical they are to families. And we know clearly from research that families of color especially have the potential to benefit the most from concrete supports. We built that into our model, and very quickly we could see that families of color were especially benefiting, as was predicted by the research.

I don't think we can overstate the value of those concrete supports for families. And as we know clearly from the data, it is families of color who are more likely to be in poverty. And many of the calls to the hotline, like Ms. Young was talking about, were related to poverty-related issues. We can respond to that with concrete supports that were integrated into our INFPS model in a manualized way, in a repeatable way, in a way that can be evaluated and has been proven to be effective at not only keeping kids safer, but also now reducing disparities that have existed in child welfare for generations.

So, it's been really encouraging to see that. And I do point clearly to the value of those concrete supports helping to address those disparities.

The CHAIRMAN. Good.

A question for you, Ms. Tapozada, picking up on this just incredibly difficult situation you found yourself in when your daughter went to the mall and a few hours later you were trying to step in.

You describe what sounded kind of like a desert with respect to information and resources and the like. How much better is it today for a grandparent who is faced with a situation like that, and what else do we need to do to make sure future grandparents have more support?

Ms. TAPOZADA. Thank you for the question. I would say that within the child welfare system, things are much better. You know, kinship families, they do receive supports. For example, they receive paid child care, they receive a monthly stipend, although that is not for all States.

In my work with Generations United, I was pretty shocked to realize that in many States, children are placed with kin families, and no support is forthcoming. I really was shocked at that. But in Rhode Island they are.

And they not only get those supports, they get referrals to community supports, which are very, very important, because a family's journey within DCYF is going to end. And if it ends with the kinship caregiver taking permanency, our goal is to make sure that

that family is hooked up with community supports, because they are going to need support during it. They are going to need support after it.

You know, it was mentioned earlier about trauma and the impact on children's behavior and all of that stuff. Those are not simple problems that can be solved by enough love. And the kinship families, we still need support around some of the issues that our children experience, and emotional support, which is very important.

In Rhode Island anyway, the landscape is very different. There are kinship-specific support groups all over the State. We have several designated community agencies like the Village and our sister agency, the Heart Tree, which came to Washington not long ago to be rewarded. And it is like a sister agency, but they speak Spanish. Those are for the Spanish-speaking families, which have another whole set of challenges.

So yes, the landscape is very different. How can we improve it going forward? Well, absolutely, we need peer-mentor navigator programs that are for families outside of the child welfare system, who you can argue have even more challenging needs.

The CHAIRMAN. We have a whole crowd of people with their thumbs in the air.

Ms. TAPOZADA. So that is definitely an area where we need enough resources to be able to do that. Because with the money that came through Rhode Island, for example, we were able to do those things I described to you, but we couldn't even serve all kinship caregivers within the Department. We had to have a referral system because the numbers are overwhelming. You know, we hired 10 paid navigators, kinship families, and we did the best we could. And it was wonderful for the families that we could help.

The CHAIRMAN. Unfortunately, I am way over my allotted time.

Ms. TAPOZADA. I'm sorry.

The CHAIRMAN. Don't worry about it.

Senator Crapo?

Senator CRAPO. Thank you very much, Mr. Chairman.

And, Ms. Tapozada, I want to stay with you. In fact, Senator Wyden basically asked the question I wanted to ask you, but I am going to ask it again so you can fill it out a little better.

My question is, prior to Family First, kinship really was not a focus of our system.

Ms. TAPOZADA. No.

Senator CRAPO. And, as I understand your testimony, it is catching on in Rhode Island. It is moving. It probably needs a lot more help. But it is not catching on so well elsewhere. Why not? And what do we need to do to make this more broadly established as a foundational principle in our approach?

Ms. TAPOZADA. I think the first thing we need to do is to raise awareness of the challenges that kinship families experience.

You know, when I first started working with the Department, there was kind of this general mentality that, oh, we are going to place the child with the grandparents, so they are all set. In my case, they would barely come visit me, because they were like, oh, that child is with their grandparent, they are all fine. Well, no, kinship families are not all fine. So I think we need to raise the

awareness that these families need support in the kind of situation that they are actually experiencing.

And I think if people truly understand the contribution, importance, and value of kinship caregivers, it will catch on, as you are saying. So that is our work: we have to get out and raise that awareness.

Senator CRAPO. Well, thank you.

And, Ms. Chang, as kind of a different angle on this, faith-based and other charitable organizations have long played a role in the child welfare system. And their advocacy was critical in informing the passage of Family First.

How has the role of charitable organizations evolved since the passage of Family First?

Ms. CHANG. Thank you, Senator, for that question. I think, as you pointed out, faith-based organizations and other philanthropic organizations have played an important and longstanding role in child welfare. And you know, one of the things that I like to say is, keeping children safe is everybody's business. This cannot be the role of government alone, and faith-based organizations have played a very important role in both advocating for and implementing Family First.

One example that comes to mind is the Care Portal, which is a technology tool that is used to connect individuals in faith-based communities with families who are at risk of entering the child welfare system. And one of the primary things that they do is to provide materials, of course, to families, because faith communities recognize that poverty plays such a pivotal role in driving families into that system.

The Foundation believes that one of our jobs is to help States implement the laws that Congress has so boldly put out there. And what we are trying to do is understand what the intersection of poverty and child welfare involvement is.

Senator CRAPO. Thank you. And we appreciate those efforts.

Mr. Reed, many families engaged in the child welfare system are also eligible for other social service programs, such as the Temporary Assistance for Needy Families. However, in most States, these services are provided by different agencies, which may place a burden on families who have to navigate multiple programs and their respective requirements.

How can State agencies better partner to streamline social services for families, ensuring that they receive the right interventions at the right time?

Mr. REED. Thank you, Senator Crapo, for the question. And it is a complicated one to find ways for State agencies or other groups like that to interact well together in a way that families can understand.

I will say that one of the clear benefits of what we developed is that it is one provider agency doing comprehensive work with that family to address whatever presenting challenges the family might have. And that has been very helpful in reducing confusion for families.

And the provider we have assigned to work with them has a clear goal of trying to find a way to keep that family safely together and connect them to resources. So that is one approach that we

have applied in my State that has been effective, but there is no doubt there is work to be done in coordinating systems better across child welfare.

Senator CRAPO. Thank you very much.

And finally, Commissioner Jones Gaston—I want to get your title correct—Chairman Wyden referenced the letter that he and I sent to Secretary Becerra some time back. And I would agree with him that we would like to see the response to that promptly.

One of the issues we raised in that letter was the concerns about the number of programs that are approved and available for small and rural communities.

We don't really have much time right now, but could you give a brief response to that, and be sure that in the response to that letter, you deal with that question?

Ms. JONES GASTON. Yes, thank you, Ranking Member Crapo. A couple of things. One is, we have been working with the Clearinghouse and received lots of public comment including the letter that both you and Senator Wyden sent. And we look forward to releasing an updated handbook that addresses many of the comments and ideas that people had around how to create opportunities in the Clearinghouse. And so, we look forward to both responding to the letter, as well as sharing the updated handbook.

I think the other opportunity really is in thinking about—rural communities, small communities are really important. And so we are looking for opportunities within our other funding mechanisms to provide supports.

But also, we are thinking about the technical assistance that we are providing to jurisdictions as they are implementing Family First, of how are they thinking about those populations, in both the intervention that is being selected, but also thinking about the network of resources available to be able to meet the needs of families and children regardless of where they live.

Senator CRAPO. Thank you.

The CHAIRMAN. Ms. Jones Gaston, what we want to do is get an update, like you said, so that we really know what we are dealing with, and then we can start looking at these specific issues. Because I don't think this a question of people meaning well. I think everybody means well. They have a lot on their plate; we get it.

But 6 months—and we really need this because my sense is, we are going to have a big debate. I know when we get a chance to visit with the kin leaders, there is going to be a big debate about this, and we are going to need updated information. I just appreciate all of your leadership. You are a great plus to the effort.

Ms. JONES GASTON. You have my commitment that you will get a response.

The CHAIRMAN. Wonderful. Thank you.

Senator Cortez Masto it next.

Senator CORTEZ MASTO. Thank you. And let me just say to the chairman and ranking member, thank you so much for your support and the bipartisan work being done here. It is crucial.

To the panel members, thank you. Thank you for your voice. Your advocacy matters. You are here. Everybody in the audience, it matters. Thank you for being here.

I want to touch on and follow up what Ranking Member Crapo talked about in our rural communities. Because in 2023, rural Elko County, which is in the northeastern part of Nevada, had only five general licensed foster homes spanning 17,000 square miles. With those beds frequently full, these kids were often sent more than 100 miles away then to Winnemucca, NV. And then when those slots are full, Winnemucca reaches its capacity, the kids are then sent to Reno, which is another 300 miles away from Elko, another 430 miles. I mean, this is an issue for rural Nevada and frontier communities.

And so, Commissioner Jones Gaston, let me start with you because we had, in 2022, 450 kids in foster care. And because we only have 100 licensed foster homes, our incredible system of individuals working to address the needs of these kids is focused on where we place and how do we look out for their best interest, let alone everything else we just talked about: applying for dollars or providing prevention services.

So I guess my question to you is, how is ACF addressing these challenges? And then more particularly—there is a lot on your plate right now, and I know we are implementing this for the first time here—as we look at the rural communities, we also have to face the needs of our Tribal communities, culturally sensitive, our Latino communities, right, our AAPI, our Black communities, all of the above, if we are really looking at evidence-based——

There is a lot on your plate. And so, for my purposes, one, I want to offer assistance. But two, I would like to know more specifically how you look to address our rural and frontier communities in this space as well.

Ms. JONES GASTON. Thank you, Senator Cortez Masto. And I appreciate the question. So, as a former Director in Oregon, I absolutely have an understanding of what you are talking about when you talk about frontier and the vastness of the geography and the smallness of the actual population, which includes then the challenges of actually being able to have service providers be able to do that.

I think one of the things that we certainly learned during the pandemic was the ability to expand services virtually. And one of the things being considered in the updated version of the handbook is the ability to be able to have adaptations accepted as part of interventions that include virtual access to services.

I think the other is, again, if we are thinking about prevention, there are a number of things that are really important in meeting children's and families' needs that are—while they might be evidence-based practices, they might be concrete economic supports. They might be just other supports—housing, those sorts of things.

And so, one of the things that we are doing is really trying to work collaboratively across Federal agencies and then helping States do the same in regard to how are these multiple systems working together to actually create a network of supports for children and families. And rural communities are absolutely top of mind for us, and being able to have needs met for families and children so that we are able to avoid foster care altogether, because the

challenge for resources and supports doesn't get better if children and families are coming into foster care.

Senator CORTEZ MASTO. And that's right. And I appreciate that. Let me just say, thanks to the Family First Act, over the last 5 years, Nevada has seen a 42-percent decline in licensed foster homes, dropping from, what, 2,054 in 2018 to 1,182 in 2022. And I know Nevada is not alone, but there is more work, as you have all said, that needs to be done.

I am very proud that Nevada has a kinship care program under the Family First Act, utilizing the title IV–E funds for this kinship care navigator program.

A couple questions I have, though. We're one of only four States—obviously, there is a question why more States aren't utilizing these title IV–E funds.

But before I get to that—I only have so much time—here is my thought as well. We are forcing the States, rightfully—and we talked about this—through these navigator programs however we can, to coordinate amongst all the State agencies, the social services out there, the private services, the nonprofits, in all of this space to the best interest of our kids, but we don't ask the same of the Federal agencies.

I have a housing issue in Nevada, and I don't have HUD at the table right here talking about the varying needs of the housing for our families in this space. And so, it does require us here in Congress to also work with our Federal agencies to get them to come to the table.

If there are barriers and a lack of ability to be able to reach out to HUD in your role because there is a need for housing and affordable housing, I want to know about it. Because in Nevada, over 80 percent of the land is owned by the Federal Government. And so, our Federal partners are key for Nevada, particularly when it comes to housing. So, I am making that offer to please reach out.

My time is up. I am over it. But I just have to say "thank you" again. I can't stress this enough. Your advocacy and your voice matter in what we are doing here today. And the change would not happen without all of you coming forward and having the ability to really come and say, "Here is what we need. This is what is happening in our communities."

And so, I thank you very much.

The CHAIRMAN. I thank my colleague for her comments. That's one of the reasons we are pushing so hard the bipartisan tax legislation that came from the House—it got 357 votes—because we need that low-income housing. That bill would create hundreds of thousands of housing opportunities for low-income people. So, big thanks for bringing it up.

Senator Cardin, a long-time advocate for these families.

Senator CARDIN. Well, thank you, Mr. Chairman. And that bill also would allow families to be able to live out of poverty, which also is a factor on children's vulnerability when a family does not have the resources in order to deal with everyday needs. So, it is very important that we recognize affordable housing. Income levels very much affect children's ability to get the type of start that is important for their success in life.

I am a big fan of what we are trying to do here with the Family First Prevention Services Act. But I just really want to point out that the need for family support has no age limit for a child. I think about my father helping me when I was in the U.S. Senate. You know, it doesn't age out that quickly.

And the support that we give our families today—when I was in the House working to change the aging out from 18 to 21 on foster care, that was an important element. Children in foster care need help as they age out of eligibility, including at 21.

So I guess my question to you is, do we have sufficient administrative guidance now to deal with children who are not in foster care, or who are aging out of foster care, to get continuing services that they need so that we can prevent them from needing additional nonfamily support where we would prefer it to be handled within the family itself? So, what more do we need to do administratively? What more do we need to do as far as legislation is concerned? I see there is an anxious replier. Yes?

Ms. JONES GASTON. Thank you, Senator Cardin. And I also will just say, I have two young adult children who keep moving back home. [Laughter.]

And it just really highlights the importance of having a network of support kind of regardless of what phase of life you are in. And so, the issues around children aging out of foster care have been a priority of ours, and certainly one of mine.

In the current proposed President's budget, we have an ask to increase funding to the Chafee dollars to add to the ability to provide additional services and supports and some flexibilities around the opportunity to support housing costs for young people.

We also have an ask there around the ability to provide supports around services and financial concrete supports for young people beyond 21 as they are moving into being self-sufficient as young people.

The other thing that I will add is, I think the best way to address young people aging out is to keep them out of foster care in the first place. And being able to meet their needs requires multiple systems again.

And I have had the opportunity in this role to partner with HUD. I also have under my purview the Family Youth Services Bureau, which has the Runaway and Homeless Youth Program.

And we have issued some joint guidance that actually is, I hope, helping jurisdictions better utilize the FYI vouchers that exist through HUD, and working with HUD directly to make sure that there aren't barriers between young people being in one system and transitioning into supports in another system that we have created that are out of their control.

And so, working through the ability to kind of navigate some of those barriers and figure out what we need to do is absolutely crucial, because we actually don't want young people to come back as parents into the child welfare system.

Senator CARDIN. So, foster care was always meant to be a safety-net program. Our first priority is to preserve the family structure. You point out some of the areas where we could deal with that.

But is there a fundamental change necessary in order to try to support children not having to go into foster care that we are missing today?

Ms. JONES GASTON. I think one of the things is the diversity and the array of services and supports in behavioral health and mental health services for the diversity that young people have and what they are experiencing, and being able to access those outside of the child welfare system that also then doesn't have those services to offer. So that being one.

I think housing supports should allow for the diversity and the number of children families have and the opportunity to get support when they need it, where they need it, how they need it, for both themselves as young people, but also for their families that are navigating challenges with poverty oftentimes.

And so I think the ability to increase the supports and the flexibilities and the availability of substance abuse treatment as a mechanism, working in partnership with juvenile justice to make sure that we are not detaining young people for circumstances that need to be addressed in the community, is essential.

Senator CARDIN. We certainly need to emphasize—we certainly want to make sure that we maintain eligibility for foster children and the benefits that they have, so I very much support that. But you shouldn't have to go into foster care to get the type of help that you are referring to. We should be able to do that within the family units so that there is not an incentive to go into foster care in order to get those benefits.

Thank you, Mr. Chairman.

Ms. JONES GASTON. I agree.

The CHAIRMAN. Thank you, Senator Cardin.

Our panel and guests ought to know that this is vintage Ben Cardin, always talking about issues that help people. Because I hear about this aging out issue all the time when I am home and going to see these programs. And clearly this is another area where we have got some heavy lifting to do.

And this is one of the reasons we are going to miss Ben Cardin in his retirement. I tried to talk him out of it repeatedly. And that was a failed exercise. [Laughter.]

Thank you, Senator Cardin.

Another advocate of these families is Senator Lankford. Please.

Senator LANKFORD. Thanks, Mr. Chairman. I am disappointed as well that Senator Cardin is aging out of the Senate because we could use him around here as well on that.

And as with both of you, that is a big issue in my State as well. And when I talk to foster care folks, that is one of—if not the first, it is the second issue that comes up about how we could help more kids in the age-out process.

So I am grateful for your advocacy on that for so long. It is unfinished business that we will continue to be able to do.

So, all of you, thank you for your testimony and for the work that you put in, getting up every day, helping children and families. It is just really significant work, multigenerational. My mom was a librarian for years, and when she went to administration, she called it a burnout job because she didn't get to be with kids all the time.

And so, for all of you who have shifted from seeing families every day to being in an administrative role, thanks for your engagement. And don't burn out on us. We need people to be able to help.

Ms. Tapozada, thank you for your testimony. The chairman is right: you stole our hearts in getting a chance just to be able to hear the story and the journey that you have been on, and your family has been on. Thank you for the continued advocacy that you have had on this.

For the Commissioner, let me wrap up something the chairman and the ranking member have said. What I think would be helpful to us is if you could get us a followup as well of kind of what is next, based on the testimony today, the things that have come up. Obviously, Clearinghouse, we have had questions. Standards, we have had questions. Based on all of the things that have come up today, it would be helpful to our committee to be able to say, "Hey, here are the things that I heard today that we are going to do differently to be able to help in the process."

This is not an accusation. It is just a conversation, because we all want to be able to help kids. But that would be a helpful document for us to be able to get back just as a team here as well on it.

Following up on something Ms. Chang had mentioned before about faith-based groups and their cooperation: we need as many groups and as many families as we possibly can engaged in the foster system, and as many families as we can on this.

I am getting some concerns as to some folks who are coming back to my office on just the concern—the ACF's recent rule on foster care considers situations where a child has been removed from their home. The statement was due in part or in whole to a familial conflict about their sexual orientation, gender identity, gender expression, or sex characteristics.

I know it is a touchy issue on this. But we have to figure out how to get as many people as we can possibly to be able to help in the foster system. And what I don't want to have is a message being sent to faith-based organizations or families that believe in a traditional marriage situation that you are no longer welcome to participate, and suddenly a huge portion of America is told "we don't need you anymore," when that is not true. That's not the message that they should receive, but my fear is some of them are receiving that message at this point based on the rule.

So my question, just on their behalf on things is, is ACF's position that foster parents who hold a religious belief on traditional marriage should have foster kids removed from their care?

Ms. JONES GASTON. So, thank you for the question, Senator Lankford. The rule that you are referring to, I believe, is the designated placement rule——

Senator LANKFORD. Right.

Ms. JONES GASTON [continuing]. That just came out this month. The requirement in the rule is that the child welfare agency, the IV–E agency, have the diversity of placements to meet the needs of the diversity of the children that they serve.

Faith-based organizations have been, and will continue to be, a big part of the service providers in partnership with child welfare agencies. So, the requirement and the onus really falls to the State

agencies to ensure that they are doing what they need to do to have a diversity of placements to meet the variety of needs that children have.

Senator LANKFORD. Okay. But for faith-based families, faith-based organizations, or non-faith, just to believe in traditional marriage on that, they are not excluded, precluded, from being engaged in the system in any way?

Ms. JONES GASTON. No.

Senator LANKFORD. That is helpful to know. My home State in Oklahoma, our State legislature and the Governor signed a law that prohibits irreversible gender transition procedures from being performed on children. It has nothing to do with adults on this. It is just for minors. Obviously, that has been a scientific debate that is happening globally—actually, currently—as many countries in Europe have now—as a whole, as Europe—have said, "Hey, we are not going to do that anymore." America is still having that debate on the issue on children for irreversible transition procedures on this.

The law has been upheld, the Oklahoma law has, by Federal District Court on that. Will the rule—will this have an issue that conflicts with the enforcement in Oklahoma, in my home State, for them to rule and how it is proposed? Is there any challenge that would be there between the State of Oklahoma and their law and between this new rule?

Ms. JONES GASTON. So, the rule is focused on having the placements to meet children's needs. And so, it is about the foster placement, and then the supports and services that children need. That, in many ways, enhances the position that we have had around individual children, the decisions being made around what their needs are and who can best meet those needs. That stands.

The ability to meet those needs from a medical standpoint—the rule does not address the medical issues that you are referring to. We rely on medical professionals and families to make decisions related to the children. This is really specifically focused on the foster care placement and the ability to meet the needs of kids.

Senator LANKFORD. Let's do a follow-up on that. We can follow up, because obviously our State is going to continue to be able to help foster children. We have had a very active program to be able to do what we can. And thankfully, like other States, we have reduced our numbers on that.

I would love to be able to visit with you more about congregate care and some of the other issues that we didn't get a chance to be able to talk about on it. But the scenario is that our State has made a decision to say, "Hey, I know the Nation hasn't decided this, but we as a State don't think this is the best for children," and that is to do irreversible gender transition for children. Adults make their own decisions. Children—we don't want to have something that is irreversible to them when they are 13 years old when they can't make a decision that is different at 19.

We also want to make sure that we can stay engaged in the program as well. So maybe you and I can follow up on this to make sure that our State and the new rule, and the promulgation of the rules that will come out of it, will line up. Thank you.

Thanks, Mr. Chair.

The CHAIRMAN. Thank you, Senator Lankford.

Senator Warner?

Senator WARNER. Thank you, Mr. Chairman. I appreciate you holding this hearing.

Having been a Governor, I have followed this issue very closely. I know—and I appreciate again the chairman and ranking member holding it on a Federal level.

One of the problems that I have been concerned about for some time is the whole question about aging out of the system. And I have heard some heartbreaking stories of people as they do age out. In Virginia, I was proud of the fact that we used the Family First Prevention Services Act to try to extend education and training vouchers up through at least age 26.

I guess I would start—I got a lot of nods on this. So maybe we can go quickly down the line. But starting with you, Commissioner Jones Gaston, what else can we do beyond the Family First-type of initiatives for these young people as they age out, particularly in that 18- to 21-year-old phase? Ideas, suggestions? Briefly, if I could get all the members of the panel to address it.

Ms. JONES GASTON. So, I will go first. Thank you, Senator Warner. And as I stated earlier, we have some proposals in the President's proposed budget that do suggest additional funding in the Chafee funding space and flexibilities that will help support young people from 18 to 21—and beyond—in regard to that transition into adulthood.

I think the number one thing is being able to also help children, young people, young adults get connected to people who are important to them, who are going to stand by them no matter what comes their way. And continuing to find pathways to be able to do that is necessary so that they have a safety net for themselves as they are exiting our care.

Senator WARNER. Others?

Mr. REED. I will go next. Senator, thank you for the question. It is a population that we care deeply about, you know, people whom we have raised who are exiting foster care. And I will say, we have come a long, long way, at least in Indiana.

When I first started my career, young people would turn 18 in foster care and go from court that day to the nearest homeless shelter or bridge with their trash bag full of clothes. We don't do that anymore, thanks to the resources that are available to extend foster care to age 21. And the more Chafee supports that are in place, that is the outcome for far fewer youth.

But to your point, Commissioner, we should be prioritizing family-based permanency. We want young people to have families, ideally their own, and we can do that whenever that is possible. But failing that, looking at adoption to ensure that young people have a place to go for the holidays, a place to go if their washing machine breaks down in their apartment. These are things that happen to young people as they are entering their adult lives. And being able to go to college with ETV funds is great, but that is not a connection that young people need.

Senator WARNER. I want to make sure—because I want to get one more question in.

Ms. CHANG. So, I think there are two things that we have to do. We have to make it clear that those young people are categorically eligible for prevention services.

One of the most heartbreaking things that I saw as the Director of the child welfare system in the State of Michigan was how many of the parents we were investigating had just aged out of our foster care system—to your point, Senator. And right now, the way the legislation is being interpreted makes it very difficult for those young people who then become parents to actually be eligible for these prevention services.

Second, what is it that we provide them? One of the things that they need are material supports. They lack a parent that they can go to and say, "I am a young parent now. I need help with housing or with formula." We need to say that those material concrete supports will be available to them through Family First.

Senator WARNER. And one of the things that we have done in Virginia—Ms. Tapozada, I want to make sure you address the question in terms of aging out, but also if I had more time, I would have tried to get to the question around the housing issue, which is obviously a nationwide challenge as well, but I think you have touched on that. So aging out—and if you could also touch briefly, in my last 45 seconds, on the housing needs.

Ms. TAPOZADA. Actually, to me it is very clear what we need to do is, we need to support kinship caregivers, because there is nothing lonelier than a kid who ages out of foster care—and I have worked with many of them. If you are aging out and you have no family connections, it is pretty terrible.

You know, I have to just do a quick brag for Rhode Island. Seventy percent of the kids who have to go into a foster care home go with kinship caregivers. It needs to be like that across the Nation because, when the kids are with their kinship family, they age out, and they have those supports in place, which they need. A child should not ever age out with no connections and no family support. It is a sad, heartbreaking situation.

Senator WARNER. Well, maybe you can—my time has expired, and I know we have votes. But I would love to get comments from you all on also the question around housing, because some families might want to take them, but they don't have the housing available to make that happen.

But again, I appreciate it, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Warner. And you also got us into a very promising development, if I heard Ms. Chang right on this aging-out issue, which Senator Cardin had talked about as well, and you dealt with as a Governor.

I think what Ms. Chang said is, we may not need to go back in and do something legislatively. You used the word "interpretation." And so that creates a kind of opening where we may be able to come up with some better approaches to dealing with the aging-out issue. Between Senator Cardin and Senator Warner and others, we are going to go after it. And thank you for doing it and asking the questions, Senator Warner.

Next will be Senator Bennet.

Senator BENNET. Thank you, Mr. Chairman. Thank you very much for holding this hearing.

Ms. Jones Gaston, in your testimony you said that a significant percentage of neglect cases are not willful neglect but the result of challenges of poverty and unstable housing, food insecurity, and unmet health needs.

I was a school Superintendent before I was in this job, the Denver public schools, and it is not hard for me to imagine why you would say what you are saying. You also report that in many instances, families could have stayed safely together if their economic needs had been met in the first place. It is one of the reasons why some of us have advocated for so long for expanding the Child Tax Credit, a piece of work that we did that actually cut childhood poverty in half in this country for a year.

And in the wake of that, researchers found that ER visits for child abuse and neglect fell following the creation of the monthly Child Tax Credit and the enhanced Child Tax Credit that Senator Brown and I drafted together.

So, I wonder if you could use this as an opportunity to expand on the connection between economic insecurity and child abuse and neglect, and what more can we do?

Ms. JONES GASTON. Thank you, Senator Bennet. So absolutely, almost 75 percent of children and families who ultimately get involved with the child welfare system across the country do so because of neglect, and a large number of those are because of the instability of economic and concrete supports and not having access to those.

And so, we absolutely can—the Child Tax Credit is a wonderful example of that, and we learned a lot about that over the last several years.

I think the other is being able to create opportunities where we can provide economic and concrete supports. That might be cash assistance—one time or multiple times. It might be housing, transportation, all of these things that actually will support families doing the things that they want to do in caring for their children. And being able to do that without it then—and currently there are lots of ways where our supports kind of cancel each other out because of eligibility requirements. And so, finding ways that families who are in need can access the multiple things that are available, thinking about what else needs to be added to that pool of availability, and then paying attention to the nuances of where eligibilities are impacting each other—because getting a one-time cash assistance doesn't remove your challenges and experience of poverty.

So, thinking about how do we maintain and sustain that support for families as they are able to move themselves out of poverty and get those supports that they need.

Senator BENNET. Is there anybody else who would like to—please. Thank you.

Ms. CHANG. So, I think there are a couple of things that are at interplay here. One is, a mom doesn't know how she is going to feed her children that night. She may not be very receptive or have the bandwidth to deal with a needed substance use or mental health treatment that could really help keep her out of the system.

We also know that if mom doesn't have transportation to get to that service that could really benefit her and that family, that is

a barrier. Those are material needs that we need to be able to have the flexibility to address. And right now, the way that Family First is being interpreted, not all States feel like they have that flexibility.

The last thing I want to say, because the issue of housing came up, is this is another issue where poverty is at play. Twenty-five percent of kids in foster care are there because their families have housing instability. And one of the populations that I think is most dramatically impacted by poverty, lack of housing, and other service needs, are people who are in interpersonal violence situations.

When a mom doesn't have the resources to be in a safe place away from her abusing partner, doesn't have the resources to get the services she needs, oftentimes what the child welfare system does is actually punish that parent, that mother, and takes the child and places them in foster care.

Instead, what we need to do is to ensure that all the services we provide to the parent who is the victim are trauma-informed, are domestic violence services-informed, and that we give her the concrete supports that she needs to be in a safe place with her children.

Senator BENNET. Well, thank you for that. And thank you all for your advocacy on behalf of America's children. I appreciate it very much.

I have one other question, which I am not going to ask, because I know the chairman will cut me off. But I will put it there for the record.

The CHAIRMAN. I am the reprehensible character who went over my time limit. You have one question? Go ahead.

Senator BENNET. I do have one question. Is that all right?

The CHAIRMAN. Yes.

Senator BENNET. I don't want to get in trouble with Chairman Grassley either. But this is a question that folks in Arapahoe County asked me to ask. You know, in Colorado—this is for David Reed.

Mr. Reed, in Colorado foster care placement is on a decline, yet referrals to child welfare for instances of neglect and abuse are on the rise. As a result, more communities are investing in primary prevention programs.

For example, Arapahoe County in Colorado has created its own county-wide intervention program to identify at-risk kids and provide their families with resources before neglect and abuse occurs. This program does not qualify for Family First funding under the law's current criteria. Instead, it relies on title IV–B funding and State grants.

Child welfare experts argue we need to increase funding to title IV–B, make it mandatory, and tie it to inflation in order to meet the need for these prevention services,

Mr. Reed, could you tell us more about how title IV–B funding complements Family First, and why we need to reauthorize and expand title IV–B for folks like the people in Arapahoe County?

Thank you, Mr. Chairman, for the extra minute.

The CHAIRMAN. I thank my colleague. Senator Grassley is next.

Senator BENNET. A quick answer?

The CHAIRMAN. Pardon me. I am sorry. I thought you had—yes. Okay.

Mr. REED. Thank you for the question, Senator. And I will be very brief. I think fully funding the flexibility that is included in IV–B is critical. If we can get more access to those dollars, we can get further upstream to keep families safe and together. If we can find ways to do that kind of supporting of families, that would be really critical, and again, strengthening the system that we have in place.

And not only is it going to reduce trauma, it is a good investment too, because entering foster care is also extremely expensive from a public-dollar standpoint. So that is a great place to look at investing.

The CHAIRMAN. An answer worth getting. Thank you.

Senator Grassley?

Senator GRASSLEY. Well, first of all, thanks to you, Mr. Chairman, and the ranking member for holding this hearing and doing it at a time when we want to emphasize foster care during what we call National Foster Care Month.

The passage of this Family First Prevention Services Act was a transformative undertaking for the child welfare system. We must continue discussing how to serve vulnerable children and families who are at risk of entering the child welfare system, and finding permanency for children in foster care.

Dealing with foster care for a long period of time, maybe 25 or 30 years, I found when you ask these kids who go from foster care home to foster care home maybe two or three times a year what they want, they want permanency. They'd like to have a home. And they'd like to have a mom and dad.

So, Mr. Reed, the Family First law places an emphasis on placing children with family or fictive kin when possible and when removal from the home is necessary. However, there are sometimes challenges to identifying family and the kin that we want to put them with.

Can you talk about how Indiana prioritizes placing children with families or fictive kin, what that process looks like, and if there are any challenges?

Mr. REED. Thank you, Senator Grassley, for the question. And it is a high priority in my State to utilize kinship providers whenever possible, like Ms. Tapozada talked about. Kids experience less trauma when they are placed with someone whom they know, with whom they have a relationship. And that is often the case with kinship providers.

In my State, over half of our children, upon removal, go to a kinship placement. We must find ways to better support those placements so the children don't experience what you have described, which is multiple placement moves as they are growing up. It is really clear in research that placement stability is critical.

In fact, the best predictor for how well a child overcomes trauma exposure is the response of their caregiver. We can't give kids multiple responding caregivers and expect them to heal. We need to support the caregivers where we place our children and give them the right resources so that kids can be maintained in their care so they can undertake that healing that is necessary.

Senator GRASSLEY. For you also, Mr. Reed, I would like to hear from you about the process of reunifying families when children are placed in family or fictive kin. Can you share how Indiana remains in contact and provides support for children, the caregivers, and the immediate family for purposes of reunification?

Mr. REED. Thank you again, Senator, for the question. And we know in our research that if we place with kin, we are able to achieve permanency more often and more quickly in general for our children. They have better placement stability, improved safety, and higher likelihood of achieving permanency. So that's another reason why we should prioritize kinship placements for our youth.

Kin can usually work together to help ensure that the needs of their child are met in a permanent way. So again, that is another reason why kinship support should really be invested in and utilized whenever possible.

Senator GRASSLEY. Okay.

And, Ms. Jones Gaston, the final Fiscal Year 2024 Appropriations bill for HHS included my provision to direct the Administration for Children and Families to identify evidence-based prevention programs for families that adopted children who are at risk of entering the child welfare system. Could you discuss efforts by your organization to look at evidence-based prevention programs for families with adopted children who need support?

Ms. JONES GASTON. Thank you, Senator Grassley. Having been a child welfare director in a couple of jurisdictions, I absolutely know that families that have adopted children are oftentimes coming to the child welfare agency in search of services and support.

And so, one of the ways that we support families is through the adoption assistance that is available through IV–E funding. But also, one of the things that we have funded is the center that created a national training institute that works with social workers as well as mental health providers in understanding what the experiences of children who have experienced both foster care and adoption might be going through so that their needs can be met in that way—and working with a number of jurisdictions across the country to be able to provide that opportunity to improve the number of professionals that are available to meet the needs of the children in those families.

The other issue is related to wanting to make sure—it is very similar to what we have been talking about in regard to prevention—that families have access to the supports and services that they need when they need them and that foster care isn't necessarily the answer to where there are some mystery secret services that exist. So, working with our systems across agencies to really think about what is it that families need, what is it that the children they are caring for need, and being able to have people access those things when they need them, where they need them, how they need them without the really severe intervention that foster care can be.

Senator GRASSLEY. I want to thank all the witnesses for your testimony and seeing that this act serves the vulnerable people that it was meant to serve.

Thank you.

The CHAIRMAN. Thank you, Senator Grassley. And I know, going back to the days with the late Chairman Hatch, we have been working on these issues for many years, so——

Senator GRASSLEY. We have, yes.

The CHAIRMAN. So, I look forward to working with you and the ranking member.

Okay. Senator Hassan is always well worth waiting for, because she has been working on these issues for years.

Senator Hassan?

Senator HASSAN. Well, thank you, Mr. Chair and Ranking Member Crapo, for this hearing. Thanks to all of our witnesses, not only for being here, but for the work that you do.

Commissioner Jones Gaston, I want to start with a question for you. The Family First Prevention Services Act made important strides toward better supporting kinship caregivers. For example, the legislation allows Federal funding to go to kinship navigator programs run by child welfare agencies. Funds can be used to set up peer support groups, train kinship caregivers on ways to help young people exposed to trauma, and more.

So I understand that just four States have been approved to claim these kinship navigator funds. What is preventing more States from accessing these funds, and what steps are you taking to alleviate these barriers?

Ms. JONES GASTON. Thank you, Senator, for the question. And I will just clarify first. The kinship navigator funds have been available to jurisdictions for a number of years now and continue to be so, and are being utilized. And we heard earlier from the wonderful grandmother on the panel here.

The kinship care approvals that I believe you are referencing are connected to the kinship rule that we finalized this past Fall. And that is for supports for kinship for children in foster care. So, a little bit of a nuance there.

But we are working with jurisdictions to get it implemented. It is voluntary. And so, we have successfully been able to work with some jurisdictions in providing technical assistance in their creation of a separate kinship licensing process. Some jurisdictions actually have to go through some local steps before they can get approved at the Federal level. And it might be regulatory or statutory in their State.

But we are working feverishly to encourage the uptake of that—what we think is the opportunity to create some equity for kin as resources, as foster providers for children in foster care—and continuing to support the kinship navigator funding and supports that exist.

Senator HASSAN. Okay. Well, we would look forward to working with you on that.

Ms. JONES GASTON. Thank you.

Senator HASSAN. Ms. Tapozada, you have spoken about the isolation that you experienced when you became your grandson's primary caregiver and the difficulty you faced in navigating a fractured system of services.

Senator Collins and I have a bipartisan bill called the Help Grandfamilies Prevent Child Abuse Act, which would provide kinship caregivers with targeted training to meet what are pretty

unique needs, expand access to kinship navigator programming, and prioritize kinship placements in our child welfare system.

How would addressing the needs of kinship caregivers on the front end help improve long-term outcomes for children and families?

Ms. TAPOZADA. Thank you for that question. And I vote "yes."

Actually, this is the main point. I really appreciate this question that I want everyone to understand. By supporting kinship families up front, you are helping to create a long-term outcome that we need for our youth.

You guys have spent some time talking about kids aging out of care. For kids with kinship caregivers, first of all, the rate of permanency is increased. The longer-term outcomes are more attainment in education, better jobs and employment, less incarceration, less homelessness. There are some significant—this is all backed by research. This is not my opinion.

And you know, you are going to pay no matter what. You are either going to pay up front and have better outcomes for kids, or you are going to pay later when the kids can't function independently, can't support themselves, or come back into foster care. Unfortunately, I work with a lot of families who are exactly what you guys described: coming back in as young parents of children, and the cycle goes on.

It is really critical, I think, for people to understand that this is both a humane thing to do, lessening the trauma, keeping kids within their family settings. But it is also very much long-term, outcome-oriented savings for the wealth of our Nation.

Senator HASSAN. Well, I appreciate that. I appreciate you. And I will just—I want to be really clear. As the fentanyl epidemic really swept through New Hampshire as one of the earliest, hardest hit States, if it were not for kinship caregivers, our children would be in much worse shape. And they just deserve our thanks.

A lot of grandparents out there who never expected to all of a sudden be raising young children again have really stepped up to do it. And we really do need to invest in this kind of care, for all the reasons that Ms. Tapozada has just said.

I have a couple other questions. I will submit them for the record. I will just point out to my colleagues that one of the things we also need to do to help our kids is to get paid leave in place for victims of domestic abuse so that they can get their kids to safety without having to forfeit their jobs. And so, it is one of the things I had hoped to talk with Ms. Chang about. I will submit it for the record.

Thank you.

The CHAIRMAN. Well said, Senator Hassan. And tomorrow's hearing will be on fentanyl. So, we are going to be talking about the health aspects of fentanyl tomorrow—obviously, an important issue for our jurisdiction.

I just want everybody to remember the bedrock principle that Senator Hassan talked about with respect to human services. In so many of these instances, you have a very stark choice. You can spend a little bit on the front end and avoid having to spend for years and years later to play catch-up ball and pick up the pieces.

And this may be too logical for government, but thankfully Senator Hassan has reminded us of it, and I thank her for it.

Okay. Senator Barrasso?

Senator BARRASSO. Thanks so much, Mr. Chairman. Thank you for being here today. And you just mentioned the bedrock principles behind the human services and how important they are.

What we are finding in rural communities is that sometimes it is harder to access some of these and comply with some of the regulations that are well intentioned, but just make it more difficult. And I will point out in terms of Wyoming, the law was well intended, but it is difficult for programs to set up the evidence-based evaluation model. And this is for you, Commissioner Jones Gaston.

So to address the issue, the kinship caregiver program in Wyoming had to actually then go ahead and partner with another State to increase its sample size, just to be able to comply with the rules. And so it took an additional year as a result to accumulate enough cases to do the analysis.

And you are shaking your head [to Ms. Tapozada]. The situation that you are in as having adopted your grandson after his being abandoned by your daughter, all of those impacts—people need the services right away. And we are just trying to comply with the government regulations. They say, "Well, we've got to go find another State and partner."

So how is the administration working with rural States specifically to address the challenges of the implementation?

Ms. JONES GASTON. Thank you for the question, Senator. One of the things—so I really appreciate it. Having been the Director in Oregon, I have some understanding of the vastness of geography.

And it is an area that we are trying to pay attention to, both from the standpoint of our other mechanisms around thinking about demonstration projects and those sorts of things to build some evidence, but also particularly in this prevention space around taking what we have learned from these last few years around the ability to do things virtually, and thinking through that and looking forward to being able to share the updated handbook for the Clearinghouse that, I think, will answer some of the questions here.

The specificity around the evidence is in statute. And so, we are looking for ways to expansively interpret what is in the statute to increase our ability to have more and more programs entered into the Clearinghouse. But there is some very specific language in statute.

Senator BARRASSO. Let me get to some specific concerns that I have heard about, regarding the Clearinghouse. It is tasked with rating programs and services to be reimbursed through the Family First Prevention Services Act. The biggest concern is how long it takes to review. And the written review and the rating program—the administration, I think, has to address some of these long delays.

And so, how are you working to make the process more efficient and more timely?

Ms. JONES GASTON. So, I have the pleasure of working really closely with the team that is doing the reviews and the work that is being done, and looking for ways that we can continue to find

opportunities to cut down on the amount of time that it takes to do the reviews.

The reviews are very comprehensive. And we currently, with the definitions that exist, aren't able to just adopt other Clearinghouses' ratings and bring those programs into the Prevention Clearinghouse, so we are working with purveyors and organizations to make sure that they are understanding what the requirements are.

Unfortunately—and I shared this in my earlier testimony—in this current budget, we did experience a $4-million reduction in the funds for the Clearinghouse. And that certainly will have an impact on just the expansiveness and what we are able to do.

Senator BARRASSO. Because sometimes—and you were talking about consequences—there are some redundancies in some of these things, where you have different agencies all trying to do the same thing. And perhaps we could make some savings of time and resources. It is especially true when laws like the Family First Prevention Services Act have requirements with multiple Federal agencies involved. And, Mr. Reed, I see you are nodding your head; Ms. Chang as well—across the board.

You require prior authorization for residential stays. Once admitted, the youth have to continue to receive authorizations for their care. This is already required by Medicaid. So you know, how are the Centers for Medicare and Medicaid Services and the Administration for Children and Families ensuring that your requirements aren't duplicative? Do you have some plan on how we can respond to the concerns like this in a timely manner?

Ms. JONES GASTON. Thank you for that question. We are working closely with our CMS partners around opportunities where we can create some clarity to processes. The challenge exists in the different funding streams and looking for opportunities to be able to provide examples on how jurisdictions and agencies can navigate that, and also providing technical assistance so that, as jurisdictions are wrestling with those issues, they have some support in figuring it out.

Senator BARRASSO. Well, thank you. And thank you to the witnesses.

Thank you, Mr. Chairman. We are just talking about some of these burdensome and time-consuming processes that just make it a lot harder for people to get the services that they so truly need and desperately need.

The CHAIRMAN. Senator Barrasso, before you take off, these are very important points that you are talking about. And we have had some discussion about it already.

One development that I am hopeful on, in terms of what we have achieved this morning, is about 6 months ago—a long, long time ago—Senator Crapo and I, with our House counterparts, sent some questions to the HHS Administrators asking specifically what was being done to simplify the prevention programs and the red tape. I am hearing about it in my State; all the members are as well.

We have been told now from Ms. Jones Gaston she is going to help us get a response within the next 30 days. So, you and I and Senator Crapo, and all of our colleagues who have big expanses of rural area, we will share that around and go to work.

Senator BARRASSO. It's distressing that that had to go out 6 months ago, and now we are going to get some help to finally get an answer from one of the branches of the Federal Government that defunded the funds of this committee.

The CHAIRMAN. I think Senator Grassley asked this once many years ago about somehow it takes a hearing and it takes a letter, but we will take it any way we can get the reform, so——

Senator BARRASSO. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

We are going to be awaiting Senator Whitehouse, who brought us the wonderful Ms. Tapozada. And just one question for you, Mr. Reed. I am not filibustering or kind of stalling. I think Senator Whitehouse has some important points to make.

But you gave some examples that you talked about, and I asked about this van, which kind of struck me as a kind of classic case of it being literally and figuratively right in front of government. In other words, there was this program that had this van. And the van allowed them to do some things in the preventive area—I assume take people to events and things like that, all of which is really just common sense and kind of creating opportunities to bring people together. But take us through some of your other examples.

Mr. REED. Thank you, Chairman Wyden, for the question and the chance to elaborate more on how the concrete supports that were built into our model have not only helped prevent kids from entering foster care but have also been really good investments.

The example that you are referencing, a single mom, a single working mom, but living in poverty, had seven children, young children, and she couldn't take all seven children to school and/or day care at the same time. So she was doing it in shifts. And so some of her kids were home alone while she was taking the other children to school and/or day care.

Well, that's neglect, by the letter of the law. So we were called. We brought in INFPS. And the provider delivering the services used the concrete supports that were integrated into the reimbursement structure to literally buy this mom a van. And that solved the problem. Mom could now transport all seven of her children to school and/or day care at the same time. And that $3,000 used van prevented seven children from likely coming into foster care. And the likelihood that we would have found a foster home to accommodate seven children is needle in a haystack kind of stuff. It would have been next to impossible.

So, we would not only have caused a traumatic separation from the mother, but there also were the siblings as well who would have most likely not been placed together.

That is just one example. And there are numerous ones where things like paying a $200 gas bill for a family in Indiana in January prevented siblings from entering foster care that would have easily turned into $50,000, $100,000.

The CHAIRMAN. Did you say $200?

Mr. REED. We have met children who have been well over seven figures for the State to take care of. And things like a $200 gas bill could prevent that outcome, and it is integrated in a manualized, repeatable way that is being evaluated currently by the Title IV–

E Clearinghouse that we think is going to be able to prove effectiveness that those interventions keep families together and keep kids safe.

The CHAIRMAN. What is striking is, I don't think the government often intends this. But we are constantly seeing examples of big families being discriminated against under Federal law.

And for example, in the Child Tax Credit effort, which we got through the House of Representatives with 357 votes—we are trying to pass it here in the Senate—Chairman Jason Smith and I worked very closely together on it. What we found in the Child Tax Credit area is that more than 70 percent of the families have more than one child. But they really only get one check for the entire family.

Now, I went to school on a basketball scholarship, dreaming of playing in the NBA—ridiculous idea. But what I do know is when a family has to buy sneakers for kids, you can't get three or four kids into one pair of sneakers. You get one check.

So you gave us, Mr. Reed, another example of how a lot of these policies just ignore the realities of the families. So, a great one to quit on.

You all have done an outstanding job, all four of you. And so much of government sometimes seems like word salad—you know, a bunch of processes and all kinds of lingo and acronyms and the like. And at the end, you just slap yourself on the forehead and say, "What does this mean for people?"

You know, we are really trying to get ahead. That is what America is all about; it is giving everybody a shot at getting ahead. And you have really helped the cause today. So, we have a couple of processes, and then I will thank you guys formally.

Members are going to have 7 days to submit questions for the record for the witnesses; that means May 29th by close of business. And I would just say to all of you, we are going to be calling on you often, because today was really a kickoff of a big debate on these issues. And as I said, I am not going to let anybody on my watch turn back the clock. And what we are going to be doing is picking up on your suggestions to move forward rather than turn back the clock.

So, thank you for a very, very constructive morning. This is what public service is supposed to be all about.

Godspeed, and with that, the Finance Committee is adjourned.

[Whereupon, at 12:05 p.m., the hearing was concluded.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF JOOYEUN CHANG, PROGRAM DIRECTOR FOR CHILD WELL-BEING, DORIS DUKE FOUNDATION

Thank you, Chairman Wyden, Ranking Member Crapo, and honorable members of the Senate Finance Committee, for the invitation to provide technical assistance via testimony about the Family First Prevention Services Act. My name is JooYeun Chang, and I am the director of the Child Well-being program at the Doris Duke Foundation. I came to the Foundation after serving as the Acting Assistant Secretary at the Administration for Children and Families at the Department of Health and Human Services, and before that, as the head of Michigan's child welfare system.

I appreciate the opportunity to talk about the critical role of the Family First Prevention Services Act in child welfare. The Doris Duke Foundation's mission is to build a more creative, equitable, and sustainable future by investing in child well-being, artists and the performing arts, environmental conservation, medical research, and greater mutual understanding among diverse communities. For the past 25 years, the Doris Duke Foundation has invested in programs designed to prevent abuse and neglect and to promote child well-being. We work with communities, human service leaders, and researchers across the country to identify and promote best practices and policies in child well-being. We have learned that, although all families struggle at times, some families lack access to services as well as the social and material resources needed to overcome challenging circumstances. For some of these families, meeting a child's well-being needs with the help of community organizations that know and have the trust of families can stop needs from escalating to crisis. The Family First Prevention Services Act is landmark legislation that has helped change the tone and tenor of the child welfare field. For the first time, we have a glimpse at what we aspire to be: a society that acts proactively to prevent foster care, and equally importantly, prevents abuse and neglect in the first instance and that gives all children the opportunity to thrive.

Each year, approximately 7.5 million children are reported to State abuse and neglect hotlines. Over half of these calls will result in an investigation by a Child Protective Services staff member. About 18 percent of all children investigated will be deemed a victim of abuse and neglect. Although most investigations do not ultimately lead to a finding of abuse or neglect, they still have negative impacts: it can be terrifying for the child and parent, can be damaging to communities, and can bias future agency decisions against families.

Abuse or neglect that causes serious and immediate harm to children requires child protection intervention, through either close monitoring or placement of a child into foster care—in addition to providing services to address the underlying concerns. But neglect cases and child well-being concerns that are often tied to poverty alone (or poverty in combination with other risk factors including domestic violence or mental health issues) should receive a different response—one that is voluntary, based on the unique needs and strengths of the family and its community, and that delivers services and supports primarily through trusted community partners rather than government agencies.

Unfortunately, the traditional child welfare system is not well equipped to provide this support in this manner. And, by focusing narrowly on the question of whether to remove a child, using the old tools of surveillance and coercion, we often exacerbate the very problems we seek to solve. Currently, most families reported to hot-

lines fail to receive any needed services or support. Many of these families will come back to the attention of Child Protective Services through repeat calls to the hotline. Often it is only after challenges turn into crises that any intervention is provided, and it is commonly costly to the child, family, and community as a whole. We must do more to prevent this expensive, traumatic, and inefficient response to family needs.

The Family First Prevention Services Act was momentous legislation. It addressed a longstanding concern that a Federal financing policy that only guaranteed funding for foster care had the unintended consequence of incentivizing foster care as an intervention over more cost-effective and humane prevention services. Your bold act to guarantee Federal funds for prevention services provides a unique transformational opportunity in how our Nation approaches child well-being. And yet, 6 years after passage, States have not fully realized the promise of this new policy. We believe we cannot let this opportunity pass us by. We must understand the systemic barriers to maximizing prevention funding and prove that it is better for children, and for the bottom line, to invest in services and supports that prevent abuse and neglect and, importantly, keep families together when safely possible.

The Doris Duke Foundation believes that there are important structural roadblocks that must be addressed to ensure full implementation of Family First: community-based points of engagement for target populations; a trusted and effective workforce that can help isolated families engage in needed services; system navigation/care coordination; and economic and concrete supports to families. We seek to test practices and policies that fill these structural gaps through a demonstration project called Opportunities for Prevention and Transformation, or OPT-In for Families. Successful implementation of Family First requires child welfare agencies to partner with communities to offer families support outside the traditional context of child protection practices that come with the challenges of surveillance and coercion that are antithetical to a prevention paradigm and the science of prevention. In addition, State agencies must analyze data and engage communities to understand which populations are at greatest risk of abuse and neglect, and which populations, if left without services and supports, may result in deeper involvement with child protection and foster care. Once identified, we must provide targeted prevention services and supports that are tailored to meet needs. Furthermore, community providers need to deploy effective outreach and engagement strategies including a workforce that involves peer mentors and other trusted community partners including civic and faith-based organizations. This workforce must help families navigate a cumbersome and opaque health and human service system to address the often-complex mix of material, health, mental health, safety, and parenting supports that they need to thrive. Finally, we must better understand the interaction of poverty and abuse and neglect, including the extent to which addressing a family's material or economic needs can prevent unnecessary entries into foster care.

Even as child welfare and its community partners learn how to build an infrastructure that supports the effective delivery of prevention services and support, congressional action to address the challenges that have emerged during the first phase of Family First implementation can make it easier for States to implement the law and ensure that more children and families benefit from your bold vision to promote prevention. We submit for your consideration the following recommendations for improvements to legislation that would clarify who is eligible, how prevention services are offered and deemed effective, and what is covered as eligible services:

(1) Clarify who is eligible for Family First interventions to include children and families who are at risk of child welfare involvement and ensure that services are delivered, and efficacy measured in a way that is humane and promotes program utilization.

The current statute defines eligibility for an individual child who is a "candidate for foster care," "at imminent risk of foster care entry," and "if not for this service the plan for the child is foster care." The literal interpretation of this conditional requirement that foster care is the immediate alternative to prevention services fails to appreciate the complex nature of predicting future harm, increases administrative burdens, creates stigma and fear, and reduces participation in the services and programs that can be helpful. The interpretation of who is eligible has led some States to require families to acknowledge in writing that they are at imminent risk of losing their children to foster care as a condition of receiving prevention services. This discourages families from taking advantage of the very prevention programs

that Congress has made available through Family First. States should be given flexibility to identify risk at a population level based on data that shows who and where there is the greatest risk of foster care placement. Eligibility for prevention services under Family First could be modeled on other Federal programs like the Community Eligibility Provision administered by USDA, which allows high-poverty schools and districts to provide breakfast and lunch at no charge to all students. Community eligibility reduces administrative paperwork, increases program participation, eliminates stigma, and makes it easier to implement innovative program models.

If States are permitted to determine eligibility at the population level, they should use population-level data to determine whether these evidence-based prevention services and engagement strategies are working. This would eliminate the need for community agencies to use the old tools of surveillance that stigmatize and make families reluctant to seek help. We have heard from community providers that families fear that child welfare agency collection of data about their participation in prevention services will be used against them in the future. This further promotes distrust and fear among the families we are trying to help. Allowing population-based eligibility for prevention services and, tracking the effectiveness of those services and supports through population-level data that measures both child safety and well-being outcomes, would promote innovative and more effective implementation of Family First. The jurisdictions selected for participation in OPT-In for Families are experimenting with this type of population-based prevention programming. In Oregon, the child welfare agency has partnered with its public benefits program to offer case management and peer support to parents who are TANF-eligible and identified by community members as having child well-being needs. In Kentucky, families who have been screened out at the hotline because they do not meet state definitions of abuse and neglect are referred to community-based organizations for services and support. Both pilots suggest that providing families services and support at this early signal of need reduces the number of children entering foster care. These efforts embrace the spirit and intent of Family First, but a literal interpretation of eligibility hinders the national spread of such effective programs.

(2) Expand the scope of eligible prevention services to include services and support to address interpersonal violence, system navigation and care coordination, and material and concrete support for families.

Interpersonal violence: Family First explicitly named three types of allowable prevention services: programs that promote positive parenting practices, substance use disorder treatment, and mental health services. The latest Child Maltreatment report from the Department of Health and Human Services shows that the largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. Drug use is a factor in 23.8 percent of confirmed child abuse and neglect cases. Domestic violence is a factor in 26.5 percent of confirmed child abuse and neglect cases. These are likely significant undercounts, as drug use and domestic violence are both difficult familial issues that child welfare workers may be reluctant to note without strong evidence from the investigation. Although Family First included services to address substance use, services to address domestic violence were left out of allowable uses for Title IV–E Prevention Program dollars. This is a serious oversight, particularly as child welfare agencies in many cases hold the abused parent—most often the mother—responsible for stopping another person's abusive behavior, for example by removing the child. Domestic violence is a complicating factor when it comes to addressing other risk factors such as substance use disorder and mental health because trauma and violence both contribute to those conditions and treatment programs are often less effective in cases of domestic violence if the domestic violence is not addressed. Allowing domestic violence, fatherhood supports, and abusive partner intervention programs—all of which have evidence supporting their efficacy in improving outcomes for children and families—to qualify for Title IV–E Prevention funding would help children remain safely at home while also stopping intergenerational cycles of violence.

Care coordination: Many of the families who are at greatest risk of abuse and neglect and future involvement with foster care are families with complex and interrelated needs. Providing access to individual services is necessary, but not sufficient, to prevent child maltreatment and ultimately child welfare system involvement. Families who are struggling with multiple hardships with few resources often need help navigating bureaucratic service systems. Mitigating risk requires that all needs that create risk are addressed and that providers coordinate services to ensure that comprehensive needs are met. A model for this type of intensive case management exists in health care. Research shows that for patients with multiple and complex

health needs, such as those suffering from mental health disorders, outcomes are determined by the combined actions of the care providers they visit and their interactions.

Economic and concrete supports for families: Many referrals to Child Protective Services and child welfare system involvement are driven at least in part by economic insecurity and cumulative material hardship. In a recent national survey conducted by the American Public Human Services Association and Chapin Hall Center for Children, 64.1 percent of responding States reported that "inability to meet economic need is often a contributing reason for family involvement in child welfare." One hundred percent reported that the inability to meet economic needs is at least "sometimes" a contributing reason. Although economic need is a significant factor in family risk of abuse and neglect and entry to foster care, the current child welfare policy framework orients assessment and intervention predominantly at parenting behaviors and capacities (*e.g.,* substance use and mental health) thereby leaving unaddressed this key driver of child welfare involvement. An ever-growing body of evidence clarifies that when economic and concrete supports are provided—via macroeconomic and universal policies (*e.g.,* Earned Income Tax Credit, Child Tax Credit, paid family leave) and human service sector strategies (*e.g.,* child care, cash assistance, health care, housing)—child maltreatment and involvement with child protection are reduced.

An alternative system response that can meet the comprehensive needs of families at risk must be able to attend to not only a family's service needs through effective engagement strategies and care coordination but must also address the time-sensitive material needs that contribute to maltreatment and foster care placement risk. Providing a framework for the use of material through Family First can help ensure that poverty is not the primary reason a child is entering foster care.

Thank you again for the opportunity to be here. I look forward to your questions.

QUESTIONS SUBMITTED FOR THE RECORD TO JOOYEUN CHANG

QUESTIONS SUBMITTED BY HON. JAMES LANKFORD

Question. The Title IV–E Prevention Services Clearinghouse has 177 programs or services, but only 80 meet one of the three criteria. Furthermore, only 18 of the items in the clearinghouse hold the well-supported designation.

Is the well-supported designation too strict?

Answer. The challenge with "well-supported programs" is two-fold: (1) HHS has added more restrictive requirements than Congress included in the statute that further limit the number of programs approved as well-supported; and (2) States are required to use at least half of all prevention funds on a limited number of programs that meet the most rigorous evidence standards, are costly to evaluate and implement, and are not broadly available.

Approximately 850 programs or services have been submitted to the Clearinghouse for review. To date, approximately 85 programs have been approved: 19 well-supported, 23 supported, and 43 promising.

How the Title IV–E Prevention Services Clearinghouse is interpreting the "well-supported" evidentiary standard is stricter than required by law and has added more complexity to the review process. For example, the design and execution standards used by the Clearinghouse to review studies preference well-resourced, academically driven interventions over those that are developed by and for communities most impacted by the problems they aim to address. In addition, the design and execution standards still favor studies with large sample sizes with the ability to detect effects at levels of statistical significance that may not be achievable for smaller interventions with less-resourced studies, and for interventions that were developed for specific priority populations and not simply "culturally adapted." The result is a dearth of culturally specific evidence-based programs. These and other Clearinghouse-imposed requirements make it difficult to assess the high volume of programs that have been submitted for review and limit the number of programs and services reviewed that qualify as "well-supported."

As a result, States must choose from a narrow band of well-supported programs and services to meet a statutory requirement that 50 percent of funding be directed to the well-supported category. Although policy to encourage the use of the most rigorously studied programs is sound in theory, in practice they have limited imple-

mentation of the policy to promote investments in prevention services and made it difficult for jurisdictions to find well-supported programs that align with the needs, culture, and context of both agencies and the clients they serve.

Question. How can the number of programs and services that meet one of the three criteria be increased? How can the number of programs and services with the "well-supported" designation be increased?

Answer. The most efficient way to increase the number of programs and services approved by the Clearinghouse is to clarify that programs and services that have already been reviewed by other highly regarded Clearinghouses, such as the California Evidence-Based Clearinghouse for Child Welfare (CEBC), and Federal entities such as the National Institute on Drug Abuse (NIDA), qualify for reimbursement under Family First. As an alternative, Congress could provide short-term relief to States by reinstating the moratorium on the 50 percent requirement for well-supported programs so that States' intervention selection can be driven by the specific needs of families in their community and not a pre-determined evidence threshold until there is a baseline of well-supported programs approved on the Clearinghouse. In the long term, to increase the number of "well-supported" programs and services the field needs resources that create a pipeline from promising to supported to well-supported programs. This pipeline would benefit from administrative and congressional action: (1) HHS must eliminate administrative rules that go beyond the statutory requirements set forth by Congress to approve promising and supported programs, and (2) Congress can provide additional and dedicated funds for evaluation so that researchers and policymakers can work together to expand the evidence base of prevention services responsive to the diverse needs of families and communities.

To increase the number of "promising" programs, HHS should eliminate the requirement that programs and services have randomized control trials (RCTs) or quasi-experimental research design (QED). Family First does not include a requirement regarding the use of an RCT or QED for the Promising designation, but rather "some form of control" (which a natural experiment would provide). The Clearinghouse requires a study design to be rated as moderate or high for a program or service to receive a Promising determination. The Clearinghouse also requires that the use of an RCT or QED with at least one intervention condition and at least one comparison condition must be applied to receive a moderate rating. This means programs or services cannot receive a Promising determination without an RCT or QED study. This is inconsistent the Family First language, which states a practice shall be considered to be a "promising practice" if "the practice is superior to an appropriate comparison practice . . . as established by the results or outcomes of at least one study that (1) was rated by an independent systematic review for the quality of study design and execution and determined to be well designed and well executed; and (2) utilized some form of control (such as an untreated group, a placebo group, or a wait list study)." RCTs simply do not work for some programs, including kinship navigator programs, and RCTs are also incredibly costly and beyond the capacity of a community-based program to run.

As important as it is to focus our attention on what is covered under Family First to ensure communities have access to a broad range of programs and services, it is equally if not more urgent that Family First is implemented in a way that promotes child safety by preventing not only foster care placement but abuse and neglect in the first instance. Congress can clarify who is eligible for Family First interventions to include children and families who are at risk of child welfare involvement and ensure that services are delivered in a way that promotes program utilization.

The current statute defines eligibility for an individual child who is a "candidate for foster care," as someone who is "at imminent risk of foster care entry." The literal interpretation of this clause is inefficient, increases administrative burdens, creates stigma and fear, and as a result reduces participation in the services and programs that can be helpful. One possible solution is to give States flexibility to identify risk at a population level based on data that shows who and where there is the greatest risk of foster care placement.

In addition, we recommend that Congress ensure HHS implements Family First expansively to include prevention programs and services that address a family's economic needs. Research shows that poverty is a central predictor of abuse and neglect. To realize the promise of Family First, it's essential to identify how program funds can enable States to supplement existing programs with material support that can directly address moments of acute stress in vulnerable households.

Question. I have received feedback in my State that it's sometimes difficult to understand how the programs and services in the clearinghouse can be best implemented.

How can the Federal Government make States, agencies, Tribes, and providers more aware of how to best implement the programs and services that are approved in the Clearinghouse?

Answer. The current child welfare system is not meeting the needs of millions of children and families who come to its attention each year and can often further traumatize and stigmatize struggling families—a burden borne disproportionately by children and families from marginalized communities.

To maximize the historic opportunities created through Family First to remediate these harms and dramatically improve outcomes for children and families, Doris Duke believes that supporting families requires a new way of doing business. Simply adding prevention programs into a delivery system designed to support foster care will not create the kind of environment necessary to effectively implement Family First and the urgent related goals of reducing abuse and neglect and unnecessary out-of-home placements. We believe jurisdictions need support to create new referral pathways; effective engagement strategies for voluntary services; care coordination for families with complex needs; and the ability to address immediate economic and concrete supports.

To support states that seek to reduce child welfare involvement and who have committed to maximizing the Family First policy, DDF launched a 3-year demonstration project to help innovative jurisdictions purposefully design and implement an array of prevention-focused services and supports. We will work with national partners, families, community leaders, and government agencies to model an alternative child well-being system that is prevention-oriented and meets family needs humanely, based in community, and is designed with families most at risk of system involvement. Our long-term goal is to improve child safety through strong and supported families by developing and demonstrating a model of a child and family well-being system that can be replicated and scaled.

Question. Congregate care for foster children has diminished in recent years.

What is the appropriate role of congregate care settings?

Answer. Congregate care is most appropriate as a time-limited treatment intervention—not as a long-term placement option. Children, especially those with behavioral health issues, do best when they are in the care of a loving, consistent adult caregiver and when they have access to high-quality medical and mental health care. Our child welfare system historically has relied heavily on congregate care settings, but increasingly, the research—and the young people who have been placed in congregate care settings—make clear that placing children in institutional settings for long periods of time causes harm.

I was the Child Welfare Commissioner in Michigan when Cornelius Frederick tragically died in a congregate care facility after eight adults physically restrained him for over 10 minutes for throwing a sandwich in the cafeteria. Facilities that house large numbers of children with a range of behavioral health issues have one primary concern: order and control. These are not the environments that children, especially those with special needs, need to heal and thrive. We must ensure that children in any QRTP have access to high-quality medical care—but we cannot sacrifice the safety and well-being of those children to do so. For these reasons, I am deeply grateful for the courage Congress showed when it put in place protections in Family First to ensure that congregate care settings were only used for those who needed such services, and only for as long as such services are needed.

There is no denying that it is hard to find family-based placements for children with significant needs. In many parts of the country, the child welfare system has become the de facto children's behavioral health system, particularly for children and youth with significant mental health needs stemming from severe trauma. Amid a crisis of youth mental health in America, we as a Nation are facing a shortage of community-based behavioral health services that make child welfare the default system for families. This isn't fair to children and families, and it isn't fair to child welfare agencies. To prevent more children and youth from coming into foster care primarily as a result of serious behavioral health concerns, we should be investing in in-home and community-based services and interventions before a crisis ensues and child welfare system involvement becomes the default response. New Jersey, which has built out a comprehensive system of care for children's behavioral

health and has the lowest rate of group care in the country, is a model that the rest of the country can learn from—in which congregate care is but one component of a much larger array of services and supports for youth experiencing mental health challenges.

Question. What are their strengths and how can these strengths be better used?

Answer. Family First created the model of QRTPs to ensure residential treatment is appropriate, time-limited, and meets a child's treatment needs—exactly what congregate care should be designed to do. For children who have experienced severe trauma that results in behavioral health needs, high-quality congregate care is and important part of the continuum of treatment options available when treatment needs are too great for a family member to manage.

We also know that high-quality congregate care meets the particular needs of each child—tailoring their treatment approach according to their unique situations, and adjusting services to ensure children can achieve the stability needed to step down to family-based care when they are ready.

One challenge we frequently hear from providers, young people, and administrators is related to workforce and staffing—as the quality of the staff matters a great deal for providing high-quality congregate care. If any of us needed to send our own children to a congregate care facility, we would all want them to be cared for by well-trained, high-quality staff who understand the treatment needs of the child. Unfortunately, staff training and capacity vary widely across States and providers. We can do much more to ensure quality services in congregate care facilities by investing in a well-trained, trauma-informed passionate workforce that is appropriately compensated.

QUESTION SUBMITTED BY HON. MAGGIE HASSAN

Question. Your testimony notes that domestic violence is a factor in nearly 30 percent of confirmed child abuse and neglect cases. We know that victims of domestic violence may be forced to remain in an abusive situation because they lack support, such as the ability to take temporary leave from work without losing their jobs. So I am looking at ways to expand access to job-protected leave for victims of domestic violence, so that they don't have to forfeit their jobs in order to get themselves and their children to safety. I welcome my colleagues' partnership in this effort.

How would better supporting adult victims of domestic violence improve child welfare?

Answer. Domestic violence is a significant driver of child welfare system involvement: according to Federal data, the risk factors driving the largest percentage of child maltreatment cases are domestic violence and substance use. Domestic violence itself is a risk factor for maltreatment, because a significant portion of men who abuse their partners also abuse their children. Research is clear that addressing domestic violence in the home by supporting both survivors and through fatherhood programs improves outcomes for children. We also know that survivors of domestic violence in particular benefit tremendously from economic supports, including housing, child care and cash assistance so they can live with their children safely away from their abusive partners.

For all these reasons, we recommend allowing title IV–E prevention funds to be used for DV services, and *also* ensure that programs and services provided to families take into account domestic violence to ensure their efficacy.

PREPARED STATEMENT OF HON. MIKE CRAPO,
A U.S. SENATOR FROM IDAHO

The child welfare system is a critical component of the social safety net, aimed at ensuring children are able to thrive in safe, stable environments. After years of bipartisan, collaborative work between this committee and the child welfare community, the Family First Prevention Services Act was enacted in 2018 to deliver on our shared goals of keeping families together and promoting high-quality foster care placements.

The structural reforms in Family First allow States to direct their Federal child welfare dollars to evidence-based prevention services, including mental health and substance use disorder treatment, family counseling, and parent education. These

front-end interventions recognize that strengthening families can often allow children to remain safely in their homes. When foster care is necessary for a child's safety, the law prioritizes investments to place children with family members or neighbors who can provide a loving, more stable atmosphere.

Bolstering the efforts of this committee, the administration recently took the essential step of finalizing a regulation that makes it easier for family members to become licensed foster parents. By reducing bureaucratic barriers, more children will have the opportunity to live with trusted caregivers. Today's hearing provides an opportunity not only to celebrate the law's success, but also to reflect on areas for continued improvement.

The Title IV–E Prevention Services Clearinghouse, known as "the Clearinghouse," was established in Family First to ensure Federal funds are directed to proven, preventive programs. However, despite bipartisan efforts in Congress to increase the number of evidence-based models certified by the Clearinghouse, States continue to have limited options in certain categories, and rural areas struggle to implement one-size-fits-all models in their communities.

The chairman and I have encouraged the administration to expedite the Clearinghouse review process so that States have a variety of community-based services to offer as part of a comprehensive continuum of care. Unfortunately, some foster youth experience complex behavioral health needs that require placement in a setting that can provide them with more intensive services. In these circumstances, States need to be able to rely on Qualified Residential Treatment Programs, which were established by Family First as a high-quality, trauma-informed treatment option to address the clinical needs of children with serious emotional or behavioral disorders.

We owe it to our most vulnerable children and families to continue to build on our bipartisan work. This will require us to arm States with innovative options for targeted interventions that support families, promote kinship care, ease pathways to adoption, and rely on safe treatment centers when vital for a child's well-being.

I look forward to learning more from our witnesses about opportunities to continue to strengthen the child welfare system.

PREPARED STATEMENT OF HON. REBECCA JONES GASTON, COMMISSIONER, ADMINISTRATION ON CHILDREN, YOUTH, AND FAMILIES, ADMINISTRATION FOR CHILDREN AND FAMILIES, DEPARTMENT OF HEALTH AND HUMAN SERVICES

INTRODUCTION

Chairman Wyden, Ranking Member Crapo, and distinguished members of the committee, thank you for the opportunity to appear before you today on behalf of the U.S. Department of Health and Human Services (HHS). My name is Rebecca Jones Gaston, and I am the Commissioner for the Administration for Children and Families' (ACF) Administration on Children, Youth, and Families (ACYF), which includes the Children's Bureau (CB).

I am pleased to have the opportunity to join you today to share progress on implementing the landmark, bipartisan, Family First Prevention Services Act (FFPSA or Family First), provide updates on jurisdictions' continued adoption of the provisions, share some barriers and challenges those jurisdictions are facing, and describe CB's technical assistance and rulemaking efforts to deepen the uptake of Family First and realize its intent of preventing unnecessary entry of children and families into the child welfare system.

ACF PRIORITIES

Children do best with their own families. ACF's priorities reflect a commitment to supporting parents, caregivers, and children through holistic and proactive approaches that focus on keeping families together and preventing unnecessary involvement with the foster care system. I hear routinely from youth and families from across the country that have experienced the child welfare system that many of their families could have stayed safely together if support for their family's housing, child care, mental health, substance use services, and/or other concrete needs had been met. As we continue to prioritize prevention and family unity, ACF remains committed to having our policies and programs be informed by the lived experience of those families and communities who have interacted with the child welfare system.

A systemic shift of this magnitude takes time and cannot be done solely at the Federal level. Together, we are working with States and Tribes to shift the focus of child welfare systems from separating children from their families as the only response to building more family preservation and prevention. One key way ACF does this is by continuing to help States and Tribes implement Family First. ACF is also focused on strengthening other systems that can meet the needs of children and families, recognizing that the child welfare system alone cannot support family well-being. For example, last year the Family and Youth Services Bureau's Runaway and Homeless Youth Program funded 11 brand new prevention demonstration grants to support the design and delivery of community-based initiatives, including flexible cash assistance and youth-specific case management services, to prevent youth and young adults from experiencing homelessness. The Office of Family Assistance is undertaking an opportunity afforded by Congress and authorized under the Fiscal Responsibility Act of 2023 to pilot measuring impact of upstream economic support programs like Temporary Assistance to Needy Families (TANF) on building family resilience and lowering risk of adverse outcomes such as child welfare involvement. Further, in 2022, CB and the Office of Child Support Services provided guidance to State agencies to limit the practice of collecting child support from families when children are in foster care, allowing families to address concrete support needs to keep families together.

Addressing the child-care needs of families is also a strategy to prevent unnecessary child welfare involvement. The President's Fiscal Year 2025 budget proposes major investments to increase accessibility and reduce child care costs, guaranteeing affordable, high-quality child care from birth until kindergarten, with most families paying no more than $10 a day and the lowest-income families paying nothing at all. Further, the proposal in the President's FY 2025 budget to restore the full Child Tax Credit expansion enacted in the American Rescue Plan, which helped cut child poverty nearly in half in 2021 to its lowest level in history, would make significant strides in meeting the concrete needs of families. Research has shown policy changes like this reduce child welfare involvement.

IMPLEMENTATION OF THE FAMILY FIRST PREVENTION SERVICES ACT

Jurisdictions across the country have capitalized on the non-mandated opportunity provided through Family First to dramatically rethink how they serve children and families. Family First provides an impetus to focus attention on prevention, work with families and communities differently, and support families' strengthening of their protective and nurturing capacities. Family First is changing the conversation about what the foster care system should be: an emergency room, built to respond to an emergent child safety concern. It is not the system that can best meet long-term well-being needs for children and families, and it certainly cannot solve poverty. The Children's Bureau Child Maltreatment 2022 report showed that 74 percent of victims associated with investigations had neglect as the allegation or among the allegations associated with their investigation. A significant portion of those cases are not about willful neglect, but about the challenges of poverty, such as unstable housing, food insecurity, unmet health needs. That is why we are leveraging Family First's focus on foster care prevention and building collaborations across systems and communities, so that children and families get what they need and do not need the child welfare system's emergency room.

The implementation of Family First across the country is promising but there is more work to do. I'm delighted to share that CB has approved 47 Family First prevention plans—38 during this administration—including 42 States, the District of Columbia, and four Tribes. Many of those jurisdictions have begun implementation and are submitting plans that improve their services. Five additional jurisdictions have submitted plans to participate and we are working with them toward approval. The Children's Bureau has been in close contact with the remaining jurisdictions that have not submitted plans to offer support in developing and submitting plans. Tribes in particular have pointed to resource constraints, administrative requirements, and the lack of culturally specific practices in the Title IV–E Prevention Services Clearinghouse (Clearinghouse) as barriers to taking up this option. Tribes also note that current law requires them to administer a title IV–E foster care program in order to be able to have a Tribe-specific prevention plan. We understand that Tribes are hesitant to stand up a Federal foster care program, just to prevent family crisis.

It is important to emphasize that Family First is still a relatively new, optional program compared to the foster care program. Developing a comprehensive prevention plan takes time, and child welfare agencies continue to manage unprecedented

workforce and leadership challenges and changes. The Children's Bureau is committed to working with jurisdictions as they move from planning to implementation, providing technical assistance and support. ACF is continuously looking at ways to expand approved prevention services and interventions and the training and technical assistance available to implement them.

Despite these challenges, financial claiming data confirms that implementation of the Title IV–E Prevention Program is steadily increasing nationally. For instance, in FY 2022, 17 States and one Tribe received just over $64 million in Federal reimbursement for the program. Total Title IV–E Prevention Program Federal share claims from FY 2020 through the first quarter of FY 2024 are now approximately $340.4 million.

The Title IV–E Prevention Services Clearinghouse (Clearinghouse) is a critical component to the successful implementation of Family First and the expansion of evidence-based practices in foster care prevention programs. The Clearinghouse continues to review programs and services as quickly as possible to support this expansion. As of May 2024, the Clearinghouse has received recommendations for more than 800 programs and services for review. Of these, the Clearinghouse has reviewed 177 programs and services of which 85 were rated as promising, supported, or well-supported.

The implementation of the Title IV–E Prevention Program has revealed potential limitations of the law that impact some jurisdictions more so than others, particularly Tribes. For instance, some Clearinghouse requirements prescribe methods of evaluation that are not commonly used to evaluate tribally specific interventions. There is a critical need for more programs that are tailored to support families in a way that aligns with their cultural values, including Tribal families, and ACF is doing what we can to expand the number of culturally responsive prevention programs in the Clearinghouse. Further, the definitions of well-supported, supported, and promising practices in Family First have impeded automatically using other existing clearinghouse reviews of interventions for the Prevention Clearinghouse. Notably, the $4 million reduction in funds to support the Clearinghouse, evaluations of programs and services, and evaluation technical assistance in FY 2024 significantly reduces ACF's ability to support evidence generation and reviews.

ACF is currently revising the *draft Handbook of Standards and Procedures, Version 2.0* (Handbook 2.0) for the Clearinghouse. Revisions aim to be responsive to the diversity of comments received from the public in response to the October 2023 Federal Register notice to enhance the transparency of the systematic review process, and to support efforts to advance equity in accordance with the *Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.* Comments are being considered within the context of the statutory requirements of FFPSA, the necessity to conduct a systematic, objective, and transparent evidence review, and resource considerations. ACF is working to complete and finalize this work as soon as possible, with a release of the *Handbook 2.0* in the coming months to support a more transparent, efficient, and timely review of programs and services. ACF appreciates the congressional support for the Clearinghouse, including from members of this committee, and looks forward to continued support and investment from Congress to help ACF ensure it is a transparent and trusted source of evidence that can assist States', territories', and Tribes' efforts to support children and families and prevent foster care placements.

CB has seen great progress around the country among jurisdictions that have developed prevention plans under FFPSA to expand the in-home parenting skills programs, mental health programs, and substance use prevention and treatment programs in their communities. Collectively, approved State, territory, or Tribal plans include over 240 programs and services that create pathways for child welfare agencies to support families and prevent the trauma of family separation.

All jurisdictions with approved prevention plans are required to submit data on the number of children who received services, type of service and if program participants enter into foster care. These data submission requirements phase in over time dependent on the date of plan approval, so while no public data related to reduction of foster care entries is available to date, we will have the ability to report on this in the future. CB continues to offer targeted support to States, territories, and Tribes to guide their data reporting procedures and to improve the data quality of the Title IV–E Prevention Services data. Notably, some States have undertaken their own evaluative efforts regarding their implementation of Family First. One evaluation conducted for the Kansas Department for Children and Families, for in-

stance, found that from October 2019 through June 2023, 89 percent of target children and youth who have reached 12 months from the time of service referral remained together with their families at home without need for foster care.

Ultimately, the unprecedented workforce and leadership challenges and changes that create hurdles for Family First implementation are not unique to child welfare. The Children's Bureau has provided significant support to State and local child welfare agencies struggling to find solutions to the workforce crisis through the National Child Welfare Workforce Institute and the newly launched Center for Workforce Equity and Leadership, but the rest of the human service sector is experiencing the same workforce challenge which impacts availability of services.

A comprehensive system of care is needed to meet the needs of children and families well before engagement with child welfare. Child welfare agencies cannot be solely responsible for meeting the needs of children with high behavioral health needs and simply increasing beds in congregate settings will not solve the issue either. Too often child welfare agencies are left to care for children with complex needs when an appropriate array of clinical placements and services does not exist in the community.

For our part, ACF is building stronger relationships and collaborative efforts across HHS and other Federal agencies. Through these partnerships, we are strategizing to bring our collective resources to bear on the significant challenge of getting children and families the services they need where they need it, when they need it, and how they need it, to prevent unnecessary child welfare involvement and support stability and permanency in order to exit foster care.

REGULATORY ACTION

Family First underscores the importance of keeping families together. ACF is advancing this priority by strengthening kinship care and family connections even when child welfare involvement cannot be entirely prevented. Recent regulatory actions by the Biden-Harris administration will have a profound impact on child welfare systems in America and demonstrate this priority by removing barriers to kinship care, increasing access for families to legal representation, and promoting fairness in the child welfare system.

Kinship Final Rule

ACF believes that families belong together. Today, millions of children across America are primarily cared for by grandparents, aunts and uncles, and other relatives, who provide a safe and loving home when parents cannot. Research emphasizes the benefits of keeping children with their own relatives when parents are unable to take care of them, highlighting the importance of close connections, preservation of cultural identity, and enhanced placement stability compared to nonrelatives. But when children go live with family members, it is most often in emergency situations which may result in unanticipated expenses. Data demonstrates that many relatives who care for their family members are more likely to experience poverty and have higher needs for services and supports—circumstances in which financial support can make all the difference.

On September 27, 2023, HHS issued a final regulation to allow States to remove barriers for kin caregivers to become licensed foster care providers, and therefore receive full financial support from the State, by creating separate licensing standards for kin caregivers. Previously, all foster homes needed to meet the same licensing standards, whether the caregiver was family or not. While everyone, including kin caregivers, will continue to be subject to criminal background checks and other critical safety requirements, States can now create a new standard that recognizes that when family steps in, they should have a simple and straightforward path to receiving full financial support. Each jurisdiction will need to assess whether and how to operationalize this opportunity. To date, CB has already approved five States and three Tribes to operate licensing standards designed for relative providers and plans submitted by three additional jurisdictions are under review.

Legal Representation Final Rule

All families, regardless of income or access to resources, deserve a fair chance to stay together. Many families that come to the attention of a child welfare agency are in the midst of or recovering from familial, health, housing, or economic challenges in the form of civil legal proceedings that can directly impact the family's ability to stay together or be reunified. Families navigating these related, critical legal proceedings are sometimes forced to do so without access to a lawyer. Research demonstrates that providing independent legal representation to parents and care-

givers in civil legal proceedings prevents children from entering foster care as well as improves rates of reunification.

The second final rule, published on May 10, 2024, allows for financial reimbursement to help cover costs of an attorney providing independent legal representation for a child who is eligible for title IV–E foster care or that child's parent or kinship caregiver in civil legal proceedings as part of the foster care plan. The rule also allows for legal representation for an title IV–E agency, any other public agency, or Tribe that has an agreement in effect under which the other agency has placement and care responsibility of a title IV–E-eligible child; and would provide legal representation of an Indian child's Tribe when the child's Tribe intervenes in any State court proceeding for the foster care placement or termination of parental rights of an Indian child who is in title IV–E foster care.

Designated Placement Requirements Under Titles IV–E and IV–B for LGBTQI+ Children

When children cannot stay safely with their own families, they deserve a foster care placement free of harassment, mistreatment, or abuse where they can thrive. This is true for all children. And LGBTQI+ children face disproportionately worse outcomes and experiences in foster care due to their specific health and well-being needs often being unmet. Which is why on April 30, 2024, HHS issued a final rule on the Designated Placement Requirements Under Titles IV–E and IV–B for LGBTQI+ Children. The final rule requires title IV–E and title IV–B agencies to have sufficient placements designated to meet the needs of LGBTQI+ children in foster care. The rule does not require any provider to become a designated placement and respects Federal protections for religious freedom, conscience and free speech.

Recognizing the vital role of kin caregivers in the child welfare system, ACF clarified in the final rule that title IV–E and IV–B agencies are encouraged to continue to improve access to kinship care alongside implementing the requirements of this regulation. Indeed, ACF anticipates that children who enter foster care because of a conflict with family over their LGBTQI+ status or identity may have a supportive relative who is willing to serve as a kin caregiver. ACF strongly encourages title IV–E and IV–B agencies to identify or develop resources, training, and support they can offer to kin caregivers to meet the specific needs of LGBTQI+ children.

INCREASING THE IMPACT OF FAMILY FIRST GOALS

Congressional support for the goals of Family First has been integral to its implementation by States, territories, and Tribes to date. The President's FY 2025 budget includes additional opportunities for further strides toward meeting these goals. Specifically, the President's FY 2025 budget includes proposals to:

- Reauthorize, increase funding for, and amend the Promoting Safe and Stable Families Act (PSSF), providing resources needed to:
    - Further shift toward a prevention-oriented child welfare system that centers child and family well-being at every step of the process;
    - Expand the number of Tribes eligible to receive PSSF grants; and
    - Expand the reach of the evidence-based Regional Partnership Grant program to better address the intersection of substance use disorders and child welfare involvement in more communities around the country;
- Increase the Community-Based Child Abuse Prevention program funding to $90 million to continue to develop and coordinate effective community-based family support and prevention services and expand culturally responsive supports and resources to historically underserved and marginalized communities as well families adversely affected by persistent poverty, which are disproportionately represented in the child welfare system;
- Increase Federal reimbursement rates for the Title IV–E Prevention Services Program and Title IV–E Kinship Navigator Programs;
- Make permanent a previously authorized temporary flexibility under the Prevention Services Program requiring States to spend at least 50 percent for services with a Clearinghouse rating of either "supported" or "well-supported," rather than requiring that 50 percent be spent for "well-supported programs" only;
- Allow up to 15 percent of a State's Prevention Services funding to be spent on emerging or developing services that do not currently meet the ratings criteria;

- Allow for increased Tribal and cultural adaptations of approved prevention services programs; and
- Allow Tribes that participate in the title IV–B, subpart 1 Child Welfare Services program, but do not currently participate in the title IV–E foster care and adoption assistance programs, to submit a plan to directly operate the Title IV–E Prevention Services program.

I urge Congress to consider these proposals as opportunities to further realize the intent and increase the impact of the Family First Prevention Services Act.

CONCLUSION

Thank you for this opportunity to discuss the mission and work of ACYF to better serve children, youth, and families. I look forward to continuing to work with Congress as part of our collective efforts to achieve our shared goal of preventing children from unnecessarily entering foster care, keeping families together, and working across systems to increase the safety, permanency, and well-being of all children and families.

QUESTIONS SUBMITTED FOR THE RECORD TO HON. REBECCA JONES GASTON

QUESTIONS SUBMITTED BY HON. JOHN CORNYN

SOUTHERN BORDER AND IMPACT ON HUMAN TRAFFICKING AND CHILD WELFARE

Question. The Office of Inspector General at HHS published a report in September 2023 disclosing that the Department circumvented the normal sponsor screening procedures in order to make faster placements with sponsors. Ultimately, unaccompanied migrant children have been at greater risk of being placed in the care of unsafe sponsors with harmful intentions. According to reporting in *The New York Times,* many children have been exploited and work in factories, slaughterhouses, and other inappropriate and dangerous arrangements.

Can you detail the specific protocols the Administration for Children and Families (ACF) has implemented to ensure that both sponsors and unaccompanied alien children are vetted for criminal background, child abuse, and neglect, especially in light of concerns about human trafficking?

How does ACF verify that these placements are secure and that children are not exposed to further risks?

Answer. The priority of ORR, within ACF, is the safe and timely unification of unaccompanied children with their parent, legal guardian, relative, or other vetted sponsor. As soon as an unaccompanied child enters the Unaccompanied Children (UC) Bureau, ORR immediately starts the process of identifying an appropriate sponsor.

Pursuant to the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), ORR conducts a thorough assessment to determine if a sponsor is capable of providing for the child's physical and mental well-being. ORR's sponsor suitability assessment process includes verifying the sponsor's relationship to the child; speaking with the child's parents when possible; conducting separate interviews with the child and sponsor; collecting supporting documentation to verify the sponsors' information; and administering background and address verification checks—which include public records and sex offender registry checks in all cases, as well as Federal Bureau of Investigation (FBI) fingerprint checks in certain cases.

To verify the identity of a sponsor, all potential sponsors must submit original versions or legible copies of government-issued identification documents. For verification of the relationship claimed with the unaccompanied child, the potential sponsor must also provide at least one form of evidence such as a birth certificate, marriage certificate, death certificate, court records, guardianship records, hospital records, school records, or a written affirmation of relationship from a consulate. As outlined in UC Program Policy Guide section 2.3, ORR's sponsor assessment and release decision process requires coordination among care provider staff, nongovernmental third-party reviewers such as case coordinators, ORR staff, other Federal agencies, stakeholders, and child advocates, where applicable.

Under the TVPRA, ORR must conduct home studies for certain unaccompanied children prior to release, including those who have been a victim of severe forms of human trafficking; have a disability; have been a victim of physical or sexual

abuse; or whose proposed sponsor clearly presents a risk of abuse, maltreatment, exploitation, or trafficking to the child. ORR also requires a home study before releasing any child 12 years or under to an unrelated sponsor, to a nonrelative sponsor who is seeking to sponsor multiple children, or who has previously sponsored or sought to sponsor a child and is seeking to sponsor additional children. Both TVPRA and ORR policy requirements for home studies are implemented under current UC Program Policy Guide section 2.4.2.[1]

While ORR's custodial responsibilities end when a child is discharged from ORR care, ORR has policies in place to promote unaccompanied children's well-being after they have been released as they transition into a new community. This includes providing children with multiple ways to connect following their placement with a sponsor, such as through safety and well-being calls, post-release services (PRS), legal services, and the 24/7 ORR National Call Center (ORRNCC), which connects children and sponsors with community resources and is required to report all safety concerns to ORR and other Federal, State, and/or local entities. Under ORR policy, as outlined in UC Program Policy Guide section 6,[2] all released children are eligible to receive post-release services.

Per UC Program Policy Guide section 6.3,[3] ORR care providers are required to make at least three safety and well-being calls to speak with the child and sponsor individually to determine if the child is still residing with the sponsor, enrolled or attending school, aware of any upcoming court dates, and otherwise safe, as well as to assess if either the child or the sponsor would benefit from additional support or services. Children and sponsors are not required to answer these calls, and there are many reasons why someone may choose not to answer the phone or not wish to speak with government officials. Further, there may be children who have not answered a phone call, but for whom ORR has provided referrals for PRS or legal services, or who have called the ORRNCC and spoken to a case manager. Under the TVPRA, ORR is required to provide PRS, during the pendency of removal proceedings, to unaccompanied children for whom a home study was conducted and is authorized to conduct PRS to children who have mental health or other needs who could benefit from ongoing assistance from a social welfare agency.

ORR has expanded PRS to an historic level, from just over 20 percent of children offered access to PRS in Fiscal Year (FY) 2021 to over 60 percent of children currently being referred for such services. ORR is committed to expanding access to PRS to all children by the end of FY 2024.

Question. What measures is ACF taking to ensure that the influx does not diminish the quality of care or availability of services for our domestic foster system?

Answer. The UC Bureau operates separately from the domestic foster care system administered by State child welfare systems and is not funded at the State level. While unaccompanied children may be placed at an ORR foster care program run by a care provider that also operates a domestic foster care program, the State child welfare agency is not involved with facilitating the placement of unaccompanied children in an ORR-funded foster care program. ORR's placement of children in ORR-funded foster care programs does not impact the quality of care or availability of services for State domestic foster systems.

Question. Can you provide insights into how ACF is balancing these needs and whether there are plans to increase capacity or resources in affected States like Texas?

Answer. ORR is actively working to build its network to ensure that ORR is able to maintain sufficient capacity that can adapt to the changing needs of the program. ORR is currently managing 10 active cohorts of grants for its standard network including three new cohorts for long-term foster care (LTFC), Therapeutic Group Homes, and Residential Treatment Centers since January 2024. ORR is committed to the safety and well-being of the unaccompanied children in its care and ensuring there is minimal disruption to the local community.

Question. In 2023, a Guatemalan UAC, Juan Carlos Garcia-Rodriguez, was placed with a sponsor in Louisiana. Months later he left that home, and was subsequently

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[1] *https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4.2.*

[2] *https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-6#6.1.*

[3] *https://www.acf.hhs.gov/orr/policy-guidance/unaccompanied-children-program-policy-guide-section-6#6.3.*

arrested in connection with the sexual assault and murder of Maria Gonzalez, an 11-year-old girl residing at his apartment complex in Pasadena, TX. What if any measures did ACF take to look into Mr. Garcia-Rodriguez's background prior to releasing him to his sponsor?

Answer. ORR extends its deepest condolences to Miss Gonzalez's family. ORR is required to ensure the safety and care of all unaccompanied children referred to its custody by a Federal entity, typically the Department of Homeland Security. Notably, ORR relies on DHS to provide any available information regarding an unaccompanied child's criminal history. All children entering HHS custody undergo a variety of assessments, such as the Initial Intakes Assessment, the UC Assessment, Case Review, and clinical assessments, and meet weekly with a trained clinician and case manager who are regularly assessing for impacts to the child's placement with a vetted sponsor. These assessments probe for criminal history, gang affiliation, and human trafficking indicators.

HIDDEN FOSTER CARE

Question. Hidden foster care is a term often used to describe when children are informally placed in the care of relatives or family friends rather than through the official foster care system. This practice was originally meant to be preventative and a less-invasive option to keep children out of State custody when possible. But the practice gets its name because once children are in these arrangements, it is easy to lose track of these kids and what sort of care they are receiving. Texas has made strides to put guardrails on hidden foster care to ensure these voluntary agreements remain a viable option without the practice being used indefinitely without oversight.

Does ACF track which kids or how many kids are in this type of arrangement?

Why not? These are kids that have had formal contact with a child welfare agency, so the opportunity is there.

Answer. There is no current Federal definition of these arrangements—children informally placed in the care of relatives or family friends rather than through the official foster care system—nor specific processes or procedures associated with their use at the Federal level. In addition, the scope of current national data collections (National Child Abuse and Neglect Data Systems, the Adoption and Foster Care Analysis and Reporting System, Family First Prevention Services Data) does not extend to include such arrangements. Further, such allegation investigations may or may not result in a finding against the alleged perpetrator or even further agency or court involvement through the child welfare agency. Therefore, there is no uniform mechanism with which to systematically track children in such arrangement. As part of the reauthorization of the Mary Lee Allen Promoting Safe and Stable Families Program, the President's Fiscal Year (FY) 2025 budget proposes to include a provision requiring that States/Tribes report on the use of diversion programs. Should the statute be amended to require that collection, ACF would work with States to systemize the collection of those data.

From a workforce perspective, an increase in oversight in these situations without additional funding would likely exacerbate the current crisis in the child welfare workforce. Additionally, child protection reports and investigations have often been used to surveil families and communities that are experiencing financial hardships and associated challenges that are often not actual maltreatment of a child. ACF is working diligently with jurisdictions to ensure that child protection responses focus on safety issues and collaboration with other agencies, systems and community partners to help with mitigating the experiences of poverty.

QUESTIONS SUBMITTED BY HON. JAMES LANKFORD

Question. The ACF's recent rule on foster care considers situations where a child has been removed from their home "due, in whole or part, to familial conflict about their sexual orientation, gender identity, gender expression, or sex characteristics."

Is it ACF's position that foster parents who adhere to a religious belief in traditional marriage are unqualified to become a Designated Placement under the rule?

Perhaps a child in foster care desires to medically transition, but the foster parents are cautious or opposed to setting up a medical appointment. Is it ACF's position that these foster parents should not qualify as a Designated Placement under the rule?

Is it ACF's position that foster parents who hold religious beliefs on traditional marriage should have foster kids removed from their care?

Answer. ACF appreciates the vital role that religious providers play in providing care and services to children in the child welfare system, including many religious providers who provide supportive care and services to LGBTQI+ children. The final rule recognizes this vital role and the importance of upholding protections for religious freedom, conscience, and free speech. The rule is expressly setting a requirement for IV–E agencies to ensure that there is a Designated Placement available for all LGBTQI+ children in foster care who request or would benefit from such a placement. The rule also expressly states it does not require or authorize a state or Tribe to penalize a provider that does not seek or is determined not to qualify as a Designated Placement under the rule.

The final rule applies specifically to State and Tribal child welfare and foster care agencies and requires that they ensure each LGBTQI+ child has access to a placement that meets their specific needs. Any provider who chooses not to become a Designated Placement must simply comply with longstanding obligations under the title IV–E/IV–B programs to ensure that all foster children are placed in environments that provide safe and appropriate care for all children in foster care, as well as the nonretaliation provisions in the regulation.

Each decision about the placement of a child is done on a case-by-case basis. The expectation within the rule is that will continue to be the practice. Decisions to remove a child are not automatic but based on a variety of factors related to the child's needs and best interest determinations.

Question. The final rule states that all foster homes must protect foster kids from "harassment, mistreatment, or abuse."

Does a foster parent not using preferred pronouns constitute "harassment, mistreatment, or abuse?"

Does a Catholic foster parent placing their foster child in a Catholic school that holds traditional views on marriage and gender qualify as "harassment, mistreatment, or abuse?"

Answer. The preamble to the final rule explains that: "Under its settled meaning in the law, the concept of harassment requires conduct that is sufficiently severe or pervasive to create an unsafe or hostile environment based on the child's characteristics." As the preamble explains, this protection focuses on the provider's conduct. Further, the preamble explains that providers can cross the line into harassment, mistreatment, or abuse if they are found to have engaged in behaviors such as punishing the child, subjecting the child to harsher rules, or excluding the child from community activities because they are LGBTQI+; or disparaging the child, calling them shameful, or using slurs or derogatory language because they are LGBTQI+.

A provider will not violate this rule simply because of a view or beliefs the provider may have or by good-faith and respectful efforts to communicate with LGBTQI+ children about their status or identities. Any provider who chooses not to become a Designated Placement must simply comply with longstanding obligations under the title IV–E/IV–B programs to ensure that all foster children are placed in environments that provide safe and appropriate care for all children in foster care, as well as the nonretaliation provisions set forth in this regulation.

Question. The Title IV–E Prevention Services Clearinghouse has 177 programs or services, but only 80 meet one of the three criteria. Furthermore, only 18 of the items in the clearinghouse hold the well-supported designation.

Is the "well-supported" designation too strict?

How can the number of programs services that meet one of the three criteria be increased?

How can the number of programs and services with the well-supported designation be increased?

Answer. The Title IV–E Prevention Services Clearinghouse (Clearinghouse) continues to review and rate programs and services as quickly as possible to support states' efforts to improve outcomes for children and families. The Clearinghouse aims to be a rigorous and transparent source of information on evidence-based programs and services. Its standards and procedures were developed to align with current best practices for systematic evidence reviews and in accordance with the

unique statutory requirements outlined in the Family First Prevention Services Act (FFPSA).

The FFPSA statutory definitions of "well-supported," "supported," and "promising" are specific and unique, precluding the use of program or service ratings from other existing clearinghouses. Additionally, some jurisdictions have noted the lack of funding to evaluate evidence-based practices as required in the law. The Clearinghouse requirements do not afford flexibility for emerging practices intended to serve specific populations that may not have rigorous evidence of effectiveness, or for the use of methods of evaluation other than those defined in the statute.

ACF is doing what we can to expand the number of programs and services that can be rated as "promising," "supported," or "well-supported." There is a critical need for more research and evaluation of programs and services to build the evidence-base. In September 2023, ACF awarded seven Prevention Services Evaluation Partnership grants for a 3-year period. The goal of these grants is to add to the knowledge base on the effectiveness of mental health, substance abuse, in-home parent skill-based, and kinship navigator programs and services. These researchers will work in partnership with title IV–E agencies, community entities, and other relevant individuals and groups to conduct well-designed and rigorous summative evaluations that align with Clearinghouse's standards.

Notably, the $4 million reduction in funds to support the Clearinghouse, evaluations of programs and services, and evaluation technical assistance in FY 2024 significantly reduces ACF's ability to support evidence generation and reviews. As one way to help address these limitations, the President's FY 2025 budget includes a request of $6.75 million for the Clearinghouse to support evaluation and technical assistance relating to the evaluation of child and family serving programs and services.

Question. I have received feedback in my State that it's sometimes difficult to understand how the programs and services in the clearinghouse can be best implemented.

How can the Federal Government make States, agencies, tribes, and providers more aware of how to best implement the programs and services that are approved in the clearinghouse?

Answer. The Title IV–E Prevention Program is an optional program. Developing a comprehensive prevention plan takes time and child welfare agencies continue to manage unprecedented workforce and leadership challenges and changes. Considerable work has been done by the jurisdictions to think through their vision of the title IV-E prevention work, how it aligns with current work and systems and how it presents as an opportunity for a paradigm shift as a way to serve children and families. We are working with jurisdictions as they move from planning to implementation, providing technical assistance and support. This includes support of the network of training and technical assistance providers, which includes the Capacity Building Center for States (Center for States), which works with jurisdictions along the continuum of the title IV–E prevention plan work. Technical assistance consists of tailored services for jurisdictions and peer to peer support through a First Prevention Plan Leaders Peer Group. The Capacity Building Center for States offers a continuum of technical assistance (TA) to jurisdictions from providing tailored, expert coaching and consultation through direct TA to peer-to-peer support to strengthen the protective capacities of families and the needs of children through a First Prevention Plan Leaders Peer Group. We are continuously looking at ways to expand those services and intervention. ACF encourages jurisdictions to collaborate with model developers through implementation needs and to consult with their ACF Regional Offices to determine and access technical assistance.

OFFICE OF REFUGEE RESETTLEMENT "UNACCOMPANIED CHILDREN PROGRAM FOUNDATIONAL RULE"

Question. Will ORR facilitate medical interventions and provide puberty blockers, cross-sex hormones, and surgeries for unaccompanied children as part of its duties to provide "medical service requiring heightened ORR involvement"?

Answer. The UC Program Foundational Rule, published in the Federal Register as a final rule on April 30, 2024, provides a comprehensive framework governing the care and treatment of unaccompanied children in ORR custody, and enshrines ORR's statutory duty to care for children as outlined in the Homeland Security Act of 2002 and the Trafficking Victims Protection Reauthorization Act of 2008. The Foundational Rule becomes effective, pending any judicial challenges, on July 1,

2024. Under ORR's current policies, all children and youth in ORR care are entitled to human rights protections and freedom from discrimination and abuse, including LGBTQI+ youth in ORR care.

The Foundational Rule strengthens legal, privacy, and health-care rights and services for unaccompanied children, ensuring they have access to the support they need. It does not address gender-affirming health care. When providing health care, ORR considers each child's unique needs and any specialized services or treatments requested, including for LGBTQI+ children. ORR is committed to providing health-care services for all youth in its care.

QUESTIONS SUBMITTED BY HON. ROBERT P. CASEY, JR.

Question. As you know, Family First emphasizes prevention and family strengthening supports, including in-home parenting supports. Stable housing for families is important to facilitate these in-home services. In Pennsylvania, housing has been identified as a significant need among children and families with child welfare involvement. Housing instability is also a barrier to substance use disorder treatment among impacted families. Despite an early commitment to funding substance use disorder residential treatment programs for pregnant women and mothers with their dependent children, Pennsylvania, like many states, still struggles to keep pace with the need for family-based residential treatment.

To what degree are the current programs included on the Title IV–E Prevention Services Clearinghouse able to address the challenging co-occurrence of substance use disorders (SUDs) and housing instability/family homelessness?

Answer. As of May 22, 2024, the Title IV–E Prevention Services Clearinghouse (Clearinghouse) has reviewed 51 substance abuse prevention and treatment programs and services and 19 have a promising, supported, or well-supported rating. To the Administration for Children and Families' knowledge, none of the 19 rated programs and services are specifically designed to address the co-occurrence of substance use disorders and housing instability/family homelessness. The Clearinghouse invites recommendations for programs and services to review. Recommendations may be sent via email to *PreventionServices@abtassoc.com*. Measures of housing stability (*e.g.,* number of moves, quality of housing, homelessness) are eligible target outcomes for any program or service reviewed by the Clearinghouse.

Question. How many States have leveraged title IV–E reimbursement for children who are residing with a parent in a residential treatment program?

If States are not leveraging this Family First provision, why not?

Answer. In Fiscal Year (FY) 2023, three States reported claiming title IV–E foster care maintenance payments for children residing in a substance abuse treatment facility with a parent. Notably, there are very limited program options available that allow children to reside with a parent during treatment.

QUESTIONS SUBMITTED BY HON. MARSHA BLACKBURN

Question. Thus far Tennessee has not been able to claim the entire amount of Title IV–E Prevention dollars they have been eligible for due to a glitch in their IT system that is currently being resolved. A challenge that Tennessee identified was a lack of available services that are well supported in the Clearinghouse, and in particular a lack of well supported services for drug-addicted parents.

What can be done to expand the amount of available services under the Clearinghouse?

To what extent have you explored adding SAMHSA approved programs to the list of available services under the Clearinghouse?

Answer. The Title IV–E Prevention Services Clearinghouse (Clearinghouse) continues to review and rate programs and services as quickly as possible to support State's efforts to improve outcomes for children and families. Its standards and procedures were developed to align with current best practices for systematic evidence reviews and in accordance with the unique statutory requirements outlined in the Family First Prevention Services Act. These unique statutory requirements do not make it possible to adopt the findings or ratings of other clearinghouses. However, the Clearinghouse leverages other clearinghouses, such as SAMHSA's Evidence-

based Practices Resource Center, throughout the entire review process. This includes aligning with the review standards of other prominent clearinghouses to the extent possible by statute, gathering information to inform the prioritization of programs and services for review, and scanning other clearinghouses for research studies that can be reviewed.

The Administration for Children and Families (ACF) is doing what we can to expand the number of programs and services that can be rated as promising, supported, or well-supported. There is a critical need for more research and evaluation of programs and services to build the evidence-base. In September 2023, ACF awarded seven Prevention Services Evaluation Partnership grants for a 3-year period. The goal of these grants is to add to the knowledge base on the effectiveness of mental health, substance abuse, in-home parent skill-based, and kinship navigator programs and services. These researchers will work in partnership with title IV–E agencies, community entities, and other relevant individuals and groups to conduct well-designed and rigorous summative evaluations that align with Clearinghouse's standards.

Notably, the $4 million reduction in funds to support the Clearinghouse, evaluations of programs and services, and evaluation technical assistance in FY 2024 significantly reduces ACF's ability to support evidence generation and reviews. As one way to help address these limitations, the President's FY 2025 budget includes a request of $6.75 million for the Clearinghouse to support evaluation and technical assistance relating to the evaluation of child- and family-serving programs and services.

PREPARED STATEMENT OF DAVID REED, MSW, LCSW, CSAYC, DEPUTY DIRECTOR, CHILD WELFARE SERVICES, INDIANA DEPARTMENT OF CHILD SERVICES

Dear Chairman Wyden, Ranking Member Crapo, and members of the committee, thank you for the opportunity to testify here today. My name is David Reed, and I am the Deputy Director of Child Welfare Services for the State of Indiana. I first want to thank Chairman Wyden and the members of the committee for inviting me to speak today about FFPSA. It's an honor to share Indiana's experience in recent years.

I have been working in child welfare as a social worker and in many different roles and capacities for 30 years. As I begin my testimony, I thought it would be helpful to review the history of foster care in Indiana prior to the passage of the Family First Prevention Services Act (FFPSA) in 2018. In late 2017, just before the passage of FFPSA, Indiana had over 17,000 children in formal out-of-home care, and it was at that time that I came to the Department and assumed my current position. Indiana ranked fourth most children in foster care in the entire country, with only Florida, Texas, and California having more children in care than Indiana. Each of those States has over three times our population. In addition, we also had over 1,000 children living in congregate-care, non-family-based settings. While there can be value in residential treatment for kids who need that level of intensity, we do not want kids to grow up in those programs as we know from research that kids do best with families. Also, there were not many evidence-based services or interventions happening across the State, and, like the rest of the country, significant removal disparities by race existed. Black/African-American children and multiracial children were removed at higher rates than White children. That's especially concerning as national studies demonstrate that across the country children of color have worse outcomes when they are removed from their families—they spend significantly longer in foster care, have significantly higher rates of congregate-care placements, are much less likely to exit care with family-based permanency, and if they are adopted, it is more likely to disrupt.

That was the child-welfare landscape in 2017. It was believed to be resultant of focusing support and resources too late in a child's life. Indeed, when you look at the nationwide outcomes of former foster youth as they enter their adult lives—only 52 percent complete high school or earn a GED, 45 percent are in legal trouble within just 6 months of being on their own, nearly half experience homelessness by age 21, and the rates of substance abuse and mental health disorders, such as clinical post-traumatic stress disorder (PTSD), exceed those of adult *combat* veterans.

As a country, we must remind ourselves that our work is *for* our youth, not done *to* our youth. I've spent my life working with children who have been involved in foster care and the child welfare system. Most of the time I see wonderful outcomes.

However, I also see the challenges that remain within our systems and opportunities for better outcomes.

FFPSA passed in February 2018. Traditionally, resources were available to States generally, only once a child had sustained harm and needed intervention. Now, thanks to FFPSA, States can use those same Federal dollars proactively to deliver services to help prevent children and families from ever entering foster care. This was research-informed as we now clearly know the developmental and emotional damage that occurs when bonding is disrupted and children experience traumatic separations. Make no mistake, entering foster care and being separated from family *is* traumatic for children and research has helped make this clear. I have worked hard to educate myself and my colleagues and other child-welfare professionals and stakeholders on current child-welfare research as we have learned so much during my 3 decades doing this work. Numerous studies have shown that comparatively maltreated children fare better when they can be safely maintained with their own families than if they enter foster care; they are more likely to maintain employment and healthy relationships; and are less likely to be arrested as juveniles or young adults or experience early or unwanted pregnancies.

The passage of FFPSA was well timed for Indiana. Its research-based focus on keeping families safely together sparked national conversation about addressing disproportionality in child welfare. Respectfully, however, the rollout was challenging and slow. We were eager for things like the Title IV–E Prevention Services Clearinghouse to finally list evidence-based models that were actually available in my State to act upon, and we recognized early that a one-model-at-a-time approach to serving families was not sufficient. Our families are much more diverse and complicated than that, and we needed something more comprehensive. Indiana, much like when FFPSA was first being debated in Congress, decided to use as much research as we could to create our approach to try to keep more kids safely with their families. However, we knew that although our model should be comprehensive, it needed to be flexible and capable of responding to the needs of *all* Hoosier families. As such, we developed our Indiana Family Preservation Services model, or INFPS (or, "family pres" as it is called in Indiana), using a foundation of evidence-based interventions that were already studied and much more widely available, but we added more research-informed and repeatable and manualized components. We required providers delivering INFPS to focus on the development of well-researched and understood protective factors—these are things that we know we can teach families, and when we do, they keep children safer. These protective factors include things like parental resilience (so many of our parents have had their own trauma when they grew up), social connectedness, so families have people they can lean on when they need help (raising kids is hard work—any parent will tell you that), knowledge of child development, so parents have realistic expectations for their kids, and *access to concrete support in times of need.* Much research exists about how families who have access to economic and concrete support when they need them have safer children. It is a well-researched and clearly identified protective factor *(https://cssp.org/wp-content/uploads/2018/08/SF_Concrete-Support-in-Times-of-Need.pdf)*. While the value is apparent, the challenge has been how to manualize the provision of these supports, which is increasingly important in a "Family First" world. We wanted to ensure that these valuable resources could be used, when needed, to prevent removals and to keep kids safe, and that is what we did. The INFPS model requires that concrete support be provided to families when not doing so would result in children having to come into foster care. That is the plain language in our manual, and it is clear those supports have been some of the most valuable interventions we have provided since we launched the service—statewide—on June 1, 2020.

Here is one example of how the provision of concrete support within INFPS has impacted a specific case. DCS was called about a neglect allegation involving a single mother who had seven children, all of whom were school-aged or younger. This mother worked but struggled financially. DCS was called because she was unable to take all seven of her children in rural Indiana to school and/or daycare at the same time so that she could go to work. She took them in "shifts" leaving some children home alone. This resulted in the neglect allegation and the opening of a DCS case. The provider delivering INFPS to this family recognized what this mom really needed to ensure that her children could all be transported together—a bigger vehicle—and used the concrete supports built into INFPS to purchase her a used minivan. That $3,000 van "solved" the reason for DCS's involvement and very likely prevented seven children from coming into foster care, which is exactly what most likely would have happened prior to INFPS. In addition, had foster care been the

outcome, the likelihood that all seven children would have been placed together in the same foster home is very low, with the resulting separation of siblings further adding to the trauma each child would have experienced. Further, while Indiana has been working very hard to reduce the time that kids spend in foster care, we know that nationally children who enter foster care spend on average 15.5 months in out-of-home care, with costs often exceeding $100/day per child (often much more). The $3,000 cost of the minivan is a "bargain."

When the financial costs of foster care are considered, let alone the emotional, developmental, social, and mental health costs, the value of providing concrete support to prevent removal, assuming it is safe to do so, is hard to overstate. This is what we have built into our repeatable intervention, and now, nearly 4 years to the day later, and with 95 provider agencies across the State delivering INFPS, we have served over 27,000 kids and nearly 14,000 families. We have seen the number of kids in out-of-home care drop by more than 50 percent from our peak, and markedly improved child safety as well. More kids are home with their families with their well-being and all their known relationships intact. While this has been gratifying, what has been even more inspiring is the drastic improvement to our removal disparities by race. We have seen a 66.9 percent decrease in our Black/African-American removal disparity, and an extraordinary 86.2 percent reduction for our multiracial children. This is measured by how many *more* children of these races were removed per 1,000 than their White peers from our peak disparity levels. Indiana's goal is that there is *no* removal disparity by race in our State. Importantly, we are very close to that reality.

As previously mentioned, not only has Indiana seen the number of children in foster care reduce dramatically, but we have also seen marked improvement in child safety. This is evidenced by the percentage of children who have experienced substantiated abuse and/or neglect who go on to experience *another* abuse or neglect event within 6 months. The benchmark (established by the Children's Bureau for Indiana) was set at: at least 94.6 percent of children will *not* have another maltreatment event within 6 months. I am thrilled to say that beginning in February 2022, Indiana exceeded that target with 94.95 percent of our children not experiencing repeated maltreatment that month. What is more, we continued to exceed the target for 24 straight months. More children were home, and they were safer, which is the clear goal of not only INFPS, but also FFPSA.

Just last month INFPS was designated a "Promising Practice" by the California Evidence-Based Clearinghouse for Child Welfare *(https://www.cebc4cw.org/program/indiana-family-preservation-services/)*, and it is currently under review by the Title IV–E Prevention Services Clearinghouse. While we are hoping for a favorable review as it will allow us access to significantly more funds to do this work, we also see other areas where FFPSA can be improved to help realize the lofty goals of this research-informed legislation. First, it is clear that economic and concrete support when available to families helps to keep kids safe, and FFPSA should be amended to allow for more access to them for families whose children are at risk of foster-care entry. The Prevention Services Clearinghouse should give special consideration to models that include access to concrete support and should consider adding a separate category altogether to the four existing service areas for concrete-support-alone models. These models could then be available to pair with other models from the Mental Health, Substance Abuse, In-Home Parent Skill-Based, and Kinship Navigator categories to increase their impact. FFPSA has the potential to holistically reshape our country's approach to child welfare. It can take the country to a place where we no longer remove children from their families for things that could have and should have been addressed proactively. It can very likely dramatically reduce the number of children in care, without increasing risks to safety and result in *significant* cost savings as well. FFPSA can do all of that while protecting children's well-being and futures.

Second, the notion of "foster care candidacy" should be reconsidered to allow evidence-based interventions to be delivered with the families upon which they were studied. Indeed, that is what Indiana did in integrating Healthy Families America into our Title IV–E Prevention Plan, and it was not easy. Healthy Families Indiana is a phenomenal model, and that is not just my opinion. It has been well-researched and is listed as "well supported" on the Title IV–E Prevention Services Clearinghouse. Most importantly, I know it is a phenomenal model from Indiana's outcomes, too. We have had Healthy Families available in Indiana for over 30 years, and it is available in all of our 92 counties. Over 10,000 families participate in the service every year going back to well before the passage of FFPSA. Over those now-30 years, almost none of those families have experienced substantiated abuse or neglect

allegations or any formal involvement with DCS. None of those families participated in the service under the threat of losing their children to foster care. When Healthy Families Indiana appeared as "well-supported" on title IV–E, I knew I wanted to find a way to integrate it into our Prevention Plan. However, I wanted to deliver the program in the manner that it was intended. The Federal definition of "foster care candidacy" is families whose children who are at risk of "imminent risk of entering foster care." Healthy Families Indiana targets more upstream before there is an imminent risk. Fortunately, the Children's Bureau communicated to States consistently after the passage of FFPSA that they could "further define" candidacy, and I took Jerry Milner at his word and crafted our definition of "candidacy" to include families who participated in Healthy Families. While it was not easy and it took many discussions with the Children's Bureau, Indiana's Prevention Plan was approved with that definition in place on June 30, 2022. Since then, other States have also successfully followed suit and prevailed with the Children's Bureau. While fortunate, it should not require so much deliberation. States should be empowered to implement models that appear on the Title IV–E Prevention Services Clearinghouse with the youth and families for which the models were developed and upon which they were researched. Making this shift would allow resources to be moved further upstream and help families before they are ever involved with Child Protection Services.

Another recommended change is to remove the requirement that at least 50 percent of a State's prevention services' spending be on well-supported interventions. While it is understandable to want title IV–E funds to be used on the most researched and effective models, this has unintended consequences. First, given that well-supported models are eligible for a waiver for the evaluation requirement, States are choosing to *only* put well-supported models on their Prevention Plans to avoid the burdens and expenses of having to complete evaluations. This reduces the opportunity for models that have evidence of effectiveness but are not yet well supported from being further evaluated, or even available at all, despite possessing research support. Many emerging models, with INFPS being a very clear example, are just now being evaluated on their effectiveness with specific populations, and many models that are designated as "well-supported" have not been studied on special populations at all. This is despite encouragement to have evidence-based programming available to these groups and the emphasis that the Title IV–E Clearinghouse has on evaluating models that do have evidence of effectiveness with unique groups. Since launching INFPS statewide in Indiana in 2020, there is clear evidence that special populations are benefitting as demonstrated by a stark reduction in removal disparities. However, even in an ideal situation, the model can only reach a "promising" level of evidence because it has not had the opportunity to be evaluated enough to attain a well-supported designation. INFPS is an intervention that helps keep kids safe and out of foster care, and it is effective across *all* populations (see Table 1 below). INFPS launched June 1, 2020, and although the model was only available for 7 months that year, removal disparities went to new all-time lows for both Black and multiracial children and continued to reduce each subsequent year with 2022 being the most current data available. The requirement to have 50 percent of a State's spend be on well-supported models will directly impact the Federal resources available to deliver the model in Indiana and will also limit its ability to be implemented in other States as well. I believe strongly that outcomes like Indiana's are possible anywhere with an intervention like INFPS.

Table 1: "Black Disparity" and "Multi Disparity" Reflect How Many More Children of That Race Per 1,000 Were Removed as Compared to White Removals for That Calendar Year

Calendar Year	White removal per 1,000	Black removal per 1,000	Black disparity	Multiracial removal per 1,000	Multiracial disparity
2012	3.97	8.38	+4.41	9.61	+5.62
2013	4.65	7.93	+3.29	11.08	+6.37
2014	5.78	9.68	+3.93	13.6	+7.84
2015	7.10	10.82	+3.76	17.05	+9.85

Table 1: "Black Disparity" and "Multi Disparity" Reflect How Many More Children of That Race Per 1,000 Were Removed as Compared to White Removals for That Calendar Year—Continued

Calendar Year	White removal per 1,000	Black removal per 1,000	Black disparity	Multiracial removal per 1,000	Multiracial disparity
2016	7.77	12.14	+4.38	19.08	+11.34
2017	7.56	11.35	+3.82	18.15	+10.50
2018	5.91	8.54	+2.63	13.51	+7.5
2019	5.24	8.52	+3.28	12.25	+6.93
2020	**4.81**	**6.92**	**+2.13**	**10.38**	**+5.42**
2021	**4.33**	**6.02**	**+1.69**	**7.41**	**+3.11**
2022	**3.87**	**5.33**	**+1.46**	**5.43**	**+1.56**

Thank you again for the opportunity to be here today. I look forward to answering your questions

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QUESTIONS SUBMITTED FOR THE RECORD TO DAVID REED, MSW, LCSW, CSAYC

QUESTIONS SUBMITTED BY HON. JAMES LANKFORD

Question. You mentioned in the hearing that child welfare services, especially preventive services, can be given to families when they apply for other benefits, such as Temporary Assistance for Needy Families.

How can the Federal Government incentivize States to streamline child welfare services with other services?

Answer. Anything that can be done to remove "red tape" and reduce complexity would be extremely helpful. Families may face additional challenges if they do not have access to additional support, and when they are experiencing financial hardship their children are at increased risk of entering foster care. For example, it can be very difficult for parents who are in crisis to understand lengthy application processes and complex rules. Indiana has had success helping families navigate these processes through the implementation of our Indiana Family Preservation Services (INFPS) program that was described during the hearing (that is currently being reviewed by the Title IV–E Prevention Services Clearinghouse). That program requires the provider serving the family to deliver comprehensive services and to prioritize the development of well-researched "protective factors," which includes access to concrete support in times of need. The provider is motivated to assist the family with any potentially helpful applications (Medicaid, SNAP, housing assistance, et cetera). This has helped get more of the families served access to these supports and has prevented children from entering foster care due to lack of economic and concrete resources. While, at this time, this program is only available to families that have open child-welfare abuse and/or neglect cases, the model has been effective at getting families what they need. The Federal Government should consider funding "resource navigators" that would be trained on all available Federal resources, which could benefit families eligible for services (including those families further "upstream" with no child-welfare involvement), and who can help ensure applications are completed timely and correctly.

Another opportunity worth exploring is how to enable better partnership between mental health providers and child welfare agencies. For example, the requirement that other Federal funding sources be used prior to using IV–E funding sometimes causes confusion and lack of collaboration between the parties involved. A better approach, at least for families that are receiving FFPSA prevention services, could be to remove this requirement. Prevention services are not necessarily tied to any diagnosis or "medical necessity" and are specifically used to keep families safely together. If a State is delivering a prevention service to a family in which there is a "foster care candidate" (though, as stated in my written testimony before the hear-

ing in my response to the next question, I would like for the notion of "candidacy" to be revisited), they should be able to fund the service with IV–E.

Lastly, while I am a very strong advocate for families and for keeping them together whenever it is safely possible to do so, when kids need to enter foster care due to unresolvable safety concerns, access to IV–E funding to support their placements should be increased. States' ability to access IV–E to support youth in foster care is limited by the tie to Aid to Families with Dependent Children (AFDC) eligibility criteria which hasn't been updated since 1997. This limits the number of youth eligible for IV–E support. If States had more access to IV–E for kids who need to come into care, they could provide better placement supports that should translate into improved placement stability (an issue that was discussed during the committee hearing), improved child safety, and ultimately better family-based permanency attainment with fewer youth "aging out," which I know is another critical concern and one that you mentioned during the hearing. IV–E funding for youth in foster care should be given additional flexibility to help ensure intentional permanency efforts are in place while helping to better support substitute caregivers.

Question. How can States better streamline their child welfare services with other services?

Answer. Finding ways to move services for families more "upstream" would be helpful. Families should not have to have child welfare in their lives to receive supportive services. Unfortunately, there are examples where, due to a lack of access to non-child-welfare-funded/provided services (substance use treatment services, mental health services, parent education services, childcare and housing services, et cetera), families have ended up with open child welfare cases. As described in my testimony, I propose that access to title IV–E-funded prevention services no longer be tied to "foster care candidacy." A better approach is to make services available earlier to families, in the way they were specifically designed. Every service on the Clearinghouse has a "target population," and rarely is that a family that without services is going to have their child enter foster care. States should be able to access IV–E funding for families who "fit" the specific population the prevention model was designed to serve. This would not only increase the number of services funded by title IV–E prevention dollars, but it would ensure the evidence-based models being funded are actually delivered in the way in which they were intended (as opposed to a family with a child "at imminent risk of entering foster care" as is stated in the Federal definition of a "foster care candidate").

Question. How can the Federal Government incentivize States to streamline child welfare services with work and training resources for family members?

Answer. Improved access to quality and affordable child care will be critical for this to be successful and achieve the goal of more families being safe, together, and self-sufficient. With child care being so expensive (current national estimate is nearly $19,000 per year, per child), it is not uncommon for parents to choose to stay home rather than pay for child care. While this time at home can be very valuable bonding time between parents and children, parents who stay home may not be developing new job skills or receiving valuable employment experience that will likely benefit their family circumstances later. In addition, as is described in ACF's Children's Learning and Development Benefits from High-Quality Early Care and Education: A Summary of the Evidence,[1] there are a number of benefits that children receive from attending high-quality child-care programs, including improved cognitive, emotional, and social development. If families can trust that their children are in a safe and high-quality child-care program, and it's a program they can afford, they can focus on developing and improving their own skills and take advantage of work and training resources that can increase their earning.

Question. The Title IV–E Prevention Services Clearinghouse has 177 programs or services, but only 80 meet one of the three criteria. Furthermore, only 18 of the items in the clearinghouse hold the well-supported designation.

Is the "well-supported" designation too strict?

Answer. I don't know that the requirements to obtain a "well-supported" designation are too strict, and I support "well-supported" being the "gold standard" of evidence, which does require sufficient rigor in how programs are evaluated. However, I believe the requirement that States have at least half of their title IV–E claiming be spent on well-supported models has an unintended consequence by States only

[1] *https://www.acf.hhs.gov/opre/report/childrens-learning-and-development-benefits-high-quality-early-care-and-education.*

choosing well-supported programs for their title IV–E prevention plans to ensure that requirement is met. This is preventing newer models that simply haven't been around long enough to be adequately studied to earn the "well-supported" designation from being more widely implemented across the country. As a result, it keeps them from being further evaluated so that they can move up the evidence spectrum. While it is understandable to want the bulk of IV–E claiming to be on the most-researched models with the strongest evidence, it limits the interventions that are available to States and has kept them from innovating. If a model has sufficient evidence to earn at least a "promising practice" designation, States should be able to access it using Title IV–E Prevention Services funds without having to have an equal or larger amount of spend on a well-supported intervention. Moreover, there are only a very limited number of well-supported interventions, as is stated in this question. While I do not think there should be any restrictions on States implementing promising practices that have demonstrated research effectiveness, if there is a desire to continue to emphasize well-supported models over newer ones with less evidence, a compromise could be an increased claiming percentage for well-supported models. This would help to achieve that goal without adding unnecessary complexity. One proposal would be allowing States to claim 60 percent for well-supported, 50 percent for supported, and 40 percent for promising., Although, transparently, I would advocate for 50 percent for all evidence-supported models regardless of evidence level and for an expansion of what can be designated "promising" by the Title IV–E Clearinghouse. The expansion could include special populations, like those in rural areas, which has been a well-documented need that was discussed in some detail during the hearing.

Question. How can the number of programs services that meet one of the three criteria be increased?

Answer. One solution is to end the Title IV–E Prevention Services Clearinghouse and instead allow States to use the California Evidence-Based Clearinghouse for Child Welfare (or CEBC, website: *https://www.cebc4cw.org/*). This clearinghouse has been in place since 2006 and has 575 programs and tools that have been researched and evaluated, with 314 having at least promising evidence and child-welfare relevance (including the Indiana Family Preservation Services, or INFPS, model previously described and discussed in both my written and oral testimony during the hearing). The CEBC also flags models that have no evidence of effectiveness or even have concerning/harmful results. This capability could be used to ensure that Federal funds are not used to support ineffective interventions. Here is the link to the INFPS model on the CEBC for additional information: *https://www.cebc4cw.org/program/indiana-family-preservation-services/*. There you can see that the model has "promising research evidence" with a "high" child-welfare relevance. It has demonstrated effectiveness at helping families with a history of abuse and/or neglect keep their children safer and is a model that should be able to be fully supported by Title IV–E Prevention Services funds.

Question. How can the number of programs and services with the well-supported designation be increased?

Answer. Again, I would point to utilizing the CEBC instead of the Title IV–E Clearinghouse. The CEBC has 51 models and tools rated as "well-supported research evidence," with each having child-welfare relevance. This is nearly three times as many well-supported models as the Title IV–E Clearinghouse. Switching to the CEBC would allow States the flexibility they need to implement more targeted interventions that are more likely to be effective in their specific State and communities, particularly if the 50 percent claiming on well-supported models were to be discontinued.

Question. I have received feedback in my State that it's sometimes difficult to understand how the programs and services in the clearinghouse can be best implemented.

How can the Federal Government make States, agencies, Tribes, and providers more aware of how to best implement the programs and services that are approved in the clearinghouse?

Answer. Limiting the interventions to families in which there is a "foster care candidate" is what is causing some confusion and is also preventing IV–E funds from supporting evidence-based prevention work. I believe the notion of candidacy should be revisited, and that families, parents/caregivers, and youth who fall into a particular model's "target population" (which is described for every model on both the Title IV–E and California Clearinghouses) should be eligible for IV–E-funded

prevention services, provided the chosen model is being implemented to fidelity. In addition, removing the complexity around the requirement that at least 50 percent of a State's claiming be on well-supported models would also help to reduce confusion and allow States to prioritize models that have a target population that fits the specific presenting challenges that a State or community has identified. This gets supports and interventions further "upstream" and will prevent more kids from ever experiencing abuse and/or neglect.

Question. Congregate care for foster children has diminished in recent years.

What is the appropriate role of congregate care settings?

Answer. FFPSA has a research-informed view of congregate care settings and recognizes that children and youth should not grow up in such places. We know clearly in our research that kids do best with family, ideally their own, and that group-care settings should only be used for the reasons outlined in FFPSA (for short-term shelter while a thoughtful placement decision is made for a youth, for residential treatment with an objectively identified need for such care, or to address the specific needs of the "exception" populations identified in the law—youth who have been or who are at risk of being trafficked, programs for youth over age 18 that focus on development of independent living skills, and programs for pregnant or parenting youth). Additionally, an argument could be made to allow youth under age 18 (perhaps as young as 16) to be able to be placed in group-care programs to build independent-living skills. However, while this should this be allowed with title IV–E funds, it should be limited and thoughtful to not give up on finding family-based permanency for youth. Developing an objective process with an evaluation, similar to what is used for admission to a Qualified Residential Treatment Program (QRTP), could help safeguard this from being overused while better ensuring that youth likely to "age out" are able to receive the benefits without having to wait until age 18.

Question. What are their strengths and how can these strengths be better used?

Answer. The advantage of some group-care programs is their ability to provide better placement stability for youth who have experienced multiple disrupted foster-care placements. High-quality group-care programs with committed leadership and staff with ample resources have demonstrated an ability to provide such youth with better placement stability than they've experienced in foster care. This improved placement stability allows youth to attend the same high school and hopefully graduate, as opposed to youth who struggle to graduate due to frequent moves. That said, I still believe that placing youth in group care should be rare, and a better solution to youth frequently disrupting foster care placements is to provide more robust supports to foster and kinship caregivers so family-based placement stability is improved. Having a youth connected to a family with lasting supportive relationships as they enter their adult lives is invaluable and must continue to be the priority.

QUESTION SUBMITTED BY HON. ROBERT P. CASEY, JR.

Question. Post-adoption services play a critical role in assisting families that have adopted children from foster care. Support may be needed years after an adoption, particularly around mental health-related challenges. Unfortunately, some children who are adopted ultimately reenter foster care because their adoptive families are no longer able to care for them. Many States have listed children adopted from foster care as potential "candidates for foster care," or children at imminent risk of reentering the child welfare system.

Have you seen any best practices for using FFPSA funds on post-adoption services to support children adopted from foster care and their adoptive families?

Answer. As stated above, I believe the notion of "foster care candidacy" should be reconsidered, and I would suggest that any youth who was adopted, whether privately or from foster care, should be categorically eligible for title IV–E-supported services. This should also include all members of the youth's adoptive family (research is clear that involving caregivers in services is critical to truly helping youth—nearly all of the services that have obtained at least a promising-practice designation involve caregivers and are not one-on-one services with just the youth).

Our Indiana Family Preservation Services (INFPS) model does allow adoptive or kinship parents to participate, and while it is partially funded with FFPSA title IV–E prevention services, if the Title IV–E Clearinghouse gives the model a favorable

review and designates it as a promising practice, all of the program's cost will be claimable to IV–E. I would say that it is an example of a best-practice intervention to support adoptive families and to prevent disruptions.

QUESTION SUBMITTED BY HON. MAGGIE HASSAN

Question. I want to focus on the ways in which community partners can work in an interdisciplinary way to ensure that families in need and children who have experienced trauma get the help and support that they need. In New Hampshire, the Manchester Police Department has partnered with the YWCA and Amoskeag Health to form Adverse Childhood Experiences Response Teams. Through this partnership, when police respond to an incident that involves families in need and/or children at risk, they partner with mental health professionals, crisis center advocates, and family support advocates to connect families to services, ensuring not just a referral but what is known as a "warm handoff" to critical services.

How does investing in collaborative, research-based prevention strategies like these help protect children?

Answer. I have been working in child welfare and mental health for 30 years, and during those 3 decades we have learned so much about trauma exposure and how to best respond to people, including children, who have experienced it. In fact, the Adverse Childhood Experience study, originally conducted by Kaiser Permanente and the CDC, started soon after I began my career in the mid-1990s, and it was landmark research with many valuable "takeaways." One of the takeaways was how caregivers respond to children who have experienced trauma is critical to how well they recover and heal. Having trained professionals who understand how to respond to trauma-exposed families and children is a research-based approach to helping, and it should predict better recovery from the trauma that these individuals have experienced. The notion of a "warm handoff" is also based in research as that better predicts engagement in services. We know that people who have experienced trauma are often overwhelmed by it, and often unable to think clearly or process information. Telling someone who is in this state of mind to call a number and request services is very likely going to have limited effectiveness as many individuals simply won't follow through on the suggestion due to their inability to think clearly. The person-to-person approach described in your question is much more likely to be effective and predicts not only better engagement in services, but also better healing for everyone who has experienced the trauma.

PREPARED STATEMENT OF LAURIE TAPOZADA, KINSHIP CAREGIVER, PEER MENTOR, AND KINSHIP NAVIGATOR PROFESSIONAL

Chairman Wyden, Ranking Member Crapo, and members of the Senate Finance Committee, thank you for your leadership, for holding this important hearing, and for inviting me to share my story and perspective. It is an honor to be here.

My name is Laurie Tapozada, and I am a kinship Grandma. Today I am speaking to you wearing two hats—one is my personal experience, and one is my experience working in Rhode Island with hundreds of grandparents and other relatives raising children, also known as grandfamilies or kinship families. I am also a member of the Grand Voices Network of Generations United, which treats me to a wider view of kinship care across the country. I am raising my now 9-year-old grandson, who is the light and love of my life and the biggest blessing I have ever received. At the time that it all happened, I was not thinking like that. I was in the process of selling my home in Rhode Island and I had already purchased a house in Florida, where I was heading to start a new career in real estate and where life was finally going to be all about me now that the kids were grown. It had been a rough few years with one of my daughters who had some serious mental health challenges.

One day this same daughter asked if I could babysit my infant grandson while she went to the mall. Well, she did not come back, and DCYF placed my grandson in my care. It felt like a scary disaster which blew up all my plans, and it had also been a long time since I had cared for an infant. I was at a loss! I needed to find child care for my grandson so I could go to work. I had to get a quick education on modern safety methods for babies. You mean you can't even cover them with a blanket to sleep? No stuffies, no crib bumpers? I felt like I needed an engineering degree to install the car seat—backwards! At first, shock kept me going, and then as the reality sank in that I would be caring for him for the foreseeable future, a

tidal wave of emotions swept through. My grandson, at 8 months old, sank into a depression and cried and screamed out his pain that his mother had disappeared. I had nobody to turn to and was very isolated. I had to sell my home in Florida and take the one I was in off the market.

Today we are here to talk about the Family First Preventive Services Act and the impact it has had. I am here to say that the impact is immeasurable. It recognized and invested in services that help kinship families like mine even if our kids aren't in the foster care system. When this was all happening to me, the act had not been passed yet. I did not know a single other family like mine. My lifelong friends began to drift away because there were so many things I could no longer do with a baby in tow, and many had lost their patience for babies anyway. My family system was fractured, and always giving unwanted and unloving advice. I had to leave my job because it required long hours and travel, so finances began to be very stressful. I was not aware of a single resource for families like mine, partly because there weren't any! So that was pre-Family First Preventive Services Act—nothing! A desert!

One day a friend of mine called to say to call a small grass roots organization, the Village for RI Foster and Adoptive Families. "They will understand; they support families like yours." I called, cried my heart out for one straight hour, then became very involved with the Village. They became my community. It is a peer-support organization, and everyone in the Village had been through their own journey. Having them changed my life, and once I was through the worst of my experience, and I had finally adopted my grandson, I wanted nothing more than to help other families going through all this. I did not want them to feel the fear, the grief, the anger, the resentment, the isolation, the stress, all by themselves. We did our best for kinship families but had very limited resources to provide any type of material help.

In 2019 when the kinship navigator funds came through, the Rhode Island Department of Children, Youth, and Families hired me to build supports for kinship families involved with the Department. We created a peer mentor program that is a kinship navigator program in which the navigators are all kinship families with lived experience themselves. We formed a Statewide Kinship Advisory Council, we partnered with community organizations (including the Village) to offer kinship specific support groups and kinship targeted family events. We also designed and developed some training for staff working directly with kinship families. We helped them to understand the stressful nature of the kinship experience. We explained why kin families are reluctant to ask for help. We gave them strategies for working effectively with our kin families. Now, when kin families receive sudden placement of their kin children, they are given resources right away, from material things, like beds, cribs, car seats, and clothes, to connecting them with community resources and training.

While the supports for families involved with the Department had come a long way and did so much good, my concern for families not involved with the Department was growing. So many families out there were isolated and not having a clue about resources and supports available. For every child raised by kin inside the child welfare system, there are 18 children being raised by kin "informally" outside of foster care. The funding that Rhode Island had received for the peer mentor program was not enough to cover all the kin families involved in the Department, much less those not involved.

In January I left the Department to begin outreach work with the Village to those informal kin families. They are not always easy to engage, for several reasons including fear, trust, and embarrassment. When we do engage with a new family, they always say, "Where were you X months/years ago?" The needs for these families are significant from financial, to legal, to mental health services, to help their children in school get the services they need, to a growing and heart-breaking problem—housing.

I don't need to tell you about the affordable housing crisis in this country, but seeing its impact on grandparents who have sacrificed everything, including retirement savings, to care for these children is more than I can take. You have to trust me when I tell you that working frantically with a grandmother in her seventies raising her two grandchildren, trying to keep them out of her car as a home is a horrible and haunting experience. And that is just one experience. We need stable, affordable housing for our kinship families. In some States, kinship designated housing is a reality, like the Plaza West grandfamilies apartments right here in DC for example. I have a dream for dedicated apartments like these for Rhode Island,

but in the meantime there must be ways to keep kinship families housed in safe and stable housing. We need funds that can be put toward housing expenses and emergencies.

In addition to housing assistance, more peer mentor programs are needed, meaning kinship navigator programs where the navigators are also kin families with lived experience. Having a peer navigator makes establishing trust much easier and smoother. When working with a peer navigator, you feel understood. You know this person has been through it. You don't feel judged, and you let go of the shame. The nicest agency person in the world still faces formidable obstacles to build trust and engage with kinship caregivers. These navigator programs are needed for *all* kinship families, whether they are involved with the child welfare system or not, whether they are headed by grandparents, aunts and uncles, adult siblings, or a neighbor or teacher. We need sufficient resources to serve all families who need support. In the U.S. we have more than 2.4 million kids being raised by kin. Supporting these families is *preventative* work, helping to keep kids out of foster care.

Leaving kinship families struggling on their own with no supports means that sometimes they come to the end of their ability to carry on. Without support these kids are at risk of ending up in the foster care system where we were trying to prevent them from going in the first place. Are you aware that kinship caregivers save this country approximately $4 billion each year by preventing kids from having to enter foster care? Not to mention the more priceless contribution of minimizing the trauma of being removed from home, and raising healthier kids who have better long-term outcomes than kids that must go into foster care to be raised by people who are strangers to them.

You asked about roadblocks. One huge barrier to getting more kinship navigator programs up and running and meeting criteria for evaluation are the stringent evaluation requirements from the Title IV–E Clearinghouse. For many years I worked in large corporations and believe me, these corporations want to know if the money they are spending on a program is producing the results they are looking for. There are many ways to evaluate a program's effectiveness and the rigorous requirements outlined by the Title IV–E Clearinghouse, including using an experimental model with control and experimental groups, are not necessary. No State can do this without using expert consultants which adds a significant cost burden to the organization. Revisit those requirements and redefine the methodologies to measure the effectiveness of a program to put them within reach of the organizations building these programs.

Another barrier is the restriction often placed on what the navigator funds can be spent on. Every kinship family has a unique story and unique strengths and unique needs. At the Village we spend a fair amount of time running around trying to help a family with a pressing need that there are no readily available funds for. We need a flexible budget for these material needs, for example, camp or activities in the summer, driving education and car insurance for a youth, money to catch up on utility bills or rent—and transportation is a chronic need. Federal policy should make explicit that kinship navigator funds can be used to help families with concrete needs.

We as kinship caregivers don't fit neatly into any existing systems. We sort of have a small place in systems for older adults for the caregivers who are 55+, but we are largely an unknown minority in the systems created to support family caregivers. We are ignored on the outskirts of systems for parents with school aged children. We need to evolve systems so they place us at the center. We are critical for the well-being of this Nation and its children. And we are not going away. Because unfortunately the problems that make kids end up in our care are not going away. In fact, more and more grandfamilies are forming every day. The opioid epidemic and COVID–19 pandemic have played a significant role in the growth of our numbers. I mentioned that there are more than 2.4 million kids living in a relative kinship home. That is 3 percent of our children. In some States the percentage of children living in kinship homes is much higher. In Rhode Island, a staggering 9 percent of our kids live in kinship homes.

Please help us to do the important stuff—raising our kin children to be happy healthy adults with a strong sense of self and family, who can be self-sufficient and successful. Our work is not easy especially for us grandparents at our age. We feel silly running (or an approximation of running) around the field playing mommy and me soccer with all the 20- and 30-something parents. But we do it with all our heart and all our love. Please support us.

RECOMMENDATIONS

1. Put an emphasis on developing peer-to-peer programs including peer kinship navigator programs, which have been demonstrated to be more effective than programs that do not engage peers.
2. Develop dedicated funding to assist with housing for kinship families.
3. Review the Title IV–E Clearinghouse requirements for evaluation of kinship navigator programs by, removing unnecessary barriers to getting programs accepted into the Clearinghouse.
4. Continue annual funding for kinship navigator programs to help them operate and pay for evaluation.
5. Have a budget item for providing for necessary concrete goods and material needs that is not predefined in order to give the families what they need without requiring the children to come into foster care!

QUESTION SUBMITTED FOR THE RECORD TO LAURIE TAPOZADA

QUESTION SUBMITTED BY HON. ROBERT P. CASEY, JR.

Question. FFPSA promotes family-based and kinship care when children cannot safely remain with their parents, and evidence suggests such family placements support the well-being of these children. However, some potential kinship caregivers are unsure of their ability to care for children experiencing behavioral health challenges. States and localities also report shortages of foster families, including those who are able to accept a child requiring a higher level of support.

How can we help foster families and kinship caregivers get the support they need to care for children with complex trauma and behavioral health challenges so that these children can be placed and remain in a family setting?

Answer. Thank you for this excellent question. Both foster and kin families do need extensive support to safely care for children with severe behavioral needs. In my experience the families that are able to keep these children safely at home have access to:

1. **Peer support for the caregiver** through peer navigator support programs and support groups. These peers provide emotional support, connect them to resources and also often have good guidance for situations that they have experienced themselves. The relationships formed in support groups with other kinship caregivers become a steady support of support and mutual assistance even outside the support group. Having these supports in place really can make the difference between having to give up and being able to continue to care for our hurt children.
2. **Quality in-home clinical services** for the child that also work with the caregiver to help teach how to handle the behaviors (I deliberately use the word quality because I have observed agencies that send workers in for these services who are often inexperienced and not adequately trained to do this challenging work).
3. **Respite is critical for kinship caregivers** caring for a child with complex trauma and behavioral challenges is exhausting and often disruptive to the rest of the household. Periodic breaks from caregiving are essential for caregivers to rest and replenish their emotional well-being. A mini form of respite could be programs where workers establish a relationship with the child and take them into community a couple of hours once per week, along with regular respite of an overnight or a weekend.
4. **Twenty-four/seven on-call emergency support** when children are having meltdowns or are on the way to becoming aggressive, destructive, violent or self-harming. Families are often advised to call 911 to have children taken to the hospital for evaluation, and sometimes this is necessary. However, if families can navigate through these crises without sending the children to the hospital it builds feelings of confidence that they can handle it and also builds stronger relationships. Children feel safer if they can trust a caregiver to handle their behavior.
5. **Evidence-based positive parenting training programs** have been shown to decrease parent stress, improve parent-child relationships, improve child

mental health, and decrease harsh or punitive disciplinary practices. Programs like the Incredible Years and Positive Parenting Practices (Triple P) can and should be modified to serve kinship caregivers. Taking one of these programs with a general parent group can be disheartening, as what the kinship caregiver is experiencing is likely to look quite different from other participants.

All of these things require ongoing and consistent funding of kinship navigator programs to be able to find and refer our kinship families to these supports and services.

PREPARED STATEMENT OF HON. RON WYDEN,
A U.S. SENATOR FROM OREGON

Over a decade ago, the Finance Committee decided it was time to do something to improve our Nation's approach to foster care and help families stay together. Back then, it was clear that there were two options: keeping a kid in a home where there were serious problems, or taking them away from their family and placing them in a foster home or an institutional setting where they often would end up more traumatized than they started off.

When late Chairman Hatch and I started our bipartisan work on foster care, we knew it was essential to create a third option to help kids and families: that became the basis for our Family First Prevention Services Act.

As the committee meets today, we are 6 years removed from that bill becoming law, and it remains a top priority of mine and this committee to examine how this law is being used to improve the foster care system, and how States can better realize its full potential.

Family First centered around three priorities: prevention, strengthening kinship care, and ending the traumatizing practice of warehousing vulnerable kids. Kinship care changed the status quo. Family First provided new funding to empower kinship caregivers—grandparents, aunts, uncles—to step in and care for kids, and make sure they have the help they need to provide a supportive and loving home.

I want to take a moment to thank the kinship caregivers in the room who made time out of their busy schedules to be with us today. And a big thanks to Generations United for supporting these wonderful caregivers here in the room and across today.

I'm glad to say that today we'll be hearing from kinship grandma Laurie Tapozada, of Rhode Island, who will share her firsthand experience being a caregiver before and after Family First, and how the law has improved her ability to care for her grandson after he was placed in her care back in 2015. Family First funding allowed Laurie to give back to her community by creating new supports for kinship families, building the Kinship Advisory Council, and developing trainings for other families. As Laurie puts it, the landscape looks much different now, but we still have a long way to go.

Next up, I'll touch on prevention. Sometimes, in order to prevent the need for foster care, mom and dad might need a little help. Maybe a parent needs mental health care or substance use disorder treatment, or parenting training and support, or maybe the family needs to do family therapy. Or maybe parents just need help meeting the family's basic needs. So, under Family First, we created new Federal funding for those services.

This committee will hear today from David Reed from the Indiana Department of Child Services, who will share how his State is implementing services like parenting classes, treatment for substance use disorder, and mental health care, and how these resources are helping families stay together. And while the vast majority of States, like my home State of Oregon and Indiana, have submitted plans to use these new Family First prevention dollars, 6 years on, many States are still not taking full advantage of the funding available to them.

There are two big factors at play here: first, some States are not taking full advantage of getting help for kids. And second: many States that have asked for this funding are being met with government roadblocks and red tape. As a result, last year the Federal Government spent just $182 million on prevention services, while we spent over $4 billion on traditional foster care. Clearly priorities are out of

whack. The government can and must do better to get this funding out the door to States that ask for it.

The committee is also joined today by Commissioner Jones Gaston, who heads up the Administration for Children, Youth, and Families. I look forward to hearing about her leadership on prevention, getting an explanation from her on why more prevention funds aren't making it out of the door, and how exactly the Administration for Children and Families plans to change course.

And finally, Family First worked to bring an end to the policy of warehousing vulnerable kids in large buildings that are more like prisons and leave kids more traumatized when they leave than they were when they entered.

There's no denying that foster youth struggling with mental health need a better support system, which is why under Family First, we created new requirements to get kids treatment and support and end the cycle of warehousing kids as a replacement for getting them the help they really need. Warehousing kids instead of helping set them up for success is lazy policy, and leads to worse outcomes for kids.

And let me be clear: anyone attempting to roll back the clock on these protections against warehousing kids are trampling on Orrin Hatch's legacy and will have to go through me.

There is no question that more must be done to meet the needs of kids in the foster care system who have mental health challenges. As chair of this committee, I've been using every tool at my disposal to address the ongoing youth mental health crisis and ensure young people are able to get the help they need, where and when they need it, but I think we can all agree that a good place to start is making sure kids can remain with their families whenever possible.

We made the Family First Prevention Services Act a reality 6 years ago, and we have come a long way, but we still have work to do to realize the full potential of this law and how it can help kids and families, and I'll continue my work to oversee its implementation.

COMMUNICATIONS

AIDILEYS
https://aidileys.org/

Hello, my name is Amy Betts. I am the founder of "aidileys," a NC non-profit organization supporting biological families within the "family court industry."

The "family court industry" as mentioned, includes various state and county courts, judges, clerks, attorneys, paralegals, GALs, counselors, social workers, reunification services, and supervised visitation centers, and other appointed "agencies," all acting under the guise of public service.

Reform of the family court industry is needed.

Key Issues include:

- *Unlawful Orders and Procedures:* Unlawfully created orders, ex-partes, policies, and procedures are being used to enforce threats, harm, loss of property, and the kidnapping and trafficking of children. Public servants demand reverence, and "law enforcement officers" threaten retaliation against parents.
- *Gender Bias and Violence:* Family court systems globally are impacted by deeply embedded gender bias, leaving women and children vulnerable to violence and immense suffering.

Statistics: (Journal info: Aidileys—Mental Health, Abuse, Legal Abuse)

According to a Human Rights expert, "Family court systems worldwide are being impacted by 'deeply embedded gender bias' which is leaving women and children vulnerable to violence and 'immense suffering.'"

Divorce and custody:

- 50% of marriages end in divorce;
  - For every 4 people you meet, 2 have been involved with Family Court
- 58,000 children are awarded custody to their abusers by this industry annually (And unlawfully taken from their protective mothers for speaking up)
  - Moms and their children are ordered "No contact" and "supervised visits" for speaking out
  - Moms "ordered" psych evaluations and drug tests against their will, with this industry's assistance
- 40% of childbirths are to unmarried women (Creating many situations where women's/mothers' rights are violated). Single moms are held to a higher standard.
  - Ordered drug tests and psych evaluations against their will
  - "Amber alerts" are "ordered" when moms are trying to protect their children—Moms arrested with fraudulent "kidnapping" charges for their children when they are trying to protect them

"Foster Care":

- There are 10,243 children in foster care in NC (2023)
- There are 5,616 licensed foster homes in NC (2023)
- **98% of reported maltreatment types is neglect (with no true set standard)**
- 20% of children in care less than 12 months have had 3 or more placements
- 42% of children in care less than 24 months have had 3 or more placements
- 70% of children in care more than 24 months have had 3 or more placements
- Over 5% of children age 12 or younger are placed in group homes or institutions
- 23% of children age 12 or younger at entry age out of foster care
- 77% of children age 13 or older at entry age out of foster care

- Over 10% of children experienced one or more recurrences of maltreatment within 12 months while in state care

Separation of children from their families is an Adverse Childhood Experience (ACE) that is particularly traumatic. Children are both biologically and neurologically connected to their parents.

Foster care, by definition, separates children from their families and communities. So, our public policy in foster care creates ACEs.

The state of NC does not require the agencies to notify the child, child's parents, and/or the child's GAL/attorney when the agency applies to become the child's federal benefits representative payee.

We cannot point to positive outcomes for children in the foster care system—high homelessness, incarceration rates, poor health outcomes, low educational attainment, reduced future earnings, etc.

Neglect comprises 87% of CPS cases in NC (compared to 75% nationally), and it is often correlated with poverty.

NC does not provide financial support to birth families to keep children in their families and communities when they struggle financially to prevent entry into foster care.

Rights violations that biological families are experiencing:

- **Custody Loss:** Children are being unlawfully taken from protective mothers and given to convicted abusers, and these children are also placed into the "foster care" system (Reasons for separating biological mothers "failure to protect" and more).
- **Retaliation:** Speaking out leads to fraudulent "orders" for things such as psychiatric evaluations, GALs, no-contact orders, supervised visitation, and more.
- **Unlawful Medications:** Children are sent to group homes and medicated against their biological mothers' wishes.
- **Financial Exploitation:** Biological parents are forced to pay outdated child support calculations and face severe penalties for non-compliance of the courts' "orders" to pay opposing counsel's attorney fees
- **Legal Abuse:** Courts create fraudulent gag orders, no-contact orders, and force mothers to pay for GALs involved in separating them from their children.
    - Claiming moms are crazy (by unqualified "experts" that carry no true standard for practice) and then unlawfully admitting moms into "recovery" clinics, as a way separating them from their children
    - Forcing biological parents to relitigate in court for the ability to see their children and have a relationship with them or parent them, while these "legal abuse" crimes continue to occur at the hands of the courts (there is no *oversight* or *accountability* in this court system).

* **There is no effective legal remedy for victims of these family court crimes.**

North Carolina must reverse the long-lasting harm done to individuals, families, and societies that have occurred at the hands of this "family court" industry. They must develop a greater "collective conscience" when considering the human rights dimension of multi-layered violence that many biological mothers and children experience when forced into this family court industry.

Some suggested solutions (Cabarrus county):

1. **Ethics Standards:** Implement enforceable ethics standards and a code of conduct for public servants.
2. **Transparency:** Open family courts to the public and install cameras (with recordings and transcripts easily accessible).
3. **Term Limits:** Establish term limits for NC judges and prohibit them from serving in districts where they practiced law.
4. **Discipline Commission:** Create an independent commission of citizens to oversee judicial and attorney conduct (no legislative or BAR members).
5. **Court Surveys:** Conduct surveys in family courts for external review by the Discipline Commission (mentioned above).
6. **Child Support Recalculation:** Engage NC universities in recalculating child support payments to ensure oversight and accountability.

7. **Bodily Autonomy:** Ensure women have the right to choose what they do with their bodies.
8. **Informed Law Enforcement:** Provide proper legal training to law enforcement officers.
9. **Eliminate Supervised Visits:** Remove supervised visitation requirements for mothers who speak out about abuse.
10. **Eliminate Amber Alerts:** Discontinue Amber Alerts involving biological parents.
11. **Remove Immunities:** Eliminate absolute immunity for NC State Bar members and qualified immunity for government officials.
12. **School Custody Orders:** Stop unlawful enforcement of child custody orders in public schools.
13. **School Finance:** Reallocate funding from DHHS to the Department of Education to improve teacher pay structures.

STATEMENT SUBMITTED BY CECIL ALVAREZ
Aberdeen, New Jersey

This is a true statement: the **Department of Children and Families** (DCF) has caused financial burden, physical stress, and harm for multiple years instead of helping my family, they traumatized my children and caused me thousands of dollars in damages without due process or probable cause.

Six cases from 2014–present all causing financial struggles. The current one is the one that has caused my family the most financial burden, since I am not complying with fraudulent behavior, tampering, and other unethical corrupted behavior.

Recommendations from DCF are forced since, if you do not comply, they use the courts to force you into contract with the fear of kidnapping the children or stopping parenting time.

DCF will not show you their records and make parents waste their time, money collecting records from medical and psychological evaluations compensating parents for their time and money spent.

DCF invades privacy, ruins plans and business of parents with no compensation.

DCF tries to drive parents and children crazy so they will need their services and continue asking the government for money.

DCF asks for signatures on social security number birth certificates.

DCF jailed me since I would not give my children over to a known abuser.

DCF works with the parent who is causing harm to break up the family and eventually remove the children from homes.

DCF requested to take children to the doctor they do not pay for copay or services. All doctors are from private insurance.

DCF Misdiagnosed my daughter for insurance purposes to gain more diagnosis and lock her up in a hospital for 4 days.

DCF makes children go to a psychologist every week but does not pay for it.

DCF changes documents appointments without notice to stress parents and then offer services they do not pay for.

DCF offers parenting classes but you have to pay for it.

DCF stated my case would be 9 months to a year for a psychological evaluation to gain more services. A psychological evaluation takes only 3 days. From day one they knew how long the case would take.

DCF tells children not to tell parents about their conversations causing stress upon the parent child relationship.

DCF causes gender confusion to children so they can want to transition into another sex.

DCF has not shown up to visits and made parents wait a half hour after an hour ride.

DCF does not pay for tolls, school supplies, school trips, clothing, or lunches.

DCF removed my children and registered them in school without probable cause or due process.

DCF ignores prior diagnosis and for everything asks parents to take children to the doctor so they can gain more services on doctors visits they do not pay for.

DCF would schedule hearing months apart to stretch out the time they have making it seem they need more time or case is complicated.

DCF does not help parents with food, home repairs, car services/maintenance after making stressful schedules for parents.

DCF makes parents drive one away to see children for 1 hour. They do not pay for gas car wear and tear and want my parents to bring food or snacks for the children.

DCF schedules over time for case workers on the weekend to ask for more funds.

DCF had therapeutic visits requested with multiple psychologists to wrongly diagnose and keep the investigation going from the start.

DCF is keeping children away from mothers/fathers causing more trauma and emotional damage to ask for more services.

DCF works to favor the parent who complies to their services especially when they pay for their services.

DCF does not want parents having their own therapists when it's for therapeutic visits since case managers and counselors lie on paper to keep their investigation going.

DCF has kept my children from me for 9 months since they stated I coach the children with no neglect or abuse established.

DCF will not let me see my children unsupervised since I do not take their services or comply with bogus demands.

DCF attacks parents that home school and only take their children to sick visits.

DCF keeps cases open with no child abuse or neglect established and force parents to comply to their services that are traps to give up parental rights.

DCF case workers lie in court and the Judge gets money for keeping cases open under the social security act.

DCF tells parents they will receive a bill for services they did not want but gets money for those services from government.

DCF has multiple child study teams who have not helped the children and will not acknowledge that they are special which is causing delay. They put children in regular classes and traumatize children using the parents as trauma caused not by their own doing.

DCF calls police on parents to traumatize children and parents and ask for services due to trauma.

DCF will hold children from parents if they do not take their services. They recommend their psychologist or doctor usually lie on records and cause more damage to keep investigation going.

DCF asks for services to pick up a child for school on a large bus.

DCF leave information from assessments and then rush parents to go to psychiatric hospitals or large public hospitals who have contracts with them to misdiagnose and forge records to keep children in psych wards medicated against parents and children's will to ask for more funds for services.

DCF coerces parents and foster parents into services and even has multiple contracting agencies come on weekends to fill in gaps for services not needed.

DCF has their nurses that really do not do physicals but just tell you to send children to the doctor with your own money.

DCF rushed evaluations that usually take 3–6 visits to misdiagnosed children and parents.

DCF does not accept good diagnosis since their goal is not to help parents and reunify but to divide families and cause extreme anguish.

DCF traffics children and their/parents' personal information.

DCF puts money in the foster parent account but removes the money from the account.

DCF contracted with a school psychologist to put my oldest two in special schools that cost $140,000 a year not including transportation.

DCF does not use funds for parents' help but to take services that will cause more damage in children and parents' lives.

DCF even after knowing the allegations against the custodial parent are not true, they continue with investigation just to ask for money from the government.

DCF does not disclose how much money a case worker gets for removing children out of the home.

DCF does not pay workers to keep children at home.

DCF case workers know the Judge's decision before they go to court.

DCF caseworkers are liars and work to trigger parents. They even go back to one parent and cause them to fight.

DCF slander parents to other parents even in domestic violent cases to cause harm to children.

DCF caseworker will try to trigger children into suicide if they know they have tried to kill themselves.

DCF forces children to talk about their trauma even when they do not want to.

DCF case workers counselors state staging incidents days before court to exhaust parents and try to make them snap.

DCF caseworkers call security on parents to cut visits shorts and trigger parents when parents ask questions.

DCF caseworkers lie in their reports about supervised visits.

DCF case workers will switch visit supervisors when they do not have anything negative to say about parents.

DCF case workers will tell children their parents could not attend their parties.

DCF case workers tell children their parents are not complying.

DCF case workers tell family members not to help the parents and encourage them to lose their homes.

DCF caseworkers do not assist parents in schedules and make parents cancel appointments they did not make to make it seem parents are not complying or caring about their children.

DCF case workers libel and slander parents to make their case.

DCF does not give one money or assistant for child support.

DCF makes parents pay out of pocket, give up their time, money, and even miss work.

DCF handicapped parents financially, emotionally and mentally.

DCF misappropriated money via Title 4E funding.

DCF caseworkers twist children's words and coerce them by denying their parents.

DCF case workers blame parents for children not wanting their services or them around.

DCF does not show the contract to parents but makes them sign papers stating parents asked for their investigation when they did not.

DCF petitions to court to jail parents if they do not give the children to whomever they see fit. I spent 5 days in jail treated like an animal with no shower, no brushing teeth, denied water, and threatened to shut water off.

DCF does not pay for hospital bills of parents even if they are due to the stress mental or physical injuries, they caused due to a fraudulent investigation.

DCF has violated my rights my offspring rights kidnapped them without probable cause or due process.

DCF has caused three hospital visits due to stress and their violations.

DCF has does not pay for anything.

DCF does refuse psychologist reports and ignores true diagnosis if it does not favor their investigation.

DCF does not let parents match services in private since they want to choose the services (do not benefit the parents and children reunification) to ask the government for money they do not use for parents or children.

DCF tries to manipulate, drive them insane, overwhelm them with impossible schedules, foster parents that are related to defendants, so they remove the children, ask for more services to prove their jurisdiction.

DCF divides families then states their goal is to unify the parents.

DCF should be defunded. They do use funds to reunify parents and children but to remove parental rights go against the constitution and use funds to pay commission for removal of children making it an incentive to divide families, fraud, document tampering, and unlawful trespasses.

DCF has done all the above to me, my heirs, myself, and mother. These statements are not supported by pictures video audio recordings.

Without Prejudice All Rights Reserved,

By: Alvarez, Cecil, Grantor

AMERICAN ACADEMY OF PEDIATRICS
Department of Federal Affairs
601 13th Street, NW, Suite 400 North
Washington, DC 20005
Tel: 800–336–5475
https://www.aap.org/

Statement of Benjamin D. Hoffman, MD, FAAP, President

Chairman Wyden, Ranking Member Crapo, and Honorable Committee Members:

My name is Dr. Benjamin Hoffman, and I am the President of the American Academy of Pediatrics, or the AAP, a non-profit professional organization of 67,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults. I am submitting the following testimony on behalf of the AAP. In addition to my role with the AAP, I also work for Doernbecher Children's Hospital and Oregon Health and Science University, where I serve as a Professor of Pediatrics, Vice-Chair for Community Health and Advocacy, Director of the Oregon Center for Children and Youth with Special Health Care Needs, and Medical Director of the Child Injury Prevention Program.

The AAP appreciates the opportunity to submit testimony on the Family First Prevention Services Act ("Family First"). This transformative reform of child welfare financing offers immense opportunity to better serve children and families, and pediatricians are excited to support its translation into impact. For years, the AAP has advocated to improve child welfare policies to better address the needs of children and families. The AAP is proud to have endorsed and championed the Family First Prevention Services Act ("Family First"), and pediatricians are committed to partnering with you to ensure its effective implementation so that vulnerable children and families may benefit from this critical and needed reform of the child welfare system. This law has the potential to continue to significantly shift child welfare policy upstream and emphasize the importance of prevention.

The Senate Committee on Finance ("Committee") plays a critical role in ensuring that Family First is properly implemented so that children in foster care have access to coordinated, high-quality, and trauma-informed care and support. Children in foster care experience disproportionate exposure to trauma and, as a result, often have complex health needs across multiple domains, including medical, developmental, educational, and behavioral and mental health problems. Safety, permanency, and the well-being of children in foster care are three key precepts that inform the work of the Department of Health and Human Services (HHS), the Administration for Children and Families (ACF), state child welfare agencies, and professionals serving children in foster care, including pediatricians. The AAP encourages the Committee to ensure that the actions of federal, state, and local governments

involved with the child welfare system adhere to these three key precepts and properly implement laws like Family First.

The AAP offers the following feedback on Family First implementation to guide the Committee's work:

General Feedback on Family First: The AAP is committed to the success of Family First, and we supported and endorsed this important law, standing behind its potential to significantly shift child welfare policy upstream and emphasize the importance of preventing foster care when safe to do so. The AAP believes that families can safely remain together with well-resourced services and supports. The U.S. Senate Committee on Finance's bipartisan role in enacting Family First in 2018 is a testament to that goal and a means for redirecting child welfare policy to achieve it. However, despite that progress, until state implementations progress further federal financing will continue to disproportionately support foster care placements.

Insufficient funding and a lack of needed reforms have left many child welfare agencies, service providers, families, and most importantly, children and youth in foster care, without the necessary support and resources to help families thrive. Child welfare systems throughout the country are facing significant shortfalls in available resources and capacity to address the underlying needs that bring families to the attention of child welfare systems in the first place. Thankfully, Family First offers an opportunity to address these challenges.

Additionally, this burden is not equitably distributed. Low-income families of color disproportionately face the specter of a child protective services investigation and removal of a child. Often this is rooted in the poverty families experience and the systemic underinvestment in their communities. Research indicates that Black children have twice the risk of experiencing foster care over their white peers. One study revealed 4.9 percent of white children will enter the system while 11 percent of Black children, and 15.4 percent of Native American children will experience foster care in their lifetime.[1] Furthermore, children of color are more likely to remain in foster care longer, have more frequent placement changes, and age out of foster care. And as pediatricians, we know that removal to foster care, even when necessary, further adds to the trauma children experience and leads to subsequent negative health effects. Family First is an important law that offers an opportunity to better address these outcomes and promote child and family health and well-being, and it needs to be properly implemented to achieve these better outcomes.

The AAP is grateful that the Administration for Children and Families (ACF) recently approved several new strong rules to support implementation of Family First, including the "Separate Licensing or Approval Standards for Relative or Kinship Foster Family Homes" rule and the "Foster Care Legal Representation" rule, both of which the AAP supported. The new licensing for kinship placements rule will increase the likelihood of kinship care arrangements, and the new legal representation rule increases the likelihood of keeping children with their families whenever it is safe and possible to do so by ensuring families can receive legal representation and assistance to help them access resources and supports. Both of these new rules increase the safety, permanency, and well-being of children and better align foster care placement rules with Family First. However, there is more work to be done to properly implement Family First, and doing so requires Congress working with the Executive Branch to ensure that families are receiving the supports and resources they need to thrive.

Reform the Title IV–E Prevention Services Clearinghouse: In addition to our appreciation to ACF for many new rules that improve the child welfare system, we are also grateful to ACF for its continued work to improve the Title IV–E Prevention Services Clearinghouse Handbook of Standards and Procedures in order to reform the Title IV–E Prevention Services Clearinghouse ("Clearinghouse"). The Title IV–E Prevention Services Clearinghouse Handbook and the list of evidence-based programs that can receive Title IV–E funds through Family First are vital to reshaping the availability and delivery of prevention services across the country.

However, while the AAP appreciates the improvements ACF has made to the Title IV–E Prevention Services Clearinghouse, we believe that there are more opportunities to improve the Clearinghouse based on the letter and Congressional intent of Family First. The AAP has called on ACF to more broadly rethink and reimagine

[1] Elisa Minoff. "Entangled Roots: The Role of Race in Policies that Separate Families." *Center for the Study of Social Policy*. October 2018. *https://cssp.org/wp-content/uploads/2018/11/CSSP-Entangled-Roots.pdf*.

the way the Clearinghouse is structured and implements Family First. The AAP also called on ACF last year to take further steps to improve the Clearinghouse to ensure that more children and families can benefit from the critical services of Family First and avoid unnecessary involvement in the child welfare system.

The AAP is grateful to this Committee for your continued work in overseeing the Clearinghouse. We especially thank Chairman Wyden and Ranking Member Crapo, who along with House Chairman LaHood and Ranking Member Davis, sent a letter[2] last year to ACF calling for reforms to the Clearinghouse. We urge the Committee to continue to conduct oversight on the Clearinghouse, and we would like to share the following recommendations regarding the Clearinghouse with the Committee that we have also shared with ACF to guide the Committee's oversight:

The AAP appreciates ACF's recent proposed updates to the definitions of "in-home parent skill-based programs and services" and "substance use prevention and treatment programs and services," in order to expand eligibility for these programs to a broader array of evidence-based interventions. Expanding eligibility is important because in order for the Prevention Program to be successful, the Clearinghouse must offer a large array of programs and ensure the programs available meet the diverse and complex needs of families at-risk of entering the child welfare system. These revisions are a step towards expanding and improving the array of programs that are eligible and that can support the needs of families.

While the AAP appreciates these updates, we continue to be concerned with the small number of programs that have been reviewed and the protracted timelines at the Clearinghouse. Much of the Clearinghouse's review process is a replication of existing efforts, which presents a significant barrier to achieving a robust service array and comes at a high cost to taxpayers. Allowing programs that have already been reviewed by other clearinghouses to receive expedited review and preliminary approval and payment would free up capacity at the Clearinghouse to focus on smaller, more innovative programs, including for communities that are overrepresented in child welfare. We call for these changes to the review process to make the Clearinghouse more transparent and efficient.

The AAP also continues to be concerned with how the Clearinghouse defines timelines for both authors and developers to respond, both in the Handbook and in their communications with study authors and developers. Too often, the Clearinghouse moves forward in its decision-making process before study authors and developers have had the chance to gather the relevant information. Greater transparency into the review process is necessary as programs are reporting that they have little to no contact from the Clearinghouse and are finding out that they do not meet criteria at the same time as the general public.

This problem is exacerbated by the fact that in some cases, programs are found not to meet criteria because of the way results are calculated in a given study, rather than because the results themselves are poor. These unnecessary situations lead to a protracted and inefficient re-review process that could be avoided if the Clearinghouse maintained deeper contact with the programs it was reviewing or provided technical assistance to programs and study authors. The AAP believes the Clearinghouse should provide the opportunity to "debrief" reviews so that developers and researchers can understand why studies do not meet criteria and how they can be improved and call on ACF to adopt a more transparent process.

Family First continues to offer the opportunity for a paradigmatic shift that emphasizes prevention and the strengthening of families. Ensuring the Clearinghouse is operating at its highest is an essential foundation of an effective prevention services component of Family First. The AAP appreciates the Committee's work to improve the Clearinghouse and urges the Committee and all of Congress to continue to ensure that ACF is taking a thorough, thoughtful, and inclusive approach to the Clearinghouse review, so that it enables the transformational change that Family First makes possible.

Continue Congregate Care Reforms: Last year, the AAP published a new report, "Family First Implementation: A One-Year Review of State Progress in Reforming Congregate Care," which reviewed state-level implementation of the congregate care reforms included in *Family First*.[3] This report was developed with ex-

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[2] *https://www.finance.senate.gov/imo/media/doc/wyden_crapo_lahood_davis_four_corners_ive_clearinghouse_comment_letter.pdf.*

[3] American Academy of Pediatrics, Chapin Hall. "Family First Implementation: A One-Year Review of State Progress in Reforming Congregate Care." *https://downloads.aap.org/DOFA/*

perts from Chapin Hall of the University of Chicago, individuals with lived experience in foster care, and pediatricians to examine state-level implementation of the congregate care reforms contained in Family First. Through a survey of all 50 states and targeted focus groups, the research examined issues like: how states are reforming their congregate care settings, how they are implementing and financing congregate care reform, and what barriers, success, and recommendations states have for implementing changes to congregate care outlined within Family First.

From this report, the AAP was pleased to see that the majority of states have changed their provision of congregate care to align with Family First. This was accomplished after extensive engagement with diverse stakeholders, including child welfare agency staff, congregate care providers, legislators, among other involved groups, to implement Family First. The majority of states attributed those changes to both Family First and pre-existing and ongoing state-led reforms. Additionally, compared to pre-Family First implementation, fewer youth are entering congregate care in some states. More states reported placing 10% or less of youth in foster care in congregate care. Kinship foster care has come to play a larger role in states' placement array, with congregate care playing a smaller role.

However, while the report showed some improvements due to Family First, the report also showed that there is work to be done to support youth in foster care. First, many states indicated that top barriers to Family First and congregate care reform implementation are related to resource needs in: (1) workforce and staff; (2) therapeutic foster care models; (3) funding; and (4) foster families. Many states also indicated that in order to address workforce and staff issues, ensure therapeutic models are available, and successfully recruit foster families, more funding is necessary to overcome these barriers. Additionally, the report's group participants, including young people with lived experiences, child welfare administrators implementing Qualified Residential Treatment Programs (QRTPs), and leaders of QRTP facilities, all reported significant concerns regarding QRTP staff training and capacity and capacity to tailor treatment to youth's needs. Many participants noted that staff shortages, retention, compensation, and a lack of sustainable careers for staff in QRTPs have contributed to these concerns.

The report offers the following recommendations to better support youth in foster care and the child welfare systems throughout this country: (1) provide states with additional state and federal resources such as technical assistance and funding; (2) facilitate cross-system collaboration to successfully implement Family First; (3) provide clear funding guidance to implement QRTPs; (4) require oversight for the full array of congregate care placements, including supervised independent living and settings for survivors of sex trafficking, and the use of out-of-state QRTP placements; (5) professionalize and invest in QRTP staff to ensure high-quality, individualized treatment; (6) establish standards and youth advisory boards for youth- and family-driven QRTP treatment; (7) integrate QRTPs into a continuum of prevention and aftercare; (8) establish performance- and outcome-based monitoring of QRTPs.

The AAP encourages the Committee and the rest of Congress to invest in and support family support services by expanding funding and resources as well as invest in mental health services based on the recommendations in the report above.

Oppose Unnecessary Institutionalization: Because of all the above, the AAP strongly opposes the Ensuring Medicaid Continuity for Children in Foster Care Act (S. 3196). The AAP is concerned this legislation will cause significant unintended harm by prioritizing institutionalization of children and youth who instead need more community-based mental health supports to live safely in family settings.

The AAP would like to emphasize that this bill is unnecessary as Congress does not need to enact a new policy to prevent children in foster care from losing Medicaid eligibility as a result of institutional placement. Nothing in current Medicaid law pertaining to institutional placements rescinds an individual's Medicaid eligibility. Under existing law, children in foster care are already eligible for Medicaid. Current Medicaid protections against over-institutionalization of children do not change a child's Medicaid eligibility. Rather, these policies prevent a state from receiving federal funds for impermissible institutionalization, without impacting a child's Medicaid eligibility or enrollment.

Family First made critical policy changes to improve standards for residential treatment. These reforms emphasize that children and youth only enter such a set-

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AAP%2050%20state%20Review%20of%20Congregate%20Care%20Reform%20Across%20America.pdf.

ting if they have a need that cannot be met in a family placement, and if a particular setting can provide the specialized services and high-quality care tailored to that individual child or young person's needs. Family First does this by creating a new program model, the Qualified Residential Treatment Programs (QRTP). The law is designed to ensure QRTP placements are appropriate, time-limited, and meet a child's treatment needs so that they do not languish in settings which do not support their growth, development, and healing. QRTPs also must offer aftercare supports to facilitate a transition to the community after residential treatment. These standards align with what physicians and other child health experts know: children fare best in families.

The Ensuring Medicaid Continuity for Children in Foster Care Act of 2023 (S. 3196) would create a major federal exemption from Medicaid oversight law for QRTPs. The Medicaid Institution for Mental Disease (IMD) exclusion generally prohibits federal Medicaid funding for services provided by facilities that primarily provide mental health and substance use disorder treatment services if they have more than 16 beds. By significantly expanding investment in residential treatment instead of community-based settings, S. 3196 would create an incentive to place more children in large-scale institutions, undermining the bipartisan Congressional intent behind Family First.

At a time of pediatric mental health crisis, we need more bipartisan investment in community-based mental health services. Prioritizing institutionalization through significant changes to longstanding Medicaid policy will not expand those needed services and will instead drive interventions via residential treatment. The AAP encourages Congress to invest instead in the community-based services that support young people's success in families. This will help both avoid unnecessary institutionalization and ensure there are needed supports for those transitioning from residential treatment to a family.

The AAP is fully committed to the success of Family First. It is essential to ensure that there are not unintended consequences from interactions between the IMD exclusion and Family First's QRTP requirements. Today, Medicaid waiver authority supports states in creating a comprehensive, coordinated system of care for serious mental illness and serious emotional disturbance that can include residential care such as a QRTP; this targeted authority ensures that Medicaid can meet the needs of its enrollees when states take a holistic approach to mental and behavioral health. However, enacting a sweeping federal exemption for all QRTPs could create unintended consequences that lead to children and youth languishing in large facilities, without the community-based supports they need to thrive in families.

We would welcome the opportunity to have discussions with the Committee and other critical stakeholders about how to ensure the effective implementation of Family First without creating unintended harms or undermining the intent of Family First, particularly through investment in community-based services that can promote the least restrictive environment.

Provide Funding for Community-Based Mental Health Services: The AAP encourages Congress to provide funding, training, technical support, and accountability so states and Tribes can improve access to community-based mental health services for youth and families, to address trauma, improve outcomes, and reduce unnecessary institutionalization. For example, state Health Oversight and Coordination Plans offer an opportunity to advance improved mental health for youth in foster care, but the lack of funding and technical assistance to support their implementation is a key barrier to their effectiveness.

The AAP urges Congress to enact legislation that will help facilitate the recruitment and training of staff and caregivers, including treatment foster care providers, with skills and motivation necessary to nurture family bonding, affirm the racial, cultural, and ethnic diversity of children and families served by child welfare, and effectively treat trauma, including secondary trauma among staff. Recruiting and training staff and caregivers who are equipped with these skills and motivation is necessary for the mental health of children and families.

Research is clear that children thrive in family-based settings. The AAP opposes any efforts to increase unnecessary institutionalization and interventions via residential treatment. A 2015 Children's Bureau report indicated that 40% of young people in congregate care settings had no acute clinical need for that placement. AAP recognizes the need for residential treatment only when an acute clinical need is present. The AAP encourages Congress to invest in community-based services that support young people's healing and success in families. This will help both

avoid unnecessary institutionalization and ensure there are needed supports for those transitioning from residential treatment to a family.

Strengthen Kinship Supports: While the AAP is grateful for the positive steps that have been taken to support kinship care, including the new ACF kinship caregivers rule, we believe that there are further steps needed to support kinship caregivers. The AAP has long held that when children cannot remain safely with their parents and need to enter foster care, kinship care arrangements with relative caregivers should be prioritized over non-family foster care arrangements.[4] Relative or kinship foster family placements promote familial and cultural connection and improve child health and well-being outcomes. For example, this is a crucial reason the AAP continues to steadfastly support the Indian Child Welfare Act (ICWA), a gold-standard federal law that instantiates the core principles behind kinship care in the context of supporting Indigenous self-determination. Kinship caregivers often have limited supports and multiple barriers to receiving benefits, which hinders the availability and stability of needed kinship care placements.

The AAP encourages Congress to expand existing investments to develop and prove the effectiveness of innovative kinship approaches, eliminate barriers to kinship placements, support kinship navigator programs, and expand resources and funding for kinship caregivers.

Support Youth Aging Out of Foster Care: The AAP also strongly supports providing more resources and reforms to better support youth aging out of foster care. While current law does provide some support for youth aging out of foster care, transition aged adolescents still face substantial unmet needs. Youth transitioning out of foster care report that the most important support for working toward their educational and employment goals are job preparation skills, transportation, childcare, educational services, and overall life skills.[5] They also have faced significant trauma and need high-quality trauma-informed mental health services.

Unfortunately, many youth who have transitioned out of foster care have described a lack of resources in the areas of employment, education, finances, housing, access to independent living classes, personal care, and networking.[6] One study showed that fewer than half of your adults leaving foster care were currently employed at age 26, approximately half of the young adults who had worked during the past year reported earning $9,000 or less annually, and more than a quarter had no earnings at all.[7] Another study found that 20% of youth who have aged out of foster care were chronically homeless, and this housing instability was associated with emotional and behavioral problems, physical and sexual victimization, criminal conviction, and high school dropout.[8]

The AAP urges Congress to increase funding and investments to support youth aging out of foster care and provide them with resources to flourish. This should include efforts to implement and expand peer support services for young people, to develop beneficial peer connections. The AAP also urges Congress to support investments and improvements that complement bipartisan mental health efforts and support a trauma-responsive child welfare system, including for youth transitioning out of foster care.

Reauthorize Title IV–B: As the Committee considers ways to support and strengthen Family First, the AAP urges the Committee to reauthorize Title IV–B of the Social Security Act, an important, complementary child welfare law. Title IV–B is a critical child welfare law providing flexible funding to support thriving families, including preventing maltreatment, supporting caregivers, and reunifying fami-

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[4] American Academy of Pediatrics. Rubin, D, et al. "Needs of Kinship Care Families and Pediatric Practice." *Pediatrics* (2017) 139 (4): e20170099. Available at: *https://doi.org/10.1542/peds.2017-0099*.

[5] Thompson, H.M., Wojciak, A.S., Cooley, M.E., "The experience with independent living services for youth in care and those formerly in care." *Child Youth Services Review* 2018; 84:17–25. Available at: *https://www.sciencedirect.com/science/article/abs/pii/S0190740917306916*.

[6] *Id.*

[7] Courtney, M.E., Dworsky, A., Brown, A., Katz, C.C., Love, K., Klodnick, V.V., "Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26." Chicago, IL: Chapin Hall at the University of Chicago; 2011. Available at: *https://www.researchgate.net/publication/264883847_Midwest_Evaluation_of_the_Adult_Functioning_of_Former_Foster_Youth_Outcomes_at_Age_26*.

[8] Fowler, P.J., Toro, P.A., Miles, B.W., "Pathways to and From Homelessness and Associated Psychosocial Outcomes Among Adolescents Leaving the Foster Care System." *American Journal of Public Health*. 2009;99(8):1453–1458. Available at: *https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2008.142547*.

lies. Title IV–B reauthorization offers policymakers the opportunity to continue aligning federal child welfare resources with the best outcomes for families, based on research and the insights of individuals who have experienced the child welfare system. Reforms to the Title IV–B program can play an important role in shaping child welfare policy and services nationwide.

While the AAP appreciates that Congress extended Title IV–B in the recent Fiscal Year 2025 spending package, this extension unfortunately came with no new funding or policy improvements. And absent Congressional action, Title IV–B is facing expiration or another short-term extension on December 31st. Allowing this program to expire or reauthorizing it on a short-term basis does not provide the needed funding or supports that child welfare agencies, service providers, families, and children and youth in foster care urgently need. The AAP has joined with over 2 dozen essential stakeholder organizations, including implementing jurisdictions, adoption organizations, service providers, medical and public health organizations, child welfare advocates, and organizations representing individuals with lived experience, in developing and endorsing a set of Title IV–B consensus recommendations[9] that explains our shared priorities for any Title IV–B long-term, comprehensive reauthorization.

Additionally, the AAP recently joined a letter[10] calling for substantial new mandatory funding sufficient to sustainably support full implementation Title IV–B and adjusted prospectively for inflation. Title IV–B needs increased funding to support children and families. Increasing Title IV–B resources will help keep children with their families whenever it is safe and possible to do so. Additionally, investing in Title IV–B now will save costs in the future; healthier children learn better, are more successful adults, and when a child lives in a safe, stable, and nurturing household, they are imprinted with successful and healthy parenting strategies that they can utilize in their future.

The AAP urges Congress to support and reform the child welfare system by passing a comprehensive, long-term Title IV–B reauthorization, which we believe will complement implementation of Family First, and together improve the child welfare system.

Conclusion: Thank you for the opportunity to submit this testimony. The AAP urges the Senate Committee on Finance and Congress to support implementation that adheres to the letter and goals of Family First and conduct oversight to ensure that all levels of government are supporting the safety, permanency, and the well-being of all children in foster care. The AAP looks forward to working with the Committee and the rest of Congress to improve the child welfare system and improve the health and well-being of children and their families. If the AAP can be of any further assistance, please do not hesitate to contact Nathaniel Lim in our Washington, DC office at nlim@aap.org.

AMERICAN BAR ASSOCIATION

Dear Chairman Wyden and Ranking Member Crapo,

Thank you for providing an opportunity to share comments for the record following the May 22, 2024, hearing on The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement.

The American Bar Association (ABA) submits these comments to express appreciation for the opportunities created under the Family First Prevention Services Act (Family First Act) and to offer recommendations on engaging legal community partners to achieve meaningful implementation. The ABA is the largest voluntary association of lawyers and legal professionals in the world. Our members include attorneys in private firms, corporations, nonprofit organizations, legal services providers, and government agencies, as well as judges, prosecutors, public defenders, legislators, law professors, and law students. In addition to our membership, we have several public interest entities staffed with professionals who direct projects in a variety of legal fields, including the Center on Children and the Law, which focuses on child welfare law.

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[9] *https://static1.squarespace.com/static/628fd8b77f4fc11e589f8cfc/t/65f1aa8a1ca7a5482dcec986/1710336651089/TitleIV-B_PolicyBrief_V11.pdf.*

[10] *https://downloads.aap.org/DOFA/IV-B%20Funding%20Sign%20On%20Letter%20Final.pdf.*

The Family First Act and related implementation efforts align directly with ABA policies on family integrity, prevention services, and kinship caregiving.[1] The ABA supported the Family First Act in 2018 and has worked to help implement the law's key provisions over the past five years. In collaboration with other partners in the child welfare legal community, we developed several tools to further the legal community's role in supporting implementation of each provision of this legislation, from prevention services through transitions out of foster care:

- *The Family First Prevention Services Act of 2018: A Guide for the Legal Community*
- *FFPSA Legal Community Engagement Tool*
- *FFPSA Legal Roles Identified*

As each of these materials demonstrate, successful implementation of the legislation depends on legal community engagement. This makes sense because child welfare requires both a legal system and a social services system. As we have noted, each of the provisions of FFPSA presents implications for children's and parents' legal rights, with corresponding implications for child welfare professionals who work with them. For example, any decision to provide government-funded services as a part of a child welfare investigation inherently includes legal considerations around such issues as due process rights, informed consent, and Fourth Amendment protections that may arise during the investigation.[2] Additionally, any decision to provide services or determine placement and transition plans during the course of a dependency proceeding in court has legal considerations attached both for the child(ren) and the parent(s) in the case as well as for the government actors.

As state child welfare systems seek to achieve Family First Act objectives, it is critical that they protect constitutionally recognized child and parent rights to family integrity[3] and adhere to the legal principles underlying the legislation. That approach is best executed by partnering with the legal system and legal partners, including judges, attorneys, and multidisciplinary legal teams. In this respect, we were disappointed to note that although both the legislative and executive branches of government were present at the hearing, there was a distinct absence of representation from the judicial branch or the legal community. To remedy this gap, we encourage members of the Senate Finance Committee and your congressional colleagues to work with members of the legal community in each of your own states to ensure the legislation is implemented with fidelity to the original goal of putting families first under the law.

Earlier this month, the Administration for Children and Families in the U.S. Department of Health and Human Services (ACF) took a similar step by recognizing the critical role of legal partners in child welfare when it finalized a rule that allows for states and tribes to seek Title IV–E reimbursement for some of the cost of providing legal counsel to support parents, children, tribes and in certain instances, kin.[4] This rule provides an excellent example of the dual structure of child welfare as both a social services and a legal system.

In keeping with Family First Act objectives, ACF expressly noted in the final rule that independent legal representation can both "help stabilize families, improve safety, and reduce the need for more formal child welfare system involvement" and "expedite reunification and improve permanency or help provide access to needed supports for youth transitioning out of the child welfare system."[5] This rule reinforces the value of independent legal representation as a critical vehicle for moving closer to Family First Act end goals of preventing unnecessary separation of families, prioritizing kin caregiving, limiting children's time in foster care, and supporting youth who are leaving foster care. Systems in which children, parents, caregivers, and agencies can more easily access high quality legal representation offer greater protection of legal rights both before and after a child welfare petition has

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[1] In 2019, the ABA adopted a policy on Child and Parent Rights to Family Integrity, which "supports the use of prevention services, including legal services, to ensure children's safety without the need for removal from a parent or caregiver" and urges all child welfare professionals to "prioritize placement with kin, including relatives, former caregivers, or close family friends" when children reside in foster care.

[2] *See, e.g., Andrews v. Hickman Cnty., Tenn.,* 700 F.3d 845, 863–64 (6th Cir. 2012) ("Fourth Amendment standards are the same, whether the state actor is a law enforcement officer or a social worker.").

[3] *Stanley v. Illinois,* 405 U.S. 645, 405 U.S. at 658 ("The integrity of the family unit has found protection in the Due Process Clause of the Fourteenth Amendment").

[4] 83 F.R. 40400.

[5] 83 F.R. 404, at 40400.

been filed. Additionally, systems that partner to finance independent legal representation are in a fitting position also to examine (or re-examine) how they can partner with the legal community to pursue Family First Act goals.

Given the important timing of this new rule and the renewed emphasis on Family First Act implementation, especially during prevention services, we urge the Senate to encourage child welfare agencies to consider the benefits of drawing down federal funding for independent legal representation for children, parents, tribes and kin in keeping with the recent rule change.

We also encourage state and county Family First Act implementation teams to include members of the legal community in system-wide planning for next steps toward achieving Congress' stated goals for the legislation. Finally, we encourage members of the legal community to remember the role of Family First Act provisions in attorney advocacy and judicial decision-making, as we have outlined in the three linked tools.

Thank you for your consideration of these comments.

Sincerely,

Mary Smith, President

AMERICAN CIVIL LIBERTIES UNION ET AL.
915 15th Street, NW
Washington, DC 20005

Submitted by: Vania Leveille (ACLU) and Michael Ramey, Parental Rights Foundation, P.O. Box 1090, Purcellville, VA 20134

June 4, 2024

The Honorable Chairman Ron Wyden
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510

The Honorable Ranking Member Mike Crapo
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, and Members of the Committee on Finance:

We, the undersigned, are organizations that directly serve or advocate for children, parents, and kinship caregivers in a variety of systems including foster care, youth justice, education, healthcare, and housing. All of us are dedicated to the safety and well-being of children and youth, including those who are in the care of their grandparents, uncles, aunts, or godparents. Many of us are a part of the Coalition to End Hidden Foster Care,[1] a national advocacy network that brings together advocates and advocacy organizations for children, parents, and kinship care providers across the United States, as well as parents and caregivers with lived experience[2] with hidden foster care.

We are very grateful for your leadership in convening a hearing on the Family First Prevention Services Act (FFPSA) in order to learn more about the law's implementation, challenges, and opportunities for improvement.

As you heard from witnesses, there are significant challenges to address in implementing FFPSA and achieving its essential goal of preventing the unnecessary separations of parents and children. We are writing to share an additional concern about FFPSA: despite Congress's intent to keep families safely together, states may be using FFPSA to separate families via hidden foster care.

What we call "hidden foster care" happens when Child Protective Service (CPS) agency staff pressure parents or caregivers to relinquish custody of their children

[1] *https://www.hiddenfostercare.org/*.
[2] *https://imprintnews.org/opinion/how-hidden-foster-care-harms-children-and-parents-of-color/66286.*

to other relatives or fictive kin. This practice is sometimes labeled "kinship diversion," "safety planning," or something similar. Whatever its name, this practice amounts to CPS agencies separating parents and children without due process protections. These family separations occur without CPS agencies providing parents with lawyers to advise them on whether agency demands are legitimate and acquiescence is appropriate, and without triggering CPS agencies' obligations to make reasonable efforts to preserve and reunify families and provide kinship caregivers or children with essential services or financial support. These CPS-induced family separations are hidden from legislative oversight because CPS agencies are not required to track and report how often they separate families in this manner, which families they separate, or whether the families reunify or are separated permanently.

It is critical that the Committee examine the practice of hidden foster care because it is contrary to the intent of the FFPSA. As the Committee's hearing made clear, Congress's intent with the FFPSA was to keep families safely together and prevent unnecessary parent-child separations. The legislative text of FFPSA is drafted to "prevent[] the child from entering foster care," and FFPSA describes kinship placements as one tool to prevent formal foster care. (42 U.S.C. §§ 671(e)(1), 671(e)(2)(A), 675(13)) When parent-child separations are necessary, we support appropriate kinship foster care placements and they are, undoubtedly, a less traumatic alternative to stranger foster care. However, these hidden foster care placements are not voluntary, supported, or directed by the family. Hidden foster care does not fit the bill.

Many of us provide services to children, parents, and caregivers who have first-hand experience with these family separations that occur without due process or adequate support for the kinship caregivers. Some of our clients have received what we understand are FFPSA services after also being *forced to separate* from their families outside of a formal foster care placement. We believe this practice is pervasive; experts estimate that the number of children who have experienced these agency-initiated family separations could be roughly equal to the number of children in formal foster care.

Since the enactment of FFPSA, multiple states have experienced significant declines in the number of children and youth who are in foster care. In Maryland, the number of children removed dropped nearly 61% from December 2021 (n=2770) to December 2022 (n=1083). Texas, Oregon, Idaho, Pennsylvania, New Jersey, and South Carolina decreased their foster care populations by 15.4% between 2019 and 2021. This may be largely good news to the extent that the child abuse and neglect prevention services provided by FFPSA and other initiatives have contributed to these dramatic decreases. However, we are concerned that the practice of hidden foster care in some localities may lower formal foster care numbers (and caseloads) such that it appears as if CPS agencies are advancing FFPSA's goal of avoiding entry into the foster care system. But they are not achieving FFPSA's goal of avoiding unnecessary parent-child separations.

There are numerous possible ways to bring hidden foster care out of the shadows and into alignment with FFPSA's intention. The Coalition to End Hidden Foster Care has collectively adopted principles and works to see these principles enacted in federal and state policy and practice. For example, CPS agencies could provide parents/guardians the chance to speak to an attorney before deciding whether to agree to a CPS-requested change in their family's living arrangement. Alternatively, courts could be required to review the need for hidden foster care arrangements after a certain length of time. Children in hidden foster care should be provided support. However, the resources and costs associated with these types of solutions require the government to be aware of how many children are in hidden foster care and what, if any, services are currently being offered to them and their parents and caregivers. More information is needed in order to formulate data-driven solutions to hidden foster care.

Accordingly, we urge the Committee to examine FFPSA's intended and unintended impacts and explore:

- How often are CPS agencies involved in cases in which a child's residence informally changes during or soon after an investigation?
- What percentage of the kinship caregivers who access services supported by FFPSA have indicated that a child protective services worker insisted or required that the child be separated from their family of origin?
- Is there parity in services offered to parents, children, and caregivers in formal foster care as compared to informal (hidden) foster care?

- When informal (hidden) foster care is suggested or required by the agency, what processes are used to ensure that the rights of the parent and child are adequately safeguarded? Are parents provided with an attorney to advise them on whether to agree to an informal kinship placement? Are time limits imposed on the parent-child separation?

We also urge the Committee to support efforts to ensure that states track and report the usage of hidden foster care, the demographics of families subject to such separations, and what happens to these families after such separations. We believe this kind of data will inform efforts to regulate these separations so they do not occur unnecessarily or involuntarily.

Thank you for considering our views and we look forward to working with you to address these important issues. If you have any questions please contact Vania Leveille, senior legislative counsel, ACLU, at vleveille@aclu.org or Michael Ramey, president, Parental Rights Foundation, at michael@parentalrights.org.

Sincerely,

Alliance for Children's Rights
American Civil Liberties Union
Arkansas Commission on Child Abuse, Rape, and Domestic Violence
Children's Rights
Civil Rights Corps
Community Legal Services of Philadelphia
DC KinCare Alliance
Foster Kinship (Nevada)
Georgia Office of the Child Advocate
HALOS (South Carolina)
Institute to Transform Child Protection
Los Angeles Dependency Lawyers, Inc.
Mother's Outreach Network
National Association of Counsel for Children
National Center for Youth Law
Nebraska Appleseed
Ohio Federation for Health Equity and Social Justice
Ohio Grandparent/Kinship Coalition
Public Counsel
Sayra and Neil Meyerhoff Center for Families, Children and the Courts
State of Vermont Office of the Child, Youth, and Family Advocate
Texas Public Policy Foundation
The Coalition for Families Against Child Separation
University of Miami School of Law Children and Youth Law Clinic
Washington Defender Association

AMERICAN ENTERPRISE INSTITUTE
1789 Massachusetts Ave., NW
Washington, DC, 20036

May 31, 2024

We are a diverse and bipartisan group of child welfare leaders, including current and former municipal, state, and federal administrators; congressional staffers; judges; legal scholars; academic researchers; direct service providers; nonprofit and faith-based organization executives; advocates; and individuals with lived experience with the child welfare system. Collectively, we represent a broad cross section of the child welfare field, and we offer our comments today to inform congressional oversight on implementation of the Family First Prevention Services Act (FFPSA) in states across the country.

When FFPSA was enacted in 2018, it sought to achieve two primary objectives: preservation of families through prevention of the need for foster care and safe reductions in the number of children and youth in foster care who are served in group settings. These objectives, though well-intentioned, have not been meaningfully achieved and have in many instances exacerbated problems in the child welfare system in need of immediate remedy. We hope this hearing will initiate the process of providing needed changes to FFPSA to support the safety and well-being of the children and families it aims to assist.

To that end, we offer the following observations and recommendations.

FFPSA Part I: Title IV–E Prevention

Though FFPSA was enacted 6 years ago, state leveraging of the Title IV–E prevention services authorized by the law has been excruciatingly slow. According to the U.S. Department of Health and Human Services Fiscal Year 2025 Budget in Brief, just 18,400 children received a Title IV–E funded prevention service in fiscal year 2023.[1] This represents just $167 million in federal spending on these programs and indicates that FFPSA is currently reaching a tiny fraction of the more than 550,000 children who were confirmed victims of child abuse and neglect that year.[2] By contrast, the Administration for Children and Families reported that 186,000 children entered foster care and 569,000 children were served in foster care in fiscal year 2022.[3]

We believe the limited reach of FFPSA-funded prevention thus far is rooted in the following statutory issues.

Administrative Challenges for States. To leverage Title IV–E prevention funding, FFPSA requires states to implement a range of administrative protocols and processes, including but not limited to risk assessments and IV–E eligibility determinations, monitoring evidence-based program model fidelity, billing IV–E as the payer of last resort, workforce training and supervision, prevention case plans, caseload standards, safety monitoring, program evaluation, continuous quality improvement, data collection and reporting, trauma-informed service delivery approach, and cross-sector consultation and coordination.

Implementation of these complex administrative requirements consumes considerable public agency time and resources. Furthermore, numerous states lack case management information systems with the functionality required to handle the data tracking and reporting requirements, meaning they will need to build entirely new systems before they can leverage Title IV–E prevention funding.

Evidence-Based Program Limitations. As noted by Commissioner Rebecca Jones Gaston during the hearing, FFPSA directs the federal government to evaluate programs and services against specific, statutorily defined criteria for what constitutes an "evidence-based program." Only those programs that undergo federal evaluation and are determined to have a sufficient evidence base are listed on the Title IV–E Prevention Services Clearinghouse and deemed federally reimbursable. As of this writing, the Title IV–E Prevention Services Clearinghouse has reviewed 177 programs and determined that fewer than half (85) possess sufficient evidence to be listed.

Most of the programs listed on the Title IV–E Prevention Services Clearinghouse are expensive to develop and launch. Their evidence of effectiveness when being delivered to "candidates for foster care" is also questionable, as few have ever been evaluated specifically for children and families at that level of risk. Moreover, many of the programs are not proven to reduce maltreatment or address the most common conditions in families in which maltreatment is present: substance abuse, serious mental illness, and domestic violence.

Finally, for other child welfare prevention programs that have demonstrated success but not yet undertaken the independent systemic review with control groups required to be qualified as an evidence-based program, the costs to go through such an evaluation can be exorbitant, and it can take years to complete the review. Many rural and tribal jurisdictions do not have large enough service populations to afford programs approved by the clearinghouse or conduct large-scale evaluations of their existing programs.

FFPSA Part IV: Restrictions on Congregate Care

Though well intended, FFPSA's restrictions on "congregate care" without any meaningful investment in alternative placements have proved deeply harmful to children and youth in foster care. These include the intentional restrictions on Title IV–E funding for congregate care programs embedded in the statute and the indirect restrictions on Medicaid funding that have been triggered by FFPSA establishing the new licensing category of Qualified Residential Treatment Programs (QRTP).

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[1] U.S. Department of Health and Human Services, Fiscal Year 2025 Budget in Brief, *https://www.hhs.gov/sites/default/files/fy-2025-budget-in-brief.pdf*.

[2] U.S. Department of Health and Human Services, Child Maltreatment 2022, *https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf*.

[3] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, "The AFCARS Report," May 9, 2023, *https://www.acf.hhs.gov/cb/report/afcars-report-30*.

Despite a lack of safe and stable alternative placements for children with acute behavioral issues that result from complex, prolonged trauma, residential care programs across the country have been closing or reducing capacity. Some programs have been unable to meet the QRTP standards set forth in FFPSA. Others were licensed as QRTP, only to then be classified as "Institutions for Mental Diseases" (IMD) by the Centers for Medicare & Medicaid Services, which then resulted in them losing access to Medicaid—a crucial funder of treatment services. Most of those programs then shed capacity to get under the 16-bed IMD limit, undermining their ability to serve children and youth in need of intensive care. Still other programs have walked away from child welfare services completely, instead serving other populations such as unaccompanied minors or children covered by commercial insurance.

A recent study noted that since 2010, there has been a 60.9 percent decline in the number of youth residential mental health treatment programs, a 77.9 percent decline in the number of youths served by these programs, and a 66.2 percent decrease in the number of beds available in these programs.[4]

This decline has predictably resulted in children and youth in foster care across the country being increasingly housed in a range of inappropriate, temporary settings, including county and state offices, hospitals, hotels, and shelters. Many of us cosigning this letter collectively published a report on this issue last year, documenting these experiences in Colorado, Georgia, Illinois, Michigan, Montana, New Mexico, North Dakota, Oregon, Pennsylvania, Virginia, Washington, and West Virginia.[5] In these settings, young children are often commingled with adolescents, safety concerns are rampant, and quality services are unavailable.

More needs to be done ensure that children and youth in foster care have access to a full continuum of care that meets their needs.

We believe recognition of the challenges with FFPSA outlined above are crucial in the process of unlocking the promise of the law and increasing its positive impact. We have many ideas for legislative solutions to the issues above and stand ready to work with your staff to develop and advance these important reforms. Thank you for the opportunity to submit this statement for the record.

Sincerely,

Sean Hughes, managing partner of Social Change Partners.

Eloise Anderson, retired secretary of the Wisconsin Department of Children and Families.

Jeanne Banghart, deputy county attorney of Boulder County, Colorado.

Maralyn Beck, founder and executive director of New Mexico Child First Network.

Bob Bruder-Mattson, president and CEO of FaithBridge Foster Care.

Marie Cohen, author of the Child Welfare Monitor blog.

Maura Corrigan, retired chief justice of the Michigan Supreme Court.

Brett Drake, Professor of Data Science for the Social Good in Practice at Brown School of Social Work and Public Health, Washington University in St. Louis.

Sarah Font, associate professor of sociology and public policy, Pennsylvania State University.

Leslie Ford, adjunct fellow at the American Enterprise Institute.

Richard Gehrman, founder and executive director emeritus of Safe Passage for Children of Minnesota.

Jerry Haag, president and CEO of One More Child.

Ryan Hanlon, president and CEO of the National Council for Adoption.

Lynn Johnson, president of All In Fostering Futures and former assistant secretary at the US Department of Health and Human Services, Administration for Children and Families.

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[4] Scott Dziengelski, Deinstitutionalization Redux: The Decline in Residential Mental Health Treatment for Youth, Manhattan Institute, May 2024, *https://media4.manhattan-institute.org/wp-content/uploads/the-decline-in-residential-mental-health-treatment-for-youth.pdf*.

[5] Sean Hughes et al., "Why Foster Children Are Sleeping in Offices and What We Can Do About It," American Enterprise Institute, April 4, 2023, *https://www.aei.org/research-products/report/why-foster-children-are-sleeping-in-offices-and-what-we-can-do-about-it*.

Janet Kelly, former special advisor for children and families, Virginia.

Jedd Medefind, president of Christian Alliance for Orphans.

Herbie Newell, president and executive director of Lifeline Children's Services.

Emily Putnam-Hornstein, John A. Tate Distinguished Professor for Children in Need at the University of North Carolina at Chapel Hill.

Thea Ramirez, founder of Adoption-Share.

Tom Rawlings, policy director at Fostering Impact.

Ronald Richter, CEO and director of JCCA, former New York City family court judge, and former commissioner of New York City's Administration for Children's Services.

Naomi Schaefer Riley, senior fellow at the American Enterprise Institute.

Cassie Statuto Bevan, former staff director of the US House Committee on Ways and Means, Subcommittee on Human Resources.

John Walters, president and CEO of the Hudson Institute and former director of the Office of National Drug Control Policy.

AMERICAN PUBLIC HUMAN SERVICES ASSOCIATION
1300 17th Street North, Suite 340
Arlington, VA 22209
Tel (202) 682–0100
Fax (202) 204–0071
https://aphsa.org/

The Honorable Ron Wyden
Chairman
United States Senate
Committee on Finance

The Honorable Mike Crapo
Ranking Member
United States Senate
Committee on Finance

June 5, 2024

Dear Chairman Wyden and Ranking Member Crapo,

The American Public Human Services Association (APHSA), the bipartisan membership association representing state and local human services agencies and the child welfare systems they administer, is pleased to submit this response to the Senate Finance Committee Hearing on "The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement," held on May 22, 2024. APHSA's response reflects feedback gathered through its affinity group of child welfare directors, the National Association of Public Child Welfare Administrators (NAPCWA), and other leaders and program experts within state and local human services agencies. We thank you for the opportunity to submit a statement for inclusion in the hearing record and commend the Committee for its continued focus on preventing child maltreatment and improving outcomes for children and families.

Recognizing Both the Progress Achieved and the Long Road Ahead to Realize the Full Potential of the Family First Prevention Services Act

Since passage of the Family First Prevention Services Act (FFPSA) in 2018, our nation has undergone a significant shift in our understanding and operationalizing of strategies to proactively support the well-being of families and reduce unnecessary and avoidable involvement in foster care. When child welfare is needed, progress has been made to prioritize keeping children together in kinship and family-like settings in the least restrictive and trauma-informed settings possible. Without question, the policies and mental models that FFPSA has set forward have contributed to an important evolution of our child welfare system that is still under way.

Yet, we know far more progress is needed and that our children and families demand we go further to realize the transformational potential that FFPSA set out to achieve. We urge Congress to use this moment as a call to action to recommit ourselves collectively to address challenges and leverage lessons learned in FFPSA implementation to construct a comprehensive prevention and well-being system that provides the tools needed for all families to thrive.

Early Indicators Suggest That FFPSA is Having National Impact to Prevent Child Welfare Involvement and Reduce Reliance on Congregate Care for Children in Foster Care

Nationwide, we have begun orienting our child welfare and upstream systems towards delivering evidence-based services and supports that proactively promote well-being and prevent trauma caused by unnecessary and avoidable family separation. Recent data suggest that this focus is beginning to translate to national impact. From 2018 to 2023, the total number of children entering foster care has declined from approximately 241,800 to less than 162,000 and the entry rate into foster care has been reduced from 3.27 to 2.22 children per 1,000 children.[1]

We have also seen collective understanding translated into action so that children in care are supported in the least restrictive setting possible. Since passage of FFPSA, the total number and percentage of children in care living in a group home or institution has declined and the number of kinship placements has increased.[2] These trends build on shifts in child welfare involvement and placements that began the past 2 decades. With FFPSA available as an instrument to reinvest in interventions that help keep families together and support placements when needed that are in the best interest of children, we have the opportunity to greatly accelerate the pace of realignment in our child welfare system. FFPSA can be a springboard to advance this intent and the milestones we have seen to date should be celebrated and built upon.

Despite These Successes, the Pace of Family First Implementation is Slower Than the Urgent Needs of Families Demand and Structural Flaws Remain in the Design of Our National Approach to Child Welfare Prevention

FFPSA was heralded as a transformative shift in the child welfare landscape, aiming to prioritize prevention and support families before crises necessitate foster care placement. However, far too often our public systems still fall short of what our children and families need and deserve when they face adversity that puts them at risk of child welfare involvement. As it relates to FFPSA, these shortcomings stem from three types of issues:

1. Embedded in the design of FFPSA there remain unnecessary and cumbersome structures that impede efforts to spread and scale IV–E prevention services.
2. The scope of FFPSA remains too limited to comprehensively prevent all the root causes that drive child welfare involvement.
3. States and localities are still learning how to build and operationalize child welfare prevention systems and are doing so while experiencing significant resource and capacity gaps.

Below, we discuss specific issues that need to be addressed so that FFPSA reaches its potential for children and families.

Lack of Supports for Children With High Acuity Needs—While our nation has made important strides reducing the number of children in congregate care settings, we have failed to build out a continuum of care that offers a safe and appropriate alternative for children with complex behavioral health needs. Unmet behavioral health needs, particularly for older youth, remain a significant and avoidable driver of foster care entry that results in low rates of permanency and high reliance on residential care settings. Without needed capacity for providers and therapeutic foster homes able to offer trauma-informed care in the least restrictive settings, agencies face untenable circumstances of housing children in hotels and offices, or children in care falling into the juvenile justice system or running away. Challenges navigating the Institutions for Mental Diseases (IMD) rule and building out Qualified Residential Treatment Programs (QRTPs) remain a significant problem in many states. Community-based treatment and mental health services, such as mobile crisis response, through children's behavioral health systems is an important part of the solution to prevent foster care entry, but availability of such resources remains far too scarce. Overall lack of access to psychiatric services and appropriate residential care remains pervasive, especially in rural areas.

Slow Pace of IV–E Prevention Spending—While drawdown of IV–E prevention funding is increasing, as of FY 2022, annual cumulative expenditures were only $127 million, with an average monthly caseload of 7,011 children served through Family First. A significant share of these expenditures is limited to a small number of states that have been able to navigate the complexities of Family First financing. As noted below, many of the challenges in spending stem from the underlying design of the legislation. While FFPSA drastically changed the way states can spend

[1] Data based on 2018 AFCARS and preliminary 2023 AFCARS data as collected in the February 2024 Child and Family Services Review Data Profile Supplemental Context Data.
[2] Data based on comparison of 2018 and 2022 AFCARS reports.

Title IV–E funds, the amount being spent on prevention is out of balance with the amount being spent on foster care. In FY 2022, states spent nearly $9 billion on Title IV–E foster care maintenance—more than 70 times more than for Title IV–E prevention services.[3] Child welfare agencies continue to struggle with the slow pace of plan approval and amendments and lack of provider capacity in needed service areas. Additional financial support and technical assistance to build out the infrastructure to drastically increase claiming of IV–E prevention funds remains sorely needed.

Definitions of Candidacy Limit the Scope of Upstream Prevention Through Family First—We know that evidence and common sense both dictate that we need to unlock prevention strategies before a family is on the front porch of the child welfare system. Delivering services through trusted community pathways that do not require a family to enter into the child protection system can lead to better long-term outcomes. When establishing definitions of candidacy, child welfare agencies must delicately balance using a threshold of "imminent risk of foster care entry" that allows them to intervene to prevent child abuse and neglect, while avoiding being so expansive that families unnecessarily fall under child welfare surveillance. The inability through FFPSA to serve families a step removed from imminent risk contributes to a prevention model that remains reactionary and limits the ability to narrow the front door of child welfare.

The Structure of the Family First Clearinghouse Limits the Ability of Child Welfare Agencies to Provide the Full Array of Prevention Services People Want and Need—The rigid and onerous structure of the IV–E Clearinghouse acts as a gatekeeper that too often precludes underserved communities from accessing funding for critically needed services. The bar that is set for programs to be reviewed and qualify as an evidence-based practice are particularly challenging to meet for smaller, marginalized populations, such as tribes, rural communities, and ethnic minorities. The challenge to generate research for culturally appropriate and adapted services for these communities that can conform to the IV–E Clearinghouse requirements is further compounded by the requirement that states use at least 50% of their prevention expenditures towards "well-supported" programs—the most rigorous standard to meet. The lack of evidence-based practices tailored to marginalized communities remains at odds with states efforts to tackle persistent disproportionality in child welfare.

The Scope of FFPSA Fails to Address the Link Between Poverty and Child Welfare Involvement—In a 2023 survey of child welfare administrators, there was agreement that child care, money, housing, transportation, food, and employment needs are frequently present in suspected maltreatment reports[4] In fact, nearly 85% of families investigated by child protective services have incomes below 200% of the federal poverty level (FPL). Poverty has and continues to play an unnecessary and avoidable role in many families' child welfare involvement.[5] Ultimately, the adversity that families in poverty experience is driven by a confluence of factors that are both layered and interconnected, and a comprehensive prevention approach should reflect the range of economic, social, behavioral, mental, and physical supports that may be needed to help family stability. Yet despite the obvious need, Family First glaringly omits the provision of economic and concrete supports in the design of a comprehensive and effective prevention strategy. Our inability to alleviate the pressures of financial instability as a frequent contributor to the risk of child welfare involvement leaves a glaring hole in our FFPSA prevention model.

Multi-System Accountability Is Needed to Effectively Divert Children and Youth From the Foster Care System—In many parts of the United States, the child welfare system operates as the emergency response unit for families, triggering an intervention rooted in risk management when families are in a crisis. This emergency management mentality then leads to a persistently strained system that must over-function to compensate for the deficiencies in other child-serving systems, overwhelming resources, often resulting in multiple placements further impacting instability and trauma caused by removal and separation from family. A multi-system account-

[3] Title IV–E Program Expenditure and Caseload Data 2022 analysis. *https://www.acf.hhs.gov/cb/report/programs-expenditure-caseload-data-2022.*

[4] See APHSA and Chapin Hall co-authored report "The Role of Economic and Concrete Supports in Child Maltreatment Prevention." *https://www.chapinhall.org/research/economic-concrete-supports-survey/*.

[5] For a more comprehensive overview of the extensive research linking poverty and child welfare involvement, see Chapin Hall at the University of Chicago's slide deck "Family and Child Well-Being System: Economic and Concrete Supports as a Core Component."

ability approach is essential to get ahead of this emergency response for children and families; one that involves coordination and shared responsibility across various systems that interact with children and families, including child care, child support, education, children's behavioral health, health care, economic services, and juvenile justice. While Family First seeks to embed a prevention lens into the child welfare system, a broader cross-sector prevention framework is needed that captures the multiple system touchpoints families experience.

Congress Has the Opportunity to Build on the Early Progress Achieved Through FFPSA to Create a More Effective and Impactful Child Welfare Prevention System

The issues described above that we collectively face today are solvable. Congress can draw on the insights we have gained to strengthen and scale our investments through FFPSA to prevent child maltreatment, promote family preservation, and provide children in care trauma-informed supports in the setting they need. Below, APHSA summarizes several of the most urgent and impactful changes to FFPSA Congress can take to further these aims.

- *Commission a Bipartisan Congressional Task Force on Supporting the Needs of High Acuity Youth*—While the reduction of children being placed in congregate care unnecessarily is a step forward, the collective failure of our systems to provide appropriate alternative settings for children with complex behavioral, mental, and/or developmental needs is a crisis that demands bold action. FFPSA and the child welfare system cannot solve this problem alone. Rather, a comprehensive solution must bring together leaders from other sectors, such as Medicaid, behavioral health, juvenile justice, housing, and disability, as well as individuals with lived experience to create shared solutions that address persistent capacity and service gaps. Congress can use its platform to bring stakeholders together to generate and act upon recommendations and address the policy gaps that have contributed to the crisis we are in.
- *Create New Categories of Eligible IV–E Prevention Services*—FFPSA opened the door for child welfare agencies to access IV–E funding for prevention activities in four areas: (1) evidence-based mental health programs; (2) substance abuse prevention and treatment; (3) in-home parent skill-based programs; and (4) kinship navigator programs. While each represent important strategies, we know they do not collectively capture the full range of the most common risk factors for child welfare involvement and the type of supports that families tell us they need. In particular, inclusion of "economic and concrete supports" as a category of service would help child welfare agencies support eligible families when the material hardships they face are a contributing factor to family separation.[6] Additionally, the inclusion of "access and engagement services" would ensure that peer supports and service navigation could be available to families independent of being components within other evidence-based programs.
- *Authorize Waivers for States to Offer IV–E Prevention Services Based on Eligibility for Evidence-Based Practices Regardless of Candidacy*—The reality that families can only qualify for IV–E prevention funding once they meet a definition of imminent risk of child welfare involvement reflects the fact that our modus operandi is to still wait to invest in families until their challenges have festered into crises. This tertiary prevention strategy remains reactive to adversity that families experience, as opposed to proactively promoting their well-being at early signs of potential problems. Conversely, it also can result in a perverse incentive for states to broaden their definitions of candidacy in ways that expand child protection system surveillance in order to be able to access resources that families need to stay out of that system. Congress can move our prevention approach further upstream without widening the door to foster care by authorizing waivers for states to offer IV–E prevention services to families that are not just candidates for foster care, but to those that meet the eligibility criteria of the evidence-based practices and services on the Clearinghouse. In doing so, we can better serve families proactively that are a step removed from imminent risk and ensure they never need to come in or back into child welfare surveillance. The recently launched Opportunities for Prevention and Trans-

[6] Chapin Hall at the University of Chicago has compiled volumes of research that reinforce the impact of economic and concrete supports in reducing child welfare involvement risk. Summaries of this information can be found at *https://www.chapinhall.org/project/a-key-connection-economic-stability-and-family-well-being/*.

formation Initiative (OPT-In) initiative[7] represents a promising approach that uses community pathways for such interventions that Congress could model after.

- *Fully Fund the IV–E Clearinghouse*—The success of the FFPSA model rests squarely on its ability to have an evidence-based Clearinghouse that generates evidence and makes available to child welfare agencies the most effective and impactful prevention services that reflect the challenges families at risk of child welfare involvement face. Yet, the pace of IV–E Clearinghouse reviews remains sluggish, with only one well-supported kinship navigator program available and very limited access to services that are adapted to be culturally appropriate for smaller population groups that experience disproportionality in the child welfare system, such as tribes. While fully funding the Clearinghouse alone will not solve all the gaps that exist in availability of evidence-based programs, it is a prerequisite to having a full and current array of programs.
- *Create a Pathway for Piloting Emerging Evidence-Based Practices for Communities Lacking Existing Research that Conforms to Evidence Standards*—So long as Clearinghouse review criteria rely on factors such as randomized control trials and quasi-experimental designs, high sample sizes, and administrative unit requirements, purveyors will struggle to generate eligible research for culturally, location-, or population-specific programs. For programs and services for priority groups that lack sufficient evidence to meet the academic rigor set forth in the Clearinghouse, Congress should allow states to obtain time-limited, provisional access to IV–E prevention funding for services should they meet an unmet need identified in these communities. Further, Congress should dedicate funding to support rigorous evaluation of effective prevention services, with priority for these emerging evidence-based practices to support their future consideration for permanent inclusion in the Clearinghouse.
- *Exempt Services for Tribal Communities From Evidence Standards*—Regardless of whether a tribal community directly administers a IV–E program or is under agreement with a state, they should be able to provide prevention services based on practice criteria that reflect their context and culture. The fact that tribes operating programs under agreement with a state cannot utilize this flexibility is an arbitrary and administrative distinction that makes little sense and for which Congress can and should fix. The same flexibility should be extended to Native Hawaiians, who similarly are disproportionately represented in child welfare and lack access to IV-E funding for evidence-based services that reflect their cultural practices and traditions.
- *Remove the 50% Well-Supported IV–E Clearinghouse Requirement*—While the use of programs deemed effective through rigorous research should be encouraged, the bar that has been set to meet the highest evidence threshold—well-supported—in the IV–E Clearinghouse is prohibitively high for some of the programs that community groups most in need of prevention services require. By mandating that states spend at least 50% of their prevention activities towards programs that meet this standard, it creates the unintended effect of redirecting focus from areas where need may be great but generation of evidence is still emerging. By eliminating the 50% spending requirement, Congress can help states more rapidly implement a wider range of evidence-based and promising practices, ensuring that families receive timely support on the issues they need help with most.
- *Provide Enhanced Federal Financial Participation for Technology Investments that Support FFPSA Implementation*—The Family First Transition Act (FFTA) provided $500 million in much needed grants to help states build the infrastructure needed to set-up and navigate the complexities of FFPSA implementation. However, these funds are sunsetting just as many states are beginning to spread and scale their FFPSA programs. Child welfare agencies report confronting many challenges in updating their IT systems to support implementation and to be able to claim for FFPSA services. While for decades, federal funding has supported the development of child welfare information systems, Family First reflects the first time there has been large scale direction to build out an on-going prevention-focused component of such systems. This is a new space for jurisdictions that requires complex and different types of IT capabilities for data

[7] For additional information on the Doris Duke-funded OPT-In initiative, please see *https://www.dorisduke.org/news--insights/articles/doris-duke-foundation-launches-new-opt-in-for-families-initiative-to-refocus--the-child-welfare-system-on-prevention/*.

management and claiming. Congress can help support states at this important juncture by providing enhanced federal financial participation for these technology investments for a period of 5 years beyond FFTA.

- *Build Multi-System Accountability for Child Welfare Outcomes*—Intuitively, we know that when a family enters the child welfare system, they do not do so with a blank slate. The cumulative effects of lifelong adverse experiences play into the circumstances that can result in child maltreatment and family separation. At countless steps in a person's life, the many programs and services that influence how a family lives, learns, works, and plays can alleviate pressures and promote their well-being. Conversely, their failure to do so can elevate the risk of harm and long-term negative outcomes. One in three children in the United States will be reported to a child abuse hotline in their lives before they turn 18, with far higher rates for Black and Indigenous families. Yet, too often we hold the child welfare system solely accountable for outcomes that took shape many layers before a family came into contact with child welfare. FFPSA has and will continue to play a critical role in efforts to equip families with the supports they need to stay safe and well together. However, true transformation requires the many people-serving systems upstream of child welfare to take ownership of their role to prevent foster care involvement. This starts with Congress revisiting how these programs define and measure success in ways that recognize their role in child welfare prevention and extends to shifting federal policy and supporting state and local implementation of upstream programs in ways that build intentional linkages to forge a comprehensive, supportive, and effective prevention web.

Conclusion

In the spirit of the Senate Finance hearing, APHSA and the human services agencies it represents recognize we must simultaneously lift up the successes, roadblocks, and opportunities for improvement in Family First with a sense of urgency and collective action. We believe that the solutions raised in this written record will move us forward in ways that keep families safely together, provide dignity and agency to children in care, and result in better outcomes for families, communities, and our country. We also know that we will strengthen our efforts by bringing the best ideas together from policymakers, people with lived experience, providers, researchers, other sector leaders, and additional voices to build an effective prevention and child well-being system.

We are grateful for Congressional leadership on this matter of national importance. For additional questions or follow-up regarding APHSA's statement, please contact Meg Dygert at mdygert@aphsa.org.

Kelly Garcia
Director, Iowa Department of Health and Human Services
Chair, APHSA Leadership Council

Mary Carpenter
Executive Advisor, Kentucky Cabinet for Health and Family Services
Chair, National Association of Public Child Welfare Administrators

Matthew Lyons
Senior Director, Policy & Practice
American Public Human Services Association

ANNIE E. CASEY FOUNDATION
503 N. Charles Street
Baltimore, MD 21201

Statement of Joseph Ribsam, Director of Child Welfare and Juvenile Justice Policy

On behalf of the Annie E. Casey Foundation (the Casey Foundation), I extend our deep appreciation to the committee for holding an important hearing on May 22, 2024: The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement. I appreciate the opportunity to provide data and recommendations to build understanding of implementation efforts and to inform the committee's policymaking to strengthen Family First.

As members of the committee and witnesses acknowledged during the hearing, the Family First Act is landmark legislation. It demonstrates the federal government's

commitment to strengthening families so more children can remain safely at home, while also improving the quality of care for children and youth who enter foster care. We are encouraged that the Children's Bureau has approved 47 Family First prevention plans (including 42 states, the District of Columbia and four tribes). However, as was heard throughout the hearing, there is much more that can and should be done to meet the range of challenges that create risks to the health and well-being of children, youth and families.

State and local agencies understand that it takes a cross-system approach to meet the diverse and complex issues of struggling families. With their multipart mission of strengthening families and promoting child safety and well-being, child welfare agencies play a significant role in a "system of care" that provides a continuum of services to children, youth and families. To fulfill this mission, child welfare agencies rely on federal funding from Title IV–E, Title IV–B, CAPTA as well as TANF, Social Services Block Grant, Medicaid and other sources. As Congress considers ways to strengthen Family First Act implementation, the Casey Foundation encourages the committee to take a broad view of its policy landscape to identify ways to improve financing for services that can be delivered in the community to help more families avoid child welfare involvement. One critical opportunity is the reauthorization of Title IV–B. I encourage the committee to review our January 2024 testimony on Title IV–B reauthorization before the House Ways and Means' Work and Welfare Subcommittee *(https://waysandmeans.house.gov/event/work-welfare-subcommittee-hearing-on-pathways-to-independence-supporting-youth-aging-out-of-foster-care/).*

About the Annie E. Casey Foundation

The Casey Foundation is a private philanthropy with the mission of building a brighter future for the nation's children and youth. We invest in research, data and innovations that strengthen child welfare practice and policy and support family well-being, so all young people will have the family connections, relationships, communities, and employment and educational opportunities they need to thrive.

Prior to the passage of the Family First Act, the Casey Foundation shared insights and lessons learned based on extensive work with youth and families and with public and private agencies across the country. For example, the Foundation shared data analysis and policy recommendations based on our work to promote best practices in kinship care, helped states reduce reliance on group care, partnered with public child welfare agencies and communities to prevent child welfare system involvement, and nurtured relationships and positive outcomes for youth and young adults in foster care. These policy recommendations are discussed in the following Casey Foundation reports:

- "When Child Welfare Works: Reforming Federal Financing to Support Best Practices in Foster Care" (2014)[1]
- "Every Kid Needs a Family: Giving Children in the Child Welfare System the Best Chance for Success" (2015)[2]
- "Stepping Up for Kids: What Government and Communities Should Do to Support Kinship Families" (2012)[3]
- "Success Beyond 18: A Better Path for Young People Transitioning From Foster Care to Adulthood" (2013)[4]
- "The Road to Adulthood: Aligning Child Welfare Practice with Adolescent Brain Development" (2017)[5]

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[1] The Annie E. Casey Foundation. (2014). When child welfare works: Reforming federal financing to support best practices in foster care. *https://www.aecf.org/blog/when-child-welfare-works-reforming-federal-financing-to-support-best-practices-in-foster-care.*

[2] The Annie E. Casey Foundation. (2015). Every kid needs a family: Giving children in the child welfare system the best chance for success. *https://www.aecf.org/resources/every-kid-needs-a-family.*

[3] The Annie E. Casey Foundation. (2012). Stepping up for kids: What government and communities should do to support kinship families. *https://www.aecf.org/resources/stepping-up-for-kids.*

[4] The Annie E. Casey Foundation. (2013). Success beyond 18: A better path for young people transitioning from foster care to adulthood. *https://www.aecf.org/resources/success-beyond-18-a-better-path-for-young-people-transitioning-from-foster-care-to-adulthood.*

[5] The Annie E. Casey Foundation. (2017). The road to adulthood: Aligning child welfare practice with adolescent brain development. *https://www.aecf.org/resources/the-road-to-adulthood.*

Supporting Implementation

Since the passage of the Family First Act, the Foundation has taken an active role in helping states and localities to implement the reforms the act envisioned, including but not limited to:

- Strengthening state and local prevention efforts through the national Thriving Families, Safer Children movement, which involves the Children's Bureau, the CDC's National Center for Injury Prevention and Control and other public, private and philanthropic organizations working with families to create conditions where families thrive and children are free from harm;
- Engaging jurisdictions and communities to maximize kinship and other family-based placement options through the national Ending the Need for Group Placements initiative;
- Evaluating state strategies and policies on kinship care and partnering with national organizations such as Generations United and the American Bar Association to provide technical assistance to states;
- Disseminating state and national child welfare and kinship data and trends through the Casey Foundation's KIDS COUNT Data Center and Child Trends' State-level Data for Understanding Child Welfare in the United States, an interactive database; and
- Partnering with nearly 20 state and local sites through the Casey Foundation's Jim Casey Youth Opportunities Initiative® to improve the delivery of Chafee programming and other services and supports for young people.

Recommendations

Drawing on the Foundation's collective insights from research, best practice and partnerships, I offer the following considerations for removing barriers, promoting successful implementation and further strengthening federal policy on behalf of children and families.

1. Increase funding and flexibility through Title IV–E and Title IV–B to promote child and family well-being and prevent child maltreatment.

A priority focus of the Foundation is promoting greater racial and ethnic equity and improved outcomes of families and young people involved with child welfare systems. Over the years, our work with agencies, community leaders and individuals who have firsthand experience in child welfare has emphasized the need to increase our national focus on safely preventing the need for foster care and reducing overall child welfare agency involvement. Evidence points to the harm child welfare agencies can inflict on families despite the best of intentions. This is why the vision of the Family First Act is so important yet, as many at the hearing testified, more must be done to ensure that state and local child welfare agencies have the tools and resources to help struggling families so more children can remain safely at home. Community-based organizations, and other trusted agencies and partners, are best positioned to lead and deliver efforts that promote the strength and resilience of families and prevent child welfare agency involvement.

We encourage the committee to consider targeted enhancements to the Family First Act and Title IV–E in tandem with the reauthorization of the prevention programming within Title IV–B. State and local agencies rely on Titles IV–E and IV–B to finance a continuum of prevention services for children, youth and families. The prevention programming permitted by Title IV–B funds enables states to tailor effective community-based programs that are not yet authorized by the Family First Clearinghouse and serving youth and families in need who are not eligible under Title IV–E. In contrast, Title IV–E currently reimburses states for a narrower set of child welfare interventions and for a narrower set of eligible families.

The Family First Act can better serve families with children at imminent risk of entering foster care and serve families in need earlier on, so more children can thrive in safe and supported families. Specific recommendations include:

- *Broaden Title IV–E prevention services eligibility to help more families.*
  - Candidacy, defined as imminent risk of foster care placement, is missing an opportunity to help strengthen families further upstream. Prevention efforts would ideally prevent child welfare system involvement altogether and should particularly target families who have come to the attention of child welfare agencies or have been identified as at risk of child welfare system involvement, and prior to their children being at imminent risk of foster care removal.

- *Broaden the Title IV–E prevention service array to stabilize more families through flexible funding and expedited access to economic and concrete support to prevent unnecessary entries to foster care.*
  - Testimony from David Reed of Indiana's child welfare agency and Administration for Children and Families (ACF) Commissioner Rebecca Jones Gaston emphasized that addressing economic stressors is a key element in promoting stable home environments. In states like Indiana, Kentucky and Wisconsin, the use of flexible funding to provide concrete support has shown promising results in preventing subsequent child welfare involvement. We recommend including *economic and concrete support services and access and engagement services* as allowable service categories. Once the service categories are broadened, we recommend the Family First Clearinghouse prioritize interventions that provide concrete and economic support in their reviews to facilitate quick implementation.
- *Increase access to and utilization of Family First prevention programs by streamlining evidence and evaluation requirements and approvals.*
  - Expand the entities, or clearinghouses, that provide review and approval of evidence-based programs for the purposes of Title IV–E prevention services. For instance, consider the California Evidence-Based Clearinghouse for Child Welfare, the SAMHSA Evidence-Based Practices Resource Center, and the National Institutes of Health. Doing so will provide a broader range of reimbursable services that enable states to better meet families' diverse needs, including with culturally relevant approaches.
  - Increase the capacity of the Administration for Children and Families to directly fund evaluation of programs, including promising and supported programs, and remove the mandate for states to evaluate the implementation of all promising and supported programs, which disincentives states, particularly smaller and rural jurisdictions, from implementing these programs. States should remain required to participate in federally supported evaluation efforts of programs they are using in their jurisdictions. Hundreds of prevention services and programs have been recommended for review by the Family First Clearinghouse, but many have yet to be evaluated, and others need support to build further evidence to meet the Family First Clearinghouse requirements. For smaller community organizations delivering effective services, building evidence is time intensive and costly. Many need resources to develop both the family-strengthening programs and the rigorous research.
  - Support research and community-based organizations working to build further evidence for interventions eligible under Title IV–E prevention programming, and particularly for interventions already effectively meeting the needs of young people from a range of communities and backgrounds. Support the ACF with rural evaluation efforts of programs with small sample sizes by pooling samples across states or evaluation sites that would meet rigorous evaluation standards.
- *Increase flexibility of Title IV–E prevention service financing.*
  - Remove the requirement that at least 50% of the Title IV–E prevention services states provide must have a well-supported evidence rating by the Family First Clearinghouse. In 2024, states must meet the steep 50% threshold on well-supported programs; in fiscal years 2022 and 2023, due to the passage of the Family First Transition Act, states were permitted to spend at least 50% on well-supported and/or supported programs. This disincentivizes states, particularly smaller and rural states, from utilizing promising and supported models which may be better suited for their unique needs.
  - Consider financially incentivizing states to provide prevention services with greater levels of evidence by employing a tiered structure of Family Medical Assistance Percentage (FMAP) rate reimbursement. This would enable states to provide the services that meet the needs of their communities regardless of their current evidence-based categorization. Such an approach might provide a certain percentage of reimbursement less than a state's FMAP rate for use of promising approaches, at FMAP for supported approaches and a rate of reimbursement above a state's standard FMAP for well-supported approaches. This aligns with the recommendation above for ACF to relieve states struggling to meet the costs of evaluating programs with promising or supported levels of evidence.

2. Provide necessary support resources and services to kinship caregivers, as they are key partners in reducing reliance on group care.

We join Senator Ron Wyden, Senator Mike Crapo, and other hearing witnesses in celebrating the growing role of kinship care in child welfare. The Family First Act strengthened kinship policy and funding and has played an important role in driving the 10% increase in placement in kinship care since 2007.[6]

As you know, placement with kin is associated with a wealth of benefits, as compared to placement in group care or with non-relatives. These benefits include increased stability, increased rates of permanency, better mental health outcomes, and stronger connections with siblings, communities and culture.[7]

Strong implementation of the Family First Act is uniquely important for kin. One critical aspect of the act promotes the reduction of placements in group care settings. Data show that the reduction in use of group care settings—down 13% since 2006—comes with an increase in kinship care placements.[8] Research has shown that this reduced reliance on group care is due in great part to kin serving as caregivers.[9] Kin caregivers should receive the same financial and other resources as non-relative caregivers. Family First also provides funding for kinship navigator programs, which can effectively connect kinship caregivers to information and services across multiple public agencies.[10]

To ensure that the investments included in the Family First Act achieve the maximum benefits for kin, we recommend:

- *Explicitly encourage states to include kinship caregivers in their Family First prevention plans—including kin who adopt or become guardians to provide permanent homes for children.*
  - By including kinship caregivers along with parents and children as eligible for receiving prevention services, the Family First Act acknowledges the important fact that many children and youth are living with kin outside of the child welfare system, that kin frequently provide a safe home during times of crisis, and that a growing number of children exit foster care to permanency with kin through adoption or guardianship. These caregivers and the children in their care may also benefit from the services under Family First prevention plans, and their needs should also be considered for effective implementation.
- *Ensure that every kinship caregiver who is caring for a child or youth in child welfare custody is fully supported and has access to an array of services and support, including but not limited to kinship navigation, peer support and financial assistance.* This is a timely and important policy goal as agencies increasingly rely on kin to reduce use of group care, so the kin must be provided with the services and support they need. Strategies for supporting kinship caregivers include:
  - Delink Title IV–E financing eligibility for kinship care placements from the defunct 1996 AFDC program, which will encourage states to strengthen efforts to contact and partner with kinship caregivers. Require states to reinvest any cost savings into additional programing to support this population.
  - Incentivize Title IV–E agencies to support kinship foster care arrangements through a significantly enhanced Title IV–E Family Medical Assistance Percentage (FMAP).
  - Broaden Title IV–E eligibility to cover foster care maintenance payments for kin who are awaiting final licensing approval while caring for children provisionally. Congress can also provide additional funding to states to remove some of the existing barriers to quickly obtaining a license for kin, such as providing grants for mobile fingerprinting equipment in rural areas or requir-

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[6] The Annie E. Casey Foundation. (2024, March). Family ties: Analysis from a state-by-state survey of kinship care policies. Retrieved from *https://assets.aecf.org/m/resourcedoc/Reportfamilyties-2024.pdf.*

[7] Generations United (2023) Fact sheet: Children thrive in grandfamilies. Retrieved from *https://www.gu.org/app/uploads/2023/05/23-Children-Thrive-in-Grandfamilies.pdf.*

[8] The Annie E. Casey Foundation (2023, May). Fostering youth transitions 2023: State and national data to drive foster care advocacy. *https://assets.aecf.org/m/resourcedoc/aecffosteringyouth-executivesummary-2023.pdf.*

[9] Chor, B., Cepuran, C., Anderson, C., Heaton, L., . . . and Rhodes, J. (2023) Family First implementation of congregate care reforms: Where are we one year later? Chapin Hall at the University of Chicago. Retrieved from *https://www.chapinhall.org/research/family-first-implementation-of-congregate-care-reforms-where-are-we-one-year-later/?gad_source=1&gclid=Cj0KCQjw2uiwBhCXARIsACMvIU0KLV8cZymcuR2r2qeqleU-yYONrLzmNP7rHurC-MMvRJw6tmr9prkaArLoEALw_wcB.*

[10] *Grandfamilies.org.* (n.d.) Kinship navigator programs. Retrieved from *https://www.grandfamilies.org/Topics/Kinship-Navigator-Programs.*

ing partnerships with the Department of Justice to expedite kin background checks.
- Require notification to relatives more quickly and maximize technology for doing so. The 2008 Fostering Connections Act required Title IV–E agencies to notify relatives within 30 days of a child entering foster care. By shortening the timeframe for notice, relatives can be engaged in more timely ways, and more quickly become a placement for a child. Most states provide notice through the mail, meaning that information delivery may be delayed. Policy should require states to use multiple methods of notification and ensure useful information is included (such as notice about upcoming court and family team meeting dates, information on how to become a child's placement resource, and what resources are available) so relatives can more quickly support the child and family.
- Require Title IV–E agencies to consult with kinship caregivers to review notification and engagement materials as well as the process used to notify and engage kin, to ensure engagement is effective and understandable.

■ *Remove barriers to expanding kinship navigator programs so that every kinship caregiver in every state can connect with these vital information and mentoring services.* Kinship navigators have a long history of supporting families, and across the country there are many models designed to serve different populations and meet unique community needs. For example, navigator programs in rural areas have different components than those in urban areas.
- Remove the evidence requirements for kinship navigator programs to broaden the pool of qualifying programs. To access ongoing Title IV–E funds through Family First, jurisdictions must implement kinship navigator programs that have been designated as promising, supported or well-supported by the Family First Clearinghouse. There are currently only five navigator programs that meet these criteria, meaning that many programs are unable to access funding. Kinship navigation services are uniquely difficult to evaluate through traditional methods.[11] Although other federal funds have been and can be used to implement kinship navigator programs, Title IV–E is the backbone of needed services as states and the ACF urge increasing use of kin placements.
- Incentivize and promote navigation programs that reach grandparents and other kin caregivers, inclusive of those who are not involved with child welfare agencies. Around 2.5 million children live in kinship care, with only a small subset of them involved in the child welfare system.[12] As was passionately shared at the hearing by a grandmother caring for her grandchildren, navigation services can help ensure that kinship families stay connected to needed resources and reduce the need for child welfare involvement in the future. Navigator programs should also be supported in hiring kinship caregivers as a part of the navigation team, as peer-to-peer support is critical to connecting families to services.
- Increase kinship navigator funds outside the prevention clearinghouse, where new innovations and populations served can be explored, helping increase the pipeline of programs into the clearinghouse.

3. Ensure children, youth and their families have access to comprehensive behavioral health care, including trauma care, without necessitating child welfare system involvement.

In almost every state, child welfare agencies are struggling with children being placed in hotels, sleeping in offices or being "boarded" in hospital emergency departments. At the same time, in 2022 (the most recent year data[13] are available), there were fewer children in foster care than in each of the 4 years prior. Eight percent (8%) of all children coming into foster care had "child behavior problem" noted as a circumstance present at the time of removal and for 9%, their most recent placement was a group home or institution. Anecdotal reports from state leaders and staff confirm that the youth sleeping in hotels, offices, and other unconventional and

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[11] Rushovich, B., McKlindon, A., and Vandivere, S. (March 31, 2021). Strategies to build evidence for kinship navigator programs under the Family First Act. *https://www.childtrends.org/publications/strategies-to-build-evidence-for-kinship-navigator-programs-under-the-family-first-act.*

[12] Generations United. (2023). Children thrive in grandfamilies. Retrieved from *https://www.gu.org/app/uploads/2023/05/23-Children-Thrive-in-Grandfamilies.pdf.*

[13] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). The AFCARS Report Preliminary FY 2022 Estimates as of May 9, 2023. (No. 30). *https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-30.pdf.*

inappropriate settings are often youth with significant, unmet behavioral health needs.

These data indicate something that has been well known to practitioners and families for a very long time: In many parts of this country, the child welfare system has been acting as the *de facto* children's behavioral health care system, particularly for children and youth with significant mental health needs, intellectual and developmental disabilities, and trauma, as well as externalized and internalized behaviors associated with significant trauma. Child welfare systems that were never well-equipped to serve as children's behavioral health systems are experiencing this as a "placement crisis."

On September 30, 2022, 33,728 children in foster care were living in a group home or institution, representing 9% of placements. On the same day in 2018, 47,293 children (10%) in foster care were living in a group home or institution. Although the nation had 13,565 fewer children placed in group homes and institutions in 2022, child welfare systems were experiencing a crisis of a lack of residential placements for children. While there may be gaps for acute out-of-home treatment for some populations of children, the problem systems are facing is, fundamentally, a problem of inadequate, insufficient and inaccessible children's behavioral health care—specifically in-home and community-based services and interventions before crisis ensues and child welfare system involvement becomes the default response.

A model to consider in efforts to strengthen the prevention continuum: The jurisdiction that has sustained the lowest per capita rate of group care utilization[14] by a child welfare system and lowest youth suicide rates,[15] demonstrates policy solutions that can be employed to support states to improve child and youth well-being, reduce overreliance on child welfare systems as a source of behavioral health care, and reduce group care. New Jersey realized the lowest rate of group care in the nation prior to the passage of Family First and has maintained it to date by developing a comprehensive, statewide children's system of care for behavioral health primarily funded by Medicaid but with braided funding from multiple sources and payers. This behavioral health care is available universally—not limited to those served by child welfare, but thoughtfully integrated with the child welfare system to address the behavioral health needs of children involved in the system. For more detail on this effort, see Appendix A.

The core constellation of services across New Jersey's model system of care include: mobile response and stabilization services; enhanced care coordination using Wraparound services; in-home clinical supports/services; parent and youth peer support; and flexible funds to meet discrete needs including to fund pro-social youth activities necessary to encourage the development of healthy relationships as a necessary component of healing from trauma. These are the same core services outlined in the 2013 Joint CMCS and SAMHSA Informational Bulletin[16] and referenced in the 2022 CMCS Informational Bulletin.[17]

Family and youth will not receive the care they need, when they need it and where they need it until states are incentivized to develop comprehensive systems of care for children's behavioral health and stop depending on child welfare to serve a purpose it wasn't designed to do.

To encourage states to meet the challenge of the youth mental health crisis and reduce child welfare's reliance on group care, Congress could:

- *Provide an enhanced Medicaid Federal Medical Assistance Percentage* to states offering the aforementioned critical core children's behavioral health services to children and their families through children's behavioral health systems and outside of the child welfare system;
- *Support partnership between SAMHSA and the Center for Medicare and Medicaid Services to develop future system-of-care planning grants* that explicitly support states in developing comprehensive systems of care for children's behavioral health alongside Medicaid as a sustainable funding source; and
- *Resist calls to support additional Title IV–E funding for residential placements.* While some of these calls have begun to roll back reforms that limited federal fi-

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[14] In 2021, New Jersey had a child welfare group/institutional care rate of 8.1 per 100,000 children compared to a U.S. rate of 44.5 per 100,000 children.

[15] From 1999 to 2020, New Jersey had a youth suicide rate of 1.8 per 100,000 youth compared to a U.S. rate of 3.6 per 100,000 youth. Retrieved from *https://www.ojjdp.gov/ojstatbb//victims/qa02704.asp?qaDate=2020&text=yes.*

[16] *https://www.medicaid.gov/federal-policy-guidance/downloads/cib-05-07-2013.pdf.*

[17] *https://www.medicaid.gov/federal-policy-guidance/downloads/bhccib08182022.pdf.*

nancial support for group placements within the child welfare system, the best way for Congress to direct federal resources to impact this issue is increased accessible, comprehensive, community-based, trauma-informed behavioral health care, which will decrease the demand for unnecessary child welfare system involvement and overreliance on harmful and unnecessary use of group and institutional placements. We applaud Chairman Wyden's comments at the outset of the May 22, 2024, hearing, indicating his continued firm support for Family First's efforts to limit the use of congregate care.

4. Make critical Title IV–E eligibility and funding enhancements to improve outcomes of children, youth and young adults.

While Family First holds much promise to prevent child welfare agency involvement, it also strengthens the child welfare system's ability to respond to the needs of children and youth who require temporary removal into foster care. The Casey Foundation has long worked to promote family-based foster care, and particularly kinship care, as a key strategy to eliminate the need for group care placements. Children and youth belong and are best cared for in families. Specific recommendations include:

- *Make young people in foster care categorically eligible for prevention services, in alignment with Chafee eligibility.* Current eligibility for expectant and parenting youth in foster care is missing the opportunity to ensure all young people in foster care have the services and supports they need to avoid child welfare systems as they transition to adulthood and have the opportunity to start families of their own. Young children in foster care are likely to return to their families or experience adoption or legal guardianship, but more than half of teens ages 16 and older will not—and will age out after reaching age 18.[18] Nearly 20,000 young people age out annually.[19] These youth face a steep climb on the road to adulthood, including setbacks in education, higher rates of mental health needs, higher risk of homelessness and other hardship.[20] We can and must do better to help each of these young people have the relationships, support and opportunities to succeed. Enabling them to receive prevention services under the Family First Act can better position states to help them achieve success.
- *Double federal funding for the Chafee program.* Congress recognized the need to double the funding of the earlier Independent Living Initiative (1986) when it established the Chafee program in 1999. Now, 25 years later, the program is in critical need of another significant investment. The Family First Act greatly expanded eligibility for the Chafee program, which provides support and independent living preparation for transition-age youth in foster care, and federal resources are needed to ensure all eligible young people can benefit from these services and supports. Unfortunately, data show that each year, less than a quarter of all eligible foster youth receive any Chafee service. Further analysis of Chafee services also finds that only half of all eligible youth will ever receive Chafee services throughout their foster care journey.[21]
- *Remove barriers to youth accessing foster care beyond age 18.* Eliminate eligibility criteria for extended foster care to better ensure participation in the programming—a youth age 18 in foster care should be eligible. Also, delink Title IV–E financing eligibility from the defunct 1996 AFDC program so state and federal cost sharing can occur for all participating youth, which will encourage states to establish and enhance these programs for youth. Require states to reinvest any cost savings into additional programing to support this population. Extended foster care is an underutilized resource: Data from 2021 show that nationally, only about 22% of those in care on their 18th birthday remained in care on their 19th birthday. They missed out on the clear benefits of extended care. Research on extended foster care found that older youth in care at age 19 were more likely to have a high school diploma or GED and were more likely to be employed at age 21 than

[18] The Annie E. Casey Foundation. (2023). Fostering youth transitions 2023: State and national data to drive foster care advocacy. *https://www.aecf.org/resources/fostering-youth-transitions-2023.*

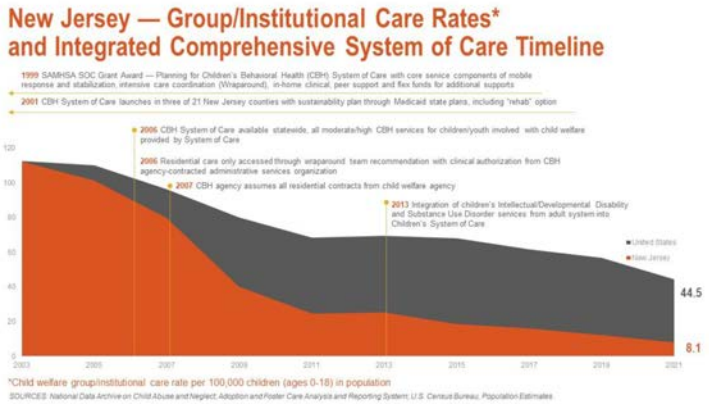
[19] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (2022). The AFCARS Report Preliminary FY 2021 Estimates as of June 28, 2022. (No. 29). *https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-29.pdf.*

[20] The Annie E. Casey Foundation (2023). Fostering youth transitions 2023: State and national data to drive foster care advocacy. *https://www.aecf.org/resources/fostering-youth-transitions-2023.*

[21] The Annie E. Casey Foundation (2023). Fostering youth transitions 2023: State and national data to drive foster care advocacy. *https://www.aecf.org/resources/fostering-youth-transitions-2023.*

youth who were not in extended foster care at age 19. Those in extended care were less likely to experience homelessness between ages 19 and 21.[22] A study found that each additional year of foster care beyond age 18 increased odds of enrolling in college by 10%; increased odds of earning a high school credential by 8%; and decreased odds of experiencing homelessness or couch surfing between ages 17 and 21 about 28%.[23]

Appendix A



LETTER SUBMITTED BY LOUANN BALLARD
Columbus, Michigan

May 29, 2024

To whom it may concern.

I am Ms. Louann Ballard. This statement of facts is written, in support of true facts for a matter of record.

In Support of an appeal, in support of a lawsuit, in support of due process of law, in support of civil rights, universal rights, and children's rights, in support of justice and to let the individuals in Columbus, Michigan, the Senate Committee on Finance, and the public know about the injustice done to me and my family here in the United States of America.

I am also the mother of Chelsea Nieporte and the biological maternal grandmother of Jettson C. Richard, Jacelynn C. Richard, Jonathan C. Richard, and Journey C. Richard.

In 2019 a CPS case was opened against my daughter (Chelsea) and her four children were taken by Michigan CPS case #20000093. During the case I was informed by the adoption agency to wait till my daughter lost her parental rights then file for custody of my four grandchildren. At the time I did not know my rights.

The adoption agency stated that it would be best if I alone file for custody, because the adoption agency stated that Chelsea's father Craig Nieporte was too old to adopt his four grandchildren. In August 2021 my daughter's (Chelsea) parental rights were terminated due to her not completing the safety plan.

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[22] Rosenberg, R., & Abbott, S. (2019). Supporting older youth beyond age 18: Examining data and trends in extended foster care. Bethesda, MD:. Child Trends. *https://www.childtrends.org/publications/supporting-older-youth-beyond-age-18-examining-data-and-trends-in-extended-foster-care.*

[23] Courtney, M. E., Okpych, N. J., & Park, S. (2018). Report from CalYOUTH: Findings on the relationships between extended foster care and youths' outcomes at age 21. Chicago, IL: Chapin Hall at the University of Chicago. *https://www.chapinhall.org/research/improved-outcomes-at-age-21-for-youth-in-extended-foster-care/*.

At some point my daughter (Chelsea) filed a cease-and-desist motion stating that she wants her four children to be placed with me (Ms. Louann Ballard) and her Father Craig Nieporte if her parental rights hearing in the lower courts. On August 2, 2023, I filed a Section 45 hearing to adopt my four grandchildren.

The lower courts rejected the motion and would not give me due process of law nor discovery, violated me and my constitutional rights. So, in 2023, I filed an appeal with the Michigan Court of appeals. On May 14, 2024, we had oral arguments in Michigan Appeals Court, being a pro se litigant, I feel I did a great job in court.

In May 2024, the Michigan Appeals Court case #367472 rendered a ruling to vacate the lower court's decision since the lower courts did not allow complete discovery of information relevant to the Section 45 hearing and remand the lower courts to allow me (Ms. Louann Ballard), the petitioner, to conduct discovery regarding the children's case files maintained by MCL, the Department of Health and Human Services (DHHS) and the involved adoption agency.

The Michigan Appeals said that the lower courts shall hold a new 45 hearing and grant me discovery. Due to the lower courts disregard for the law and not following the Michigan Constitution nor the U.S. Constitution, I truly feel that I would not receive a fair hearing nor due process of law. I feel as a pro se litigant, it would be in my best interest to file a motion to change venue so that true, honest justice will be given and not denied.

I ask that the Senate please intervene in this matter so that my rights to due process of law and my constitutional rights will be protected and granted. I would like to state for a matter of record that the State of Michigan is not following the Law. The lower courts erred when it took the State of Michigan almost 3 years just to hear the maternal grandmother, petitioner Louann Ballard's 45 motion for custody and visitation, and thus violated the maternal grandmother Louann Ballard's right to due process of law afforded to Louann Ballard under the 5th Amendment of the U.S. Constitution, that states to the federal government, that no one shall be deprived of life, liberty, or property without due process of law.

The fourteenth Amendment ratified in 1868 uses the same eleven words, called the due process clause, to describe a legal obligation of all states. In the Child Custody Act of 1970, although limited in scope, were the first statues to grant grandparents visitation rights. In 1982, the law was amended to expand the rights of grandparents and grandchildren. Grandparents' rights to visit children born out of wedlock have been confusing and inadequate.

The Supreme Court in *Troxel vs. Grandville* case ruled that Grandparent's visitation laws are constitutional. Taking the maternal grandmother petitioner Louann Ballard's visitation rights to her grandchildren violated her constitutional rights. In their State of residence, preference must be given to placement with a relative. In addition to placement preferences, when a child is removed from their home, federal and state laws allow for relatives to participate in the case and have contact with the child. Case managers must identify and provide notice to all adult relatives that a related child is in foster care.

Ongoing efforts to identify, locate, and engage relatives including grandparents is an expected part of case planning and permanency goal. If a child is in the State of Michigan care, custody, and control, relative placement must be a priority. In MCL—Section 722.954a kinship care as a child welfare service in Michigan, is when children are not able to stay with their parents, the parents are asked to identify any fit and willing relatives who may be able to care for the children.

Thus, placement with the maternal grandmother petitioner Louann Ballad is in the best interest of her grandchildren by being a blood relative. From the very beginning of this case, I requested custody of all four of my grandchildren, but the State of Michigan courts have denied me the right to have custody and the right to raise my grandchildren in a loving and caring home.

In this case, both grandparents (Ms. Louann Ballard and Craig Nieporte) have passed all required background checks, home studies, and parenting classes. We are waiting for the chance to raise my four grandchildren, Jettson C. Richard, Jacelynn C. Richard, Jonathan C. Richard, and Journey C. Richard. They have been placed with Adoption and Foster Care Specialist, Inc. located at 2031 Elms Road Building B, Swarts Creek, Michigan 48473.

My four grandchildren are not doing well in their current placement, my granddaughter Jacelynn had made statements and recordings of domestic violence in her placement, my grandson Jettson had a black eye, and my grandson Jonathan has

holes in his shoes and clothes and all my grandchildren's basic needs are not being met in their current placements.

Please respond to this document in writing within 10 days. We anticipate justice and a favorable response.

Respectfully submitted, Ms, Louann Ballard
A Loving and Caring Grandmother

LETTER SUBMITTED BY TIFFANY BARNES-MAYFIELD
Nacogdoches, TX

To Whom It May Concern:

On July 11, 2022 my two children were removed from my care because of false allegations formulated by my oldest daughter because she was in trouble for victimizing her younger siblings at the end of May 2022.

I wasn't sure if she was fully active, so I told her I would get her tested to find out since she wouldn't answer me when I asked her. When questioned she formulated a cover story because she initiated the incident. Before she was removed she recanted and told the department why she made the false report.

My daughter is jealous of her younger sister because her father is involved in her life. CPS removed my children anyway with law enforcement assistance because the investigator had a working rapport with the Nacogdoches Police department due to being a former sergeant.

I was not given the opportunity to review or see the court order prior to removal. I was arrested and my children were taken and I was not given the order until after I bonded out.

At the time when my daughter made the false report she had just had surgery and was trying to recover from a tonsillectomy and it was hard for her to be clearly understood verbally, so she had to write. I informed them that the 2015 case that they ruled out by mistake was the cause of my daughter's precocious behavior. At the time my daughter was in her biological father's care.

My two girls were placed 4 hours away. The foster parent would cancel visits at the last minute causing a blank trip. Five months later in December 19, 2022 my husband was arrested and still is currently incarcerated and being held on charges for a crime that was committed by my ex-husband's nephew.

The incident was conspired by her father Marcus Lacy and his girlfriend Lynda Bell in efforts for me to lose custody. When I started going to court I learned that my ex-husband is a contract employee as a janitor for the courts. Also in December of 2022 we were informed that the department would put both of my girls in my ex-husbands care after advising the department that placement in his care were against my daughters wishes due to the traumatic experience.

My daughters were placed in his care around January 10, 2023. I have tried on numerous occasions to submit evidence to the courts proving that his nephew is the true perpetrator and evidence that the adults conspired the abuse. I have been trying to pursue charges against these adults as well as the nephew. I have also tried on numerous occasions to have my daughters placed with friends or family members.

One of my family members is a foster parent and is willing to be placement for my children. My daughters have been removed from my ex-husbands care due to him not meeting their basic needs. While in his care he removed my daughters from the home that the home study was done on and had them staying in an uninhabitable living conditions with animal urine and feces throughout the house.

Since the girls have been removed from his care he stopped participating and showing up for court and he works there. My daughter called me because she didn't know what to do because they were ignoring the kid's complaints of being uncomfortable and mistreated. Every concern regarding my ex-husband and his behavior and treatment has been ignored.

The department and CASA continue to reach out to him to give him opportunity to participate in the case when ultimately the issues are his fault. My ex-husband protected his nephew instead of protecting his daughter and I have been dealing with the aftermath of the things they plotted.

My daughter is still in foster care and I still have my rights but I believe they are going to petition the court to terminate because the foster parent wants to adopt and will not let them stay permanently unless she can adopt.

I believe my daughters should not be in foster care for something that ultimately is not my fault.

Concerned Parent
Tiffany Barnes-Mayfield

LETTER SUBMITTED BY KHASIM OBIEDA BARROW
Carson City, NV

IN THE JUVENILE DIVISION OF THE FIST JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA, IN AND FOR CARSON CITY
Date of permanency hearing August 8, 2024

DIVISION OF CHILD AND FAMILY SERVICES
2533 North Carson Street Suite #100
Carson City, NV 89706

To whom it may concern:

On September 2, 2022, I won emergency custody of my daughter. On September 4th we were moving out of the apartment where we were staying at, taking things out of the house and putting them in the garage that was no more than 50 feet away. My daughter was in view and sight of me until a neighbor called the cops on me.

Because I won custody of my daughter, and was friends with the mother of my child, Theresa Suarez, my daughter was not in harm or being neglected. The neighbor took my daughter in her car and called the Carson City sheriffs office. I saw her come out the car with my daughter while she was on the phone with Carson city sheriffs office, I waited with my daughter until the sheriffs came. I was arrested for felony child endangerment.

The following day, I was released because there was no evidence of me neglecting my daughter. I had witnesses and other neighbors to testify to that. I had my daughters godmother take her while they put me in custody.

On September 8th, a social worker intern without a license named Rose Jaime took my daughter into DCFS custody. In the report it said that on September 4, 2022 the division of Child and Family Services received a report of neglect of Petra Barrow by legal Father, Khasim Barrow, and mother, Theresa Suarez.

Specifically, Carson City Sheriffs Office responded to the home due to Petra Barrow wandering the streets and being found by a neighbor. It says in the report that CCSO attempted to locate the parents, Khasim Barrow and Theresa Suarez and were unable to. Therefore CCSO called DCFS which was a lie, I was there the whole time and the neighbor took my daughter inside the truck and called CCSO which is a form of kidnapping.

Later that day the Division of Child and Family Services received a call from Theresa Suarez, the mother of Petra Barrow, where she disclosed that she was actively using substances, specifically heroin, and she consented to voluntary present danger plan which was a provider as well Elio Carrasco which was waiting in front while we were in the back.

The child advocacy team told me I had to bring her to Reno to get a special test done the following day for situations like this. Texted Rebecca and told her what happened no response so I emailed her in the morning getting my daughter ready to take her to the place. Elio left my apartment to change and I can get my daughter ready.

After I emailed Rebecca Stoffel, LSW #7532–S, 35 minutes later Jessica Lynne Carstens, LSW #5027–S, came with another social worker and two deputy sheriffs, I'm thinking, ok, they are going to ask me what happened. But no, they came to take my daughter, and I was arrested on a warrant that I had from DAS that I've been trying to clear up for weeks and they knew about this warrant and knew *it wasn't nothing major, just an anger management report, and I was still able to have my weekend visits.

I was just with the deputies the night before due to the situation of my daughter being molested. I believe that was retaliation of me going to the hospital and filing

a police report. I didn't care about a warrant. I was concerned about my daughters well-being and safety, and since she has been placed, there has always been something happening.

Now my daughter doesn't want my provider around because his nationality is Mexican like the foster parent Jesús. Paul Robbins is investigating the matter and it's a fact that my daughter was molested. I also have the underwear. I think it has blood on it. I'm going to have to give it to him when he gets back to me.

From September 10th to the 15th, I was in custody, I was bailed out on the 15th and contacted the social workers, nobody has contacted me back in regards to where my daughter is now, how is she doing, and she is asking for me.

I am worried about her as a parent should and she never has been through any of this in her parents care. It's September 17th and I still haven't hear anything from anyone. On October 31, 2023, I received an email from detective Paul Robbins stating that based on the results of the CARES exam and the child forensic interview, there is no indication that Petra was sexually assaulted. I'm recommending the case be closed. Thank you for your help.

My reply was, so you are saying that what me and the nurse saw was different and that she is lying? His reply was, "I didn't say your daughter was lying. I don't believe children lie about such things—especially at that age." I said that the results of the interview and the exam did not support her being assaulted. You can obtain a copy of the report through our records division.

Now in the recent DCFS report it's saying that I used a form of coercion with my daughter, which the agency is committing perjury, once again.

Since the beginning their has been fraud upon the court from removing my child with the order not in a judicial seal, but just a signature, conspiracy against my right in so many forms. I'm paying for my daughter's health insurance while in custody of DCFS, this is not right at all.

Thank you for your time.

Sincerely,

Khasim Barrow

BAZELON CENTER FOR MENTAL HEALTH LAW
1090 Vermont Ave., NW, Suite 220
Washington, DC 20005
202–467–5730
https://www.bazelon.org/

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
239 Dirksen Senate Office Building
Washington, DC 20510

Re: Statement for the Record for May 22, 2024 Hearing on "The Family First Prevention Act: Successes, Roadblocks, and Opportunities for Improvement"

Dear Senators Wyden and Crapo:

We write on behalf of the Bazelon Center for Mental Health Law, in conjunction with the Finance Committee's May 22, 2024 hearing entitled, "The Family First Prevention Act: Successes, Roadblocks, and Opportunities for Improvement."

The Bazelon Center is a national organization that advocates for the civil rights, full inclusion, and equality of adults and children with mental disabilities. The Cen-

ter played a key role in the historic case of *Olmstead vs. L.C.,*[1] in which the Supreme Court held that, under the Americans with Disabilities Act (ADA), people with disabilities have the right to live and receive services in their homes and community and to be free from segregation and unnecessary institutionalization. We have also co-counseled numerous class actions advancing these principles in systems serving children and families, including *Katie A. vs. Bonta* and *S.R. vs. Pennsylvania Department of Human Services*.

The Bazelon Center appreciates recent bipartisan efforts to address serious gaps in the children's behavioral health system. However, we have been extremely concerned about recent discussions to carve youth in foster care out of the Institutions for Mental Disease (IMD) exclusion in Medicaid. This would fund inappropriate and harmful expansion of residential treatment placements for children with mental health disabilities.

As the Committee discusses potential reforms, we wish to underscore the importance of supporting community-based mental health services for youth in foster care, and to reduce unnecessary institutionalization. We urge Congress to uphold the intent of the bipartisan Family First Prevention Services Act of 2018 (Family First) to reduce unnecessary congregate care placements and prioritize family-based care when a child must be removed from their family. We oppose legislation that would interfere with this intent by permitting Medicaid reimbursement for Family First's Qualified Residential Treatment Programs (QRTPs).

As the U.S. Department of Health and Human Services' (HHS) regulation implementing Section 504 of the Rehabilitation Act states, "[C]ongregate care is virtually never the most appropriate long-term placement for children."[2] Decades of research and lived experience has shown that children, including those in the child welfare system, fare best in the least restrictive settings possible, preferably with families.[3] Institutional placement is often traumatic and lacks the setting and supports to help a child to flourish. Children—including children with disabilities—belong with families. When they cannot be with their family of origin, they should be in family-like settings.

Placement in congregate care can negatively affect both children and parents. A key goal of the child welfare system is to preserve and unify families; the legal requirement is to reunify the child with their family, as soon as it can be made safe to do so, because removal and placement in a segregated non-family setting cause trauma.[4] Both are to be avoided and severely limited when they are necessary.[5] When a child is away from home, it is more difficult for parents to visit, for them to meet the requirements of their reunification plan and to stay engaged in school and medical appointments, including their continued right under federal law to make educational decisions for their child with a disability unless their parental rights have been terminated. All of these can prevent parents from achieving reunification goals and prepare for a successful return home. Often children return to their family of origin or foster homes in the community without this critical health and education information.

Attempts to repeal or modify the IMD exclusion for youth in foster care are contrary to the basic tenets of the disability rights movement and current efforts to reform child welfare to encourage more use of family-based care. Long-standing litigation established children's right to community-based services pursuant to both the Early

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[1] 527 U.S. 581 (1999).

[2] U.S. Department of Health and Human Services, Discrimination on the Basis of Disability in Health and Human Service Programs or Activities, 89 Fed. Reg. 40106 (May 9, 2024), *https://www.federalregister.gov/documents/2024/05/09/2024-09237/nondiscrimination-on-the-basis-of-disability-in-programs-or-activities-receiving-federal-financial*.

[3] *See, e.g.,* Think of Us, Away From Home: Youth Experiences of Institutional Placements in Foster Care (2021), *https://assets.website-files.com/60a6942819ce8053cefd0947/60f6b1eba474362514093f96_Away%20From%20Home%20-%20Report.pdf;* American J. Orthopsych., Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association, Vol. 84, No. 3, 219–225 (2014), *https://www.apa.org/pubs/journals/features/ort-0000005.pdf.*

[4] American Bar Association, Trauma Caused by Separation of Children from Parents (2019), *https://www.americanbar.org/groups/litigation/about/committees/childrens-rights/trauma-child-parent-separation/*.

[5] *See* National Council on Disability, Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and their Children (2012), *Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children (ncd.gov);* Welfare Information Gateway, Reasonable Efforts to Preserve or Reunify Families and Achieve Permanency for Children (2019), *Reasonable Efforts to Preserve or Reunify Families and Achieve Permanency for Children (childwelfare.gov).*

and Periodic Screening, Diagnostic, and Treatment (EPSDT) mandate and the Americans with Disabilities Act, and in 2018, the Family First Prevention Services Act was enacted to help make this a reality.[6] Now is not the time to undermine this progress and make it easier for states to obtain federal funding for foster children in institutions.

To the extent that inpatient services are deemed necessary for youth in Medicaid, Medicaid already covers such facilities via the "psych 21" benefit.[7] Under Medicaid, children under 21 can obtain long-term inpatient service in psychiatric residential facilities, as long as those facilities meet very specific conditions of participation intended to protect youth who are admitted. The changes to the IMD exclusion being discussed for youth in foster care will not remove any "barrier" to treatment, as pathways to coverage of such services already exist. However, by taking psychiatric inpatient services out of the context of the psych 21 benefit, it will create "short cuts" for states to obtain funding for congregate facilities for children, undermining hard-won protections.

States should instead be encouraged to increase support through Medicaid for intensive community-based services, a necessary component of mental health and child welfare systems that meet the needs of children with mental health disabilities and their families. There is strong evidence that community-based services delivered through a "wraparound" approach are clinically effective and lead to positive outcomes for children with significant mental health needs. These services allow children to live in their own homes or in home-like settings in their communities, instead of being placed in restrictive residential placements. The federal government has supported large nationwide studies demonstrating that community-based services "enable children with complex needs—many of whom have traditionally been served in restrictive settings like residential treatment centers, group homes and psychiatric hospitals—to live in community settings and participate fully in family and community life."[8]

In 2022, Congress directed the HHS Secretary to review state implementation of EPSDT programs and issue guidance on Medicaid coverage requirements, including best practices for ensuring that children have access to comprehensive mental health services.[9] In addition to any legislative action to enhance Family First's focus on providing services to help keep families together, Congress can make use of HHS' EPSDT findings to remove any barriers to intensive community-based services for children with mental health disabilities.

As the 25th anniversary of the *Olmstead* decision approaches, we appreciate the Committee's interest in improving services to help children in foster care, including those with disabilities, avoid unnecessary segregation in congregate placements. We urge you to pursue solutions that will strengthen the community-based systems of care that serve them. Should you have any questions about this letter, please feel free to contact Lewis Bossing (lewisb@bazelon.org) or Monica Porter Gilbert (monicag@bazelon.org).

Sincerely,

Bazelon Center for Mental Health Law

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[6] *See Rosie D. vs. Romney,* 410 F. Supp. 2d 18 (D. Mass. 2006); *Katie A. ex rel. Ludin vs. Los Angeles County,* 481 F.3d 1150, 1158 (9th Cir. 2007); Settlement Agreement, *T.R. vs. Dreyfus,* C09–1677–TSZ (W.D. Wash. December 19, 2013), *https://www.disabilityrightswa.org/wp-content/uploads/2017/12/Settlement-Agreement-and-Order-signed-8.30.2013_0.pdf;* U.S. Department of Justice, Findings Letter, Investigation of West Virginia Children's Department of Justice, Findings Letter, Investigation of West Virginia Children's Mental Health System Pursuant to the Americans with Disabilities Act 22 (June 1, 2015), *https://www.ada.gov/olmstead/documents/west_va_findings_ltr.pdf.*

[7] 42 U.S.C. 1396d(a)(16); 42 U.S.C. 1396d(h)(1).

[8] U.S. Department of Health and Human Services, Joint CMCS and SAMHSA Informational Bulletin 1–2 (May 7, 2013) (discussing findings of SAMHSA Children's Mental Health Initiative (CMHI) and the Center for Medicare and Medicaid Services (CMS) Psychiatric Residential Treatment Facility (PRTF) Demonstration Program), *https://www.medicaid.gov/federal-policy-guidance/downloads/cib-05-07-2013.pdf.*

[9] Bipartisan Safer Communities Act, Pub. Law No. 117–159, § 11004.

STATEMENT SUBMITTED BY BRIANNA BEAUPRE
Rancho Viejo, TX

CASE HISTORY /REMOVAL:

I.N.B.—DOB 2007 (f) (Caucasian)

A.I.B.—DOB 2022 (m) (Biracial/Hispanic)

FACT—Mom has raised I.N.B. as a single mother since birth 2007. Mom has had numerous **unsubstantiated** reports to CPS over the years (retaliation reports by family members).

FACT—2020 Mom and I.N.B. relocate to Texas-CPS reports by family cease at this time as family is unaware of her location.

FACT—2021 Mom receives **consistent treatment** for chronic pain secondary to a severe spinal injury. Compliant treatment at El Dorado Community Services with routine drug testing.

Allegations—May 13, 2021 Report of neglectful supervision of I.N.B. **unsubstantiated**.

FACT—May 13, 2021 DFPS Texas claims they are unable to locate mom and I.N.B. **this is false,** as the El Dorado Community Services is mentioned in the **unsubstantiated report.**

FACT—July 2021 Mom becomes pregnant with A.I.B. considers adoption as an option. Employee at El Dorado Community Services contacts DFPS Texas with this information ** *Possible* baby for adoption**

FACT—March 12, 2022 Mom gives birth to **healthy, full term** baby boy A.I.B. (EXHIBIT 1 and 2)

FACT—March 12, 2022 Social Worker Brianna Cisneros (#63393) gets involved. Notes, "at this time, nursery reported no issues or concerns with infant." (EXHIBIT 3)

FACT—March 13, 2022 Mom reports to Brianna Cisneros denied any drug use or alcohol use and mom felt safe and comfortable discharging home with infant. (EXHIBIT 3)

FACT—March 14, 2022 **New CPS report filed #8e780f61.** (EXHIBIT 4)

FACT—March 14, 2022 Mom cleared for discharge, infant will need to be cleared by the Department in order to proceed with infant discharge. (EXHIBIT 4)

FACT—March 14, 2022 Discharge notes contain information relayed by hospital staff social worker **inconsistent** history of mom's drug use. Discharge plan by hospital staff to discharge home, no community services needed Negative drug tests for both mom and A.I.B. (EXHIBIT 5)

FACT—March 15, 2022 DFPS "we have reviewed the information and determined it **does not appear to involve a substantial risk** of abuse or neglect in which Child Protective Services has the authority to investigate." (EXHIBIT 6)

Allegation—March 16, 2020 Social Worker Amanda Cortez writes Notice of Removal of Children for infant A.I.B. dated this date @ 4:15 p.m. "Ms. Beaupre has been evasive with the department since May 2021. Ms. Beaupre has had three positive UA's and has been observed with bruises due to diagnosis." (EXHIBIT 7)

FACT—March 16, 2020 Mom returns to hospital to breast feed infant. Mom brings older daughter I.N.B. with her. Two security guards present with CPS worker claiming they have removal orders in hand. Social Worker Angelica Ponce **takes I.N.B. from mom at the hospital. Worker Angelica Ponce take I.N.B. location to hold temporarily until biological father from Michigan can retrieve I.N.B. (Father does not have any custodial rights).**

FACT—**March 16–17, 2020 I.N.B. transported to a hospital for an examination. I.N.B. was transported to a foster home called the Cottage in Harlingen, Texas. Holding for father to pick up. Transported by worker Angelica Ponce.**

FACT—March 2020 minor I.N.B. was transported from Texas to Michigan with no legal documentation by either the State of Texas or the biological father Patrick Howard.

FACT—March 17, 2022 CPS is currently working on affidavit for removal and is requesting full name for baby. (EXHIBIT 8)

FACT—March 22, 2022 Brianna Cisneros attempts to contact Angelica Ponce to report NEGATIVE RESULTS. (EXHIBIT 9)

FACT—April 01, 2022 Family plan for reunification. In the Interest of A.I.B. no documents ever produced for I.N.B. (EXHIBIT 10)

FACT—April 05, 2022 A.I.B. surgery for Infantile hypertrophic pyloric.

Allegation—April 08, 2022 Social Worker Maribel Rangel Ayala #58417 emails all parties "she received a report" both parents showed up at the hospital smelling of alcohol.

FACT—April 08, 2022 Social Worker Maribel Rangel Ayala's email reports the location of mother at shelter *Friendship of Women*. This location is confidential as it houses potential domestic violence victims. (EXHIBIT 15)

FACT—April 11, 2022 A.I.B. was readmitted due to intestines protruding from the wound. (EXHIBIT II)

FACT—April 27, 2022 Family Plan of Service for A.I.B. (EXHIBIT 12)

FACT—May 05, 2022 Affidavit of conversation between Kelly Patton D5984 and Texas Social Worker Angelica Ponce. (EXHIBIT 13)

CASE STATUS:

Currently, I.N.B. is residing in Michigan with biological father, Patrick Howard who did produce fraudulent documents to Texas DFPS to obtain custody of minor I.N.B. and did transport a minor across state lines with fraudulent court documentation. A.I.B. was returned to mom and dad for a brief time. He is now at his third foster placement and is showing up to visits with large bruises on his face and head on multiple visits. He sustained an injury resulting in a cracked tooth. These have been reported to Texas DFPS. The response: We have reviewed and determined it does not appear to involve a substantial risk of abuse, neglect or exploitation in which the Department of Family and Protective Services has the authority to investigate. (EXHIBIT 14)

FINANCIAL FRAUD:

My newborn healthy son was removed from the hospital and given to a foster father who starved him and he needed medical surgery. Then neglected him to the point he needed hospitalized again from neglect. My daughter was placed in foster care for unsubstantiated neglect and funds were utilized for her care. SHE WAS TRANSPORTED TO FATHER IN MICHIGAN WHO DOES NOT HAVE ANY CUSTODIAL RIGHTS. NO ICPC IN PLACE. Funds spent on over dozens of unnecessary drug tests, an alcohol breathalyzer, several treatment programs, several psychological evaluations and many more programs at the expense of Texas DFPS. Two years later DFPS Maribel Ayala #58417, Attorney Rigoberto Flores, Attorney Sergio Sanchez, Attorney Juliana Sosa, GAL Javier Solis, CASA worker Jessica Miller, Michigan Attorney Dana Constand, DFPS Brianna Cisneros, DFPS Angela Ponce, DFPS Ziola Ramos, DFPS Anna Costillo, Attorney Fernando Galvan, Attorney Michael Thomas michael@michael-thomas-law.com, CASA Esmeralda De La Cruz, Attorney Rigo Flores, CPS Supervisor Christa Guerra, Attorney Layshauni J. Rodriguez, Judge James E Belton of Texas, Judge Leo Bowman of Michigan.

A.I.B. is in a "custodial" contract in order for them to maintain getting funds. Did conspire and collude to have my children removed from my care fraudulently, and the children are suffering both physical and emotional damages.

LETTER SUBMITTED BY DANIEL, JR. AND BRENDA BLUE
Lancaster, Texas

U.S. Senate, Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510–6200

We had an encounter with CPS, DHS, Warren Police Department Detectives/Police Macomb County Judges, Prosecutors, Child Support Department, and many others

in a court system that creates jobs by *false allegations* on innocent people to destroy families, lives, and children. Until this system is revamped, there should be *no* funding dispersed into an endless bottomless pit to stop these people from further fraud, abuse, and damage to lives that causes severe lifelong *trauma to all.*

1. On July 10, 2008: a false allegation was made on our home by an adopted daughter of capital sexual abuse, child abuse, negligence, and failure to protect in Macomb County Warren Michigan against Daniel and Brenda Blue adopted dad and mom.
2. This false allegation was initiated by our daughter and the lady neighbor Latina Johnson down the street because she wanted our daughter to move in with her. Daughter stayed at Latina Johnson's home for 9 hours before going to the Warren Police Department filing the complaint. CPS worker Dawn Napier and eight Warren Police Department Officers removed our other adopted son Jeremiah Wilson-Blue and DeAnthony Frazier, our foster son after midnight that night. The adopted son was placed in shelters/residential although we requested that he be given to their uncle, the husband's brother.
3. CPS failed to tell the foster/adopted parents that the daughter had been molested as a little girl by a 14-year-old cousin. This information is especially important for adopted parents to have in order to provide sexual abuse counseling and implement other services for the child.
4. CPS worker Krystal Magnan, DHS supervisor, Warren Police, DHS, and other state officials failed to take daughter to the hospital for a rape exam/sexual assault examination. My daughter stated that the incident was supposed to have occurred that day, instead of taking our daughter to an emergency room, she was taken to a shelter. Daughter was taken to the doctor 21 days later of the incident, after my insistence, because if she had sex that day, we knew it was not with her adopted dad therefore, we wanted to know who it was. I repeatedly questioned all parties as to why no rape crisis trauma team was not brought in.
5. Daughter initially stated to the Warren Police Department that dad was trying to open her robe and look at her, later in court Detective Koenig stated it was full blown penetration.
6. There was a condom and sex toy that was supposed to be used in the sexual assault incident, I Brenda Blue insisted it be tested for DNA however, that never occurred.
7. It took 6 months before we could receive a police report where Detective Koenig stated he can save you some money by not going through the court system. We obtained three police reports from Warren PD and all of them are full of lies/discrepancies. My daughter stated incidents occurred while I was out of town, however none of the dates match up.
8. In juvenile court Referee George Keller stated this case should be over by the time he gets back off of vacation 10 days later because he says she did not have anything. However, to make more money off of us, police, courts, and others continue to try to find **something to justify their mistakes, therefore, case was moved to adult court Judge Yokick residing over it.**
9. **Met in the hallway of courthouse every month for a year, denied access to judge, paperwork, or court reporter. Also, denied the opportunity to see children the entire time they were continuously influenced by systems to go against us but the children never wavered.**
10. **Prosecutor John Angie stated that they needed Daniel and Brenda Blue to plea no contest to the charge, we stated no way and if it is such a good deal, they take it. We requested** the right to go to trial, you have nothing and you are holding us illegally to try and get something. In conclusion, After months of getting nowhere with the hiring of three attorneys Marc Larkin, Gail Benson, these two worked with the Judge against us and Duane Johnson who is a judge finally got case resolved. The children's attorney, Kimberly Brown, who never went to go visit with the children regarding this case stated she was sick of us because we need to plea no-contest, no way!
11. The Prosecutor John Angie offered and failed to get a no contest plea stated what do we want from them. I, Brenda Blue, stated put our home back the way you found it. In the meantime, the State of Michigan terminated our pa-

rental rights to our daughter, also stated we could not adopt due to returning a child back to foster care. However, the State of Michigan took us, Daniel and Brenda Blue Jr. off of the Central Registry, reinstated our foster care license, and gave our adopted son back. We were able to visit and foster our other son, putting his adoption through. Judge Yokick had a conflict of interest due to her overseeing this case and putting the adoption through of our foster son DeAnthony. Our question is who gives back foster and adopted children to negligence, sexual abusers, child abusers, and fail to protect parents and put an adoption through, if these allegations were true.

12. Order by CPS to have a state physiological evaluation by their physiologist Dr. Ryan. We complied and paid to have our own evaluation by Dr. Bufalin to counter any negativity or lies toward our home. Report from state hired Dr. Ryan and Dr. Bufalin came back favorable to us and our home.
13. Tried to charge us child support payments for daughter's care. We refused to pay the bill while she was in their care. The State of Michigan was trying to double-dip in funding.

Judge Yokich and Warren Police Department tried to put our home on a 7-year hold after she put the adoption through and threatened our son with one wrong move and she would undo the adoption. The children were traumatized every time someone knocked on the door. They would scream and say, "Don't let them take us." Therefore, the decision was made by my husband to find peace for our family to walk away from everything. The losses were great (job, home, church, family, and community).

Sincerely,

Daniel Blue, Jr.
Brenda Blue

BOYS TOWN
14100 Crawford Street
Boys Town, Nebraska 68010
531–355–1013
https://www.boystown.org/

June 5, 2024

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510–6200

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of Boys Town, thank you for the opportunity to provide comments on the May 22nd hearing, The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement.

Since our founding in 1917, Boys Town has been working with American children with the most complex needs. The children we serve have experienced abuse, neglect, abandonment, and involvement in the juvenile justice system. The long-ago vision of our founder, Father Edward Flanagan, sparked a revolution in child and family care that echoes today in the work and mission of Boys Town. His simple dream to make the world a better place for children lives on because people continue to believe that every child deserves to be valued and loved, and to live a healthy productive life. At Boys Town, we believe that every child, regardless of circumstance, deserves the opportunity to succeed. We also recognize that every child is an individual with unique needs. That's why, over many decades, we have developed a distinctive, research-based approach to achieving our vision that has proven successful for tens of thousands of children and families.

Boys Town believes that children and families must be provided the right services and interventions at the right time to yield positive results. Boys Town programs include in-home services, community-based prevention-intervention services, school based services, mental health and addiction treatment for children and adolescents across the entire continuum of care, and as an alternative to incarceration. While our flagship campus is best known nationally for its high quality, family style, evidence-based residential program that primarily serves youth impacted by or at risk

of entering the juvenile justice system, approximately 96 percent of people served by Boys Town each year are served in their own homes and communities.

Boys Town strongly supports the goals of the Family First Prevention and Services Act (Family First) to keep families together safely whenever possible and provide prevention services that keep children out of the foster care system, and to increase community-level capacity to support children and families in their own homes, schools and communities. We are proud that our Common Sense Parenting® and On the Way Home® programs are listed on the Title IV–E Prevention Services Clearinghouse (PSC) as promising practices. Common Sense Parenting® is our parent training program, and On the Way Home® targets and supports youth transitioning from out of home care and their families through school dropout prevention, parenting education, and homework support that encourages parental involvement in the homework routine.

The May 22nd Family First hearing illuminated challenges with the PSC, namely with the timely review of programs and thus the lack of a wide enough range of programs to appropriately address unique needs from state to state and region to region. Based on information on the PSC website, there are currently 852 programs on the list for review. Reviews started in 2019 and 177 have been completed thus far. While the extremely slow pace of reviews is preventing Family First to cover needed services, many of these programs have already been reviewed and are on the California Evidence-Based Clearinghouse for Child Welfare (CEBC). The redundancy of requiring programs that are already on the CEBC to have to be reviewed by the PSC is hampering access to needed prevention services. For example, our Boys Town In-Home Family Services® program is an evidence-based in-home parent skill-based program that is widely used across the United States and on the CEBC. It was recommended to the PSC in 2021 and has yet to be selected for review. Boys Town recommends that, at a minimum, programs that are on the CEBC be prioritized for expedited review, and that the number of reviewers is significantly increased to review the extensive PSC list.

Thank you for taking these recommendations into consideration, and for your bipartisan commitment to the well-being of children and families at risk of foster care.

Sincerely,

Rod Kempkes
President and Chief Executive Officer

STATEMENT SUBMITTED BY MICHAEL AND JENNIFER BRABSON
St Augustine, FL

The chapter of our lives as pertains to the fraud, waste, and abuse matters concerning Federal Title IV–D funding play out as follows: (This content chronicles one of three separate instances where CPS has been used to harass, intimidate, control, and manipulate me and or my family, since 2008. The second incident was in 2011—JB.) (There was also the matter of my husband's fraudulent removal from his family of origin, trafficked to a farming family in the 1990s.)

2015: My husband was attaining his CDL driver's license, and I was a respected and accomplished, productive, former first responder, and a physician assistant, who had attended medical school with emphases on forensic pathology, emergency medicine, physical and rehabilitative medicine, and different surgical sub specialties, at the time we became victims of the "kids for cash/scam courts/guardianship and Adoption and Safe Families Act title IV–D money" racket—**again**. It seems once a target, always a target.

A CPS investigator was sent to our house when a minuscule, appropriately-treated, immediately-healed, accidentally-incurred superficial injury, (which had been completely healed on day two after it had been sustained) lesion came to the attention of Carrie Madison, instructor for pre-K at our then 4-year-old son Gavin's school. Rather than discussing with either of the parents, Mrs. Madison contacted CPS and the CPS investigator spoke with our son Gavin at school without our permission. She also came to our house in Bristol and after speaking at the house, insisted on an appointment to conduct a "forensic interview" for all of our children. We went on with our lives as usual—school, visits to the park and other fun activities, doctor visits as well as extended family appointments and activities.

The forensic interview was scheduled for a full-month away from the appearance of the initial lesion. There was *no valid suspicion of harm, imminent or emergency risk*

(obviously), otherwise there would've been a burden to schedule the interview immediately, not a full month away. We have become persuaded since researching more fully, that fraudulent court cases are being opened up to create novel CUSIP numbers, a practice which factors into an elaborate and unknown to the general public cestui que vie trust fraud scheme related to our offspring's birth certificates, Social Security numbers, school registration documents, driver's licenses, Marriage Certificates, etc. Proof available upon request.

As a medical professional, I am confident in the diagnosis and treatment of complex, not just minor injuries in adults and children, and as such I do not take my children to see a medical professional, other than myself if/when such might be incurred. The expectation might be different for the general public, however, I have a great deal of experience in treating superficial (as well as deep) wounds, as attested to by its imperceptibility the following day. The lesion had been appropriately treated with Neosporin and topical ointment successfully.

At the CASA office 1 month later (2015): all three children were taken for interviews, as commanded, and at the end of the sessions, we were informed: "bad news Brabsons." It was then already a done deal in that all three children were already separated from us, we were not allowed contact with any of the children, and they were kidnapped with the assistance of heavily armed and intimidating law enforcement personnel, and given over to the Irvin family. This in spite of the fact that we have bona fide foster parents in our family on Michael's side, as well as numerous blood related options for "placement" had there truly existed a need. We were not given a customary 72-hour emergency hearing, but rather it took the court a full 10 days to conduct any appointment, and the judge exclaimed to agents for CPS/OHS in open court, "I don't see anything here, bring me something I can use." He formally and in full view of all in attendance, issued a ***challenge*** to CPS to more fully flesh out their petition for custody and maintained our children in a state of guardianship with the "whistleblowers" in the 2012 case. He awarded custody based on an accidental injury, with ***no substantive findings of abuse or neglect.*** His was and is nothing but a kangaroo court. For the remainder of the proceedings, we would be denied due process in direct violation of our constitutional rights, rights we've had memorized since teens in High School, taught in our nation's public schools.

No explanations of the proceedings, for example: hearing types, their names and purposes, were offered to us, and any and all exculpatory evidence was expressly **not allowed.** Witnesses who had driven **long distances** were turned away at the entrance to the courthouse. Our cameras to record proceedings (our defensive arms) were stripped, and we were dragged through the ignominious process for nearly a decade as though we were dead, not allowed to meaningfully participate in our own defense. Anytime we tried to speak, to be heard, to defend ourselves, or demanded our constitutional rights be recognized and upheld, we were threatened. We requested that contempt charges be entered against the opposing party on several occasions—we were told "shut up" sometimes directly, sometimes indirectly as Judge Kennedy glowered and raised his voice commandingly over the bench: "council control your clients," to our private attorney. Judge Kennedy threatened us with incarceration on numerous occasions for merely trying to retain command of our family, a right guaranteed to parents, otherwise it's doubtful Americans would continue to conceive and raise their families within the metes and bounds of the United States anymore.

We were outraged, terrorized with meaningless classes and "therapy," and horrified that the enslavement of our offspring was allowed to persist. It's terrifying that this has been occurring in America. None of *ours* were allowed to be ex parte communications with the judge, however, there were numerous *ex parte* communications between the judge and the Irvin's. They were witnessed emerging from chambers, on several occasions, most notably, the hearing where he cut-us-out of the children's lives "permanently," with his "final order."

We were coerced into a dynamic/mediation where the agents of the Salvation Army became/were given over to serve as the "custodial parent" with us positioned as the disadvantaged "non-custodial parent," receiving absolutely **no parenting time** whatsoever. The courts and the Irvin's were intentionally cooperating to dissolve our natural bond with our children. We were forced (blackmailed) as the fate of the children was hanging over our heads by Judge Randy Kennedy, into unwanted, unrequested, and unneeded mediation proceedings, using an expensive professional mediator, with the Irvin's. The professional mediator cautioned us to proceeded with a contrite spirit of cooperation, claiming he knew things would not go in our favor

unless we did; he encouraged us to acquiesce to every one of the Irvin's demands, for example paying full child support, while being solely responsible for the fullness of the expenses associated supervised visitation, and any, and all of the costs associated with the visits themselves. In spite of declaring that they would accept ½ of the suggested child support, and in the context of their also having intentions to relocate every 4 years as their company demanded, (they next ended up in Murfreesboro for 4 years,) ramifications of the guardianship ended up resulting in a 12 hour commute for a 2 hour visit each month. The Irvin's (and as a result, our children) were next sent to Anderson, South Carolina.

We were coerced into cooperating with services **again** to include individual and marital counseling, parenting, classes, and anger management classes, as well as supervised visits with our children. The only grace being that *this time* the whistleblower, as had been demanded in the first encounter with this system, Melissa Irvin, was no longer the supervisor. And we were treated to one supervisor, Kimberly Dyer, who could not be bought or seduced by Mrs. Irvin's deep pockets. Most of the visitation supervisors were biased toward the Irvin's being offered the children, as the false narrative that the children had been abused and or neglected, was foisted upon all. The proceedings were more of a witch hunt, than anything, an investigation, not therapeutic *or* beneficial in any way. Each flaming hoop we jumped through was never sufficient to satisfy the predatory court and its agents. The useless and poorly conducted and presented **psychological evaluation** was performed in a crowded McDonald's rendering it inadmissible, and the conclusions reached by the counselor James Maskew were not only erroneous, based on fabrications, but were ridiculous at best. The proceedings were intellectually deficient and morally bankrupt, ethically reprehensible, entirely indefensible, and questionable in every regard. The children's sustained injuries and wounds, more suggestive of neglect, than any sustained on our watch, including the development of herpes simplex virus discovered on both of our sons (the Irvin's have a former prostitute living in their household,) which, for those in our income bracket, is, for all intents and purposes, incurable.

After several years of meeting all demands, traveling unbelievable distances to visit with the children, we were ultimately carved out of the children's lives entirely. Also, throughout proceedings, my family's faith practices were discriminated against and I was demonized and was labeled "mentally unfit" in spite of valid, perfectly reasonable, and easily presented data to the contrary. No advocate was offered and no amount of cooperation was enough to satisfy this court.

Judge Kennedy's "final court order" determination was a "verdict by fiat" labeling me as "mentally ill" (a common tactic when no physical evidence exists to incriminate physically). I have in my possession a circum vitae to contradict any and all inflammatory and or implicating charges, yet all information favorable to reunification was suppressed. Kennedy's order, in summary, reads that "the children's best interest would be served" if they were to be raised among the Irvin children. This served as a TPR in the absence of a **valid** TPR and justification for the denial of contact the proceedings are designed to accomplish. Mrs. Irvin has claimed that if I were to show up to any Salvation Army properties or facilities bearing gifts, she would contact law enforcement and take action. She prioritizes **her family** and the practices and mores of **their subculture,** over ours, as well as any work-related or personal conflict posed to calls or contact. Due to the impositions, many months have gone by that we have had absolutely no physical contact with the children.

The *state* is *not* the people anymore, but an elite group who are **working the system** to their own profit/enrichment.

Specifically for the last 10 years, every program and legislative initiative has been completely and blatantly designed to benefit its administrator and co-conspirators.

The proceedings described are unconstitutional and therefore devoid of law, and as such any orders proceeding from such are patently unenforceable. But tell that to the thousands who are in jail for breaking these "unenforceable" rules. For example, in Oregon, the courts are aggressively "moving forward" to complete the stripping away of due process, saying that it costs the state too much to defend indigent defendants or to permit jury trials. This is a further dangerous assault by the Bar Association to cement their control, a vulturous grasp through the courts, and manipulated legislation, upon every aspect of every vulnerable Americans' life.

The forensic interview appointment was scheduled for *a full month out* (away) from the appearance of initial wound. There was no valid suspicion for "imminent/emer-

gency risk," obviously, otherwise there would have been a burden to schedule the interview *immediately*, not a full month away.

CASA office 2015: all 3 children are taken for interviews and at the law end we are told "bad news Brabsons." It was then that all three children were kidnapped, with the assistance of heavily armed Law Enforcement personnel, and given to the Irvin's. This is in spite of the fact that we have bona fide foster parents in our family, and numerous blood related options for placement *were there truly a need*.

The judge exclaimed in open court "I don't see anything here, bring me something I can use," and he issued a challenge to CPS to try to more fully flesh out their petition. He awarded them custody based off of *accidental* injuries, with no substantive findings of abuse or neglect.

No explanations of the procedure (hearings, names of the hearings and their purposes) were offered to us, and any and all exculpatory evidence was not allowed. Witnesses who had driven long distances were sent away, our cameras to record proceedings were stripped, and we were dragged through the ignominious process, for years, as though already dead. Any time we spoke, demanded our rights, requested contempt charges be entered, we were told to "shut up," sometimes indirectly, as Judge Kennedy glowered and raised his voice commandingly over the bench: "Counsel, control your clients!" Judge Kenney threatened us with incarceration on many occasions. We were outraged and horrified. It is terrifying that this can occur in America. No *ex parte* communications were indulged, yet, the Irvin's enjoyed many *ex parte* communications. They were witnessed coming from chambers on the hearing where he cut us out of the children's lives completely.

We were coerced into a dynamic where the agents for the Salvation Army became the "custodial parent" with us positioned as the disadvantaged "non-custodial parent" (with *no* parenting time). We were forced (blackmailed as the fate of the children was hanging over our heads) by Judge Randy Kennedy into mediation using a "professional mediator," with the Irvin's. The professional mediator cautioned us to proceed "with a contrite spirit of cooperation," that he *knows* things will not go in our favor unless we do. He encouraged us to acquiesce to every one of the Irvin's demands, for example paying full child support, our being responsible for the fullness of the expenses associated with supervised visitation, and any and all of the costs associated with visits themselves. This is in spite of the Irvin's declaring in open court that if offered the children, they would accept *half* the awarded child support, and their also having intentions to relocate every 4 years as their company demands. They ended up in Murfreesboro, which ended up being a 12-hour drive each way for a 1-hour visit every month.

We were coerced/blackmailed into "cooperating" with services again (to include individual and marital counseling, parenting classes and anger management classes, as well as expensive supervised visits with our children,) but at least *this time* the whistleblower (Melissa Irvin in 2011) was not also serving as the supervisor. The judge, CASA reps, and each (except for *one* Kimberly Dyer who could not be bought or seduced by Mrs. Irvin) visitation supervisor was biased toward the Irvin's serving as guardian to the children, and that's exactly what ultimately happened. It was more of an investigation than "therapy." No hoop we jumped through was sufficient to satisfy the predatory court and its agents. The flawed (and coerced) psychological evaluation was performed in a crowded McDonald's (inadmissible) and the conclusions reached by the counselor James Maskew were absurd, and incomplete, at best. The proceedings were intellectually deficient, morally bankrupt, ethically reprehensible, entirely indefensible, and questionable in every regard. The children sustained injuries and wounds *far more serious* and indicative of neglect *on the Irvin's watch* than any sustained on our watch, including the development of herpes simplex virus in both of our sons, (they have a former prostitute living in the household) which to someone in our income bracket is, for all intents and purposes, a lifelong affliction and incurable. Christian required exploratory surgery, and Gavin has undergone tympanostomies, as well as tonsillectomy because Mrs. Irvin could not get Gavin's upper respiratory infections under control.

Who's prerogative is it to determine the best interest of our children?

We under duress adopted out two children to the Irvin's friends and family during reunification in an effort to protect the children in the case from our circumstances (as targets) where we were being tortured, persecuted, blackmailed, discriminated against, maligned, harassed, intimidated, coerced, and imperiled. From what we know of the system, the history of CPS and the family court racket, the children may likely have gone to pedophiles or even ultimately to more violent child traf-

fickers, if we didn't indulge the Irvin's and their demands for Judah and Liam. These were **open adoptions,** yet we were blocked on Facebook by the "parent," and stipulations in the promised moral agreements (updates pictures, visits, etc.) were completely forsaken by the families. They had also lied and claimed that Chris and Jessica Welch (one pair of adoptives) were infertile, yet the year after they were granted Liam, they conceived naturally—go figure.

We the Parents!

The "final court order" instrument has served(s) as a TPR in the absence of a valid TPR, and justification for the Irvin's to deny regular contact. Mrs. Irvin has claimed subsequent to the order, that if I were to show up to any of the Salvation Army properties or facilities, she would contact law enforcement and take action. She prioritizes *her* family's considerations over ours, has sought to obliterate or counteract the influence of the children's family of origin, and she prioritizes any work-related or personal conflicts in the schedule, as opposed to our calls or contact.

Any and all efforts to obtain the fullness of the record for our own independent criminal investigation have been declined, trounced, and thwarted, as the members of the court and its administrators continue to try to conceal the evidence of these crimes. The appeal (after Kennedy's fiat decree) was much too expensive (as our private attorney demanded *another* $7,500 immediately to file the necessary appeal) and so the 30-day window to appeal passed by without a "suitable" appeal to the court. I was informed that the order from November 2020 would stand as a "final order" and that the case was regarded as "closed." I was also informed that the record is "sealed." Valid and pressing concerns we raised to our private BAR accredited attorney had been dismissed on an ongoing basis during and throughout proceedings. Advice such as: "we want to come through this smelling like roses; let's not make mountains out of mole hills; don't rock the boat" was pervasive. Attorneys after Mr. Schaeffer would advise: you may need to proceed sui juris, as fees for private attorneys are prohibitive. I have filed cease and desist paperwork among many other instruments, and a petition to dismiss on the basis of lack of jurisdiction (see Article III section II of the Constitution) continues to go on unanswered. I have also composed petitions for declaratory and injunctive relief as well as other petitions such as a petition for virtual visits and for an intervener. These unanswered affidavits of truth and motions are apparently "filed in my administrative file" along with my demand for return release of property and other lawful notices and statements. Pictures of the injuries to our oldest son Christian sustained on the Irvin's watch all go ignored. I have composed a writ of habeas corpus, filed rebuttals to the TPR and written to every branch of government: every Tennessee house rep, Tennessee Senators in Congress, Governor Bill Lee, the FBI, CIA, DOJ, POTUS and different advocates all with no effect. I've tried to engage the attention of different advocates, and especially the Washington, DC lobbyist, but all we have been able to accomplish so far is a Senate judicial committee hearing which, as far as I can tell, has not yet done much to address the tropic of the crisis of targeted families such as ours. This committee focuses more on unaccompanied minors of immigrant origin, and deficiencies of the foster care system. We need action for the targeted poor. This situation persists, yet truly has no force or effect, as Judge Kennedy's decree-orders and the malicious acts of the "whistleblower" carry Madison, the CASA reps, especially Amy Bachman, as well as agents for the Department of Health and Human Services, especially supervisor Ashley Justice, CPS, the lawyers, and investigators, law enforcement officers, and bought and paid for (by the Irvin's) therapist James Maskew, and the Irvin's themselves! Who, were it not for their radical personal opinions and retaliatory disposition, we would not even endured what we have over the past 10 years. To the court and the Irvin's, my motions and statements are asinine shenanigans, silly, and unsupported, but their claims are advanced by persons who either have a serious stake in the false narrative, either by attempting to label me as delusional, and thus benefiting from the fallout, ready to gather up the spoils when we "lose," or else to lose the dismantling of their facade that I actively stand against.

Advancing their own coercive narratives is more important than behaving ethically and financially the stakes are extraordinarily high to maintain their false "positions of authority." The Irvin's have not walked in our shoes nor have they researched as extensively, matters related to family, American and other cultural practices, and pivotal governing documents, such as the Torah, the Magna Carta, the United States Constitution. Nor do they have any incentive to do so as they prey upon the ignorance and blindly hopeful cooperation of others in their diabolical subculture. Average Americans be warned—I have uncovered along the way that there is more fraud here than meets the eye—not just the billable hours for the co-conspirators

and that as U.S. citizens, we are apparently not a party to the constitution. The true "powers" in America are apparently The Trilateral Commission, controlling our foreign relations and the State Department for decades with the ultimate objected of trying to bring about a gradual transition in our society, a dissolution of national sovereignty on the road toward a One World Government, moving steadily to the left on the political spectrum for America. We feel assaulted, the suffering is unspeakable, our joie de vivre is blunted, and we are being conditioned to feel lucky if we get two or three, 5 to 10 minute calls per month hearing the children's voices.

There have been studies conducted, and the longer children are kept from their natural families, the greater than likely ahead of developing depression and greater risk for developing Mountville illness as a whole. My discovering the CKV trust fraud lends legitimacy to my claims that there is far more here than meets the eye, as pertains to proceedings, such as those to which we have been subject this last decade, anyway. All of the valid and wide range of concerns raised to our attorney had been dismissed and buried: "We want to come through this smelling like roses/ let's not make mountains out of molehills," he would advise. "We cannot litigate any point established as fact heretofore," he would counsel, rather than zealously defend.

It became evident that our attorney's main job was actually to prevent confrontation on the record, revealing any systemic corruption, to never "irritate the court,+" to bowing and standing, and making sure we did likewise, kissing up to the corrupt, tyrant judge, making his living from our chaos, misery and fear, with the BAR writing the rules he was using to exploit us. The BAR member attorney blocked us from making the record of such facts as the Judge's lie that we were not entitled to speak, record, or exculpate ourselves with evidence. My sui juris "cease and desist" was ridiculed, my petition to dismiss on the basis of no valid jurisdiction continues to go unanswered. I have also composed a writ of mandamus, and a writ of quo warranto. My petitions for declaratory and injunctive relief, and other petitions such as a petition for virtual visits go unanswered. My intervenor paperwork goes unanswered, my affidavits of truth are "filed in my administrative file," my demand for return/release of property, and other lawful notices and statement of facts with pictures of the injuries to our oldest son Christian sustained on the Irvin's watch, all go ignored. I have composed a writ of Habeas Corpus, filed rebuttals to the TPR, and written to every branch of government, every TN House Rep, TN Senator, the Governor, the FBI, CIA and DOJ *all with no effect*. All this, when *really* what has no force of effect are Judge Kennedy's decrees and orders, and the malicious acts of the whistleblower, Carrie Madison, the CASA reps (especially Amy Bachman,) DHHS agents (especially Supervisor Ashley Justus), CPS lawyers and investigators, collusive law enforcement officers, oath-violating, bought and paid for by the Irvin's, therapist James Maskew, and the Irvin's themselves, who, were it not for their radical personal opinions, we would not have endured what we have over the past 10 years. My statements are sometimes called asinine, silly, and unsupported, but those claims are advanced by persons who have a stake in that narrative, either by labeling me delusional (and thus benefitting from the fallout when we "lose in court"), or else advancing their own exploitation of certain false narratives. They have not walked in our shoes, or researched as extensively matters related to family and culture as we have, nor do they have any incentive to do so, as they profit from the ignorance, naivete, and hopeful delusions of others. The guardian has since sent CPS to our home in the interest of forcing our 7-year-old also into the system.

I have learned along the way, that there is much more fraud here than meets the eye, not just billable hours and "prestigious" employment positions for the conspirators. That as "U.S. citizens," we are apparently not a party to the Constitution through a series of additional fraud schemes concocted by bankers. That the Trilateral Commission, the Council on Foreign Relations, and the Bilderberger groups have dominated the State Department for decades, with the ultimate objective to try to bring about a gradual transition in our society, a dissolution of national sovereignty (on the road to world government) and a moving steadily to the left on the political spectrum for America. We feel assaulted, the emotional suffering is unspeakable as we grieve the loss of *still living children,* our joie de vivre is blunted, and we are lucky if we get 2 calls per month from the children. There have been studies conducted, and the longer children are kept from their natural families, the greater the likelihood of developing depression, and there is greater risk for developing mental illness as a whole.

Thank you for your time and attention and your continued efforts to rectify these horrendous circumstances. There are tens of thousands of American families (if not

more) affected by these atrocities. Some children entered into the system are harmed worse than our children have been, some have perished.

LETTER SUBMITTED BY JESSICA CALDWELL

FUNDING OF FOSTER CHILDREN AND ADOPTION INCENTIVES

Dear Reader:

I am writing to inform you of the wrongful removal of my children at the hands of the Davidson County Family Court, and Judge Phillip Robinson.

I have been defamed and deemed mentally unstable for speaking out against the ongoing abuse of the family court system, and this has cost me access to my 6 minor children since December 2023. I retained attorneys Rachel Welty and Nicole Giometti-Black in January 2024.

These attorneys took my money and swiftly recused themselves from my case for speaking up about the covert wrongful removal of my children and the ongoing legal abuse at the hands of their father and my extended family.

It all seems to serve their plan to have me diagnosed as unfit through the doctors of their choosing, and I know of their attempts to frame me with criminal charges to incarcerate me.

I am asking you to please be aware of this systematic abuse in my county, and to investigate further.

Jessica Caldwell

LETTER SUBMITTED BY STEPHANIE L. CARTER
Kansas City, Missouri

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510–6200

To whom it may concern:

I'm going to start by saying the jurisdiction of Kansas City, Missouri, Jackson County, is not a grandparenting state. Under certain circumstances and conditions, the child protective court services played a pivotal role. The biological father, Le'Quwon A. Hill's corrupt criminal history as a juvenile delinquent was unfavorable but ongoing. And through the Jackson County 16th family juvenile courts judicial system had granted him a plea-bargaining position as a police informant agent to waive off the criminal offenses. Juveniles' decision further obligation gained the Le'Quwon Hill to commit crimes and provide him the advantage of clemency, immunity to include several murders, drug trafficking, and illegal firearm deals. The CPS in the State of Missouri, Jackson County were obligated to assist in a police conspiracy of a calculated murder of the biological natural mother Ramona Carter, leading to my two minor grandchildren Le'Auna J. Hill and Le'Quwon A. Hill, Jr. in the custody and care of their biological father who is a serial killer.

This has been a very frustrating journey, and medically speaking, just the thought keeps my hypertension on edge. As for the rest of my surviving family it has been exhausting speaking for my family members and myself there are—no words can express the outrage and anger these matters have caused.

On March 8, 2012, Child Protective Service incorporated in the equation due to biological Juvenile Le'Quwon A. Hill Sr. record of criminal action history. In combination of his mother who also had pending sentence of child endangerment infractions. This day, I became not only the next-of-kin but a surrogate parent to my daughter in the childbirth of the couple's first child due to Le'Quwon Hill's house arrest time restrains. As a plea-bargaining deal for a fresh life from his history of crime acts Le'Quwon was afford a plea deal to become a police informant agent. This deal was to scrub all criminal history in exchange for assisting authorities by snitching on others for their captures. This deal also gave him "special" privileges of police immunities and protections. The relationship between the couple became toxic. However, there was a second child among the couple who was born with a rare birth defect Beckwith-Wiedeman syndrome on May 16, 2013. Which required extensive

costly medical procedures such as 22 rounds of chemotherapy, and in addition, eight other surgeries. Because the couple was not married, Le'Quwon demanded sole custody of the two children due to the child support demands and the Social Security disability benefits.

Victim Silencing

More than often Le'Quwon would abuse Ramona.

On July 23, 2017, my daughter, who was a 24-year-old black woman became Le'Quwon's victim. Ramona L. Carter, a resident of Kansas City, MO was murdered as a result at the hands of her former lover and children's father, Le'Quwon A. Hill, Sr. He alleged he found her hanging in the basement of her home.

Conspiracy

Opposed to officers conducting a thorough investigation they supported Le'Quwon's fabrication and spearheaded coerced the paramedic, the treating surgeons and the Jackson County Medical examiner to falsify their reports as suicide. The police department provided orders to the Medical Examiner not to perform an autopsy. According to the Jackson County's M.E. photos, Ramona suffered, a severe physical assault beating, a shot in the mouth and strangulation. Ramona's treatment that day consisted of unauthorized and unreported stitches and a blood transfusion by the treating surgeons. As well, clotting of her blood to her heart ventricle. The medical examiner who also was coerced by police was given orders not to conduct an autopsy or report their report. Among the police photo line-up, they had a fictitious search consent and in my absence at the hospital they entered the crime scene and forced the scene to appear as a suicide according to their photo line-up. Later, I discovered an abundance of lost blood from defensive injuries on the first floor of my daughter's home. Ramona's death cause remains as a false narrative of suicide. With Ramona's death, Le'Quwon gained custody of their two minor children. Although Le'Quwon, Sr. presented a lack of interest in childcare and well-being, they were 4 and 5 years of age at the time, I took responsibility for them meeting their needs as a stand in parent. Sun-up until sundown to include taking them too and from school and daycare, ensure they got to their doctor and dental appointments as he would randomly make calls to the children. Le'Quwon, Sr. refused to send money to support the two children or provide me with written authorization for the children.

Opening of the Jackson County Family Case Matter

On September 1, 2017, without warning Le'Quwon, Sr. picked the two children up from their schools. The staff at Operation Break-Through became concerned because the staff detected he was under the influence of controlled substances. The daycare contacted Child Protective Service of Jackson County Cd worker Jennifer Jackson, police, and me.

After the weekend, Le'Quwon, Sr.'s grandmother Carol J. Gatlin returned the two children. However, there was a state meeting held among CPS to open a case in the interest of the children. As a platform CPS built evidence such as Le'Quwon, Sr.'s criminal background history and discovered from his juvenile years he had nine open warrants. CPS ordered a DNA hair drug testing and Urinalysis testing. Both results revealed large amounts of illegally controlled substances. They were made aware of my personal thoughts that he murdered my daughter and abandoned the two children. Considering the criminal infractions of offense Jackson County Family Court placed Le'Quwon, Sr. on restrictions to have a parent aide to attend the children's doctor and dental appointment but he was not to contact them otherwise. The family court proceedings in the welfare of the children in the jurisdiction of the State of Missouri remained in tack as the two children were in my custody as the caregiver for 2.5 years. CPS starting from September 2017, until November 3 and 4, 2019.

Cases numbers: 1716–Ju001446 Le'Auna J. Hill

1716 Ju001447 Le'Quwon A. Hill, Jr.

Intentional Tort of Services

Division 06, Judge Kea S. Bird-Riley who led me to believe I would have the opportunity to adopt my grandchildren. Further leading to believe I had a chance to gain custody I was instructed to hire an attorney who was Laurie V. Snell. According to her background of practicing 25 years' experience of the family law. Ms. Laurie Snell breached my client's confidential rights by not sharing evidence forwarded to her from me in the courts. She refused to promote oral arguments in my favor. She would not answer phone calls from me. She did not be make any type of motions

or raise concerns in my favor within the court sessions or bring anything that would support me adopting the two children. Such as funding from Le'Quwon, Sr. to support my efforts in the process of caring for the children.

There were a host of Family court requirements judge and the defendant Le'Quwon, Sr. violated as many as possible court appointed recommendations. During this time the Jackson County family/juvenile court hosted several court hearings in Division 41 Presiding Judge was Kea S. Bird-Riley. There were many fraudulent acts from perjury to contempt on the witness stand within the court session reoccurring throughout the recorded records of demands during the Reunification/Permanency court hearings recommendations demonstrated by the tribunal which Le'Quwon, Sr. account for, but he remained defiant.

Probable Cause Allegations

To name a few disorderly conducts which severely placed Le'Quwon, Sr. in a state of termination as follows: the court recommended monthly drug testing. He was consistently defiant as a no show from October 2017 thru February 2019. He refused to attend any of the children's counseling sessions. He continued gang affiliations and interaction. Promoting online Facebook distribution of illegal drugs and gun sails. He composed a live Facebook terrorist video threatening to murder two of my family members and me, on December 8, 2017. Refused to provide medical authorization for the youngest child's medical procedure as he was incarcerated. While incarcerated October 2017 for possession of illegal drugs in the State of Tennessee and extradited back to Kansas City, MO to face an additional nine outstanding warrants in the Jackson County jurisdiction. Abandoned the two children for over 180 days from May 2018–November 2018. As well the possibility of the homicide of Ramona L. Carter the children's biological mother on July 23, 2017. Although, the two children remained in my care/home the Social Security closed the children's death benefits claim and made Le'Quwon a newly installed fiduciary over the children's benefits. CPS stopped all state funding as well the children and I survived off my retirement payouts. The family court Prosecutor deemed him "unfit" to be eligible for parenting the two young children from December 2018–January 2019. By October 31, 2019, my grandson had a severe nervous breakdown and the children's mercy emergency diverted him to Marillac behavioral hospital because he hated his dad after witnessing his mother's on-going beatings. During the child's chemo the device was surgically implanted. However, the child informed me that he feared being punched in the chest in dad's fits of rage. CPS was made aware of all this information but continued to ignore the children's cry for help.

Judge Bird-Riley reversed the decision of nonpayment for the children as early as January 2019, so I was to receive my daughter's Social Security death benefits to maintain the children until the children left my care November 2, and 3, of 2019.

Tainted Trial Paperwork

While reviewing the trial paperwork, I alerted my attorney Laurie Snell, DPS by e-mail there were many examples of the court records such as, the changed death date of my daughter from July 23, 2017 to July 23, 2019. This would remove all Le'Quwon's criminal infractions during the time after Ramona's death. And it was not mentioned during the report that July 4, 2019, during a parent-aide visit with dad, my grandson nearly put his eye out with a lit firework pump and Le'Quwon didn't have running water at his residence without medical treatment. And the fact that during another parent aide visit the Le'Quwon, Sr. attacked his new girlfriend and assaulted her, so that shortened the children's visit. But the most damning parent aide visit was on June 5, 2019, when Le'Quwon, Sr. apologized for killing the children's mother. And further encouraged Le'Quwon, Jr. to kill me. The following in-home inspection by CPS Kaitlyn Frisbey was accompanied by the court appointed guardian Litem Katherine Rogers. My 7-year-old granddaughter informed the two ladies of what Le'Quwon did, and of the incident, but they ignored her and never reported these situations in court dockets. They did not mention all the artily and drugs from Le'Quwon's Facebook page. They did mention in the report that his live-in girlfriend Arizona Colbert's two minor children were in state custody in Topeka Kansas or that Le'Quwon and Arizona also shared a toxic relationship.

Termination of Parental Rights

On September 6, 2019, the presiding Bench Judge Dale J. Young for the termination of parental trial of the two case proceedings Judge D. Young excused the people out of the courtroom and had a closed trial and would have the bailiff to call for each witness. I was not allowed to take the witness stand or remain in the courtroom because this was only the Defendant *Le'Quwon, Sr. vs. the State of Missouri.*

However, On September 9, 2019, Laurie Snell called and summoned me to appear at the closing arguments. Prior to the court session Laurie Snell instructed to me, maintain a poker face no matter what was said and no matter the allegations stated in court. She further explained she had no leg within this jurisdiction but insisted me to remain silent during the session. Judge Dale J. Young formulated his verdict off hearsay.

When court began, the defense attorney Shawn Foster pointed in my directions and made many false allegations and false statements against me for Judge D.J. Young. Laurie Snell laughed out loud. When the court session was adjourned, she stated, "I wasn't laughing at you, but how judge Young accepted the defenses fabrication on a speculatory and insufficient evidence on hearsay." Further she went on to say, "You are lucky the judge did not sentence you for the allegations." We ended our conversation with her requesting the remainder of her owed funds.

It was bad enough losing my daughter because she was the cement of the family, the one who kept in contact with distance family members, a good person to talk with in times of need. The person that could turn a gray day into sunshine for many to include the abuse class at her children's daycare. The three, my daughter her daughter, and son were hilarious with sporadic humor. Now all I have from them is memories of yesterday. In my opinion Jackson County CPS should be destroyed because they did not care about my grands interest or well-being but for certain someone in that outfit had their pockets lined to place my grandchildren in the hands of a murderer.

I have no remorse for any of these people mentioned in the content of this letter. And pray each are held accountable for the failure of my daughter and my grandchildren because they failed to protect them from the word go.

I hope this helps with your efforts of correction of due justice. If you have any concerns or questions, please feel to reach out to me.

In Addition

The Missouri case net citing was downplayed to criminal infraction/traffic. But currently Le'Quwon A. Hill, Sr. is facing more serious criminal charges for shooting another victim in the presents of four minor children witnessing the event as it unfolded in, case 2116–CR02692–02 for child endangerment. And I pose the questions, "Where was CPS and why does he still have custody of my grandchildren still"?

Sincerely,

Stephanie L. Carter

CENTER FOR THE STUDY OF SOCIAL POLICY
1575 Eye Street, NW, #500
Washington, DC 20005
202–371–1565
https://cssp.org/

June 5, 2024

The Honorable Rob Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20515

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20515

Chairman Wyden and Ranking Member Crapo,

Thank you for the opportunity to provide written testimony in response the Committee's hearing on ***The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement,*** held on May 22, 2024. The Center for the Study of Social Policy (CSSP) appreciates the Committee's commitment to child welfare reform and welcomes this opportunity to provide written testimony. CSSP is a national, non-partisan policy organization recognized for its leadership in

reforming public systems and advancing policies that promote equity and improve the health and well-being of children, youth, and families.

All children and families deserve to live in communities where they are supported, affirmed, and connected to the resources they need to be happy and healthy. Investments in community-based prevention services that meet the needs of children and families—as defined by families—is critical to supporting families in their communities, and outside of deep-end, intervening public systems that are grounded in principles of family separation and surveillance. The Family First Prevention Services Act (Family First) was an important piece of legislation, marking a substantial shift in child welfare reform as it affirmed what we know from research: children and youth do best when they are able to remain in their homes and communities. A significant driver of challenges within child welfare practice has been the misalignment between federal financing and what research tell us about what children, youth, and families need to thrive. Now, through FFPSA, there is an important opportunity for child welfare systems to reimagine their work and implement a new vision in support of equity and in service of children and families. However, while the intent of Family First is clear, unfortunately, current implementation of the policy has not led to the intended impact, and in some systems, directly undermines children, youth, families, and communities—particularly Black, brown, Latine, Indigenous, and LGBTQ+ youth and families—by increasing surveillance, requiring involvement with the system in order to receive services that should be available to families without child welfare intervention, and limiting systems from implementing programs that are able to meet the needs of those children and families who are consistently failed by the system and experience worse outcomes as a result.

Our testimony is grounded in our experience and expertise working with policymakers, child welfare systems, communities, and children, youth, and families who have been impacted by the child welfare system. Specifically, CSSP provides direct technical assistance to public child welfare systems and their partners including foster care agencies and community-based organizations. Our work specifically includes providing technical assistance to multiple states as they design and implement their Title IV–E Prevention Plans and improving policy and practice strategies impacting families with young children, adolescents and transition age youth, expectant and parenting youth, and those who identify as LGBTQ+;[1] serving as the federal court-appointment monitor in child welfare class action litigation in multiple states; and advancing economic policy strategies that support children and families in their communities. As a part of this work, CSSP also leads the CARES initiative, which is a partnership between CSSP and 27 Youth Ambassadors from Atlanta, GA; New York City, NY, and Los Angeles, CA, who have all experienced foster care and are navigating their own pathways to independence. Our testimony below is informed by our work, expertise, and extensive experience working directly with families, child welfare systems, and community partners across the country and focuses on 1) the importance of Family First implementation that is aligned with the role of child welfare systems; 2) the opportunity to provide clear direction to the Administration for Children and Families on the criteria used to define "evidence-based" programs; and 3) strategies to promote true prevention through investments in community-based resources and provide supports to children and families outside of the child welfare system. Additionally, we propose a structure to ensure accountability and positive outcomes for older youth.

The Family First Prevention Services Act is appropriately limited in scope and should not be leveraged to grow the child welfare system, unnecessarily bringing children, youth, and families under surveillance of the system. The child welfare system was designed to separate children and families. This is evident through a historical analysis of the system and assessing how the system has been and continues to be financed by the federal government.[2] As we have learned from research and the experiences of children and families, the child welfare system often causes harm and trauma to the very children and families it is supposed to protect. The trauma of an investigation and removal and placement in foster care can have

[1] CSSP uses the term LGBTQ+ to be inclusive of all youth who identify as lesbian, gay, bisexual, transgender, queer or who are questioning their sexual orientation or gender identity. We recognize that youth have diverse sexual orientations and gender identities and this acronym is evolving.

[2] Minoff, Elisa. Entangled Roots: The Role of Race in Policies that Separate Families. Center for the Study of Social Policy, November 2018. Available at: *https://cssp.org/resource/entangled-roots/*.

harmful and longstanding impacts on child and family well-being.[3] Black,[4] Indigenous, Latine/x, and other children and families of color are subjected at higher rates to the trauma and harm caused by the child welfare system.[5] The answer to supporting children and families in their communities is to provide supports children and families need through appropriate, community-based services providers without the risk of surveillance and separation, **not** to expand the child welfare system, which even with the best intentions, would lead to greater rates of the trauma and harm experienced by families unnecessarily. We must reimagine how we support children and families, and doing so requires meaningful investments in health, economic supports, and communities rather than growing child welfare systems. We must, therefore, recognize that Family First is not the answer to supporting families and preventing child welfare involvement because of core requirements within the law to create a case plan and monitor all families receiving evidence-based services for safety and risk. Allowing states to utilize broad definitions of "imminent risk," thereby expanding their candidacy definition, only expands the child welfare system's reach—increasing the potential for harm and intrusion for many families.

The criteria utilized to define services that are "evidence-based" are restrictive. We know that children and families across the country lack access to resources in communities that are responsive and meet their needs. In interviews with youth conducted through a community analysis as part of CSSP's CARES Initiative, young people described "service deserts" while others noted that the services that were available in the community were not responsive to their needs and often were not affirming of their identity. Through CSSP's research with over 20 community-based organizations that are providing services to children and families that were designed by and/or for children and families of color, providers highlighted barriers to serving children and families including the evidence criteria established by the Title IV–E Prevention Clearinghouse (Clearinghouse). Specifically, criteria established by the Clearinghouse, under the direction of ACF, ignore the value of qualitative research and community-defined evidence.

The Clearinghouse only considers quantitative evidence of effectiveness derived from randomized control trials or quasi-experimental designs, as documented in peer-reviewed studies. In utilizing this restrictive and narrow definition of evidence, the Clearinghouse devalues research about the importance of identity and connection to community as healing. Further, despite the heavy emphasis on empirical evidence, the Clearinghouse does not require approved programs to show evidence of effectiveness for families of color, who are the ones most threatened by child removal and for whom programs should be the most effective. Consequently, the Clearinghouse criteria not only hamper the availability of services that can meet the specific needs of families of color while approving services that may be less effective, ineffective, or even detrimental for families of color but also prevent and exclude programs that could lead to the greatest benefit. Considering that these services are intended to keep families from being separated by child welfare, the criteria ultimately harm families by placing greater weight on preventing deviations from flawed evidence standards than on employing all available tools to promote families staying together and prevent the trauma of child removals.

There is a clear disconnect between what children and families want and need and what services states are allowed to provide under Family First.[6] States and community organizations also report a significant problem that comes from this strict definition of "evidence-based" where providers have community-defined evidence to support the effectiveness of their programs, but the evidence is deemed insufficient. As a result, very few states have chosen to implement any culturally responsive programs, and therefore, there are significant gaps in the ability of states to truly meet the needs of children and families of color—furthering the harm caused to these

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[3] Joseph J. Doyle, Jr., Child Protection and Child Outcomes: Measuring the Effects of Foster Care, 97 *Am. Econ. Rev.* 1583 (2007).

[4] Due to systemic inequities, estimates indicate that before turning eighteen, 37.4 percent of all children, including 53 percent of Black children, in the U.S. will be subjected to a CPS investigation. Please see: Kim H, Wildeman C, Jonson-Reid M, Drake B. Lifetime Prevalence of Investigating Child Maltreatment Among US Children. *Am J Public Health.* 2017 Feb;107(2):274–280. doi: 10.2105/AJPH.2016.303545.

[5] Martin, Megan and Dana Dean Connelly. "Achieving Racial Equity: Child Welfare Policy Strategies to Improve Outcomes for Children of Color." Center for the Study of Social Policy, August 2018. Available at: *https://cssp.org/wp-content/uploads/2018/08/achieving-racial-equity-child-welfare-policy-strategies-improve-outcomes-children-color.pdf*.

[6] Hutchful, E. "Culture is Healing: Removing the Barriers Facing Providers of Culturally Responsive Services." Center for the Study of Social Policy, January 2024. Available at: *https://cssp.org/resource/culture-is-healing/*.

families and communities. To truly be supportive of youth and their families, resources should not simply be "provided." They must reflect the actual needs of young people, as they themselves define them; support their existing strengths; and respect the diversity of youth in the community. The restrictive criteria utilized by the Clearinghouse limit the ability of child welfare agencies and communities to be responsive to this need, preventing them from truly supporting children and families in their communities. To meet the intent of Family First, Congress should direct ACF and its partners who are responsible for establishing evidence criteria to adopt a more inclusive definition of evidence that recognizes and affirms the value of qualitative evidence, including community-defined evidence.

Increased investments in flexible, upstream funding that support families outside of the child welfare system are necessary to create a significant difference in the lives of children and families. Too often, circumstances stemming from poverty are construed as neglect. For example, if families are homeless because parents cannot afford rent, or a family's home is dirty, the water is cut off, or children share a bed, child protective services may deem the parent to be providing unsafe housing or shelter, a form of neglect. If a parent needs to work two jobs to make ends meet and leaves a child home alone, or school unexpectedly closes and they cannot afford a babysitter, child protective services may call it inadequate and unsafe supervision, a form of neglect. In other cases, poverty can be an indirect contributor to neglect, underlying the circumstances that lead to a family's involvement with child protective services. For example, when insecure jobs and inadequate supports lead parents to struggle to provide day-to-day necessities, they can feel anxious, depressed, fearful, and overwhelmed. Researchers have found that the daily stress of trying to meet basic needs can interfere with a parent's ability to provide responsive care, such as responding to a child's emotional needs and addressing potential safety risks.[7] Meanwhile families with low incomes may have limited access to mental health services to address conditions exacerbated by poverty.[8] For all of these reasons, families experiencing poverty are more likely to be investigated for and charged with neglect. Policymakers and system administrators make decisions daily that directly impact these children, youth, and families and the communities in which we all live—they play a direct role in both helping and supporting communities and undermining them through the decisions they make.[9]

Title IV–B is an important source of funding because it offers states and communities flexibility to determine how resources can best be spent to support youth and family needs. Importantly, the program's eligibility requirements allow for spending on programs to support youth *outside* of the child welfare system and therefore without the surveillance that involvement with child welfare entails. However, Title IV–B expenditures, which already represent a small portion (4%) of all federal funds spent by child welfare agencies, have decreased by 14% over the past decade.[10] As a result, state agencies are forced to make difficult choices as they determine which population—children, youth, or families—deserve the greatest support. States should never have to make such tradeoffs. All children, youth, and families deserve the opportunity to have the supports they need to be healthy and thrive. To truly prevent family involvement with child welfare, Congress must increase the reauthorization amount for Title IV–B and other flexible funding streams so that states can invest in meaningful supports for all children, youth, and families in their com-

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[7] Research summarized in Duva, Joy and Sania Metzger, "Addressing Poverty as a Major Risk Factor in Child Neglect: Promising Policy and Practice." Protecting Children, 2011. Available at: *http://childhub.org/sites/default/files/addressing-poverty-as-a-major-risk-factor-in-child.pdf.* *See also* Martin, Megan and Alexandra Citrin. "Prevent, Protect, Provide: How Child Welfare Can Better Support Low-Income Families." Center for the Study of Social Policy, 2014. Available at: *https://cssp.org/resource/prevent-protect-and-provide-how-child-welfare-can-better-support-low-income-families/*. Berger, Lawrence M. and Jane Waldfogel. "Economic Determinants and Consequences of Child Maltreatment." OECD Social, Employment, and Migration Working Paper No. 111, April 5, 2011. Available at: *https://doi.org/10.1787/5kgf09zj7h9t-en.* On hardship and parenting in particular, *see* Gershoff, Elizabeth et al. "Income Is Not Enough: Incorporating Material Hardship Into Models of Income Associations with Parenting and Child Development." *Child Development,* 2007. Available at: 0.1111/j.1467-8624.2007.00986.x.

[8] Hodgkinson, Stacy et al. "Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting." *Pediatrics,* January 2017. Available at: *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5192088/*.

[9] Minoff, Elisa and Alexandra Citrin. "Systemically Neglected: How Racism Structures Public Systems to Produce Child Neglect." Center for the Study of Social Policy, March 2022. Available at: *https://cssp.org/resource/systemically-neglected/*.

[10] Child Trends. (2023). Child Welfare Financing Survey SFY 2020: Title IV–B. Available at: *https://cms.childtrends.org/wp-content/uploads/2023/05/ChildWelfareFinancingSFY2020_TitleIV-B.pdf.*

munities. Doing so will help achieve the intended goals of the program and prevent the harm and trauma experienced by families due to unnecessary child welfare system involvement.

In addition to investing in Title IV–B, Congress can make a meaningful impact on supporting children and families in their communities and preventing involvement in child welfare through advancing policy solutions that support and value families, and address root causes of inequities and poverty. Significant and important work has identified strategies that reduce child and family poverty, promote child health and well-being, and increase access to concrete supports. We know that strengthening household financial security can reduce child abuse and neglect by improving the opportunity for parents to meet their children's basic needs (*e.g.,* food, shelter, medical care), provide developmentally appropriate child care, and reduce parental stress and depression, both risk factors for child abuse and neglect. Further, a nonpartisan, evidence-based report commissioned by the U.S. Congress and authored by the National Academies of Sciences, Engineering, and Medicine, a committee of national experts, reviewed policy and program options to understand the most effective means for reducing child poverty by half in the next 10 years. The policy and programs reviewed included options tied to work (*e.g.,* child care subsidies, the federal minimum wage, and the Earned Income Tax Credit), modifications to existing safety net programs (*e.g.,* the Supplemental Nutrition Assistance Program [SNAP] and Housing Choice Voucher Program), options used in other countries (*e.g.,* universal child allowance), and modifications to existing provisions related to immigrants. The authors found that virtually all of the options and combination of policies and programs they analyzed would lead to reductions in poverty, and importantly, would result in disproportionately large decreases in child poverty for Black children.[11]

Programs must be accountable to children and families. Currently, accountability requirements do not center children and families. To ensure that programs funded using funding authorized through Family First achieve the program's intended goals and support children and youth in their families and communities, it is important to increase accountability through continuous quality improvement structures. This includes engaging with and hearing directly from young people and parents in the design, selection, and implementation of programs as well as the process of measuring effectiveness and impact. Youth and parents should be engaged to provide feedback on their experiences with programs, and also, the process of analyzing the data to determine how success is measured and understand barriers to success for young people and families. Further, states should be required to report to youth and families about how the data and feedback they share is being used to drive decision-making and program selection and implementation. As a CARES Youth Ambassador from Los Angeles explains, *"we need to and want to know how [the state] is using the information we share. They need to come back and tell us."* To ensure states meaningfully engage young people in program selection, design, implementation, and evaluation, and to promote transparency and fiscal responsibility, Congress should direct ACF to require all states to establish meaningful engagement strategies and report on how that engagement drives all decision-making at the state level including in the selection and funding of community-based programs.

Conclusion

Supporting children and youth in their homes and communities and preventing child welfare involvement requires a radically different approach that centers families and creates a continuum of community-based supports that meet their diverse needs and are offered in spaces they trust. Family First, importantly, authorized funding for a small part of this continuum and to maximize its impact changes to the criteria used to determine if a program is "evidence-based" are necessary. To achieve true prevention, however, Congress must look beyond Family First and 1) advance a continuum of supports in communities through increasing funding in flexible, upstream programs that do not require child welfare involvement or surveillance and 2) advance policy that promote and strengthen families including a child allowance, tax reform (including expansions to the Child Tax Credit and increases to the Earned Income Tax Credit), and expansions to SNAP and the Housing Choice Voucher Program.

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[11] Citrin, A., Martin, M., and Anderson, C. "Investing in Families through Economic Supports: An Anti-racist Approach to Supporting Families and Reducing Child Welfare Involvement." *Child Welfare* 100.1 (2022).

Should you have any questions regarding my responses or wish to follow-up with additional questions, please do not hesitate to contact me at megan.martin@cssp.org; 202–371–1565.

Sincerely,

Megan Martin
Executive Vice President, Public Policy

CHAPIN HALL CENTER FOR CHILDREN
1313 E. 60th Street
Chicago, IL 60637
https://www.chapinhall.org/

Chapin Hall appreciates the invitation to submit a statement to the Senate Committee on Finance in response to its May 22, 2024 hearing on "The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement." Chapin Hall is an independent, nonpartisan policy research center that provides public and private decision-makers with rigorous research and achievable solutions to support them in improving the lives of children, families, and communities. Chapin Hall's areas of expertise include child welfare, community capacity to support children and families, and youth homelessness.

Much to Celebrate in Family First as a Transformative Policy

Upon passage of the Family First Prevention Services Act in 2018, Chapin Hall immediately understood its transformative purpose and focused our team of child welfare experts on supporting planning, readiness, implementation, and evaluation of this transformational policy to include its components related to prevention, kinship, and congregate care reduction. To date, we have supported 25 states and the District of Columbia, and consulted informally with another five states, in their Family First efforts. Family First is a comprehensive policy designed to dramatically restructure our nation's unnecessary over-reliance on the child protection response and use of foster care, particularly stranger and institutional based settings. We commend Congress for its bold vision and action in Family First that put families first—by increasing access to prevention programs and services, preventing child abuse and neglect, preventing unnecessary entry into foster care, reducing unnecessary government intrusion and disrupting family unity, ensuring kinship placements are prioritized if foster care is unavoidable, and reducing the use of congregate care.

The Family First Prevention Services Act, with key revisions described herein, has the potential to prevent child abuse and neglect by addressing root causes, support families with the services and supports they indicate are most helpful, change the life-course of millions of children, and strengthen our nation for generations to come. Each year calls to child protective services (CPS) involve over 7 million children and, yet, the overwhelming majority of these children and their families receive no service or support when this signal of need has been triggered. There is a pathway forward in Family First, and beyond, to ensure that families have the services and supports needed so that children are safe, well-being is improved, and our nation is strong.

Unprecedented Engagement in the Transformation and Urgency for Prevention

Family First is pointing the way forward and the level of engagement with the prevention aspect of the policy is unprecedented. Forty-six states, the District of Columbia and Puerto Rico, and four Tribes have submitted 5-year Prevention Plans, with all but five of these approved. Implementation of the legislation is underway across the country. This demonstrates an enormous appetite and demand for change, particularly as it relates to re-envisioning prevention. We see this not only through the sheer volume of submitted Prevention Plans, but also the extent to which parents, communities, advocates, and others are vigorously engaged and expressing urgent need for policy shifts in Family First and beyond. Congress was astute to include continuous quality improvement as a core feature of the Family First policy. As a result, a virtuous cycle has been created of innovating and testing strategies, learning what works and then conceptualizing what changes are needed. From this has emerged clarity regarding additional policy solutions to further the intent of Family First, get services and supports to families early, and increase accessibility and uptake of prevention services and programs. The energy you have created is a hall-

mark of successful and iterative policy making that is responsive to new evidence of what works.

Family First is Having Intended Prevention Effect & Direction from Here

The prevention thrust of the policy is beginning to have the intended effect as the number and rate of children entering foster care has been on a downward trajectory since passage. From 2018 to 2023, the entry rate into foster care has been reduced from 3.27 children per 1,000 children to 2.22 children per 1,000 children; and from approximately 241,800 children entering foster care in 2018 to approximately 161,700 children in 2023.[1] This is evidence that the passage and intent of Family First, alongside initial implementation, has changed the nation's direction. There is now sustained effort and momentum to prevent child abuse and neglect and reduce the use of investigations and foster care as the predominate services.

The message we are hearing and seeing on the ground is a greater interest in upstream prevention. There is an emphasis on strengthening families to keep children safe and providing what families say they need to prevent involvement with CPS. There is an urgent need to eliminate the perceived aspects of Family First that coerce families and frighten them away from the very services and supports that could be helpful. While Family First is indeed a transformational prevention policy and responsive to years of advocacy for federal funding for prevention services, there is language in the policy, which we note below, that has negatively altered the trajectory of implementation and the number of families who have benefited. This language has also resulted in deep ambivalence about the policy by some advocates, service providers, and lived experts, alongside hesitation and risk aversion on the part of state leaders. Furthermore, there are opportunities to strengthen coordination across agencies and funding streams and to streamline administrative requirements of Family First to make it easier for states to implement Family First and for families to access prevention services. Based on Chapin Hall's experience supporting jurisdictions across the country with Family First implementation over the past 6 years, and our analysis of multiple forms of evidence, there are policy changes described below that would enable more robust implementation and impact.

1) Revise Eligibility for Family First Services and Facilitate Community Pathways Upstream

Prevention services provided to families before a challenge becomes a crisis have been shown to prevent child abuse and neglect, not only *reduce the likelihood of foster care entry* as described in Family First. States are building "community pathways" into their Prevention Plans to facilitate upstream access to prevention services in the communities where families live and provided by organizations they trust, before a call to CPS is made or without requiring child welfare case management. There are approximately 20 states that have included or will include community pathways in their Prevention Plan. Preventing child abuse and neglect from occurring requires that prevention services be available early and outside of the child welfare agency, and community pathways are making that possible. However, there are legislative changes needed regarding eligibility determination and framing that would facilitate the prevention intent of the Family First Prevention Services Act, increase implementation, better connect families to programs and services, and increase service uptake and completion. The use of eligibility terms *"candidate for foster care", "imminent risk of foster care entry,"* and *"if not for this service the plan for the child is foster care"* with families is not aligned with the evidence and intent of prevention, and the experience and lessons learned from states and families over the past 6 years of implementation. These terms anchor child welfare prevention in a coercion framework when new evidence and innovation point toward proactively engaging and supporting families upstream. Traditional candidacy for foster care [472(i), SSA] remains available as a child protection tool, when necessary, but candidacy has limited and counter-productive utility in this new prevention space [475(13), SSA]. ***This misalignment is holding back implementation, creates unnecessary administrative burden, and lacks coherence with authentically engaging families in prevention services.***

Furthermore, of the approximately 85 evidence-based practices (EBPs) on the Title IV–E Prevention Services Clearinghouse, only three well-supported, four supported, and two promising programs have demonstrated outcomes directly related to out-of-home placement. The majority of programs and services on the Clearinghouse are designed and evaluated for prevention of child abuse and neglect or other well-being

[1] CFSR–4 National Data Indicators Supplemental Context Data Workbook, February 2024: AFCARS and NCANDS submissions as of 02–20–2024.

related outcomes, which reduce the likelihood of foster care placement. Because these EBPs are voluntary and targeted to be delivered before a child would be "at imminent risk of foster care entry," offering them to families alongside the threat of foster care placement is not aligned with the model design or the previously evaluated success of the program or service. ***Reorienting eligibility for Family First services to be consistent with the eligibility criteria of the EBPs on the Clearinghouse would better support the legislative intent of putting families first and strengthening family choice, and is aligned both with what families say they need to stabilize and reduce risk as well as the evidence base of what is effective.***

2) Revise Implementation and Outcome Reporting Requirements

Parent leaders with lived expertise in child welfare report deep reservations about being tracked in the child welfare system of record as a condition of prevention service receipt and the potential of those data to be misunderstood at the intersection of Family First and CPS. Importantly, child level reporting, as is currently required by Family First, is not necessary to measure the implementation and success of the legislation. ***Alternative reporting requirements could be clustered in three categories*** of data trends related to a) CPS and foster care dynamics including referrals, investigations, substantiations, and foster care entry rates; b) EBPs including referrals, service initiation, and completion; and c) fiscal dynamics including spending in prevention relative to foster care.

3) Revise to Remove 50% Well-Supported Requirement and Additional Clearinghouse Considerations

There are approximately 85 approved evidence-based programs or services on the Clearinghouse—19 well-supported, 23 supported, and 43 promising. Over the past 6 years, more than 850 programs or services have been submitted to the Clearinghouse for review, again illuminating the enormous demand for prevention writ large. An important consideration is that even if all of these had been reviewed and approved, states are primarily selecting a narrow band of well-supported programs and services given two Family First requirements. These include requiring that 50% of funding be directed to the well-supported category, and that implementation of supported or promising programs be accompanied by a rigorous evaluation. In theory, these policy decisions are sound, but in practice they have limited implementation of the policy. Two strategies going forward to expand the array of prevention services available to families would be to: 1) ***provide additional and dedicated funds for evaluation*** so that researchers and policy makers can work together to expand the evidence base of prevention services responsive to the diverse needs of families; and 2) ***remove the 50% requirement for well-supported programs so that states' intervention selection can be driven by the specific needs of families in their community and not a pre-determined evidence threshold.***

4) Revise to Include Engagement and Care Coordination Services and Clarify Inclusion of Economic and Concrete Supports in Family First

Two categories of evidence-based programs or services are needed alongside mental health and substance use prevention and treatment and parent skill building based on what has been learned through substantial research, as well as the Congressional direction setting through the Title IV–E waiver projects and initial implementation of Family First: ***"engagement, navigation and care coordination services" and "economic and concrete support services."***

Evaluation results from the Title IV–E waiver projects from 2012 through 2019 elevated that limited engagement of families in services was a common barrier to the implementation of evidence-based programs. Similar challenges appear to be repeating themselves in Family First, as demonstrated in one state's Family First implementation data. In this analysis, there were sizable differences between the number of families identified for a Family First EBP (n=466) and the number still engaged in the service after 6 months (n=3). There is a need to ***include "engagement, navigation, and care coordination" as a Family First category of evidence-based services*** to ensure families get to and stay connected to the evidence-based services and to other supports that promote stability; examples would include service navigation, coordination of services across sectors, or peer support services. Peer Support Service is an active evidence-based service already included in bundled programs on the Clearinghouse, like in START. However, a standalone service in Family First for engagement, navigation and care coordination would allow the use of Peer Support Service, for example, across programs and promote trust and encouragement for healing and recovery when and where needed. This would address the concerns raised by Senate Finance Committee Ranking Member, Senator Crapo,

that over-reliance on *"one-size fits all models"* is a *struggle for rural communities,* in particular, and a *"comprehensive continuum of care"* is necessary more broadly. These strategies could also reduce the current "treatment" framing in Family First that centers prevention primarily on a medicalization of challenges that is too often a result of or inter-related with poverty, cumulative material hardship, and/or economic shocks that overload family capacity.

Importantly, as Senate Finance Committee Chairman Senator Wyden noted in his opening comments at the May 22nd hearing, a key component of prevention relates to economic and concrete supports: "Sometimes, in order to prevent the need for foster care, mom and dad might need a little help. Maybe a parent needs mental health care or substance use disorder treatment, or parenting training and support, or maybe the family needs to do family therapy. *Or maybe parents just need help meeting the family's basic needs. So under Family First, we created new federal funding for those services."* Since initial passage in 2018, we have learned much more about the relationship between family financial stability, child abuse and neglect, and involvement with child welfare, including placement into foster care. ***There is a need to clarify inclusion of economic and concrete supports as a Family First evidence-based service category*** to meet families' basic needs, buffer against economic shocks, and increase engagement with services.

Chapin Hall has reviewed and synthesized over 40 years of evidence regarding the relationship between financial stability, basic needs, and child welfare system involvement, and the evidence points to both the need and evidence-based rationale for including economic and concrete supports as an explicit service category in any revision to Family First.[2] Chapin Hall also recently surveyed child welfare leaders; 25 of 39 responding states (64.1%) reported that "inability to meet economic needs is often a contributing reason" for child welfare involvement, and 100% of responding states indicated that inability to meet economic needs is at least "sometimes" a contributing reason.[3] More importantly, to ensure Family First is effective, it must include services that families say they need and are helpful to them. The Birth Parent National Network of the Children's Trust Fund Alliance has created a clear description of the policies, programs and services needed, and economic and concrete supports are central to their framework.[4] Economic and concrete supports prevent child abuse and neglect and reduce the likelihood of foster care entry, as well as provide a stabilizing function so that more clinically oriented evidence-based programs, if needed, can be successful.

5) Integrate Shared Responsibility and Accountability for Prevention across Health and Human Services Platform; Better Align Maternal Infants Early Care Home Visiting (MIECHV) and Family First; Expand Macro-Economic Policies

The evidence of economic and concrete supports (*e.g.,* housing, health care, child care, employment supports, tax credits, cash) to prevent child abuse and neglect, investigations and the use of foster care also point to the need to ***integrate shared responsibility and accountability across the public human services and health platform in revisions to Family First, and in other policies.*** Health and social services policies external to child welfare have a clear relationship to child abuse and neglect and the use of foster care, yet the related programs and services are rarely administered as if they have an effect on child abuse and neglect. A fundamental goal of macro-economic policies and health and human services policies is to create the context in which our nation can be strong, healthy and productive, and to reduce more costly interventions that intrude into family unity and erode human capital. Orienting our broad policy context to prevent or avert child abuse and neglect, the activation and deployment of child protective services, and the use of foster care is attainable and necessary. "Provide assistance to needy families so that children can remain at home or with relatives" is the first statutory purpose of the Temporary Assistance to Needy Families (TANF) program, which could

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[2] Anderson, C., Grewal-Kök, Y., Cusick, G., Weiner, D., and Thomas, K. (2021). *Family and child well-being system: Economic and concrete supports as a core component.* [Power Point slides]. Chapin Hall at the University of Chicago. [Updated March 2023] *https://www.chapinhall.org/project/a-key-connection-economic-stability-and-family-well-being/.*

[3] Heaton, L., Cepuran, C., Grewal-Kök, Y., Anderson, C., Gaul-Stout, J., Lyons, M., and Dygert, M. (2023). The role of economic and concrete supports in child maltreatment prevention. Findings from a national landscape survey of child welfare leaders. Chapin Hall at the University of Chicago. *https://www.chapinhall.org/research/economic-concrete-supports-survey/.*

[4] Children's Trust Fund Alliance. (2020) *What Parents Say About: Building a 21St century community-based approach to strengthening families. https://ctfalliance.org/wp-content/uploads/2023/09/What-Parents-Say-Community-Based-Approach_8.14.pdf.*

be administered more robustly in alignment of this purpose, and similar language could be integrated in other policies like housing, Medicaid, and Supplemental Nutrition Assistance, for example.

In particular, focused policy solutions are needed to prevent the entry of young children into the child welfare system, given that approximately 20% of children entering foster care each year are under age 1, and an additional 34% are age 1 through 6.[5] Home visiting programs are a central relationship-based family engagement service offered to promote family well-being and connect families to more intensive services when needed for complex challenges, reducing the need for investigative and child protective intervention. While state 5-year Prevention Plans include significant use of home visiting, fiscal and administrative barriers need be addressed to catalyze going to scale. In 2022, home visiting programs served less than 2% of families who could have benefited from these services, and only 3% of high priority families.[6] ***Incentivizing collective investment in home visiting across Family First and MIECHV by addressing the misaligned federal reimbursement requirements and other implementation challenges across the two policies will allow more families to voluntarily access these services.*** There is a need to support start-up costs associated with providing home visiting services through Family First (*e.g.,* recruiting, hiring, training home visiting workforce), encourage the provision of economic and concrete supports in conjunction with home visiting, and implement home visiting through Family First with fidelity to the model(s), including its voluntary design (*e.g.,* without requiring a call to CPS, an open child welfare in-home services case, or inclusion of a plan or documentation describing "if not for this service the plan for the child is foster care").

Additionally, the evidence that economic and concrete support policies prevent child abuse and neglect and involvement with child welfare points toward the ***need for policies that build out the prevention continuum beyond Family First to expand and increase access to macro-economic and other policies like child care, child tax credit, health care, paid family leave, and affordable housing.*** These policies have been shown to be associated with reductions in child maltreatment and child welfare system involvement, and would contribute significantly to preventing the erosion of human capital and the fiscal costs the nation is currently incurring due to maltreatment and involvement with child welfare.

6) Consider Costs and Potential Return-on-Investment in Prevention

Family First changed how states could spend federal Title IV–E funds. It ended historical requirements that funding can only be used after a child was removed from their family, and created a new voluntary option for spending on prevention services. A few points on spending, costs, and return on investment are worth noting here as the Committee considers revising eligibility criteria and the inclusion of two specific evidence-based programs and services categories of "engagement, navigation and care coordination" and "economic and concrete supports." The Child Trends financing survey is conducted once every 2 years with most, but not all, states participating. The 2018 and 2020 surveys provide us with important fiscal data. Overall, child welfare agencies reported total spending of $33 billion in SY 2018 and a drop to $31.4 billion in SFY 2020. While overall spending has been reduced, the share of spending in Title IV–E increased slightly during the same period from $8.2 billion to $8.9 billion.[7]

The Congressional Research Service estimates spending on prevention in Title IV–E at approximately $183 million in FY24 compared to nearly $4.8 billion in foster care and $4.7 billion in adoption and guardianship.[8] Flipping this spending ratio so that government's valuable resources are pointed at preventing child abuse and neglect rather than primarily on costly deep end interventions, like investigations and foster care, will require new strategies within a revision of Family First and other complementary policies. When we do not invest proportionately in prevention, it is costly both financially and in erosion of well-being and productivity, and the return-

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[5] The AFCARS Report #30. *https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-30.pdf.*

[6] National Home Visiting Resource Center. (2023). *2023 Home Visiting Yearbook.* James Bell Associates and the Urban Institute.

[7] Rosinksy, K., Fischer, M., and Haas, M. (2023). Financing SFY 2020: A survey of federal, state, and local expenditures. Child Trends. *https://cms.childtrends.org/wp-content/uploads/2023/04/ChildWelfareFinancingReport_ChildTrends_May2023.pdf.*

[8] Congressional Research Service. (May 16, 2024). Child Welfare: Purposes, Federal Programs, and Funding. Child Welfare: Purposes, Federal Programs, and Funding. *https://crsreports.congress.gov/product/pdf/IF/IF10590.*

on-investment opportunities are diminished. One study estimates the economic burden of the national 2018 cohort of child abuse and neglect investigations by CPS at approximately $2.94 trillion incurred over their lifetimes. The related state-by-state costs can also be found in a recent analysis by researchers at Prevent Child Abuse America.[9] See also a Chapin Hall resource on costs and return on investments.[10] Foster care is an extremely expensive intervention—Kentucky estimates that the average cost of foster care placement for a child (based on average number of months children are in care) is almost $70,000.[11] David Reed of the Indiana Department of Child Services in his May 22nd testimony notes: *"When the financial costs of foster care are considered, let alone the emotional, developmental, social, and mental health costs, the value of providing concrete support to prevent removal, assuming it is safe to do so, is hard to overstate."*

7) Provide Ongoing Funding for Design, Implementation and Evaluation of Kinship Navigator Programs; Delink Kinship Placements from 1996 AFDC Look back Policy

A core component of the child welfare transformation anticipated in Family First relates to increased kinship rather than stranger or institutional-based placements. Child welfare leaders have begun prioritizing relative caregivers, as demonstrated by the increase in use of kinship homes in foster care from 26% in 2007 to 34% in 2021, with a total of 134,000 children being placed with relatives and fictive kin in 2021.[12] There is, nevertheless, considerable variation across states regarding the percentage of children in kinship foster homes (ranging from 4% to 46%) due to differences in existing policies and practices.[13]

Currently, there are five kinship navigator programs that have been rated as either "promising," "supported," or "well-supported" on the Clearinghouse. Of these, only two are designed to support informal kinship families who do not have formal involvement with the child welfare system. The distinction between formal and informal kinship families is significant, because for every child in a formal kinship arrangement, there are an estimated 18 children being raised by informal caregivers outside of the child welfare system.[14] Informal kinship families fall into an eligibility gap that impacts their assessment for, and access to, services typically available to formal kinship families. Having more kinship navigator programs in Family First that serve informal kinship families is vital to fill this gap, especially as economic and concrete supports are an allowable service for kinship families to help them stay together and continue to avoid formal child welfare involvement.

To expand services and supports for kinship families, the barriers to increasing the number of kinship navigator programs on the Clearinghouse need to be addressed. This includes ***ensuring there is an annual federal appropriation for the design, implementation and evaluation of kinship navigator programs that serve formal and informal kinship families.***

Further, to optimize Family First Prevention Services Act and states' efforts to preference formal kin caregivers over stranger foster placements and congregate care, ***eligibility for Title IV–E could be delinked from the 1996 Aid to Families with Dependent Children "lookback" policy.*** This will allow greater federal reimbursement for states that prioritize keeping children with kinship families, and will likely accelerate implementation of newly established federal regulations for separate licensing standards for kin.

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[9] Klika, J. B., Roesnzweig, J., and Merrick, M. (2020). Economic burden of known cases of child maltreatment from 2018 in each state. *Child and Adolescent Social Work Journal. https://doi.org/10.1007/s10560-020-00665-5.*

[10] Chapin Hall. (2024, June). A preventable cost: Economic burden of child maltreatment and child welfare involvement. *https://www.chapinhall.org/wp-content/uploads/Cost-Savings-from-Investing-in-Children-and-Families_Chapin-Hall_6.3.2024-1.pdf.*

[11] Cabinet for Health and Family Services. (2024) Statewide foster care FACTS. *https://www.chfs.ky.gov/agencies/dcbs/dpp/Documents/fcfactsstatewide.pdf.*

[12] Annie E. Casey Foundation. Children in kinship care in United States. *https://datacenter.aecf.org/;* Williams, S.C., and Sepulveda, K. (2019). The share of children in foster care living with relatives is growing. Child Trends. *https://www.childtrends.org/publications/the-share-of-children-in-foster-care-living-with-relatives-is-growing;* U.S. Department of Health and Human Services (USDHHS). (2021). The AFCARS report: Preliminary FY 2020 estimates as of October 4, 2021—No. 28. Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.

[13] Casey Family Programs. (2020, August 12). Why should child protection agencies adopt a kin-first approach? *https://www.casey.org/kin-first-approach/.*

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8) Expand Access to Community Based Treatment Services for Youth to Reduce the Use of Congregate Care

National data show youth ages 12 to 17 account for roughly 25% of all foster care entries but they make up approximately 72% of all current congregate care placements. For this age group, the driver of many foster care entries are unmet behavioral health needs. Seven-year trends of recent national foster care data, for example, show between 46% to 54% of all initial removal reasons for youth 12 to 17 are due to child behavioral problems.[15] Yet behavioral health problems are not synonymous with child abuse and neglect, and entry into foster care for these challenges can be a function of limited or ineffective capacity in the behavioral health system and inability to access services and supports to meet these needs. Additionally, Chapin Hall is observing state trends that suggest reforms in juvenile justice, to descale incarceration in favor of family-based settings, may be unintentionally driving up demand for child welfare placement.

These combined factors are problematic because when youth enter foster care between 12 and 17 years old the likelihood of finding a permanent stable home is limited as youth who do enter foster care are often placed in settings that are not designed to meet their needs or promote stable permanency. Data indicate that the odds of aging out significantly increase the older the child is when they enter care.[16] Studies also show that youth who enter foster care after their 14th birthday spend more time in foster care, experience more placement instability and have a greater likelihood of aging out than their peers who enter care before age 14.[17] This period is a developmental transition or turning point that has the potential to shape the life-course developmental trajectory of young adults. Youth aging out of foster care often experience poor educational outcomes, placement instability, and increased risk for homelessness, have fewer sources of social support to navigate this transition and are frequently under-prepared to live independently and thrive as adults.[18]

Preventing the entry into foster care in the first instance can be an important strategy for reducing these poor outcomes. There remain opportunities for states to direct Family First services more robustly towards preventing foster care entry for youth with behavioral health challenges through the implementation of targeted evidence-based practices. However, the foster care system is not a mental health or justice system, nor was it designed to be. Congress could ***address the underlying lack of sufficient and affordable access for home and community-based mental health services by enhancing the Medicaid FMAP for responsive community-based youth mental health services and treatment through children's behavioral healthcare systems,*** which could act synergistically with Family First. This would support increased mobile crisis response and stabilization services, enhanced care coordination services like high fidelity wraparound, and in-home clinical therapeutic services for youth and their families. Concurrently retaining the components of Family First that eliminated federal fiscal participation in congregate care and created Qualified Residential Treatment Programs would also clarify Congressional intent of ensuring that youth are placed with families and have specific treatment needs met when indicated.

Thank you for the opportunity to submit this testimony, and for considering these recommendations to strengthen the impact of the Family First Prevention Services Act.

Sincerely,

Bryan Samuels
Executive Director

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STATEMENT SUBMITTED BY MATTHEW CHIELLINO
Jacksonville, FL

To whom it may concern:

My name is Matthew Chiellino, my case # 16–2019–dp592–abcxxx. I am writing to tell you how DCF in Jacksonville, FL, Duval County has ruined my family. It's been 3 years since I have been able to see my children Alianna and Nathaniel Chiellino.

When DCF showed up at my grandmother's house in the winter of 2018. They said that they have first hand knowledge of what was going on in my house. Which is a lie because when a call is put through to DCF this would be considered second hand information. They were getting calls from people in different states for over a year.

Then in December of 2019 they took my children without a court order from a judge. Put them in foster care, because I took them from my step-mothers house because she is an alcoholic and a drug user. She was prescribed pain pills by a Dr. But when she drinks with them she is impaired and could not care for my children. So I did what was best for my children. I brought them back to my grandmother's house and took my kids.

While in foster care COVID hit. They wouldn't let me see my kids in person. It was a video call once a week for 30 minutes. It killed me not to be able to hug and kiss my children goodbye. The video calls were heartbreaking when they would cry when they had to get off the chat. This broke me inside, sending me into a deeper depression.

Then in April my previous girlfriend Agnes Wilson, who is also their mother gave birth to another child, this child was not mine. And for 6 months they were trying to push me to get a paternity test in order to see my kids. I already knew this child Leo was not mine. In those 6 months they withheld me from being able to have visitation, when they started to do it in person because the foster parent was not willing to come at different times because of the distance.

I had to go in front of a judge and stated that Leo Wilson was my son. Where they then changed his last name to Chiellino and put in the paperwork that I was his potential father. Then after those 6 months they said that I had no connection with my children because of the lack of time spent with them which was not my fault. That again put another toll on my mental health and on my children as well.

I missed a lot of milestones in their life. I wasn't able to see my daughter or son graduate from VPK and kindergarten. They also in that time were in foster care and were being taught different beliefs and religion then the way I was bringing them up. That shouldn't have been allowed, because in the time Ms. Julie had them, they were not adopted. She was not willing to let me have more time with my kids. I couldn't see them on birthdays while in foster care.

My normal routine with my kids left and empty space in my life. A normal day was to wake up, eat breakfast, get them ready for the day, and bring them to my sisters house on the days I had to work. I would pick them up when I got out of work and we could start our night time routine. We would come home. I would cook dinner for them. We would play for a while or go on a little walk and come inside, take a bath, read a story and they would go to bed.

On days that I was off I would find something for us to do. We would go to the beach, a park, the zoo, go to functions at holy spirit catholic church/school. My children went through all the medical exams. They were never under weight, they were at perfect height to weight ratio. My children were perfectly taken care of. I do not have a criminal record. I had no reason to not be able to see my children. I feel like DCF was never fair and truthful. My rights as a father were humiliated for the state to receive some extra money. My children went to a woman who lives on the state time.

In a lot of the notes they had mine and their moms' case plans mixed up. I was able to complete about 80 percent of my case plan that I didn't want to do in the first place since they fraudulently came into my house over hear say and assumptions and took my kids from me.

I have court paperwork that wasn't sealed and signed correctly that I can show you if needed. Losing my kids has been like a death sentence to me. I think about them when I wake up to the time when I go to bed. It's like I'm counting down the days until they turn a certain age so that I can see them, hug them, and tell them how much I love them. I will be hoping and praying somebody can look into this or some-

how help out. I made some mistakes along the way in the beginning but that doesn't mean I don't deserve my kids.

I currently hold and will hold a career for the foreseeable future to take care of my kids. I have an amazing support system now with my family, also my soon to be fiance and her wonderful children as well.

DCF didn't give a father enough time to make things right and keep his kids.

CHILD WELFARE LEAGUE OF AMERICA
727 15th St., NW, Suite 1200
Washington, DC 20005

Chairman Wyden, Ranking Member Crapo, and Members of the Senate Committee on Finance, thank you for the opportunity to submit this statement for the record.

The Child Welfare League of America (CWLA) is a coalition of hundreds of private and public agencies that, since 1920, has worked to serve children and families who are vulnerable. Our expertise, leadership and innovation on policies, programs, and practices help improve the lives of millions of children across the country. Our impact is felt worldwide.

We appreciate the opportunity to submit these comments in response to the recent hearing about the implementation of the Family First Prevention Services Act of 2018 (FFPSA). CWLA joined many advocacy organizations in endorsing the final product in 2016 and we were pleased with its enactment 2 years later. Unlike the current eligibility requirements related to Title IV–E foster care and subsidized guardianship, we were especially supportive of the effort to expand certain services and practices not tied to either family separation or a complicated income eligibility standard not based on the needs of the families we serve.

Like other significant child welfare legislation, such as the 1980 Adoption Assistance and Child Welfare Act (Pub. L. 96–272), the 1985 Senate Finance Committee action to provide the first funding of $45 million to help young people in foster care with transitional independent living services, or the 2008 Fostering Connections and Increasing Adoptions Act (Pub. L. 110–351), these major policy changes take time to implement. The Family First Transition Act of 2019 (the Transition Act) was helpful in granting states and Tribes some flexibilities to facilitate smoother implementation, but these flexibilities and additional dollars have now expired or will be expiring soon. The first years of the FFPSA took place during a global pandemic that threw many systems into disarray and, in some instances, caused serious delays, so it is not surprising that progress has been slow. Nonetheless, we have some observations and recommendations for improvements, which are detailed below.

While this legislation offers important advancements in child welfare policy, orienting Federal funding and attention toward the prevention of foster care, the child welfare system cannot and should not have to solve all the barriers and challenges these families involved with foster care face. There is a need for coordination and shared accountability for preserving families' ability to care for their child(ren) and preventing children from going into foster care among all child- and family-serving systems in our country, and ultimately, it should not fall to the child welfare system to have the sole responsibility to and oversight of such collaboration. Communities and other child serving agencies must have the tools and resources they need to support families and prevent maltreatment if we have any hope of significantly decreasing family separation and foster care utilization. Communities and other child serving agencies must have the tools and resources they need to support families and prevent maltreatment if we have any hope of significantly decreasing family separation and foster care utilization. Just as we don't want emergency department resources used for the common cold when serious and urgent medical concerns need these vital resources, child protection is best reserved for situations where safety risks are high and there is imminent danger.

As a result, we would be remiss if we did not call for greater action in the areas of mental health and substance use prevention and treatment, and a stronger income and economic support system that can address poverty, housing, and homelessness and many of the other barriers families facing family separation confront. This Committee has jurisdiction over many programs that can promote greater stability for children and families, such as TANF, Medicaid, and the tax code; therefore, it is imperative that the Committee commit to advancing policy changes to sup-

port child well-being in each of these programs, not just in Titles IV–E and IV–B. The challenges facing families are more significant than any one funding stream can address and the child welfare system cannot be expected to solve all of these issues.

The Title IV–E Prevention Services Clearinghouse

FFPSA established the Title IV–E Prevention Services Clearinghouse to conduct an objective and transparent review of research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. To date, a relatively small number of programs have received ratings that qualify them for reimbursement; as of May 2024, the clearinghouse has reviewed just 177 individual programs, and approved only 85 of these, just under half. Only 19 programs have been granted the highest rating of "well-supported," but FFPSA requires that 50% of state spending must be used on well-supported programs.

Given the slow progress of the clearinghouse and the urgent need for additional support for families at risk of family separation, there is a need for Congress to take steps to make the clearinghouse work more effectively.

Eliminate the Requirement for 50% of Spending on Well-Supported Programs

The Transition Act suspended for 2 years the requirement that states must spend 50% of their FFPSA funding on programs that meet the "well-supported" standard and then gradually phased it back in; FY 2024 is the first year that states must fully meet this requirement. As noted above, there are only 19 programs in the clearinghouse with this rating, making this a nearly impossible requirement for states to meet. States have noted that this 50% requirement means that they have a much more limited selection of programs available, regardless of whether the well-supported programs actually meet the needs of the children and families that are being served. States then have less funding available to spend on programs that better align with the needs of their communities, and the result is that families of color do not receive culturally-responsive services under this program.

CWLA recommends that the Committee either permanently eliminate the requirement that states spend 50% of their FFPSA funds on well-supported programs or suspend it for a much longer period of time, such as 10 years, to accommodate for the slow addition of new programs in the clearinghouse.

Additional Funding for Research and Evaluation

The high evidentiary standards for the clearinghouse require rigorous, costly research that many states, Tribes and programs are unable to fund. This barrier is particularly onerous for programs that focus on underserved populations, such as Black and Native families, children of more than one race, and rural communities. There is a need for Congress to provide additional, long-term funding for states, researchers, and universities to conduct the rigorous research needed for programs to meet the standards for inclusion in the clearinghouse. CWLA supports efforts underway to include a competitive grant for FFPSA research in the next reauthorization of Title IV–B of the Social Security Act. We also recommend that the Committee authorize and fund formula grants for states to fund research over at least 10 years to increase the number and diversity of programs available through the clearinghouse. We realize some of this cost can be offset as "administrative" expenses but to effectively implement research we need greater federal funding for state selected research.

Address Disproportionality and Disparities Through FFPSA

CWLA also recommends funding set-asides specifically for research on programs to address disproportionality and to serve specific populations. As mentioned above, the cost of conducting research is a barrier for programs that serve communities of color, American Indian/Alaska Native populations, children and families who are more than one race, rural communities, and other specific populations. There are not enough programs that are normed for families that are not White and are not living in rural communities, including a lack of adaptations of programs that have already been accepted to the clearinghouse. However, the field continues to grapple with disproportionate representation of and disparities for children and families of color in the child welfare system. Additional funding for these programs to conduct research could help address this problem.

Another recommendation to address the lack of programs for specific populations is to allow for population-specific adaptations of programs that have already been accepted into the clearinghouse to automatically be included as well, or to significantly reduce the evidentiary standards for these programs. Programs are more effective when they can be adapted to the unique cultural and ethnic realities of the families

being served. Allowing for adaptations to be included will expand the services available for states to meet the needs of diverse populations. In the meantime, we recommend that Congress grant a transitional period in which the states are allowed to draw down the FFPSA funds for culturally responsive practice-based services and programs that have been developed for specific populations of color while they are being researched for eventual inclusion in the clearinghouse so that states are more able to serve these populations of children and families in a more respectful and effective way. We believe such an allowance would reduce the disproportionality and disparities that currently exist and appear to be increasing in child welfare.

Service Capacity for Approved Programs

One of the key issues with FFPSA is the lack of trained providers that can offer the clearinghouse-approved services and programs included in states' prevention plans. Some of this issue originates in the shortages in the mental health and behavioral health workforces, the extremely low rates of Medicaid, and the restricted provider networks within Managed Care models, but other causes are rooted in the structure of FFPSA. The complexity of reporting requirements and the administrative burden required for the providers to deliver the clearinghouse-approved services and programs means that fewer providers are willing to offer the services. States are still struggling to drawn down FFPSA dollars, either because of issues with candidacy for the programs or barriers in their claiming procedures, so they are unable to give community-based service providers the volume of clients needed in the specific programs that are approved by the clearinghouse; this exacerbates the issue with low capacity in the programs, and in some cases, leads to providers ceasing to offer the services altogether, making them inaccessible for the relatively small number of families at risk of entering the child welfare system that could benefit from them. This lower capacity often leads to a matching issue, in which the providers might be offering a clearinghouse-approved program or service in one geographic area in a state but the families that need and qualify for the services live a significant distance away, making that service inaccessible for the family; this problem is particularly acute in rural and frontier communities.

The lack of additional implementation funding has restricted the capacity of states to adequately fund providers to expand their capacity. CWLA recommends that the Committee address low Medicaid reimbursement rates and provide additional implementation funding for States and community-based providers to expand capacity in both clearinghouse-approved programs and programs that are currently being evaluated for inclusion in the clearinghouse.

There is currently no provision in FFPSA to facilitate coordination with other systems, which could help to alleviate some of the capacity issues. States child welfare agencies would be better equipped to meet the needs of children and families if the Medicaid, behavioral health, and economic support agencies had a responsibility and shared accountability for the children and families being served by FFPSA.

One example is in the adoption field: many families that have adopted children find that they are in need of additional services post-adoption, and these families can be deemed eligible for FFPSA services. Typically, families often don't want to turn to the child protection agency to receive these supports and would prefer to access services through community-based mental and behavioral health providers. Typically, families often don't want to turn to the child protection agency to receive these supports and would prefer to access services through community-based mental and behavioral health providers. Coordination and shared funding could help to facilitate more effective service provision for these families. Therefore, CWLA recommends that the Committee consider ways to promote and incentivize this collaboration among child- and family-serving systems at the state and local level, with an emphasis on requiring other systems to share child welfare's responsibility to provide these supports.

Establishing Candidacy

The definitions for candidacy for FFPSA services require that children be labeled as being at "imminent risk of foster care entry," which limits the ability of states to use the funds for more upstream prevention and has the unintended consequence of pushing more families to be connected to the child welfare system when they require services. Ms. JooYeung Chang from the Doris Duke Foundation offered an interesting recommendation on this issue of candidacy, stating:

> "States should be given flexibility to identify risk at a population level based on data that shows who and where there is the greatest risk of foster care placement. Eligibility for prevention services under Family First could

be modeled on other federal programs like the Community Eligibility Provision administered by USDA, which allows high-poverty schools and districts to provide breakfast and lunch at no charge to all students. Community eligibility reduces administrative paperwork, increases program participation, eliminates stigma, and makes it easier to implement innovative program models." (From her written testimony)

While the idea of community eligibility is novel and holds significant promise, more analysis may be needed to understand the advantages and implementation challenges it may pose. CWLA supports some expansion of the definition of candidacy that would allow for services to be provided in community-based settings to families before the children are at "imminent risk," in order to better prevent child maltreatment and child welfare involvement.

Children and Youth with Complex Behavioral Health Concerns

There is a significant lack of mental and behavioral health services for children and youth across the nation, and even where they exist, these services can be difficult to access due a combination of issues such as: the lack of providers with the relevant expertise, the low payment rates, Managed Care limited provider networks, insurance reimbursement barriers, and long wait times. Without a robust array of services, including developmentally and culturally responsive ones, that are accessible when and where they are needed, it is impossible to address the growing mental health and behavioral concerns of all children. This lack of services makes it difficult for caregivers and child welfare agencies alike to access the services needed for children and youth in their care. When families are unable to access mental and behavioral health services in the community, they are advised to go to the child welfare system to access the services, as child welfare is required by law to provide them. Often the challenges of being unable to access necessary services exhaust the parents or caregivers, leading them to give up custody of their youth, a practice that has been clarified to be discriminatory in recent regulations on children with disabilities. It is critical for the Committee to address these issues to avoid the unintended consequence of more families going to child welfare so that they can get the needed mental and behavioral health services because they do not exist in the community, which will create further stress on an already overburdened system.

CWLA makes the following recommendations for the Committee in addressing the mental and behavioral health needs of children and families.

Invest in the full array of mental health and behavioral services provided through the behavioral health system.

The child welfare system cannot and should not be expected to provide the array of mental and behavioral health services needed to address the needs of children with complex and acute mental health needs. Services approved and delivered through FFPSA will not be able to fully meet these needs. It is critical that the behavioral health system in each state be funded appropriately and held responsible for the provision and funding of sufficient numbers of quality services, as well as of the developmentally- and culturally-responsive ones, to meet the mental health and behavioral health needs of all children, adults, and families in the state, including those at risk of child welfare involvement. The behavioral health system is best equipped to provide these services; when it fails to do so, the child welfare system becomes the defacto behavioral health system because it is required to provide those services to the children in out of home care. In order for the behavioral health system to meet this mandate, there must be sufficient high-quality and developmentally- and culturally-responsive mental health and behavioral health prevention, community-based services that include early identification and treatment services, 24/7 respite and crisis intervention services, intensive in-home treatment services and the right range of residential treatment interventions. The Committee should invest in and support the full array of services offered by the behavioral health system, address barriers to accessing existing services and fund the expansion of options available through Medicaid. This would help ensure children and families are getting the help when they need it in their homes and communities and greatly reducing the need for any care or treatment outside of the home in keeping with the overall intent of the Committee and reducing any unintended consequences.

Working With the Committee To Address Mental Health Needs of Youth in Care

For some youth, a temporary stay in a residential treatment facility is necessary to meet their mental health treatment needs. Implementation of the QRTP model is an opportunity to make important reforms in residential care. The most significant barrier states and counties experience in implementation of QRTPs has been

Medicaid's IMD exclusion. Under Title IXX of the Social Security Act, Medicaid defines facilities that provide diagnosis, assessment, and treatment interventions with more than 16 beds as Institutes of Mental Disease (IMDs). It prohibits the use of Medicaid funding for any medical or therapeutic services while the patients are in these settings. The Centers for Medicare and Medicaid Services (CMS) has indicated that residential facilities meeting the QRTP requirements, as written in Title IV–E law, are to be classified as IMDs. This determination means that a youth in a QRTP, who is by definition a youth with higher needs, cannot be covered by Medicaid for any reason, even for emergency physical health needs. The Committee should clarify that QRTPs are exempt from the IMD exclusion so that the rigorous requirements under the QRTPs can be implemented; there is precedent for Congress exempting young people and other vulnerable populations from the IMD exclusion. We believe we can find common ground on an issue that must be addressed if we are to help many youth in care.

Prioritize family-based aftercare services and address barriers within Medicaid.

The QRTP is meant to be a time-limited residential treatment intervention, with the goal of youth returning to their family/created family. To this end, the QRTP is required to provide family-based aftercare support for at least 6 months post-discharge from the QRTP to ensure that the family and youth have the supports they need so the youth successfully return to their family/created family and community. States are rightly relying on the behavioral health system to provide the necessary quality developmentally and culturally responsive mental health and behavioral health services, but Medicaid does not sufficiently fund the providers to provide these services. The lack of children' and youth's behavioral health providers that accept Medicaid means there are many places where the needed support is not available at all, and that there are often long wait times where services do exist. Changes to Medicaid reimbursement rates are needed to help address this issue.

Best practice in family-based aftercare services includes the use of family peer mentors or advocates (sometimes called peer-parent partners or other similar titles) as one of the supports available to the family when the youth is in the QRTP and when the youth return home. Family peer partners are equipped to help with continuity, adjusting to the new circumstances, and creating psychological safety for both the family and the youth. However, Medicaid only pays for this service when the youth have a diagnosis and often it is the family that really needs this support. The Committee should ensure family peer partners are widely available to youth exiting QRTPs and their family by either requiring Medicaid coverage when the youth is in foster care or creating a separate funding mechanism in Title IV–E.

Kinship Caregivers

Kinship navigator programs were mentioned frequently during the hearing, from Ms. Tapozada and other witnesses. These programs provide vital support to kinship caregivers, helping them to navigate complex service systems in order to provide for the needs of the children in their care. However, it is very difficult for these programs, which are largely resource and referral models, to meet the evidence requirements for the clearinghouse; to date, only a handful of programs have been accepted into the clearinghouse, and none have been rated at the highest level. The Committee should consider other options for funding these programs, either by making an exception the evidence standard or by establishing a separate funding stream outside of FFPSA.

Conclusion

We wish to again thank Chairman Wyden and Ranking Member Crapo for hosting this hearing, for convening an excellent panel of expert witnesses, and for their attention to and support of the children and families at risk of involvement with the child welfare system. We look forward to supporting the Committee in advancing policy to promote the well-being of all children.

CHILDREN AND FAMILY FUTURES
3200 El Camino Real, Unit 170
Irvine, CA 92602
Phone: 714–505–3525
Toll-Free: 866–493–2758
Website: *https://www.cffutures.org/*

June 4, 2024

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510–6200

RE: Statement for the Record, The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement

Thank you, Chairman Wyden, Ranking Member Crapo, and distinguished members of the Senate Finance Committee, for the opportunity to submit written testimony regarding the Family First Prevention Services Act (Family First).

Children and Family Futures is a national nonprofit organization focused on improving outcomes for children and their families at the intersections of child welfare and substance use disorder (SUD) and mental health treatment agencies and the courts. We work with public and private agencies in all 50 states to help these systems collaborate better and meet the treatment needs of children and their families who are affected by SUDs and co-occurring mental health challenges. Thanks in large part to federal investments in on-the-ground programs and evaluations, we know that when families receive timely access to effective treatment through improved collaborative practice across agencies, families recover, kids stay safely at home with their parents, and our government saves resources.

Many families and children receiving child welfare services are affected by parental substance use. According to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) dataset,[1] the number of children who are removed from their families and placed into foster care due to parental SUD is growing as substance use disorders continue to rise at alarming rates. Moreover, removal due to caregiver substance use has increased at a rate higher than any other removal reason in the child welfare system. Furthermore, research conducted by the HHS Office of the Assistant Secretary for Planning and Evaluation[2] revealed a correlation between counties with elevated rates of overdose deaths, drug-related hospitalizations, and increased entry into foster care.

Family First has expanded access to SUD treatment services for children at risk of entering foster care and their families in a few ways.

- **Family First created the Title IV–E Prevention Services program, which supports evidence-based SUD programs and services for children at imminent risk of entering foster care.** This provision allows state child welfare agencies to draw down prevention services reimbursement for SUD prevention and treatment services that meet the law's evidentiary standards. Prevention services are available for up to 12 months to children at imminent risk of foster care placement and pregnant and parenting youth already in foster care, along with their parents or kin caregivers, and can be extended if eligibility is reassessed and documented. Like foster care maintenance payments, the prevention services provision does not apply traditional income eligibility standards, making services accessible to a broader range of families.
- **Family First also allows Title IV-E foster care maintenance payments to, for the first time, support the placement of children in foster care with their parents in licensed residential family-based treatment facilities for SUDs.** This provision enables children to remain with their parents during treatment, fostering family connections and increasing the likelihood of staying together throughout the treatment and recovery process. To qualify, treatment agencies must provide parenting skills training, parent education, and individual and family counseling, all under a trauma-informed approach. Providers must be licensed, and child welfare agencies can reimburse these services through new or existing contracts with treatment agencies. Traditional income eligibility criteria for the Title IV–E program do not apply to this provision, allowing agencies to claim federal foster care maintenance payments for all children in foster care placed with a parent in a licensed treatment program. Additionally, Title IV–E agencies may claim federal administrative reimbursements for related activities, including case management and staff training.
- **Family First also reauthorized the Regional Partnership Grants (RPGs) program,** which supports collaborative partnerships aimed at improving outcomes for children and parents affected by SUDs. These partnerships, although separate from Title IV–E, complement Family First by fostering regional col-

[1] *https://www.acf.hhs.gov/cb/data-research/adoption-fostercare.*
[2] *https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/179966/SubstanceUseChildWelfareOverview.pdf.*

laborations among child welfare services, SUD treatment agencies, family courts, and support services.

These provisions in Family First offer an unprecedented opportunity for the federal government to improve outcomes for this population of families by connecting them to treatment services sooner and improving collaborative practice across agencies. Below, we describe key challenges we have seen during the past 6 years of implementation of these aspects of the law. These are drawn from a toolkit[3] for implementation and a white paper[4] outlining key challenges—both of which we collaborated on in partnership with the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

Challenge #1: For states to draw down Title IV–E foster care maintenance payments for a child placed with a parent in a family-based residential treatment facility for SUDs, the child must be in state custody.

To draw down Title IV–E foster care maintenance payments for a child placed with a parent in a family-based residential treatment facility for SUDs, the child must be in state custody. This requirement has raised concerns about potentially incentivizing states to bring more children into foster care. Additionally, there are challenges related to the differing timelines between child welfare cases and SUD treatment and recovery. Delays in accessing treatment due to wait-lists and geographic availability can result in children being placed in foster care while parents await treatment. If a parent loses Medicaid eligibility when their child is in state custody, it further complicates their access to SUD treatment. Conversely, parents may complete residential treatment before the court resolves the child welfare case, affecting funding availability. Another facet of the timing challenge is played out in the case of infants who may be affected by a parent's substance use during pregnancy. The timing for the court hearing to legally have the infant determined to be in state custody results in an infant being placed in kinship or foster care rather than being placed with his/her parent in residential treatment. Untangling that placement decision while the parent waits for the child while in a treatment setting is cumbersome and risks the critical bonding period needed for that parent and infant.

Furthermore, there is a shortage of residential family-centered SUD treatment programs, leading to reduced intakes and financial hardships for some facilities. However, Family First provides opportunities to expand access to these programs, prevent foster care placements, and repurpose existing facilities for family-centered care. Collaborative efforts between child welfare and substance use treatment agencies are essential to meet the needs of families and maximize the benefits of Family First provisions.

According to the latest Child Welfare Financing Report by Child Trends,[5] 21 states are drawing down Title IV–E maintenance payments for children in residential treatment facilities. This relatively low uptake of this policy lever is likely due to the complex requirements and logistical challenges involved in implementation. These include ensuring proper coordination between child welfare and substance use treatment services, managing the differing timelines of child welfare cases and SUD recovery, and addressing the shortage of suitable treatment facilities. Additionally, states may face difficulties in aligning funding streams and navigating the administrative hurdles necessary to fully utilize these provisions.

Challenge #2: Few SUD prevention and treatment programs are eligible for Title IV–E funding as rated by the Title IV–E Prevention Services Clearinghouse. These ratings do not align with the SUD treatment evidence base.

Although SUD prevention and treatment are focus areas under Family First's prevention services opportunities, the available service array funded by Title IV–E does not align well with the SUD treatment evidence base. Significant differences exist between the programs approved by the Title IV–E Prevention Services Clearinghouse and those identified by leading SUD treatment guidance, such as the National Institute on Drug Abuse (NIDA) Principles of Drug Addiction Treatment.[6]

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[3] *https://cffutures.org/files/aecf/SUD_Toolkit_Combined_FINAL.pdf.*

[4] *https://www.cffutures.org/files/QIC_Webinar_Resources/FFPSA%20Implementation%20Challenges%20and%20Strategies_FINAL.pdf.*

[5] *https://cms.childtrends.org/wp-content/uploads/2023/04/ChildWelfareFinancingReport_ChildTrends_May2023.pdf.*

[6] *https://www.samhsa.gov/resource/ebp/principles-drug-addiction-treatment-research-based-guide-third-edition.*

This guide lists nine evidence-based approaches to SUD treatment, including Medication Assisted Treatment, Cognitive Behavioral Therapy, Contingency Management, and others. However, only five of these approaches have corresponding programs rated by the Title IV–E Clearinghouse, with only three receiving well-supported or supported ratings. This misalignment means Title IV–E prevention funding does not fully support SUD prevention and treatment services critical for family recovery. Child welfare agencies traditionally rely on the California Evidence-Based Clearinghouse for Child Welfare (CEBC),[7] while the SUD treatment system depends on SAMHSA's Evidence-Based Practices Resource Center.[8] These resources are not always in sync with the Title IV–E Clearinghouse criteria, which are more stringent.

Due to the criteria of the Title IV–E Clearinghouse, many SUD programs rated well-supported or supported by CEBC receive lower ratings from the Title IV–E Clearinghouse, highlighting a gap between the SUD evidence base and child welfare outcomes. Our understanding is that these SUD program outcomes may have not measured child-specific outcomes. This discrepancy underscores the need for better alignment and collaboration between child welfare and SUD treatment systems to effectively leverage Family First provisions. Currently, only six SUD programs have received a well-supported rating from the Clearinghouse, which requires rigorous evidence of meaningful outcomes, including preventing child abuse and neglect, reducing foster care placements, and supporting families. A possible resolution to this challenge is to align the evidence base of the National Institute on Drug Abuse with adult outcomes with logical outcomes that would be evident for the children in these families.

Challenge #3: Multiple funding streams are needed to support families affected by substance use, each with its own complex rules and eligibility requirements.

Although family-centered SUD treatment has significant potential for preventing entry into out-of-home foster care, funding this integrated service model is challenging due to the categorical and siloed nature of human services funding. Blended and braided funding streams are necessary to adequately support families affected by SUD. Navigating these funding sources can be complex, as each has its own eligibility requirements and rules that states must meet.

In 2020, the Administration for Children and Families, in collaboration with the Centers for Medicare and Medicaid Services released a joint information bulletin[9] highlighting considerations for supporting family-focused residential treatment using Title IV–E and Medicaid. This bulletin outlines the different funding streams, their eligibility requirements, and the services they cover. States need to determine how to combine these various funding streams with Title IV–E and Medicaid to fund and enhance family-centered residential SUD treatment.

Thank you for your consideration of our feedback. We look forward to working with you to ensure the Family First Prevention Services Act is implemented as effectively as possible to maximize this opportunity for children and families impacted by SUD. Please do not hesitate to contact me with any follow-up questions.

Sincerely,

Nancy K. Young, Ph.D.
Executive Director

CHILDREN'S HOME SOCIETY OF AMERICA
125 S Wacker Dr., #14
Chicago, IL 60606
(800) 456–3339
https://www.chsamerica.org/

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510–6200

Dear Members of the Senate Finance Committee,

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[7] *https://www.cebc4cw.org/*.
[8] *https://www.samhsa.gov/resource-search/ebp.*
[9] *https://www.medicaid.gov/federal-policy-guidance/downloads/cib100520.pdf.*

Children's Home Society of America (CHSA) is a national network of community-based organizations that interact with thousands of children, youth, families, and communities every day to impact well-being, including through the provision of kinship care, family preservation and support services, and foster care. The CHSA network reaches children and families in 23 states. We have a frontline view of the implementation of the Family First Prevention Services Act (FFPSA).

Thank you for your interest inthe successful interest of FFPSA across the country. We appreciate the invitationto submit our insights on successes, roadblocks, and opportunities for improvement.

Successes:

1. Preventative Focus: The FFPSA's emphasis on preventing the need to place children in foster care by providing families with resources and support services has been a significant advancement. By funding mental health services, substance abuse treatment, and in-home parenting support, the act has helped keep many children safe with their families. Further, the underlying premise of the law—that children need to remain connected to their families—has energized new ways of thinking and new practices in systems and settings that have a positive residual effect. For example, there is a greater emphasis on doing more to create better conditions for all families to thrive so that they do not become involved in the child welfare system at all.

2. Kinship Care Support: The act has also advanced thinking and practice related to kinship care, which has proven beneficial for children's stability and emotional well-being. The increased funding and support for kin caregivers are crucial steps forward.

Roadblocks:

1. Implementation Challenges: Many states have faced difficulties in implementing the new requirements due to varying levels of readiness and resource availability. The transition from traditional foster care models to preventative services has been complexand resource-intensive.

2. Funding Constraints: Insufficient funding means that requirements for optimal implementation of FFPSA, for example organizations are unable to offer competitive pay for the credentialed experts required to implementsome of the evidence-based practices (EBPs).

Financing restrictions drive inflexibility that puts up barriers to families receiving services. For example, the current financing flow causes the system to prioritize what the system can offer over an assessment of families' true needs. CHSA's member in Utah was working with a mother who is a veteran who was so depressed when the Children's Services Society of Utah began working with her, that the care provider could not cover all of the EBP requirements with the mother, which meant there was no way for the providerto draw down funding to meet any of the mother's needs. While FFPSA has made great strides to ensure we approach families from the perspective of guaranteeing long-term stability, it still fails at providing service providers with the flexibility needed to serve families in their unique and sometimes extreme circumstances.

Opportunities for Improvement:

1. Increased Flexibility: Just as COVID–19 was a public health crisis, across our population of children and youth, there is a mental and behavioral health crisis. States and their private, nonprofit partners need the same types of flexibility that emergency provisions offered in response to the COVID pandemic. This flexibility would help address their needs without the current restrictions that hinder the provision of necessary services.

2. Increased Resources: Congress needs to appropriate the resources necessary to implement the FFPSA in order to see it reach its full potential. For example, the recent reduction in funding to develop the IV–E Prevention Clearinghouse will only further delay an already slow and cumbersome process for identifying EBPs to include. A significant increase in funding supports for kinship navigator programs would create more pathways for families to help one another thrive. New ideas for practice and systems functioning could be generated by funding innovation initiatives directed at solving some of the challenges states and their private, nonprofit human services partners are experiencing.

3. Expanding Nonprofit Provider Service Networks and Supports for Their Workforce: Efforts should be made to support qualified and high-quality nonprofit human services provider organizations in expanding their services.

- CHSA members are finding ways to use technology to reach rural areas and engage with all families, to more easily identify families who are struggling the most and reach them sooner with the help they need. CHSA is interested in working with Congress to create more ways to expand services, particularly in underserved areas.
- Another helpful approach would be to invest in the training and certification programs that providers must offer to build out a workforce that can implement EBPs to fidelity.
- It is critical to be able to retain trained and certified workforce through competitive pay.
- CHSA understands the value of hiring individuals with lived expertise to work with families and children and offer competitive and fair pay.
- Resources to public contracts must match the changes in the Department of Labor's Fair Labor Standards. The new rule is creating another barrier in the nonprofit sector to having the workforce required. If public contracts to nonprofit provider organizations are not increased, there sources are not there to support the minimum threshold salary of $58,000.

4. Enhanced Data Collection and Sharing: Improving data collection and sharing mechanisms will allow for better tracking of program outcomes and more informed decision-making. States should be encouraged to adopt standardized data practices to facilitate comparisons and evaluations.

5. Evidence-Based Practices:More evidence-based practices are needed to cover existing gaps and to give states and their private provider partners a range of options for supporting families.

- More support needs to be provided toward developing evidence-based practices through nonprofit human services provider organizations. CHSA member Arizona's Children Association developed the only kinship navigator program currently approved by the Clearinghouse. Developing EBPs in a practice setting accelerates the process of determining what can work well. CHSA has proposed the Family Preservation Research Act as a specific solution.
- CHSA can provide additional examples across our member organizations for ways nonprofit, private providersare generating evidence for practices and creating new practices to address families'needs.

6. Clearing House: Support the expanded role of paraprofessionals in prevention efforts by prioritizing evidence-based interventions suitable for them in the IV–E Clearinghouse, offering technical assistance, disseminating best practices for their deployment, and providing training for adapting these interventions for paraprofessional delivery.

- Encourage the inclusion and prioritization of interventions within the Title IV–E Prevention Services Clearinghouse that can be effectively delivered by paraprofessionals. This will ensure that programs supported by federal funding are accessible and feasible for implementation by a broader workforce, thereby extending their reach and impact.
- Develop and disseminate comprehensive guidance on the optimal use of paraprofessionals in child and family services. This should include the development of best practices that agencies can adopt to effectively integrate paraprofessionals into their service delivery models, ensuring that these workers are utilized efficiently and ethically.
- Provide targeted funding for the training of paraprofessionals, focusing on the adaptation of evidence-based interventions to be effectively delivered by this workforce segment. Training should be designed to equip paraprofessionals with the necessary skills to implement interventions faithfully, while also allowing for adaptations that meet the unique needs of the communities they serve.

In conclusion, the Family First Prevention Services Act represents a significant step forward in child welfare system reform. While there have been notable successes, addressing the roadblocks and seizing opportunities for improvement will be essential to fully realize the FFPSA's potential. We urge the Senate Finance Committee to consider these recommendations as part of your ongoing efforts to support and strengthen this critical legislation.

If you have questions, please contact Marlo Nash, CHSA's Managing Director, at marlo.nash@chsamerica.org or 202–431–3532.

Sincerely,

Marlo Nash
Managing Director

CHILDREN'S SERVICE SOCIETY OF UTAH
655 East 4500 South #200
Salt Lake City, UT 84107
801–897–3402
https://cssutah.org/

I am Encarni Gallardo, Executive Director of the Children's Service Society of Utah (CSS). I have been part of the agency for the last 23 years and have been honored to serve as the Executive Director for the last 11 years.

CSS is the oldest child welfare agency in the State of Utah, serving families and children since 1884. During these one hundred and 40 years, CSS has been working to ensure that children are in safe environments and foster the appropriate opportunities for development so each child can reach their potential as a productive citizen.

CSS started as a day nursery, as a group of women in the valley saw the need for a safe place for children to stay during the day while their parents were away due to other responsibilities. A few days after opening its doors, the society received a baby with a note at its door. At that point, the society became the first adoption agency and orphanage in Utah.

Since that time, CSS has served children and families through programs focused on providing the tools and skills to professionals, parents, and caregivers to ensure children are in safe places. The society currently serves families through five programs: Adoption, GRANDfamilies, Home Visitation, Care About Child Care, and Building Blocks.

CSS has created many partnerships in the state, holding positions on many different boards, collaborating with state partners like the Department of Health and Human Services, the Department of Workforce Services, the Utah Governor's Office, and many other county and local partners like Utah Nonprofit Association, Voices for Utah Children, and Early Childhood Utah. CSS received the Ethical Leadership Award in 2018, awarded by the University of Utah, and continues to advocate for Utah children.

CSS is grateful for the opportunities the Family First Preventions Services Act (FFPSA) has provided us. This new approach to help children at risk of entering the welfare system not only brought the opportunity for funding for some of the work CSS was already doing but also a new focus on better ways to ensure family permanency and conservancy. CSS has served grandparents and relatives who stepped up to raise a relative's child for 22 years. It was in 2002 that CSS started to receive phone calls from families affected by the meth epidemic that CSS realized the gap in services for kinship families stepping in to be parents for those children whose fathers and mothers were unable to take care of them. CSS provides wrap-around services to ensure families receive all support to stabilize the children left in their care. CSS's GRANDfamilies Program has been subject to several research studies, and it is in the final stages of being submitted for approval through the federal clearinghouse. As of today, CSS is the only agency providing services to kinship families that have not entered the child welfare system.

CSS understands and values evidence-based programs. Ensuring families receive the best-proven services available helps us reach the best results. With this premise in mind, it is our experience that lack of flexibility and alignment sometimes stands in the way of families making progress and finding solutions. Most government contracts impose many restrictions on service providers, making it almost impossible for families to receive the services that make more sense to them and, at times, the most needed. I will illustrate this with a couple real case situations:

Marina (name has been changed for confidentiality purposes) was referred to CSS because she had recently given birth to a baby. As a young, single, low-income mother, Marina was the perfect candidate for CSS Home Visitation Program. CSS Home Visitation Program uses Parents as Teachers for the curriculum that guides services to families. When the assigned Parent Educator arrived at the house, she discovered that Marina was a mother of four children under the age of 5. Marina was also a recent return war veteran deployed twice during her service. She suf-

fered from some mental health issues that were only increased by the depression after the birth of her last child.

Marina was also low income, lived with her children in an apartment with two bedrooms, and lacked many resources. She did not own or have available a washer or dryer, did not own or have available a car for transportation, and did not have access to a mobile phone. All children were infected with lice. They were not attending any early childhood programs and needed some primary care. The mother was not able to provide this essential care for them, as her mental health battle made it almost impossible for her to function and take care of herself. Marina was at high risk of losing her children to the state foster care system and needed an intense intervention.

CSS is very respectful of the Parent as Teachers programs, but in situations like this, what the parent needs is at a much different level. CSS was able to procure the much-needed washer and dryer, find partners in the community to provide haircuts for the children, organize with the mother's support the cleaning and disinfecting of the house bedding and carpets, and procure some mental health services appointments. Only after several months of visits and support was this mother in a suitable space to receive Parents as Teacher services and visits.

The current system is sometimes misaligned with the families' real needs. The system does not look at what the family needs but rather at what the system can offer, regardless of the situation of the clients we serve. While FFPSA has made great strides to ensure we approach families from the perspective of guaranteeing conservancy and long-term stability, it still fails at providing service providers with the flexibility needed to serve families in their unique and sometimes extreme circumstances.

For those in direct contact with families, a government contract is a secure financial solution to ensure services are being provided. At the same time, it might be a barrier to providing the services needed.

Marina is only one example of many. Mental health issues, inability to provide for basic needs, poverty, lack of child care, lack of access to medical care, and lack of societal support require instant intervention and solutions to prepare families to receive the services a well-established evidence-based program can ultimately provide.

Including funding and service flexibility for service providers through established contracts might be the best way for them to help families achieve stability and move toward financial independence. This measure might also prevent children from entering the foster care system, allowing families to stay together, ensuring children are raised by their parents or a close relative, and ensuring children can keep a connection with their heritage and family bonds. It has been proven that children have a much higher chance of finishing high school and moving to higher education if they are raised by their own families.

It is my honor and privilege to stand here today and say thank you to the administration for allowing me to express my gratitude for the FFPSA and all the changes it has brought to our services, and at the same time, to be able to express my concerns and experiences to illustrate the opportunities we have ahead.

Encarni Gallardo
Executive Director

CHILDREN'S TRUST FUND ALLIANCE
P.O. Box 15206
Seattle, WA 98115
(206) 526–1221
https://ctfalliance.org/

Dear Chairman Wyden, Ranking Member Crapo, and Members of the Senate Committee on Finance:

On behalf of the Children's Trust Fund Alliance thank you for the opportunity to submit written testimony to your Committee regarding the Family First Prevention Services Act enacted in 2018. We were active supporters for its passage and are hopeful that the promise of the legislation can be more fully realized in the years ahead.

We were pleased that the Committee heard testimony on the importance of improving access to programs and services, enhancing transparency, promoting equity, and

allowing more flexibility in implementation of the legislation. These actions are necessary in order to achieve the full potential envisioned by Family First including enabling more children to remain with their families and preventing child welfare involvement.

The Children's Trust Fund Alliance and our members throughout the country work every day to prevent child abuse and neglect in all its forms. We advocated for passage of Family First and were thrilled when it was signed into law. However, much of the promise of Family First has been unrealized due to bureaucratic barriers and overly restrictive requirements on what services can be funded.

Family First represented a crucial shift in federal child welfare financing, enabling the use of Title IV–E dollars to support evidence-based prevention services for children at risk of entering foster care and their families. The law holds promise in expanding access to vital services and reducing the need for foster care. However, 6 years into its implementation, only a limited number of programs have been approved by the Title IV–E Prevention Services Clearinghouse and states have not fully utilized Title IV–E prevention dollars to meet the needs of families.

We are concerned that the Clearinghouse standards are overly complex and stringent, diverging from the simplicity intended by Congress. We recommend broader access to prevention programs and services to align with the goals of Family First.

The process to approve which prevention programs and services are eligible for funding has been time consuming and repetitive. Many programs with evidence of effectiveness have faced delayed approvals, and options remain limited for states to implement. Without approval for funding these prevention services, then children end up in foster care, which itself is not a promising practice or evidence-based service. On the contrary, foster care has a proven track record of causing harm and trauma for children.

We share concerns expressed by others that the Clearinghouse prioritizes research and evaluation criteria over meeting the needs of children and families. We urge Congress to offer clarification that those interventions already assessed and endorsed by other Clearinghouses, such as the California Evidence-Based Clearinghouse for Child Welfare and the National Institutes of Health, can be approved as eligible for Family First funding.

We recommend providing states with increased flexibility to determine what strategies will work best for them based on their unique needs and challenges to be addressed. The requirement for 50 percent of IV–E Prevention funding to be spent on "well-supported" programs exacerbates the challenge of limited availability of programs and services that are approved by the Clearinghouse.

We recommend allowing more flexibility for states to provide concrete economic supports as part of their Family First implementation. There is a growing amount of research, including testimony offered by David Reed during the Committee Hearing, that shows access to economic supports is the most effective intervention to help prevent the need for foster care more than any other. In order to realize the promise of Family First, use of Title IV–E prevention funds for economic supports for families should be permitted.

We agree with our partners at the National Child Abuse Coalition and other national organizations in recommending that domestic violence services and peer support navigation should also be added as allowable categories of evidence-based programs and services for Title IV–E prevention funding. Domestic violence services help ensure the safety of children and non-abusing parents. Additionally, peer support programs enhance access to services and improve outcomes for families—especially for those who are interacting with the child welfare system.

We also recommend consideration, perhaps on a pilot basis, to broaden eligibility for Title IV–E Prevention Services to be delivered to entire geographic areas at a community or neighborhood level. We know that a large percentage of children and families who touch the child welfare system live in the same ZIP codes. A community-based eligibility status for Title IV–E funded strategies to be available would shift from a system of government surveillance on certain families who come to the attention of the child welfare system, to instead help address community level challenges, create community conditions where families can thrive more independently, and where families have what they need to be the best parents possible that their children deserve. Expanded access on a neighborhood level will also reduce the likelihood that costly out-of-home placements will be necessary. Just as health improves when families have access to local health providers and a "medical home" in their

community, outcomes for children improve when families have access to effective prevention strategies in their community.

Overly narrow eligibility and requirements that families have child welfare involvement prior to eligibility for Title IV–E services leads to a system where problems must worsen unnecessarily before eligibility is attained. Addressing these problems after they have escalated, when they could have been prevented earlier, is more costly and results in unnecessary harm to children that otherwise could have been prevented.

In addition to our membership of state Children's Trust Funds, the Children's Trust Fund Alliance helps amplify the voices and expertise of parents from across the country including many who have had child welfare experience. These parents have expertise that guides our efforts and informs recommendations that we offer for policy makers. Ultimately parents want to be treated with dignity, but our child welfare systems often fail to treat families with the respect that everyone deserves. Our parents call for reforms to narrow the front door of the child welfare system and increased investments in primary prevention programs.

As the Committee also considers reauthorization of Title IV–B, we call on Congress to prioritize primary prevention as part of the reauthorization. We join our partners at the National Child Abuse Coalition in calling on Congress to dedicate new mandatory Title IV–B dollars to support upstream prevention services. We recommend that these dollars flow through a non-child welfare community partner, such as a state Children's Trust Fund or other mechanism that pools funding to support resources and services for children and families in order to reduce child welfare system involvement for families. We recommend that this funding be used to support community programs and strategies that build research based protective factors that are linked with reductions in child abuse and neglect.

Despite the promise of Family First when it was enacted in 2018, according to the Congressional Research Service, only $183 million of the $12 billion federal spending on child welfare in FY 2023 was allocated to Title IV–E Prevention dollars. This represents less than 2 percent of federal spending on child welfare services. We have a long way to go to achieve the goals that were envisioned with the enactment of Families First to shift resources towards prevention services. Until we make this shift and invest in effective prevention strategies that are flexible to meet individual family and community needs, we will continue to spend more on foster care with more children and families becoming involved with the child welfare system.

Prevention works, but it must be more than a platitude that is discussed. It requires a commitment and steadfast dedication to do the hard work necessary to ensure that children grow up in safe, stable, nurturing families and environments. We appreciate the Committee's leadership in examining Family First and taking steps to improve its implementation. We look forward to working with you on policies that prevent child abuse and neglect before it occurs and help children and families thrive.

Sincerely,

Jim McKay
Public Policy Director

COLORADO RESILIENCE
8035 Lee Drive, #202
Arvada, CO 80005
https://coloradoresilience.org/

Statement of Carl Roberts, Founder

Two people are walking by a river when they notice babies floating down the river. One starts grabbing the babies from the river, while the other runs upstream. The first asks, "Where are you going? We have to save these babies!" and the other replies, "I'm going to see who's throwing babies in the river."

"An ounce of prevention is worth a pound of cure." Benjamin Franklin

"It's easier to build strong children than to repair broken men." Frederick Douglass

Undoubtedly, FFPSA was signed into law with these very principles and goals in mind. I am grateful for this opportunity to voice my opinion on the record. I've been an advocate for family court, child welfare, and child support reform for over a decade and have a deep understanding of not only the problems and solutions but also what prevents solving these very broken systems. As you know, the public's perception, those of us with lived experience in these systems, is directly contrary to the more positive perceptions expressed to this Committee by the system leaders who are dependent on the perverse incentives of federal funding.

Almost every government program or system is created to treat downstream societal ills (pulling babies out of the river) instead of prevention. The very nature of treating issues or ills requires customers/people to treat. Helping and treating people requires budgets and funding. Prevention is the antithesis of treatment and, in turn, a threat to funding. You'd be hard-pressed to find a system leader who wants to shrink their budget or reduce the number of customers they serve. Altruistically, many system leaders may express their support for prevention, but practically, they advocate for more federal funding, which means expanding treatment and services.

When you combine perverse federal funding incentives with individual incentives to unwittingly enter these systems or to become customers, you have a very broken child welfare system that often causes more harm than good. A system that often diminishes child health, safety, and well-being. A system that millions of us with lived experience believe abuses and exploits children. A system that destroys families, lives, and dreams for profit.

UNDERLYING PROBLEMS

Perverse Funding Incentives—promotes treatment over prevention.
Most child welfare programs and systems were created to treat societal ills, not prevent them. It might be called Child Protection Services (CPS), but it is federally funded based on how many children or families they treat. The number of customers served by the system. The more families they involve means the more funding they need to hire more people to serve. It's a perverse federal incentive that hooks almost every system and state legislature. The solution here is simple. Change the incentives from system growth to reward system reduction instead. That simple paradigm change will spur prevention innovation and system solutions like never before, which is the basic premise of FFSPA.

Case in point is Kentucky passed *rebuttable presumption of equal parenting* in 2017. Between 2017 and 2021 Kentucky saw a 30.9% reduction in child abuse investigations and a 33.2% drop in child victims. A rebuttable presumption means that it takes a preponderance of evidence to declare a parent as unfit or unsafe and limit their role as a parent. By requiring evidence to substantiate an allegation, false allegations no longer work. This policy change removed the incentive to make false allegations and weaponize child welfare. It also reduced the number of system involved families by a third and saved Kentucky millions.

Categorization and Data Collection—failure to properly assess threats or mitigate risks.
Children who need protection generally fall into one of two groups: those who are in the middle of a custody dispute between their parents and those who are not. The risks and threats to a child's safety and well-being are different, and each group requires different risk and threat assessments. At least here in Colorado, and I suspect it is the same throughout the country, CPS practices and policies fail to acknowledge the differences and, in turn, fail to properly assess the risk, mitigate the threat, and adequately protect our children.

The most significant threat to a child caught in the middle of their parent's conflict is the risk of losing a safe and secure relationship with one of their parents or potentially both. Not only do CPS policies not acknowledge this exceedingly common threat, but its practices ignore that fact and do nothing to protect children from the harm of being weaponized by one of their parents.

Colorado Resilience's (COR) primary focus is on custody-related cases. I'll defer to the expertise of other advocates to address the many problems and solutions from the foster care and removal perspective. However, many of the underlying problems remain the same and can all be tied back to broad discretion and zero accountability for the systems or the individuals who work in the systems. All this, in the absence of independent, nongovernmental oversight, is the root cause of why child welfare continues to destroy families, lives, and dreams unabated.

Broad Discretion—allows for subjective opinions and biased decisions.

From a family court judge to a CPS case manager and almost everyone in between (including third-party paid professionals, GALs, child representatives, etc.), rulings and decisions are not constrained by requiring facts or evidence. They have broad discretion to make decisions however they think is best. Case managers are empowered to make decisions based on their opinions, gut feelings, or biases. While CPS will claim its review team limits individual discretion, if that process worked well enough, we wouldn't have needed FFPSA.

Bias can be gender, race, economic, or in small towns, based on who you know. Bias can be formed by how a falsely accused parent reacts to being interviewed by a case manager investigating a claim. If an innocent yet accused parent reacts in any way that is not acceptable to the interviewer, bias is formed. If the parent demands that the case manager do his or her job, bias is formed. It's often a can't win situation for the parent, even if they say and do all the right things. If the accused is a poor, black man speaking with a young middle-class white girl, bias can be formed before they ever speak. If the girl wasn't happy with being dumped by her boyfriend or her dad wasn't around when she grew up, a safe and respectful father doesn't stand a chance. Bias can cut both ways. Women with poor self-esteem, who had a bad relationship with their mom, can show their bias against other women to show who is in control. Undoubtedly, men can be biased too.

Zero Accountability—no consequence for prejudice, negligence or falsifying records.

There is zero accountability for CPS, almost no accountability for case managers, and zero recourse for families whose lives are ruined because of CPS negligence or malfeasance. Here are a couple of stories where the case manager was charged with a crime(s), but CPS comes away scot-free, and the affected families have no recourse.

Robin Niceta, an Arapahoe, CO CPS caseworker, was convicted and sentenced to 4 years for making false allegations of child abuse against Aurora City Councilwoman, Danielle Jurinsky. *(https://www.cbsnews.com/colorado/news/robin-niceta-sentenced-four-years-prison-colorado-false-child-abuse-report-danielle-jurinsky/)* CPS was not held accountable. No recourse for Jurinsky other than the satisfaction of Niceta going to jail.

Sandra Spraker, a Larimer, CO CPS caseworker was arrested on 99 counts of falsifying documents and other on the job crimes. CPS was not held accountable and the long list of affected families won't be compensated for the harm they incurred. *(https://www.larimer.gov/spotlights/2023/12/29/former-caseworker-arrested-99-charges)*

In Steamboat, CO, Cindy Hayek and her fiancé were awarded $21 million from Cindy's ex-husband for false allegations and all the harm that caused Cindy and their children. No accountability for CPS and the case manager was promoted.

In Cortez, CO, one advocate was infuriated when she heard a case manager admitting to deciding against another mom because she hated her in high school. The advocate took the case to Child Protection Ombudsman (CPO) and nothing was done to the case manager.

Child welfare systems will continue to destroy families, lives, and dreams until they are held financially accountable for their systemic failures.

Weaponizing CPS—standard practice for vindictive parents trying to harm the other.

It's widely recognized and understood by most that it's common practice for a vindictive parent to call CPS and report a false allegation of child abuse and/or domestic violence. It's standard operating procedure in CPS and family court. The problem is pervasive and causes great emotional, psychological, and financial harm to the accused parent and their children. Not only are false allegations a form of domestic violence (coercive control) and cause substantial familial harm, but they are also an extraordinary waste of limited resources and desensitize others to true victims of abuse who need protection and help.

Colorado CPS data shows that roughly 110,000 hotline calls are made each year with apx 32% (35,000) being screened in (case opened) and 68% (75,000) screened out. Of the 35,000 cases opened, apx 20% (7,000) are substantiated and 80% (28,000) are closed as unsubstantiated. We believe that of the 103,000 (93%) calls screened out or closed as unsubstantiated, the vast majority, 85% or more were made with ill intent. That the caller was making a false allegation or trying to make a mountain out of a molehill to intentionally harm the accused parent. CPS believes that

calls made with ill intent are much more rare, but admittedly, they don't know the percentage and are doing nothing to curb the problem regardless of how often it occurs.

To the contrary, CPS leadership refuses to acknowledge or address this form of child abuse other than offering some placating lip service that they'll look into it. CPS refuses to give notice to all callers that knowingly making a false or malicious report is a criminal offense and that they can also be held civilly liable. CPS refuses because they believe giving such a notice would prevent someone from reporting a true child safety concern. CPS has no data, research, or study to substantiate that belief or policy.

Good, Kind, and Caring (unbiased) People—easily lied to and manipulated. Human nature for most people is that they want to believe what is told to them. They're not biased and simply want to protect children and whoever is in need of protection. They won't push back very hard on what is told to them or have it validated by evidence or third party. Their natural instinct is to trust the allegation and then interview the kids and accused to sort it out. At this point, even kind and caring people can fall prey to their own unconscious or confirmation bias and get it wrong. Because they are good people, they want to believe other people are also good and it's harder for them to believe someone would lie to them. They don't question a person's motive or validate their allegation until after the damage is done.

False Gender Narratives—infects CPS culture, promotes gender bias and discrimination.
Moms and dads have an equal opportunity to have their lives turned upside down and their families destroyed by CPS. But one of the biggest problems standing in the way of passing policies and implementing practices that protect us all equally, are some groups who masquerade as victim rights or child protection advocates and promote gender falsehoods and misinformation.

These influential groups want policymakers to believe that men are mostly perpetrators and women are only victims or protectors. They want their allegations of abuse to be believed without question or evidence. They want the accused to be presumed guilty, to be denied due process, and for their children to be denied a relationship with their father. They want to be able to weaponize CPS without accountability or fear of consequence.

They want to be able to gain a protection order by simply claiming fear, knowing the protection order will cut Dad off from the children and remove him from the family home. An often-used strategy is called the Silver Bullet. It is frequently used and promoted by unscrupulous lawyers because it works and there is no downside risk. It's a very effective weapon that feminist groups want to ensure they can use whenever needed.

SOLUTIONS

Reward System Reduction—Incentivize Prevention Policies, Programs, and Practices

Reinforce the guardrails to help keep children and families on the high road to safer and more prosperous futures. This includes discouraging unnecessary system involvement, preventing weaponizing child welfare, and properly assessing threats and risks to child safety and well-being. Investing pennies on prevention upstream to save dollars on treatment downstream. Below is a partial list of low-cost, high-return-on-investment programs that will achieve the goals of FFPSA while simultaneously significantly reducing taxpayer spending.

Protect Both Parent-Child Relationships With Equal Vigor and Respect

Arizona, Arkansas, West Virginia, Florida, Missouri, and Kentucky have passed rebuttable presumptions of equal parenting. Kentucky was the first to pass it in 2017. Between 2017 and 2021, data shows a 33.2% reduction in child victims, a 30.9% reduction in child investigations, and an astounding 53% percent reduction in Domestic Relations and Domestic Violence cross-referenced court cases. Zero cost to implement, tremendous system savings, and protects the best interest of the child.

Automatically Provide Notice, Distinguish Into Two Groups, Collect and Track Data

- Provide automatic notice to all calls to the CPS hotline that: all calls are recorded and that knowingly making a false or malicious report in a crime and that the caller could also be held liable if malicious intent is proven in a court of law. Zero cost to implement.

- Immediately determine whether the child was previously, is currently, or will potentially be in the middle of a custody dispute, or not. Two groups, different threats, different risks. Zero cost to implement.
- Even for calls that are screened out, data must be collected and tracked specific to each family and child. Which group a child is a part of. Source of the call. Reason call was screened out. Zero cost to implement.

These common-sense prevention steps will quickly reduce the number of cases, mitigate parents trying to weaponize CPS, and the immense resources wasted on false allegations. Zero cost to implement, tremendous system savings, and protects the best interest of the child.

Family Threat and Risk Assessments (who is the threat to child well-being)

Data shows that in custody related cases, hotline calls are more likely to be made with the ill intent to harm the other parent than they are to be reporting a true child safety concern. Said another way, most hotline callers have a motive to make a false or malicious report of child abuse. In parallel with investigating and assessing the complaint/concern, a baseline assessment must be conducted on both parents with equal importance of protecting the child's safety and well-being.

Psychological abuse, emotional abuse, legal abuse, and coercive control are all forms of domestic abuse/domestic violence. Making a false allegation of child abuse *is* child abuse and domestic abuse. CPS can and must recognize this fact and take all steps possible to intervene early and prevent it. Because once a false allegation is made, the unfolding process can cause significant trauma to the falsely accused parent and child(ren).

Assessing both parents and determining whether either is acting with malice is critical to early intervention and preventing child abuse. It's critical to determine the toxic bully or psychological abuser early before they harm their children. CPS needs to be proactive in protecting children.

One such online assessment is offered by Reputation Guardian. It needs further development, but it's a start. People quickly assess themselves on issues of character and competence. They are asked about the four cores of credibility: integrity, intent, capabilities, and results. Then, they list five references who answer the same questions regarding the person. The process is the same for both parents, is minimally intrusive, and provides quick character reference checks to potentially preempt causing traumatic harm to a child and falsely accused parent.

NGO Family Advocates (all cases, when requested)

A Family Advocate's purpose is to ensure the rights, liberties, and due process protections are upheld and enforced. Intended to be an advocate for the child or family who is the subject of CPS case, investigation, or removal. Family Advocates are not intended to be legal aid or represent people in court. Family Advocates will ensure CPS treats everyone, regardless of race, economics, or gender, with honesty, dignity, and respect by holding case managers and others to a higher standard of transparency and communication. Family Advocates would also help families navigate the system and connect them with resources they are entitled to.

It's critically essential that all families who are the subject of a CPS case, investigation, or removal have a Family Advocate they can rely on to do right by themselves and their families.

NGO Independent System Oversight (2 phases)

Child welfare systems too often destroy the very children and families they were intended to protect and serve. The biggest reason these systemic failures persist is that DCFS/CPS has not been accountable to independent, objective oversight. State and county systems have their own internal oversight, but when government immunity and a CYA (cover-your-ass) mentality combine, few if any, people or systems are held to account. Because no one is held to account, there is no sense of urgency for fixing the problems.

Similar to the National Center for Missing and Exploited Children, which focuses on protecting children from societal threats, we need a National Center for Abused and Exploited Families which focuses on protecting families from harmful systems.

Phase 1—Establish a Complaint Registry System (CRS). Include complaints across CPS, family court, child support, and domestic violence systems.

Current compliant processes/systems are difficult and ineffectual at best. Only a small percentage are acted upon or responded to by the system and rarely is there a satisfactory outcome or resolution for the complainant. Instead of resolving claims

or addressing issues, complaints languish, problems persist, and harm to the family becomes exponentially worse.

CRS would be a complaint registry, not a formal complaint system. It would collect basic claim information to facilitate reporting and oversight. As users select which system they are filing a complaint against and for what reason, CRS would provide instruction or guidance for filing their official, formal complaint directly with the appropriate system. Users would indicate in CRS if their complaint had been filed or not, providing any information available to cross-reference systems or track the formal complaint. The first phase of CRS would:

- Give people a singular site to register their complaints informally;
- Give help and guidance on how to file formal complaints;
- Collect and aggregate complaint data to quickly identify system practices or people of concern;
- Aggregate complaints against a single system or person for potential civil or criminal legal action; and
- Features and functions would evolve over time. (ex. automatically generated customer satisfaction surveys with each case opened and or after each system contact).

Phase 2—Establish the National Center for Abused and Exploited Families (NCAEF) organization. The purpose of NCAEF oversight is to help relevant state and county systems proactively identify problems with system practices, programs, or employees and quickly resolve them before they impact the lives of others.

By leveraging and aggregating CRS complaint data, NCAEF would engage with system leaders and state and federal policymakers to enact corrective legislation, administrative rules, and/or best practices so that systems can better protect the children and families they were created to serve. NCAEF will play a critical role in making systems better for families *and* limiting government liability when it takes too long to solve problems while other families are harmed.

NCAEF would also become a catalyst for innovating programs that reinforce the guardrails of keeping children and families on the high road to safer and more prosperous futures. An innovation engine of prevention programs designed to keep babies from being thrown into the river. By casting off the traditional system constraints of bureaucratic thinking and treatment, truly focusing on prevention, reinventing how success is measured, incentivizing those metrics instead of treatment numbers, and focusing on system avoidance, states could invest millions to save billions.

Summary

Child welfare was established to protect the health, safety, and well-being of children. Its purpose and intent is good. The problem is in the execution. "The road to hell was paved with the best of intentions."

There are many reasons why the current child welfare system often causes more harm than good. Some are listed above as are some innovative ideas as to how to solve problems.

Remove bias, eliminate subjective opinions, and limit broad discretion by requiring objective facts and evidence as the basis for any decision or ruling.

Require a preponderance to substantiate an allegation and quickly limit attempts to weaponize child welfare. Give notice that false or malicious reporting is a crime and attempts to weaponize child welfare will fall through the floor. Prosecute and hold accountable a couple of vindictive parents for making knowingly false allegations and false allegations will quickly become the exception instead of the rule.

All of that is easy, with zero or minor expense to implement. Children will be healthier, safer, and better off with two safe parents, flaws and all, caring, providing, and parenting them. And the savings to the systems is immense making greater resources available to the families and children truly in need.

Then with the easy stuff out way, create innovative programs that reward families for parents who choose to work together by minimizing family court involvement, not having a child support case, and by not having CPS involvement.

Change the paradigm and invest in families to keep babies from being thrown into the river.

CONSORTIUM FOR CONSTITUENTS WITH DISABILITIES
820 First Street, NE, Suite 740
Washington, DC 20002
(202) 567–3516
https://www.c-c-d.org

June 5, 2024

Chairman Ron Wyden
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington DC 20510

Ranking Member Mike Crapo
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington DC 20510

RE: The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement

Dear Chairman Wyden and Ranking Member Crapo:

The undersigned members of the Consortium for Constituents with Disabilities (CCD) Long Term Services and Supports (LTSS) Task Force appreciate the opportunity to submit a statement for the record for the hearing, The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement, held on May 22, 2024. We thank the Committee for holding a hearing focused on better supporting youth in foster care, including youth in foster care with disabilities that may be placed in congregate settings.

The Consortium for Constituents with Disabilities (CCD) is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of children and adults with disabilities in all aspects of society free from racism, ableism, sexism, and xenophobia, as well as LGBTQ+ based discrimination and religious intolerance.

The CCD LTSS Task Force advocates for the services and supports that enable individuals with disabilities of all ages to live in their own homes and communities. Medicaid is a primary payer of mental health services, and Medicaid-funded community-based mental health services and supports are necessary to ensure that youth and families can stay together and experience community integration, full participation, and inclusion in all aspects of society. One of the Task Forces' priorities is to reduce the use of long-term institutional care for children with disabilities, and to advocate for robust implementation of children's right to community-based mental health services pursuant to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mandate, the Americans with Disabilities Act, and Family First Prevention Services Act.

We thank the Committee for its ongoing support of and commitment to ensuring that parents and families can access the services and supports they need prior to entering foster care, and without subjecting youth to unnecessary trauma. We agree that children and adolescents—including youth with disabilities—belong with families. When children cannot be with their family of origin, they should be in family-like settings.[1] As the U.S. Department of Health and Human Services' (HHS) regulation implementing Section 504 of the Rehabilitation Act states, "[C]ongregate care is virtually never the most appropriate long-term placement for children."[2]

We oppose the Ensuring Medicaid Continuity for Children in Foster Care Act (S. 3196) because we believe it would create new financial incentives to expand institutional care, and undermine efforts to keep youth with families. The LTSS Task Force has consistently opposed legislation that would exempt states from having to

[1] American Academy of Pediatrics, Children's Defense Fund, Foster Club, Think of Us, and Youth Law Center (January 2022), The Path to Well-being for Children and Youth in Foster Care Relies on Quality Family-Based Care, *https://familyfirstact.org/resources/path-well-being-children-and-youth-foster-care-relies-quality-family-based-care-what%E2%80%99s*.

[2] U.S. Department of Health and Human Services, Discrimination on the Basis of Disability in Health and Human Service Programs or Activities, 89 Fed. Reg. 40106 (May 9, 2024), *https://www.federalregister.gov/documents/2024/05/09/2024-09237/nondiscrimination-on-the-basis-of-disability-in-programs-or-activities-receiving-federal-financial*.

comply with the "institutions for mental diseases" (IMD) exclusion for children in foster care.[3] Changes to the IMD exclusion will not solve the very real inadequate access to high quality mental health services for children and youth. Instead, we urge you to continue to invest in community-based trauma-informed mental health services to ensure young people receive the care they need in the least restrictive environment.

Thank you for your attention to these important issues. The Task Force looks forward to continued partnership as the committee works to move forward legislation that would support people with disabilities and improve access for Medicaid services. Please feel free to contact Jennifer Lav at lav@healthlaw.org with any questions or comments.

Sincerely,

Access Ready Inc.
American Academy of Pediatrics
American Association of People with Disabilities
Autistic Self Advocacy Network
Autistic Women and Nonbinary Network
Bazelon Center for Mental Health Law
Caring Across Generations
Center for Public Representation
Disability Rights Education and Defense Fund (DREDF)
Family Voices
National Association of State Directors of Developmental Disabilities Services
National Association of Councils on Developmental Disabilities
National Disability Rights Network (NDRN)
National Health Law Program
RespectAbility
The Arc of the United States

COUNTY OF LOS ANGELES DEPARTMENT OF CHILDREN AND FAMILY SERVICES

County of Los Angeles
Washington, DC Legislative Office
660 North Capitol Street, NW, Suite 430
Washington, DC 20001

Thank you, Chairman Wyden and Ranking Member Crapo, and members of the Senate Finance Committee (the Committee) for holding such an important hearing on the implementation of the Family First Prevention Services Act (FFPSA).

I am Brandon Nichols, Director of the Los Angeles County Department of Children and Family Services (DCFS).

Los Angeles County (the County) has one of the largest county-governed child protective services agencies in the country and is responsible for the safety of over 2 million children. DCFS serves a diverse population of children and families, including a wide variety of cultural backgrounds, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ+) clients, and children with complex needs, among others. It is a core value of DCFS that children should live safely with their families when possible.

When children cannot safely remain in their homes, children and their families must receive trauma-informed, person-centered services from caseworkers, behavioral health providers, community-based organizations, and other professionals who have the expertise, and the bandwidth, to address each family's unique needs. Our children and families deserve to have equitable access to services, which can be challenging in a large and geographically varied county.

On behalf of DCFS, I am pleased to provide the following insights and recommendations for the Committee's consideration as the Committee works to assist states and counties successfully implement the FFPSA.

The FFPSA, enacted in 2018, was designed to make progress in recalibrating and improving the federal entitlement for foster care.

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[3] *See, e.g.,* letter from CCD LTSS Task Force Co-Chairs to the Honorable Ron Wyden, et al. (May 9, 2022), *https://c-c-d.org/fichiers/CCD-QRTP-letter.pdf*.

As part of that reform, the FFPSA limited federal resources for non-family placements. FFPSA created a new category of residential settings to serve children in foster care—Qualified Residential Treatment Programs (QRTPs).

QRTPs were designed to eliminate inappropriate placements in congregate care and increase oversight and accountability while improving outcomes for children who cannot be safely placed in a family foster home.

Most children placed in a QRTP are eligible to receive health care through the Medicaid program.

As the Committee is aware, Medicaid's long-standing Institution for Mental Diseases (IMD) exclusion prohibits the federal government from reimbursing states for inpatient or outpatient services rendered to certain individuals who are Medicaid-eligible while they are patients in an IMD. An IMD is defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnoses, treatment, or care of persons with mental diseases, including ones that require medical attention, nursing care, and related services.

There is no evidence that Congress intended QRTPs to be subject to the IMD exclusion.

However, in communication with states, the Centers for Medicare and Medicaid Services (CMS) have concluded that some QRTPs could be considered an IMD.

This interpretation of the current Medicaid statute compromises the health and well-being of numerous children and youth in foster care by eliminating federal support for critical health care services for these vulnerable children and youth.

DCFS respectfully recommends that Congress engage with states and counties to ensure that children and youth who cannot be safely placed in a family foster home are not denied critical health care services.

As the Committee is also aware, a key feature of the FFPSA is allowing federal reimbursement for certain time limited substance use disorder and mental health treatment services for families in which a child or youth is at risk of entering foster care.

DCFS appreciates and concurs with the concerns that members of the Committee raised relative to providing states and counties with a variety of options supporting prevention services designed to keep children and youth from having to enter foster care. As the Committee heard, states and counties are struggling to successfully implement FFPSA because of the delay in approval of prevention services, limited criteria for these services and a lack of hands-on technical assistance from the Administration of Children and Families (ACF).

DCFS has demonstrated that prevention services have a significant impact on keeping families out of foster care and/or from coming into the child welfare system. For example, our Family Preservation (FP) program outcomes have shown that families who receive these services have a much lower recidivism rate than those who do not. The current local recidivism rate for FP is 3.2 percent and the federal standard is 9.1 percent. FP serves over 7,800 families annually. In 2023, the Prevention and Aftercare (P&A) program served 7,328 DCFS-referred families without an open case and 5,274 families directly from the community that were not referred to DCFS.

DCFS encourages the Committee to work to provide states and counties with an extensive toolkit of supportive culturally sensitive preventative interventions which take into account regional challenges.

DCFS also noted that the Committee spent considerable time discussing issues associated with "concrete supports" which many states and counties have been utilizing to support kinship families and keep children and youth from entering foster care. The County strongly believes that these "concrete supports" such as providing grandparents with diapers and other necessary supplies, reduces the long term costs of foster care and supports families.

The County urges Congress to explore innovative policies to assist states and counties in facilitating the types of "concrete supports" highlighted during the hearing to advance the goal of reducing placement in foster care and keeping families, including kinship families together.

In conclusion, I wish to again thank the Chairman, Ranking Member, and Members of the Committee for holding such an important and timely hearing. On behalf of DCFS, I'm pleased to respond to any questions or comments.

Sincerely,

Brandon T. Nichols
Director

COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA
925 L Street, Suite 350
Sacramento, CA 95814
p: 916–443–1749
f: 916–443–3202
https://www.cwda.org/

The County Welfare Directors Association of California (CWDA) thanks the Senate Finance Committee for the opportunity to submit this statement for the record for the May 22, 2024 hearing: The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement. CWDA was active during debates leading to the enactment of the Family First Prevention Services Act (FFPSA) and our members continue to work to try to make the Act a success.

CWDA is a nonprofit association representing the human service directors from each of California's 58 counties which administer the child welfare programs on behalf of the state, including IV–E foster care, IV–B programs and the FFPSA. Our agencies administer other federal programs, including the Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California, the Temporary Assistance for Needy Families program (TANF/CalWORKs) and Medicaid/Medi-Cal, to name a few.

During the debate leading up to FFPSA's enactment, CWDA expressed concerns about key provisions that continue to impede the progress of Family First.

Our comments follow:

Prevention Services

Despite 5 years of work to build the cornerstone of the bill—prevention—the FFPSA continues to fall short. A significant reason for this is the structure of the Prevention Services Clearinghouse. Although the Clearinghouse has now approved at least 85 programs for participation in FFPSA, many of the evidence-based practice (EBP) programs approved, especially those that are "well-supported" are expensive to implement. And the "promising" and "supported" programs require the states to fund and implement evaluation standards.

CWDA urges the Clearinghouse to prioritize the evaluation of programs that are culturally-responsive and serve over-represented groups involved in child welfare, including African American/Black and Native American families. Furthermore, there are only two culturally-specific EBPs that have been rated as well-supported: Strong African American Families and Families Unidas. Given the over-representation of African American/Black and Native American families in the system, additional culturally-responsive programs and services should be approved by the Clearinghouse to enable states to leverage federal funding to serve these populations.

The HHS Administration for Children and Families notes that the statute is very prescriptive in how the evaluations must occur, restricting the ability of the Clearinghouse to approve a program for participation in FFPSA. As of May 2024, only 19 programs have been granted the highest rating of "well-supported." The FFPSA requirement that states spend at least 50 percent of their funding on well-supported programs further limits their ability to serve families, given that only a small percentage of the programs approved are in that category. CWDA supports legislation either waiving or reducing the 50 percent requirement to increase the uptake of services and the variety of approved programs that states could fund and offer. CWDA also supports waiving or modifying evaluation requirements to enable additional culturally-responsive programs to be eligible for federal funding under FFPSA.

For programs that appear to be working to protect children, supporters and operators of many of those programs do not have the financial resources nor ability to design and evaluate a program to even begin the possibility of a Clearinghouse evaluation process. Onerous reporting requirements for model fidelity also contribute to a lack of services. This is a particularly acute problem for rural and under-resourced communities that could perhaps most benefit from investments in prevention services. That difficulty is compounded by the fact that Congress cut Clearinghouse

funding by $4 million in fiscal year 2024. The Clearinghouse needs more, not less, funding to do its important work.

Even for those programs approved by the Clearinghouse, rural communities often do not have the providers available to serve children and their families, nor the numbers of children in need that would make such a program sustainable. This presents an equity issue for communities—some of the most remote, poorest communities are unable to stand up prevention services, since they must limit services to resource intensive EBPs and abide by complex reporting requirements. Again, reducing or eliminating the well-supported 50 percent requirement and modifying or waiving evaluation for rural communities would be particularly helpful in rural communities.

We urge the Committee to enact new spending and policy provisions to invest in research and technical assistance the modify Clearinghouse evidentiary standards for program review and approval and make significant investments in the research base and technical assistance needed to qualify programs for clearinghouse review. We also urge increased federal investments in programs and technical assistance to assist counties and states in providing prevention services.

California's counties have not been able to draw down IV–E prevention services funds because the state is in the middle of transitioning its SACWIS system to the California Automated Response and Engagement System (CWS–CARES). Barring any implementation issues, CARES is not slated to launch until October 1, 2026. Meanwhile, counties continue to have discussions with the California Department of Social Services on the possibility of creating an interim claiming system.

CWDA notes that FFPSA did not invest new prevention services funding for state and county efforts. The Act redirected existing federal funds used to support children in congregate care ($641 million) because the Congressional Budget Office assumed that about 70 percent of the children residing in group settings by 2020 would simply become ineligible for any reimbursement under Title IV–E. The FFPSA redirects those federal "savings" to allow states to claim federal dollars for prevention services under Part I.

The vast majority of child protective services cases involve allegations of neglect, which are associated with poverty and economic need. Clearly, economic stressors can sometimes result in maltreatment. Unfortunately, the programs funded under the FFPSA do not address the need for additional economic and concrete supports, such as short term rental assistance, utility payments, emergency cash assistance and the like. Clearinghouse programs are limited to important supports such as parenting skill training, mental health and substance use interventions and treatment and kinship navigator programs. But a wide body of evidence demonstrates that concrete and economic supports are effective interventions in preventing maltreatment and child welfare involvement.[1] CWDA urges changes to enable states and counties to allow for expenditures on concrete and economic supports to help families' meet their basic needs reduces the incidence of abuse and neglect. Some California counties are in process of implementing concrete and economic supports as part of their local prevention programs. Such programs are also easier to administer and can be applied broadly to multiple target populations, which can be of benefit to rural communities lacking EBP providers.

CWDA notes that Chapin Hall has provided a wealth of information on the uses of economic and concrete supports as an evidence-based service and urges Congress to develop legislative language and or direct HHS to find administrative mechanisms to support such efforts. One of their most recent papers may be found at this link: *https://www.chapinhall.org/wp-content/uploads/Chapin-Halls-Title-IV-E-Prevention-Service-Submission-Summary_Jan-2024.pdf.*

By relieving economic stressors and creating financial stability, older youth can focus on building and maintaining relationships with their families without the constant worry about meeting their basic needs and survival. Youth are able to pursue educational and development opportunities, which can lead to better jobs/careers, create a pathway towards sustainable economic mobility, end the generational poverty cycle and set the youth up towards future financial independence.

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[1] Monahan, E. K., Grewal-Kok, Y., Cusick, G., and Anderson, C. (2023). *Economic and concrete supports: An evidence-based service for child welfare prevention.* Chapin Hall at the University of Chicago. *https://www.chapinhall.org/research/economic-and-concrete-supports-are-key-ingredients-in-programs-designed-to-prevent/*.

The Role of Candidacy and "Imminent Risk" in FFPSA

FFPSA authorizes federal Title IV–E funds to be used to provide time-limited services to children and families determined to be "candidates for foster care." As mentioned previously, the authorized services are parent-focused and include mental health and substance use prevention and treatment and in-home parent skill-based programs.

Because these services are not authorized for FFPSA reimbursement until families are already in a significant state of crisis, the law recognizes that the children may need to be at least temporarily moved to live with relatives to ensure their safety while their parents are receiving treatment and/or services. However, parents can only receive IV–E funded services if the child is not taken into foster care. Meanwhile FFPSA does not provide financial support to these relative caregivers while the child is placed in their home, even though they would be eligible for resources and supportive services if the child were formally placed in their home through the foster care system.

CWDA supports a provision clarifying that States can temporarily place children with relatives using voluntary placement agreements (VPAs) in order to formalize the relationship between the relative caregiver and the child and provide services and financial support for the child during the time that the parents are receiving prevention services under FFPSA.

Interaction with Medicaid and IV–E Reimbursements

Under FFPSA, reimbursement for Title IV–E prevention services only becomes effective after all other federal, state and local sources of funding for programs are tapped. The Clearinghouse has approved a number of programs that may be funded or partially funded by Medicaid, the Maternal and Infant Home Visiting Program (MIECHV) and others. Those expenditures from other federal programs do not count toward the 50 percent well-supported requirement.

CWDA urges the Committee to direct the Clearinghouse to use its limited resources to prioritize the review and approval of services that are not reimbursed by Medicaid or other federal programs. HHS should also work collaboratively with states and counties on overcoming claiming barriers and how to better access other funds to maximize Title IV–E-funded FFPSA prevention services. HHS should also provide flexibility to allow states and counties to use IV–E to supplement services to expand capacity even when those services could be paid for by Medicaid or private sources.

The Use of Congregate Care

California and its counties were pioneers in adopting reforms to congregate care. Before FFPSA was enacted, California was already implementing Short-Term Residential Therapeutic Programs (STRTP) and the use of non-family foster care settings was already declining. The use of congregate care in California has dropped by 56 percent since 2020 and by 70 percent since 2017 (CWS and Probation data combined).The drop is due to both reforms started before FFPSA, but has been exacerbated by the loss of QRTP providers due to the IMD rule, national worker shortages, higher costs to operate these programs, and greater liability and claims against providers due to accepting higher acuity kids.

California's STRTP model was used as a foundation for FFPSA's Qualified Residential Treatment Program (QRTP). Unfortunately, FFPSA overlaid a number of other requirements on top of STRTP that have made it challenging for California's counties to comply with the law. The requirements have exacerbated the lack of quality placement options, as many facilities have chosen to no longer provide beds to high acuity needs children. All too often, those children have behavioral health needs, a developmental or intellectual disability, or became justice-involved and their families do not have the skills to care for their youth within the home. When that occurs, child welfare becomes the system that is called upon to assist.

However, many states have critical shortages of licensed foster homes, especially for high acuity needs adolescents. Many of California's counties are experiencing challenges in finding appropriate and available treatment placements for high-acuity youth due to a lack of community alternatives, viable treatment homes, and residential placement options. The all too often norm for county child welfare agency staff is to spend days working to find treatment settings for youth with complex needs. As they work to find a placement, they consistently keep the best interests of the child as paramount when pursuing appropriate placements.

At times, the only viable options may be hours away and/or not immediately available. When foster youth cannot access services in an appropriate setting, this can

result in an escalation of needs that result in a need for higher levels of care, boarding in emergency rooms and sleeping in child welfare offices and hotels with 24/7 staff supervision.

Congress did not anticipate the interaction between the Medicaid Institutions for Mental Diseases bed limits and FFPSA congregate care requirements under IV–E. After the law was enacted, the Centers for Medicare and Medicaid Services (CMS) noted that QRTPs with more than 16 beds would trigger the Institutions for Mental Diseases (IMD) exclusion which prohibits Medicaid reimbursement for their care, regardless of whether the facility met all of the other QRTP safeguards and treatment requirements, such as accreditation, minimum staffing levels, trauma-informed care and the use of a "qualified individual" to assess a child to determine the appropriateness of a placement in a QRTP using an age-appropriate, evidence-based, validated, functional assessment tool approved by HHS. And, within 60 days of entry into residential therapeutic settings, a court must review and approve of such a placement or the placement is no longer eligible for Title IV–E reimbursement.

The QRTP supports and services often help stabilize children and youth in various treatment programs to step down from higher level care into community and home-based placements. These services are provided on a continuum and may continue to be provided to mitigate re-entry into higher level care and/or the juvenile justice system. Creating unnecessary barriers for foster children and youth to be placed in appropriate settings to receive individualized support, including behavioral health services, runs counter to the intent and objectives of FFPSA.

While CMS has offered to consider Section 1115 waivers addressing the issue, those waivers are limited in scope, time-consuming to create and time-limited. We urge the Committee to pursue a legislative fix explicitly exempting QRTPs from the IMD exclusion while continuing the many statutory provisions to protect the best interests of the child if such a placement is considered appropriate.

Further exacerbating the QRTP issue is the shortage of mental health clinicians in the state. They serve as the Qualified Individual (QI) for purposes of QRTP placements. The shortage of QI's delays the QRTP determinations which results in the loss of IV–E when a QI determination is delayed beyond the federally-required timeline.

Child Welfare Caseworker Supports

Supporting the nation's child welfare caseworkers is foundational to providing families and their children with the best possible supports that are in the best interests of the child. We urge the Committee to consider the following federal investments and policy changes.

Flexibility in Title IV–E Foster Care Administrative Funding: County caseworkers have very difficult and stressful jobs that often affect their own well-being. We urge the Committee to consider allowing the use of IV–E administrative funding and/or working with the Administration on regulatory authority to provide mental health and an array of other supports for the workforce, including innovative programming to help county social workers to avoid burnout, increase employment retention and engage effectively with families.

Drawing down IV–E funding would continue to require a financial match from the state and/or county. During the pandemic, Congress recognized the strain placed on our nation's health care workforce by appropriating $103 million administered by the Health Resources and Services Administration (HRSA) to address burnout and promote mental health.

Virtual Visits for Older Youth: On a related issue referenced above, CWDA has supported a change to IV–E to enable periodic virtual visits to foster youth 18 years of age and older who are not residing in the county where their case is held and who are in school or with relatives. The option would only be used if the youth agrees to it and it is clear that the virtual visit is appropriate and meaningful. The flexibility would also be far less costly to the county in terms of travel and staff time, and would allow the caseworker to focus on more than that one case that day.

Investments in the Future Human Services Workforce and Family-Based Caregivers: CWDA urges the federal government to partner with states and counties to support not only individuals who are considering entering the human services field but also those families who are considering caring for children involved in the child welfare system. Counties in various states are developing programs to financially incentivize prospective and current employees to enter into a post-secondary degree in child welfare or a related human services degree. Counties are

also struggling to recruit, train and retain foster parents. Additional federal investments to assist in those efforts, including investments in family-finding, engagement and support work, will also have the effect of reducing the stress of caseworkers who are tasked with finding relatives and or foster families, as well as reducing the stress of the child when removed from a home.

CWDA again thanks the Senate Finance Committee for holding a hearing on the FFPSA. We stand ready to work with you to improve Family First and to further invest in the nation's child welfare system.If you have any questions about our testimony, please contact Tom Joseph, Director, CWDA Washington Office, at 202–449–0398 or tj@paragonlobbying.com.

STATEMENT SUBMITTED BY MEGHAN LYNN D'ANTONIO
Willow Grove, PA 19090

Involvement of CSP and GAL, Statement for the Area of PA

Following is a brief statement I would like to provide for the hearing being conducted with involvement of CPS services that had provided situations of hardship and how that hardship has been able to be formed. In my case the following occurred.

On 01/01/2023—Drug coverage of insurance taken out on behalf of a child age three withoutpermission or notice given to a parents to object by Montgomery County Court Common Pleas.

On 01/03/2023—Case had been scheduled for a virtual custody conciliation on 01/12/2023 for issue of Pltf counter Affidavit regarding relocation from 12/27/2022 when Pltf praecipe to Withdraw Affidavit regarding relocation was made 05/24/2022. However, the process was forced to continue filled with events that included involvement of CPS and GAL. Order placed May 26th that was meant to conclude a final order from a trial instead provided a a decision to continue to elongate trial proceedings of relocation after the involved Montgomery County Office of Children and Youth who was ordered to investigate and attend the day meant for a final answer within the trail while also being their first involvement. Their refusal to conduct an investigation while keeping intact my rights, due to protecting my rights "that was acknowledged in email I had" days leading up to the trial day through email correspondence that caused a ripple effect of the following events.

GAL became involved help removed my children and a hearing was never held, trial held months later in regards to relocation had her testimony removed from being presented as record of trial to Appeal.

On 08/02/2023—Other CPS involvement was attempted on their own terms bringing of a no show provoked me to provide a notice in letter form explaining intention to have suit after a missed meeting was provided by a case worker whom has been assigned to a case involving me and my children. In relations to past history with this agency and the current involvement and failure to again corporate with me and non involvement on themselves for all history to had provided their on case against the other party for harassment and false accusations and threats actions of the other party on collusion with personal ties to CPS.

Appeal provided evidence of correspondence in regards to worker of Montgomery County Office of Children and Youth in email being tampered within the evidence in for the refusal to conduct an investigation while keeping intact my rights and the involvement of threats provided by the other party on collusion with personal ties to CPS and any person whom ever came out and dismissed a case after no finding/false accusations. This temper evidence on the correspondence was provided to the Appeal courts by the clerk from their records, amongst other evidence being tampered with.

There is no data to be found in Montgomery County, PA for adoption, however there is data that is found in Montgomery of New York which is the following. If Montgomery County, PA or any county within the state of PA had the data available to the public to do search if would be beneficial. The following is important to note how important data is for each county of each state and how important it is to address the issues there are with this process of families staying together.

In Analysis Profiles With Selected Trend Data: 2019–2023 Child Protective Services Foster Care Adoption in Montgomery County, NY reports where for the annual rate within the years of 2019 rate 71.6%, 2020 59.6%, 2021 63.4%, and 2022 annual rate

61.3% and 2023 58.6%, 670 number of reports received during the calendar year, whether determined or assessed. With a 58.6 rate of reports received during the calendar year for every 1,000 children in the district comparables to the rate of 70.8 mandatory reports that are person who is legally required to report where at 453 number of reports received during the calendar year, whether determined or assessed with a rate of 67.6 ofreports received during the calendar year for every 1,000 children in the district comparables tothe rate of 70.2.

Children	Admissions	Comparable	In Care	Comparable	Discharges	Comparable
0–2	33.3%	28.4%	14.3%	15.5%	3.6%	8.5%
2–5	20.0%	19.8%	17.9%	25.1%	28.6%	24.2%
6–9	13.3%	16.7%	21.4%	17.3%	3.6%	20.5%
10–13	13.3%	13.7%	14.3%	15.4%	21.4%	14.1 %
14–17	20.0%	20.8%	25.0%	21.0%	28.6%	22.0%
18+	0.0%	0.6%	7.1%	5.7%	14.3%	10.7%

Personal Opinion With Data

Home	Adoption	Independent Living	Other State Agency
57.1 %	25.0%	10.7%	7.1%

Home—age 14–17 28.6% + age 10–13 + age 21.4% = 50%
Independent Living 10.7% − 14.3% = 6.4%

56.4% equal the home percentage
Discharged age 0–2 3.6% + age 2–5 3.6% + age 6–9 28.6% = 35%

Adoption 35.8% − 25% = 10.8%
Other State Agency 7.1%
10.8% − 7.1% = 3.7% (ages 0–2/2–5) Targeted both at 3.6% to not come home

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Child's Race

White	African	American	Latino	Native	American/ Alaska	Native Asian
92.9	0	0	0	0	0	0

Unknown/ Missing	4.8%

Siblings in Foster Care

	Separated	Comp	Partly Separated	Comp	Intact	Comp
Group Size:						
Two	42.9%	30.2%	0.0	4	57.1%	69.8%
Three	0.0	11.3%	0.0	24.0%	0.0	47.1%
Four or more	100.0%	9.0%	0.0	39.9%	0.0	27.6%

GOAL BY AGE

	2	2–5	6–9	10–13	14–17	18+	PERCENT
ADOPTION							
MONTGOMERY	33.3%	80.0%	66.7%	50.0%	42.9%	50.0%	55.6%
COMPARABLES	15.8%	36.5%	30.6%	36.6%	26.7%	5.0%	28.4%
PARENT/GUARDIAN							
MONTGOMERY	66.7%	20.0%	33.3%	25.0%	42.9%	0.0%	33.3%
COMPARABLES	80.3%	56.8%	66.3%	55.9%	53.7%	16.0%	58.7%

All data can be found in 2023 Monitoring and Analysis Profiles With Selected Trend Data: 2019–2023 Child Protective Services Foster Care Adoption Montgomery County in PDF file online.

With the lack of the data to help with the are I am at for percentage, my personal experience on the are of Montgomery PA I am in is the following for the issues that pertain to involvement within the situation involved with the conduction of the process of CPS, COURTS, GAL through both personal experience and research is the following.

Pertaining to 237 Pa. Code Chapter 11 Rule 1120 COURT is the Court of Common Pleas, a court of record, which is assigned to hear dependency matters. Court shall include juvenile court hearing officers when they are permitted to hear cases under these rules. Juvenile court shall have the same meaning as court. Under Rule 1120 and Definitions and Rule 1187. Definitions. Pa. Title 231 Chapter 1915. ACTIONS FOR CUSTODY OF MINOR CHILDREN 231 Pa. Code Chapter 1915 Official Note. (1) jurisdiction over the subject matter of the action or (2) the exercise of its jurisdiction pursuant to Section 5426 of the Uniform Child Custody Jurisdiction and Enforcement Act, relating to simultaneous proceedings in other courts, Section 5427, relating to inconvenient forum, and Section 5428. The Uniform Child Custody Jurisdiction and Enforcement Act, 23 Pa.C.S. § 5407, provides that, upon request of a party, an action in which a question of the existence or exercise of jurisdiction is raised shall be given calendar priority and handled expeditiously. (b) A party may file a counterclaim asserting the right of physical or legal custody within 20 days of service of the complaint upon that party or at the time of hearing, whichever first occurs. The claim shall be in the same form as a complaint as required by Pa.R.C.P. No. 1915.3.

Pertaining to 42 PA § 8309 (a). 42 PA § 8332.2. Pertaining to the pursuit to 237 Pa. Code Chapter 11 Rule 1120, Property matter pursuit to 42 PA Cons Stat § 917 (2023). ability to handle custody matters would be limited to a unified judicial system of a nonprofit association, by per Pa. General Title 23 Chapter 52, § 5205 of foreign entity United Law Commission Cooperative association in Chicago Illinois for handling crossing state line matters in property of divorce and custody matters under an enforcement act. The judgment holder must file a claim like any other claimant. Cf. *Payne v. Stalley*, 672 So. 2d 822, 823–24. Per custody matters being limited to pursuit to 237 Pa. Code Chapter 11 rule 1120 Under Rule 1120 and 231 Pa. Code Chapter 1915 (1)(2) pertaining The Uniform Child Custody Jurisdiction and Enforcement Act, 23 Pa.C.S. § 5407. While pertaining to Montgomery County Court House Civil/Family Division rule 42 PA § 8332.4, applies to Montgomery for being an unsworn non-profit making them a Volunteer pertaining to Title 15 Pa.C.S.A § 102, Under "Verified," an unsworn document containing a statement by the signatory that is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). "Unincorporated nonprofit association." A nonprofit association as defined in section 9112 (relating to definitions). (b) Application of definitions.—The words and phrases defined in subsection (a) shall have the same meanings when used in 54 Pa.C.S. (relating to names) except to the extent those meanings are inconsistent with the provisions of that title.

Pertaining to 42 Pa. § 8351 (a)(1) and 42 Pa. § 8352 (2)(3) as it is presented in 42 Pa. § 8305 (c) matters involving living persons such as all parties involved are in living persons prohibits the use of matters to be in jurisdiction of probate per rule as well as many inconsistent matters at hand with all forms of processing. Any enforcement processing is to enforce orders already applied, orders have not been applied for no proper courts were established in local areas to form matters pertaining to what they call in their naming civil action/family division.

However Appeals provided out of my case within trials of custody and divorce was conducted under probate that handled custody situations off of enforcement as orders skipping orders. However due to their process and their actions has limited the abilities of parents to become parents placing them in situations where they take their children. Since 12/27/2022 of the unlawful process to relocate they have prohibited my children and myself to go somewhere that would now be deemed safer then the county we were at while they provided a drug coverage of insurance to be taken out on behalf of a child age three without permission or notice given to a parents to object by Montgomery County Court Common Pleas that started 01/01/2023 and as I am isolated from my child now from a temporary emergency order that never got a hearing on it to this day a GAL is still attached to my children even through CPS is not involved at the moment anymore.

The damages that were provided to my children and myself through this process recently I had been faced with a child support payment enforcement program attempting to create hearing on modifications and because of non jurisdiction, I refuse to go, because a lawful order must be made first with the correct setting of the trial

that was taking place, the enforcement placed a warrant out for my arrest even after I told them it would be for wrongful detention and explained how. After words, I had in a trial setting the attempt on having a non unlawful order be filed for a GAL on my behalf without any due process of being allowed to have a GAL be placed on me on my behalf.

I had filed an appeal to found out the appeal process was being filed in Ancillary of probate which makes sense for the remaining damage I received which was Martial Resadentance was forged in signature on of me to the sell of the house without the correct address, the changing of the marital home address form [redacted] to Commonwealth land and title company providing the premises of home selling required in divorce degree to an address of not original in nature.

Correspondences provided by Montgomery County Court House Family Division, in email recipient of non registered email address on file for parties to receive pertaining to be me at Megandantonio@gmail.com receiving my court documents. Montgomery County Courthouse providing two different names to represent myself in their system database. One under the name for Megan Lynn D'Antonio and Meghan D'Antonio for cases involving me one landlord case sitting in Montgomery County, PA Court house has been refused to be processed for any judgment. Montgomery County, PA Courthouse filed my divorce degree incorrectly without the equal distribution providing it that I had nothing and there was no agreement with the degree both filed separately. It's been my understanding that assets and wrongful removal limited movement and finance withheld I became trapped.

VERIFICATION

I, Meghan Lynn D'Antonio, hereby affirm by solemn oath that the foregoing statements are true and accurate, and not misleading, under penalty of perjury, pursuant to Title 28 U.S.C. § 1746, and are not made under threat, duress, or coercion, executed under signature and seal this Fourth day in the month of June 2024.

Meghan Lynn D'Antonio

LETTER SUBMITTED BY APRIL LEE DIMAIO
Coal Township, PA

To whom this may concern:

Docket number: 67–oc–2020 Daniel Louis DiMaio son, April lee DiMaio (Ortega) Biological mother.

I want to apologize if it seems I am repeating myself in this letter. I have no clue how to write this letter. I am going to do my best. I want to thank you ahead for your time for reading this.

I want to petition the courts decision to either have a visit, once or twice every other week, not too much. This may overwhelm my son, or a phone call every other week, or a video chat every other week. Something simple, small steps, like a trial basis. His foster mom was on the stand saying if parental rights were taken, she would include his biological family, not keep us away.

I don't recall all she had said. She has not kept her word. My son Daniel had let the judge know his wishes. Which none were granted. He wants to be home. He is a child was involved in decision-making regarding his wishes. He rightfully freely expressed this without fear. He also has a right to speak or see me or his family. A CRC is a treaty recognizes rights for children. What happened to his right to be heard? We are protected by the First Amendment, we have individual rights, we should have a right to establish and maintain our rights. I am a fit, stable, loving structured parent which is my constitutional right.

The 14th amendment is to also protect us, penumbral right. Our religion, our values, and beliefs have been interfered. Which has stopped once my son went into care. Daniel was involved in school activities, scouts, church—he was a door greeter—he had sang at church at different times. He was involved in tap dance and ballet.

I have done everything the social workers have asked me to do, including any class, counseling, or programs. I had also gave them suggestions for the foster parents, Daniel, and I to do together during a visit every now and then. Every time I got a new worker, I had to re do classes and programs over, I never got credit. Every-

thing I try to do and accomplish, never ever got credit for, they claim I didn't comply.

During court proceedings, I honestly have not a clue what is going on, nor do I comprehend. I have let the judge know, he had called me a liar in court. I have PTSD, depression, and anxiety. I always cried in court, I see mouths moving, not being able to hear what is being said, nor understanding. I have mentioned to my attorney, my family doctor mentioned, I am under duress, she could write a letter for me. He never got back to me.

I sat in a room full of strangers, along with my abuser and times he was on a phone at court, he'd make noise. My counselor had written a letter in regards to this situation. I also gave information on a 5 star family study, Ava Marshall in media. I asked if there is anything similar in this county. I haven't heard anything, I have asked every chance I got, I was told, we will see.

There was always a battle to do homework with my son during our visits, I was told Daniel will not bring crayons or pencils, etc. I had to bring stuff in. How would I know what type of homework he had before our visits? What if it's a craft or something?

Every visit, we do homework together, we read to each other, I made fresh home made healthy meals, he asks for. It's our only chance for a little family meal together. There was a time Daniel came upset and cried. He finally said, he wasn't allowed to eat with me any more, he said Karen gets mad. Kim over heard, she sat in our visits. She spoke to Daniel, we did eat after they chatted. Kim said she will let Carrie and Christine know.

Times Daniel would ask Karen for something small to eat, he's hungry. She said no, dinner is cooking, you can wait. He said, the other kids have chips. I said, Ms. Karen, maybe a handful of grapes, or something small. She said you need to quit encouraging him. He'd say, she's not being honest, she has nothing cooked. The only time there is food is when they come around. I say, and how did school go today, is there anything that made you laugh today?

There is a lot more to mention. A lot of damage has been done, which sadly will be hard to undue. I can mention more. I am asking to please consider to allow a visit once or twice a month, a phone call once or twice a week, or a zoom once or twice a week. Not a lot at once, I don't want to disrupt anything. Some type of communication every now and then, even a letter.

Karen had mentioned in court if parental rights were taken, she'd gladly keep us in contact with Daniel and allow a visit. She also has not kept her word. Karen didn't keep her word under oath, this is alienation. I fear my son may struggle with trust, struggle socially and emotionally. He never had to be put on medication to control his behavior when he was with me, Karen pushed for him to be medicated because he was too much to handle.

Being away from our family is an emotional imbalance. His strengths we all miss: honest, funny, laughter, curiosity, eager to learn at school and home and explore. Works hard at home and school, his love, hugs, independence, cooperative effort, making and keeping friends, asks for help, love of church and dance. Responsible for his good and bad actions, forgiving, persistent, good listener, respectful, courageous, brave, kind—I can go on.

He was there when his siblings graduated, at their dance and prom. Will they be present for his? We all miss Daniel as well, as I do. It's a constant daily struggle for me, I feel as I am grieving even though he is alive. It is a constant heart ache an emptiness. I struggle to sleep, and go on each day. There is not ever a day that goes by I don't cry nor ask about him or talk about him. I have written letters, sent small gifts to his school. I don't know if he ever got them.

I have reached out by text to him as well as cys, I don't get replies. Carrie and Christine, cys did say they will keep in contact with me, they knew they were on speaker, my attorneys secretary did hear this. They again did not keep their word.

I apologize, I have no clue how to write out a petition, or to see or hear my son. I will keep trying, as I say to Daniel "we are gods army," "We got this, we are strong, we will get through this." I always tell him as well as my other children "always in my heart and soul." "You are my sunshine, Jesus will protect you through day, night, and as you sleep."

LETTER SUBMITTED BY MATTHEW WESLEY EARLY
Gardendale, Alabama

June 8, 2024

U.S. Senate
Committee on Finance

To whom it may concern:

My children, Alexia R. Early and Jeremiah V. Early, were wrongfully removed from my care and custody due to title IV–E funding.

This has caused enormous trauma to myself and my children. Blount County Court, Oneonta, Alabama unlawfully terminated my parental rights. Please help me get my children home where they are very loved and feel safe.

Sincerely,
Matthew Early

LETTER SUBMITTED BY STEVEN L. EARLY
Gardendale, Alabama

June 8, 2024

U.S. Senate
Committee on Finance

To whom it may concern:

My children were wrongfully removed from my care and custody, due to title IV–E funding.

This has caused enormous trauma to myself and my children. Jefferson County Court in Birmingham, Alabama is responsible. Please help me get my children home where they are very loved and feel safe.

Sincerely,

Steven L. Early

FAMILY CENTERED TREATMENT FOUNDATION, INC.
15720 Brixham Hill Ave., Suite 314
Charlotte, NC 28277
(980) 269–4390
https://www.familycenteredtreatment.org/

U.S. Senate
Committee on Finance

May 20, 2024

Dear Chairman Wyden, Ranking Member Crapo, and Members:

The Family Centered Treatment Foundation is grateful for the opportunity to offer these comments for your consideration as you examine opportunities for improvement to the Family First Prevention Services Act.

The passage of the Family First Prevention Services Act (FFPSA) 6 years ago was a significant step toward strengthening families and reducing out-of-home care for children and youth. However, current access to child welfare prevention services and evidence-based prevention programs (EBPs), as intended in the Act, have resulted in challenges to prompt utilization of crucial services for children and families. Immediate attention and action are warranted. Without timely access, the law cannot produce the results Congress intended.

A current review of EBP submissions to the federal IV–E Prevention Services Clearinghouse reflects this bottleneck. The Clearinghouse has reviewed approximately 180 programs. As of May 1, 2024, only 19 programs have been given "well-supported" status, 20 have "supported" status, 51 have "promising" status, and 97 "do not meet criteria" of the Clearinghouse. Twenty-four have been "planned for review," and a staggering 852 are on the recommended list to be reviewed.

The cost of this bottleneck to the federal government is substantial and a burden we cannot bear. Families are suffering from substance use issues, behavioral health

emergencies, high recidivism to child welfare and juvenile justice systems, and family disintegration is rampant.

Simultaneously, states must turn to Medicaid instead of IV–E funding for prevention services. This is directly opposed to the intent of FFPSA.

Recommendation #1 for statutory change:

The language below would immediately **double** states' access to IV–E funds by allowing IV–E prevention funding for both "well-supported" and "supported" EBP programs if a state should so choose a "supported" program that they wish to implement according to their unique needs. Established benchmarks and reporting requirements of efficacy, quality, and desired outcomes would remain. (Both "well-supported" and "supported" designations require proof of effectiveness as demonstrated through rigorous controlled clinical trials. "Well-supported" requires two clinical trials; "supported" requires one.)

States would continue to determine their use of IV–E funds as they apply their state's definition of "candidate," a child at risk of out-of-home care. Such a statutory change would allow states to access funds for programs that fit their unique demographics, such as cultural, indigenous, economic, or rural.

Sec. 471(e)(5)(c)(ii) of the Act

(C) Reimbursement for services under the prevention plan component.—
(i) Limitation.—Except as provided in subclause (ii), a State may not receive a Federal payment under this part for a given promising, supported, or well-supported practice unless (in accordance with subparagraph (B)(iii)(V)) the plan includes a well-designed and rigorous evaluation strategy for that practice.
(ii) Waiver of limitation.—The Secretary may waive the requirement for a well-designed and rigorous evaluation of any supported or well-supported practice if the Secretary deems the evidence of the effectiveness of the practice to be compelling and the State meets the continuous quality improvement requirements included in subparagraph (B)(iii)(II) with regard to the practice.

Recommendation #2 for statutory change:

States need the statute to renew write-in privileges to consider the waiver requirement outlined in the law and ACF Guidance ACYF–CB–PI–18–09. This change allows states to access IV–E reimbursement for any EBP they choose to use (based on "experience" with that program, recommendations from researchers or others in the field, etc.), ensuring quality since all programs and states must utilize CQI for evaluating and reporting outcomes.

Sec. 471(e)(5)(c)(ii) Waiver of limitation.—The Secretary may waive the requirement for a well-designed and rigorous evaluation of any supported or well-supported practice if the Secretary deems the evidence of the effectiveness of the practice to be compelling and the State meets the continuous quality improvement requirements included in subparagraph (B)(iii)(II) with regard to the practice.

Such language addresses, in part, the barrier to EBP programs and the improbable alternative to access, which requires states to create, employ, and fund their separate research studies.

Let the proof of effectiveness demonstrate itself. Renewal of the Waiver of Limitations, as modified to allow any supported EBP, would continue protecting quality through the CQI process, resolve this bottleneck, and return to the purpose of FFPSA, which is to maximize states' choice of evidence-based programs.

Recommendation #3: Handbook 2.0:

As stated in the bipartisan and bicameral letter to Secretary Beca on December 5, 2023, ACF is crucial in approving evidence-based programs and services. The letter states that ACF "can make revisions to the Handbook to ensure the Clearinghouse approves evidence-based programs and services in a more transparent, timely, and efficient manner, consistent with the bipartisan Congressional intent reflected in FFPSA."

We mention suggestions that have already appeared in the comments from many others and add our support:

1. We appreciate the hard work of ACF and OPRE in bringing FFPSA to fruition. At the same time, there is a significant gap in implementation science for preven-

tion models that can be addressed by extending oversight of FFPSA to include ACYF and OPRE.

2. We echo all recommendations for more transparent sharing by the Clearinghouse if they have program questions about data and implementation. Likewise, communication throughout the review process could greatly enhance knowledge from all parties.

3. Various commenter's have underscored that the evaluation practices used by the Clearinghouse focus only on data sets. Consideration is not necessarily given to the setting in which services were delivered, thereby negating proven programs that serve communities of racial and geographic disparities.

4. Congress did not intend for the Clearinghouse to be an academic review process and should not question the research presented based on how results were calculated alone.

5. While the Handbook itself may be technically sound, the rigidity of requirements has severely limited programs in the child welfare space and "candidates" for care to provide access to services for states and families.

- The vast majority of Clearinghouse issues are not based on the outcomes themselves but on the methodology required by the reviewers.
- The sheer costs and resources needed to meet Handbook standards are often well out of reach for promising, diverse, and up-and-coming programs. As a result, innovation and creativity are stifled, and States lose the authority to choose programs they have confidence in.
- The Clearinghouse review process does NOT take implementation into account. Instead, it merely relies on hyper-controlled and often unrealistic study conditions within a singular setting. It assumes that the intervention can broadly apply to every corner of the country. This is a deeply flawed method of implementing programs deemed "well-supported" but unable to deliver and sustain quality results; implementation science and accountability are completely lacking in the current review process beyond initially produced data.
- States are now in a position where many of the well-supported programs they engaged in cannot be implemented, do not have a workforce of trained personnel, and/or quickly fail because the models did not have a sound implementation and sustainability plan.
  - —This is extremely costly for States and one of the greatest ongoing threats to FFPSA.
  - —Some of the initial well-supported programs went into states, did initial training, and collected millions of public dollars with no sustainable training and implementation plan. States are now left with a lack of trained personnel.
- Most importantly, the Clearinghouse must examine a program's implementation process in its review! This will reduce the current issue of training and attrition in many areas. (For example, NREPP previously reviewed implementation as a program grade.)

Sincerely,

Timothy J. Wood, LCMHC
Chief Executive Officer
Office: 703–757–6243

FAMILY FOCUSED TREATMENT ASSOCIATION
466 Hackensack Ave., #1069
Hackensack, NJ 07601
Tel: (201) 343–2246
https://www.ffta.org/

U.S. Senate
Committee on Finance

Dear Chairman Wyden, Ranking Member Crapo, and distinguished members of the Senate Finance Committee:

Thank you for the opportunity to provide comments on behalf of the Family Focused Treatment Association (FFTA) regarding the Family First Prevention Services Act (FFPSA). FFTA is dedicated to improving the lives of children and families through effective, evidence-informed, and data-driven practices. We appreciate the Commit-

tee's focus on assessing the successes, challenges, and future opportunities of FFPSA.

The Family First Prevention Services Act has made significant strides in reforming the child welfare system by emphasizing prevention, prioritizing kinship care, and promoting evidence-based practices. However, challenges in implementation, funding, and data collection highlight the need for continued support and improvement. By addressing these roadblocks and capitalizing on opportunities for enhancement, we can better realize the promise of the FFPSA and ensure that all children grow up in safe, stable, and loving environments.

Challenges in Implementation

Access to Services:

Current access to child welfare prevention services and evidence-based prevention programs (EBPs), as intended in the Act, has resulted in challenges to prompt utilization of crucial services for children and families. Immediate attention and action are warranted. Without timely access, the law cannot produce the results Congress intended.

Review of Evidence-Based Programs:

A current review of EBP (Evidence Based Practices) submissions to the federal IV–E Prevention Services Clearinghouse reflects that as of May 30, 2024, the Prevention Services Clearinghouse has reviewed 177 programs and services; 85 of these have been rated as promising, supported, or well-supported. With over 852 programs submitted for review and only 24 currently under review, the amount of eligible EBPs for utilization is woefully inadequate for the needs of the states. With only 11 of reviewed programs being Kinship Navigator programs and only half of those meeting criteria, it is difficult to maintain the forward trajectory of the great kinship work going on across the country.

Recommendations for Improvement

Loosen Thresholds for Well-Supported Programs:

We recommend that the Clearinghouse loosen thresholds for well-supported programs by allowing IV–E prevention funding for both "well-supported" and "supported" EBP programs if a state chooses to implement a "supported" program according to their unique needs. One statutory change that would address this includes allowing IV–E prevention funding for both "well-supported" and "supported" EBP programs if a state should so choose a "supported" program that they wish to implement according to their unique needs. This language would immediately double states' access to IV–E funds. Established benchmarks and reporting requirements of efficacy, quality, and desired outcomes would remain. (Both "well-supported" and "supported" designations require proof of effectiveness as demonstrated through rigorous controlled clinical trials. Such a statutory change would allow states to access funds for programs that fit their unique demographics, such as cultural, indigenous, economic, or rural.

Consideration of Other Reviewing Bodies:

FFTA recommends that programs reviewed by other rigorous reviewing bodies receive consideration and that the Bureau takes an additional look at programs with significantly different ratings from the Title IV–E Prevention Services and other Clearinghouses to ensure accuracy.

Flexibility for Kinship Navigator Programs:

We urge flexibility for kinship navigator programs that designed their studies based on standards and agreements with the Children's Bureau before the Title IV–E Clearinghouse existed, such as kinship navigator programs that were evaluated as part of the Fostering Connections to Success Act Family Connections Grants. Furthermore, in alignment with legislative intent, the Clearinghouse Handbook should explicitly state that the 50% requirement for well-supported programs should not encompass kinship navigator programs.

Inclusion of Treatment Level Kinship Care:

We support the inclusion of Least Restrictive Placement Outcomes and kinship care as the primary focus. Children raised by relatives have more stability, higher levels of permanency, and are more likely to maintain connections with siblings and preserve their cultural heritage. We further recognize the treatment needs that often go unmet for the child and the family when a child is placed with a kinship caregiver. We recommend that treatment or therapeutic level kinship care (TFC) be recognized as part of the prevention continuum.

Role of ACF:

As stated in the bipartisan and bicameral letter to Secretary Becerra on December 5, 2023, ACF (Administration for Children and Families) is crucial in approving evidence-based programs and services. The letter states that ACF "can make revisions to the Handbook to ensure the Clearinghouse approves evidence-based programs and services in a more transparent, timely, and efficient manner, consistent with the bipartisan Congressional intent reflected in FFPSA." We encourage this to be recognized and revisions to be expedited.

Program Adaptations:

We encourage the Clearinghouse to explicitly allow concrete and economic support to be eligible program adaptations and to modify the evidence standard for adaptations to allow more flexibility without requiring separate research lines. This includes online/virtual adaptations and concrete and economic support as acceptable adaptations.

Prioritizing Underserved Populations:

The Clearinghouse should prioritize populations underserved by the current array of programs. We recommend expanding the prioritization criteria to include domestic violence, economic supports, legal assistance, and peer mentoring programs. This expansion would address the multifaceted factors contributing to child welfare involvement beyond individual parent or caregiver issue.

Standardized Data Collection:

Inconsistent data collection and reporting standards across states have made it difficult to assess the overall impact of the FFPSA accurately. Reliable data is essential for evaluating program effectiveness and making informed policy decisions. We recommend standardized data collection methods and improved data-sharing mechanisms to enhance the evaluation process and drive continuous improvement.

The Family Focused Treatment Association remains committed to working with the Senate Finance Committee and other stakeholders to improve the lives of children and families across the nation.

Thank you for your attention to this critical issue and for your ongoing dedication to child welfare reform.

Kind Regards,

Treva Johnson
Director of Public Policy and State Partnerships

FAMILY JUSTICE GROUP
https://www.thefamilyjusticegroup.org/

June 5, 2024

United States Senate
Committee on Finance

Chairman Wyden, Ranking Member Crapo, and Members of the Committee on Finance:

We were pleased to be able to hear the testimony in the recent hearing on implementation of the Family First Prevention Service Act (FFPSA) held on May 22, 2024. As the leadership team for the Children's Bureau responsible for the initial implementation of FFPSA following its passage in 2018, we would like to offer this statement for the record on improving the implementation of the legislation. Our suggestions are further informed by our ongoing on-the-ground consulting work in child welfare. We base these recommendations on a belief that the spirit and intent of FFPSA can best be achieved by reaching families as early as possible in ways that are aligned with the needs and root causes that lead them to child welfare.

1. *Expand the flexibilities, e.g., cultural adaptations, evaluation requirements, that FFPSA now affords only to Tribes receiving direct IV–E funding to include Tribes that operate under a State-Tribe agreement for receiving federal funding.* The vast majority of Tribes do not receive direct IV–E funding and most operate under agreements. This would expand coverage among Tribes whose children are three times as likely to enter foster care as White children.

2. *Expand the FFPSA-eligible services beyond the existing clearinghouse authorized by FFPSA.* The clearinghouse has been a source of delays and frustrations for states since implementation of FFPSA. There are other evidence-based child welfare clearinghouses that can supplement the array of fundable services and shorten the time frames needed for States to claim. Expansion should also include services to meet basic needs that should not require a rigorous evidence-building process.
3. *Expand the candidacy requirements that establish eligibility for FFPSA services.* Current requirements are that a child must be at imminent risk of entering foster to receive FFPSA services. Offering services at that point will not obviate many of the sources of trauma and the root causes of families becoming involved with child welfare. A more expansive definition will allow more families to receive help sooner and more effectively.
4. *Finally, implementation will be enhanced substantially by aligning and streamlining other pieces of federal child welfare legislation to complete the continuum by investing in community-based supports and pathways, and by refocusing CAPTA and IV–B on direct funding to trusted community partners.* Prevention and family support should be the focus of child welfare funding streams in addition to FFPSA in order to see meaningful results.

Thank you for this opportunity to provide comments.

Sincerely,

David Kelly and Jerry Milner
Co-Founders and Co-Directors

LETTER SUBMITTED BY KRISTIN GARLOCK
Wauconda, IL

U.S. Senate
Committee on Finance

To whom it may concern:

This letter has been sent to you out of great concern for my daughter. Please refer to Docket #20 JA 00348, Case #108 85 33.

In September, a new caseworker came to my home. I thought we had a great visit. I was very wrong. The caseworker paid a visit on a Friday and by Wednesday she was back and took my child away. Eight months have gone by with no explanation as to why my daughter was taken away. Furthermore, there are many "red flags" involving the caseworker and her supervisor. Laws have been broken and rights violated as well as the DCFS Policies and their Code of Ethics.

I was never given any notice of the court hearing involving DCFS presenting their "evidence" to the courts as to why they thought my child was in danger. I never received paperwork relating to the court hearing or the DCFS findings, nor has the caseworker or her supervisor informed me of my rights.

When the caseworker came and took my child, the caseworker didn't have a car seat. How do you say you are concerned for the safety of my child and not have a car seat? Furthermore, my child wasn't dressed. She had no pants on, no shoes, but the caseworker didn't care.

The caseworker never asked me if I had family that could take my child in while this case was going on. In fact, to this day, the caseworker and her supervisor still haven't looked into family for placement. On September 25, 2023, during a call with the caseworker and her supervisor, I asked them to look into family and I was told my daughter will not be living with any family members and that she's staying in foster care. The September 26th court hearing, DCFS was told to look into family. They never did even after I gave them names and contact numbers. My family also reached out to the caseworker and her supervisor. Those calls, texts and emails were never answered. In November, DCFS was ordered to look into family within 24 hours. That never happened. I'd like to add that I have all of the emails and text messages to prove what I am stating are facts.

The Fourteenth Amendment states that "Removing a child from a parent's custody violates the Fourteenth Amendment. Even if the removal is pursuant to a court order, the right may be violated if the order was obtained through judicial deception. (1) a misrepresentation (2) made deliberately or with reckless disregard for the

truth." 18 U.S.C. § 1038—False Information and Hoaxes and 18 U.S. § 1621—Perjury.

My daughter was taken away 9/13/23. My first visit with her was on 9/29/23. There was no information given to me about my daughter during that time. No plan of action, no services provided, nothing. On the first visit with my daughter, I noticed puncture wounds and the top of one of her hands was completely bruised with another needle mark. My attorney asked what had happened. The caseworker and her supervisor did not want to answer and to this day, I still don't know what all they did to my child. On top of all of the times my child has been sick, I've never been informed as to how she's being treated if at all. This is another violation of my Fourteenth Amendment.

Due process of the Fourteenth Amendment. *Trowel v. Granville,* 530 U.S. 57 (2000). It follows that a parent has the right to know what medical treatment is being performed on her child while in the care of DCFS.

Information of the medical treatment given to, or procedures performed on, a parents' child should be specific and explanatory. The caseworker should be required to answer all questions of a parent regarding the medical procedures done on his or her child as a part of the parent's due process rights. It is in the best interest of the child that her parents are aware of any medical procedure that is performed. The caseworker never kept me apprised of the medical appointments, procedures, conditions and the like performed for the benefit of my child as this is in the best interest of the child.

There was never a meeting or even a form for me to fill out asking what my child eats, what she likes, what she's allergic to, what her daily routine is, nothing. They never asked for her medical records either.

In the first 2 weeks it was clear these two women did not have my child's best interest in mind. Very rarely would either of them respond to me on anything. The only time they would contact me is the night before a court hearing to gain information from me.

Note—still didn't receive any paperwork. No meetings and no explanation as to why this was happening.

I found out about every visit through the Transportation company, never the caseworkers. When the foster parent would cancel visitation, I would find out last minute from the Transportation company. Many visits were canceled due to my child being "sick." You can understand my frustration and concern considering there was no communication as to how my daughter was doing and if she was receiving any medical care for her illness.

The Code of Ethics for Child Welfare Professionals states that, "Their clients and society must be able to trust that child welfare professionals are working with their clients' interests in mind with no element of disrespect, punishment, or personal bias. Child welfare professionals must behave in such a manner as to ensure not only that their clients and society perceive their use of authority as appropriate. Child welfare professions' responsibilities to clients are grounded in a fiduciary relationship with its promise of trustworthy intervention in the lives of those less powerful. This type of relationship entails certain responsibilities based on the values of respect for persons, client self-determination, individualized intervention, competence, loyalty, diligence, honesty, promise-keeping, and confidentiality. As well as in the values of accepting the responsibility for one's actions and their consequences and holding professional behavior to account standard higher than self-interest."

During an IA meeting I had with the DCFS supervisor and the DCFS attorney, the supervisor told me that things were going so well that she is going to change the return home to 5 months. That was on December 20, 2023. That would make the return home in May of 2024. My attorney also thought the return home had been changed. At the March 7, 2024 court hearing, not only did the caseworker ignore what was said, but she tried to extend the return home to 24 months. This is illegal.

I'm not sure where to begin on all of the "Code of Ethics" these two women completely disregarded.

The first reaction to "finding" abuse, malnutrition or neglect of a minor isn't to remove the child from the home unless there's evidence of immediate danger towards the minor. **Where's the evidence showing my child was in any danger, let alone that she was not well cared for.** She's been raised by two loving parents

that have provided food, clothing and a roof over her head as well as unconditional love.

Section 315.50 Reasonable Efforts/Reasonable Progress

a) The Department shall ensure and document that reasonable efforts were made to prevent or eliminate the need to remove a child from the child's home and to reunify the family when temporary placement of the child occurs.

DCFS and the court gains guidance from the statues in finding what is in the best interest of the minor child. The factors include:

a. The physical safety and welfare of the child, including food, shelter, health and clothing;

b. The development of the child's identity;

c. The child's background and ties, including familial, cultural, and religious;

d. The child's sense of attachments, including:

i. Where the child actually feels love, attachment, and sense of being values (as opposed to where adults believe the child should feel love, attachment, and a sense of being valued);

ii. The child's sense of security;

iii. The child's sense of familiarity;

iv. Continuity of affection of the child;

v. The least disruptive placement alternative for the child;

e. The child' wishes and long-term goals;

f. The child's need for permanence which Includes the child's need for stability and continuity of relationships with parent figures and with siblings and other relatives;

g. The uniqueness of every family and child;

h. The risks attendant to entered and being in substitute care; and

i. The preferences of the persons available to care for the child.

The stress of non-familial foster placement has caused the child to regress to needing diapers after being completely potty trained.

This stress and trauma my child is undergoing is not in her best interest and could be alleviated by placement with a family member.

Because the child was well cared for when she was taken from the home, there was no probable cause to remove her.

Under *In re K.C.,* 325 III.App.3d 771, 759 N.E.2d 15 {1st Dist. 2001}, the Court found that the Juvenile Court Act gives the trial court the authority to order the removal and reassignment of alternative caseworkers. When the Court finds that the Guardian, here DCFS, has failed to perform its duties, the Court is empowered to enter any order to effectuate the completion of a goal including to order the removal and reassignment of caseworkers.

The best interest of the child is the most important consideration the Court must continuously be aware of and consider. When the Department fails in its duty to provide for the best interests of the child, the Court has the obligation to step in and remove DCFS, or one of its assigns, to ensure that the child's health, safety and best interests are being provided. *In re Austin W.,* 214 111.2d 31, 823 N.E.2d 572 (2005).

It's clear the caseworkers are not considering the best interest of the child, nor are they following court orders and they have no intention of returning my child back to me.

The caseworkers have been asked at every court hearing where their documents, reports and any other paperwork are. They come with nothing and answer to no one.

At the March 7, 2024 court hearing, DCFS was found not to have shown reasonable efforts on their end in regards to this case. Since September, they have not provided any services or refals for services. All that time went by and they had done nothing.

I emailed the caseworker to ask her if my daughter could spend Easter weekend with my husband's family as his grandmother was dying and family was coming in

from out of the country and out of state. We wanted my husband's grandmother to see our daughter one more time before passing. The caseworker replied with her supervisor copied on the email stating that my daughter was allowed to spend Easter weekend with the family. A couple of days before Good Friday, I was told my daughter wouldn't be spending the weekend with the family. I begged to have her just for Easter. The answer was no. Why you ask, because I hadn't started any services. However, I actually had started services. I took it upon myself to start them as it was clear these ladies were never going to provide the services or refals for me. Even after I proved to them I was enrolled and engaged in multiple services, they still said no. My husband's grandmother, my daughter's great grandmother passed away a week later.

At the April 4, 2024 court hearing, the caseworker and her supervisor were instructed to apologize to me. The caseworker wouldn't say a word and after the court hearing, the supervisor then apologized for all of the "misunderstandings" is how she worded it. Even after being instructed to get themselves together and move forward with the Permanency Planning, these women have done nothing to make any efforts towards that. All they've told me is that they decide when the return to home is. It could be 12 months from today or it could be 12 months from when they took her. I asked for a date and they said they don't have one.

PERMANENCY PLANNING March 27, 2018—PT 2018.07 Illinois Department of Children and Family Services Rules 315–(9)

Section 315.40 Accountability

Permanency planning must ensure accountability on the part of clients, the Department and other service providers through written documentation of the expectations and obligations of each of the parties to the service plan. This documentation must include:

a) a desired permanency goal for each child served that is recorded in the service plan;

b) identification of problems that must be resolved to achieve this status, including, when applicable, achievement of minimum parenting standards;

c) identification of measurable changes or outcomes that will signify problem resolution;

d) identification of what services the Department and other service providers will provide toward achieving the desired permanent living arrangement;

e) identification of applicable time frames; and

f) identification of any consequences to the client if the time frames are not met.

Section 315.45 The Need for a Permanent Home

a) The Department recognizes that the best interest of children require that they have safe, permanent, secure, and nurturing homes for healthy psychological and physical development in order to mature to stable adulthood. Whenever it is determined to be in the best interest of the child, the Department will make reasonable efforts to preserve family life and to stabilize children's homes and to assist in the solution of problems that are likely to result in the abuse, neglect or exploitation of children.

b) When children must be removed from a parent to reduce or prevent harm to the children and the other parent is not a placement option, the Department will make reasonable efforts to reunite families as quickly as is consistent with the children's best interests, safety and well-being. When children and parents cannot be reunited because the parents are unable or unwilling to care for the children and therefore cannot achieve the minimum parenting standards, the Department will make reasonable efforts to find other permanent homes for children in a timely fashion consistent with the child's sense of time and need for physical safety and emotional security.

PERMANENCY PLANNING March 27, 2018—PT 2018.07 Illinois Department of Children and Family Services Rules 315–(10)

Section 315.50 Reasonable Efforts/Reasonable Progress

a) The Department shall ensure and document that reasonable efforts were made to prevent or eliminate the need to remove a child from the child's home and to reunify the family when temporary placement of the child occurs.

Section 315.60 The Child's Sense of Time

a) The Department recognizes that children have a different sense of time than adults. What seems like a short family disruption or a brief separation to adults may be a very painful and intolerably long period for children. In general, younger children are less able to tolerate periods of separation than older children. For this reason, the Department shall act promptly using the best information available when dealing with children and their families.

b) The Department believes that aggressive planning with an emphasis on decision making, followed by the actions needed to carry out those decisions, will secure permanent homes for children. Therefore, the Department requires permanency planning directed toward a permanency goal beginning from the earliest contacts with children and families. Through permanency planning the Department strives to assure that children are in permanent homes as quickly as is consistent with their safety and well-being, while recognizing the urgency caused by the child's sense of time.

SUBPART B: ASSESSMENT AND OTHER CASEWORK ACTIVITIES

Section 315.100 Assessment

Assessment consists of an initial assessment of a child and family to determine whether a case should be opened and services delivered, a comprehensive assessment to determine the needs of the family to provide the appropriate intervention and services, and an ongoing assessment conducted throughout the duration of time that the children and family are receiving services. Initial assessment provides a baseline of family strengths and needs by which a caseworker and supervisor can evaluate subsequent progress.

a) Initial Assessment

The initial assessment consists of a preliminary assessment prior to case opening in order to:

1) assess the health and safety of the children to determine whether the child can safely remain in his or her current living arrangement;

2) identify the level of risk of harm to the children in the family, develop and implement a safety plan (if at any time the aggravating circumstances appropriate for expedited termination of parental rights exist, the worker shall immediately follow the instructions for expedited termination of parental rights contained in 89 III. Adm. Code 309 (Adoption Services for Children for Whom the Department of Children and Family Services is Legally Responsible);

Section 315.120 Family Meetings

Family meetings are a tool intended to engage the family in the planning process. Therefore, caseworkers shall make intensive efforts to persuade and encourage parents, including non-custodial parents, to attend the family meetings, especially during the first 90 days, by explaining to them the importance of the family meeting and of attending and cooperating with the process. Casework staff should make every effort when planning family meetings to be flexible and attempt as much as possible to schedule meetings at a time and place where parents can attend, preferably in the parent's home. Staff shall take into consideration parents' work schedules, transportation issues, availability of interpreters (if the parents' primary language of communication is other than English), and any other barriers that might prevent parents from participating. Parents shall be reminded of the court admonishment to cooperate with the Department and that refusal or chronic failure to attend family meetings may be considered by the Department and the court as a lack of reasonable progress. After reaching agreement with the parents on the date, time, location, and participants of the family meeting, the caseworker shall send a confirmation letter to the parents. Caseworkers shall document in the case file all attempts to include parents in the family meetings. Failure to attend family meetings shall also be documented in the case file.

a) Initial Family Meeting

1) The initial family meeting must occur in time to ensure submittal of the service plan to the juvenile court no later than 45 days after the child's placement and includes at a minimum:

A) the caseworker;

B) the child's custodial parents;

C) the non-custodial parent with the following conditions:

i) there is no danger of violence between the parents; and

ii) no confidential information concerning the custodial parent, such as mental health information, may be shared with the non-custodial parent, unless the custodial parent consents in writing to the sharing of such information as provided in 89 Ill. Adm. Code 431 (Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services). If the custodial parent does not consent to the release of confidential information, the meeting shall be conducted in segments, with the non-custodial parent excluded from any discussion that includes the information about the custodial parent that is confidential; D) the casework supervisor.

PERMANENCY PLANNING March 27, 2018—PT 2018.07 Illinois Department of Children and Family Services Rules 315–(19)

2) In addition, at the supervisor's discretion and with the signed consent of the parent, the following may be invited:

A) appropriate extended family members including non-custodial parents who are not interested in seeking custody;

B) foster parents and relative caregivers (see subsections (f), (g), (h) and (i));

C) service providers; and

D) the child, if emotionally and developmentally appropriate.

b) Purpose of Initial Family Meeting The purposes of the initial family meeting, to be conducted by the casework supervisor, are to:

1) share information among all participants;

2) review the initial and comprehensive assessments;

3) develop Visitation and Contact Plans;

4) discuss and prepare the initial service plan; and

5) determine the permanency goal.

c) Ongoing Family Meetings

1) Following the initial family meeting, family meetings will be conducted on a flexible schedule, but no less than on a quarterly basis (at least four times a year approximately 3 months apart). The ongoing family meeting shall include at a minimum:

A) the caseworker;

B) the child's custodial parents;

C) the non-custodial parent with the same conditions as specified in subsection (a)(1)(C); and

D) the casework supervisor at the supervisor's discretion. However, the supervisor must attend if the non-custodial parent will be attending the meeting when the non-custodial parent presents a safety concern.

2) In addition, at the supervisor's discretion and with the signed consent of the parent, the following may be invited:

A) appropriate extended family members, including non-custodial parents who are not interested in seeking custody;

B) foster parents and relative caregivers (see subsections (f), (g), (h) and (i));

C) service providers; and

D) the child, if emotionally and developmentally appropriate.

d) Purposes of Ongoing Family Meetings The purposes of the ongoing family meetings are to:

1) assure disclosure of the expectations of all parties;

2) assess reasonable efforts on behalf of the Department or the purchase of service agency;

3) assess reasonable progress on behalf of the family;

4) assess whether the plan is serving the health, safety, and best interests of the child;

5) provide support for decision making that recognizes the child's sense of time, including whether the permanency goal and time frames for achieving the goal should be continued, and whether services and service providers are effective;

6) share information among the participants;

7) evaluate whether the identified behaviors and conditions are being addressed and whether the parents are engaged in the change process;

8) review, modify or develop Visitation and Contact Plans;

9) engage in planning that involves addressing the needs of the child with appropriate services and establishing realistic time frames for achievement of tasks and goals; and

10) review clinical material by various service providers. Clinical reports should be obtained and collateral contacts completed prior to the staffing. Professionals should have discussed findings and recommendations with the client/family prior to the meeting to promote open and honest discussion.

PERMANENCY PLANNING March 27, 2018—PT 2018.07 Illinois Department of Children and Family Services Rules 315–(23)

c) Time Frames

1) Visitation and Contact Plan. The initial Visitation and Contact Plan shall be completed and forwarded to the juvenile court no later than 10 days after the award of temporary custody when the child has siblings who are also in substitute care. The Visitation and Contact Plan shall be reviewed regularly and changed and updated as specified in 89 Ill. Adm. Code 301.220 (Sibling Visitation).

2) Service Plan. The initial service plan shall be completed and forwarded to the juvenile court no later than 45 days after placement and must be reviewed at least once every six months thereafter. The service plan shall be changed and updated as the child and family's situation changes and shall be reviewed regularly as specified in Section 315.150 (Revising the Service Plan).

d) Contents of the Service Plan

Service plans shall contain the following information:

1) the names of the children for whom the Department is legally responsible or to whom the Department is providing services;

2) the health and safety factors that have resulted in placement of the children away from the family home and an identification of any problems that are causing continued placement of the children away from the home;

3) what outcomes would be considered a resolution to these problems and the strengths the family possesses to achieve these outcomes;

4) the reasons for the out of home placement and the reason why the child has been put in his or her current placement, the resources or other support that will be necessary to maintain the placement, and, where a residential placement has been deemed necessary, a description of how and when a plan for moving the child to the least restrictive, most homelike placement consistent with the child's best interest can be developed;

5) the services to be provided to the parents, for each child while in care, and the foster parents (if necessary, when the child is placed in foster care) that may best resolve these problems; and

6) the health care to be provided to the child and the mental health care to be provided to address the child's serious mental health needs as well as a description of the child's physical, developmental, educational or mental disability and any non-educational specialized services the child is receiving.

The Principles of Permanency Planning, Section 315, the entire section has been ignored by the caseworker and her supervisor. I have gone through over two hundred pages of Section 315 and have highlighted so many responsibilities these women have completely disregarded. If I were to copy and paste all that has been violated, this letter would be about two hundred pages long.

The abuse and neglect my daughter is experiencing is from DCFS, not me.

I come to you to make sure that justice is served correctly. This is about a three year old little girl who's never been without her immediate family. She is scared and to deny and ignore her feelings is negligent. Please act according to the law and the Policies and Principles of DCFS and return my child home.

Blessings,

Kristin Garlock

GENERATIONS UNITED
80 F Street, NW
Washington, DC 20001
(202) 289–3979
https://www.gu.org/

Chairman Wyden, Ranking Member Crapo, and members of the Committee:

Thank you for your commitment to families and the opportunity to submit written comment about the critical role of the Family First Prevention Services Act in the lives of kinship families and how we can improve prevention services to better support children and caregivers.

About Generations United

Generations United's mission is to improve the lives of children, youth, and older adults through intergenerational collaboration, public policies, and programs for the enduring benefit for all. As the only national nonprofit focused solely on intergenerational solutions, Generations United acts as a catalyst for stimulating collaboration among a wide range of organizations focused on aging, children, and youth and provides a forum to explore areas of common ground to advance innovative public policies and programs.

For nearly 25 years, Generations United's National Center on Grandfamilies has been a leading voice for issues affecting families headed by grandparents, other relatives, and close family friends. Through the Center, Generations United leads an advisory group of organizations, caregivers, and youth that sets the national agenda to advance public will in support of these families. The Center's work is guided by the GRAND Voices Network of grandfamily caregivers representing 47 states and 13 tribes, including hearing witness Laurie Tapozada, GRAND Voice and peer kinship navigator from Rhode Island. Center staff conduct federal advocacy, train grandfamilies to advocate for themselves, and raise awareness about the strengths and needs of the families through an annual State of Grandfamilies report, media outreach, weekly communications, and awareness-raising events. Generations United, along with five national partners and an array of subject matter experts, also operate the first-ever national technical assistance center on grandfamilies and kinship families, known as the Grandfamilies and Kinship Support Network (Network). Through a cooperative agreement with the U.S. Department of Health and Human Services' Administration for Community Living, the Network is providing a new way for government agencies and nonprofit organizations in states, tribes, and territories to collaborate and work across jurisdictional and systemic boundaries—all to improve supports and services for grandfamilies and kinship families now and into the future. More information can be found at *https://www.gu.org/, https://www.gksnetwork.org/,* and *https://www.grandfamilies.org/*.

Outcomes for Children in Kinship/Grandfamilies

When children and youth cannot remain in their parents' care, research shows they do best in grandfamilies.[1] Currently more than 2.4 million children and youth benefit from the sacrifices of grandparents, other relatives, or close family friends who raise them, and they thrive in this loving care. When grandparents and extended family step forward to raise children, it reduces the trauma of separation from their parents. Compared to children in non-relative foster care, children in the care of kin are more likely to report that they "always feel loved,"[2] and experience increased stability, better behavioral and mental health outcomes, more feelings of belonging and acceptance, greater preservation of cultural identity and community, and are more likely to achieve permanency through adoption or permanent guardianship.

Challenges Facing Kinship/Grandfamilies

Despite evidence of the strength of grandfamilies, kinship caregivers experience significant and unnecessary barriers to helping the children and youth they raise thrive. Many kinship caregivers miss out on financial assistance and other supports their grandfamilies may be eligible for because they are unaware of what benefits or supports are available to them, or they do not know who to ask for assistance. Kinship Navigator Programs play a critical role in helping connect kinship/grandfamilies to supports and services, such as financial and legal assistance, support groups, and caregiver training, so that the children and youth thrive. Evaluations of grants authorized in 2008 demonstrate that Kinship Navigator Programs lead to positive child well-being outcomes as well as improved coordination and efficiency of child welfare and other relevant services. Child well-being indicators show that children in families who received support from Kinship Navigator Programs experienced increased permanency and stability, fewer days in child welfare custody, and lower rates of foster care re-entry. After interventions, children exhibited reduced behavioral problems, and caregivers demonstrated increased strengths.

Importance of Family First for Kinship/Grandfamilies

As members of the committee and hearing witnesses noted during the hearing, the Family First Prevention Services Act is landmark legislation that expanded the use of Title IV–E funding to include prevention services for children, youth, and families at imminent risk of entering the foster care system. Generations United affirms the importance of this systemic change, which demonstrates the federal government's commitment to strengthening families and investment in prevention so that children can remain with their family.

Acknowledging the important role of kinship navigator programs in preventing foster care entry, the Family First Prevention Services Act authorized states and eligible tribes to receive partial federal reimbursement for operating evidence-based kinship navigator programs approved by the Title IV–E Prevention Services Clearinghouse. While existing research on outcomes for kinship navigators has been positive, most evaluations were designed prior to the release of the specific Clearinghouse requirements, and only four programs have been approved by the Clearinghouse to date, with two of them designed primarily to only serve grandfamilies within the formal foster care system. The 30 Days to Family Program has also been approved and provides a unique but important role in identifying and connecting young people involved with the child welfare system to extended family.

Kinship Navigator Programs

Title IV–E Prevention Services Clearinghouse standards have been particularly challenging for kinship navigator programs because these programs are different than other prevention programs that the requirements were designed for. For example, programs experience challenges attempting to ethically identify a control group comparison as, unlike other time limited prevention programs, kinship navigator program clients often need to step in and out of services at various times and use various amounts of services and programs. Additionally, running a study that meets the strict evidentiary requirements of the Clearinghouse is expensive and time consuming, which is very difficult for kinship navigator programs, especially community-based programs that run on small budgets. Programs have also experienced challenges related to poor communication and technical assistance, lack of clarity regarding the requirements, and slow evaluation times. Program evaluations have

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[1] Generations United. (2023). Fact Sheet: Children Thrive in Grandfamilies. *www.gu.org*.

[2] Wilson, L. and Conroy, J., Satisfaction of 1,100 Children in Out-of-Home Care, Primarily Family Foster Care, in Illinois' Child Welfare System. Tallahassee, FL: Wilson Resources, 1996. Retrieved from *http://www.eoutcome.org/Uploads/COAUploads/PdfUpload/SatisfactionInIllinoisChildWelfare.pdf*.

also faced challenges, delays, and pauses related to the impact of COVID–19, which has required them to move aspects of their program models to virtual approaches and caused difficulties in accessing evaluation data.

Federal support is needed to help programs develop, operate, enhance, and evaluate their programs in order to help them meet the Clearinghouse standards. Since 2018, Congress has appropriated funds annually for this purpose to help them qualify to draw down reimbursement from the Title IV–E as authorized in the Family First Prevention Services Act. It takes multiple years to develop and conduct an evaluation and secure the supporting documentation materials required to successfully prove a program meets Title IV–E Prevention Services Clearinghouse standards. While the annual appropriations have been critical to recent progress increasing kinship navigator services, making the funds subject to the annual appropriations process has resulted in funding gaps and uncertainty which make it difficult to plan, provide consistent programing, and conduct effective evaluation.

It is important to note that for every child and youth being raised by relatives inside the foster care system, 18 children are raised by relatives outside of the system. Kinship navigator programs may serve as a critical support to kinship families inside and outside of foster care. These families usually step into this role with little to no warning and are left to navigate unfamiliar and complex systems to help meet the physical and cognitive health challenges of children and youth who come into their care, many of whom have experienced significant trauma.

Kin-Specific Family Foster Care Licensing

Even those children and youth who enter foster care with kin often receive inequitable supports compared to children in foster care with non-kin. In order to receive foster care maintenance payments equal to those of non-kin foster parents, kinship caregivers must become licensed foster parents. While the recent final rule[3] from the Biden Administration allows for different licensing standards for kinship families, currently in many states licensing requirements ignore the unique context and circumstances of kinship caregivers. Many grandfamilies face barriers to becoming licensed that have no impact on the child's safety, receiving a lesser amount of financial support or no monthly financial support at all, despite the child being in the custody of the child welfare system.

Importance of Support for Kinship Families

Research indicates that children and youth in grandfamilies who receive services and support, such as financial and legal assistance, housing, food and nutrition supports, health services, and peer-to-peer supports, experience better outcomes than those whose grandfamilies don't receive services.[4] But many grandfamilies lack access to services to help meet these basic needs, which can lead to greater child welfare system involvement and more children and youth in non-relative foster care, separated from their parents, families, homes, communities, culture, and all that is familiar. Reforms to the Family First Prevention Services Act can play an important role in improving supports and services for kinship/grandfamilies, as well as in shaping child welfare policy and services nationwide to better support children, youth, and families.

Recommendations for Supporting Kinship Families

- **Provide multi-year support for Kinship Navigator Programs to support operating, enhancing, and evaluating the programs**

  Reliable multi-year funding for these programs will ensure they have the necessary resources, time, and stability to operate and evaluate the programs to meet the Title IV–E Prevention Services Clearinghouse evidence-based requirements. Support to get a wide range of kinship navigator programs into the Title IV–E Clearinghouse is essential to meet the unique and diverse needs of families, including programs designed to serve rural areas and culturally adapted programs.

- **Amend Title IV–E Prevention Services Clearinghouse Standards for Kinship Navigator Programs to Address Significant Challenges**

  Amend the Title IV–E Prevention Services Clearinghouse standards to address significant challenges related to control groups, communication, technical as-

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[3] *https://www.federalregister.gov/documents/2023/09/28/2023-21081/separate-licensing-or-approval-standards-for-relative-or-kinship-foster-family-homes?utm_medium=email&utm_source=ACF3partinfosession092823.*

[4] *Ibid.*

sistance, and clarity regarding the evaluation requirements. Detailed recommendations to amend the Title IV–E Prevention Services Clearinghouse standards can be found in Generations United's comments submitted in response to the request for public comment on the Title IV–E Prevention Services Clearinghouse Handbook of Standards and Procedures, Draft Version 2.0.[5] Provide additional funds to explore what types of data and evidence requirements would be most appropriate for these programs.

- **Strongly Encourage Best Practices for Kinship Navigator Programs including:**
  - Strongly urge kinship navigator programs to serve kinship families outside the system. Programs limited to those inside foster care miss the majority of kinship families. For every one child in foster care raised by kin, there are 18 being raised by kinship outside of foster care. Providing kinship navigation support to these families is a powerful tool to build on the strength and stability of these families to prevent entry into foster care.
  - Strongly encourage including peer-to-peer supports in kinship navigator programs and services. This includes hiring kinship caregivers as part of the peer navigation team. As highlighted during the hearing by witness Laurie Tapozada, research has shown they are more effective at connecting families to benefits and services.
  - Strongly encourage state, local, and tribal IV–E agencies to partner with community-based organizations with experience serving kinship families to house the kinship navigation services and supports at that trusted agency when possible. Subcontract and compensate those community-based organizations for their services.
- **Clarify who is eligible for Title IV–E Prevention Services to include all children and families who are at risk of child welfare involvement and include kinship families as categorically eligible for prevention services.**

  The vast majority of grandfamilies are outside of the child welfare system. Many kinship families do not come to the attention of the child welfare system and may not be considered "at imminent risk of entering foster care," but still need the benefit of supports and services offered through Title IV–E Prevention Services. These families usually step into this role with little to no warning and are left to navigate unfamiliar and complex systems to help meet the physical and cognitive health challenges of children and youth who come into their care, many of whom have experienced significant trauma. Supporting these families is preventative work, keeping children and youth out of foster care.
- **Create and fund a competitive grants program to support peer-to-peer delivered services.**

  Peer-to-peer support programs[6] are crucial for caregivers and youth navigating the child welfare system. Kinship caregivers and youth raised in grandfamilies routinely report that peer services are some of the most valuable supports. Despite their demonstrated efficacy and their unique ability to build trust with youth and families, most peer support programs serving youth and caregivers in and around the child welfare system cannot access the key funding and support opportunities available to other programs. Authorize and fund a competitive grant program to support peer-to-peer delivered services and continue to build evidence for the value of peer supports.
- **Urge swift implementation of new federal rule[7] that allows IV–E agencies to implement kin-specific foster care licensing standards and provide additional resources to help address barriers that remain for licensing approval,** such as grants for mobile fingerprinting equipment in rural areas and requiring partnerships with the Department of Justice to expedite kin background checks. Broaden IV–E eligibility to fund foster care maintenance payments while awaiting final licensing approval for kin caregivers who are caring for children provisionally.

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[5] *https://www.federalregister.gov/documents/2023/10/24/2023-23391/title-iv-e-prevention-services-clearinghouse-handbook-of-standards-and-procedures-draft-version-20.*

[6] *https://www.gu.org/resources/promoting-peer-support-in-child-welfare/.*

[7] *https://www.federalregister.gov/documents/2023/09/28/2023-21081/separate-licensing-or-approval-standards-for-relative-or-kinship-foster-family-homes?utm_medium=email&utm_source=ACF3partinfosession092823.*

- **Incentivize IV–E agencies to support kinship foster care arrangements through a significantly enhanced IV–E Family Medical Assistance Percentage (FMAP)** as recommended in President Biden's FY 2025 budget proposal.
- **Encourage IV–E agencies to broadly define relatives to include close family friends and fictive kin.**
- **Require Title IV–E agencies to consult with kinship caregivers to review notification and engagement materials, as well as the process used to notify and engage kin, to ensure engagement is effective and understandable.**
- **Collect more data about kinship families who are not involved with the foster care/child welfare system, including children who have come to the attention of the child welfare system but are diverted from foster care to kinship home to kinship families. Collect information on what services and benefits are available to those families, what services and benefits they may not have access to as a result of being diverted from foster care, and how they are being informed about those services and benefits.**
- **Require notification to relatives more quickly, when a child is removed from their parents' care, and maximize technology in doing so. Urge states to use multiple modalities (***e.g.,* electronic email, phone, text, and regular mail) to notify families and include useful information in those notices, such as upcoming courts hearings, family team meetings, family support resources, and kinship navigator programs, so relatives can more quickly support the child and family.
- **Delink Title IV–E financing eligibility for kinship care placements from the defunct 1996 AFDC program. Require states to reinvest any cost savings into additional programing to support kinship families.**
- **Recognize the critical need to invest in approaches that address economic insecurity and material hardship facing kinship families and provide a framework to address these needs without child welfare involvement, such as the pilot programs supported by the Doris Duke Foundation.**

Thank you for the opportunity to submit testimony on behalf of Generations United and the grandfamilies and kinship families we believe in and support. For additional information please contact Chelsi Rhoades, Generations United's public policy and advocacy specialist, at crhoades@gu.org or (202) 289–3979.

Resources for Further Information and Recommendations:

Grandfamilies and Kinship Families: Strengths and Challenges Fact Sheet. *https://www.gksnetwork.org/resources/grandfamilies-kinship-families-strengths-challenges/*

Generations United's Annual State of Grandfamilies Reports. *https://www.gu.org/explore-our-topics/grandfamilies/state-of-grandfamilies-in-america-annual-reports/*

Grand Facts State Fact Sheets. *http://www.grandfamilies.org/State-Fact-Sheets*

Grandfamilies and Kinship Support Network: A National Technical Assistance Center. *https://www.gksnetwork.org/*

Focus IV–B on Families Consensus Recommendations. *https://static1.squarespace.com/static/628fd8b77f4fc11e589f8cfc/t/64af49c60959eb27482b22fa/1689209287517/TitleIV-B_PolicyBrief_V8.pdf*

LETTER SUBMITTED BY GARFIELD HENRY GOODFACE
Lower Brule, SD

5/27/2024

U.S. Senate
Committee on Finance

To whom it may concern:

I Garfield H. Goodface am writing this written request to submit as an overview of my open and on-going case with Child Protective Services (CPS). In February

2023 I was contacted by my 3 children's maternal Aunt Jennifer Hill who resides in Rapid City, SD. She contacted me and let me know that my 3 children had been placed with by their mother Katey E. McGruder.

My 3 children's names are Tayvian Goodface, Alyrrah Goodface, and Teryek Goodface. She contacted me via Facebook messenger stating their mother Katey McGruder was incarcerated and reached out to her wanting her to pick the children up. She stated that she wanted me to come pick the children up thinking that Katey would be incarcerated for a good amount of time.

We planned to meet so I would be able to take the children. Katey was bonded out of jail, and she was not paying her lot rent and was ultimately locked out of her mobile home. After she was bonded out, she stopped in at her sister Jennifer Hills residence inquiring about picking the children up. Jennifer advised Katey that it would not be appropriate for her to take the children since she was homeless and had no proper shelter for her or the children. Jennifer also let Katey know that she had contacted Garfield about talking the children since he had proper means to take the children and care for them.

Jennifer told Katey that she would contact CPS if Katey tried to take the children. Jennifer and I were planning to meet on a Sunday so I would be able to pick the children up. In February 2023, it was a Friday I received call towards the evening time approximately at or around 5:00 PM from a CPS case worker. From there I was notified that I would not be able to pick the children up due to them being in CPS custody.

The case worker advised me that they would have to do an investigation on Katey. I've never had any involvement with CPS before, so I was not sure of the process. From that point forward they contacted me again stating that they did not want the children to be returned to the care of Katey due to her being caught with Fentanyl. I was advised that they wanted to place the children in my care. The case. worker was unsure on how to go about giving me the children. I went to the tribal courts because I reside within the reservation boundaries. The court liaison advised that since Katey and I share custody of the children that CPS could just release, the children to my care. I advised the case worker of what the tribal court liaison had shared with me. From that point forward the CPS case worker said she would contact her advisor to seek further information. I was not contacted for 5 weeks and 2 days before the court hearing, which was held in Rapid City on April 6, 2023, I was contacted by CPS case worker and made aware of court hearing. The case worker stated that the State was seeking emergency custody of my 3 children, and I was not a suitable option for taking my children. They moved forward with the court hearing on April 6, 2023, and the state was granted emergency custody of the children.

I was unaware that I was appointed a court appointed attorney until the day of the hearing. From that point forward I inquired numerous times about why I was not a suitable option for placement of my children. Each inquiry was met with no real response, and I was told I needed to work with CPS. My attorney was not very communicative with me throughout the court hearings. I was able to make it to the court date that was set up after the April 6, 2023 court hearing which was held on May 17, 2023. I met with my attorney after the hearing and even at that point he did not give me too much to work with. I stressed to him at that point that I was not comfortable working with CPS when I was the none offending parent, and I was not under investigation. Katey was the offending parent, and the entirety of the whole situation was due to her actions and winding up incarcerated that my children untimely ended up in the care of CPS.

On July 27, 2023, another hearing was held and there is still no communication with my attorney. I stressed to him again that I was not comfortable with working with CPS, and I did not know why I was not a suitable option for placement of care for my children when I'm the father. A few weeks after I contacted my court appointed attorney and notified him that I no longer needed his services. I told him that I paid a retainer fee for a lawyer and would move forward with her in all court matters. From that point a court hearing was held on September 15, 2023, where my lawyer motioned the courts to transfer the case to the tribal court system. All parties were for the transfer, even Katey's attorney was in favor of it but stated that she knew Katey would object to the motion.

Katey had in fact objected to the motion. From that point forward my lawyer was pushing me to work with CPS as the court appointed attorney had done in the beginning. I advised my lawyer that I was not comfortable working with CPS, and I

did not see why I would have to work with them for my children to be placed with me. I asked my lawyer to file 3 motions and she brought up that her law firm would not allow her to proceed forward with filing them because I owed her $1,000. From then on there were 5 more hearings but between those 5 hearings my lawyer dismissed herself from the case because I was not taking her legal advice.

A new court appointed attorney was assigned to me. Since then, I feel as though none of the attorneys nor the court have heard me out when I stress that I should not have to work with CPS when in this whole matter I'm the none offending parent.

Throughout the time of the start of the case my children have been in foster care in Brandon, SD and from there they were moved to Minnesota to reside with their maternal Aunt Rachel Holsten. For whatever reason they were placed back into foster care in Brandon, SD and have been there since. I feel as though they destroyed my family by not reuniting them with me since I'm the capable parent. I've been sober from alcohol use for 11 years and continue to maintain a drug and alcohol free lifestyle.

I was made out to be the bad person because I reside on an Indian Reservation where it's been portrayed to be the worst place to be. That all we have is poverty, crime ridden communities, school system is not up to par, just overall the worst place to be. I'm Native American and my children are half Native American also. The reservation is not what its been made out to be. We do have access to our cultural teachings and our cultural ceremonies. I feel those are important aspects to our ways of life being Native American. Being native American, I'm made to feel as though it means nothing that I need to reside off the reservation to be seen or heard. I feel as though ICWA and the State of South Dakota Court System failed me and my children. Me and my children have been apart since 2023 and I was informed that I'm not to have contact via phone, video, or other type of communication with my children due to me not willing to work with CPS. I feel since I'm the only parent available for the children due to their mother being incarcerated and being stripped of my parental rights that my children have suffered immense amounts of emotional, mental, and spiritual abuse.

Thank you for your time and consideration pertaining to this Matter.

Sincerely,

Garfield H. Goodface

LETTER SUBMITTED BY SHANE AND JENIFER GORDON
Medina, Ohio

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510–6200

To whom it may concern:

re: County of Pittsylvania ("County"), through its agencies Department of Social Services ("DSS") and Office of the Sheriff and Michael W. Taylor

Pittsylvania County Case #'s: JA019685–01–00, JJ020712–03–00, JJ020719–01–00, JJ020712–03–01, JJ020719–01–01, JJ020712–05–00, JJ020712–06–00, JJ020712–04–00, JJ020719–02–00, JJ020712–08–00, JJ020719–06–00, JJ020719–04–00, JJ020719–03–00, JJ020712–07–00, JJ020719–05–00, JA019642–01–00, JJ020719–05–00, JJ020719–01–01, JJ020712–04–00, JJ020719–07–00, JJ020719–08–00, GC21005004–00, GC21005005–00, GC21005006–00, JA019642–01–00, CR21000484–00, CR21000485–00, CR21000486–00, CR21000487–00, CR21000538–00

Lynchburg County Case # JJ044369–01–00

Virginia State Courts CAV Number 167622–0, 17622–1, 1622–2–1676–22–3, SCV Number 230789, 240384

Depository Case#: 1:16–cv–1490, UUSCLGJ Law Case#: 1776–1791–2019

Federal Case #'7:21cv00509

This case concerns the shocking truth that the County of Pittsylvania ("County"), through its agencies Department of Social Services ("DSS") and Office of the Sheriff and Michael W. Taylor (together, "Sheriff"), operate under a policy, practice, and

custom by which they act under color of law to seize children regardless of whether the statutory requirements of "serious harm" or "substantial risk" have been met.

On July 30, 2021, responding to lies and self-inflicted marks on her throat Skyler claims to the hospital staff that her stepmother choked her. The so-called forensic analysis, created false allegations, without Access Order, without Order of Temporary Removal, without Warrant, and without consent. With no reason to believe the allegations were true, acting under the color of law, and under their policy, practice, and custom which does not require a consideration of the statutory requirements, County, its agencies DSS and Sheriff intentionally deprived Jenifer Gordon ("Plaintiff" or "Gordon") and her minor children, "Skylar and Shane," of their Fourth and 14th Amendment Rights by forcibly seizing all of the Gordon's minor children from their home.

(The "Seizure").

The Seizure came after DSS and Sheriff received a fabricated forensic analysis by Samantha Leger who was the forensic nurse examiner who relied on unsubstantiated and false statements made by the stepdaughter Skyler.

The forensic nurse examiner never compared the size of the hand marks (if there ever was any) on the throat with that of the accused Jenifer Gordon to prove that she was choked by the accused, creating a false analysis of the marks on the throat.

After the children had been taken into custody, DSS and Sheriff further violated Plaintiffs' Fourteenth Amendment Rights by coercing middle child Shane II to testify falsely in exchange for not subjecting him to even harsher treatment known as "escalated care."

(The "Coercion").

The Coercion caused Shane II to become despondent and fearful and caused the Plaintiffs to suffer extreme emotional distress. Such coercion is also part of DSS and Sheriff's policy, practice, and custom.

County and DSS have financial incentives to seize children, and for that reason agreed with and executed the DSS and Sheriff's plan to injure Gordon by seizing and taking custody of Gordon's children, and in the process deprive Plaintiff(s) of their Civil Rights. The DSS and Sheriff's plan had a financial incentive to fabricate the false allegations.

According to the transcript of Senator Nancy Schaefer's Speech on CPS Corruption at the 2008 Eagle Forum Conference in Washington, DC on September 26, 2008; some counties often offer a $4,000 to $6,000 bonus for each child adopted out to strangers. And an additional $2,000 for a special needs child. Employees work to keep the federal dollars flowing. But that is only the beginning; the figure in the formula in which each bonus is multiplied by the percentage that the state is managed to exceed its baseline adoption number.

These deprivations of Plaintiffs' Civil Rights were intentional, and are the actual and proximate cause of the Plaintiffs' severe Post Traumatic Stress Disorder ("PTSD"), medical expenses, and loss of income. On this basis, Plaintiffs pursue claims for Civil Rights violations and Conspiracy to Commit Civil Rights violations under 42 U.S.C. § 1983 and 18 U.S.C. § 242—Deprivation of rights under color of law, violations of the 4th Amendment, violations of 14th Amendment, and conspiracy engaging in 18 U.S.C. § 1583—Enticement into slavery and 18 U.S.C. § 1584—Sale into involuntary servitude, and 18 U.S.C. § 1585—Seizure, detention, transportation or sale of slaves.

County, of Pittsylvania, DSS, Sheriff Michael W. Taylor knew or should have known that the wrongful acts alleged herein were occurring and that they were illegal, unjust, and unconstitutional.

On this basis, Plaintiffs Jenifer Gordon, Shane Gordon, Skyler, and Shane II seek a Declaratory Judgment that portions of the Statutes are unconstitutional under the Void for Vagueness Doctrine in the Due Process Clause of the Fourteenth Amendments of the United States Constitution. As to the State, Plaintiffs seeks Declaratory Judgments containing opinions that the challenged statutory provisions are unconstitutional and does seek relief: Drop all cases, release and return Jenifer Gordon, Shane Gordon, and Sklar Gordon our Kidnapped children and mother to their loving father Shane Gordon.

The Virginia Statute Title 63.2. Welfare (Social Services) is intended to advance the State's interest in protecting the health and welfare of children. However, several

portions of the Statute are unconstitutional—both facially and as applied—because they are vague, and fail to provide adequate notice of what conduct is prohibited. It is believed that the State has no interest in engaging in Civil Rights violations and Conspiracy to Commit Civil Rights violations under 42 U.S.C. § 1983 and 18 U.S.C. § 242—Deprivation of rights under color of law, violations of the 4th Amendment, violations of 14th Amendment, and conspiracy engaging in 18 U.S.C. § 1583—Enticement into slavery and 18 U.S.C. § 1584—Sale into involuntary servitude, and 18 U.S.C. § 1585—Seizure, detention, transportation or sale of slaves or in enforcing an unconstitutional law.

On this basis, Plaintiffs Jenifer Gordon, Shane Gordon, Skyler, and Shane II seek a Declaratory Judgment that portions of the Statutes are unconstitutional under the Void for Vagueness Doctrine in the Due Process Clause of the Fourteenth Amendments of the United States Constitution. As to the State, Plaintiffs seeks Declaratory Judgments containing opinions that the challenged statutory provisions are unconstitutional and does seek relief: Drop all cases, release and return Jenifer Gordon, Shane Gordon and Sklar Gordon our Kidnapped children and mother to their loving father Shane Gordon.

Without Prejudice, Under Reserve
Shane Gordon
Beneficiary, Shane Gordon
Authorized Representative to:
Shane Gordon (Legal Fiction)

See attached: Transcript of Senator Nancy Schaefer's Speech on CPS Corruption.

Transcript of Senator Nancy Schaefer's Speech on CPS Corruption

by: Lori L. Callies

Nancy Schaefer (Georgia Senator 2004–2008) spoke on "Child Protective Service" (CPS) Corruption at the 2008 Eagle Forum Conference (the Eagle Council XXXVII Reports from State Legislators) in Washington, DC on September 26, 2008.

Thank you dear Phyllis, and thank you to all of you.

I have served in the Georgia State Senate for 4 years, one of my greatest pleasures, other than my sonogram bill, was getting the resolution passed to stop the North American Union.

(applause)

However, for 4 years, I've been confronted with families struggling to remove their children from the clutches of Child Protective Services.

I wrote a scathing report last year, on the corruption in Child Protective Services, and an update, and copies are out on the table. During the last session of the Georgia General Assembly I introduced Senate Bill 415 relating to juvenile proceedings, and copies of that bill are attached to the report on the tables.

The bill called 415 called for the time allotted for the Department of Human Resources to provide emergency care to a child without a court order to be reduced from 7 days to 72 hours. It required a court order to enter the residence of a parent or guardian to seize a child. It called for family court to be open to the public, confidentiality and secrecy and family court protects the wrong people.

It provided that the immunity in the system shall not extend to the seizures of children that are found to be in violation, nor to the administration of medication to a child over the objection of the parent or custodian, and it provided the state from applying for obtaining, receiving or accepting adoption incentive payments under the federal adoption and safe families act of 1997.

The Department of Child Protective Services has become a protected empire built on taking children and separating families. This is not to say that there are not those children who do need to be removed from wretched situations and need protection, however, my report is concerned with the children and parents caught up in legal kidnapping. Having worked with probably 300 cases statewide and hundreds and hundreds across the country and in nearly every state, I'm convinced there is no accountability in Child Protective Services. I've come to several conclusions, two or three are, one, that poor parents, not always, but often times, are targeted to lose their children because they do not have the wherewithal to hire an attorney and fight the system.

The case workers and social workers are very often guilty of fraud, they withhold and destroy evidence, they fabricate evidence, and they seek to terminate parental rights unnecessarily.

That the separation of families and the snatching of children is growing as the business grows, because state and local governments have grown accustomed to having these taxpayer dollars to balance their ever-growing budgets. That the bureaucracy is huge, look at who is getting paid, state employees, attorneys, courts investigators, guardian ad litem, court personnel and judges, there are psychologists, therapists, psychiatrists, counselors, foster parents, adoptive parents and on and on. All are looking to the children in state custody to provide job security.

That the Adoption and Safe Families Act set in motion first in 1974 by Walter Mondale, and later in 1997 by President Bill Clinton, offered cash bonuses to the states for every child they adopted out of foster care. In order to receive the adoption incentive bonuses, local child protective services would need more children, they must have merchandise, that sells, and they must have plenty so the buyer can choose.

Some counties often offer a $4,000 to $6,000 bonus for each child adopted out to strangers. And an additional $2,000 for a special needs child. Employees work to keep the federal dollars flowing. But that is only the beginning; figure in the formula in which each is bonus is multiplied by the percentage that the state is managed to exceed its baseline adoption number.

Therefore, states and local communities work hard to reach their goals for increased numbers of adoptions for children in foster care. As you can see this program is offered from the very top and is run by health and human resources. This is why victims, in child protective services get no help from their legislators, explains why my bill senate 415 suffered such defeat in the judicial committee, and why I was cut off at every juncture and why I was defeated myself last month for my re-election by another republican.

The tax dollars are being used to keep this gigantic system afloat. Many grandparents have called me to get custody of their grandchildren, before being lost in the system. Grandparents who lose their grandchildren to strangers have lost their own flesh and blood. The children lose their family heritage, and grandparents and parents too, lose the connection of their heirs.

And that the National Center on Child Abuse and Neglect in 1998 reported that six times more children died in foster care than in the general public. And that once removed to official "safety," these children are more likely to suffer abuse and sexual molestation than the general population.

Think what that number is today, 10 years later. Here are a couple of recommendations on my list, called for an independent audit of all state child protective services and for a federal congressional hearing on child protective services.

Abolish the federal and state financial incentives that have turned child protective services into a business that separates families for money. I have witnessed such injustice and harm brought to so many families that I'm not sure if reform of the system is even possible. The system cannot be trusted, it does not serve the people, it obliterates families and children, simply because it has the power to do so.

What I have said to you in these few minutes, is that we must confront the fraud in child protective services. Child protective services seizes children using the very system that is paid for by the taxpayer, who actually believes it is used to protect abused and neglected children. The bureaucracy of workers benefit financially by a system that converts children into cash, while destroying families and their lives. No child who emerges from the system can ever be sound or whole. Many disappear, and are never, are ever heard from again.

God will not stand for what is happening to our children and our families. His heart beats for these children, he will lift up the downtrodden. What is happening in America regarding child protective services is a criminal political phenomenon, and it must be brought to an end. Please join me in working to help set our children and our families free. To whom much is given, much is required. As you pray for this nation, pray for the upcoming election, and for our national financial crisis, please pray for our children and for our families. We all must press on and win this race for America.

Thank you very much.

Senator Nancy Schaefer

Brady Violations—Maxim of Law

Brady Duty "In *Brady vs. Maryland,* 373 U.S. 83 (1963), this Court 'held that the suppression by the prosecution of evidence favorable to an accused upon request violates due process where the evidence is material either to guilt (11 of 297) [5/20/2009 1:59:28 PM] or to punishment, irrespective of the good faith or bad faith of the prosecution.' 373 U.S., at 87. **We have since held that the duty to disclose such evidence is applicable even though there has been no request by the accused,** *United States v. Agurs,* 427 U.S. 97,107 (1976), **and that the duty encompasses impeachment evidence** ***as well as exculpatory evidence,*** *United States v. Bagley,* 473 U.S. 667, 676 (1985). ***Such evidence is material 'if there is a reasonable probability that, had the evidence been disclosed to the defense, the result of the proceeding would have been different.'*** Id., at 682; see also *Kyles vs. Whitley,* 514 U.S. 419, 433–434 (1995). **Moreover, the rule encompasses evidence 'known only to police investigators and not to the prosecutor.' Id., at 438. In order to comply with Brady, therefore, 'the individual prosecutor has a duty to learn of any favorable evidence known to the others acting on the government's behalf in this case, including the police.'** Kyles, 514 U.S., at 437." *Strickler vs. Greene,* 527 U.S. 263, 280–281 (1999). ***"There are three components of a true Brady violation: The evidence at issue must be favorable to the accused. either because it is exculpatory. or because it is impeaching; that evidence must have been suppressed by the State, either willfully or inadvertently; and prejudice must have ensued." Strickler vs. Greene. 527 U.S. 263. 281–282 (1999).***

STATEMENT SUBMITTED BY TURA HAMRICK
West Virginia

I'm from West Virginia, 21 years old, and I will be sharing my testimony as a survivor of the troubled teen industry. I began in the state mental hospital, then later a short term facility in Connecticut known as Newport Academy, and finally a long term facility—New Haven RTC in Utah.

State Mental Hospital: 1 week

When I turned 15, I was placed in Highland Hospital, which was lacking funding and constantly had a wait-list. It was a horrible place: constant understaffing, forced sedatives (lovingly called booty juice), and restraints were used incorrectly and far too often. The main thing I remember is watching a 7-year-old girl beaten for throwing a tantrum the way that 7-year-olds do. All she wanted was her deck of cards, literally one of the only things she owned. The older kids and I stood and watched, knowing we'd get sedated or worse if we intervened. She had been in the hospital for months, the state decided to leave her there because she had no available family. I hold so much survivor's guilt over not trying to help her at all. I have never stopped thinking of her, and I hate myself for forgetting her name.

The schooling was practically nonexistent—mainly consisting of random worksheets and "historic" movies. While I can understand its intended to be a very short-term facility, that's not always the case. This allows some patients to slip through the cracks and miss vital education during their developmental years.

After the mental hospital, I became much worse. I was unaware at the time that I had just experienced my first piece of trauma, nor that it would only grow. I began drinking excessively, and around this time my grades started to falter. I had gone from an honor roll student on track for valedictorian to a person who couldn't make it through a full day of school. My parents and teachers thought it was rebellion, but it was just the symptoms of PTSD rearing its ugly head.

Newport Academy—Connecticut, 3 Months

It was obvious to everyone that my stint in the hospital had not improved me at all. My parents desperately wanted to help me, but I was completely shut down. I was too scared to talk to them or any therapist at this point, which only made everyone angry at me. Several months after my stint in the hospital, my parents sat me down. They were going to take me to Connecticut for a few months to "get better"—I went to bed that night knowing it wasn't up to me at all. Somehow, I knew things were about to get worse.

I spent 3 months in Connecticut at Newport Academy. It was a kind of crunchy, health-focused center and a no-touch facility. There were far fewer beatings in Newport, but it was one of the most incompetent and negligent programs I've ever wit-

nessed. In my first week, girls were drinking hair conditioner for the alcohol content. Makeup wipes were banned after a girl threw some up for the same reason. Bullying was immense, and staff often joined in. Police cars were on campus often, girls were hauled off to the hospital often, and it was chaos.

My memories of Newport are fuzzier, but I have one vivid memory. I also recall an instance of my roommate having a horrific migraine. As someone who has suffered from them myself, I quickly understood she was in a world of pain. For some reason, her meds were held up. After about an hour the pain was so agonizing that she threw up in the sink in our room. I told some staff and was quickly informed that the throw-up would be sitting in our room for a few days because the plumber wasn't scheduled that week. I begged them to do something, especially given the sink was 5 feet from my bed rather than in a bathroom. Plus, my roommate was only becoming more ill with the smell. I caved and told them I'd be the adult my roommate needed. They gave me a trash bag and a glove—and I scooped it out myself. It took me about an hour to clean the sink and unclog the chunks blocking the drain, and somehow, I managed to not throw up myself. I was yelled at the next day for my "caretaking tendencies" and all I could do was laugh. I decided then and there that I would "caretake" if it meant shit got done, and my friends had someone to care about them.

It was around this point that trauma had built up to a near-breaking point. My undiagnosed OCD made the food incredibly difficult due to specific textures and tastes making me ill. I guess the staff assumed that the majority of picky eaters would eventually adapt, but I never did. It was either go hungry or gag my food down. Also, I developed a stress response where I threw up at any distressing event. Once again, my therapists misdiagnosed my symptoms—this time as bulimia. I understood the concern given my disordered eating in the past, but desperately wanted someone to believe me. I needed someone to help me understand what was going wrong in my body, it was scary. I felt truly like I had lost my mind. I couldn't stop throwing up, but they called me a liar and told me I wouldn't leave until my "bulimia" ceased. After 3 months, my parents pulled me. They had become alarmed when the staff cut off my call as I begged them to come to get me.

The school at Newport was okay, but far below the average high school in the U.S. The entire schooling program was done in a room filled with computers. While I enjoy the set up of online education, I know many people dislike or even struggle with the set up. Our teachers were pretty hands off, and mainly only interacted with us to ensure we did our work or to answer a direct question.

Once I got out of Newport, things were worse once more. I had developed full-fledged alcoholism by the age of 15, though no one had noticed. I had been trained to suffer in silence, knowing the "help" I was forced was only pushing me closer to the edge. Around this time an educational consultant was feeding my parents more fear. I had **never** met this person, but she decided I was going to die or end up in prison and told my parents such. I was a mentally ill teenager with dropping grades and a fear of confrontation, not El Chapo. None of that mattered, though. Her words held more value than mine.

Transport:

When I was 15, I woke up one night to my parents talking. Annoyed at the late hour, I flipped over and pretended to be asleep. About an hour later, the lights went on. It was 3 am, and I was only wearing my sleep shirt. Two ominous, giant figures stood in front of my bed, blocking the door. "We can do this the easy way or the hard way" are the first words I heard. At this point, I truly believed I was being kidnapped. I was disoriented and scared, and my parents were nowhere to be found. I screamed a lot, hoping one of my brothers would come to check on me. No one came. After about 10 minutes of absolute terror, they told me my parents hired them. It began to click that I was being gooned. They won't tell me where I'm going, nor how long, nor could I say any goodbyes. I slowly got up and packed a bag, as they demanded. My legs gave out in fear as I started to walk down the stairs, so they picked me up on either side by my arms and carried me down. I can remember looking down and seeing my legs dragging behind me, my muscles refusing to gain rigidity. I started to scream louder, and the adrenaline finally hit my system. I fought, I fought hard. I knew I wasn't going to get away from two people double my size, I was 110 pounds soaking wet. But I wasn't going to make it easy for them. They slammed me into the side of the car and cuffed me, leaving my wrist sprained. They threw me in the back of their minivan, cuffs tearing into my skin. I was still fighting, so one of my transporters began to kind of lean on me into the seat. I said some crass things as she did, oxygen being deprived from my lungs. The fear of not

being able to breathe was too much. While I still don't know if they intended to cut off my air or not, it was enough to force me into submission. I then asked them if they had kids. One of them had daughters. I asked what he would think of another man doing this to his child. To my horror, he told me he would hire transporters if it "became necessary." I think about that a lot, and I hope his daughters turned out ok. I apologized to my transporters later, which I deeply regret. A child should not apologize for defending themselves.

We made it to the airport, and they told me the cops would tackle or taze me if I ran. I was so tired, so sore, so bruised. I couldn't run anymore. I got on the plane and passed out. When I awoke, the pilot announced we had landed in Salt Lake City, Utah. I threw up, hard. I was thousands of miles away from my family, didn't say goodbye, and had no idea where I was going. They drove me for a while until we reached New Haven RTC.

New Haven RTC: Provo, Utah, 6 Months

It was a big campus, with multiple houses, and a stable for horses. I noted quickly that the horses didn't look well. I walked in and was shortly told I'd be there for 18 months to 3 years.

I immediately knew things were wrong. A deep pit in my stomach. But I wasn't allowed to talk to my parents for the first 2 weeks, then only in monitored letters. I also later found out that this was during the period in which my parents were mass-reading reviews, with plenty of concerning ones. Staff members assured my parents that any negative reviews were from "resentful, unhealed girls" who were pathological liars. Why those girls felt resentment was never answered, but I would soon find out for myself.

New Haven RTC is a dreadful place. Overmedication is common. Girls were often hungry, so we'd steal snacks. Sexual abuse is rampant and has been since its opening in 1995. I've already found several past staff members who were convicted of crimes against children. I've found dozens and dozens of allegations against others who never faced justice. Physical abuse was not uncommon. One of my favorite staff members was taken off the schedule for reporting a house mom for kicking a child; they refused to fire her so she couldn't seek unemployment. One of our teachers suddenly disappeared one day, which I later found out was for passing inappropriate notes to students.

Medical neglect was incredibly common. My best friend was coughing up blood one day, only to be dismissed by the nurse. She refused to even check on her. That same friend is the one who reminded me about the time she had to splint my hand, as the nurse also refused to look at me. In the past few years, I've talked to multiple students about medical neglect including severe infections, fevers, allergies, and serious medical conditions being ignored or mistreated.

Suicide attempts were common, for a place meant to keep your children alive. Being on suicide watch meant you were forced to spend your days on a mattress in front of the living room. You could not speak to anyone, nor them to anyone else. I got in trouble often for daring to smile at girls on suicide watch. It was public humiliation and dehumanization under the guise of safety.

They also were very willing to work with actively abusive parents, despite being legally mandated reporters. I knew multiple girls who were being abused by their parents, which was reported by other students. I also have talked to dozens upon dozens of other New Haven survivors under similar circumstances. No reports were ever known to be filed, no discussions with the children took place, and no investigations occurred. Therapists are legally and morally required to report instances of abuse, and New Haven failed tremendously. It was much easier to take an abuser's money than to report them to the authorities, or even acknowledge it.

I spent the first 3 months in Utah on level team. There are five levels, with safety and team being the lowest two. Safety consists of being directly next to staff at all times, showering/peeing with the door open, and sleeping in a room with a window to the family room. I still have nightmares about that window and feeling like some sort of zoo animal.

Team means you are to stay within earshot and eye view of staff at all times. Understaffing was a constant problem, which made team much worse. Sometimes we'd have six girls on one staff, which is really difficult to get anything done. Chores would take us 2 days rather than 2 hours because we had to stick in a group. I spent 3 months unable to walk, speak, or pee without a staff member listening. I showered with the door cracked. I was only allowed one 10-minute, monitored phone

call once a week; I often lost my call privileges for "bad behaviors." It was the closest I've ever been to losing my mind. I was also groped by another girl while asleep on the couch. They wouldn't let me call my parents until a staff could. She told them I would call "pretending" to be upset and that it was just a joke. When I finally called, they were so disappointed in me. I could not grasp what had happened to my loving parents, or why they wouldn't believe me. Meanwhile, the staff told me that if I didn't "get over it" that she would put me in a room with the girl until we figured it out. I was so terrified and felt so so small.

My therapist was a horrible match, and my family felt that she never liked me or my parents. She lied to both of us constantly, wrecking any moment that was somewhat calm or healing. My parents had promised to visit me for my "sweet sixteen." The day of, I was told my parents didn't think I was "well enough or trying hard enough" for them to visit. My brothers weren't coming, my parents weren't coming, and I'd never be good enough for them. My heart still breaks for my little self, and for the damage it has done to me as an adult. I cried the entire day, with my friends doing everything to get me through it. I later found out that my parents were barred from visiting. Similarly, I was forced into a strip search several months into my stay. I asked to call my parents, to see if they knew what was occurring. I was told my parents were aware and requested it. I brought up the search several years later to my parents, angry they let strangers do such things to me. They had absolutely no idea that ever happened. My skin prickles at that thought.

They refused to treat my trauma from transport, deeming me a liar and dramatic. As a result, my throwing up was worse than ever, and I developed some awful symptoms during my period. My staff didn't like birth control and decided it would be better for me to curl up on the bathroom floor for a week, throwing up from the sheer pain and stress. My mental health would also take a downturn, which was dismissed by the adults around me. Turns out, it was another missed symptom—I have since been diagnosed with and treated for PMDD.

My parents finally visited around the end of my stay. My mom and dad were considering pulling me to start school with my classmates. I dressed up nice, wanting to look pretty and healthy—a lie of course. I remember how fast I ran to meet my brothers, jumping into their arms, and not wanting to let go. I hadn't seen them in 4 months, and I just couldn't help but cry. I tried so hard not to, not wanting them to think I was still "sick" and leave me once more. I was angry at myself for crying I went out on a visit with my mom, the first one I was allowed. When I returned, my favorite staff told my mom I must have done drugs because I was so hyper. Luckily, this set off all kinds of alarm bells. She told him there was no way, as I had been next to her the entire time. She was also weirded out by what she describes as "a guilty expression" as he said it.

Unknown to me during any of this, my parents had never intended for me to stay the full duration. They had informed my therapist they were aiming for around 6 months. They decided to pull me after a long conversation with my therapist at home. They assumed the program would tell me, which they did not. I just noticed that everyone was meaner all of a sudden, almost like they wanted me to fail. Looking back, they were looking for proof that I needed to stay. From the very start of my stay, they fought for me to stay longer.

My mom casually mentioned I was leaving in a week during a phone call. My blood froze. I was leaving? She was confused too, they were supposed to be working on getting me ready to go home. I told my therapist I was leaving, and she acted surprised, despite already knowing. My teachers refused to give me credits for my entire semester, despite it ending only a week after I left. I promised to do the work ahead of time, but they refused. It was punishment for daring to leave. My grades never recovered. The missing credits, plus the awful school setup, put me a year behind my classmates. I scraped out of senior year with a 3.3—it had dropped from a 4.25 in just a year in a half.

Throughout my time in treatment, I was over-medicated, beaten, witnessed horrendous child abuse, and endured neglect. I discovered that very few of my staff were qualified to watch me, and multiple therapists had no license at all in the State of Utah. I've endured horrible traumas that have destroyed my quality of life. I know girls who endured far worse, and I worry constantly for all my friends from treatment days.

- **What would you say were the short and long-term effects these experiences had on you?**

I left New Haven RTC in the worst space of my life. I had realized that the world moves on for everyone, even those I loved most; the world had adjusted to my absence. I struggled to find my place once I returned, almost as if it had simply withered up and disappeared. My nervous system was in such a hyperactive state that I began to struggle with depersonalized states; I still slip into them on occasion, and it can last months. I was unable to cry for over 6 months straight, completely detached from my body. I was agoraphobic and spent most hours of the school day throwing up in a stall. I had lost the ability to hold an opinion, always bending to make things more convenient for those around me. I truly forgot how to be an individual. I couldn't make my own choices, couldn't express my thoughts, and worked effortlessly to not be burdensome. My classmates and teachers knew I had gone to "the crazy person's house" and treated me as such. I was so isolated, and no one around me could comprehend what had just happened to me. I could not comprehend what had happened to me. I drank often, always wanted to die, and gave up completely. I spent most nights on the ground, begging for any sort of higher power to either cure me or kill me on the spot, despite the fact I was a non-believer of anything. I had never been so depressed, so anxious, so suicidal, so genuinely physically and mentally ill. It was terrifying, but I was too tired to feel the fear fully. I planned to die on my 18th birthday when there was no longer a risk of being sent away. For some reason though, I lived. I truly believe that my siblings, my childhood dog, and the girls I met in treatment were the only reason I held on at all. I made it to school, where I faced another terrifying event. I was so unable to cope that I withdrew from college, twice.

I have since been diagnosed with PTSD as a result of my three programs and transport, as well as worsening impacts on my OCD and overall mental health. I have flashbacks in which I feel so scared and small that I hide. I'm terrified of strangers and constantly aware that my stature makes me easy enough to kidnap and harm. My family relations took a huge hit post-New Haven. We're okay now, but there will always be a sliver of guilt, resentment, and sadness weaved into our relationships. My brothers and I are close, but they struggle to understand my childhood and the person that shaped me into it. I struggle with traveling and still haven't made it on a plane. Survivor's guilt is strong, as are the awful experiences that shaped the way I interact with others. Being taught that you are a burden, sick, or a liar leads to a constant search for flaws. I always over-explain myself for fear of not being believed, even for things as simple as where I put something in the fridge. I constantly ask permission for things, and people to please a lot. Boundaries are hard for me, and I constantly feel responsible for all the bad things that happen to people—even if I have no relation. I constantly apologize and struggle to not fawn or avoid authority figures. My stomach issues are now a life-long struggle because I was treated too late. Trauma therapy is constant, though most therapists are still unable to treat me. I've had a few genuinely defend illegal practices to me, perhaps out of guilt or simple apathy. My family has spent hundreds of thousands of dollars to treat me for my past "treatments." Brain mapping, medications, DBT, CBT, trauma therapy, exposure therapy, and more.

I have been in therapy for almost 10 years, just about half of my lifetime. I'll most likely continue therapy for the rest of my life. The consequences are so deep that they've become part of me. I cannot express how much my experience changed me, how much it hurts me, and the amount of strength required for me to just exist on bad days. I am simply a different person than I once was, and I will never walk in the shoes of an untraumatized version of myself. Still, this pushed me into my current career path, love for children, and an ever-filling pool of spiteful motivation. My experiences broke me, and I am proud to say that I am still working to build myself up again. I am grateful my experiences didn't break me because it is so common among survivors. Suicide, overdoses, and untimely death follow victims with ease because of how deep the trauma goes. I am also lucky to have parents willing to accept my experience and believe me, as well as finance my current therapy. It's a privilege very few survivors are granted, and I still struggle greatly. I cannot imagine I would be alive if I was not as privileged as I am, which scares me deeply for the well-being of all survivors.

Through all of the suffering, I found a sense of righteous anger. The older I get, the more I realize how unacceptable it is to treat children so awfully. I could not, and still cannot face the thought of other children who may be sleeping in the beds I used to sleep in. I got my medications reset, though it took years for symptoms of fogginess and memory issues to depart. I stopped drinking at the age of 17 and even convinced my parents and siblings to cut back on their intake. I withdrew from school twice, before finally switching to online classes. I'm in my senior year of

studying psychology, with plans to receive my Ph.D. I am an honor roll student again. I've studied relentlessly to catch up and become the most informed I can be. I've learned a lot about how abusive and scientifically baseless the troubled teen industry is. I've decided to work with children who are complex like I was, children who desperately need someone to understand. I didn't leave my family, because I refused to let the cycle of generational trauma continue with ease. I still throw up sometimes, but now it's around once a month rather than twice a day. I still have nightmares, flashbacks, and a lot of bad days. I will never get to know the person I could be without trauma, and that's hard. I will never live a normal life, but I've made peace with that. I'm fighting, and I'm proud of myself for fighting!

- **Do you believe anything has changed regarding how these programs operate today versus how they were run when you were made to participate in them? Why or why not?**

I think very little has changed within the TTI and mental health system over the last few decades, let alone my stay just a handful of years ago. There are still no federal laws or regulations that residential programs, wilderness, or transporters must follow. There are no government databases that hold reports and complaints, nor even a list of past staff members who were convicted of child abuse; the ones existing today were made by survivors. It's also incredibly easy for abusive people and programs to move around and rebrand. Much like the Catholic Church was discovered to move around sexual predators, so was the troubled teen system. Accreditation also gets shady, with many therapists not holding licenses in Utah, or receiving degrees from unaccredited colleges. For example, Dustin Tibbets is the executive director at New Haven. His degree is from Southern Christian University, which is a biblical university that is not recognized as a higher institution of learning, nor have specialized psychology programs. So many of the people who were in complete control of my autonomy were not qualified to work with children.

The few shifts in legislation have been met with heavy pushback. Countless survivors from recent years have shared that staff openly discussed hating the new protocol, such as girls being allowed a towel when being strip searched. It is also not surprising to see the amount of money programs have spent pushing lobbyists and conservative political figures into dismantling the small bits of state legislation in existence. It's abhorrent that the folks in charge of vulnerable children are willing to take on their parental rates and autonomy yet detest protective measures—it's painfully obvious that the very foundations of the TTIO industry were built with pillars of deep incompetency, ego, martyrdom complex, and greed. These people are not qualified, nor deserving of being around such amazingly complex minds.

- **What are some tactics or strategies you feel could be implemented to both shut down current programs and prevent the establishment of new ones? What do you believe could be done to support and rescue current TTI victims? What do you feel was the most difficult and/or dangerous aspect of living in these institutes?**

The history of the TTI system makes me hesitant to hope for any meaningful change. The moment that child abuse becomes slightly normalized in an environment, it's too far gone. I'm not naïve to believe it's realistic to create a system in which abuse can never take place. However, trauma and abuse being an expected possibility during treatment is mind-boggling. The moment we accept that child abuse "might happen," is the moment too many children have already been harmed. It should be viewed with continuous horror and shock; it should be incredibly rare. Children should not have to fear beatings for asking for help. Parents should not have to sign over their rights and cut all forms of communication. Family should not be a privilege to be earned. And mental health should not be so stigmatized in a place of treatment. As someone who was once that complex kid, I understand there is an extreme need for a safe, controlled environment in which struggling individuals can seek help. But we, as a whole, are failing. Every single adult in the United States has a responsibility to call out abuse, to deem it as intolerable. What exists now isn't working and is actively harming hundreds of thousands of people.

- **Similarly, are there any reformative acts relating to the TTI and children's rights that you would like to see passed on a legislative, nationwide level?**

Many changes could be made to the industry to dramatically reduce predatory marketing and abuse. Phone calls to parents should not be monitored, and the right to communicate with family should never be a privilege. More funding to CPS systems would greatly ease the burden of the thousands of reports left unanswered, just as

mine was. Bi-monthly visits (at least) from a third party should be to check on students, which doesn't occur at all currently. An open line to abuse hotlines should have been implemented from the start. Background checks on staff and therapists are needed, as well as their educational background. Undergraduate students should not be working in housing for those deemed extraordinarily vulnerable and with high needs. Governmental databases holding information on program incidents, child abuse cases, and illegal acts would allow parents so much more information than is available. Educational consultants and transporters have no use in the care of another, especially given how traumatizing and predatory the fields are. Child abusers should **never** be allowed back into the field, and programs that were forcibly shut down should have obstacles that prevent them from easily rebranding and opening a new facility. Wilderness programs should be completely cut out. All treatment should be based on peer-reviewed, widely accepted psychological studies rather than religion or personal opinion.

The view the United States has on parental and childhood rights creates many complications as well, and we are certainly more intimidated by children than most of the world. We focus on control much more than supported development, and it shows within our legal system. You should be able to refuse medications and request a psychiatrist appointment at least monthly, rather than the measly amount that occurs right now. There should be a time frame on the length of time children can be involuntarily held within a facility, rather than the age-out process that exists today. I have met folks who spent 3 or more years being held against their will, despite committing no crime other than needing support.

Our mental health system is so neglected that people in crisis are scared to be treated. Children are scared of the hospitals, residentials, and the adults who are supposed to care for them. Hell, many adults are traumatized by their stays in the psych ward, and they have far more legal protection. The fact that so few steps have been taken is incredibly telling. I could list a hundred more shifts that would also be of use; there is just so little control over these facilities.

- **Is there anything you wish to say to the founders of Troubled Teen Programs, lawmakers, or fellow survivors?**

To everyone—Mental health is thought to be much less taboo, but stigmas haven't shifted as much as we'd all like to believe. Child abuse has been occurring in these programs since the 1980s, that's over 4 decades of unnecessary isolation, abuse, terror, and pain. The most commonly used excuse these programs defend themselves with is also the one with the most efficiency: label victims as liars. We still view those with illness as so lowly, we are more willing to accept them as liars than face the uncomfortable truth. Not a single girl I met lied nearly as much as those who ran my programs, not even those who lied pathologically. We need to believe in victims or face the risk of our children becoming one themselves. We need to be shocked, and not just for a moment. We need to face the realization that at any given moment in our waking hours, a child is being hurt in a place where they were supposed to receive care. At this moment, a child is being assaulted, being raped, being screamed at, being isolated. And in that next moment, there is a scared child, a hungry child, and a child who desperately wants to go home. They don't have any options or any escape plan, and those on the outside are their only hope for safety. And for each of those children, there's an adult who will struggle for the rest of their life—the one life given to them.

To survivors—The girls I met throughout my time in treatment were nothing short of extraordinary. Yes, there were a few that were unkind or abusive themselves. But the majority of the girls I met were incredibly intelligent, creative, strong-willed, and kind-hearted. They taught me how difficult it is to turn pain into good, but that it's worth it anyway. I will never excuse any staff members for being so cruel to children who have endured so much yet stayed so kind. Those girls are my hope and my motivation. A good person isn't just kind when it's convenient but remains caring in the worst of circumstances. My friends weren't just good in the phase of abuse, they were astounding. We kept each other's hearts from breaking, tended to each other's wounds, and became the family that we so desperately craved. Those girls shaped me into the person I am today; I would be nowhere as kind, bright, or so stubborn without their influence. I get goose bumps just thinking about them, the words to describe them simply don't exist. Children labeled as "difficult" are often those who are struggling themselves, or children who dare to deviate from the norm. Children are so much brighter, more complicated, and more aware than we have ever been willing to credit them with. None of us deserved what happened to us, and all children deserve better.

To those working within programs and lawmakers in favor, I ask that you open your minds to the simple possibility that bad things are occurring under your watch. If you are unable to even consider the idea, I ask why you are different. It's been well-established that abusers and predators flock to areas where they have more control or where the difference in power dynamic is very intense. Daycare, schools, churches, sports teams, hospitals, and residentials are all susceptible to higher rates of predators than fields that don't include children. It is absolutely not enough to have good intentions or to care, and it is incredibly arrogant to believe so. Education, awareness, training, empathy, and the ability to accept limitations would have changed so many of my experiences, perhaps enough that I wouldn't have PTSD today.

HOME VISITING COALITION
https://www.nationalhomevisitingcoalition.org/

June 5, 2024

Dear Chairman Wyden and Ranking Member Crapo,

On behalf of the National Home Visiting Coalition Steering Committee, thank you for your ongoing oversight of the Family First Prevention Services Act (FFPSA), a bill that ensures at-risk children and their families receive the necessary prevention services to keep children safely at home and avoid unnecessary foster care placements.

The National Home Visiting Coalition is a diverse group of organizations committed to the well-being of children, united to promote federal support of home visiting to strengthen families in communities across the country. Home visiting is an evidence-based strategy that has shown critical prevention outcomes including but not limited to screening for perinatal depression and connecting parents with appropriate community-based behavioral health care; referrals when certain risk factors, including trauma or domestic violence, are present in the home; resources for children who experience trauma and toxic stress; targets the social determinants of health affecting families, such as social support, parental stress, access to health care, income and poverty status, and environmental conditions; and helps families navigate complex community-based systems of supports.

Evidence-based early childhood home visiting reaches children prenatal through age 5 and their families, a particularly critical time for prevention services. Young children who have experienced abuse or neglect are at great risk of developmental harm, including social and emotional as well as cognitive. According to the Children's Bureau's Child Maltreatment 2022 report, released this January, 41% of the 558,899 victims of abuse and neglect in 2022 were under the age of 5. Children under 1 year of age are almost three times as likely to be victims of abuse and neglect than children of any other age. More often than not, the finding in a substantiated case is neglect. Home visiting, if used widely as a prevention tool through FFPSA, could significantly reduce cases of abuse and neglect and thus the need to place children into foster care. Moreover, home visiting programs are among a relatively few interventions targeted at very young children that have Prevention Services Clearinghouse approval as being well-supported or supported.

During the May 22nd Senate Finance Committee Hearing, *The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement* (the hearing), Members and witnesses illuminated a multitude of challenges faced by families and with implementation of FFPSA. Many of these challenges have been addressed successfully through home visiting: home visiting programs have a track record of tremendous success in rural communities; work directly with kinship caregivers; effectively deliver virtual services; and offer individualized plans that meet the specific needs of each family.

The Home Visiting Coalition has created a resource with further information about the intersection of FFPSA and home visiting, titled *Considerations for Implementing Early Childhood Home Visiting through Family First Prevention Services Act.* That document can be found **here** *(https://drive.google.com/file/d/1sEQQFPq1ZFtOhXAi3VX4-9968iUoEpJX/view)* and is also attached in Word format. The recommendations in this resource include that additional jurisdictions should: use the community pathways option in FFPSA to engage families in home visiting; ensure that families are empowered and educated to know that home visiting is an option and not a child welfare mandate; and limit families' child welfare involvement by using FFPSA flexibilities to provide prevention services, including home visiting, without

opening a child welfare case. We urge the Committee to do everything in its power to encourage the provision of home visiting services through FFPSA.

As you continue to conduct oversight and consider ways to improve prevention services for families at risk of involvement in the child welfare system, we urge you to do everything in your power to encourage the provision of home visiting services through FFPSA and to continue to engage with the Home Visiting Coalition and our field to ensure that FFPSA is being implemented to its fullest potential.

Sincerely,

American Academy of Pediatrics
Association of Maternal & Child Health Programs
Association of State and Tribal Home Visiting Initiatives
First Five California
First Five Years Fund
First Focus
Healthy Families America/Prevent Child Abuse America
Home Instruction for Parents of Preschool Youngsters (HIPPY International)
Nurse-Family Partnership
Parents as Teachers
Start Early
Zero to Three

Enclosure: National Home Visiting Coalition's *Considerations for Implementing Early Childhood Home Visiting through Family First Prevention Services Act*

Considerations for Implementing Early Childhood Home Visiting through Family First Prevention Services Act

Since the passage of the Family First Prevention Services Act (FFPSA) in 2018, states, counties, tribes, and territories have been working to maximize its implementation to expand early childhood home visiting services to more families with young children. The law offers tremendous opportunity to expand access, however surmountable barriers continue to limit its role financing home visiting. The past 5 years have provided important insights for child welfare leaders and early childhood home visiting providers on how to most effectively align home visiting services with FFPSA.

What is the Family First Prevention Services Act (FFPSA)?

FFPSA is a bipartisan child welfare reform law that, among other things, allows child welfare jurisdictions to use title IV–E of the Social Security Act to fund certain time-limited, evidence-based services and programs to safely prevent foster care. Previously, these funds were primarily restricted to paying for foster care placements and other related activities. FFPSA allows reimbursement for mental health, substance use, and in-home parent skills-based training services and programs for children deemed a "candidate for foster care."[1] The title IV–E Prevention Services Clearinghouse (Clearinghouse) was established to identify evidence-based models that meet the law's standard under the three service categories.

What is Early Childhood Home Visiting?

Early childhood home visiting is a two-generation prevention strategy that supports expectant parents and caregivers of young children. A designated support person, called a home visitor, meets with the family on a regular basis. The home visitor develops a trusted relationship with the family that enables them to help identify strengths and needs. They partner with families to support the safety and the emotional and physical well-being of their children and connect families to community resources as needed.

Decades of research has shown that early childhood home visiting has a positive impact on a wide array of outcomes for parents and their children, including increased positive parenting practices and decreased entries into foster care. As a result, several early childhood home visiting models have been designated as eligible for FFPSA reimbursement. Each model has specific goals and outcomes within the um-

[1] The law specifies that a "candidate for foster care" is a child at imminent risk of entering foster care absent the provision of title IV–E prevention services. Imminent risk is not further defined in law or guidance. Each state defines the term for the purposes of the prevention services it provides and can employ broad criteria including child health, well-being, and economic stability outcomes when defining candidates for foster care.

brella of two-generation prevention and family support. Models may vary in the ages of children served, the frequency and duration of the services, and who qualifies as a home visitor (*e.g.,* early childhood educator, nurse, mental health professional, community health worker, or trained person with lived expertise). Regardless of the specific program, the home visitors are highly trained and qualified to implement their model.

Considerations and Recommendations for Implementing Early Childhood Home Visiting through FFPSA

Most states, tribes, and territories with approved FFPSA plans have included at least one early childhood home visiting program as a prevention support for families.[2] Unfortunately, many jurisdictions have also encountered challenges leveraging FFPSA to expand the reach of home visiting. Drawing on successes and challenges to date, the following are important considerations and recommendations for child welfare and early childhood home visiting leaders to leverage FFPSA and increase its role in financing evidence-based home visiting.

Utilizing community pathways effectively engages families in home visiting

Early childhood home visiting programs are designed to strengthen families and prevent them from ever encountering deeper-end systems like child welfare. To reach families before they are in crisis, child welfare jurisdictions can allow families to be referred for FFPSA home visiting programs by a local organization or agency other than child welfare, often called a "community pathway." This enables families to engage with and be supported by early childhood home visiting programs without the family feeling threatened by the involvement of child welfare. If FFPSA referrals come from child welfare, it is important that as part of the referral process, families understand that the home visiting program is a community-based service being offered as a support to them and not a requirement due to their contact with a child welfare system.

Voluntary participation by families is critical to success

Early childhood home visiting programs are effective because home visitors build trusting relationships with families and partner with them as they care for their young children. Mandating families to participate in a program undermines the strengths-based, family-driven approach that is key to home visiting's success. In fact, nearly all early childhood home visiting models require voluntary participation by families to meet fidelity.[3] If a provider fails to implement the model to fidelity, it risks losing its affiliation with the model developer and denial of additional FFPSA funding. Child welfare leaders and early childhood home visiting providers should work together to ensure that families are leading the decision-making about whether they enroll in a home visiting program.

Minimizing contact with the child welfare system is a shared goal of FFPSA and home visiting

While FFPSA provides child welfare funding for prevention, it's optimal when implementation minimizes families' contact with child welfare. In February 2023, federal guidance clarified that an open child welfare case is not required for a family to receive FFPSA prevention services and programs. Alternatively, the child-specific prevention plan required by FFPSA guides the support that the child and their caregivers receive and documents progress. Community-based providers can manage the child-specific prevention plans rather than the child welfare agency. This provides jurisdictions an opportunity to adopt policies that minimize child welfare intrusion when families receive early childhood home visiting services through FFPSA.

Currently, however, most jurisdictions are still opening child welfare cases for families receiving FFPSA services. This can put families at risk of being exposed to heightened scrutiny and having their child unnecessarily removed. When a child welfare case is opened, child welfare leaders and early childhood home visiting providers must put guardrails in place related to information sharing. Federal FFPSA

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[2] As of February 2024, 37 of the 47 approved FFPSA plans include at least one early childhood home visiting program. *See: https://www.acf.hhs.gov/cb/data/status-submitted-title-iv-e-prevention-program-five-year-plans.*

[3] Fidelity requirements help programs implement in a way that ensures that previously documented outcomes will be replicated. SafeCare is currently the only early childhood home visiting model approved through FFPSA that does not take voluntary participation into account for fidelity standards.

data reporting requirements are minimal, and a unique identifier for each child can be used to protect identity. Jurisdictions should continue to explore utilizing the flexibility under FFPSA to provide these services without opening a case.

➢ Indiana and New York are providing early childhood home visiting as a prevention service rather than an open child welfare case. Aside from the state agency staff who are responsible for FFPSA reporting, local and state child welfare staff do not know which children and families are receiving FFPSA-supported home visiting services. In Nebraska, if a family chooses to continue to participate in home visiting services after the involvement of child welfare is no longer deemed necessary, the FFPSA Prevention Track Plan supports home visiting services after the child welfare case is closed.

Conclusion

Early childhood home visiting offers jurisdictions a prime opportunity to invest in families before they ever come into contact with the child welfare system. Some jurisdictions are realizing the possibilities by partnering with early childhood home visiting providers and other state agencies to align and expand services and programs. Evidence demonstrates that if we continue to work together, we can strengthen families, reduce incidences of child abuse and neglect, and lessen contact with the child welfare system for families with infants and toddlers.

Resources

- "Using the Family First Act to Grow and Nurture Support Systems for Families of Young Children," Child Trends and ZERO TO THREE; October 2023. *https://www.childtrends.org/publications/using-the-family-first-act-to-grow-and-nurture-support-systems-for-families-of-young-children*
- ACF Dear Colleague Letter, February 2023, with policy guidance on open child welfare cases and more. *https://www.acf.hhs.gov/sites/default/files/documents/cb/title-iv-e-prevention-plans.pdf?utm_medium=email&utm_source=dclffpsa022823*
- State FFPSA Plans Referenced: Indiana, Nebraska, North Dakota, New York, Colorado, South Carolina, Washington.

IN: *https://www.in.gov/dcs/files/Indiana-Prevention-Plan.pdf*

NE: *https://dhhs.ne.gov/Documents/NE%20FFPSA%205%20Year%20Plan.pdf*

ND: *https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/approved-nd-title-iv-e-prevention-services-programs-plan.pdf*

NY: *https://ocfs.ny.gov/main/sppd/docs/FFPSA-Prevention-Plan-2022-07-29.pdf*

CO: *https://drive.google.com/file/d/1jcG2kjPeIRkQ4bZvEC1iUovoF9qyYgTK/view*

SC: *https://dss.sc.gov/media/3284/south-carolina-dss-title-iv-e-prevention-plan.pdf*

WA: *https://www.dcyf.wa.gov/sites/default/files/reports/12192019_FFPSA%20Prevention%20Plan%20FINAL.pdf*

The National Home Visiting Coalition is a diverse group of organizations working to support the effective implementation of early childhood home visiting programs.

LETTER SUBMITTED BY KESHIA HORTON
Dublin, GA

To whom it may concern:

My name is Keshia Horton and I am writing this statement because my family and I were victimized and deprived of our rights under the law by Laurens County Department of Family and Children Services (herein after referred to as "DFACS").

Before I encountered DFACS, I was dealing with domestic abuse from my then husband. In early 2010, I was living in Wing's, a battered women's shelter in Dublin, GA, where I am from. While I was there, I got a temporary protective order against my then husband. The shelter thought it would be safer for me to move to another town with my children, so I was transferred to Serenity House in Moultrie, GA, a battered women's shelter and then I transitioned into an Apartment in Moultrie, GA. I stayed at the Serenity House for about 1 week until I transitioned into a new apartment in Moultrie, GA.

I was living there about 3 months when a home intruder broke into my home while I was home with my children. He seemed like he was only there to steal because he ran out of the house as soon as he realized I was home.

Being afraid of where I was living by myself and my children, I went back to try and live with my husband and work things out in Dublin, GA. I still had the restraining order in place for Moultrie, GA and was planning on dropping it but a police officer told me it wasn't valid anymore anyway because it was for another city.

On October 5. 2010 all of my children were taken from me by a DFACS social workers. It all started when my oldest son was having a hard time at school and they kept him from getting on the bus stating that he was too afraid to get on the bus to go home. He did not like riding the bus because he got car sick on the bus. As a result, Carol, the school counselor, drove my son home without notifying me first.

When the school counselor arrived at my house, my husband at the time was next door and tried to get our son from the counselor, but the counselor said that she could not release him to dad because there was a temporary protective order in place.

Trickery, Deceit, and False Promises From Tina Davis

However, when it started getting closer to the time to get my children back Kim Davis started using deceptive tactics against me to sabotage my reunification. Kim would not allow the children to visit me at the new house I moved into and that they approved, insisting that visitations take place at a CASA visitation center.

Ms. Davis asked me if I had tried to work things out with the dad because the children need their dad too. I said no, because he had been violent in the past and was unpredictable. She asked me how I was going to raise 5 children by myself and suggested that I try and work things out with the dad. She never recommended couple's or family counseling for us, even though I requested it in order to see if remaining married was a realistic option. She only gave him anger management classes, which he completed.

Thinking he was rehabilitated, and under the recommendation of Ms. Davis, I tried to work things out in my marriage; however, he was still angry at me because the children had been taken, and he began to take his anger out on me once again.

Social worker Nokonzi said that in order to make sure I get my children back, I should leave the new place where me and my then husband lived (for about 2 months) and move back into a CPS Approved Facility called Abundant Life (herein after known as "ABL"), because she had seen success with other mom's getting the children back by living at that facility.

Around May 2011, I moved into the shelter to make sure I was doing everything possible to get my children back. My then case worker, Ann, ended up leaving the agency and at that time, Ms. Kim Davis went back to being my social worker.

Around August 2011, Ms. Davis came to see me at ABL. She started asking me if I was doing parenting classes. She also asked how I put up with dad for as long as I did. The rules for the shelter are that children can live with their mother at the shelter until they find a new place. The goal was for the children to live with me full time at the CPS approved facility ABL until I got housing, but Davis would not allow the children to come stay.

Davis said because my oldest son had behavioral issues and needed more attention, he would be placed with me first, because I needed to bond with him. After that, she would place my other children with me.

Another Illegal Seizure and HIPAA violation

While at ABL, I realized that I was pregnant. ABC Women's Clinic, the place I was receiving my prenatal care, called the staff over at ABL and told them that I was pregnant without my consent. Juanita Durham of ABL then made me tell Ms. Davis that I was pregnant by saying, "Don't you have something to tell her" in front of Ms. Davis. At that time Ms. Davis decided that instead of giving me my son back, she would wait for me to give birth.

One day, Ms. Davis picked me up to go to the school to discuss my son's behavior. After the meeting, she drove me past a big beautiful house that she said she was about to buy. She said DFACS may want to place the baby in care. She was referring to my unborn child. She would often use the word "they" when in actuality,

it was her making these decision and recommendation. I was shocked and hurt by what she said because I thought my baby was coming home with me.

I gave birth to my fifth son while still residing at ABL, the CPS approved facility, and while I was in the hospital, Kim Davis and Tina Dixion obtained an order to remove my newborn baby son from the hospital where I delivered him. Instead of Ms. Kim Davis letting me bond with my baby like she promised, Tina Dixon showed up at the hospital and took my son out my arms and said that she had a court order to remove my child because the baby was considered deprived.

When I went to the hearing, Kim Davis said in court that the reason the agency removed my children was because I had other children in the system at the time. They made allegations of present neglect even though I was living in one of their approved shelters. I was devastated when I had to go back to the shelter without my newborn baby.

I was ordered to take parenting classes by the court. I did so, twice at the shelter where I was living and received two certificates of completion to prove it.

Due Process Violations and Discrimination Based on Religion and Sex

When I went back to court for the next hearing, she disregarded the classes I had already taken and said "I needed to take more parenting classes," because she still had concerns about my parenting. She did not provide a reason for being concerned about my parenting, but I believe it was because of my religion. I was going to Bible study with a Jehovah's Witness and Ms. Davis found out about it. She began making comments about how the children would be deprived of birthdays and holidays and that I should not make them my "domineer." Based on these instances, I believe I was discriminated against because of my religious beliefs and my sex as a woman. As a then married Christian woman, I believed marriage was for a lifetime. Tina Davis made me responsible for my husband's actions because I am a woman and blamed me for not immediately divorcing him even though we hadn't received counseling.

Around January 2012, DFACS sent my son off to a group home called Inner Harbor Campus located in Atlanta at the age of 5. At the time, the place they took him to was designed for teenagers; however they put my son there anyway and he was the youngest child there. He was put into a police car when he was removed from the rest of my children at the foster parents' house. When I made the 2½ hour trips to visit him, he would cry and tell me he wanted to come home and I was traumatized by seeing my young child in such a place.

Around June 2012, DFACS changed my son's placement again by sending him to a facility called Deveraux in Florida where is was physically beaten and abused by the other children as well as the staff.

Unnecessary Drug Tests—Illegal Search

Once Ms. Davis realized that they didn't have anything bad to say about me because I was complying with everything. She started alleging that I used drugs and requiring me to do drug tests. The drug and alcohol people were subpoenaed to come to court and they came and said I was not a drug user, so the issue of drugs was dropped. Ms. Kim Davis then came hostile towards me. Before this, she was pretending to be my friend. She started saying, "I am not your friend. I am here for the kids." I told her, "You are not there for my children because you are hurting my children."

Around September 2013, Ms. Kim Davis and the other DFACS workers petitioned the court to have my parental rights terminated and said the reason was because I wasn't paying child support and they did not believe I could protect my children based on the fact that I was still married to my husband. Nothing I could do would satisfied them.

In the year 2014, my 12 year old daughter was moved from her foster care placement with her siblings and placed in another foster home because she was not getting along with the foster family. She was in hotels and 4 different placements after she left the initial foster care placement. She ended up going to YDC an juvenile detention center and later being placed with a lesbian couple, which is against my religious beliefs. She then went to another foster home in Atlanta but didn't get along with them either. My daughter ended up running away with a boy and getting into an abusive relationship. She was shot by the boyfriend. A DFACS worker name Angie Stone went to visit her at the hospital and my daughter tried to run away because they were there to take her back into custody.

Even though I had relatives that were willing to take in all my children, DFACS split my children up and sent them to different homes and facilities.

Instead of calling me, she called DFACS and social workers Natasha Boston and Tina Dixion showed up. Ms. Boston texted me and said that I needed to get home as soon as possible to pick up my son. I came home immediately with my other children in the car. My then husband had already left because they said he could not be around me.

Illegal Seizure

The social workers and the school counselors started saying that in their opinion, they didn't believe it was safe to stay at home because of the TPO that was in place. They started asking me if I had somewhere else to go with my children and I said I could go stay with my brother and his fiance. They asked if my brother had any children and I said that he had one. They said based on that, I could not stay with him.

I told them that I had a baby brother who was 23 that I could stay with, but they said no because he was too young.

They asked me if I had anyone else to stay with, and I said yes, my aunt. When I could not immediately reach her on the phone, they told me that my time was up and that they would be taking my children into protective custody. Ms. Boston said that I would get them back in 72 hours once they ensured that they were safe. She told me to get some rest for now. The social worker did not have a warrant when they detained my children and there was no emergency, exigent circumstances, or imminent danger to justify the detention.

Prejudicial Delay in Detention Hearing

I did not have a hearing in 72 hours but 2 weeks later. They kept telling me that I would have a court hearing coming up soon and that they would let me know when it would be. I told my then husband that DFACS took the children and he got upset with me, so I left the house to go stay with my sister. I told Ms. Davis that I was staying with my sister because my then husband was taking his anger out on me for allowing DFACS to take his children . She told me that I should not go back to that house and later told me that I need to get a house and maintain it for 6 months in order to get the children back. She also said that I needed to leave my husband and find a man that could take care of me and my children and that I should move on and get a divorce.

Around February 2011. I secured the house and was subsequently assigned the caseworker, Ann Nokonzi. Ann was great. She told me that I would get my children back in 3 months because I was making great progress. I was living in the house they approved of and enough room for all the children and bunk beds for all.

From the very beginning I was told by the public defender that I would not get a fair trial. He said that DFACS does what they want and will give me my child if they like me. This turned out to be true because there was nothing I could do to get my children back. The private attorney I hired helped with getting me unmonitored visits but the judge, William Tribble, was biased towards DFACS and went with whatever DFACS said despite their lack of evidence to satisfy their legal burden of proof.

The GAL was also biased toward DFACS and never did her own investigation. Instead she just sided with DFACS. My life and my children's life has been a living hell since then. My son was told by his current case worker Mia, that I didn't want him. She even showed a picture of a light skinned woman and told him that was his mother. I have never stopped loving my children.

Injuries Sustained

My children suffer from sever emotional damage and trauma. My son's behavior has worsened and he has become angry and violent. My son told me he was raped while in the system by a social worker while he was staying in a hotel. I currently suffer from PTSD and also have recurring nightmares from the years of alienation.

The case numbers to refer to for my case is 2010J0718, 2012J0500, 2011J0707, 2012J0504, 2012J0559, 2011J0578, 2012J0502, 2012J0557, 2010J0715, 2011J0576, 2012JO503, 2012J0558, 2010J0716, 2011J0577, 2012J0501, 2012J0556.

Sincerely,

Keshia Horton

LETTER SUBMITTED BY KELLY HOUGHTON AND JAKE BICHARD

To whom it may concern:

This case #16–842379–NA, has been absolutely horrendous. I, Christina Bichard, the paternal grandmother, am writing this statement on behalf of Kelly Houghton and Jake Bichard due to the fact this is very difficult for them both. They are currently dealing with current cases with additional children all stemming from this case. I (Christina B.) have given the information here.

This case all started off because of my minor child (Samantha, 16-year-old) getting mad because Kelly H. told Samantha to take daughter's first picture off of her social media. Then to find out in first court hearing my daughters allegations weren't even brought up in court. The only allegations we were told in court were from supposed doctors.

This was a shocker to us all. Allegations in court vs what's in court papers vs safety plan, they're all different. When CPS came to my home CPS had no warrant. Kelly H. at the time wasn't officially living with me yet. CPS said it was Kelly H. given address by caller. This is how I knew it was my daughter who called as no one else knew Kelly H. and daughter one were at my house.

The second time CPS came, CPS told me Kelly H. wasn't allowed to come back to my house. Jake B. was now added to the case and couldn't be at my home. Now at this time Kelly H. and Jake B. were making arrangements to live with me. This became a nightmare for everyone. Kelly H. and Jake B. were in agreement daughter one could stay at my house. I said to everyone "I had to have guardianship to be able to make decisions."

CPS gave a paper to Kelly H. to have daughter one be a ward of state which scared her. I didn't blame Kelly H. at all for being scared. CPS denied them all from living with me. CPS put them in a position to be in a home that was condemned for maybe a week then Kelly H. and Jake B. moved to Kelly H. maternal grandmother's home. Both parents were told not to move to the maternal grandmother's home.

CPS removed daughter one saying they had an order of removal. Kelly H., Jake B., nor I have ever seen this order of removal. I watched how Kelly H. was treated way differently than Jake B. by CPS social workers and foster parents. They all treated Kelly H. like she was an evil criminal with no proof of anything. CPS wouldn't allow Kelly H. to have a support system, they watched her like a hawk on visits, she wasn't allowed to correct her own child from calling the foster parent mom. Also didn't start visitations till after the first court date.

Before removal of daughter one, she was at my home. Parents both were seeing her and video calling. CPS intervened, trying to separate the family. They wouldn't help give them the services CPS wanted them to do. They both had to figure out how to get services all on their own. CPS made clear they had to have their own place and couldn't live with anyone. If they wanted their child back.

One visit Jake B. had, a CPS worker took him and daughter one from McDonald's to a park without a car seat. I was a witness to this horrible action of a crime. Jake B. was afraid to say anything due to retaliation or a negative reaction to the case. I told foster parent one and asked how to address the situation. Jake B. told Kelly H. and Kelly H. is the one who made a big stink about what happened. Jake B. and I stood by Kelly H. side and gave her proof of what transpired at the visit.

They never got to go to any doctors appointments or even emergency visits like they, CPS said parents could attend. Parents were never informed on anything. CPS would ask one parent and not the other parent once they realized who would say "yes" versus "no."

Foster parent one kept saying daughter one needs to be tested for spectrum disorder due to a family member that is not a direct relative like parent or grandparent to be an inherited trait. Then CPS added daughter two to daughter one case even though the case was closed in the jurisdiction where Kelly H. and daughter two lived with maternal grandfather. CPS gets Kelly H. to do a visitation with daughter one and bring daughter two. After the visitation ended Kelly H. and daughter two go to visit family before heading home in another jurisdiction. CPS shows up and takes daughter two without warrant now a second time. Then claims Kelly H. is homeless with daughter Two.

CPS claims medical neglect on Kelly H. foster parent two never needed a helmet on daughter two. Kelly H. completed doctors appointments for self and children.

Even did services on her own. CPS never wanted to see or accept what Kelly H. had done with services.

I'd like to state, I don't see how CPS can claim medical neglect, when from time Kelly H. found out she was pregnant, she has always kept me informed of appointments, paper work, and anytime Kelly H. had a slight concern for the kids, kept me involved with appointments by having me there with her and/or by video chatting with me in the appointment.

Even after CPS removed daughter one, Kelly H. kept me informed with daughter two and the rest of the children even herself. Shortly after daughter two was removed CPS stripped Kelly H. of visitations with no real reasons. CPS claimed it was too hard for daughter one to do visits with Kelly H. I don't see how it could just be towards Kelly H. when parents visits were on the same day and Moms visits were first then dads second.

Foster parent one showed me a video of daughter one in a play pen at foster home screaming and crying with nothing in playpen. Daughter one had wet her hair and clothes. Foster parent one was saying this is how daughter one would act after every visit with Kelly H. This video is what I felt they used to strip Kelly H. of her visitation first, then used it on Jake B. second, and at the same time blocked me from doing visitations with Jake B. and taking his support system. Once CPS blocked me, CPS got Jake B. alone to push a narrative to give up and give them, the children, a better life.

How do you take visitation away due to a child having a hard time adjusting? Who deems to make that a fair assessment without some real facts behind it? The video tape I deem that was a form of abuse. Why is it not being handled?

Right, We know the system is always right and family is wrong. Accountability always falls on the family. We all go to court. Jake B. is now saying adoption. Kelly H. was *not* on board whatsoever for the adoption/signing off rights not even her lawyer helped. CPS said if Kelly H. didn't sign off CPS would take the twins.

The Referee said, "I don't think that's how it works." Foster parent one stands up giving the Referee codes in the middle of court saying this case would be under adoption code. Then they filled out a medical history, I said, "Why when both foster parent one and foster parent two had the kids medical history?" Never did either parent get a TPR nor an appeal, Also, parents nor I even knew what a TPR was until 2022–2023.

Parents knew nothing after the last court date. Not even the fact that the parents could have lost their daughter one. I was informed a week later of daughter one's surgery due to her appendix, Last day of court felt off just as the first day of court. Kelly H. lawyer worked in the same office as foster parent one. Kelly H. didn't want the lawyer they appointed her due to a conflict of interest.

Here again in court Foster parent one stands up and says "there was no conflict of interest." When the lawyer wanted to make sure the court and Kelly H. was aware of the situation. Kelly H. never got a new lawyer until the twins became involved in the case.

Back to the video. How do you videotape a child screaming and crying? Why wasn't there compassion or calming the child? How do you let a child cry and scream so hard the child becomes wet? Jake B. and I saw this video on two different occasions: first with foster parent one, and CPS the second time.

Never did they (CPS or foster parent one) show Kelly H. this video. Why would you not show this video to the mother? Kelly H. is aware of the video since Jake B. and I told her. If the parents would have shot this video, the parents would have been charged with a crime.

Also, neither parent was able to show proof of their innocence nor did the court or CPS show proof of a crime. Neither parent was charged with a crime. Why after a supposed adoption both parents are paying child support? Why pay child support in two different jurisdictions? Why is one jurisdiction saying parents have 50/50 custody and the other took the kids. Why is OHS and the court system using their birth name when supposedly after adoption the name is to be deadened? Why can't parents not get the FOIA? The Court staff says "Nothing is there." How is that?

I asked foster parent one about the TPR, foster parent one sent me, via email, a clip of the safety plan not a TPR. Foster parent one is a lawyer. Why would she send me something she knows cannot be used in court?

Then Kelly H. finds out she no longer pays child support for daughter one after my call to foster parent one. The parents currently are still paying child support on daughter two and twins. Plus, a warrant for parents arrest as well, even though child support is being pulled right from their check.

Kelly H. has met with CPS again, now allegations are she had the twins early due to drug use. These allegations were disproven and the case closed. Then CPS showed up 11 days later due to a birth match. CPS demanded a drug test knowing Kelly H. was prescribed a narcotic due to c section surgery saying she failed. Put Kelly H. back on a safety plan. Forced Kelly H. to move from her home Kelly H. and Father two got on their own for themselves and children. Again, putting Kelly H. homeless to move in with Father two mother. Finally on the twins first court date, the old lawyer that was on the case of daughter one and daughter two was removed from the twins case.

Foster parent one was at twins first court date. Why would Foster parent one be at this court date? Foster parent one didn't want daughter two in her home. Again, why is foster parent one at this court date?

After Kelly H. removed her lawyer, Kelly H. didn't see foster parent one back in court. That seems odd. Safety plan for twins was handwritten by the new lawyer. Again, Kelly H. had to redo all services and basically update all services done in daughter one and daughter two's case.

Kelly H. again got resources and services on her own. CPS refuses to give resources or help like they say they are there to do. CPS is *not* about reunification or keeping family together. CPS is about destroying families and children. Visitations with twins were not done in a facility like a children's center. Visitations were done at McDonald while twins were babies. All of this destroyed family relationship with father two and father one—Jake B.

All this transpired within 18–24 months with all the kids. CPS admitted in court to treating Kelly H. badly and was tired of the case. Everything that was to be offered in all of the cases was not given. Closing the case leaving father two primary custody and Kelly H. paying father two child support. So here Kelly is stripped of being a mother again.

I don't understand why father two was not added to the case as they lived together? Jake B. and Kelly H. at the time of the first case weren't living together. They were making the arrangements too. Jake B. didn't have allegations against him. CPS added him to the case anyway?

Here 2024, 6 yrs later, from 2016 a case is being brought against Kelly H. for a birth match. This is a current case. Father three and Kelly H. are living together and here again are not adding father three to the case but are trying hard to remove Kelly H. from their home. At this point the baby is in the custody of father three and Kelly H. Kelly H. and father three are learning their rights and trying to stand and fight for their rights, CPS has shown up eight times to their home roughly.

During the harassment of CPS showing up before the first court date, CPS took it upon themselves to call people that weren't family or friends to Kelly H. for character reference and in case of placement. They as well keep showing up with no warrant. This time they didn't even follow the new law that was put in place in 2023. Also forced to have court date for the same day. How do you do that when you're supposed to have proper notice in a timely fashion?

CPS admitted in court that if it was anyone else they (CPS) would have dropped the case. Also, CPS admitted the non-family members for character reference and placement was a conflict of interest. CPS went to father three, son one's school and misrepresented themselves to the school as they (CPS) was a therapist for his son one. CPS lied saying a teacher said something and the teacher didn't say what CPS said. Now the school is suing CPS.

Father three wasn't aware that son one had been spoken to by CPS till CPS showed up to the house again. CPS showed up at their home hours after being at the school. Father three then had two meetings with school over CPS showing up and speaking to father three son one. CPS is now trying to involve son one of father three's other children that are not her children, to Kelly H. case.

Father three has son one, son two, son three, and baby are all his kids. CPS called father three children's mother to son one and mother to son two and son three for character reference on Kelly H.

CPS mailed two safety plans to Kelly H. and father 3, both threw them in the garbage. Parents know now they do *not* have to sign a safety plan. CPS showed up trying to see the baby before the second court date at this time CPS said "It was for a birth match." Now at the second court date, Judge Referee says "CPS can do a walk thru only." How does a Judge Referee allow CPS in your home when parents have refused to contract with CPS and still *no proof* of a crime?

Next, third court date FOC put in on daughter first birthday. How can the lawyer or FOC not change that date? No one ever thought that couldn't have a negative impact on Kelly H. as she already struggles being in court?

Jake B. here 2024, 6 yrs later from 2016 also has a new child with mother two. *No CPS* showed up at the hospital or his home to do a birth match like it was done to Kelly H. and father three.

Jake B. and Kelly H. are trying to fight for their kids. Mother two to Jake B. new child got scared and ran with their new child and tried to use his daughter's case against him in court. Mother two is also hiding the child and not allowing him to know anything or see the child.

As Jake B. and family try to keep in mind she is scared, she also is doing trauma to relationship bonds and breaking trust with Jake B. and rest of the support system. Mother two is refusing to speak to anyone.

This is what happens when CPS puts fear into young parents and older parents if they are not aware of their rights. This kind of behavior of separating the family and support system makes it even easier for CPS to target you when you're a single parent.

Jake B. was always told CPS would come to see if he finished his safety plan. Why is Kelly H. the only one that keeps being a target non stop up to this point? CPS is not as of yet targeted Jake B. Foster parent two is the same age as Jake B. and Kelly H., single and had no kids of her own at the time of fostering and supposed adoption. How is it okay that she (foster parent two) was more qualified to be an adoptive parent than the parents here, still *no proof* of a crime?

Now foster parent one and foster parent two keep reassuring the family the girls would have a bond and do sibling visits. The bonding for the girls never happened. Foster parent one interjected herself to try to have parents bond with daughter two and bond with twins.

Foster parent two only did one or two visits a year. Jake B. opted out due to video of daughter one and what Jake B. already was hearing about the bond with the girls and the bond Jake B. side of the family was getting.

As soon as foster parent two found out Jake B. and Kelly H. are fighting back to get their girls, foster parent two reached out to Kelly H. and said visits are done and got real nasty with Kelly H. Foster parent two stripped Jake B. family from daughter two. Foster parent two told foster parent one about the fighting back for the girl's. Foster parent one stripped Jake B. family from daughter one.

Now you look at this situation very young children get hurt when they were already confused with the whole situation in hand with visits not being consistent all due to foster parent two. One to two times a year clearly is not a healthy way to handle the situation. All to end in re-traumatizing all the kids and Kelly H, and family. Foster parent two wanted Jake B. to answer daughter two questions she had. Jake B. said "He would if there was no adult question." Jake B. receives the questions and refuses to answer due to there being an adult question. The adult question that was on the list to Jake B.

I wonder why wasn't Kelly H. asked this question? Kelly H. clearly was seeing daughter two and having a bond. Jake B. has only seen daughter two maybe a handful of times. Jake B.'s answer to the question surely wouldn't want to be heard by foster parent two. Jake B. didn't speak for the emotional safety of daughter two, Twins, and Kelly H. and Jake B. refuse to have the kids or Kelly H. hurt more than they already have been or be traumatized.

Due to Jake B. nonparticipation in visits and answering questions, foster parent two bashes Jake B. to Kelly H., which Jake B. said would happen before it happened. Here we are teaming our rights. Learning our rights came from Kelly H. because she refuses to give up on any of the children or family support system. Kelly H. has learned to be the matriarch for the family. Kelly H., Jake B. father two, father three, grandparents, aunts, uncles, cousins are willing to fight and stand with Kelly H. to the end of the earth for the kids to be back home.

This part is about the case from the time it started to current. Here is how it destroyed our family to us slowly fighting for each other to fighting for the kids. We will speak on who started this journey to fight this way, that is Kelly H. Kelly H. knew the fight had to be family together not a mother alone. We as a family and I are absolutely proud of Kelly H. She really understands the foundation of family. Kelly H. has always made me feel like and has made sure I was always part of her and the kids lives as a grandmother.

Kelly H. is the one who gave me my name for the grand-babies. They call me Maemae and I'm proud of this name I was given. Kelly H. has had so much growth just within herself and the meaning of family. Kelly H.'s only flaw was she was silent. People treated Kelly H. in a negative way for it. I fought to un-silence her.

Now, Kelly H. knows who to be and who not to be silent too. I have never seen someone be targeted as much as Kelly H. is and I am very involved with Kelly H. I have always been the family support system. Even if a family member or I was upset or mad at one another. I have always said "Mad or not you call." Kelly H. made that call. Kelly H. remembered and called. Kelly H. knows no matter what family pulls together, she's not alone.

Now understand Kelly H. did the work for the foundation of family knowing her past trauma as a child, to trauma the system did to her and failed her as a child, and the system traumatized and failed her as an adult and her children. How trauma can change a person in many ways.

Look at the fact that she not only brought the family back together she has from the time I knew her to now how she currently is working on herself with therapy all the while figuring out her case with her kids to fight back.

Kelly H. didn't turn to the negative, she did the hard positive. Just because I give her credit where it's due, don't be mistaken and think she didn't come out without battle wounds. Kelly H. is wounded for life. Kelly H. thankfully has the strength to not give up and keeps pushing.

Kelly H. knew she couldn't do this alone. I couldn't do what Kelly H. is doing alone either. It's nice to see even the father's are fighting and caring for all involved, but that's not without their own battle wounds too from all this. The system has destroyed us all in these bullet points.

- PTSD diagnosed, CPTSD diagnosed.
- Distrust in CPS, police, doctors, nurses, school staff, lawyers, attorneys, judges, judges referee, clerks, and government. Also all mandated reporters.
- Anxiety attacks diagnosed.
- Stress which has lead to MS diagnosed, memory issues, and many more diagnosed issues.
- Isolation.
- No control over own life (due to CPS and the system keeps taken loved ones away).
- Helpless (family not knowing how to help) due to CPS has and did target me for enabling because I helped when asked knowing that the parents were new and were trying.
- Took away the ability for parents to protect and grandparent to protect their own children and family.
- Broken family until our loved ones are clearly back home and safe (family is not complete without loved ones home).
- Poor sleeping, Night mares (consist of flashbacks and trying to protect children and can't).
- Always worried about the children could all theses horror stories be the children's stories, what other trauma have children gone through from a boo boo to serious harm.
- Violated in many ways.
- Always hyper vigilant to hyper focused.
- Fear to get to close for the fear of being stripped of children or family.
- Agoraphobia diagnosed.

- Have tendencies to dissociate in court or very high stress situation (protecting self).
- OCD.
- Affects income.
- Fear to leave parents and the whole family alone due to being a target (will CPS come? Will police come hurt them or arrest them? Who else will become a target? What kid will be next?).
- Worried with the high targeting and harassment could it cause serious medical harm like heart attack stroke or even a mental break down to death.
- Others being dragged in to the case that don't know the situation in its entirety or know all the people involved as well dragging kids that are not part of any of this.
- Having others to make serious decisions to stay in the fight even though it shouldn't be their fight or walk away ruining families.
- Hiring lawyers they can't afford.
- Ruining other families who are not even part of the case but one or two people get dragged in.
- Some family disowned parents fully.
- Lost jobs, home, money, relationships, family relationships.
- Defamation and slander on parents.
- Emotional distress irreparable damage.
- Stripped bond and relationships of children.
- Confusion children and adults.
- Traumatize children and adults.

This is the family as a whole, the support system, the foundation. Dealing with lies, harassment, stalking, sabotage, and stealing memories, milestones, relationship bonds, and kids. Traumatizing children and adults, violating constitutional, federal, state, and civil, ADA rights, laws (admiralty, common), policies (MCL UCC USC), procedure (court, handbooks) to name what we are aware of.

Never *proof* of a crime. The accuser is to show proof of crime, still have yet to see proof. Have the right to face your own accuser. Still have yet to be able to face an accuser. Where is any of this legal? Why are court papers not properly filled out and signed? How did our family get here where our own government and people destroy families?

Sad part is we are not alone in this. We the people of America will get to answer our questions. I would ask do you know the answers? How would you feel if this was you in our shoes with your children?

We as Americans shouldn't be here having to tell this horrible story but we are. What is it that you want to hear from our stories? We don't want any pity, we want our loved ones back home. I hope in all sincerity, that you all put a stop to the funding to all of this and help all families get their loved ones home.

When you're accused of this crime and no charges on record but your children are taken away anyway. This is how family, friends, and strangers treat parents as though they are criminals who hurt a child. Family friends and strangers have done silent harm, slander, physical harm to death on a parent who has been accused and children taken without legal due process. Where is the safety of parents and the children?

I'm going to do my best here as a mother and grandmother to explain how heartbreaking it is to watch your child lose his family over a corrupt system. I count the times they want to give up and they look at the pictures of their babies and pull the strength to put their boots on and strap them up to work and fight even if they lose.

There does come a day the kids will be adults and will want answers. When the babies come home either as children or adults there will still be a fight to protect. Our system now has taught us not to trust and be aware at all costs.

Watching my descendants so broken over their children and there is no way I can heal their pain. Watching my grand babies confused on why they are with foster parents and not with their parents and siblings. One grand baby's whole identity changed when she found out her birth name. Daughter two names her animals to baby dolls her birth given name. That same grand baby cries for her daddy and mommy. How do I know, because foster parent posts on social media.

I was on the phone for the first time ever she called me her daddy's mom. All because she is feeling lied to by adults in her life. All the grand babies are deprived of their relationships with all their siblings. One grandchild, daughter one, is deprived partial identity when in contact with grandparent and aunt only she was deprived of her sister and the other kids as she has no clue they exist.

How do you destroy a child of who they are and where they come from with *no proof* of a crime? All of this is so heartbreaking when you as a parent to a grandparent can't heal their wounds, emotional or physical, because others feel and think they have the power to know right from wrong and they are better than us. I and others see CPS and the system putting children in harm's way to danger. Destroying families for profit is absolutely disgusting and evil.

Kelly Houghton

Jake Bichard

Christina Bichard

STATEMENT SUBMITTED BY KIMBERLY HOWELL
Chicago, IL

June 15, 2024

Hello, my name is Kimberly Howell, and I'm from Manitowoc, WI. I'm writing to implore the Senate Finance Committee to take a harder look at how title IV–E federal funding is being spent. Although the Family First Prevention Services Act was well intended by former President Bill Clinton, it has become a nightmare for my family, as well as many across this country. I'm the grandmother of five wonderful grandchildren ranging in ages from 15 down to 6 years old. At the time of removal from my home they were ages 22 months up to 11 years.

My grandchildren were removed—not from my home—they were taken out of school under *what they claimed was exigent circumstances*. What those circumstances are I have no idea because there were no doctor's appointments, they were not taken to the hospital they were taken for an examination. At least if they were they were not turned over to the family to see the results. Lucky for me and I only say lucky, because if it weren't for me being charged with crimes, I wouldn't have had a right to my discovery. I was in fact charged with five felony counts of physical abuse to a child causing great bodily harm. This was without any teachers reporting, without any doctor's reporting, without any examinations, I was charged with great bodily harm. Long story short, eventually all five felonies were dismissed. We're not talking one felony or two felonies, no, all five felonies were dismissed, because I took a plea. And the reason I took a plea was because I didn't trust the corrupt judicial system in Manitowoc, WI. Nonetheless, I took a plea and I pled to two counts of neglect, misdemeanors, not causing any harm and a count of disorderly conduct. How does one go from great bodily harm to no harm? You might ask, I'd like to know the same thing!

Now that you have the back story how the children wound up in foster care—which by the way occurred on December 20, 2019—and they are still as of today in foster care. My 7-year-old granddaughter was raped in foster care within 30 days of being out of the home. Because they allowed her to share a bedroom with her brother, which is also against the law according to Wisconsin chapter 48, a boy and girl cannot share a room after the age of 6, however, she was 7 years old sharing a room with her brother, who is autistic and 9 years old. And because she received a sexual education by being raped in the home in less than 30 days of being out of the home, she took her newfound education and perpetrated on her brother which would have never been possible had a boy and girl been sharing a room which is illegal for foster care.

However Manitowoc County skirts the laws to be able to bring in as much money as possible. At the beginning of this case, five children had five case workers, and I don't mean each child had a caseworker, I mean each child had five case workers.

There was a Stephanie Willis and Natalie Nell, Emily Kortens a Ruth, and I don't remember her last name and somebody else. Now we've gotten three children because one has been adopted, one has been placed with family, and I have documentation to prove that the only reason that child has been placed with family is because they couldn't find a licensed foster home to place her in. My autistic grandson has had a broken arm that's required surgery. He's been sexually violated multiple times as recently as a month ago, he was forced to suck another child's penis. Nothing like this has ever occurred in my home or their parents' home, as a matter of fact, the allegations were on me solely, and there were no allegations on either the mother or the father. and they are attempting to TPR the father as we speak for abandonment on false allegations made up on innuendo and basic lies.

They've alienated the children for the last 3½ years. He has not seen his kids, talked to his kids, or Skyped with his kids, no letters with his kids, nothing. They have not allowed him to have any kind of communication with his kids. The other day he texted the foster parents and requested an updated photo and she refused, saying that he would need to go through the social worker to get a photograph. They refuse to give him any information. A direct indication that they are trying anything and everything to isolate these children. These children have less rights in foster care than they would have if they were in prison for murder. At least prisoners are allowed to make phone calls and write letters home. These children are not allowed to do anything.

I sent my autistic grandson money for his birthday. The foster parents sent it back to the social workers and the social workers sent it back to us. I have sent the foster parents $150 for my autistic grandson's birthday and I told them to take the entire family out for dinner, and with the money left over if they could please allow my autistic grandson to buy something special for himself for his birthday. So even though it was only my grandson's birthday, I included their entire family, and they still sent it back to the social workers to get back to me.

Since the children were removed on December 20, 2019, I have had no contact with any of them other than my autistic grandson, and that was only once during a therapy session, because the therapist recommended that he have contact with me because he was really struggling. So she had a Skype visit during a therapy session one time and he was upset that he couldn't see me or come back home. He went into a deep depression. He wouldn't eat supper and all that night. He cried all night long and their solution to that was to change the therapist to someone that would alienate us as they had been doing and not contact us or update us or have any communication with us whatsoever. We were not allowed to contact him, to have any contact anymore, because the first contact didn't go well. In other words the contact that I had with my grandson because he had the audacity to show emotion and express how he was feeling, he lost his right to ever have contact with me again.

As I said, G.R. was placed in a home with a relative, separated from her siblings, and her two brothers and younger sister are all still in a foster home slated to be adopted. When the children turn 18, they can come back and ask us, "How come G.R. was loved more than us, and how come a family member took her but no family would take us," setting these children up for a lifetime of misery and depression. This is where school shooters come from and suicide is bred, and they all say that this is in the child's best interest.

When they couldn't find any allegations on the parents—the mother is disabled and in a group home—but when they couldn't find any allegations on the parents, they came up with the father sexually assaulted the 11-year-old when she was 7-year-old, who wasn't even his biological child, who he never lived with, he wasn't even with the mother at the time that she claimed it happened. If she claimed it all it happened without it being fed to her.

My son demanded that she be examined by a doctor and it was determined at that appointment that there are no signs of scarring or trauma that would suggest a 7-year-old had had intercourse and her hyman was still intact. They fought him tooth and nail not wanting to take that child for an exam. Stating, because she claimed it happened 4 years ago, there could be no evidence left. What are you talking about? Are you insane? Of course there could be evidence left there, maybe not DNA, but there's evidence that there's trauma with a 7-year-old's vagina.

She lived with me since the age of 3 for that exact reason, because he did not want to be in a place where he could be accused of a crime with a child that was not even related to him, because children often make up stories to try and get their par-

ents, or at least their mother, to break up with whoever they're with so that their mother can go back with a non-related man in favor of getting back together with the child's father. So he was not putting himself in a situation where he could be accused of a crime he didn't commit.

To express how serious they were about this crime, he sat out on bail, a signature bond, no cash, no nothing, on bail for a felony sexual assault with a child under the age of 12. He was on no restrictions for the 3 years he was out on bail. He was able to go to parks, he was able to babysit, he was able to live with children with absolutely no restrictions for the 3 years he was on bail. In the end, after we did our own investigation because Manitowoc County refused to investigate, which is what they are required to do, they never even made a home visit to even see if the home was appropriate or described anything similar to what was described.

Not once did they make a home visit. In the end, the sexual assault was dismissed, not pled, he didn't take a plea and say, "Yes, let me take a plea like my scared ass did." He held out for 3 to 3½ years until finally, they got the memo that he was taking it all the way to trial and they had no evidence. Playing devil's advocate, I can't even, if I was a prosecutor, try to conjure up an opening argument, because when I say they had no evidence, I'm not saying they had a little bit of evidence, but not enough to convict, I'm saying they didn't have one piece of evidence at all, nothing, zilch, nada. Including the alleged victim later recanting and saying she lied. She gave three interviews in which she confessed to being a professed liar in every single interview and claimed to lie about everything and didn't know how to stop.

This is a case of judicially created parental alienation and there's a case out of Pennsylvania that actually coined the term systematic judicially created parental alienation and that's exactly what went on here. The children will removed and there was never any effort to put in a safety plan or reunify or even place with family.

To demonstrate how little effort they put in to reunify or put a safety plan in place, they've never in 4½ years—almost 5 this December—made one home visit and because the children were removed from school they have no knowledge of what kind of home environment they're actually living in.

They had the initial removal hearing of 72 hours required by law and we did not go back to court for another 6 months. So it was June of 2020, 6 months later before there was an actual dispositional order stating that there was going to be a permanency plan and that the children were going be removed and remain in foster care. So we didn't even have a reunification packet until June of 2020 to know what we had to do if we wanted to attempt to reunify. With that being said, that June, the date of the initial hearing where the permanency plan went into effect and the disposition went into effect I was told that day I would never ever lay eyes on my grandchildren again and they would never be coming back to my home. And the father was told they would never return the children to him when there were no allegations against him. I stated to Stephanie Willis, a social worker, and Brianna Zimmer, the CPS investigator then, why are we going through the charade of giving us reunification tasks that we must complete?

Without skipping a beat they said because we're required to buy law, but make no mistake, these children will never be returned home again, not to you, not to the parents, not to anybody, they're going to be moved out of state and adopted out. Mind you the only thing that brought them to the school that day was an alcoholic by the name of Laura Lois Bury who called in a complaint to CPS because I reported her for kicking her grandson out of the home and keeping his disability checks to pay her bills. She was an alcoholic then, she's an alcoholic today, and she was drunk the day she called and gave the interview.

I only had the children temporarily. Primarily they were raised by the father from birth until the removal up to 5 months before they were taken from me. And that was basically because the corrupt system in Manitowoc County. Judge Dewayne decided he wanted to admit him—involuntarily—into a mental hospital to see if he was competent, which of course he was released and deemed competent.

My physical abuse charges came, I believe, because somewhere along the line it came to their attention or belief, that I the night before beat my eldest grandchild with a belt. Now the judges have never heard this case and never had an evidentiary hearing. There's never been a trial. My lawyer, as well as my son's lawyer has submitted briefs as to what has been going on during this case. She claims to have read them, but how could she have? Because when she claimed to have read

them, she never even addressed the sexual abuse the children have suffered—broken arms, nothing—as if she didn't even know about it. My son had a measly to our visit one time a week for the first year.

The children were out of the home and then they stopped his visits and all other forms of communication based on the fact that lying Stephanie, a social worker claimed that he was intimidating at a monthly meeting with the workers. She admits that he has met all of his conditions, but she also stands by her decision, that she is not returning the children to him. She gave us a sworn deposition to that fact which I have a copy of. Have they actually done their due diligence and paid at least one home visit during the 4½ years they would have found that we didn't even own a belt. All their claims are that the children had consistent stories throughout, all five children said the same thing which is a flat out lie, another lie, because the eldest child said she was beat with a belt the night before. The 7-year-old girl said that I took the 11-year-olds clothes and gave them to the 7-year-old to wear, even though there is a 4-year-difference and in no way should be able to wear them or fit into them. The autistic boy said Grandma never hurts us, she loves us, and the youngest 7-year-old boy all he did was cry, he didn't talk. So none of their stories coincided with one another. However when they talk to the children, they said you might as well confess, because your sister already told me, that that happened and then the children will change the stories, because they thought they would get into trouble because they were told their sister already said it.

Like for instance, all the lies that the social workers have told, as well as corporation council have fed to the court defrauding the court basically to keep these children out of the home. To mention a few of the lies they've orchestrated, they said there's no family willing or able to take the children. My sister, the children's aunt, is my biological sister, same mom, same dad, and they claim that she's in no way shape or form a relative of mine. Which is a blatant lie, but even let's assume for a second that were true, there's still kinship care. They never even bothered to do a basic background check. Had they bothered to do a background check they would have discovered that she's never had so much as a speeding ticket, she doesn't drink, doesn't do drugs. She's religious and goes to church twice a week and she didn't even want any money because she's a self-made millionaire and didn't need any money to sustain the children while she had them.

By definition kinship care is someone that's like a relative, meaning someone that's close enough to the family that they could be considered related. She went to court three separate occasions to get guardianship of at least the four children, because the oldest child was not biologically mine. I just consider her my grandchild because I raised her since she was 3. So she went to court to seek guardianship of the remaining four children that were biologically related for the sole purpose of creating a record so they couldn't say that there was no family or that nobody had came forward.

The next lie they orchestrated upon the court was they said that when they gave GR to her grandfather, RG requested that his address be sealed to protect himself as well as my granddaughter from eminent harm by either myself or the father which was a blatant lie. Nonetheless without requiring any testimony from the grandfather to testify. The judge took corporation council's word for it. So I thought about it for a minute, I'm like well, how am I going to expose the lie if they're not even going to call him to testify.

So I decided to go in the back door route and sue RG for slandering me and my son by saying we were of imminent danger to my granddaughter and asking the address be sealed. That civil case could not have turned out any better, because when GR got notice that he was being sued, he wrote a letter to the court expressing he has no idea why I'm suing him and that he never told anybody to seal his address and that was absolutely false. So he contested it and we scheduled it for a trial and it went upstairs to judge Dwayne Judge Dwayne who promptly dismissed the case because he knew that I was going to subpoena the social worker to ask her why she told the court he requested his address to be sealed. If he's saying he didn't say that so as to keep the social workers hands clean and not to expose her as a liar, that Judge Duane dismissed the case and he dismissed it with prejudice.

As if that wasn't corrupt enough and illegal, when I had all the documentation to prove that it was a winning case and I would have been able to expose the social worker as being a liar and making a false statements to keep the children out of the home, he further sealed that case so that nobody would be able to look it up. However he didn't count on once it's on the internet it's out there forever, and it

names him, Judge Robert Dewayne, as the one ordering it to be sealed when we didn't even have a hearing. He just dismissed it with prejudice so I don't know what confidential information could have been had, if somebody were able to look up that I was civilly suing RG who's an adult and KH who's me what confidential information could be had none. The only reason he could possibly have the seal that case is to hide their crimes as to not exposed the lies that are being perpetrated in this county to prevent kids from going home to their natural and biological families.

As I said the children have been separated when they're supposed to be able to stay together and there was a possibility of them remaining together. They refuse that and put GR in a home with a relative and put the other three kids up for adoption. She's not had any contact with her siblings and she's been placed with her grandfather.

These children were more than siblings they were best friends. I don't recall one time that they ever had a squabble or a fight with each other they were always hugging each other whatever friends one had they all shared, they all hang out with the same people.

It's disgusting what they've done to these children. They then manipulated the mother into giving up access or visitation to the youngest child and her baby in exchange if they were to let GR live with her father so she gave up access to her baby in exchange for GR living with her father.

I could talk for days but this isn't supposed to go more than 10 pages so I'm going to use the rest of my time to tell you what I think needs to happen to the system to protect children and make sure the title for funding is being used for what its purpose was.

They refuse to reinstate visitation for the father unless he goes and they violate his constitutional right because he has a presumption of innocence and he has a right to remain silent but unless he goes to a therapist and confesses to a crime he didn't commit, he won't be able to have his visitation reinstated.

Requirements in order to receive federal funding:

1. Transparency in chips cases because closed court breathes corruption. They can protect the children's identity by using initials the same way they do in documents.
2. Mandate social workers wear body cameras so they can't tell lies and mandate that all meetings held with social workers be recorded. In Manitowoc they refuse to allow any recordings because they don't want their crimes exposed.
3. Have a specific timeline that needs to be followed for reunification not left up to the social workers to decide how much time the kids are going to spend in foster care.
4. Have a phone number that you can call a hotline or something with complaints as to not following federal guidelines to receive federal funding. Currently there's a whole lot of rules they have to follow in order to qualify for federal funding, however who do you tell if they're not? They're not following any of the requirements. For instance the children that I'm related to don't even qualify for title IV–E federal funding, they lied on the paperwork to qualify by saying that there was no income coming into the home and that I was abusing the kids, because I was stressed out and I didn't have the money to care for them. These children were in private schools. They were in dance classes, theater classes, and piano lessons. There's so many people to call and complain if there was something going on with them. There are so many mandated reporters involved in their life, I could have never got away with abusing them and somebody not knowing. With that being said, none of the mandated reporters called in a complaint? It was an alcoholic pissed off at me. They claim to the court line once again that the children were isolated and kept imprisoned at home, now they're in prison. They were never imprisoned at home. These children had activities that are going on 5 days a week, at least.
5. Require an evidentiary hearing within a 72-hour mark to determine if the children will remain detained in foster care where both sides get to be heard. Currently in Wisconsin courts the 72 hour mark is simply for CPS to state their case without allowing the defendant to be heard or put on any kind of a defense or evidence.
6. Require documented testimony and evidence before any visitation is to be suspended, The visitation was suspended in this case simply because the social

workers had concern about behavior, because he, the father, had an attitude at a meeting due to his daughter being raped at the age of 7. He wasn't apparently supposed to show any emotion or be upset about that.

7. If visitation is suspended or there's a true danger to the children, the children should have a right to some form of communication with the parents if they so choose, be it Skype phone calls or something. There is something that they can put in place to make sure the children have the contact that they so desire and need. Currently the federal government is paying CASA to visit the children yet the court never asks CASA one question other than their name at the beginning of the hearing and who they represent. To not even be able to communicate through letters or phone calls is disturbing to say the least. How can somebody harm a child over a supervised phone call when somebody's present for such as a foster parent where they can quickly hang up the phone?
8. Require guardian ad litem to make a minimum amount of visits and spend a minimum amount of time with each child per month. Currently the guardian ad litem on my grandchildren's case has been collecting a check for 4 years and he has never once met the children. He doesn't even know what they look like. He's never conducted an independent investigation to get to the bottom of the facts. The only thing he's ever said in court is I agree with the county, you're honor. He's never met the children's teachers. He's never met the foster parents. He's never met the children. He's never interviewed the biological family. He's never interviewed neighbors. He's never done an independent inquiry. The children could be chained up in the basement for all anybody knows because nobody's been out there to see him, even the social workers won't get their asses out from behind their desk to go see him. They do visits by zoom. How can you tell if the children are afraid of the people they're living with when you see them on zoom with the foster parents sitting next to them?
9. They spend no money on reunification efforts, as a matter of fact, my son had to go 3 days out of town and hour and a half to do a mental health assessment. He's spent 3 days doing that and they gave him $5 for a gas card to travel an hour and a half away—one way—so 3 hours round trip. Amounting to 9 hours over the 3-day period and they gave him a $5 gas card.

The social workers violate your constitutional rights by telling you they're not going to reinstate visitation unless you go to a therapist and confess to a crime that you didn't commit, such as a sexual assault allegations later dismissed. Even after the charges were dismissed they wanted him to go to a therapist again and admit to a crime that he didn't commit. And the judge said she would never consider a motion that any of the lawyers, including the children's lawyers, guarding that items my son's lawyer would consider a motion concerning reinstating visitation, unless it was brought only by the county. And then promptly after that hearing, the county said we would never file a motion for you to have visitation and stated so, is that the judge acting independent or biased.

This is nothing more than an organized crime, laundering money, trafficking children, and adopting them out to systematic strangers through the system overshadowing any family or relatives that may be available for the kids. My grandson who is 12-years-old now, his lawyer has told him that he doesn't want his name changed. He wants visitation with his father and he wants visitation with me, but because he's autistic he also told his lawyer that he's all right with staying living where he's at, at the foster home. He just doesn't want to change his name and he wants visitation with his dad and grandma, that to me does not sound like a child who is well informed and wants to be adopted, especially if he wants to keep his name. Because we know once he gets adopted, that is not going to be the case. However all the government funds are paying for his legal representation, he tells us that he's not able to file a motion on my grandson's behalf, and because he's a lawyer, he can't testify on my grandson's behalf. So what exactly is the point of my grandson having a lawyer?

The Manitowoc Department of health and human services is currently has a $6 million dollar deficit and executive Bob Sigel Bauer is talking about raising the county's property taxes 30% to cover that or offset it. My question to you is if they're getting all this federal funding, how the hell can they possibly have a $6 million deficit? They're gouging money and embezzling federal funds, basically laundering money to traffic children through the system systematic network. Refusing family placement, refusing visitation: who are the one suffering from this? It is the children's suffering, not the adults, forget about me, forget about the parents, these

children have been led to believe that they're not wanted, that they've been thrown away like yesterday's garbage.

The judges the lawyers and CPS are all in on it. It's all about the money for them and to hell with the kids. The hell with the kids that are going to end up homeless when they turn 18. Because they were adopted out to somebody that's going to collect a check for them until they turn 18 and then kick their ass to the curb on their birthday. They won't have any family to turn to because by that time, they'll have lost contact with all living relatives.

LETTER SUBMITTED BY CHRISTIE JENSEN
Saratoga Springs, Utah

To whom it may concern:

My name is Christie Jensen (previously Christie Gibson). I endured a lengthy divorce/custody battle that forced me to interact with multiple members of the Utah Chapter of the AFCC, resulting in losses of almost $200,000 (just my own legal fees) and possibly more from my ex.

I was the Petitioner in my case. I had no knowledge of AFCC or the corruption that has been involved in the Utah Fourth District.

AFCC Members:

1. 1st attorney: Marilyn Moody Brown
   a. She said we weren't going to "win" and refused to effectively engage in my case. She coerced me to go with my 2nd attorney.
2. 2nd attorney: Mitch Olsen, Jr.
   a. He was minimally responsive, filed many things without me knowing, including false financial document, and had other issues regarding discovery.
   b. He promised to file subpoenas for the other side, but only did after almost 5 months of him lying about it.
   c. Drained a retainer with a Forensic investigator for hacking . . . with inaccurate files and information sent to the investigator.
   d. Extended fact discovery after not informing me it was about to close.
   e. Forced me into Custody Evaluation with another AFCC member.
   f. Made agreements with the other side without my knowledge
   g. Allowed Opposing Counsel to file and sign orders that have been severely altered from what was said at the hearings (omissions and alterations in their favor)
      i. False orders ordered me into compliance.
      ii. Decrease child support.
      iii. Ordered extra "court ordered" expenses that were supposed to be managed to my ex . . . and assigned them to me.
      iv. So many other things.
   h. Allowed me to be ordered into compliance.
      i. Allowed me to be **forced** into taking care of my ex's very expensive business for almost 2½ years, under threat of jail time, and loss of custody, resulting in financially depleting me into extreme poverty.
3. Custody Evaluator: Anna Trupp
   a. Utah AFCC Secretary.
   b. Didn't care that her evaluation was to be completed before discovery was provided to me (needed for the custody evaluation).
   c. Ignored my collateral.
   d. Lied on the stand about collateral I gave her.
   e. Ignored recordings proving ex's domestic violence in front of the minor children.
   f. Was forced to complete the custody evaluation under extreme duress and threat of contempt from the Judge.
4. Opposing Counsel—Marco Brown & Clay Randle
   a. Major financial contributors of Utah AFCC.
   b. Severe vexatious and malicious prosecution.
   c. Severely altered orders (not aligning with what was ordered at the hearings) in favor of my ex (their client).
   d. Got additional judges on specific hearings to only hear their arguments and continue my objections/defenses to their hearings.

i. One of these times I got held in contempt because my entire defense and counter motion were continued . . . along with a statement of Discovery Issues were continued to be heard months later.

e. Many more malicious things that I can outline if needed.

f. Cause of my extreme financial loss, extreme duress, and in my opinion, collusion with every single one of my attorneys to fix our case, and have a predetermined outcome.

5. 3rd attorney: Ryan Peterson
   a. Brother of Kelley Peterson (*Dahl v. Dahl*—allowed to break wiretapping laws).
   b. At first seemed to help me.
   c. At one point, seemed to get a threat by 2 men (sending me a picture) and then later that same day, withdrawing from the case, to re-appear as limited counsel.
   d. Stopped representing me.
   e. Tried to apply for a job **under** opposing Counsel (Marco Brown).
      i. At the same time, dissolved his business . . . in the middle of our case proceedings.
      ii. At the same time, got divorced in the middle of divorce proceedings.
      iii. Missed important filings by forcing me to write up my own filings, and then refusing to file them.
      iv. Eventually stipulated with opposing counsel to be removed from my case only 2 months before our trial.

      The request supposedly came from me, but I have recorded conversations that prove that I had **not** asked (not even 1 time) for him to be removed from he case. He even apologized for lying on this recording.

6. Judge: Judge Lund
   a. Would not consider any of my filings.
   b. Always allowed my ex to prevail.
   c. Ignored my filings.
   d. Reserved large amounts of financial allocation for trial, and refused to hear them at trial.
   e. Demanded we go to trial without certification of completion, NOR completion of discovery.
   f. Threatened to put the custody evaluator under contempt so that she finished the custody evaluation faster than she was able to and under duress.
   g. Forced me into a court-appointed attorney.
   h. Refused to allow any of my timely and appropriately submitted evidence for trial (I tried to submit them twice, both different ways as per their instructions) to be used at trial.
   i. Forced us into a "trial by affidavit" referring to 2 other AFCC members (known in the community to be extremely corrupt) for instructions. There were no instructions online, or anywhere to follow.
   j. Allowed my ex $70,000 of marital assets for trial.
   k. Allowed me $15,000 . . . (which I was actually only allowed $10,000 of that due to it being a "refund" from my 3rd attorney).
   l. Lack of funding prevented my ability from having an attorney at trial.
   m. Refused **all** of my witnesses at trial.
   n. Refused to let me testify at my own trial (constitutional right).
   o. Took away legal custody.
   p. Prevented me from having enough funds to file an appeal, or to effectively afford an attorney.
   q. Threatened me with a Vexatious Litigant status.
   r. Threatened another mother I know, sua sponte, with vexatious litigant.
   s. Allowed opposing counsel to write up a very inaccurate decree, ignoring my objections.
   t. Allowed facts and findings to be based on his bias comments before the closing of evidence . . . giving my ex a court approved smear campaign . . . that I wasn't even allowed to defend against in any way.

7. 4th attorney—Todd Barfuss
   a. Collaborated and protected opposing counsels actions for almost 2 years.

8. Special Master—Todd Wetsel
   a. President of Utah AFCC.

I am a victim of members of the AFCC through Family Court. I have lost hundreds of thousands. I am being denied additional hundreds of thousands I should be legally entitled to. I can provide more information if needed.

Sincerely,

Christie Jensen

JOURNEY TO SUCCESS
https://www.journeytosuccess.org/

Chairman Wyden, Ranking Member Crapo, and Members of the Senate Finance Committee:

Thank you for holding this important child welfare hearing and for your clear commitment to better supporting children, youth and families who are involved with child welfare systems across the country.

We join others in the child welfare field in commending the committee for enacting the Family First Prevention Services Act in 2018 (FFPSA), which refocused federal policy on the goals of strengthening families to help more children safely avoid needing foster care. FFPSA also made important reforms to improve the quality of care for children and youth who need foster care.

The Journey to Success campaign is a policy campaign comprised of local, state and national organizations that share a commitment to improving outcomes for youth and young adults in foster care. These young people face a steep climb in their journey to adulthood, however targeted policy improvements can remove barriers and help ensure they are connected to family and are prepared to thrive in school, work, and life.

We were pleased that several Senators at the hearing spoke about the importance of federal policies that address the unique needs of youth and young adults in foster care. Time and again, Congress has stepped up to champion legislative reforms on behalf of these young people. We commend Congress for these actions and urge continued reforms needed to spur the positive outcomes we all want for youth in foster care. In addition to FFPSA policies, other key Congressional achievements include:

- The Preventing Sex Trafficking and Strengthening Families Act of 2014 focused on improving family connections and lifelong permanency by expanding the adoption incentive payment program to include legal guardianships. This Act also brought needed oversight to the use of APPLA (Another Planned Permanent Living Arrangement) as a case plan goal to help limit the number of youth aging out without family permanence.
- The Fostering Connections to Success and Increasing Adoptions Act of 2008 was a landmark achievement in its focus on improving child and youth outcomes in the areas of health, education, and family. This Act authorized federal support for kinship guardianship and adoption assistance, and provided states an option to extend foster care, guardianship, and adoption assistance beyond age 18—providing timely support to youth during their transition to adulthood. Fostering Connections also provided the first federal funding for kinship navigator programs, required states to make reasonable efforts to keep siblings in foster care together, and established new kinship notification requirements to promote relative placements.
- The Foster Care Independence Act of 1999 established the Chafee Foster Care Independence Program—a dedicated federal program that offers states flexible funds to better support youth in making successful transitions to adulthood with services such as mentorship, education support, work and life skills, and specified that efforts to find permanent placement should continue concurrently with independent living skills.

Thanks to these reforms, we have seen encouraging progress towards ensuring the well-being of youth who experience foster care. However, troubling outcomes persist. As you heard at the hearing, the foster care experience for youth is often marked by frequent placement and school changes, and ultimately leaving foster care without being safely reunited with their families or connected to another lifelong family. In fact, about 20,000 young people a year age out of foster care—a number that has largely unchanged for more than a decade.

Drawing on lessons learned in the field, Journey to Success is optimistic that targeted federal reforms can spur significant program and practice changes that will improve the lives and outcomes for youth who experience foster care. Due to the hardships many foster youth continue to experience, we believe federal action is urgently needed. In addition to targeted changes to Title IV–E, the pending Title IV–B reauthorization provides a timely opportunity to enact reforms to achieve desired goals of:

- ➢ Connecting young people to lifelong family;
- ➢ Reducing the large numbers of youth who continue to age out of foster care each year on their own without any safety net; and
- ➢ Providing excellent services for those for whom permanency is not achieved.

Investing in youth and young adults will lead to stronger families and communities, a ready workforce, and a more vibrant economy. It will also help prevent homelessness, poverty, and incarceration in our communities.

Specific Recommendations for Improving Outcomes for Youth Who Experience Foster Care

1. Strengthening family ties and family permanence and reducing the possibility of youth "aging out" on their own.

One of the most powerful ways we can help youth in foster care achieve positive outcomes during their teen years and later in life is by connecting them to permanent family. This can be achieved when youth return safely home to their birth families or, when that's not possible, by connecting youth to a new permanent lifelong family through adoption or guardianship.

Children and youth do best in families and deserve to have the sense of belonging and love that families offer. For youth in foster care, supportive relationships with adults are not only critical in navigating the unique challenges associated with foster care; they are cornerstones of successful reunification, adoption, and guardianship—the current pathways to legal permanency. In addition to the clear emotional benefits, on a practical level, families also provide the type of guidance and resources that support educational attainment and job retention, as well as meaningful engagement in civic activities and community.

To ensure that every youth has the opportunity to have meaningful, lifelong relationships with adults who love them, we encourage policymakers to focus on the following:

- *Placement matters.* Rebalance the important federal-state cost sharing by providing federal financial participation for all family-based foster care placements. Specifically, Congress should de-link Title IV–E foster care funding eligibility that is linked to the defunct 1996 Aid to Families with Dependent Children program (AFDC), continuing the reforms made for prevention services under the Family First Prevention Services Act and for adoption assistance enacted through the Fostering Connections Act.
- *Enhance judicial oversight.* Courts and judicial officers play key roles in overseeing the case plans of youth and therefore it is important to ensure court personnel are well-trained in their role in reviewing and overseeing cases of youth in foster care to help ensure every effort is made to help foster youth achieve permanency. JTS urges the committee to invest in the Court Improvement Program and specify that youth should be involved to the extent possible in their court proceedings.
- *Incentivize all permanency outcomes.* Expand the Adoption and Legal Guardianship Incentive Payments program to include incentive payments to states for permanency outcomes achieved through reunification. All permanency incentive payments should be equal and equitable.
- *Grow best practice.* Kinship care is best practice due to the multiple benefits to children and youth. Benefits to children include more stable placements and fewer school changes and increased likelihood of achieving permanency. National data show an overall increase in kinship placements and attention to kin connections. Taking this best practice to scale should be a top priority for policymakers and program administrators. One important and timely way to support this trend is through increased investment in kinship navigator programs.
- *Support and direct resources for peer-to-peer engagement and support* through Title IV–B, Chafee and by clarifying that IV–E administrative funds can be used for this purpose and by developing a national peer certification protocol that will enable the expansion of peer support programs.

- *Promote more stable family-based placements, which are linked to permanency outcomes.* Require state child welfare agencies to establish a set of core supports for kin and non-kin foster families to increase placement stability, help retain caregivers and improve child well-being and permanency outcomes.

2. Strengthen and expand the flexibilities of the Chafee program to support the strong relationships and access to services proven to support a successful transition to adulthood.

The John H. Chafee Foster Care Program for Successful Transition to Adulthood program is a critically important source of support for youth in foster care. Created 25 years ago, it serves children and youth in foster care and those who have aged out between ages 14–21 and supports a wide range of services including educational support, job readiness training, mentoring, life skills training, and wellness services, among other things. Unfortunately, despite tremendous need, fewer than one-quarter of eligible young people receive Chafee services in a given year, and less than half of eligible youth will ever receive a Chafee service during the entire time they are eligible. In addition, Chafee's menu of services does not reflect the areas older youth say they need help with most: mental health, housing, education, employment, transportation, mentoring, and more. The program also doesn't prioritize family connections.

JTS calls on Congress to invest in and redesign the Chafee program by:

- *Help state agencies improve their programming and reach.* Increasing the investment in the Chafee program by at least $100 million per year, so that states and communities can provide more services that meet the needs of young people.
- *Provide access to and continuity of supportive services to youth during their transitional years to young adulthood.* Make eligibility requirements more flexible, so that young people up to age 26 can access Chafee services, providing continuity and support that is reflective of their development and consistent with other services such as Education and Training Vouchers and Medicaid health insurance.
- *Update the specified array of youth services to better match those that young people say they need,* including peer-delivered services, transportation, and navigation to other existing services such as community-based housing, mental health, parenting support, and workforce readiness.
- *Improve the effectiveness of the Chafee program* by establishing new expectations for agencies to work more closely with youth such as by requiring state agencies to establish and support youth advisory boards where youth and young adults can collaborate to ensure quality programming supports positive outcomes.
- *Improve communication to youth about available services.* Incentivize agencies to develop outreach and communications strategies to raise awareness about available services among foster youth and former foster youth to ensure they can access services.
- *Promote permanency throughout youth and young adult years.* Make healing and family connections a stated priority focus of the Chafee program to promote services and programming for eligible youth that will help eliminate "aging out" as an acceptable outcome.

3. Improve how child welfare promotes the health, healing, and well-being of children and youth in foster care.

Youth and young adults in foster care often face significant difficulties due to health and mental health issues rooted in their history of childhood trauma. In addition, the experience of entering foster itself is inherently traumatic even when it is necessary for a child's safety. The ongoing separation, losses, and uncertainty that are endemic to foster care often compound a child's trauma. The American Academy of Pediatrics finds that nearly 80 percent of children and adolescents entering foster care have one or more serious physical or mental health needs stemming from childhood trauma, and that one third of children and youth in foster care have a chronic medical condition. A substantial body of evidence exists showing that psychotropic medications are overused in lieu of more appropriate and effective treatments, such as peer support and other non-clinical interventions. Finally, young people have widely reported that not only do they face challenges accessing the mental health services currently available, but they are not provided a full array of interventions that can help address trauma, such as non-clinical therapies (*i.e.,* art therapy, movement and non-traditional healing practices.)

The Health Oversight and Coordination Plans, which have been a Title IV–B requirement since 2008, fall short of providing the timely access and coordination of services that are critical to meeting the complex health and mental health needs of many youth in foster care, not allowing them the opportunity to heal and address issues that are likely to impact their future. We recommend the following reforms to make these plans more effective:

- *Leverage the existing plan requirements to increase much-needed attention on youth mental health.* Expand the scope of these plans to better account for the trauma histories of children and youth in foster care and better address their health and mental health needs.
  - Expand the scope of these plans by renaming them "Health and Mental Health Oversight and Coordination Plans" and specifying coordination with both Medicaid and behavioral health agencies in the development and implementation of these plans.
  - Require that that the plan include an inventory of the service array and have in place key components of a comprehensive children's mental health system, including prevention, early intervention, and treatment, including the use of peer specialists; training of caseworkers on connecting young people with therapeutic supports; therapeutic supports and community-based resources that are appropriate for the needs of youth (including meaningful extracurricular activities and wellness support); processes to address privacy concerns; and planning for continuity of care.
  - Add a requirement that the plan describe how the state agency actively consults with and involves youth and young adults with foster care experience in the development of the plan.
- *Help more foster youth get the mental health support they need.* Improve the array of (and access to) mental health services that are available to meet the complex needs of children and youth in foster care, including peer support and non-clinical services that help build and strengthen family, peer, and community connections.
  - Create innovation grants through a new program, modeled on the Regional Partnership Grants within Title IV–B, to spur community-based innovation and implementation of effective, engaging, varied mental health treatments and supports—including culturally responsive services—for children, youth and young adults in foster care in order to find approaches that allow them to heal and pursue their goals.
- *Provide targeted resources to states effectively implement the activities and goals set forth in the plans*—allowing them to live up to their potential to improve the array of, and access to, important services that promote their well-being.

4. Remove barriers and increase access to extended foster care programs.

Approximately 20,000 young people age out of foster care each year and face a particularly steep climb in their journey to adulthood. They are more likely to experience hardships such as homelessness, joblessness, early parenthood and substance use. However, by extending the age of foster care through 21, state, local and tribal agencies can offer youth housing and supportive services, providing more time for youth to develop permanent family connections so they are not alone and unsupported. Extended foster care also provides key support to youth as they pursue education and employment goals.

Research shows that extending support into the first few years of adulthood can make a clear, positive difference in the lives of youth in care. Specifically, youth who participate in extended foster care, especially young people of color, have improved outcomes including:

—Increased high school completion and enrollment in college;
—Improved employment; and
—Improved earnings and savings. For every $1 invested in extended foster care, there is a $2 return in increased earnings based on completion of a bachelor's degree.

Since the passage of the Fostering Connections Act, 33 states, including D.C., Puerto Rico, and nine tribes provide extended foster care programs that are federally reimbursable. *However, despite the availability of federal reimbursement for extended foster care, participation is low. Nationally, only 22 percent of youth in foster care on their 18th birthday are utilizing extended foster care options a year later.*

Congress can take steps to improve utilization of extended foster care so more youth experience the positive benefits. Specifically, we encourage Congress to:

1. Remove the outdated income requirement that ties a young person's Title IV–E eligibility to outdated AFDC standards; this will appropriately balance the shared federal-state costs of extended foster care by ensuring states receive a federal match for the cost of supporting youth in extended foster care.
2. Ensure categorical eligibility for extended care for youth ages 18 through 21, meaning any youth in foster care at age 18 is eligible for extended foster care without needing to meet additional eligibility criteria.
3. For states opting to extend care through age 21 through Title IV–E, allow youth who voluntarily leave care at 18 the ability to re-enter care should they need to.
4. Provide HHS resources to assist states in facilitating employment opportunities for youth and young adults in extended foster care, such as by coordinating with WIOA youth job program.

These recommendations stem from more than 20 years of data and insights from generations of young leaders with personal experience in foster care who have advocated for policy changes at the local, state and national levels to improve outcomes for young people like them.

In closing, thank you for your leadership and for holding an important hearing to examine ways to improve outcomes for foster youth.

For more information about these recommendations, please see additional policy analysis and research on the campaign's website *(https://www.journeytosuccess.org)* or reach out to the campaign.

Thank you,

Hope Cooper

LETTER SUBMITTED BY CHRISTIAN-NICHOLAS KEPLER
Chico, CA

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20520–6200

I now come, Christian-Nicholas Kepler, free man on the land of the California Republic, Authorized Representative for Christian Nicholas Kepler, and Fentress Cosmo Kepler, in propria persona, Sui Juris, and hereby lodge formal complaint against Butte County Superior Court for the State of California on this 4th day of June, 2024 Ano Domini, regarding Violations against my Constitutionally Protected Rights.

I have filed a lawsuit (Federal Case No. 2:24–CV–1426–DAD–CKD) in the Federal Eastern District Court of California against two Judges and two Attorneys: Michael P. Candela, Virginia L. Gingery, Nathan O. Jones, Catherine C. Vance under 42 U.S.C. 1983 in the form of a Federal Question for Rights Violations regarding Butte County Family Court Case FL2300403.

The mother of my son, Sasha Walters threatened to use a restraining order against me to remove me from our family business, during business negotiations, requiring a certain price by a certain date then executed her threat (23FL00403).

I filed a Small Claims Lawsuit in Butte County then received a phone-call from a Hollywood-Producer named Stacie Nice, who offered to move the case to a television show called Tribunal Justice where a tribunal of three judges found Sasha Walters to have fraudulently obtained said restraining order.

Despite these facts, the Butte County Superior Court continues actions against me and my son, threatening me with arrest for constitutionally protected activity, and denying me due process rights under threat of arrest.

Both myself and my opponent have accused Nathan O. Jones of coercion in affidavits.

Nathan O. Jones expressed to me a Conflict of Interest by telling me, minutes before hearing, "I am good friends with Catherine C. Vance and we dine at each other's homes."

Both Nathan O. Jones and Catherine C. Vance waited until after the hearing to recuse themselves, without notice to me.

Nathan O. Jones left me without council and never informed me of the order after hearing, which he signed with stipulations much stricter than I had agreed upon.

There was no stenographic record of the hearing which allowed the judicial officers to entrap me into an agreement I never made. The order was written in a way that, if I honored the verbal agreement, I would violate the written order, and if I honored the written order, I would violate the verbal agreement.

Two attempts were made to serve Michael P. Candela with Color of Law Violation Warnings and Disqualification for Appearance Bias and both were refused by the court clerk of Butte County.

I have reports from multiple sources telling me that Michael P. Candela regularly ignores sworn affidavits during hearings in abrogation of his duty as "judge."

Michael P. Candela and Virgina L. Gingery both signed orders while in vacation of their offices, failing to invoke judicial authority, while ordering police to arrest me while exercising constitutionally protected rights.

I now face jeopardy of contempt for failing to follow orders that contain Sisyphean tasks (obtain proof from Alcoholics Anonymous who swear an oath to anonymity).

Martin McHugh, the Attorney of Record for Sasha Walters, filed/fraudulent Proofs of Service on two occasions, most recently on 4/25/2024. The attendant at the SHARP office told me the case had been closed. When I met with the Butte County court clerk to confirm, they told me they were updating the case and had me wait. The Notice of Hearing included a Proof of Service that was never sent to me, with a date making it impossible.

Previous to this, I reported Martin McHugh to the United States Postal Inspectors Office for Mail Fraud as he had filed a fraudulent Proof of Service with the same court, without proper autograph, later to learn that the Electronic Signatures Act condones improper service in violation of Due Process required by the U.S. Constitution.

I have mailed a request for the Bond and Oath of Office required to hold the Office of Judge in California and did not receive a reply. This indicates to me that "judge" Michael P. Candela lacks the requirements to hold office.

I believe that my *person* and my son's *person* have been placed into escrow without our knowledge nor consent in a scheme to create securities against unconscionable bonds.

I was alienated from my son for several weeks.

I was defamed by Sasha Walters and placed under a gag-order, preventing me from defending my reputation.

I have been required psychological counseling twice a week after being put into pauperis by these actions.

I have lost tens of thousands of dollars in investment and unknown amounts in future profits from the business that was coerced and extorted from me.

Christian-Nicholas Kepler has suffered emotional and psychological distress.

I am close to the deadline so rush to send this letter; I have many more examples available upon request.

Sincerely,

Christian-Nicholas Kepler
Authorized Representative for Christian Nicholas Kepler

LETTER SUBMITTED BY WILLIAM KING
Anderson, IN

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg,
Washington, DC 20510–6200

Attention: Finance Committee:

Hello, I am Bill King. I am the father of 3 children. Gavin 24 yrs old, Vanessa King 19 yrs old, and Brianna King 17 yrs old. My case with OCS started unbeknownst to me on January 10, 2021 as a CHINS hearing, although the *preliminary inquiry* states that they "received a report on March 11, 2021" claiming neglect. This report also alleged that Vanessa is the victim of physical abuse.

A little background, I have been divorced 11 years from my ex-wife who was a paralegal at the local courthouse. I had been a union Millwright for the last 14 years until August 7, 2020 when my fiancée and I were rear-ended while sitting at a stop sign by a 20-year-old that tested positive for alcohol at the scene and admitted to never touching the brakes as she was getting her flip flop from the floor at the moment of impact.

The impact from the car at "55 mph" destroyed the Harley Ultra Classic and threw both of us over the handlebars as the car rolled onto its top and landed 120 feet past the intersection. The young lady did not receive a stitch and went home to her bed that night without so much as a ticket for disregarding a stop sign, let alone the alcohol, and not even watching the road.

My fiancée lost her life shortly after impact, they got me back, although I'll never walk right or work again and I have brain damage. When I woke up 4 days later, I learned I had a funeral to attend, as I have no memory of anything after starting the bike to head home from dinner.

I spent the next 4 months learning to walk again and trying to recover from the broken ribs, punctured lung, lacerated spleen and liver. I was laid off prior to the accident and had been running low on money, so it was a great relief to have seen the paperwork that my lawyer and I had submitted to court for a modification of my support, as I wasn't going to be working for the union after Christmas shutdown so that I could spend more quality time with my daughters every other week with my 50/50 custody I'd had for the last 11 years before they were out on their own. I had never missed a day of my weeks with them unless I was out of state working, although that was not often, as I had been working locally for the last 7 years.

My ex had filed 3 emergency custody hearings alleging everything under the sun all of which had been denied due to no proof of any allegation. Just for clarification, I have never been arrested, never had any drug charges, no probation, nothing other than a speeding ticket 8 years ago. I have never had issues with DSC that were substantiated as they were only the ex trying to find something to take my 50/50.

When she left me she didn't come to see or spend time with either daughter for 2 weeks as she was dating a guy that had been out of prison less than a week for interstate drug trafficking marijuana from Mexico, hence why I was granted 50/50 from the time we filed.

Give or take a month after the accident, I received a letter from the DMV saying they were going to suspend my license. I called them to ask why, as I was sitting at a stop sign and the young lady admitted to not having touched the brakes. I was told that I received three tickets. One for suspicion of driving under the influence of a opiate, one for suspicion of driving under the influence of alcohol, and one for driving without insurance. For the next 2 months these charges changed back and forth to refusing to submit to a breathalyzer when I was recorded by the trauma medic as having no pulse or heartbeat, as I had bled out. The opiate charge was dropped all together. The no insurance came and went.

My blood was not taken within the 3 hours after the time of accident, it did not have a valid warrant or supporting affidavit, and was without a seal or a wet ink signature, and did not follow chain of command. The test came back with no opiates, no alcohol, but did have a minute reading for "methamphetamine/amphetamine." It took three court orders to get the sheriff to release the pictures/reports from the night of the accident to my third injury lawyer.

They had my driver's license number wrong, my birth date wrong, the model of motorcycle wrong, along with many other smaller details inaccurately recorded, implicating many of the officers that were allowing this Joshlyn Albertson to not even get a ticket for total disregard and loss of a innocent life and the destruction of my career, that I now physically cannot do.

As well as there are now two young lady's that don't have a mother. My fiancée had two daughters, one lived with us, Aliva at 14 years and Alaina who was 24 years at the time of the wreck.

Back to the tickets I was written that kept changing. I went to the city prosecutor and told her that they needed to drop them, as I had no pulse, clearly was not at fault, to which she refused as well as to give me formal discovery or tickets.

I fired Devin Norrick after about a month, as he was allowing them to be continued, when I wanted to be before the judge, as I had done nothing wrong. These allegations were continued for 2 years by the court while behind the scenes DCS was using them as a reason to take my daughters. They were dropped ultimately by city court.

On March 9th my oldest told me to shut up, which was not like her at all, when I asked her how much homework she had left to do because she hadn't done her chores. I did yell at her, telling her I don't know what's gotten into her, but do not smart mouth her mom or dad. She texted 911 saying I yelled at her. I was upset that I had raised my voice, so I stepped outside.

Two county police showed up, one of which was the first to respond to the accident. He told me in person many things I'd never had known about that night, like that he asked Joshlyn if she had been drinking, to which she responded "yes." He gave her a breathalyzer and she failed, but with only a .03. She still was a minor and was never written a ticket for anything although she admitted to not touching the brakes.

On March 12, 2021 it was my week with the girls, a Friday, and they didn't get off the bus after school. My divorce attorney was elected as a Circuit Court Judge as of January 1, 2021 and his son took over the law business. But worried, I went to his office as I knew the ex was always behind anything to do with my girls. I had gotten two strange calls that day that I didn't answer because I was meeting the mailman at the post office.

Because her insurance company had finally settled with me over the motorcycle that was totaled, and I needed the money badly. At Scotts office his receptionist called the number on my cell and it was a DCS agent that had said he had taken my daughters without a warrant and without ever speaking to me, a letter, nothing. Wouldn't even tell me what I had supposedly done. Scott conveniently comes walking in in plain clothes when he should have been on the clock as a judge and proceeds to tell me I had drugs in my system. I happened to have my toxicology report from the lab to which I pulled out and asked him how so? He said you had meth in your system, No, if you read the report here in its entirety, not just what you want to read it says amphetamines/methamphetamine. Before you accuse someone of the illegal substance how about asking me if I was prescribed anything that would test that's similar?

My son and I both have been on ADHD medication for the last 13 yrs. The blood test did not say methamphetamine and I have no memory of the accident, surgery, or signing myself out the next day. The Blood test in itself was illegal as it wasn't taken until 1:18 a.m. and the 3 hour window was up at 12:35 a.m.

I have taken and provided to the court during my divorce 35 random urine screens for the union, all negative, for any and all drugs. How dare you accuse me of the illegal form when the results do not say that? Also how and why do you have said information?

Well, the lawyer that works for toxicology, I spoke to, and she emailed me the subpoena from a Devin Norrick on January 10th requesting a copy of my report and for it also to be sent to the Madison County Prosecutors office. She denied it the first time, as he didn't state that he was my attorney, and this is protected by HIPAA. It took 7 minutes for him to illegally claim he was my attorney to which she had no reason to deny him. Although she said that she knew something was funny about it.

Devin was not my attorney anywhere near January . . . Scott tells me that I need to calm down and that there required to give me a detention hearing within 48 hours. So on Monday the 15th of March, he says no worries, we both know they have no reason to be taking your kids, "I'd recommend Devin to sit in on the hearing with you as its Friday and you'll be hard pressed to hire one by Monday at 1 p.m." Reluctantly I agreed.

Monday came and the DCS John looked at his shoes the entire time and simply kept saying how well the girls were adjusting to living with there mom. He never once said anything I had done wrong or anything regarding speaking to me about whatever this allegation may have been. The judge Steve Koester ironically was elected the same day as Scott and he is the only judge that overhears CHINS cases.

He sided with DCS without hesitation. Devin says, "I don't know what just happened, but I'm going to withdraw, as I'm not versed enough if something would happen to your 50/50 custody." He withdrew on the 15th by 1 p.m.

I went to the DCS office and told the deck lady to give me any paper that had any of my 3 kids names or mine on it. She came back with 68 pages for my youngest daughter and 73 pages for my oldest. Amazing when they have never been looked at by DCS huh? These fact finding hearings are supposed to be filed heard and decided on within 60 days, both Federal law and state law, mine was allowed to be drug out for 2 days shy of 2 years by Steve Koester my ex attorneys buddy that's illegally taking my daughters.

This man and the attorney, again, Scott told me to go to for the CHINS hearings and took me for $3,500.00 of my blood money that I gave her as I was about to loose my home and everything I've worked for. This Dorothy Fergusson never once objected to anything DCS said, never met with me prior to a hearing or after, refused to submit any paperwork to the court that proved I had never done anything. Both of my daughters testified that they have never been disciplined by either parent. Both of the county police testified that the house had everything they could have needed and was clean, neither child said they had been hit or struck. The argument between Vanessa and I was staged by DCS David Cassino and my ex-wife on Thursday, the day before they took my daughters.

He was dumb enough to put it in his reports that were given to me. Also in those papers are my ex-attorney withdrawing from a CHINS case when he clearly could not have been my attorney and a judge at the same time. He was submitting the illegally obtained evidence. They do not have the correct birthdays for my daughters as well as they have my daughters living 2½ hours south of here at a address that is my sons address.

I have never been given a discovery by DCS after 3 years. I know for a fact that there were 2 hearings held in my absence, The court clerk has refused to enter anything I submit to the record regardless of if delivered in person, by process server, notary presentment, certified mail, or registered mail. She liked writing in the docket that she "mailed me notice" but USPS takes a picture of my mail daily and I can prove she has never once sent me anything but notice when he's ruling against me. I have another magistrate claiming my ex filed the support modification on a day that isn't even in the docket, when I have the paperwork submitted as well as the date it was to be heard, but it wasn't until 27 months later and was denied, although he knows I was nearly killed and haven't been able to work since.

But to add injury to insult he doubled my support and had a superior court Judge Andrew Hopper file two felony charges on me and arrest me without a warrant or supporting affidavit claiming I'm behind almost $15,000. The bad thing for them is, I have each and every paycheck stub and money order that proves I've never been behind until the wreck, and the court clerk printouts clearly show where the state has been taking $450.00/$800.00 payments made by me, as well as a receipt from her proving it was paid, but yet it does not transpire onto the payment history. The prosecutor has even passed it off to a big shot lawyer for the state from Indianapolis that added a habitual offender charge to it when I've never even been arrested just to make sure they can keep me in jail so I don't report them for allowing a girl to walk from taking a life, as well as using a corrupt organization like OCS that refuses to answer certified mail demanding to see the contract I signed. And by what jurisdiction do they think they can just come and destroy what I have 16 years invested in.

The federal grant money given to these crooks for destroying families has got to stop. I will be filing against each of their bonds for their blatant lies and refusing to even allow me to be present at mock trials before actors that hold no judicial power over my living breathing children.

I have spent my entire retirement and every dime I was given from nearly losing my life to these corrupt POS BAR members that are simply working to feed the machine at the expense of my and my children's lives. Trying to throw someone in jail after nearly being killed, loosing there high school sweetheart, allowing the negligent girl that killed her to not even get a ticket, 100% illegally taking and destroying my relationship with my daughters, and being sure to bleed me dry of nearly $60,000 so that I watch everything I've worked for be taken from me as I go to debtors prison for a alleged debt that I do not owe is a absurd mockery of America. Especially when it's being inflated 100% by the Social Security Act and embezzling from the trusts of we the people.

All proven by Scott Norrick on OCS letterhead when it says "Initiated January 25th" because the taking of my 50/50 and granting both legal and physical custody to my ex wife was done long before I ever heard of it on January 10th by the illegal subpoena from his son. It only took 10 days for this corrupt judge to violate his oath and start destroying family's using the most destructive organization DCS to enforce his destruction.

Thank you for letting me vent about my now truly pathetic waste of a life. After spending 3 years learning just how many people will cover the tracks from the police, to the state police, the FBI, I've finally learned more than I'd ever wished to know.

This destruction and suicide of innocent fathers/mothers due to greed and politics has no place in America!

Thank you,

Bill King

LETTER SUBMITTED BY LORI KIRKLAND
Marysville, WA

To Whom It May Concern:

I was recently informed of a Senate investigation of DCYF–CPS and asked to write about my experiences by previous and current clients. Although I am not a parent who has had to endure the system, I am a VS—Visitation Supervisor who worked on contract for them, and my experiences span over approximately a decade. I have seen the harsh reality that is DCYF and the damage to families and the children who are lost in the system. As well as the service providers who have failed these families. I have worked on approximately 7,000 plus visits between state and the private sector. I am writing today because the truth needs to be made public and an audit of facts needs to happen. It's only then that the true horrors, fraud and neglect can be exposed. As well service providers who work with DCYF and within the courts need to be investigated for the part that they have played. Only then will we have a hope of stopping the collusion that plagues this system.

The GAL program is one example that works closely with social workers and has been plagued with ethical issues for years. Although they attempted to clean it up by putting lawyers in those positions; this has led to other issues. In almost a decade I have only a handful of GAL's who I can say have done a good job. I have seen the destruction that has happened when you have people with no child development/behavioral backgrounds, mental health/addiction experience or actual feet on the ground experience. These people are the voice of the children but may come to observe the family once for maybe 40 minutes if at all. From this they determine how a parent/family is with no thought to how children may react to a stranger at their visits or homes. As well as them not fulfilling the rest of their requirements of calling collaterals or taking the time to get the proper documents from providers, all can lead to disaster. As well the correlation of problems/bad reports that occur when DCYF social workers don't get families these providers. I've watched social workers manipulate GAL's and then have read the reports with absolute shock as they don't depict anything close to the truth. The GAL program and their relationship with DCYF needs to be included in this bill. They are part of the bigger problem.

I would like to take a moment and supply a couple stories that have been plagued with lies and deceit on too many levels. These are just a couple of the many I can tell as they are public knowledge.

Case 1: One of my exposures was when I was working on a return home case at the end of 2022. The school staff, mother, and I were suspicious of the foster parents and multiple reports of this fell on deaf ears with the social workers and bosses, mostly without even a response. The lack of engagement by the social workers ultimately played a part in the kidnapping of this child by his foster parents because no one was following up. This child was taken to a foreign country and was found in Vietnam. (Skagit County courts) It took the "school" notifying the authorities of my involvement and concerns, as the DCYF social workers failed to mention my involvement. To say law enforcement was surprised after learning about me, then speaking to me about what I knew, is an understatement.

Upon being served a warrant for my phone and computer, I was informed by the agency that held my contracts (sno-king) that I was not to comply but give every-

thing I had to the social workers. The authorities figured this out within minutes and obstruction of justice was relayed to him/them. I of course had no intention of defying the authorities and when this was my response to sno-king and DCYF, I received threats and was released from my contract. Of course, these actions only heightened everyone's suspicions of something more nefarious going on. This agency nor DCYF followed protocols.

No one within DCYF walls cared to hear this or how I was thrown away leaving my clients without their holiday visits. It was evident they were doing everything and anything to keep me quiet and bury my knowledge that a foster parent, that was reported as suspicious on multiple occasions, had left the country with a child under their care. DCYF has no boundaries or consequences for inappropriate actions.

During my interview with the authorities, I gave them a list of other cases I was fearful for. The look of shock plagued their faces and their voices filled with trembles as they confirmed these were all recent cases. The looks turned to dismay when they realized I was just one person and how many could actually be out there.

Fortunately several months later several judges would hear my story about this. Nothing has happened to the social workers or agency who held my contracts. This is not acceptable.

Case 2: At the same time this kidnapping happened in November 2022, I received a call from Ashley Voag crying hysterically informing me that her son Kannin had passed. He was a medically fragile child in foster care that myself and other providers repeatedly reported him as neglected and malnourished. When I started Mrs. Voag's case the social workers were doing everything in their power to say she was a horrible mother and were working to give her children up for adoption.

I was caught in the middle and quickly discovered the abuse that was inflicted on her by the social workers handling her case. Their unethical actions quickly found their way to me as they were trying to force me to do things outside my contract and help them with termination of her rights by writing horrible things about her. When I refused, they tried every means to remove me, including slander and telling the court I had quit, when I hadn't. I continued with this case and testified in mid-2021 in the dependency case of her youngest son # 20–7–00854–31. Ultimately the judge found no probable cause and the children were ordered to be returned home. Kannin was the last of the younger children to return home the next year and passed away shortly thereafter on Thanksgiving 2022.

When I had this case, I had received a call from another agency on the eastern side of WA, where the mother traveled to visit her young daughter. Apparently, the child had arrived with bruises all over her (not the first time) and Mrs. Voag was upset. Pictures were sent to me, and I instructed them to call the authorities and intake right away. No one followed up, including the social worker. This was the typical scenario with this case. As well, I discovered that her daughter almost drowned while in the care of the same person who sent her to visits with bruises. Upon returning home her daughter continually spoke of the abuse she endured while in foster care. How could these social workers turn their back on the obvious and ignore this mother's pleas for help. Because of this she almost lost this child as well.

As I testified in this case in 2021, the GAL Leslie Gilbertson was present. I thought she was a lawyer (she is but not on this case) because I had never seen her before, and she engaged as such. I was shocked when she identified herself as the GAL and started with her statements that were not even close to factual, including the visit location, the children apparently getting away from the mother (one was not even crawling yet and the other one, medically fragile, didn't move) and apparently I stated to her the mother was a horrible parent. I was mortified that someone, who is supposed to be there for the best interests of a child(ren), would fabricate such stories and imply that she had gotten these statements from me personally. I was disgusted by the blatant fraud I was hearing and didn't want to have any part of this.

Fortunately I quickly realized the false narrative and addressed it as such. How was a GAL able to come into court with a false narrative, get called out and the courts were okay with DCYF and her doing this. She clearly had not done the job she was paid to do and was following DCYF's agenda. Adoption for a bonus! It was obvious and outlandish. The whole trial and the GAL and DCYF's involvement were disgusting.

This case had *no* credible founded mental illness (another issue I see with providers who are in bed with DCYF) *no* addiction and *no* founded child abuse. Her children were ordered returned home. What this mother endured; no parent should ever have to go through. Unfortunately, it is common practice when they want the money for adopting kids out. I could also identify these intentions when they refused obvious family placement.

After the youngest was returned home I was approached by an unknown woman in the Smokey Point office, while doing another case, and informed I would never work again because I had screwed with their paychecks. (bonuses for adopting out Mrs. Voags children) As well, I was informed that they were never going to let up until they had her children placed with adopted families.

The torment of this woman has never ended, even today as I write this. After her children were returned home, random social workers continuously would show up at her home with bogus intake calls, including the most absurd one that the youngest had a dirty car seat. These people have been repeatedly asked for ID which they refused to give. On one of their last visits, I was on the phone with her as they proceeded to push her door in, assault her verbally and physically, leaving bruises on her, and traumatized her kids who were found hiding in the closet.

The police were involved, and it went to court as Mrs. Voag requested a protection order, as they have done this before. On the original court hearing, I watched as the judge addressed one of the social workers who had used various names. Apparently, she had not given the correct name to the police officer or the court at the prelim hearing. I watched as two social workers testified that the police officer *lied*. His report was totally correct. If these social workers are intentionally using fake names and testifying that a police officer lied to avoid culpability, it only strengthens the need for a bill and accountability of DCYF.

Mrs. Voag's case is just one of countless cases I could tell horror stories about. I've also had DCYF not do enough or overstep in my private side and because of these bad things happened. They prey on the poor and weak.

- Fake mental health evaluations.
- Refusing family placement and placing with family who wants to adopt.
- No services offered then they tell the judge the parents refused. This is taken as a strike against them when they knew nothing about them, because they weren't offered (huge problem).
- No GAL presence but will testify they were involved.
- Keep a child from being adopted because the mother became pregnant right before termination. They will send the child back only to take both children months later with the baby being given up and the older child unadoptable now. One of my worst cases the child was horribly abused and bounced around in the system. The parent didn't get any help and was still abusive right up to the child being returned because she was pregnant. This child had found a good home and was getting help and was to be adopted. Right before adoption he was returned to his bio mom because she was pregnant. This mother was probably one of the worst mental health cases I had and the stuff she did to her child are things nightmares are made off. The social workers sent him back so they could take the baby. I was disgusted by what I was being told. The older child came back into the system without any prospects for care or adoption.
- Make up their own rules. Bring on providers who they know will do what they want.
- Don't follow up with intake calls or calls of abuse. I have stories for days about this issue and the investigators lack of ethics.
- Children who never see their parents and have not been given their own lawyers. I had visits with the younger children as the older siblings beg to see their parents and are told their parents don't want to see them. Heart breaking.
- Parents denied visits.
- Social workers don't read the reports submitted by VS's or read their emails. I had a case where the mother admitted to poisoning her child. No response or engagement and admitted to not reading reports or emails. Also applies to the kidnapping case and countless others.

I could spend hours going through cases and finding problems that need to be addressed. At this point DCYF, the GAL program, the visitation supervisors' group/ agencies and other providers all need audits to identify the collusion. Real governing entities need to be put in place with realistic guidelines to prevent further fraud and nefarious acts. Providers who don't have proper experience should not be allowed to make decisions, investigate or write reports. GALs are a prime example

of this. Visitation Supervisors who come into the field with no training or knowledge shouldn't be allowed to facilitate visits. Ones who are in cahoots with law firms and intentionally write negative reports should be reprimanded but there are no guidelines or structure to protect people.

As well, other providers including parenting and medical professionals who are in cahoots with DCYF need to be exposed. The bottom line is people going through the courts or dealing with the above-mentioned providers have no voice or agency that will listen to their complaints. This needs to change.

Thank you for your time,

Lori Kirkland

STATEMENT SUBMITTED BY SHERRY LESHER
Wichita, KS

The Department of Health and Human Services that provides funds for Kansas Department of Children and Families and contractor St. Francis Ministries has failed my family. No matter the amount of funding these agencies receive does not enforce that they will *do the right thing*. Do not give this department, this agency, or this contractor any more money, they will continue to fail to meet their mission. They lack the integrity and morals to do right by families no matter how much money they receive. Granting them more funding only perpetuates the cycle of inflicting trauma and making poor decisions on behalf of families and children. This agency needs to be dismantled and investigated from the top leadership down to the visitation workers. Any employee that has strong moral principles has left this agency, as far as I am concerned.

The individuals that have licenses and credentials lack the ability to make decisions that would save a life. My son died the day he was visited by James Enns, LCMF of St. Francis Ministries. Enns inability to evaluate a crisis, when I begged for him to address the serious mental health issue my son was experiencing resulted in the death of my son AJ. The funding pays the salary of individuals who are tasked to assess a situation and act according to protocol to uphold the mission of "Improving the health, safety, and well-being of America." Increasing funding will not ensure these people will make better choices.

This agency defrauded funds by billing for services on behalf of my son after his death. The records prove they billed for counseling dates after my son was deceased. Because Enns failed to do the duties of his job, my son is no longer here. However, they continued to falsify records to obtain money in the name of my deceased child.

This is unacceptable.

LETTER SUBMITTED BY JOYCE MCMILLAN AND ANGELA OLIVIA BURTON
Albany, NY

June 5, 2024

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, and Members of the Committee on Finance:

The undersigned, Joyce McMillan and Angela Olivia Burton, Esq. are community activists and advocates committed to dismantling structures and ending oppressive practices that disrupt and destroy families generationally under the banner of "child welfare," "child protection," and "foster care." We appreciate the Committee's exam-

ination on May 22, 2024 of "successes, roadblocks, and opportunities for improvement" regarding the core intent of the Families First Prevention Services Act of 2018 (FFPSA) "to provide enhanced support to children and families and prevent foster care placements."

During the Committee's hearing on the FFPSA, Senator Ben Cardin asked: **"Is there a fundamental change necessary in order to try to support children not having to go into foster care that we are missing today?"** We write today to highlight fundamental practices at the "front door" of the foster system that must be made if we are serious about ending the unnecessary separation of children from their families and the horrendous experiences and outcomes that result from this drastic and draconian government intervention. These practices, required for states to received minimal funding under the Child Abuse Prevention and Treatment Act of 1974 (CAPTA)—**that is, mandated reporting, investigation, prosecution, and "treatment" of families suspected of vaguely defined, amorphous, and inconsistent definitions of "child abuse and neglect"** have for 50 years facilitated unconstitutional government overreach and intrusion into the lives of families and the unnecessary, forcible separation of millions of children from their families under the guise of protecting them. **We submit that once we address these fundamental, harmful, and excessively expensive practices that inevitably lead to unwarranted forcible family separation and the horrendous experiences and outcomes inflicted on children under the guise of protecting them, well-intentioned "fixes" such as the FFPSA will not be necessary.**

We are intimately engaged with Black families who are targeted by destructive child protective services/CPS and foster system practices, As Black women, we are dedicated to ensuring that government funding is used to support the health, safety, and well-being of children and youth in their own families and communities and not for surveillance, investigation, prosecution, and punishment under the guise of "child protection." Ms. McMillan, a parent impacted by the CPS/foster system, is the Executive Director of JMAC (Just Making a Change) for Families *(https://jmacforfamilies.org/)* and founder of the Parent Legislative Action Network (PLAN) *(https://jmacforfamilies.org/plancoalition)*. Ms. Burton is a former law professor and public servant, a constitutional family law scholar, and community activist with expertise and over 30 years of experience in child welfare law, policy, and practice *(https://imprintnews.org/top-stories/prominent-new-york-court-official-fired-on-eve-of-testimony-about-child-welfare-issues/243426)*.

Together, we co-chair the *Narrowing the Front Door to New York City's Child Welfare System Workgroup (https://www.narrowingthefrontdoor.org/)* and are co-conveners of the *Repeal CAPTA Coalition (https://www.repealcapta.org/),* a national coalition of impacted families, advocates, social workers, attorneys, teachers, health care workers, and others working to end the devastating effects of CAPTA's practices on children, families, and communities. We work with numerous organizations to advance the safety, health, and well-being of children and families through family-strengthening public policy and public funding initiatives, such as the *New York State Child and Family Wellbeing Fund Coalition,* which is working with communities and legislators to establish a state-financed fund to enhance and increase community-driven initiatives and projects that strengthen families and reduce contact with CPS in communities that have been historically disenfranchised and targeted for government intervention through the CPS system *(https://affcny.org/the-child-and-family-wellbeing-fund/)*.

As repeatedly affirmed by the esteemed panelists who testified at the May 22, 2024 hearing on FFPSA, and as detailed in the November 2023 Repeal CAPTA Appropriations letter[1] outlining proposals for right-sizing CAPTA funding to "support families, not systems", poverty is a primary driver of children into the foster system, overwhelmingly under the label of "neglect." Moreover, as has been documented for decades—most recently in the May 28, 2024 report of the **New York Advisory Committee to the United States Civil Rights Commission,** *Examining the New York Child Welfare System and Its Impact on Black Children and Families,*[2] Black children and families are disproportionately targeted by the system at every single point of child welfare system intervention—from reporting, to investigation, to removals and termination of children's familial rights (termination of parental rights

[1] *https://static1.squarespace.com/static/646e50104958a01d9d93c374/t/655cfb6095c3b102d68ea324/1700592480202/2023+Repeal+CAPTA+Appropriations+Letter.pdf.*

[2] *https://www.usccr.gov/news/2024/new-york-advisory-committee-releases-report-examining-new-york-child-welfare-system-and.*

or TPR), including disrespectful, biased, and discriminatory treatment in family (dependency/juvenile) court prosecutions.

CAPTA federalized the nationwide "child protective services" (CPS) system of surveillance, reporting, investigation, prosecution, and "prevention and treatment," allowing government agents to wield government police power in ways that rival even the criminal policing system. Esteemed constitutional scholar Professor Dorothy Roberts observes that "residents of Black neighborhoods live in fear of state agents entering their homes, interrogating them, and taking their children as much as they fear police harassing them in the streets. . . . Caseworkers routinely demand entry into homes in the middle of the night without warrants. The interrogations are frightening; the strip searches, degrading. Far too often, they end with the trauma of children pulled from their parents' arms." What Professor Roberts describes is pervasive, unchecked abuse of power to deprive Black families of dignity, privacy, autonomy, integrity, and self-determination under the color—and cover—of law.

Indeed, the Administration for Children and Families (ACF) recently acknowledged the urgent imperative to change course from the destructive history of the nation's family policing system in its June 1, 2023 *Notice of Funding Opportunity ("NOFO") entitled Field-Initiated Approach to Addressing Racial Bias and Inequity in Child Welfare,*[3] stating that the nation's child welfare system **"is responsible for many structural barriers and racial biases that have contributed to family dysfunction, separation, and destruction under the guise of safety and well-being" and that families entangled in the system "are often embarking on a seemingly continuous journey of surveillance, interruption, removal, and for many, eventual breakdown, leading to lasting adverse outcomes impacting generations."**

Currently, states to spend more money on surveillance, investigation, prosecution, and family separation than on the provision of community and family strengthening resources. Instead of providing access to quality food, housing, childcare, healthcare, mental health supports, and other necessities, child welfare agencies and courts hold parents personally responsible for the predictable consequences of poverty, label them "neglectful" and "unfit," and forcibly remove their children. States access billions each year in open-ended entitlement funding under Title IV–E of the Social Security Act (over $6 billion in 2023) through unnecessary detention of thousands of children in "out-of-home placement/foster care"—including in "congregate care" facilities with horrendous, prison-like conditions[4]—by labeling them "victims" of "neglect."

The proposals outlined in the aforementioned Repeal CAPTA Appropriations letter directly align with the public policy approach identified in the *National Academy of Sciences' ("NAS") 2019 congressionally commissioned report, A Roadmap to Reducing Child Poverty.*[5] The NAS recommendations suggest robust funding for family support can substantially reduce the number of children whose lives are disrupted and destabilized by unnecessary, ineffective, expensive, and harmful policing and surveillance activities. Reallocating funding from family policing to family support would send a clear message to the states that Congress prioritizes use of federal funding for direct financial and material support for families and communities historically targeted for family policing ***free of requirements that presume risk of child abuse and neglect.*** Building on the NAS report, a recent Casey Family Programs study[6] suggests that providing direct support to families would cut the number of unnecessary, trauma-inducing CPS investigations by more than one-third (up to 1.2 million fewer investigations annually), resulting in 23,000 fewer children being taken from their families and significantly reducing racial disproportionality.

We recognize that these recommendations may be beyond the scope of the Senate Finance Committee's jurisdiction, but raise it here **in answer to Senator Cardin's question because, to prevent unnecessary family disruption, separation, and destruction, it is imperative that CPS practices that unnecessarily bring children and families into the foster system be critically examined and curtailed.** Accordingly, we urge the Committee to explore the recommendations of the United States Commission on Civil Rights, outlined in the May 2024 report, *Examining the New York Child Welfare System and Its Impact on Black*

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[3] *https://apply07.grants.gov/apply/opportunities/instructions/PKG00281960-instructions.pdf.*
[4] *https://www.childrensrights.org/news-voices/are-you-listening.*
[5] *https://nap.nationalacademies.org/catalog/25246/a-roadmap-to-reducing-child-poverty.*
[6] *https://www.journals.uchicago.edu/doi/full/10.1086/723219.*

Children and Families[7] (at pages 106–112), which identify specific changes that would mitigate harmful aspects of the current system and truly support the safety, health, and well-being of vulnerable children and families.

Thank you for considering our views and we look forward to working with you to address these important issues. If you have any questions please contact Angela Olivia Burton, Esq., at jd2u—98@yahoo.com.

Sincerely,

Joyce McMillan

and

Angela Olivia Burton, Esq.

STATEMENT SUBMITTED BY CASSANDRA MEDRANO
Rock Springs, WY

My name is Cassandra Medrano. I am a U.S. Army Veteran who served in Iraq in 2005. I was Honorably Discharged for my PTSD, and at no time have any of the VA medical professionals that have worked with me since I've been discharged ever questioned my ability to raise my own children. I have two cases in my history of wrongful removal, and in the second case my children were medicated to make them more compliant, and to understand I have to tell you about both cases. I have written another document that explains all of what happened in more expounded detail, but it is too long for this hearing. You may request it and I would be more than happy to share it with you. The agencies involved are:

Kings County Department of Health and Human Services

Texas, Bell County, Department of Families and Child Services

My first removal was April 7, 2017. My children were 6, 3, and 5 months old. In the first case my children were removed by an investigator who, working for Kings County CPS in California, stepped in to remove my children based on my, then, husband's lies and claims, whom she also happened to be sleeping with. I have no doubt that she told him what complaints to make that would make it almost impossible for me to have my children returned to me. I was aware of the affair prior to the removal as my children made me aware that it was the plan of my husband and this investigator to make them their "mom" after I was permanently out of the picture. The first removal conference was set at a time where I was supposed to be kept over on a psychiatric hold that should have lasted 3 days or longer. I was taken for a psychiatric hold when I was out in town minding my own business with my children, that was a whole ordeal. I went on the psychiatric hold, voluntarily, and upon being evaluated late that evening, when I made it to the conference and on time, that plan was ruined.

During that conference there was the investigator who was all hugged up on my husband's arm. When I mentioned that I knew of the affair and that the two were sleeping with each other, the supervisor simply asked her to leave the meeting, and they continued with the case. They placed my children with my husband. My husband at the time accused me of being mentally defective and entirely incompetent, and so my case was made a mental health case. And because of that allegation I was forced to go to my psychiatric doctors at the VA and ask them to place me on medication that neither they nor I felt I needed to be on.

I received my children back 4 months later when the case took a turn and CPS removed my children from him as well. It was at this point that he went to our social worker and told her that the entire thing was all made up and he lied about everything. I got sole custody of my children and my then husband got visitation at my discretion.

After that case closed, and even before, I had a few investigators come to my home, and at least try to open my doors. Sometimes they would walk in without knocking and take a look around then go outside and knock on the door and talk to me, then requesting to see the inside of my home. It was after my first case closed that I learned the truth about CPS removals, the truth is that after the first removal CPS feels it no longer needs a legitimate reason to remove the children

[7] *https://www.usccr.gov/files/2024-05/ny-child-welfare-system-sac-report.pdf.*

again, they simply need to claim that suspect that something is going on. This is the removal that they do in a "Just in Case" scenario.

I moved to Bell County Texas in September 2018. I'd had a run in with Bell County CPS shortly after because my husband had an Amber Alert issued for not the two children that we had together, but just my middle child. He didn't want the baby, nor my oldest, just the middle one! And as soon as I presented the custody papers to that investigator, she went away.

My next removal was May 3, 2019, my children were then 8, 6, and 2. The investigator, Christina Pathoummachith showed up and said that I had a complaint that I took my middle child to the emergency room and refused to let her be treated. Somehow she didn't believe the discharge papers with my child's name on them, or the prescription.

My children were terribly abused in the California CPS placement, in every sense of the word and my middle daughter complained about pain between her legs off and on since I got her back from that. The ER doctor decided to not do the forensics exam as my child was screaming and didn't want the doctor to touch her because she thought that the doctor was going to hurt her like she was previously sexually abused. I was told to take her to the children's hospital when I could.

So then after that matter seemed closed, Ms Pathoummachith wanted to talk about my mental health. At this point I knew she was surely investigating a claim that my husband had made. I stay under the care of a VA Psychiatrist, and aside from PTSD, I have minor adjustment issues that pass with time and circumstance. We talked about those and the medication I was supposedly on that I was not on at the time because I didn't need them. The only way she could have known that I was ever on meds was for my ex husband to tell her. Before she left, she told me that if I didn't have the sexual exam done on my daughter soon she would be back to take my children. I told her that I would get it soon and I'd keep in touch with her about it. Later that day my children told me that they saw Ms Pathoummachith peeking in the windows of the house. I saw her too. So being fed up with the whole thing I went to the DFPS Office in Temple to talk to her supervisor and to try to mitigate the things that were happening. I told her all that had happened and about her investigator peeking in the windows of my home, and about the appointment that I made for my middle child.

She called the investigator who then went straight to the judge to get an emergency order signed. Of course peeking in the windows of peoples homes is illegal and so she denied it! The Supervisor checked my story through the Social worker in California, Patricia Agular, and I heard her tell them on speaker phone that my custody was legitimate and that my then husband, Mr. Raymond Medrano, had lied to have that case opened on me in the first place, and to disregard any complaints made by him. So then they called my husband, and not only told him where me and my children were but took fresh complaints from him over the phone. He told them that he lied to Ms Patricia Agular about what led her to return my children to me. I'm still not sure how they got his phone number. He told them that I was crazy, mentally incompetent, and on drugs. I hadn't seen him in 8 months and I never told him where I lived so how would he know? They took his word as gold because we happened to still be legally married, but estranged. How does that work?

So the last thing with the removal is that in the State of Texas there is no written agreement with the parents that they will agree to allow CPS into their lives, CPS pretty much shows up and forces themselves on parents for whatever reason and calls it an open case. At least that is my experience. The other thing is that according to Texas State Law when they are removing your children they are supposed to have police present and give you a form signed by a judge that is about the removal of your children—I didn't get anything at all about the removal of my children for 2 or 2½ weeks after my children were taken and I was served by the constable. And to make all this drastic, the social workers and supervisors lured my children in the back of the CPS/DFPS office with candy. To this day I'm still not sure exactly what allegations they removed my children for.

In this case the initial Texas Judge called a mental health case. All of my random urine drug tests were clean of all substances. According to CPS in general, a mental health case is considered an unbeatable case because there is almost no way to beat it. I faced this when I did a Psychiatric Social exam done by one of their doctors who took the entire DFPS complaint as though it had come from my medical files and out of my doctor's mouth. In court the new primary social worker, who liked

to taunt me over the phone, on our first meeting in court she told me that she had moved all the way to Bell County just for my case, which sounded odd to me. I refrained from reacting and responding to her taunts at all because she would tell the judge that I am violent and severely aggressive for no reason at all and if she did that I'd have no chance to get my babies back.

Some months later, something interesting happened at my home. I was sitting at home talking to a friend on the phone and I noticed a man leaning against my car in my driveway. His face was shadowed but I knew beyond all reasonable doubt that the man leaning against my car was my husband. He was my every breath for 5 long years. I'd recognize him anywhere. I pretended that I didn't see him and got away from my house as soon as he had gone. The next evening I got a call from the main social worker, Misty Dietz. She told me that my middle daughter was admitted to the psychiatric ward of the hospital because she claimed that she'd seen her father. She refused to tell me where my daughter was being kept and she even lied to me about what city she was in. While I believed my daughter very well may have seen her father because I'd seen him the night before, I couldn't tell her this for fear of losing my children. She'd continue with the allegation that it was more of a way for me to "trauma bond" with my children.

My daughter was released from the hospital almost unable to function from the medication that she had been put on. She went in for "delusions" and came out on Ritalin. That makes absolutely no sense to me. My oldest daughter was medicated too at one point in the case because she wouldn't keep silent about something she'd seen in the home that the foster parent, Chalanda King, wanted to lie about. My oldest daughter on her own would cheek her medication and spit it out when she got outside or in the bathroom. She says that she may have killed a bird or two with it.

The medication thing for me took a second look, as I figured on my own that my middle daughter likely had ADHD, because she is a lot like me as a child. It wasn't until I got my children home after the murder of my baby who was 3½ years old that I got to meet the prescribing child psychologist. His name is Dr. Bishara. When I told him that my child had likely seen or heard her father, because I had in fact seen him the night before she had, he said that some children in foster care do not need medication at all, but are given it anyway at the behest of the foster parent(s) and/or the CPS/DFPS social workers to make the children more compliant, because it's hard on children to be removed from home and placed somewhere else. He started to look at me a bit odd and I told him about the afternoon when my husband was standing in my dark bedroom watching me sleep, I believe Raymond Medrano's intent was to ensure that I freaked out before my psychiatric exam for CPS, with this Dr. Bishara told me that my middle daughter was on the lowest dose of medication possible and that it could be reviewed and discontinued at a later time. My child does not require medication as she brings home AB Honor Roll steadily without it since she's been back in my home.

Also during this case I was made to go to my VA Psychiatrist again and ask her to prescribe medication for me that I did not need. She did not want to, and I had to beg her. I was told that if I did not, that I would never see my children again. For myself the collateral damage for me is that anytime anyone sees or hears about my history and knows about the removal of my children they automatically treat me like I'm mentally unstable and unable to grasp reality—like I'm stupid and unable to control my own mental and physical responses to things.

So all of this has made living life the way that America was born for, nearly impossible. I feel like my home has to be locked up like a vault. I live under 24 hour surveillance. All of my doors are biometric, and my windows don't open. I have trackers on my children and I often feel like I should do serious background checks on my children's friends' parents to make sure they are in no way associated with my ex-husband.

My children, now 13 and 11, aren't free to be and to experience life as they should. We worry if my ex husband is going to find us. We know that if he does, he will once again weaponize CPS/DFPS to have my children torn from me, and our lives will be utterly destroyed. I know that with two removals in our past CPS/DFPS does not need a reason to remove my children from me, they will simply sight both removals as a justification for removing them again. My children can not have rough days in public, for running the risk of someone calling CPS on us again, and if that happens, CPS will notify my ex-husband for sure of our location.

It's a vicious cycle for us. He has sworn to kidnap my middle child and to kill me so that there is no chance for me to recover my children. And due to all of this I have chosen to invoke my Second Amendment rights and to educate my children on the same. I shouldn't have to do any of this, but the reality of it is that I really do have to go to these lengths. I have not had a single call on me since this case closed in December of 2020. I left Texas to be free of the ongoing break-ins still happening even after I moved to 4 different residences around Killeen.

There is one more thing about this second case that has ruined and deprived my family of life, and that was that without the Social Worker Misty Dietz action, my youngest daughter Rayvyn would still be alive. I'll explain.

I mentioned the little comment that Misty made to me in the courthouse about her transferring to Bell County just for my case. Well, after the incident where my husband was standing in my bedroom watching me nap and my psychiatric exam for CPS 2 days after that, I spoke with Misty Dietz on the phone. I told her what the psychiatric evaluation results were and what the doctor told me and that he cleared me to raise my children. At the end of that conversation she told me, "If you'd told me that you saw your husband, I'd have believed you." My husband had been breaking into my home and stalking me for months and months. And I know if I'd have said anything about it, it would have gone into the court records as me being delusional, and the social worker was always avid in court about my husband being in California, and here she tells me that she knew that he's been near me in Texas.

I also came to discover that Misty Dietz was also sleeping with my husband. The giveaways were that she continually told me about the hours they spent on the phone together and when my two older girls told me that they heard Misty Dietz on the phone with my husband telling him that she loved him. See, Rayvyn wasn't doing well in foster care. She was coming up bruised and losing weight and I feared that she was going to die if I didn't get her home soon. When I raised these concerns to Misty Dietz, with pictures for proof, she told me that if I didn't stop complaining about the condition of my child, I'd lose all three of them for good, and she'd be sure that my children would be lost in the foster care system.

I told you that this case was a mental health case and that I did the exam and their psychiatrist cleared me to raise my own children. So with this being the case the evidence being the doctors recommendation, should have appeared at the next court hearing, but it didn't. Misty Dietz even said that she'd seen the results, and no action was taken to return my children to me. My exam was done in September of 2019, and for those results to get to the courtroom to be on the record, the Judge had to order Misty Dietz to turn them over with a threat of contempt if she didn't. The results of the exam were not seen by the Judge until March 2020. At which time, he changed the visitation parameters to allow me more time with my children. I believe that Misty Dietz saw and chose to withhold the results of my exam and kept my child in harm's way because of the intimate relationship that she was having with my husband at the time and not wanting to anger him.

So now I have to ask, what is the funding for CPS/DFPS going for? In my case it seems to be going to pay for investigators to unlawfully try and gain possession of children and to shut out dependable and stable parents for no reason other than their own immorality. The use of CPS/DFPS was not to protect my children but to search me out in an attempt to destroy my family, to be a weapon. In both of my cases the main CPS/DFPS workers that were instrumental in getting this nightmare started and keeping it going, both of which, again, happened to be sleeping with my husband. I don't believe this was a coincidence in either case.

You know, didn't realize that CPS/DFPS was a matchmaking service, and you could escape all their chaos if you happen to be the client they are sleeping with. I no longer trust any social workers of any kind, in any field, for any reason.

Misty Dietz withheld evidence, I believe, not only to appease my ex-husband, but because of the way Texas Laws are written. And I may be mistaken, but what Misty Dietz told me while she taunted me over the phone was that if my children were not back in the home with me by the end of the fiscal year, from the opening of the case, that I would have no chance to have my children returned to me at all, no matter what the circumstances. So it is that I believe that once she knew that she couldn't win with the evidence she had, she only had to hold out until the clock ran out so that my children wouldn't be returned to me and this ideology cost my baby her life.

CPS/DFPS funded people in their jobs who broke the laws and perjured themselves. This entity has cheated me out of time with my children and killed my youngest child. CPS/DFPS has aided, through their agents, break-ins and violated my every right as a human being that is guaranteed to me in the Constitution. Texas DFPS even tried to tell me that I was not allowed to possess a firearm to protect my home and my own life, and now I know that it was because they were trying to protect themselves while they were tormenting me.

CPS protected my children's abusers and did not move to punish the actual threats to my children. My children were not treated badly one day in their lives nearly as bad as the treatment they received on a regular day in foster care. And what has me utterly baffled is that it is illegal to profit off of any crimes that one committed, and yet here are all of the people that are harming children, unlawfully gathering evidence, lying on people, breaking HIPAA laws, forcing medication, threatening people, and destroying lives and homes, and yet they are still being funded for doing these things and for whatever conspiracy they can come up with.

Misty Dietz knew that crimes were being perpetrated against me and never said a word, even as an Officer of the Court. It's like they get a free pass to step outside the law on their own and they still get paid for it, this is profiting from your crimes, yes? There is absolutely nothing fair or just about CPS/DFPS. It's not even about the children anymore.

I wanted to have a large family, but with no husband that wasn't necessary and I thought about adoption, as I am a stay at home mom already. My fear is that I worry that what happened to me in my nightmare cases, someone may have done to the mother of the child I wanted to adopt.

CPS/DFPS has done me no good whatever, it's been absolutely hellacious! The only purpose and function they have that functions 100% of the time, is destroying families, and by doing so, destroying America as a whole from the inside out. I know back then, in California, cases if you beat CPS and you're not financially stable, they pay your rent for a while. And were even at one point on occasion giving cars to people to put their children on the line. This was also another excuse that my ex-husband gave me for why he did what he did.

At the end of the California case, I asked about these door prizes and they told me that I didn't qualify because I was already financially set. These things also need to be looked into. Another major impact that all this has had on my middle child is that in spite of her being proficient in school, some teachers see in her school records that she was once medicated and they want me to go back and medicate her to make their jobs easier.

To be very honest, both of my children need a lot of therapy, but neither of them will go and get the help they need, because they don't trust any therapists just because of the trauma they suffered. When I have tried to make them go, they simply avoid talking about the things that bother them.

I fear they may never be able to work through their trauma and the death of their baby sister because of it.

LETTER SUBMITTED BY BRANDI MIRAKHORI

June 4, 2024

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510–6200

The Family First Prevention Act Hearing

My experience with the Dallas, Texas Family District Court has been an act of torture. Many corrupted officials and civil rights violations have been thrust upon me as a parent and upon my child. All of us in the family have been negatively impacted and struggle on a day to day basis. The systems that are currently in place in the family courts are highly corrupt and need major reform now.

I am sending this statement to reform the system for the betterment of families. I am requesting for The Family First Prevention Services Act to be passed.

With highest regards,

Brandi Mirakhori

LETTER SUBMITTED BY LILI NATALE
Bethpage, NY

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510–6200

To Whom It May Concern:

On July 1, 2022, Michael Joseph Natale was born. His Mother, Jessalyn Natale, named her firstborn after her father and his maternal grandfather, who had suddenly passed away in January 2017. His birth was the most beautiful and precious gift to a loving, wonderful family that had prepared for his arrival in all possible ways. Dr. Garry, the OB-GYN, had a new innovative program for mothers on methadone to keep them safe and to prepare for the safe delivery of their pride and joy; They traveled over an hour and a half each way to go to this specialist—twice a week by the 8th month. After extensive research, they felt very lucky to have found someone like Dr Garry. Michael Joseph was delivered via c-section and came approximately 2 weeks early but was healthy. Due to the methadone, he did go on a very low dose of morphine for 48 hours, but it was removed quickly as he was doing very well.

The ex-boyfriend of the mom, also known as the abusive, narcissistic drug dealer, tried to get into the hospital to see the baby but was denied entry due to the mother and grandmother's orders of protection, respectively ordered against him. He is considered dangerously abusive. He started out calling the hospital and threatening the staff to allow him in, and when he was refused, he called up CPS in Nassau County to make a vindictive report about the mother doing drugs. He then sent threatening texts to the grandmother, showing pictures of the CPS building and telling her that she would never have that grandchild because he would see to it that **"the baby would go to foster care."**

The next day, CPS called the grandmother to say that they had been trying to visit the home in Nassau County and that no one was answering the door. She explained that no one was there because her daughter had just delivered a baby and that she was staying with her at the hospital. They asked the grandmother when she would be home. She answered that she did not know. They got furious and told her that she must speak to them. They warned that there were serious allegations made against the new mother. The grandmother hung up the phone and was quite annoyed.

Within a couple of hours, they would call again, saying that they received multiple calls about the mother who delivered the baby, claiming that she was a drug addict and used methadone. They claimed they received three complaints but could not divulge the sources. Again, they called the Grandmother, asking when she would be home, and the grandmother replied that she was staying with her daughter and the new baby at Stony Brook University Hospital. A few hours later, a Suffolk County CPS worker visited the hospital and told the mother and grandmother they had also received allegations about the mother taking methadone for her drug use. They also said that the umbilical cord tested positive for fentanyl and methadone. The CPS worker also noted that the **mother** received anesthesia during the c-section and that fentanyl was in the anesthesia. The mother was prescribed the Methadone.

Meanwhile, in the NICU, they still had not put Michael's name on his bassinet; they seemed confused about his name. The name that some workers in the hospital and CPS would refer to the baby as Luka? That name, Luka, still appears on the document from NYC ACS with its allegations of abuse. (The Abusive X had given him this name and when he called in the allegation, he used that name.)

The new **mother,** who had just had a baby boy delivered by c-section, was treated as a criminal, and that was a crime that had been committed. The nurses and staff all contributed to this. The mother had blood clotting issues in her legs. Yet, there was more concern for ACS–CPS, and the allegations of abuse against (Luka) com-

mitted by his mother for fentanyl, which was administered by the anesthesiologist. No one has ever, even to this day, even looked at the medical records which substantiated this.

The mother left the hospital against medical advice, and the grandmother agreed with her on this decision the second day following delivery. They had moved baby Michael to the nursery unit, and his mother stayed in a chair with him. It was a storage area next to the nursery, and that is where the baby remained for approximately 2 weeks until they managed to get a restraining order against the mother by Judge Monica Shulman, who, to this day, is still the judge.

The Grandmother moved out to a hotel on the university hospital campus by night because they did not allow her to stay there. They allowed the mother to remain in the chair, and she did so she could take care of her baby. She had started to pump, but that was not fully supported by the Hospital staff since the child services involvement. ACS–CPS had already begun proceedings (of which we were totally unaware). It was the July 4th weekend of 2022, and the phone was blowing up with calls from Nassau County, who kept trying to get the grandmother to come to the house because they had to make a home visit.

At that time, the grandmother spoke to the head supervisor at Nassau County, who yelled at her and told her that she had to go home to let the caseworker in the home. She argued and said she was not leaving her daughter or her grandson, who was still in the hospital. It was then that the grandmother remembered experiencing an anxious feeling that CPS was in charge of him and that he was not going home with the mother. In fact, the hospital even put him back on morphine after taking him totally off just a few days before. The mother was arguing with the nurses about that, as he was not stressed, and the NICU nurses had already confirmed how well he was doing.

On July 4th, the head supervisor from Nassau County CPS called the grandmother and said the caseworker still could not find anyone at the home. The grandmother replied that she was still determining if she would go to her home in Nassau County or her beach house in Queens in Breezy Point. The supervisor exploded and said, "What do you mean?" The grandmother explained that she had two homes and that they might be going to the beach house or the home in Beth page, Nassau County. He acted as if she were trying to give him a hard time on purpose and being difficult. He screamed at her, saying, "You have to pick one—pick one." She was trying to explain that she frequents both homes. She eventually acquiesced to his demands and said "Breezy Point." Then he said, "When are you going there? She said, "I don't know, when they let the baby leave." The Baby had already been cleared to go home for a few days. He yelled that she had to go to her beach house and meet the caseworker from Queens because now it was in the hands of NYC–ACS.

At the time, the grandmother never considered her daughter's future and her grandson and the family had been heavily compromised. It was devastating. The mother researched and found a lawyer to represent her, and he basically advised her to do everything ACS says because they hold power and can do whatever they want. Laws that apply only in regular courts do not apply here as they have no rights.

ACS would then tell them they had to go to a safety meeting, so the mother, grandmother, and about eight ACS workers had a safety meeting on July 13th in Jamaica at the ACS agency. Again, they asked the lawyer for guidance, but he only reiterated that they must go and just do what they say. They arrived and brought their orders of protection against the drug-dealing, abusive, dangerous, narcissistic exboyfriend. They thought this was all a misunderstanding and had it all wrong. They also brought notes and copies of texts and pictures that would show the individual that clearly was the cause of all of this nightmare.

ACS told them to put the papers away and that it was not necessary. There were eight of them from ACS. Two of the eight were CASA workers and were not present but on the phone. The meeting went on for 4 hours. They were told to shut their phones off and put them away. The grandmother wanted to tape the meeting, but they told her it could not be allowed. The grandmother also asked if she could call her other daughter, a first responder, and a physician assistant, and they refused.

The grandmother needed her there because she felt at that moment she was going to have a stroke or a heart attack. She felt like they were in a third-world country and had lost all rights; they did not have any. The grandmother mentioned that she needed to feed the meter at one point, and her daughter, Jessalyn said she would go. At that meeting, the grandmother was 72 years old, so she thanked her daughter for going. ACS negatively commented in their report to the judge that the

daughter abruptly left the meeting for 10–15 minutes and had no idea where she went.

These ACS staffers deliberately lied as they were even showed a parking ticket that the family had gotten. The meeting was held in the ACS building, a large building with elevators, and the car was parked about three city blocks away (there was a ticket on the car).

At the meeting all eight staffers wanted the Mother to go away to an inpatient facility for the long-term. The mother only wanted to be with her baby and said she would go if she could take the baby with her. By the end of the meeting, the mother and grandmother had no idea what happened. ACS said it was 5 p.m., and it was too late to find a place to take the mother and the baby.

The grandmother was a retired teacher of 25 years and had never witnessed or been a part of any meeting such as this. She was shaking when they were dismissed, and the new mother was stressed out.

The Baby would come home a few days later, arriving after midnight at the beach house, and hand delivered to the grandmother by the caseworker. The beach house would be the permanent home from now on according to the judge. The mother would now have an order of protection on behalf of her son and was not allowed to see the baby. She was only allowed to see the baby in Jamaica, Queens, NY, 3 times a week at the ACS agency. That order of protection still remains against the mother to this day. The charge was abuse due to the fentanyl in the umbilical cord even though fentanyl was given to the mother prior to the c-section by the surgical team.

The judge ruled and has never allowed the mother to FaceTime or make phone calls to her son, which remains the rule to this day. Cruel punishment. The judge never cared about the bond that was supposed to trump all relationships, such as the mother-baby bond. The Mother and Baby were never allowed to bond. The judge and the Court appointed baby's attorney never supported mother-baby bonding. Sara Reisberg, the baby's attorney, an attorney *ad litem* hired by the court, has never ever met the Baby, nor has this attorney even come to see where the baby resides.

The mother finally dismissed her first attorney, Jason Barbara, in August of 2023. He never even filed one motion and only repeated his instructions to her to do whatever they told her. The mother had completed a year treatment plan at Confide outpatient treatment in Rockville Center, NY, in September of 2023, where she had group meetings once a week and weekly sessions with her counselor. In addition, she was also enrolled in an outpatient methadone clinic at Elmhurst Hospital, where she had counseling once a week and daily visits to receive her methadone. She also took a parenting course and an 8-week program, the Strong Mothers Program, and she worked around that schedule at the family businesses she had been running before giving birth.

She met with her baby at the agency 3 times a week for supervised visits only in Jamaica, Queens, NY. She was being drug tested at her outpatient treatment center, Confide, Elmhurst Hospital methadone clinic, and by ACS in Jamaica, Queens at a lab ACS had a contract with. She was drug screened at three different places each week randomly and observed. According to ACS, the lab that ACS contracted with showed discrepancies two times with the other two testing facilities. ACS then had the lab monitor her by having her test weekly with the door wide open. Mind you, this was an urgent care facility, so anyone and everyone in the facility could see.

Finally, on April 18, 2023, a meeting was called with the case worker, Michelle Forrester, her supervisor, Ms. Johnson, two CASA workers, the new case worker, Duke Louis, and the mothers' counselors from their respective clinics. They all agreed, even congratulating the mom on a job well done, that the mother and baby could have visits at the grandmother's home and could suspend agency meetings. Of course, within hours, the baby's attorney told the mother's attorney he better control his client because the Judge, Monica Shulman and ACS attorney disagreed.

At the end of May, the new case worker, Duke Louis, approximately a month later, granted the mother the right to visit her baby using the grandmother as a resource. The baby and the mother were thriving. It was wonderful to see them finally being able to be with each other in natural settings. The mother was finally enjoying being a mother and the baby was loving it. Unfortunately, this would not last long because the case worker would soon be replaced by a new case worker, Jennifer Alexander.

Two months later, in August, Miss Alexander announced to the family that they would go back to agency visits, but now, due to the caseworker's busy schedule, the visits with mom and baby would be only once a week for an hour and a half. These visits are suppose to consider the mothers schedule when the child is under 2. The visits are suppose to be more than once a week. Both the mother and the grandmother complained about this but it fell on deaf ears.

At this point, lawyer number 2 was hired, Michael Disciorras and at the beginning, the family thought things would change. The mother was prohibited from spending any holidays with her son, so no Halloween, Thanksgiving, Christmas, or Easter—no nothing.

The agency's visits were complex; they would provide a room with a conference table and six chairs with no room . . . to do anything except sit at the table. There were wires exposed in the room, broken, dirty Venetian blinds, and the room was stuffy and warm. A toddler was expected to visit with his Mother at a table. They had a children's room, but the family had always asked about it and were told they needed to reserve it. Then they would ask to reserve it and then they were told that it was already reserved even though it wasn't in use.

The caseworker finally started letting them utilize the children's room for the visits but was giving them a hard time. If you have ever experienced going to visit a child at an CPS agency, it leaves a lot to be desired. The caseworker sits there watching, listening to your every word, and getting involved in the parent/child time. It is stressful. The grandmother felt strongly that Miss Jennifer was disrespectful. The grandmother had been taking her grandson to visits at the agency three times weekly since July of 2022. It is not the safest neighborhood to be walking in and the stench of weed permeates every corner, blowing in the breeze.

The agency has many unhappy visitors, other mothers threatening to call the police on the workers. One never feels safe but always on guard. One of the ACS caseworkers had been arrested for exposing himself to the mother of one of his cases in her home. The news had reported that he was removed from duty without pay. But that was not true as the mother and grandmother and baby saw him every time at the agency where he sat when visitors entered. He would speak to them and get up when they walked in, making them uncomfortable and sick to their stomach. They told their lawyer about this case worker, and he said they could do what they wanted.

Following Christmas of 2023, nothing was changing as far as visits. The mother was profoundly depressed and was doing her best to try and keep it all together. The entire family was depressed. Christmas, which should be filled with happiness, was complicated. At the same time they were experiencing this, the sisters' husband was starting to lose his fight with cancer.

While he filed motions, the attorney said nothing was changing. Around this same period of time, the mother began to experience the feeling that she was being followed and then changed her phone number for fear that she had been hacked. She made various reports to the police and thought it was possibly her ex and made them aware of it.

The new mother had been living with her sister and husband and had moved out on October 23rd because trace amounts of fentanyl had shown up on the ACS lab test. There were no metabolites, which would have indicated use if there were any. Still, it was environmental exposure, possibly due to the brother-in-law since he was prescribed patches of fentanyl. The attorney suggested she move out, so she got an apartment near work and lived there. The other hired a forensic toxicologist to analyze and report that the fact that there were no metabolytes found in the drug test meant that it was exposure from environment not use.

Judge Shulmlan did not seem interested and the attorney *ad litem,* Ms. Reisberg commented, "Where did they get him from?" Despite his national credentials, as being a top toxicologist, the Judge asked the mothers' attorney if he would be available to make an appearance in court in the future? He answered that he would.

The whole family was not only displaced, but now they had many wars they were all fighting. The grandmother basically stopped eating and sleeping through the night. She has developed PTSD, anxiety, and depression. The Mother is very depressed with PTSD and has had a history of many years of panic attacks. ACS wanted her to go to yet another outpatient program (one they work with), and so on February 8, 2024, she did just that but also took her baby son with her to the counselor at Arms Acres in Jamaica, Queens, NY. The counselor knew she wasn't

allowed to have the baby and called her caseworker, Jennifer Alexander, and reported her.

On February 8th, the grandmother was not at home and had driven to her other home on Long Island to help out with her son-in-law. She had left her grandson in the care of an old friend at her home in Breezy Point and did not even know that mom had taken the baby out. The grandmother never told her friend that her daughter couldn't be with her son. The grandmother would soon find out what had happened, but not for a few days, and it would prove to be the worst that could happen.

On February 9th, Jennifer Alexander came to the grandmother's home unannounced, and the grandmother met her at the door holding her grandson. Jennifer asked If she could come in but was told by the grandmother that she was busy moving the Christmas tree decorations, toys, etc., and it was not a good time. The grandmother explained that she couldn't even walk through a room and had no time lately to finish it. The grandmother had just been sick for a few weeks and really needed to get the house back in order. Jennifer Alexander asked the grandmother if she knew where her daughter was because she wasn't answering the phone. The grandmother told her she had been having a problem with her phone, which might have been compromised.

Miss Alexander kept asking the grandmother if she had seen her daughter, and the grandmother only answered that she had not seen her but only spoke a few days back due to her phone issues. On February 10, 2024, Jennifer Alexander came to the house again, and the grandmother met her at the door holding the baby. Miss Alexander brought another case worker and demanded to be let in the house. The grandmother let them both in, and they wanted to see every room and closet in the house. Miss Alexander kept asking the grandmother about the baby's mother and said they had received calls that the baby was seen with the mother in the car. The grandmother only noted that the baby's mother had not been with the baby. Miss Alexander did not believe the grandmother. And reminded her that the baby has an order of protection against the mother and accused the grandmother of possibly violating the order.

The Grandmother would come to find out from her daughter that she visited the counselor with the baby when she was out on February 8th. Why did she choose to do this? As of this writing, one can only speculate that she possibly snapped and had a lack of judgment brought on by severe depression, PTSD, and paranoia.

On February 14, 2024, the mother received a call from her Attorney saying that ACS would be removing the baby and he was going into foster care. The grandmother's phone had accidentally broken the night before when she fell on an ice patch during the snow storm so she and the baby went to stay at her home on Long Island. She did not feel comfortable without a phone and could have access to her daughters' Tami phone if she needed. The case worker, Jennifer Alexander lied and told the judge that the grandmother and aunt were allowing the baby to be around the mother and therefore had violated the court order. Miss Alexander said they could not be trusted. Miss Alexander along with another Case worker from NYC–ACS came on Valentines day to Long Island along with two CPS workers from Nassau County, and two police officers from Nassau County and removed the baby.

It was quite the show and nothing has been the same since. It took 2 weeks to see him after they removed him. Those 2 weeks were the longest. The mother, grandmother, and aunt currently see him once a week for 2 hours. They travel independently 2 hours to visit him in Harlem, NYC. According to the foster care rules, they are supposed to schedule visits around the family and their work schedules, but they give the family their time with baby on Tuesdays from 3 to 5 because that is the only time the case worker can provide them.

On March 5th, the mother's sister, Tami, buried her husband, Dr. James Chaloupka. The funeral was on a Tuesday, and the mother and grandmother left the funeral early to go visit the baby at the foster agency. (There are no make-ups if you miss an appointment at the Foster Agency.) The ex-boyfriend, drug dealer, a narcissistic abusive creep, has now begun visiting the baby at the foster agency. How does this happen? He is not on the birth certificate; the mother was not told or asked about it. He posts pictures of the baby on Facebook but does not have permission to do so. He has called ACS and reported the mother and grandmother on additional allegations. As of this writing, there have been two additional allegations against the mother and grandmother while the baby is in foster care. Someone has

also hacked into the grandmothers's Facebook account just yesterday and posted negatively about CPS.

During the baby's time in foster care, he has had a diaper rash that has lasted for 7 weeks. The mother, grandmother, and aunt have reported this concern to the agency during their weekly visits. The baby had two bruises on his forehead. The foster mother said he had a temper tantrum (he never had one before) and was hitting his head on the floor. The foster Mother took a video during the event. The family has requested to see the video and all medical documentation but has not seen or heard anything regarding their request as of this week.

The foster care agency is located in Harlem, NYC, approximately a 2-hour car ride from Long Island, where the family lives. The agency schedules weekly visits on Tuesdays from 3 to 5 p.m. The schedule is based on when the case worker has the time to fit the visit in, not the child's family. The visit is canceled unless you confirm the appointment the day before. This is not written anywhere in the agency's rules, but the family learned the hard way when they didn't confirm the day before, and the visit was canceled.

The Grandmother is currently 74 years old and is suffering from severe depression, anxiety, and PTSD, all related to ACS and their corrupt ways. She reports that "They lie all the time." The grandmother, a retired, respected teacher of 25 years plus, has described the removal of her grandson as a tremendous aching hole in the middle of her stomach, more like the sudden death of her late beloved husband, Michael Natale, a former member of the Army Reserve, a New York businessman (Natale Monuments of Woodside, NY, in business since 1929 started by Michael's father, Joseph Natale) and had many accomplishments. Many remember him as the most honest and welcoming man they have had the pleasure of knowing.

The mother, Jessalyn Natale, 39 years old, a former college graduate and accomplished musician, managed the family business until she delivered a baby and met ACS, who would then use her past substance abuse disorder and current treatment of that disorder as a cruel tactic to deny a mother the natural instinct to be a mother to the baby boy she gave birth to.

ACS made her past substance Abuse issues first and foremost and denied her the natural right to be a mother. She is now suffering from severe depression, PTSD, severe anxiety, and panic disorder. Her past relationship with her abuser had already left her with battered woman syndrome, and she is having a very difficult time.

Aunt Tami Natale, a first responder and licensed physician assistant at Good Samaritan Hospital New York, also worked for the city of New York as a medical investigator for the Medical Examiner office during 9/11. Her bond with her nephew has always been strong. So much so that immediately, the Aunt hired her own attorney, and filed a motion to get the baby back on February 14, 2024, the day they removed him from the grandmother. The court is scheduled to hear the motion on July 22, 2024, 5 months after they removed him from the family.

The uncle, Dr. James Chaloupka, medical director of Alphabet Health at Cornell University passed on March 5, 2024, who lovingly called his nephew "little man," was devastated when they removed him from the family on Valentine's Day of 2024. The family has spent at least $50,000 or more on attorneys who do nothing except say "Do whatever ACS says."

This child was denied the natural bonding with his mother and then removed unlawfully from his loving family.

It is hard to believe, this is the United States of America.

Lili Natale

NATIONAL ASSOCIATION OF COUNSEL FOR CHILDREN
899 North Logan Street, Suite 208
Denver, CO 80203
888–828–6222
https://naccchildlaw.org/

June 4, 2024

Re: May 22, 2024 Hearing on "The Family First Prevention Services Act: Successes, Roadblocks and Opportunities for Improvement"

Dear Committee Members:

The National Association of Counsel for Children (NACC) respectfully submits this statement for the record following the May 22, 2024 hearing on the Family First Prevention Services Act (FFPSA). NACC represents a national membership community of attorneys who practice in child welfare courts, advocating on behalf of children, parents, kin, and agencies. Over the last 6 years, these practitioners have had a front row seat to state efforts to implement FFPSA; many have also served as collaborators in their jurisdiction's implementation committees and task forces.

NACC appreciates the Family First Act's bipartisan focus on addressing the unnecessary institutionalization of youth in residential treatment facilities.[1] As Senator Wyden affirmed in his opening statement, "[w]arehousing kids instead of helping set them up for success is lazy policy, and leads to worse outcomes for kids." This is why Senator Crapo is wholly correct that Congress must "continue to build on [. . .] bipartisan work" and ensure "high-quality, trauma-informed treatment."

FFPSA's establishment of the Qualified Residential Treatment Program (QRTP) classification was an important first step towards this goal. The Act seeks to bring transparency and scrutiny to these placements vis-à-vis court review at the time of initial placement in a QRTP and on an ongoing basis thereafter. The law requires evidence and the opportunity for due process at each of these junctures to ensure QRTP decisions are meaningful, not perfunctory. However, these safeguards are hollow unless parents and youth have the assistance of an attorney to navigate the judicial process. Foster youth are especially vulnerable in states that do not guarantee them legal representation.[2] ***To overcome this roadblock to FFPSA implementation, Congress must pass federal law requiring legal representation for every youth and parent in foster care.*** This proposal enjoys bipartisan support, is backed by a strong body of research, is already funded by the federal government, and will help mitigate the harms of unnecessary institutional placement.

Bipartisan Support—the longstanding need for legal counsel in foster care court proceedings has been championed by leaders from both parties.

- Under former President Trump, the Department of Health and Human Services changed long-standing administrative policy[3] to open federal funding for children's and parent's attorneys and released important guidance[4] to the field to support implementation. Executive Order 13930[5] further affirmed the former administration's commitment to this issue.
- Under President Biden, HHS has continued to promote this initiative, citing it as a strategic priority.[6] As Commissioner Jones Gaston testified at the recent hearing, HHS recently finalized a regulation[7] that permanently codifies this funding for legal counsel.
- Similarly, in Congress, leaders from both parties have come together on this issue. In June 2021, the Senate HELP Committee unanimously voted in favor[8] of a proposal that would have embedded this mandate in law. The proposal had broad national support from across the country[9] as well.

Backed by Research—research shows that legal representation for children and parents helps child welfare state agencies meet their mandate.

- A 2021 study from Washington State[10] found that, compared to children without attorneys, children receiving standards-based legal representation were 45%

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[1] NACC's Policy Framework *(https://naccchildlaw.org/wp-content/uploads/2023/09/NACC-Policy-Framework-Final.pdf)*, which was shaped by our staff, Board, member community and lived experience Advisory Council *(https://naccchildlaw.org/national-advisory-council-on-childrens-legal-representation/)*, explicitly calls to avoid such placements.

[2] Thirteen states currently do not guarantee legal representation for all children in foster care: Alaska, Florida, Hawaii, Idaho, Illinois, Indiana, Maine, Minnesota, New Hampshire, North Dakota, South Carolina, Texas, and Washington.

[3] *https://www.acf.hhs.gov/sites/default/files/documents/cb/im2106.pdf.*

[4] *https://www.acf.hhs.gov/sites/default/files/documents/cb/technical_bulletin_faq_legal_representation.pdf.*

[5] *https://www.govinfo.gov/content/pkg/DCPD-202000472/pdf/DCPD-202000472.pdf.*

[6] *https://www.youtube.com/supported_browsers?next_url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3Dlj3tw_hsENg.*

[7] *https://www.federalregister.gov/documents/2024/05/10/2024-09663/foster-care-legal-representation.*

[8] *https://www.congress.gov/bill/117th-congress/senate-bill/1927.*

[9] *https://counselforkids.org/wp-content/uploads/2023/09/1.23.22-CAPTA-Legal-Rep.-Org.-Sign-on-Letter-2.pdf.*

[10] *https://www.courts.wa.gov/subsite/wsccr/docs/DCLR%20Report%202021.pdf.*

more likely to reunify, 30% less likely to change foster homes, and 65% less likely to experience unnecessary school moves. These results did not expand state costs (in fact, they may have yielded fiscal savings). This is just one of many studies [11] confirming the impressive impact of counsel for kids.
- When children achieve permanency more swiftly, they are less likely to have unnecessary, protracted stays in institutional environments. Safe reduction of a state's overall foster care population also alleviates pressure to utilize these facilities as "last resort" placements.

Funding in Place—Prior concern this reform would constitute an "unfunded mandate" is now mitigated, thanks to a recently opened Title IV–E funding stream, as well as other federal resources.

- As noted above, the U.S. Children's Bureau has granted matching funds for parent and child legal representation since 2019. The most recent available public data [12] shows that at least 26 states and 3 tribes are utilizing this opportunity (see column AG). Others have readily followed suit;[13] NACC anticipates that the next federal report will show at least 75% utilization cross states.
- In addition to Title IV–E, other federal funding streams support child welfare legal representation across the country. These include Social Services Block Grants, State Opioid Response Grants, the Victims of Crime Act, and more.[14]

Attorney Oversight of Institutional Placements—When a youth is placed in an institutional care setting, their attorney may be the only person they can rely on to report concerns, file grievances, or elevate issues to a judge's attention. Counsel for kids routinely:

- Investigate these facilities prior to placement, verifying what services are (or are not) offered, staff credentials, accreditation history, regulatory infractions, local law enforcement utilization, and more.
- Ensure fidelity to the Family First Act's court oversight requirements—including court hearings to challenge placement in RTCs when recommended over the objection of a child or their parent.
- Monitor and challenge the overutilization of psychotropic medication and other chemical and physical restraints.
- File motions or other legal tools to terminate institutional placement when conditions are unsafe, unsanitary, or contrary to a youth's best interest.

Legal counsel are necessary partners for achieving FFPSA's goals. NACC urges the Committee to prioritize this reform in any future amendments. We invite you to review our Policymaker's Guide to Counsel for Kids [15] and welcome the opportunity to talk more about this important issue. Please feel free to reach out to me using the contact information below.

Sincerely,

Allison Green, JD, CWLS
Legal Director

NATIONAL ASSOCIATION OF COUNTIES
660 North Capitol Street, NW
Washington, DC 20001
202–393–6226
https://www.naco.org/

Dear Chairman Wyden and Ranking Member Crapo,

On behalf of the National Association of Counties (NACo), the only organization representing the nation's 3,069 counties, parishes, and boroughs, I write to thank you for the opportunity to submit comments on implementation of the Family First Prevention Services Act (FFPSA).

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[11] *https://counselforkids.org/wp-content/uploads/2023/02/Counsel-for-Kids-Resources.pdf.*
[12] *https://www.acf.hhs.gov/cb/report/report/programs-expenditure-caseload-data-2021.*
[13] *https://nacchildlaw.org/wp-content/uploads/2023/03/States-Progress-Drawing-IV-E-funds-3-8-23.pdf.*
[14] *https://legalaidresources.org/wp-content/uploads/2021/05/funding-by-issue-cheat-sheet.pdf.*
[15] *https://counselforkids.org/wp-content/uploads/2023/04/C4K-PolicyPaper-FINAL-DIGITAL-2.pdf.*

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

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

In nine states, county governments are responsible for administering the child welfare system: California, Colorado, Minnesota, New York, North Carolina, North Dakota, Ohio, Pennsylvania, and Virginia. These states generally offer significant authority and much-needed flexibility to county child welfare agencies, and counties are in turn responsible for contributing towards the non-federal share required for different federal funding streams. In Nevada and Wisconsin, counties share administration of the child welfare system with the state in a "hybrid" system. Together, the 11 states with a county role in the child welfare system represented 33.8 percent of the population of children served in formal foster care in 2022.[1] However, even when states are the primary entity with jurisdiction over child welfare, counties are important partners on the ground in efforts to prevent child abuse and neglect and reduce the number of children entering the foster care system.

Preventing child abuse and neglect from occurring in the first place is the bedrock for system transformation in child welfare. Not only do investments in primary prevention protect children from maltreatment while preserving families, these programs and services yield savings across child protection, health, juvenile justice, and other systems. The primacy of prevention is increasingly reflected in the policy governing children and family services at the federal, state, and local level. In particular, the Family First Prevention Services Act (FFPSA), authorized in 2018, created a new pathway for Title IV–E funding to reimburse the cost of eligible, evidence-based prevention services targeting families and children at risk of entering or re-entering the foster care system.

While FFPSA is a promising opportunity for sustained federal investment in evidence-based child welfare prevention, structural challenges have limited the law's scope and impact thus far, with ACF estimating that just 18,400 children were served by Title IV–E prevention services programs in FY 2023. In FY 2022, 30 states and Washington, DC had approved FFPSA prevention plans, but just 17 states drew down federal reimbursement totaling $64 million. Of those funds, 41 percent went to Illinois, 22 percent to Kentucky and 12 percent to DC, with the remainder states receiving less than 10 percent of the total.[2]

Prevention Services Reforms

County agencies are committed to reforming FFPSA to generate more meaningful and sustained federal funding for effective prevention services, and we offer the below priorities for the Committee's consideration.

1. **Revisiting the evidentiary standards for Clearinghouse review and well-supported ratings:** States can only receive federal reimbursement for specific prevention programs that, after review by the FFPSA Clearinghouse, meet the criteria for promising, supported, or well-supported practice; at least 50 percent of state expenditures must be on well-supported programs. However, a relatively small share of programs has received ratings that qualify them for reimbursement, in part due to the significant cost associated with collecting and analyzing data using the accepted evaluation methods.

   As of May 2024, the clearinghouse has granted review of just 177 individual models and programs, and of these, approved only 85. Only 19 have been granted the highest rating of "well-supported." Because the clearinghouse is limited to programs focused on parenting, mental health interventions, sub-

[1] U.S. Department of Health and Human Services, Trends in Foster Care & Adoption Statistics, FY 2013–FY 2023, State Dataset.

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

stance abuse treatment, and kinship navigation, it may limit opportunities for states and counties to receive Title IV–E reimbursement for economic and concrete supports. Yet a growing body of research suggests that poverty is a key predictor of child welfare involvement. Households experiencing material hardship are exposed to stressors and instability that can increase the risk for maltreatment and are also more likely to be referred to CPS for neglect allegations, which comprise the majority (60 percent) of substantiated CPS responses nationally. Nearly 85 percent of families investigated by CPS have incomes below 200 percent of the federal poverty line. Lack of existing infrastructure and available providers can further exacerbate the ability of states to opt into well-supported programs. Additionally, while kinship navigator services are included in the Clearinghouse, just five such programs have been approved, only one of which is well-supported, due to state challenges in designing and evaluating programs according to the rigorous clearinghouse standards.

We urge the Committee to revisit the evidentiary standards associated with clearinghouse review and approval and make significant investments in the research base and technical assistance needed to qualify programs for clearinghouse review and approval, with explicit steps to better account for the role that economic and concrete supports play in child welfare prevention and the unique challenges associated with evaluating kinship navigator programs.

2. **Greater technical assistance for defining and establishing candidacy:** Title IV–E prevention services are limited to the children (and/or their caregivers) who are candidates for foster care and identified as being at imminent risk of entering foster care, as well as children in foster care who are pregnant or parenting. While states have flexibility in the decisions and definitions related to who is at "imminent risk" of entering foster care, many have faced difficulties in writing their FFPSA prevention services plans to appropriately balance the statutory requirement to serve families at risk of entry into the foster care system with existing mechanisms for claiming reimbursement and the desire to limit families' formal involvement with the child welfare system when possible. States and counties need greater technical assistance to ensure candidacy definitions allow for the meaningful provision of services to at-risk families without subjecting them to undue surveillance or unwanted interactions with child protection agencies.

3. **Financing reforms:** Many of the approved programs in the clearinghouse are already eligible for Medicaid reimbursement or other federal funding sources, such as the Maternal and Infant Home Visiting Program (MIECHV), Temporary Assistance for Needy Families (TANF) program, Maternal and Child Health Block Grant and others. This may prevent Title IV–E, as the payer of last resort, from reimbursing those services. Non-Title IV–E expenditures do not count toward the 50 percent well-supported requirement, which may further narrow the array of services that states can realistically incorporate into their plans or leverage for new funding. Beyond this financing barrier, some states have faced challenges developing administrative processes to claim reimbursement for services provided for families without formal cases, particularly on a per-child basis.

   The Committee should take action to ensure the FFPSA clearinghouse prioritizes the review and approval of services that are not also eligible for Medicaid reimbursement or other federal funding streams to help agencies diversify available funding streams. HHS should be directed to provide robust technical assistance to state and local agencies around coordinating, blending, and braiding funding streams to maximize Title IV–E and reimbursement and access new financing streams for prevention services. The federal government should also offer technical assistance and funding to technological and administrative barriers to claiming Title IV–E reimbursements.

Congregate Care Requirements

FFPSA's fundamental focus on prevention is rightly paired with incentives for states to reduce the placement of children in non-family foster care settings. However, unintended consequences of the law have weakened federal, state and county efforts to ensure that abused and neglected children are able to access a full continuum of care. When out-of-home care is necessary, kinship placements must be thoroughly explored before a child is placed into non-relative foster care, while group and residential care programs should function as a time-limited placement only considered once community based-services have proven ineffective. This is a principle borne out by research and reflected in statute, and counties are working tirelessly in coopera-

tion with our state and federal partners to ensure it is realized. In fact, over the past 10 years, the child welfare field has seen a 35 percent reduction in youth living in group and institutional placements nationwide, with decreases in nearly every state.[3]

However, many states, including those with county child welfare systems, are warning of critical shortages of licensed foster homes, especially for adolescents in foster care whose needs are primarily related to mental illness, developmental/intellectual disability, or juvenile delinquency. County child welfare agencies across the nation are experiencing extreme challenges in finding appropriate and available treatment placements for high-acuity youth due to a lack of community alternatives, viable treatment homes, and residential placement options. The all too often norm for county child welfare agency staff is to spend days working to find placements for youth with complex needs. At times, the only viable placement options may be hours away or in another state entirely. As a result, youth are overstaying medical necessity in higher levels of care, boarding in emergency rooms and sleeping in child welfare offices and hotels with 24/7 staff supervision because the appropriate interventions are not available. While there is no one solution to respond to the placement needs of these youth, FFPSA explicitly authorized Qualified Residential Treatment Programs (QRTPs) as a new level of non-family foster care for children with assessed needs. QRTPs require licensing, detailed assessments, case planning, minimum staff requirements, trauma-informed care, documentation, judicial determinations, and ongoing review by a Qualified Individual in order for states to be eligible for IV–E reimbursement.

Unfortunately, and contrary to Congressional Intent, the Centers for Medicaid Services (CMS) has signaled that QRTPS with more than 16 beds will likely trigger the Institutions for Mental Diseases (IMD) exclusion, meaning that children in those settings lose Medicaid coverage for their healthcare. The failure of Congress to clarify that QRTPs do not qualify as IMDs has made it exceedingly expensive for providers to meet the QRTP requirements—such as accreditation, minimum staffing levels for clinical and nursing staff, provision of trauma-informed care, and mandated family-based aftercare. IMD concerns have had a chilling effect on QRTP implementation in 18 states and contributed to provider shortages in many others. Congress has acted before to exempt young people and other vulnerable populations from the IMD exclusion, including recent action to remove the limitation on Medicaid federal financial participation for youth who are incarcerated pending disposition of charges. We urge the Committee to pursue a legislative fix explicitly exempting QRTPs from the IMD exclusion to restore the original intent of FFPSA.

Thank you for your consideration, and we look forward to continued opportunities offer the county perspective on this topic. Please direct any follow-up questions to Rachel Mackey, NACo's Legislative Director of Human Services and Education: rmackey@naco.org.

Sincerely,

Matthew Chase,
Executive Director

NATIONAL ASSOCIATION OF COUNTY HUMAN SERVICES ADMINISTRATORS

The National Association of County Human Services Administrators (NACHSA) is an affiliate of the National Association of Counties (NACo). NACHSA supports NACo's human services policies and the policies and positions outlined in their statement for the hearing record. As noted in that testimony, in nine states, county governments are responsible for administering the child welfare system: California, Colorado, Minnesota, New York, North Carolina, North Dakota, Ohio, Pennsylvania, and Virginia. These states generally offer significant authority and much-needed flexibility to county child welfare agencies, and counties are in turn responsible for contributing towards the non-federal share required for different federal funding streams. In Nevada and Wisconsin, counties share administration of the child welfare system with the state in a "hybrid" system.

Together, the 11 states with a county role in the child welfare system represented 33.8 percent of the population of children served in formal foster care in 2022. How-

[3] U.S. Department of Health and Human Services, Trends in Foster Care & Adoption Statistics, FY 2013–FY 2023, State Dataset.

ever, even when states are the primary entity with jurisdiction over child welfare, counties are important partners on the ground in efforts to prevent child maltreatment and neglect and reduce the number of children entering the foster care system.

NACHSA reached out to county directors and county associations in a number states and asked them to highlight some of the challenged they face in implementing the Family First Prevention Services Act (FFPSA) specifically and in their child welfare systems generally. Those responses follow.

California

California's counties have not been able to draw down IV–E prevention services funds because the state is in the middle of transitioning its SACWIS system to the California Automated Response and Engagement System (CWS–CARES). Barring any implementation issues, CARES is not slated to launch until October 1, 2026. Meanwhile, counties continue to have discussions with the California Department of Social Services on the possibility of creating an interim claiming system.

California and its counties were pioneers in adopting reforms to congregate care. Before FFPSA was enacted, California was already implementing Short-Term Residential Therapeutic Programs (STRTP) and the use of non-family foster care settings was already declining. The use of congregate care in California has dropped by 56 percent since 2020 and by 70 percent since 2017. The drop is due to both reforms started before FFPSA, but has been exacerbated by the loss of QRTP providers due to the IMD rule, national worker shortages, higher costs to operate these programs, and greater liability and claims against providers due to accepting higher acuity kids.

California's STRTP model was used as a foundation for FFPSA's Qualified Residential Treatment Program (QRTP). Unfortunately, FFPSA overlaid a number of other requirements on top of STRTP that have made it challenging for California's counties to comply with the law. The requirements have exacerbated the lack of quality placement options, as many facilities have chosen to no longer provide beds to high acuity needs children. All too often, those children have behavioral health needs, a developmental or intellectual disability, or became justice-involved and their families do not have the skills to care for their youth within the home. When that occurs, child welfare becomes the system that is called upon to assist.

Further exacerbating the QRTP issue is the shortage of mental health clinicians in the state. They serve as the Qualified Individual (QI) for purposes of QRTP placements. The shortage of QI's delays the QRTP determinations which results in the loss of IV–E when a QI determination is delayed beyond the federally-required timeline.

NACo, NACHSA and California's counties have supported a change to IV–E to enable periodic virtual visits to foster youth 18 years of age and older who are not residing in the county where their case is held and who are in school or with relatives. The option would only be used if the youth agrees to it and it is clear that the virtual visit is appropriate and meaningful. The flexibility would also be far less costly to the county in terms of travel and staff time, and would allow the caseworker to focus on more than that one case that day.

Minnesota

Minnesota's counties note that given the decrease in the numbers of children eligible for IV–E maintenance support, due to the 1996 AFDC income standards, the overall level of federal support for children in the child welfare system continues to decline. It is exacerbated by the lack of FFPSA prevention funding due to the numerous funding restrictions, many of which are due to the Clearinghouse process. However, given that funding environment, counties continue to serve families and children in need of services and support through county and sometimes state funds.

Counties also face the challenges of measuring and analyzing the degree to which a Clearinghouse approved program is implemented as intended. Monitoring the fidelity of Motivational Interviewing—one of the two services approved in Minnesota—is onerous for the workforce to implement. While the service/practice will be helpful, its implementation will require hiring and/or dedicating additional county staff to maintain and structure the caseloads. The additional costs ultimately comes from county board approved general revenues if the state does not dedicate sufficient funding.

Minnesota's counties also note that they make additional investments in training of FFPSA staff only to have those individuals find other employment, resulting in

turnover of staff who understand the need to preserve the fidelity of the FFPSA prevention service and their consistent and reliable contact in working with the family. While this challenge is not unique to child welfare, turnover in these jobs requires additional time and effort to continue to provide the FFPSA-approved prevention services.

North Carolina

North Carolina's counties report that 22 counties out of 100 have implemented Homebuilders, the first evidence-based prevention program for FFPSA in the state. Staff in five additional counties are currently being trained. One of the barriers to implementation is meeting the fidelity measures of the model to reach all areas of the state. The providers have to live within a 60-mile radius of the family. To address this issue there is now a rate differential built into the model to ensure better coverage of rural communities. The state is uncertain when there will be statewide implementation, given the need to train and staff the provider network.

North Carolina is working on launching a second evidence-based prevention program, Parents as Teachers, but no implementation timeline has been set yet.

Given the Institutions for Mental Diseases barrier to creating Qualified Residential Treatment Programs (QRTP), North Carolina has not implemented them. Consequently, youth end up in hospitals, step-down placements or other inappropriate settings, including social services department offices or facilities out-of-state.

Ohio

In February 2022, the Public Children Services Association of Ohio, representing the 88 county public children services agencies (PCSA) in the state, released a report[1] highlighting the profound placement and treatment crisis for youth with multi-system needs. The study found that 24 percent of youth who entered PCSA custody in 2021 were diverted from juvenile justice (9.3 percent of all cases) or entered primarily due to behavioral health needs (12.1 percent), or developmental/intellectual disabilities (2.4 percent). Notably, 58 percent of those youth diverted from juvenile justice were reported to have no maltreatment or neglect concerns. The study further found that 26 percent of the youth who were diverted from juvenile justice system were accused or convicted of a felony. This represents 2.4 percent of the youth who came into care in 2021, or approximately 300 youth with felony convictions being placed, managed, and funded by the child welfare system. Finally, this study revealed that 6 percent of youth who came into care in 2021 had to spend at least one night at the county PCSA due to no available facilities willing to accept that child's level of care.

The state's Ohio Department of Job and Family Services confirmed this research with its report in October 2022 that showed 503 youth had slept in local PCSAs in SFY 2022, with the majority being between the ages of 11 and 18 years old, and 20.4 percent of those youth (103) had juvenile justice involvement or a direct order of custody from court. When youth must stay at the local PCSA, it is the children services caseworkers—who are neither clinicians nor direct care providers—who provide around-the-clock care and supervision. In some situations, PCSA contracts with law enforcement to provide additional security for the youth and for staff. A multi-department placement workgroup has been meeting since last fall to develop short- and long-term solutions for Ohio's placement and treatment crisis.

Pennsylvania

Similar to other states, Pennsylvania has experienced enormous challenges in finding appropriate services for complex needs children. The County Commissioners Association of Pennsylvania (CCAP) created a work group to look at these cases and to make recommendations on how best to address them. They worked to initially define the "complex cases" population so that they could make recommendations. Their definition is:

> *Minors who are in the custody of the county for whom there is not a level of care sufficient to meet their mental, behavioral, or physical needs. This includes dependent and/or delinquent youth for whom there is not an appropriate level of care available, such as those sleeping in a Children and Youth Services office or hotel. This also includes those for whom a higher level of care is recommended, but for whom that level of care cannot be located, is unavailable, or simply does not exist.*

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[1] *https://www.pcsao.org/wp-content/uploads/2024/03/PCSAOPlacementCrisisReportFeb2022.pdf.*

The CCAP Complex Case Work Group issued a report[2] in February 2024 outlining numerous findings and recommendations for action.

Virginia

Virginia's counties report that there are only three approved clearinghouse services implemented to date. (Functional Family Therapy, Multisystemic Therapy, and Parent-Child Interaction Therapy). The Commonwealth of Virginia has created a website at *https://familyfirstvirginia.com/* which provides an overview of FFPSA initiatives. Shortly after approval, all three were accepted by the state Medicaid program as reimbursable. Consequently, there have been small numbers of children and families who have accessed these programs if they do not qualify for Medicaid or their private insurance does not cover the cost. As with other jurisdictions, there are limited services provided in rural parts of Virginia. Providers have considered offering the services but, as the programs have age limits, after analyzing potential numbers of clients, they were unable to provide the services.

Virginia is implementing Motivational Interviewing (MI) and High Fidelity Wraparound Services in the near future. Local departments of social services may be able to draw down funding if staff are properly trained in MI; however, it will be a challenge to properly document the use of MI for caseworkers.

Virginia suspended the QRTP designation in March 2023. The Commonwealth found that the financial errors associated with documenting QRTP requirements kept pace with federal funding drawn down for the placements. There was a clear administrative plan in place—however, caseworkers struggled with the process, and it placed another burden on an already overwhelmed workforce.

Virginia is now implementing a Kin First culture statewide. However, Kinship Navigator programs are underfunded and do not serve the entire Commonwealth. Only 16 percent of Virginia's children in foster care are placed with kin. The counties note that there is limited funding available to support models to sustain kinship placements, and additional approved clearinghouse models would assist their efforts.

The child welfare workforce is under tremendous strain in Virginia, given an approximate 25 percent vacancy rate statewide. There are limited placements available for children with high acuity needs. To tackle these issues, in 2022 Virginia implemented a statewide initiative called the Safe and Sound Task Force.[3] The Task Force's three phases aim to secure safe placements for displaced youth, expand kinship placements, and implement policy changes to address root causes of gaps and needs in the child welfare system that affect all youth and families.

At any given time, there are approximately 20-25 displaced children housed in local offices and/or hotels in Virginia.

Wisconsin

Wisconsin implemented FFPSA in October 2021. Their QRTP licensing regulations have been implemented and the prevention services plan submitted and approved. The state, however, has yet to claim any IV–E prevention services funding.

In Wisconsin, most residential care centers and some group homes converted to a QRTP. Some residential care centers did not convert to a QRTP due to the IMD restriction. County human service departments in general do not believe that QRTP implementation has improved the quality of residential care—it is the same level of service with a new name. Additionally, residential care providers have significant workforce challenges, resulting in fewer available beds and less capacity to take high acuity needs children.

Wisconsin counties report that the Clearinghouse requirements for prevention services that are well supported by research continues to be a major barrier to claiming prevention service reimbursements. The strict fidelity to the research supported practice model makes it difficult to make services available on a broad scale and meet the needs of families. County directors note that families need services that are flexible and can respond to changing circumstances. Additionally, service providers are hesitant to become certified to deliver new prevention services due to the unpredictability of the prevention service revenue. Service providers also have sig-

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[2] *https://www.pacounties.org/getmedia/d8ee4cf1-7047-49aa-8a64-87a250db48ed/CCAP-Complex-Case-Workgroup-Report.pdf.*

[3] *https://www.dss.virginia.gov/family/fc/safe_and_sound.cgi#:~:text=To%20address%20the%20critical%20problem%20of%20high-acuity%20youth,Commonwealth%27s%20vision%20of%20safe%2C%20stable%2C%20and%20nurturing%20families.*

nificant workforce turnover and limited capacity to train staff in new practice models.

While Wisconsin has embraced the family first approach to child welfare services, the specific federal funding mechanisms in the FFPSA have not worked to date. QRTP implementation has not made a significant difference in the availability or quality of residential care. The requirements for prevention services are so complex that there is a county concern that the state might never be able to claim IV–E prevention funding, absent a change in federal law or guidance.

NATIONAL CHILD ABUSE COALITION

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510–6200

Dear Chairman Wyden, Ranking Member Crapo, and Members of the Senate Committee on Finance:

On behalf of the National Child Abuse Coalition, thank you for the opportunity to submit written testimony to your committee regarding the Family First Prevention Services Act (Family First) enacted in 2018. Our Coalition is composed of 28 national organizations focused on strengthening family-centered and community-based supports to prevent child abuse and neglect and protecting children who have been harmed. Many of our members were involved in advising, helping to pass, and supporting the implementation of Family First, and we applaud you for your commitment to its success.

Family First made a historic shift in federal financing of child welfare services by allowing Title IV–E funding, for the first time, to support time-limited, evidence-based prevention services that prevent removal of children at imminent risk of being placed into foster care. Six years after the passage of law, Family First still holds tremendous promise for preventing unnecessary foster care placements, particularly for children and families experiencing poverty, which research shows is a critical risk factor for child welfare system involvement. Funding these prevention services is especially important because we know that foster care itself is not evidence-based; on the contrary, removal of children from their families, although necessary in serious situations where a child is at risk of harm, is very traumatic for children and parents, and can create permanent harm to the family even if a child is ultimately reunified. While some situations necessitate a foster care response, there is far more the child welfare system can and should be doing to support families in crisis by connecting them to prevention programs and services that prevent unnecessary foster care.

Six years into the law's passage, 42 states, 4 tribes, and the District of Columbia have *received approval* for their Title IV–E Prevention Services 5-year Plan—a sign of significant progress for implementation of the prevention opportunities in Family First. However, according to the Congressional Research Service, in FY 2023 just $183 million of Title IV–E Prevention dollars have been spent out of $12 billion total federal spending on child welfare dollars that year—representing under 2 percent of federal spending on child welfare services. The opportunity of shifting resources to favor prevention services has not yet been realized. Below are three recommendations for improving Title IV–E Prevention Services to maximize the promise of the law, as well as key recommendations for the Title IV–B program, which is complementary to Family First in its ability to expand prevention services further upstream from what is allowable under Title IV–E Prevention Services.

Recommendations for Title IV–E Prevention Services

1. Add domestic violence, economic and concrete support, and peer support navigation to allowable categories of evidence-based programs and services under Title IV–E Prevention Services.

- **Economic & concrete support:** Research has made clear the connections between economic hardship and child welfare system involvement. Nearly 85 percent of families investigated by CPS have incomes below 200 percent of the federal poverty line, and even modest financial supports can reduce involvement with child protective services with concrete support for families to improve outcomes and limit system involvement whenever possible. In Indiana, for exam-

ple, concrete support offered alongside prevention services approved by the Clearinghouse have reduced foster care caseloads by half since 2019, with the greatest impact on families of color. In addition, some programs already in the Clearinghouse, including Homebuilders—approved in March 2020 as a Well-Supported program—include concrete support as a core component of their model, as do some kinship navigator programs. The original *Family Stability and Kinship Care Act* proposal, much of which was incorporated into Family First, included this service category, given the strong evidence for it even in 2016. We recommend that Congress explicitly name concrete and economic support as an allowable category of programs and services to be reviewed by the Clearinghouse.

- **Domestic violence:** Domestic violence services should also be added to allowable uses for Title IV–E Prevention funding. This is critical, because in many instances the parent who has experienced violence against them, most often the mother, is blamed for "allowing" domestic violence in the home, resulting in her children being removed from her care. Through Family First, child welfare agencies should have alternative resources available to ensure that children can remain safely with their non-abusing parent even when they may need to separate from the parent or caregiver who has committed violence against her. In addition, we recommend that abusive partner intervention programs be considered a domestic violence service under this expanded use.
- **Peer support:** Peer support programs offer services and support delivered by individuals who have been through similar experiences such as navigating the child welfare system. They have demonstrated efficacy due to peer supporters' unique ability to build trust with children and families. Adding peer support to the programs and services allowed under Title IV–E Prevention Services would improve access to and engagement in services for families and serve as critical tool for augmenting the child welfare workforce.

2. Increase flexibility in the evidentiary standards to allow more evidence-based programs and services to qualify for approval under the Title IV–E Prevention Services Clearinghouse. The Coalition is concerned that research and evaluation criteria—rather than the needs of children and families—have become the priority for the Title IV–E Prevention Services Clearinghouse. We feel the Clearinghouse has gone well beyond what is required in the statute, and in November provided comments and feedback to inform the Clearinghouse Handbook 2.0 around expanding flexibilities in its review process to expand access to prevention programs and services for families. However, statutory changes may be needed to clarify Congress's intent in passing Family First that a robust array of prevention services be available to promote the well-being of children and their families.

In particular, the Title IV–E Prevention Services Clearinghouse does not adopt findings from other evidence-based clearinghouses. This is a huge missed opportunity, particularly for mental health and substance use disorder treatment programs, which have already been extensively reviewed by the National Institute on Drug Abuse (NIDA). *NIDA's Principles of Drug Addiction Treatment,* for example, lists nine evidence-based approaches to SUD treatment, including Medication Assisted Treatment (MAT), Cognitive Behavioral Therapy (CBT), Contingency Management, and others. Yet only five of these approaches have corresponding programs rated by the Title IV–E Clearinghouse, with only three receiving well-supported or supported ratings. This misalignment means Title IV–E Prevention Services does not fully support SUD prevention and treatment services critical for family recovery. Similarly, child welfare agencies traditionally rely on the California Evidence-Based Clearinghouse for Child Welfare (CEBC), yet the Title IV–E Prevention Services Clearinghouse is conducting its own (re-)review of CEBC-approved programs. These discrepancies have led to fewer approved programs and services, and lower ratings for programs and services on the IV–E Clearinghouse than on other credible Clearinghouses.

3. Increase flexibility in state expenditures on Evidence-Based Programs (EBPs) approved by the Clearinghouse. Current law requires that, beginning in FY 2024, at least 50 percent of the total expenditures by the state for the Title IV–E Prevention Program must be for services that meet the "well-supported" evidence-based practice criteria. While well-intentioned, this only exacerbates the central challenge of Family First implementation of too few programs and services overall being available for Title IV–E Prevention Services reimbursement, and even fewer at this highest level of evidence.

Possible statutory changes that would address this issue include: 1) eliminating the requirement that 50 percent of IV–E Prevention funding be spent on "well-supported" programs and services; and 2) assigning different reimbursement rates for each evidentiary standard—reimbursing states at a higher rate for more strongly-rated programs. These changes would improve access to programs and services in states to fit the unique needs of their communities, such as cultural, indigenous, economic, or rural populations.

Recommendations for Title IV–B Reauthorization

The Title IV–E Prevention Services program is distinct from, but complementary and related to, the Title IV–B program—which is due to be reauthorized this calendar year. Although Title IV–B represents only 4 percent of total federal child welfare funding, it is important due to its flexible structure and focus on families. Unlike Title IV–E Prevention Services, Title IV–B does not depend on a candidacy definition; Title IV–B therefore allows services and community support investments to be provided more expansively than what is allowable under Title IV–E Prevention Services. In this way, the flexibility of Title IV–B complements the rigorous standards of the Title IV–E Prevention Services program by allowing states to serve families further upstream than when a candidacy determination under Family First would be made. Combined, the Title IV–B and Title IV–E Prevention programs support an array of services to meet the needs of families to prevent maltreatment and subsequent child welfare system involvement.

We recommend that Congress increase mandatory funding for the prevention and reunification aspects of Title IV–B to better serve children and prevent families from becoming involved and re-involved in the child welfare system. More funding can also help develop evidence-based prevention and reunification programs that will eventually qualify for Family First eligibility. Specifically, we recommend that Congress dedicate new mandatory Title IV–B dollars to support upstream prevention services, and allow these dollars to flow through a non-child welfare community partner, such as a state children's trust fund or other mechanism that pools funding to support resources and services for children and families.

Furthermore, Family First made an important down payment on expanding support for families in the child welfare system who reunify by eliminating the 15-month time limit on the use of Title IV–B funds for family reunification services. Family reunification is the core goal of the child welfare system, and nearly 50 percent of all cases result in reunification; however, the federal investment and infrastructure to help families reunify successfully and prevent them from re-entering foster care is insufficient. We recommend that Congress increase funding in Title IV–B to build on the reunification reforms in Family First by allowing concrete and economic support—which families identify as most critical for their success—for families who have reunified or will be reunified with their children. We also recommend that IV–B support peer mentors, peer support, and peer navigation services.

Thank you for your commitment to children and families, and for your ongoing efforts to ensure effective implementation of the Family First Prevention Services Act. We look forward to continuing to work with you in the coming months and years to improve policies to improve child and family well-being.

Sincerely,

Rebecca M. Robuck
Executive Director

NATIONAL ORGANIZATION OF STATE ASSOCIATIONS FOR CHILDREN
620 S. Capitol
Lansing, MI 48933

Thank you for allowing the National Organization of State Associations for Children (NOSAC) to submit written testimony for the hearing on the Family First Prevention Services Act: Successes, Roadblocks and Opportunities. The National Organization of State Associations for Children represents over 1,500 child welfare and behavioral health organizations across the nation.

Successes: NOSAC believes that the Family First Prevention Services Act (FFPSA) has been monumental in shifting the focus of the child welfare system from merely removing and placing children in foster care to keep them safe, to preserving families by providing them with services and resources. For the first time ever, we welcomed a new funding structure to provide resources and incentives for services pro-

vided prior to a foster care placement and it is working. The data indicates that the number of children in foster care continues to decrease, and the number of children remaining with their parents or being placed with relatives has significantly increased. We are thrilled that the organizations we represent are at the table with other community partners and State agencies that are working diligently on interventions and resources to prevent child abuse and neglect and reduce utilization of out of home care placements. FFPSA has stressed the importance of prevention, early intervention, trauma informed care and evidence-based practices for children and families, yielding improved outcomes and realized successes for our children and their families.

Roadblocks and Opportunities for Improvement: Undoubtedly there are more successes with FFPSA than roadblocks, however with the implementation of new public policies there are typically concerns that may not have been addressed as intended, or that may continue to linger. Since implementation of FFPSA, we believe there are some concerns or trends that States and providers are experiencing or continuing to experience that with some tweaking of the original law, these concerns could be addressed and hopefully resolved.

ROADBLOCK: Lack of Placements for High Need Children—Many States are experiencing a lack of placement options for high need children that results in "hoteling" or children being "placed" or "housed" in office buildings, hotels, emergency rooms, or other unlicensed placements due to the lack of foster families or residential treatment beds. Child welfare workers across the nation have been forced to watch children 24/7 because there are no other out of home care or treatment placement options available. "Hoteling" is a significant concern and should be considered illegal, as no child removed from their parents should be placed in an unlicensed placement. After the trauma of abuse, neglect, and being removed from their families, our children deserve better. Many of these children require a higher level of mental or behavioral health treatment. These children often exhibit aggressive or assaultive behaviors, so they need a placement and treatment services that can safely and therapeutically meet their needs.

OPPORTUNITY FOR IMPROVEMENT: While reducing the use of congregate care for children who do not need behavioral health treatment or a higher level of care was a significant objective of FFPSA, the unintended consequence of this reduction is that many residential treatment providers who would be excellent Qualified Residential Treatment Programs (QRTPs) went out of business leaving a gap in the continuum of care for children. These organizations could not afford to offer the intense treatment and staffing required to operate a QRTP due to the size limit imposed on them by the Institution for Medical Diseases (IMD) rule. Basically, this rule indicates that if an IMD operates more than 16 residential treatment beds, the State cannot draw down Federal matching dollars to cover the cost of medical treatment for that child, therefore States are requiring QRTPs to only operate facilities with less than 16 beds. Children are lingering in offices, hotels, emergency rooms, and other inappropriate placements because there are not enough QRTPs to provide the necessary treatment these children need.

An easy solution to ensuring children receive the necessary treatment they deserve in a licensed setting required to provide trauma-informed care is to pass a federal law to resolve the QRTP/IMD exclusion intersection and ensure appropriate capacity to support children in foster care who need residential treatment. We strongly support and urge Congress to ***pass the Ensuring Medicaid Continuity for Children in Foster Care Act,*** to provide continued eligibility for federal financial participation in Medicaid that supports continuity of medically necessary care for children and youth in foster care. This legislation would not minimize or limit any of the other checks and balances the FFPSA implemented to reduce the length of stay for children in residential settings.

ROADBLOCK: Evidenced-Based Practice (EBP) Requirements Limit Expansion of Prevention Services—States are struggling to expand prevention services to keep children safely in their homes and communities with their families due to the restrictions and required thresholds to meet the Evidenced-Based Practices (EBPs) requirement. The requirement that all funds must be spent on "promising, supported, or well-supported practices," with 50 percent of the total spent on "well-supported practices" has been an insurmountable challenge for most States to implement. Additionally, the percentage increases after 2026, which will add additional challenges for States. In-home prevention services that many States implemented prior to FFPSA were successfully keeping children and families together and out of the foster care system, however because these programs are not deemed

"well-supported" under the Title IV–E Clearinghouse, States are not able to draw-down Federal matching dollars and therefore unable to expand them. As of today, there are only 19 programs that have been approved as "well-supported" limiting States' ability to expand in-home prevention services that have successfully demonstrated results.

OPPORTUNITY FOR IMPROVEMENT: ***Expand the eligibility to receive prevention services.*** NOSAC recommends that we remove the requirement that at least 50% of a state's prevention services are "well-supported" interventions. While NOSAC clearly understands the need for a standard and using IV–E funds on thoroughly researched and effective models of care, it limits access to care and innovation. There are only a handful of approved "well-supported" services and many States are choosing to only implement "well-supported" models for fear of losing federal funds. Often these "well-supported" programs have specific service criteria for those they can serve, which severely limits the children and families who can receive the service, or they have not been fully researched as applicable or appropriate for children and families of color.

ROADBLOCK: EBPs Overly Restrictive—The requirement for rigorous EBPs is often unnecessarily restrictive in meeting family needs, as not every family needing preventative services needs a clinical intervention. FFPSA has helped States keep more children safely with their families, however States want to provide access to prevention services and support families sooner so that these children and families do not ever have to come to the attention of the child welfare system.

OPPORTUNITY FOR IMPROVEMENT: The federal definition of "candidate for foster care" is a child who is at "imminent risk of entering foster care." NOSAC believes services should be provided in a more proactive manner before there is "imminent" risk of removal. NOSAC recommends the federal definition for candidates for foster care should be amended to allow those eligible for FFPSA interventions to include children and families who are merely "at risk" of child welfare involvement. ***The "imminent" risk language should be removed.*** If States were permitted to determine eligibility by population level, this could potentially reduce administrative burdens on our department and agencies in the future as we are hopefully building out community pathways.

ROADBLOCK: Engagement of Families—Many families are skeptical of government programs offering "help" and are reluctant to accept prevention services. Engagement of families, especially to induce positive change within the dynamics of the family, has long been a struggle within the child welfare system.

OPPORTUNITY FOR IMPROVEMENT: ***Peer Support or Parent Partner Programs*** are an effective approach to support birth families. Peer Support or parent partner programs enlist birth parents with lived experience as mentors to birth parents involved—or at risk of becoming involved—with the child protection agency. These programs focus on family strengths and work to prevent child abuse and neglect, and/or facilitate timely reunification. A parent partner can empathize and connect with birth parents, and many birth parents attribute their successful reunification to the involvement of a parent partner. Data indicates that these programs lead to reunification and low rates of re-entry into foster care.

ROADBLOCK: Infrastructure Challenges—Child welfare infrastructure is something that is a challenge for most State child welfare agencies and their community partners. These challenges have become more apparent as States continue to try to flip from a child welfare system to a child well-being system. The current child welfare funding structures do not necessarily support or consider infrastructure needs that support and provide access to prevention services. The lack of flexibility within and between federal funding streams often become barriers to service delivery. Instead, NOSAC envisions funding structures that are flexible and work to complement and support the development and availability of services to support our children and their families.

OPPORTUNITY FOR IMPROVEMENT: ***Economic and concrete supports when available to families can help families meet their basic needs,*** alleviating stress and promoting well-being. Reports indicate that economic and concrete supports also reduce referrals of abuse and neglect, substantiations, and child fatalities due to child maltreatment as well as the need for removals. Some States are using general fund dollars and other flexible resources to provide funding so programs can offer concrete supports to reduce the risk of family separation or assist those families working to reunify with their children. Poverty does not equal neglect and some States are revising their statutes and regulations to ensure services are

provided when poverty is the issue, rather than abuse and neglect. Adding concrete supports to FFPSA as an eligible intervention, like mental health, substance abuse treatment, in-home parent skills, and kinship would continue to limit the number of children needing foster care. Along with adding concrete supports, NOSAC would also recommend adding domestic violence as a separate category. Domestic violence in the home is another major risk factor which often leads to removal of children from their homes. Adding this specific category would allow EBPs specifically designed to work with families around domestic violence to intervene.

ROADBLOCK: Racial disparities—Racial disparities persist throughout the child welfare system, and at every decision point throughout it, beginning with initial contact with child protective services. More than half of all Black children are the subject of a hotline call before they turn 18—a traumatic experience even when the report is unfounded. Disproportionality is driven by many factors, including poverty and implicit or explicit bias on the part of the participants in the child welfare system, including mandated reporters, investigators, caseworkers, supervisors, judges, and states' attorneys, among others. Surveillance bias also contributes to disproportionality, as well as systemic and historical racism and policies that have isolated families of color from opportunities and resources. FFPSA's current focus on mental health, substance abuse, and parenting services places all the onus on the individual parent to improve their circumstances and does not account for any of the systemic or environmental challenges that they may find themselves in.

OPPORTUNITY FOR IMPROVEMENT: Many of the recommendations identified throughout this document, including increasing concrete and economic supports and domestic violence services as eligible activities for prevention, involving people with lived experience as peer supports, removing "imminent risk" language, expanding eligibility for evidence-based practices, and eliminating the IMD exclusion for QRTPs will go a long way toward eliminating racial disparities in child welfare. In addition to these solutions, we recommend that ***state FFPSA plans should explicitly identify the current status of racial disparities at various decision points within their systems and detail their strategies for addressing them.*** Disaggregating data shines a light on the disparate experiences of children and families of color in the child welfare system and creates opportunities for focused interventions and policy changes that can make an impact on those disparities.

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
52 Washington St., Room 329N
Rensselaer, NY 12144
(518) 473–8437
https://ocfs.ny.gov/main/

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance

Subject: NYS Office of Children and Family Services (OCFS) Response to the May 22nd Senate Finance Committee Hearing on "The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement"

June 5, 2024

Dear Chairman Wyden and Ranking Member Crapo,

The New York State Office of Children and Family Services (OCFS) is pleased to submit this response to the Senate Finance Committee Hearing on *"The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement,"* held on May 22, 2024. OCFS' response reflects the experiences and lessons learned that we have had in the implementation and operationalizing of the Family First legislation. We thank you for the opportunity to submit a statement for inclusion in the hearing record and commend the Committee for its continued focus on preventing child maltreatment and improving outcomes for children and families.

Federal Context

Six years ago, the passage of Family First represented an important leap forward in child welfare transformation, from a system that provides band-aid solutions to families in crisis to one that gives families the supports they need to avoid crisis. Family First acknowledged that too much money was being spent on foster care and not enough on the resources that prevent the need for foster care. Still, as Chairman

Wyden reported, last year, the federal government spent just $182 million on prevention services and over $4 billion on foster care.

According to the Children's Bureau 2022 Maltreatment Report, 74% of investigations result from neglect alone.[1] Often, these reports arise from a family's economic, or material needs, such as food insecurity, housing instability, or unmet health needs. Family First can better fulfill its promise of preventing child maltreatment by empowering states to use Family First funds for economic and concrete supports. At the same time, Family First funds must be directed further upstream, reaching families well before they enter a crisis. This means eligibility must be based on family need, not on a child's imminent risk of entering foster care. The Administration for Children and Families is committed to listening to families. Families consistently tell us that what they need to support their children are economic and concrete supports.

A legacy of structural racism has led to the under-resourcing and marginalization of families of color. As a result, these families are disproportionately represented in child welfare. Underinvestment in these communities maintains patterns of marginalization and trauma. Family First provides an opportunity to end these patterns by providing these and all families with the economic resources they need to raise their children in safe, supportive environments.

New York State Family First Prevention Services Act Prevention Plan

New York State is a national leader in family strengthening and prevention. Our Family First Prevention Plan adopts a bold public health approach to promote family well-being and keep families together. Our vision of child welfare modernization is grounded in the understanding that the Social Determinants of Health are the root causes of child welfare involvement. Our families experience challenges such as economic instability, lack of quality health care, lack of affordable childcare, high housing costs, and food insecurity. Being investigated does not help families overcome these hardships.

New York State is committed to acknowledging and addressing the harm families of color—and especially Black families—have experienced at the hands of child welfare. Nationally, 53% of Black children experience a Child Protective Services (CPS) investigation by their 18th birthday.[2] These disparities are fueled by the legacy of underinvestment in Black communities. Pac et al. find that reducing child poverty by 19–52% could also reduce disproportionality in CPS involvement, lowering CPS investigations by 18.7–28.5% for Black children and by 6.7–13% for White children.[3] Increasing the provision of economic and concrete supports to families has the potential to reduce both child maltreatment overall and racial disproportionality in CPS involvement.

Since the passage of Family First, New York State has made significant progress in reducing the number of children in foster care. As of March 2024, there were 13,309 children in care in New York State, down from 17,010 in March 2017.[4] While just 17.7% of New Yorkers are African-American, African-American children make up 35% of New York children in care. And while 54.2% of New Yorkers are White, White children make up just 26% of New York children in care.[5]

Child poverty in New York State decreased between 2017 and 2019, from 19.9% to 18.2%. In 2020, child poverty reached a low of 16.7% due to historic pandemic-era policy interventions that expanded housing and nutrition benefits, provided stim-

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[1] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2024). Child Maltreatment 2022. Available from *https://www.acf.hhs.gov/cb/data-research/child-maltreatment.*

[2] Kim, H., Wildeman, C., Jonson-Reid, M., & Drake, B. (2017). Lifetime Prevalence of Investigating Child Maltreatment Among US Children. *American Journal of Public Health,* 107(2), 274–280. *https://doi.org/10.2105/AJPH.2016.303545.*

[3] Pac, J., Collyer, S., Berger, L., O'Brien, K., Parker, E., Pecora, P., Rostad, W., Waldfogel, J., & Wimer, C. (2023). The Effects of Child Poverty Reductions on Child Protective Services Involvement. Social Service Review, Advance online publication. *https://doi.org/10.1086/723219.*

[4] *Statewide Children in Care and Custody of LDSS—Quarter Ending March 31, 2024. https://ocfs.state.nyenet/reports/custody/cwstats/NYS-CW-Custody-Stats-2024-Q1.pdf.*

[5] *QuickFacts New York. United States Census Bureau. https://www.census.gov/quickfacts/fact/table/NY/PST045222.*

ulus payments, and increased tax credits.[6,7] In 2022, child poverty increased to 18.6%, above the 2019 rate. Too many New York families today live with the constant stress of job insecurity, unaffordable housing options, and high food costs.

Increasing economic and concrete supports for families in need has the potential to reduce family stress, empower parents and caregivers, and keep families safely together. At the same time, it will allow us to begin to address historic underinvestment in communities of color and the harm this has caused.

Direct Cash Transfer Pilot

To demonstrate the power of providing economic supports to families in need, New York State launched a direct cash transfer (DCT) pilot in August 2023. One hundred fifty families receive $500 per month, unconditionally, for 1 year. The study is first program in the nation to examine the impact of a direct cash transfer on parent well-being, child development, and future interactions with the child welfare system amongst families previously referred to child protective services for largely neglect related issues.

All participating families are eligible for Family Assessment Response, New York State's alternative child protective response to some reports of maltreatment. At the same time, we are conducting a Randomized Control Trial to evaluate the pilot and build the evidence base showing how economic supports reduce the likelihood of entry to foster care.

While our pilot is still under way and we do not have outcome data yet, we are already hearing from families about the difference it is making in their lives. Families are spending the money on food, housing, transportation, and children's activities. Some families are saving their money for education or better housing. We trust our parents and caregivers to know what is best for their families. As a member of our Parent Advisory Board said, "This program is a spark of hope for [families] because the Office of Children and Family Services is finally acknowledging the financial stress many are under. And OCFS is attempting to look at the situation to find a way to help."

Outcomes from Similar Programs

New York State's DCT pilot is unique in its focus on child welfare involvement. But the results of numerous guaranteed income programs across the country illustrate their power to reduce family stress and improve child and parent well-being. In the Baby's First Years study, low-income mothers received $333 each month for the first 4 years of their child's life. The intervention was associated with more brain activity in children, more regular engagement in enriching activities, and increased consumption of fresh produce.[8,9,10] In California's Stockton Economic Empowerment Demonstration (SEED), 125 residents received $500 per month for 2 years. This cash helped recipients pay for rent, childcare, and healthcare. The guaranteed income reduced income volatility, reduced depression and anxiety, increased employ-

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[6] *Graph Builder: Children and Youth Living Below Poverty.* Council on Children & Families Kids' Well-being Indicators Clearinghouse. *https://www.nyskwic.org/data_tools/graph_builder_result.cfm?chosenIndicators=1&chosenCounties=36000&chosenCountiesCustom=&chosenYears=1993%2C1995%2C1996%2C1997%2C1998%2C1999%2C2000%2C2001%2C2002%2C2003%2C2004%2C2005%2C2006%2C2007%2C2008%2C2009%2C2010%2C2011%2C2012%2C2013%2C2014%2C2015%2C2016%2C2017%2C2018%2C2019%2C2020%2C2021%2C2022&maxcounties=10.*

[7] Trisi, Danilo. (2023, August 29). Government's Pandemic Response Turned a Would-Be Poverty Surge Into a Record Poverty Decline. *Center on Budget and Policy Priorities. https://www.cbpp.org/research/poverty-and-inequality/governments-pandemic-response-turned-a-would-be-poverty-surge-into.*

[8] Troller-Renfree, S.V., Costanzo, M.A., Duncan, G.J., Magnuson, K., Gennetian, L.A., Yoshikawa, H., Halpern-Meekin, S., Fox, N.A., & Noble, K.G. (2022). The impact of a poverty reduction intervention on infant brain activity. Proceedings of the National Academy of Sciences, 119(5), e2115649119. *https://doi.org/10.1073/pnas.2115649119.*

[9] Magnuson, Katherine and Yoo, Paul and Duncan, Greg and Yoshikawa, Hirokazu and Trang, Kathy and Gennetian, Lisa A. and Halpern-Meekin, Sarah and Fox, Nathan and Noble, Kimberly, Can a Poverty Reduction Intervention Reduce Family Stress Among Families with Infants? An Experimental Analysis. (May 6, 2022). Available at SSRN: *https://ssrn.com/abstract=4188131 or http://dx.doi.org/10.2139/ssrn.4188131.*

[10] Sperber, J.F., Gennetian, L.A., Hart, E.R., Kunin-Batson, A., Magnuson, K., Duncan, G.J., Yoshikawa, H., Fox, N.A., Halpern-Meekin, S., & Noble, K.G. (2023). Unconditional Cash Transfers and Maternal Assessments of Children's Health, Nutrition, and Sleep: A Randomized Clinical Trial. *JAMA network open,* 6(9), e2335237. *https://doi.org/10.1001/jamanetworkopen.2023.35237.*

ment, and created new opportunities for individuals to set goals and improve their lives.[11]

Guaranteed income programs are based on the belief that every family knows best what their family needs. When we empower families with economic resources, they can move out of conditions of scarcity and volatility that lead to crisis and instead seize opportunities to improve employment, access education, and access better housing, leading to long-term gains in the well-being of children and caregivers.

Including Economic and Concrete Supports in Family First

Family income is the single greatest predictor of child maltreatment.[12] Families that lack a safety net experience stress from shocks such as job loss and increases in the price of gas, food, and housing. Study after study show that when families' economic and concrete resources go up, rates of child maltreatment and removal go down, and when families' resources go down, rates of child maltreatment and removal go up.[13]

Family First aims to support families by bolstering mental health care, substance use disorder treatment, parenting training, and family therapy. These are important resources for families in crisis. But parents and caregivers often struggle to take full advantage of these supports when their basic needs are not met. Providing families with the resources they need to pay their rent, put food on the table, and take care of health needs creates the conditions for families to grow and thrive.

NYS appreciated the opportunity to share recommendations regarding the proposed revisions to the Title IV–E Prevention Services Clearinghouse Handbook of Standards and Procedures, Draft Version 2.0 ("revised Handbook") which was published in the Federal Register on October 24, 2023.

We applauded the Clearinghouse's decision to explicitly acknowledge economic and concrete supports (ECS) as a type of service eligible for review when such services fall within the definition of one of the four eligible program or services areas support under Family First. Research has repeatedly shown that poverty, loss of income, and material hardship are the greatest predictors of child welfare involvement. New York State grapples with this truth daily; over 80% of indicated child protective service reports in NYS involve allegations of neglect/deprivation of necessities, absent physical and sexual abuse. Too often families are brought to the attention of child welfare services because things like utility shut-offs, food insecurity, difficulty paying for housing or health care, and other material hardships undermine parents' ability to meet their children's basic needs and diminish their functional capacity to engage in positive parenting behaviors. Consequently, ECS are an intentional component of many family preservation and therapeutic models recognized by the Clearinghouse, including HomeBuilders and Multi-Systemic Therapy.

Unfortunately, NYS believes the revised Handbook falls short of fully embodying the preventive intentions of Family First by tying the eligibility of ECS services to programs that also target specific parenting practices/skill development, mental health or substance abuse prevention or treatment, given the limitations of the Family First legislation. We recommend the revisions to the Family First legislation which would enable the Clearinghouse to extend eligibility criteria to include the standalone delivery of ECS services where provision of such services has a demonstrable impact on the outcomes prioritized by the Clearinghouse and the prevention intent of Family First (*e.g.,* child safety, adult well-being). We believe such a change would encourage additional research and innovation in this area and help to make a wider array of effective, evidence-based practices eligible for Family First support. For example, inspired by the vision behind Family First and a growing body of evidence suggesting that even modest economic and concrete supports can prevent families from interacting with child welfare services, NYS launched the aforementioned Direct Cash Transfer Research Pilot. Ensuring the Clearinghouse is reviewing this

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[11] West, S., Castro Baker, A., Samra, S., & Coltrera, E. (2021). Stockton Economic Empowerment Demonstration Preliminary Analysis: SEED's First Year. *https://socialprotection.org/discover/publications/preliminary-analysis-seed%E2%80%99s-first-year.*

[12] Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., Li, S. The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress. U.S. Department of Health and Human Services, Administration for Children and Families; Washington, D.C.: 2010.

[13] Heaton, L., Cepuran, C., Grewal-Kok, Y., Anderson, C., Gaul-Stout, J., Lyons, My., & Dygert, M. (2023). The role of economic and concrete supports in child maltreatment prevention. Findings from a national landscape survey of child welfare leaders. Chapin Hall at the University of Chicago.

and other similar studies will greatly enhance our understanding of how we can best support families in need and advance racial equity and support for underserved communities in ways that support and empower, rather than pathologize and monitor, vulnerable children and families.

Changing Family First requirements from Candidacy and Imminent Risk to Eligibility for Services and Supports to Move Supports Further Upstream

Family First eligibility must be based on family need, not on a child's imminent risk of entering foster care. This is crucial because child welfare system involvement can harm children and families when it is deployed unnecessarily or when upstream supports can and do stabilize families.

Even when a report is not substantiated, an investigation can lead to trauma and stigma. This burden is disproportionately experienced by communities of color and Black families in particular. The policing, surveillance, and stigma associated with child welfare involvement exacerbate the problems we aim to solve, harming family well-being and reducing employment opportunities through inclusion on child abuse and neglect registries.

An upstream approach is cost-effective. Directing needed economic and concrete supports to families before a crisis occurs and building protective factors can have lifelong benefits for children. The period of pregnancy and the first 5 years of a child's life is especially important. This can be a stressful time for parents, when infants and young children are especially reliant on their parents and their brains develop at a rapid pace, informing future life outcomes. NYS would ask for considerations to be given to pathways to better integrate and scale up home visiting across Maternal Infant and Childhood Home visiting (MIECHV) and Family First which would support NYS expansion and implementation of Healthy Families, inclusive of the HFA Child Welfare Protocol. NYS has made significant investments in Healthy Families, with the availability of these programs in all 58 counties in NYS. We have seen the impact of upstream, primary prevention supports on mitigating families interfacing with the child welfare system and believe this is an integral part of the goal of achieving child welfare transformation.

Being removed from their families and placed in foster care is often traumatizing for children. Experiencing foster care is associated with struggles in "education, employment, income, housing, health, substance abuse, and criminal involvement".[14] Foster care is costly not only while the child is in care—it has long-term costs to the individual and society. Providing families in need with economic and concrete supports early on has a high return on investment. By alleviating the need for foster care, economic and concrete supports generate future returns in the form of improved educational outcomes, increased earnings, and reduced healthcare costs over the course of the child's life. Continuing to reduce spending on foster care creates a feedback loop, allowing us to retain and reinvest savings on further upstream supports.

Conclusion

New York State is eager to continue our progress toward realizing our vision of a modernized, equitable child and family well-being system. There is a recognition that evidence-based practices for more intensive needs remain relevant. However, NYS strongly advocates that in order for Family First to fulfill its promise of keeping families safely together, economic and concrete supports must be included as a crucial resource that prevents families from entering crisis. We would further assert that economic and concrete supports can be used alone when that is what families need and/or be adjunctive to other services so that families are better able to make use of evidence-based services because their basic needs have been addressed. Additionally, eligibility for Family First must be based on family need, not on a child's imminent risk of entering foster care.

In taking a public health approach, we acknowledge that the Social Determinants of Health are the root causes of child welfare involvement. Far too many families—and especially families of color—are harmed by child welfare system involvement, when what they really need are economic and concrete supports. We are committed to our vision of a New York State where children remain safely at home and every

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[14] Laura Gypen, Johan Vanderfaeillie, Skrallan De Maeyer, Laurence Belenger, Frank Van Holen, Outcomes of children who grew up in foster care: Systematic-review, Children and Youth Services Review, Volume 76, 2017, Pages 74–83, ISSN 0190–7409, *https://doi.org/10.1016/j.childyouth.2017.02.035. (https://www.sciencedirect.com/science/article/pii/S01907409173021 3X).*

child and adult has the resources and opportunities they need to thrive. Family First is a crucial tool for beginning to realize this vision. Increasing access to economic and concrete supports will bring us even closer.

Thank you for the opportunity to provide these comments.

PARENTS AS TEACHERS
6 Cityplace Drive, Suite 100
Creve Coeur, MO 63141
Phone: (314) 432–4330
(Toll Free) 866–PAT4YOU
https://parentsasteachers.org/

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510–6200

Re: Full Committee Hearing: *The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement*

Dear Chairman Wyden and Ranking Member Crapo,

Parents as Teachers is one of the most widely replicated evidence-based home visiting models in the United States and 1 of 11 well-supported in-home parent skill-based services approved by the Family First Prevention Services Act (FFPSA) Clearinghouse. Parents as Teachers builds strong communities, thriving families, and children who are healthy, safe, and learning by partnering with parents and caregivers to support positive parenting practices, prevent child abuse and neglect, detect developmental delays early and connect children to services, increase school readiness and success, improve family health and economic well-being, and strengthen community capacity and connectedness.

At the May 22nd Senate Finance Committee Hearing, The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement (the hearing) members and witnesses raised concerns about the ability to successfully operate evidence-based, culturally relevant services in rural states and communities as well as the cumbersome Clearinghouse process. In fact, there are well-supported services available in rural communities including Parents as Teachers. Sixty percent of Parents as Teachers affiliates operate in rural, tribal, and frontier communities. Annual Performance Reports from Colorado, Idaho, and Wyoming show affiliates in these states are successfully retaining 80% of the families enrolled, including 39% of whom identify as Hispanic or Latino. Family-Centered Assessments, a key element in setting family-directed goals, are completed on time 94% of the time and developmental screening of children is conducted on time 92% of the time. Further, families are connected to additional services and supports identified in their Family-Centered Assessment 93% of the time. It is worth noting that the performance across these three rural states is on par or better than the national average.

In the 6 years since the legislation passed, home visiting and other in-home parenting supports have been woefully underutilized, depriving hundreds of thousands of children and families of the opportunity to stay together and safe. As a program that has worked to establish and strengthen its evidence of effectiveness over the last 40 years, Parents as Teachers welcomes additional partners in the work to support families and prevent unnecessary family separation and use of foster care. However, this cannot be a reason to delay more robust implementation of in-home parent skill-based services. We urge the committee to expect more from the Administration for Children and Families when it comes to improved utilization of available resources. Additionally, some state Home Visiting Administrators report the intersection of Maternal Infant and Early Childhood Home Visiting (MIECHV), Medicaid, and FFPSA funding is inhibiting use of FFPSA funds. States report they are expected to fill their MIECHV enrollment first, after which they bill Medicaid (if an option), and only then draw down FFPSA funding. Additional guidance on effectively integrating funding would be beneficial, especially for the community-based providers who deliver the services.

We appreciate your oversight of this landmark, family-centered legislation, including mental health and substance use treatment, kinship care and in-home parent skill-based services. As a seasoned provider we are eager to work with you, federal and state partners, and local communities to realize the vision of the law.

Sincerely,

Constance Gully
President and CEO

PREVENT CHILD ABUSE AMERICA
33 N. Dearborn Street, Suite 2300
Chicago, IL 60602
https://parentsasteachers.org/

Chairman Wyden, Ranking Member Crapo, and Members of Senate Finance Committee:

Thank you for this opportunity to submit comments after the recent Family First Prevention Services Act hearing (Family First). Prevent Child Abuse America (PCA America) is the nation's oldest and largest organization committed to preventing child abuse and neglect before it happens. PCA America supports policies that strengthen community-based prevention by investing in practical solutions and focusing child welfare and public health resources to support kids and families before they are in crisis, helping them to thrive and avoid costly interventions.

We are a nationwide network of state chapters and nearly 600 Healthy Families America (HFA)[1] home visiting sites. HFA is an early childhood home visiting program rated as well-supported by the Family First Clearinghouse,[2] and is one of the most frequently implemented family support and evidence-based home visiting models in the United States. HFA has 30+ years of research demonstrating an array of positive results for parents and children, including prevention of child abuse and neglect.

We applaud the intent of Family First as a historic reform that, for the first time, provided federal title IV–E funding for evidence-based prevention services. Family First is designed to help keep children safely with their families and avoid the traumatic experience of entering foster care. Since the passage of Family First, child welfare jurisdictions have been implementing the law with varying levels of success. The child welfare and prevention fields are continuing to learn how best to come together to support families and prevent involvement with foster care. Based on our experience working with child welfare agencies to implement the law to deliver HFA, we are sharing the following four recommendations for improving Family First.

1. Revise Family First's definition of candidate for foster care

The intent of Family First is to identify children that are "candidates for foster care" and provide evidence-based services to prevent their entry into child welfare. Family First's definition of foster care candidacy currently includes that the child should be at "imminent risk" of being removed. States can further define "candidate for foster care" in their Family First plan. As a result, eligibility for Family First services varies widely by state. Some states provide Family First services to children with risk factors for entering foster care; whereas other states only provide Family First services to families who are facing immediate crises and are under threat of having their child removed.

When child eligibility is narrowly defined, it can be challenging for community providers to engage families and deliver services. If there is truly imminent risk of a child's removal, it can create a mismatch between Family First eligibility and many of the approved evidence-based prevention programs in the clearinghouse, which are not designed to support families facing the possible removal of their child.

For example, HFA is a voluntary early childhood home visiting program that supports families with histories of trauma and facing challenges. While HFA has received referrals from child welfare agencies throughout its history, it is not a crisis intervention. If a family has encountered a child welfare agency and has the threat of their child being removed, it creates an environment where family participation cannot truly be voluntary. In addition, families that are in immediate crisis when they come to the attention of child welfare often need other services, such as economic and concrete support, to stabilize before they can fully engage in programs like HFA.

As a field, and in Family First, we need to better differentiate between family support and prevention strategies compared to crisis and family stabilization strategies.

[1] *https://www.healthyfamiliesamerica.org/*.
[2] *https://preventionservices.acf.hhs.gov/programs/656/show*.

To that end, and to achieve Family First's intended goal, we recommend that the definition of foster care candidacy be revised to explicitly support families who are at heightened risk of encountering child welfare, but who are not necessarily under "imminent" threat of having their child removed.

This is achievable. We know what circumstances can lead families to encounter child welfare, such as unstable housing, food insecurity, unstable income, and prior child welfare experience. Some states have already designed their Family First programs to serve families prior to threat of child removal, and it is working. But even in those cases, families should not have their child labeled as being at "imminent risk for removal" to receive the support they need. The current definition is counter to the strengths-based, voluntary approach that HFA and many other prevention programs take when working with families.

2. Ensure Family First supports families in need without leading to expanded government surveillance

As the definition of "candidate for foster care" is reconsidered, it is critical that Congress ensure Family First does not lead to heightened scrutiny and over surveillance of families by governmental agencies with the power to remove children. It does not have to. States do not have to have open child welfare cases for families to receive Family First services and the federal law only has a few key outcome-focused reporting requirements. Community based providers can provide support to families, develop and monitor the Family First-required child prevention plans, and share only key outcome data with their state or local child welfare agency. States can put in firewalls between prevention and child welfare services so that identifying information about children and families is not shared.

Indiana and New York are two states who implement HFA widely through Family First. The child welfare agencies do not open child welfare cases and have effectively created protections around family information. We recommend that through guidance, and eventually statutory change, child welfare agencies be discouraged from opening child welfare cases for families receiving Family First services, collecting unnecessary information, and sharing child and family identity within the child welfare system.

3. Add economic and concrete support as an eligible category for Family First services

Too many children are removed from their families due to issues related to poverty. This leads to intergenerational trauma, poor outcomes for children, and costly deep end services. There is extensive research demonstrating that economic and concrete supports are a critical support for stabilizing families and keeping children out of foster care.[3] States like Indiana are leading the way with their Indiana Family Preservation Services (INFPS) program, as David Reed shared in his oral and written testimony. Innovative approaches like INFPS further demonstrate how the provision of economic and concrete supports can be annualized and provided to families, and how doing so reduces entries into foster care and, importantly, reduces racial disparities in child removals.

As mentioned earlier, economic and concrete supports are often what are needed to stabilize a family when they first encounter child welfare. Once their immediate needs are met, families are more likely to have the bandwidth to seek support from programs like HFA that work with them to achieve longer term economic well-being goals. We see the results—HFA moms are five times more likely to participate in school or training programs, and fewer HFA moms report being homeless in the 6 years since enrollment, compared to moms in the same communities who are not in HFA.[4] However, to achieve those long-term goals, families must also overcome more immediate challenges, such as housing or income instability. In those cases, HFA Family Support Specialists help families navigate systems in their community and, ideally, get the support they need.

We recommend that the Family First Clearinghouse prioritize including strategies and models that incorporate economic and concrete supports such as INFPS, and when the time comes, that the statute be revised to include economic and concrete supports as an eligible service category.

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[3] Monahan, E.K., Grewal-Kok, Y., Cusick, G., & Anderson, C. (2023). *Economic and Concrete Supports Are Key Ingredients in Programs Designed to Prevent Child Welfare Involvement.* Chapin Hall at the University of Chicago. *https://www.chapinhall.org/research/economic-and-concrete-supports-are-key-ingredients-in-programs-designed-to-prevent/.*

[4] Healthy Families America (2022) Evidence of Effectiveness. *https://www.healthyfamiliesamerica.org/wp-content/uploads/2022/03/HFA_Evidence_of_Effectiveness_2022_Website.pdf.*

4. Ensure Family First supports the implementation of approved models or strategies as they were designed and evaluated

The evidence-based models included in the Family First Clearinghouse have demonstrated that they can reduce entries into foster care. Yet Family First law and guidance does not reinforce with states that evidence-based models must be implemented to fidelity to achieve the intended outcomes. As mentioned in the first recommendation, a key aspect of fidelity for many models is the voluntary participation of families. Other federal funding streams that support voluntary early childhood home visiting programs like HFA, such as the Maternal Infant and Early Childhood Home Visiting program, require that families' participation be voluntary. However, the child welfare field, which is not as accustomed to families choosing to engage in services, often overlooks this foundational aspect of early childhood home visiting. If child welfare agencies mandate Family Service prevention services, HFA sites and other similar programs are not able to work with them and provide services to families.

Fidelity standards for evidence-based models also often include a certain length of time that services are offered to families to ensure outcomes are achieved. For HFA, services must be offered to families for a minimum of 3 years. Initially, Family First eligibility provides prevention services to the child for one year. Extensions can be granted if the state determines the child still needs prevention support, but not all states seek extensions or arrange for funding to cover the entire service period. If HFA sites cannot offer services for the full 3 years, they cannot enroll families.

To ensure outcomes are achieved and providers can serve families, we recommend that guidance be issued to encourage child welfare agencies to implement all Clearinghouse-approved programs as they were designed.

IV–B Program Recommendations

In addition to the Family First recommendations made above, we encourage Congress to expand and strengthen the Title IV–B program to more robustly and comprehensively support community-driven, innovative prevention strategies. Title IV–B is a small but important federal program that complements Family First. Title IV–B's flexible structure allows communities to implement and develop research informed prevention strategies that meet specific family needs in their community, without the eligibility and other requirements of Family First. This allows for more innovation and the ability to reach families further upstream, prior to candidacy for Family First. This type of funding is particularly critical to rural and Tribal communities that are more limited in the kinds of Family First strategies that are accessible to them. Together, Family First and Title IV–B can offer an array of services to meet the needs of families to prevent maltreatment and subsequent child welfare system involvement.

We recommend that Congress increase Title IV–B funding to better prevent families from becoming involved in the child welfare system. We recommend that Congress dedicate new Title IV–B dollars to support upstream prevention services, and have the funding flow through community partners, such as a state children's trust fund or other organizations that braid funding to support resources and services for children and families. More funding can also help develop evidence-based prevention and reunification programs that will eventually qualify for Family First eligibility.

Thank you for your ongoing, bipartisan commitment to supporting children and families and decreasing costly involvement in child welfare. We look forward to working with you in the coming months and years to strengthen community-based prevention efforts and helping children and families to thrive.

LETTER SUBMITTED BY NAYDA RAMOS
Addison, IL

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510–6200

To Whom It May Concern:

I am writing to shed light on the tragic and wrongful removal of my children by the Department of Human Services (DHS). I believe that my fundamental rights as a parent have been violated, and I am seeking your help to rectify this injustice. Below is a detailed account of the events that have led to my current situation.

On June 27, 2022, I moved to Iowa with my family. Unfortunately, on August 29, 2022, I experienced a severe overdose. That same day, DHS arrived at the hospital with a court order and two deputies, stating they were taking my daughters. My children were initially placed with Stephanie and Anthony in Newton, IA. A court hearing was held on September 6, 2022.

On October 5, 2022, I was informed that my children would be sent back to Illinois to live with my sister, Ivette Ramos. However, Judge Cox indicated that she needed to verify if the girls needed to be adjudicated since our home state was Illinois and we had not been in Iowa for 6 months. Despite DHS's suspicion in November 2022 that I was living with Stephanie and the girls in Newton, this was not true.

On November 7, 2022, my husband Clarence was arrested for OWI and eluding. By December 9, 2022, DHS removed my children from Stephanie's home and placed them in foster care, claiming that I had been around the children when I wasn't supposed to be, and that Stephanie failed to take Ariella to daycare, even though Stephanie had documentation that Ariella was sick with RSV and COVID.

In January 2023, the girls were adjudicated to Iowa because Judge Cox stated that Judge Coco in Illinois would not accept our case. The court ordered random drug UA's, therapy, parenting classes, and drug rehabilitation. Despite completing these requirements and having no positive drug tests from January to May 2023, DHS continued to impose unreasonable demands and constraints.

In May 2023, a court disposition resulted in OHS requesting a 6-month extension. The judge ordered an additional visit per week, but OHS failed to facilitate this. On June 22, 2023, Clarence left rehabilitation, and I was advised by OHS to move forward without him to have a better chance of regaining custody of my children.

In July 2023, despite my efforts to comply with DHS's demands, I faced further complications. On July 18, 2023, OHS offered semi-unsupervised visits, which were rescinded the following day due to a phone call alleging threats from Clarence. Subsequently, my visits were restricted to the community, and on August 16, 2023, my daughter Alyssa revealed that OHS had accused my family of lying, threatening adoption if I did not comply.

On August 22, 2023, an incident with Clarence led me to call the police, resulting in a domestic abuse charge against him. Despite informing OHS of these events, they did not support me adequately. Throughout September and October 2023, I continued to comply with court orders and rehabilitation requirements, but OHS continued to act against my interests, culminating in a petition to terminate my parental rights on November 7, 2023.

At a foster care review board meeting on November 16, 2023, despite presenting evidence of my compliance and progress, OHS argued that I was out of time under Iowa's foster care regulations. They ignored the significant efforts I had made to rehabilitate and reunite with my children. By December 5, 2023, I had completed all my case plan requirements, yet DHS continued to push for termination of my parental rights.

The final blow came on December 18, 2023, at the TPR hearing, where DHS presented a recording of me without prior notice, undermining my case. The judge and state's attorney restricted my communication with my children, further violating my rights. Throughout this ordeal, DHS has misrepresented facts, exaggerated situations, and failed to provide the necessary support, all while my family and I struggled to comply with their demands.

The Due Process Clause of the Fourteenth Amendment guarantees that no State shall deprive any person of life, liberty, or property without due process of law. The Supreme Court has consistently upheld the fundamental right of parents to make decisions concerning the care, custody, and control of their children (*Troxell v. Granville,* 530 U.S. 57, 67 (2000)). My experience with DHS has been a clear violation of these rights, as detailed in cases such as *Duchesne v. Sugarman,* 566 F.2d 817, 825 (2d Cir. 1977) and *Santosky v. Kramer,* 455 U.S. 745 (1982).

I urge an investigation into the actions of DHS in my case and to consider reforms that will protect the rights of parents and ensure that children are not wrongfully taken from their families. Parents need better legal representation, clear communication about their rights and timelines, and a system that prioritizes family reunification over unjust separation.

Thank you for your time and consideration.

Sincerely,

Nayda Ramos

LETTER SUBMITTED BY RHONDA RICHARDS
Tarzana. CA

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510–6200

To Whom This May Concern:

The Los Angeles Department of Children and Family Services (DCFS) case # CK93215 ruined my life and swindled me of raising my children. (I will be referring to DCFS throughout the document and should be noted it's in LA County). To this day. I can't stop crying about all that DCFS did to work with my ex-husband to rip my children from me, as well as the exploitation of my two young children stolen from me destroying and depriving me of being their mother during most of their precious childhood, as well as cheating my children from having a mom, to mother them and alienated my children from me and my entire family, especially they're one and only grandmother who recently passed away in 2022, her dying wishes were to see her grandchildren which **never** happened.

Over the years I haven't slept nor functioned well. It has caused me severe health problems as well as anxiety, depression, and sleepless nights for over 12 years. I have difficulty focusing from PTSD and not trusting anybody. as well as lack confidence as I was always criticized and put down by DCFS. I have had a hard time keeping a job because all I could think about all those years was my children and if they are okay. Previously I was a successful manager of a bank number one in the state as well as a special events director for a major fragrance company out of New York, for the entire Southern California division.

My two children were detained by DCFS in 2012. Prior to them being taken from me Family Court case # BD431010 gave me 100% sole legal, sole custody with zero visitation for ex-husband. When DCFS got involved they were able to take my children from me manipulating the system. and eventually I had no visitation but my ex-husband was granted sole custody (a substantiated child abuser by family and DCFS Court. A few years later he became a convicted felon, along with his so-called monitor Robert Waggoner for ex-husband Emmit Marshall, and still was granted custody).

When DCFS had jurisdiction I saw my daughter weekly. When DCFS closed the case in January 2014, my ex-husband with zero compliance was granted sole custody by DCFS (who was previously substantiated for child abuse and emotionally abusing the children by DCFS).

Ex-husband and his best friend Robert Waggoner who monitored the visits were both later convicted as felons by the DOJ which conducted investigations against them from 2011 through 2015, along with Javier Becerra for State of California. They were both busted becoming criminal felons.

Years prior, 2006, my ex-husband and I divorced, (marriage bifurcated status only as financial part of divorce to this day has never been settled and is opened). Emmit ex-husband depleted our bank accounts and sold our family home while my 2 children and I were living in it. leaving us homeless and without money. Ex sold all four properties against court orders and forged my name off the properties taking all the money and leaving me nothing. It should be noted that he was charged with forgery by the DOJ on another matter.

My ex-husband also owes me over $500,000 in back pay spousal and child support. His Driver's License was suspended 18 times by **Child Support Services,** as a result of non-payment. My ex-husband still has a deep hatred for me. When we were living together as a family, he was an abusive father to our children (physically and emotionally). My ex-husband continued to earn money and benefit from the sale of the properties we used to own together, while me and my children remained financially insecure, as he took it all. Family court didn't stop or help the financial abuse we suffered.

I cannot bring the time that I lost with my children back. DCFS estranged my children from me. The court colluded to side with DCFS and my ex-husband 100% of

the time. My ex-husband had the money to hire an attorney and to get a hold or all of the resources he could to prevent me from being with my children so he wouldn't have to pay child support or the arrears. I had waited my whole life to be a mother. I had nine surgeries of IVF to get pregnant with my daughter Breanna. My ex-husband and I were separated when I found out I was pregnant with her. When my ex-husband found out I was pregnant he punched me in the stomach. That's why I got the restraining order case# LQ0101778 & LQ04221 & one of the family case# BD431010. Ex-husband said, he wanted to kill the fetus, he then demanded for me to have an abortion. but I refused. He told me I chose the pregnancy over our marriage and then he filed for divorce.

DCFS started harassing me. when my son, Dylan, had an Individual Education Program (IEP) in elementary school due to PTSD and ADHD. My son started his fourth grade in a new elementary school and my daughter started Kindergarten there too. My son's new school called DCFS with false reports of child neglect, the principal retaliated because I open up an investigation against the school because I was questioning a Kindergarten project my daughter had to complete (which had a picture of a gun as a photo of an object that had words that begin with the letter "G"—gun, then cut the picture out and put it in a silhouette of a girl's head). LAUSD Kindergarten assignment. My daughter was crying as she didn't want to put a gun in a girl's head even though it was a picture the teacher screamed in my daughter's ear so loudly that my daughter's ears were ringing and I took her to the doctor. By having my children detained LAUSD closed their investigation since my kids were no longer in my custody. I call that unethical abuse of power.

The DCFS Case was opened, closed, and unfounded March 2012. The principal (Shelly Brower Beckford elementary) or the school called DCFS again, as she also did not like special education students at her school, because it brought the overall school scores down. She was targeting me because of my son and others in the special education classes hoping we would all move to another school. As a result, DCFS opened up another investigation with the same identical facts as the first investigation. This time they were determined to write negative and false reports about me and my parenting. Keep in mind I was also the room mom, and everybody loved me except for the principal. They never had any first-hand knowledge of my parenting. Everybody said I was an excellent mom and because I love my children more than life. DCFS continued to harass me and wouldn't stop.

At the time, I had a restraining order against my ex-husband for the violence me and my children endured by him in the past. He owed a lot of back child support and he was determined to use DCFS to create problems for me so he could gain custody and not be obligated to paying any child support arrears and stop his license from being suspended for non-payment, as that's all they do in California—a slap on the wrist. My ex-husband had lots of money and a lot of it was mine, his toxic abusive narcissistic personality abusing the system used the process to continue to abuse my children and me. His obstruction of justice and refusal to settle about anything and using the system to abuse me even more. He made excuses that he did not have any money to pay child support, as he hid his money in his trucking business as he claimed self-employment.

He planned, plotted, and schemed to take everything away from me, but the one thing I couldn't live without is, was, and will always be, my children. He was determined to crush me and used his monetary power to get DCFS to work for him to take my children from me.

My ex-husband modified the restraining order so the children could see their father even though they did not want to (maybe a plan by DCFS to reunite my children with their father to make it easier to take them away from me). My children had not seen him in years and so they were scared. The restraining order was in full force to protect me from him and DCFS knew it, they used it on December 12, 2012 hearing in reports showing I'm protected and he's supposed to be in strictest of conditions and monitored. DCFS switched the order and put me in strictest of conditions and didn't let me see my children for weeks after that while, he was monitored by his best friend (convicted felon), ex-husband able to go outside and do whatever he wanted for 8 to 10 hours a visit, while they put me in an interrogation room with erratic sporadic last minute visit calling me up at 2:00 to be there at 3:00 for a 45 minute visit monitored by the social worker who wrote up fraudulent reports and impeached on the witness stand.

On October 4, 2012, DCFS scheduled a visitation with the father. DCFS knew I would be picking them up right after school and bringing them to the DCFS office for the visitation. My son called me on his cell phone to let me know the principal

pulled him and his sister out of class early and brought them to the school office, lying and telling my son your mom is in the office, when I wasn't, I knew then that something was very wrong.

I felt DCFS was doing something very underhanded and I feared for my young children's well-being. My children were so scared to be scheduled for a visit with their estranged father. My step-father was driving me to school to pick up the children when I got the call. I picked up my children. (unbeknownst to me the principal was chasing me. as per my stepfather but didn't see me or the children get into the car as we left). We drove to DCFS for their visit. Once we arrived at DCFS for the visitation, my children's feelings were never taken into consideration as DCFS expected my children to be willing participants in the visit. when their father had abused them on multiple occasions (bruises all documented) DCFS expected my children to willfully walk in for the visitation My children did not want to exit the car.

My step-father went into the DCFS office to tell them about the children's fear and he was met by the on-call duty supervisor who assumed he was my children's father. The laughing supervisor told him DCFS is detaining Rhonda's children right now, and they were going to pick up the kids from their school. My step-father played along and then went back to the car to tell me. We drove away with the children as I didn't want DCFS to take my children away from me.

DCFS called me several times when they found out I picked up my children from their school. DCFS left a voicemail and said there is a warrant for my arrest and if I don't cooperate and turn over my children to them, DCFS will terminate my parental rights and have me arrested. They put an **Amber Alert** out on me and a **warrant for my arrest for over $100,000.**

I wanted to know my rights, so I called several attorneys, as this was complete chaos. An attorney Scott Clark, called me back and said he needed a $3.000 retainer. That was a coincidence, as I had just got a child support check for $3.000 for the very first time from my ex-husband, when if I received anything before, it was $50. To me this was like a million dollars—this was my last penny, but my children are everything to me—I cooperated with Attorney Clark, he called me 17 times from 3 p.m. to approximately 7 p.m., when his secretary supposedly was able to accept my payment. He was monopolizing my time and money so I wouldn't have the ability to defend my children myself, and I would not hire another attorney, as I had no more money. I finally paid the $3,000 after other law firms were closed, then he asked me other questions including where I was. He was trying to find out my location, as he was already retained by my ex-husband and he was working to support DCFS to find and detain my children from me, this was abuse of power, dishonest, and unethical.

On October 5th, I called DCFS and said I would cooperate, I brought my kids to DCFS so my parental rights would not be terminated. I handed my children over to DCFS, I made plans the night before for a dear friend who, with her husband, agreed to care for my children, DCFS refused this. My children and I were devastated. They were hysterically and uncontrollably crying and did not want to go, and I did not want to leave.

Irreversible damage and horrific for us all and for about 10 days DCFS refused to tell me where my children were. I had no contact and no information about their whereabouts. DCFS intentionally left all that information out of the reports to the judge. That was horrific and the 10 longest days of my life.

I found out later DCFS took my kids and said they put them in foster care, but they actually put my children with my ex-husband's Aunt Frieda, who hated me. I found out that my ex-husband would visit freely with my children and bribe them with gifts. He was supposed to have monitored visits with the strictest conditions and he wasn't monitored at all.

I informed the judge along with the court appointed attorney that I wanted to be with a different judge, as I felt that this courtroom was prejudiced and biased against me, the judge refused. I also demanded that attorney Scott Clark be removed from the case since it was a conflict of interest because of what he did to me in my most desperate hour. Again, the judge refused and allowed him to continue the case representing my ex-husband. I was appointed an attorney who did nothing to advise me of my rights, communicate, or defend my rights to due process.

My children (6 & 9 years old) were placed in four separate foster homes, they didn't have mommy or each other, separating my son (9 years old) and daughter (6 years old), profiting from all the homes they placed them in, traumatizing them even fur-

ther and six elementary schools in less than a few months. DCFS accused me of not taking my children to therapy, despite the fact that there were plenty of letters showing that I was participating in therapy with my children, in addition to getting a therapist once a week assigned to just my son at school. DCFS was supposed to get therapy for my children which they both needed during this time and they did not provide it.

At one point, I was supposed to have a visit with a therapist with my children, but then the social worker canceled after I was there—abuse of authority—as I was waiting thinking I would see my children. This happened too many times to count. DCFS and my ex seemed to take joy out of the hurt and pain they caused me each and every time—it was abuse of power—they held over me, while I was helpless and at their mercy. DCFS stated that I wasn't allowed to continue therapy with their old therapist. I asked why not? I said that their therapist was on the DCFS approved list. There was no reason at all, other than DCFS did not want to show a history of what my children were before they came to DCFS and to show what they did to them after being under DCFS jurisdiction in foster care. The DCFS social worker said they can't have a therapist who has any history with my kids, (which I found out was a complete lie). The damage that DCFS has caused my children is irreversible, all to help my ex and to profit financially by taking my children from me.

I feared for my children's safety in foster care. My son became angry because he wanted to come home. He told me so. I feared for my daughter's safety and well-being, worried all the time. Concerned that my daughter would be submissive, victimized, and abused like I was. I worried my son would turn into a monster like his father because that's what the system was allowing to happen. DCFS also separated my children in foster care, so besides being taken from their mother, they then didn't have each other for support. After this separation, my son was **molested** in foster care. DCFS was to remove any children molested in foster care, DCFS did absolutely nothing. I was notified by phone that my son was molested, I was contacted by DCFS supervisor Shanon Stroll.

DCFS didn't let me see or speak to my son for four months. They lied to me saying that the person that did this to my son would be removed from the house. I later found out he wasn't. Also during this time I demanded that my son be placed with his grandfather as they had a very close bond, DCFS refused and then ordered a psychological evaluation on me. They could tell I was a wreck, trying their best to break me even further as DCFS wanted to build up more negative findings on me to support their case.

I called the head of the psychology department, I spoke to a man who told me *not* to have Dr. Chopra do the exam, because if she did it, it would be tainted, bias, and prejudiced, to be used against me. The director of the psychology department said they could make up all kinds of things about you because there's no scientific evidence to back it up. DCFS could try to terminate your parental rights using the findings they make up, and I should get my own independent evaluation, so I sought to do so. I pawned all my jewelry to get $5,000 (worth over $75,000) to pay for my own independent evaluation. I was told that the evaluator must be listed on the DCFS approved list, so I found one.

I had my psychological evaluation done and the only thing it came up with was that I have PTSD and I am okay with that, because it's true, because of what DCFS has put me through and from the abuse I suffered with DCFS and my ex-husband.

I found out that both my children had psychological evaluations and both suffered from PTSD as well, so we were all aligned together with PTSD. My ex-husband was court ordered to have a 730 psychological evaluation and none was given to him. There were no consequences by DCFS or the court for my ex not completing the psych exam. Besides being taken away from me, DCFS did not allow any contact for my mother and step-father (their maternal grandparents). My mother was denied her rights to see her grandchildren also. My mother passed away in 2022 and didn't get to see her grandchildren for 12 years, as they were stolen from me. And in 2012 when my children were detained, my mom never got to see her grandchildren over all those many years, nor did their grandfather, as they're both in heaven now.

DCFS detained my kids in 2012 and they spent 7 months in the foster care system, then in 2013, the court placed both kids with their abusive father even though there was an outstanding restraining order (valid for 2010 through 2015) due to his violence against me and my children. Normally judges don't give out a 5-year restrain-

ing order but there were so many horrific things done against me, my ex-husband was issued the 5-year-order. (He was substantiated for child abuse in 2010 by DCFS.)

I was denied visits with my son after he was molested in foster care, for four months, and had been denied court ordered visits as well as phone calls prior to and after the children were placed with their father.

DCFS allowed my ex-husband to monitor my phone calls with my children, even though I had a 5 year restraining order against him, which prohibited any contact including phone calls from him as well. Every time I would call my children at the scheduled time for my phone calls, my ex-husband would hang up on me. This was emotionally abusive to me, thinking I'd be able to speak to my children ever only to have tears and sleepless nights, with no phone calls with my children and only allowed to see my daughter 45 minutes approximately once a week. this was mentally, emotionally, and psychologically abusive with DCFS abuse of power to make this outlandish abuser monitor phone calls for me to speak to my children while I have a restraining order against him, a complete violation. As well as how sick and violent it made me feel leading up to the phone call, and then after, so sick that I couldn't function. I would have panic and anxiety attacks, colitis attacks, as he would never let me speak to my children ever, not even once. Nothing was ever done for my children's best interests. Because it was not about my children, it was about DCFS profiting and my ex-husband. DCFS allowed my ex-husband to make excuses that my children would not be available for my scheduled visits, this was a roller coaster of emotions with DCFS allowing him to thwart my visits an then enjoy watching me suffer and cry, even through the court order said there would be **no interference allowed** with scheduled visitations.

I would look so forward to the day I could see one of my children and then I would be let down. DCFS also had my visits with my daughter Breanna (who was 7 at the time) in Room 3, the interrogation room when the court said the visits should be in the playroom. I would brush her hair that would be matted in knots, sometimes taking over 40 minutes (my entire visit) as my ex never cared for her or her hygiene. One of the times when I gave her a hug, I felt something on her back, when I asked what it was, DCFS social worker Andrea Decoco told me that if I didn't pivot my conversation and change the subject, she would terminate my visit. I said to her there's something on my daughter's back! I wanted to see what it was. My daughter tried to keep me from seeing under her shirt. At the end of the visit, I asked Breanna if I could take a picture of how beautiful her hair looked from the back, she said yes. I lifted up Breanna's shirt and took a picture of her back. Her skin going up and down her spine had scars and scabs all over it as if somebody dragged her on the ground. I was horrified DCFS wouldn't let me ask her anything, they just took her out of the room immediately.

I had a forensic expert look at the photo, they said that was a rug burn, and thought my daughter was molested DCFS never ever listed any injuries which happened. and it didn't happen at the school or in any other way, so it must have been when she was in my ex-husband's custody. I knew my ex-husband caused the injury. I opened up this one investigation into my daughter's injury, as my attorney's advised me to do so. Supposed investigation was not done in front of me right after our visit, and DCFS dependency investigator said there were no marks on Breanna's body to make it look like I was crazy, but I said I have photos! They harassed me and I ran out of DCFS office, got into the car, locked the door covered my face and could not stop crying uncontrollably. as they were violently banging on my car door window telling me to open up the door. I couldn't stop crying, as I was so worried about my daughter and disgusted that they were lying about the marks I saw on my daughter and took several pictures to prove it, as all DCFS does is lie. my stepfather was driving, I told him to just leave, as I could not stop crying and was experiencing another panic attack. Furthermore, DCFS had no right to bang on my window and freak me out demanding that I opened my door up. I informed my attorney of what happened and she documented it, as I also had my stepfather as a witness.

Months later a DCFS supervisor (not one assigned to my case) told me after one of my visits with Breanna (around 5 p.m. after hours) to meet him in the parking lot and he told me the reason why I didn't have my children was because my ex paid them off. He also told me there are cameras everywhere in the building, so I should cover my mouth when I speak inside, so they can't read my lips or go outside to talk.

At the December 12, 2012 hearing, DCFS switched the order and had me monitored in the strictest of conditions ignoring the restraining order against my ex-husband.

This was yet another crazy move on their part, as you could clearly see in the document it shows me as the protected person and DCFS, submitted this document into evidence showing that I was the protected person. At the same hearing, I showed minors' counsel a video of my ex-husband being violent to my children and me, Patsy Moore the minors council said, "I don't care, I'm not interested"! I said your the minor's counsel, you have to! She ignored me and ran into the Dept 414. **DCFS forged my name on several documents when I refused to sign them.** You can clearly see it's not my signature.

My ex-husband case plan was ordered for him to have therapy, parents beyond conflict 8 week class, parenting classes weekly, and ordered into anger management because DCFS previously substantiated him for child abuse of the children.

He never took any of the classes nor the therapy. Then the court turned it around on me and said I needed to have therapy and take parenting classes. I complied with everything and received the certificates of completion—visitation continued to be monitored. They gave me nothing for everything I did. Then the court ordered me, my ex-husband, and my children to have psychological evaluations. DCFS assigned an evaluator who was prejudiced, and biased against me, it is in the reports and it was discussed at a meeting with my attorney, their county council, and social worker—all documented. I was told I had to be evaluated in order to determine if my visitations with my children could continue without being monitored.

My visits were continued to be monitored because DCFS said they would not accept the other evaluation I had, as they demanded that I only have an evaluation with Dr Chopra and nobody else. It's all documented that she was prejudiced against me. Months later in a meeting DCFS admitted the evaluator Chopra was prejudiced against me. I continued to be monitored at my visitations with my children and the social worker who monitored my visits was later impeached on the witness stand for writing fraudulent reports against me.

After researching all of this, I was told that if I get the evaluation done, it would he approved as long as they're on the DCFS approved list, so I did that. I also found out that they were lying, it could have been with any evaluator.

But, because I'm a good girl, I went ahead and I complied with what I found out in the corporate court office about having an evaluation done by an approved DCFS psych evaluator that they selected for me and on the DCFS approved list. I paid $5,000 (by pawning $75,000 of my jewelry to get $5,000 for this evaluation) and got evaluated. The only thing that resulted from my evaluation is that I have PTSD. My children's evaluations also resulted with PTSD.

The unethical DCFS social worker told me that my visits would still remain monitored, as I was uncooperative and didn't abide by their rules—going to their selected psych evaluator—who was unethical, bias, prejudice, and tainted. And because I chose an evaluator on the DCFS approved list, DCFS said they would **not accept it** as it was not with the evaluator they wanted for me. I said, because she's prejudiced and biased and you know that. It was also written in their reports that this person was prejudiced, biased, and the evaluation would have been tainted. The power and control DCFS had over me and the frustration of the helpless—purposeful things they did to me preventing me from having any chance of love and a bond with my children was destroyed. DCFS refused and would not even let me see my children to deprive us of the bond that we always had and to destroy all three of us my son, daughter, and myself.

When DCFS closed the case despite never having any negative comments written about me ever during any of my visitations with my son. the case was closed, there were **no visits** for me to see my son Dylan, even though there was no rhyme or reason, just because the judge said, **I said so.** And once a week visits monitored with my daughter for 1 hour a week, when I had sole legal custody, that's all they're giving me is 24 hours a year, that's it!

My ex husband also refused to cooperate and making up stories like you couldn't even imagine and only let me see my daughter a few times and refused to ever let me see her again. The last time I saw my daughter was April of 2014, over 10 years ago, despite the court mandated order. According to the new minors council attorney Navarro, the children have been brainwashed, they believe whatever they've been told to be the truth and don't want to have a thing to do with me, because quote, "All the things I did to them." And when they were asked what your mother did to you, they didn't know what I did to them. But they just didn't want to see or he with me ever!

Thank you DCFS for ruining my life, screwing up my children, and destroying the loving bond that we always had.

How do I ever get to see my children again? Will I ever be able to be reunited with them? You can't imagine the suffering and the pain that I have gone through and don't deserve. I waited a lifetime for my children only for them to be kidnapped by the government.

Because my ex didn't want me to see my son, my visits with Dylan ended and I was left with a picture of Dylan saying, "I love you mom."

Therapeutic visits with Breanna were monitored, but her visitations were in the California Pizza Kitchen restaurant. Dylan's visitations were therapeutically monitored, but even stricter and a hardship on the two of us, as it was only at Penny Lane foster agency with an intern therapist named Steve. There was no court order to make Dylan's visitations only at Penny Lane, but DCFS only allowed it there. Dylan said he wanted to see his mom, **me,** but not with people watching and wanted to be able to go outside with me so we can have privacy, and that never happened

I never saw my son again. after he was placed with his father in May of 2013, despite court mandated orders for visitation. As well, I continued to show up every week for my visitation with my son and he would he a no-show. The social worker would send me emails to be there and then sometimes I would show up, and the Penny Lane foster agency therapist said, "I don't know what you're talking about, there's no visits," making me feel crazy and then I showed him the email. He called the social worker and then the social worker told him, "No, I never sent the email," completely gaslighting me. And she was impeached on the witness stand for the very same thing. My ex-husband had written he would never share custody of the children with me. Custody should have been about the children's best interests and **not** granted to the parent who could afford to pay off the agency.

Also, it should be noted that, I was the protected person on the restraining order DCFS failed to ever have a hearing on that, as required. My case plan was completed, everything they asked me to do was done, and yet when they closed the case, they made a new case plan, against me, to complete anger management. This was so abusive of the judge and literally broke me and was so abusive

DCFS hearing was from October of 2012 through January of 2014, however in July 2013, I retained attorney Carin Leanne Johnson to represent me in dependency court. She represented me through January 2014. DCFS trials which took place between August 2013 through January 2014. They were erratic and sporadic, no consistency, held every other month to not be able to have the momentum to proving my innocence and the wrongdoings. In addition, DCFS abruptly terminated jurisdiction of the case after and conveniently when the social worker was impeached on the witness stand on multiple occasions, also even with my attorney busting county council for coaching the witness. The Social worker was impeached and they said she has immunity, so there wouldn't he any consequences for her fraudulent reports about me or the defamation of my character.

My former attorney Carin Johnson wrote down her findings about DCFS, they are:

1. Right to appeal any issue of the truth of the allegations were forfeited due to the fact that an appeal was not filed timely.
2. The social worker often submitted last minute documents to the court with facts not incorporated into an actual "report" thus leaving the attorney with insufficient notice to object or complete investigation and the court accepted the documents last minute, although the attorney objected.
3. The last minute documents, when challenged, often resulted in poor rulings on evidence, timelines, and due process.
4. The social worker completely ignored the fact that the father **did not** attend services or intentionally buried his failures and told the court that they agreed to his request for placement. In the alternative, the department was met with false promises on behalf of the father, which he never intended to fulfill and then the department covered up their inadequacies by burying his **non compliance** in reports. In fact, the social worked denied that she warned the father before court to do certain things or mother's attorney "would use it against him" and later the social worker was impeached with an email that she denied writing with her clear warnings as stated above. Also father signed a document under penalty of perjury that he completed all classes and requirements in

order to have the children move in with him, and later it was discovered in court under oath that he hadn't and there was no repercussions other than asking him to go to the class again. A slap on the wrist. This happened repetitively and he never went to any of the classes required and ordered by the court.

5. Notice: This document contains basic history of details and is nut all inclusive. (The trial transcripts and clerk's record will prevail over these notes contained herein.)
6. The Department allowed and assisted in covering up the father's failures to attend services that were required, and court ordered of him.
7. Mother's attorney, **at the time,** just argued the facts regarding father's request for placement in May, and did not object **with evidence,** which became a game changer for the mother's continued efforts to have her children returned.
8. When trial began at the 6 month review, the court allowed all evidence that encompassed the 6 months including up to the days of trial which were well after a 6 month timeline.
9. Later the court denied any evidence of anything being introduced after the 6 month period for the mother, but allowed the county to continuously move last minute documents into evidence **after the timeline established by the court, over objection by the mother,** and this was a denial of mother's due process rights.
10. Minor's counsel acquiesced in all of it as did the father's counsel.
11. The county blatantly introduced last minute reports in violation of the court's orders and it was accepted over objection by the mother. When the mother sought to introduce evidence of up to date compliance or evidence. the court denied such introduction, a violation of due process.
12. In a strange behaving series of rulings, the court would allow some evidence into the trial post 6 month date and then on other times not, this was again a denial of due process on yet another ground.
13. The department blatantly ignored mother's real progress at visitation and only wrote up instances which created havoc that was caused by the department's own unorganization and miscommunication.
14. The department ensured that mother's visits were anything but "homelike and pleasant" by placing them in a sterile environment "cold," and often filthy and then chastised mother for bringing food and crafts as apparently she brought too much.
15. The department also blamed and punished the mother for not following the rules when the "rules were **never** given to her by the department." Once the rules were given, she followed their "rules." This was another example of the department's inorganization due to switching social workers without adequate communication, although mother got the blame for their inadequacies.
16. The social worker lied once again on the stand—clear perjury—when she told the court in yet **another** last minute report (post 6 months as directed by the court wherein evidence was to stop) and told the court the mother had said things wherein testimony under oath showed that the **father** had said such bad things, detrimental to mother's trial. The social worker admitted to her untruth on the stand.
17. Again, when mother's counsel tried to impeach the social worker again with **proof of her lies,** the court cut off the evidence to save the social worker, Andrea Decoco of Chatsworth DCFS and did not allow the impeachment evidence, because it was after the 6 month period, (but so was the trial). Although evidence was allowed by the department continuously beyond the 6 month period, it was denied for mother's council.
18. The court would not agree that the social worker was not credible or a liar but just indicated that the social worker did not testify as well as the court would have liked. County council was trying to help the social worker when she was on the witness stand nodding their head "yes" or "no" to the questions that were being asked mother's counsel called them out on it the judge pretended like she didn't see it when she did.

19. The father lied on the stand with 100% of questions asked and likely 80% of lies in his responses. This was not commented on by the court at all in the closing ruling.

20. Mother's attempts to bring father's violations and failure to barely scrape in one service required of him at a 6 month review hearing was absurd. The court ruling of such was clear error and violation of due process. The county's cover up along with father's noncompliance places, to this day, risk of harm **identical** to what existed on the day the petition was filed. The department's hypocrisy is transparent although the attorney's commissioned with the protection of the children failed miserably. The county and the county counsel (who allowed the failure) and the minor's counsel, Patsy Moore, also failed miserably.

21. The county's lawyer was **hostile and rude** (the assistant to Ms. Yabko). She behaved rudely and appeared to be telling the social worker what to say on the stand. Such complaint was lodged in court by mother's counsel and the witness and attorney's were admonished.

22. Notice this document contains basic history of details and is not all inclusive (the trial transcripts and clerk's record will prevail over these notes contained herein.)

23. The therapist was called to testify for mother and child therapy, also a therapist that saw the father and child. His comments were allowed in reports, via release, however, upon testimony the father's counsel and minor's counsel objected to any testimony via psychotherapist patient privilege. This was in error. Full release was given to the social worker and comments were placed into reports, however, when asked questions, such testimony was closed for cross examination. This was in error. Father waived the privilege and minor's counsel did as well. They only objected because the mother would have exuded positive testimony for her and negative for father. This was just another example of efforts of non-truth seeking by minor's counsel and father's counsel. The court was prevented from knowing more. If many questions were asked regarding mother's progress it may have been out of context if minor's therapy and father's therapy were shielded. However, **even in the face of the court's ruling** significant evidence. although eventually ignored, showed father's bad behaviors of continuing parental alienation.

24. Father's alienation continued to mother's detriment throughout the case and the county protected it. The court omitted evidence from court reports of father's bad behavior of alienation.

25. The father likely programmed the child before testimony as it appeared.

26. The father stopped visits with mother on his own and then it was protected and supported by the department because the department could not control the father's bad behavior. It is believed, although not proven, that the father exhibited his domestic violence tactics on the new social worker. She was a less seasoned worker and likely more susceptible to intimidation by father.

27. The county had to support its position of placing children with the father back in May (in the face of father's noncompliance of services and likely false promises) because to do otherwise, would be to foster the department's own errors.

28. The department supported **itself** to the detriment of the mother's visits, contact and custody and to the **detriment** of the children's best interest.

29. The Department **ignored** the child's molestation in foster care and likely hurriedly placed with the father due to threats and intimidation.

30. The department social worker had no idea there was an allegation of molestation in the case, (as it was dumped on her without details) the child never received therapy for the molestation and no services were provided to the child at all in regard to the molestation.

31. The child's therapist indicates all is well in a letter dated August after it was brought out by mother's counsel that the department dropped the ball. The letter (which should have encompassed up to date information from the department of the child's molestation and calling himself names and hitting himself while living with the father) did not address what information the therapist knew of before issuing the letter that all goals were met. The child clearly has issues continuing, especially if he is mad at his mother, which has always been a point of contention in regard to the truth vs. parental alienation and intimida-

tion by the father. Again the county and minor's counsel failed the child to his detriment by pulling on a type of charade for the court.

32. The court failed to present the child's testimony to the mother. She was denied due process, this was a duty of the court.

33. The court often forgot who testified or what evidence came into the trial and made a final ruling, likely based on less than complete evidence due to the failure to recall issues and evidence. For example the court indicated (to the best recollection possible) that security was called all the time on the mother during visits. This is completely untrue. If this is what the court actually believed, which was opposite of the evidence presented, this likely had a profound effect on the court's eventual ruling.

34. The court also denied contact with the son and the mother on insufficient evidence or no substantial evidence, however, this issue is likely reserved for an appeal as it was not based on substantial evidence or the ruling of law that applies.

Notice: this document contains basic history of details and is not all inclusive (the trial transcripts and clerk's record will prevail over these notes contained herein.)

I also want to mention that during the DCFS trial, I had 45 witnesses on the list and all were denied by the judge. They left out the fact that they were supposed to have a hearing on the restraining order against my ex-husband which they never did. They also left out that the prior court order had ordered no visits whatsoever to the father for his abuse. Not only was he heard in Van Nuys Court for the restraining order, but also in family court and **both** judges agreed no visitation with my children, yet DCFS intentionally overlooked it. They helped him abuse my children. They helped him abuse me through working with him and granting everything he wanted.

Dependency investigator Chelsey Martin's recommendations for both children was suitable placement for son with mom and suitable placement for daughter with mom, but suitable placement for only son with father (not daughter). I only found out about it when I picked up the records this year. But they never considered placing the children with me because my ex paid them off. DCFS knows that my ex-husband perjured himself, lied and said he completed all courses and then multiple times found out that he didn't. He still refused when the court ordered him back into classes and therapy. DCFS overlooked his noncompliance and would report my children were thriving in his care. My ex had his driver's license suspended 18 times for failure to pay his domestic support obligations and he faced contempt of court for that failure in family court.

Since my son was placed with his father in 2013, he refused to see me even though I had only positive interactions with my son until my visitations ended. The social worker was impeached on more than 15 counts and monitored my visits weekly. Then when I got to see my daughter for 45 minutes, even though it was scheduled for 1 hour, reports were inaccurately written about me and the social worker who monitored the visits falsified documents. It should also be noted that they never gave me rules to follow during the visitations at DCFS yet wrote me up for rules that I broke.

This is a link to one of the articles about my ex-husband and his DCFS-approved monitor Waggoner (former co-worker and also a convicted felon). *https://www.justice.gov/usao-cdca/pr/operators-trucking-school-charged-defrauding-va-collecting-tuition-veterans-who-never*

Amit was arrested, charged in 2020 and later imprisoned for the following charges: destruction of justice; false malicious conspiracy; grand theft; false impersonation and cheats with the intent to defraud; forgery and counterfeiting; preparing false evidence to commit a crime; obstruction of justice; criminal fraud; racketeering from U.S. Federal Government; perjury Aiding & Abetting and money laundering (Case# BA464429 (State) and Case # CR 17 194–SVW (Federal).

Thank you,

Rhonda Richards

LETTER SUBMITTED BY SAMANTHA-SIONG RICKS
Liberty, MO

May 28, 2024

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510–6200

Dear Senate Finance Committee Members,

I, woman, Samantha-Siong Ricks ("Mother," the living breathing natural woman with a living soul, Sui Juris), of legal age and of sound mind, upon oath and affirmation of belief and personal knowledge that the following matters, facts, and things set forth are true and correct to the best of my knowledge and belief, under pains and penalties of perjury.

As one of the people, I am presenting evidence of fraud and crimes upon We the People to include my family by Child Protective Services of the State of Oklahoma specifically the Oklahoma Department of Human Services (OKDHS) and do hereby demand the complete abolishment of Child Protective Services (CPS) and complete defunding of SSA title IV–A through E and any other federal incentives related to DHS immediately upon the Senate Finance Committee's knowledge of the fraud and crimes against we the people. Failure to act upon this knowledge and defund this illegitimate agency will be evidence to whom you have sworn your allegiance and will be further evidence of the fraud and crimes against We the People.

My family has been ripped apart at the hands of the OKDHS beginning on December 22, 2021. Following are the facts of the crimes perpetrated by those who are employed by OKDHS and the judges as well as the local sheriff department that assisted in the unlawful seizure of my most precious asset, my living breathing flesh and blood bestowed upon me by almighty God—my girl, Ida and my boy, Aurelius—without lawful authority to do so.

> Before I formed thee in the belly I knew thee; and before thou camest forth out of the womb I sanctified thee, and I ordained thee a prophet unto the nations. –**Jeremiah 1:5**

> Lo, children are an heritage of the Lord: and the fruit of the womb is his reward. –**Psalm 127:3**

While traveling the country with my then 4-year-old boy, Aurelius, and my then 6-year-old girl, Ida, we were lured into the State of Oklahoma by Sonya Hall, a woman who portrayed herself to be a "Good Samaritan fully trustworthy" as she is the sister to a deputy in the Canadian County Sheriff Department, as well as having a son in Oklahoma law enforcement, and a son in the U.S. Navy. She made false and deceptive claims—hearsay and without first-hand knowledge—that my family was not safe in the place where we were lodging in Dallas, TX. I had become very ill with a high fever and traveling home to Georgia from Dallas was a long trip in my condition and she falsely promised to help if I came to Oklahoma so I can recoup before making a long drive home to the State of Georgia. I fell for this CPS trap and traveled to El Reno, OK from Dallas, TX with my boy and girl on December 9, 2021. This was the very first time we had ever stepped foot into the State of Oklahoma.

After acquiring a telehealth appointment with a doctor on December 14, 2021, I obtained the necessary prescriptions from a local pharmacy. I began feeling better after several days on the medications. I planned our trip to our home State of Georgia to include rotating the tires on our family car and having the oil changed at the local Walmart. When I told our hostess Sonya Hall of our plans to be on our way, she invited us to stay for Christmas. This excited the children as she was having Christmas presents delivered to her front porch daily for the children. I did not see the trap being set. Ida and Aurelius were overjoyed at the idea and I accepted the invitation to stay a few more days.

Just 3 days before Christmas on December 22, 2021, at approximately 10:30 a.m., I opened the front door to the home and saw many law enforcement officers standing nearby. I informed the woman of the home of their presence to which she proceeded to open the door and let them straight in.

Lieutenant Deputy Paul Reynolds of the Canadian County Sheriff Department was the lead. He claimed his business was a "welfare check." He along with Susan Allen, investigator with the OKDHS asked me if I had two children to which I confirmed.

They asked if they could see them and I allowed them to see them. Then they proceeded to uncover them as they were sleeping. They were frightened and confused by the presence of strangers in the room. I tried to calm them down.

I was being interrogated by Lt. Paul Reynolds and I was not sure why. He intimidated me and made me leave the bedroom as he and his deputies searched the guest room. My little ones and I left the room. Susan Allen searched the bathroom.

After approximately 4–5 hours in the residence Lt. Paul Reynolds informed me that they were taking my children. I immediately objected and demanded to see the warrant. He told me, "I don't need a warrant." I replied, "Yes you do."

I demanded to see paperwork stating why Susan Allen was attempting to take my boy and girl. She told me that her supervisor was on the way with the papers. The supervisor never arrived with paperwork. When I repeatedly demanded answers as to why they were taking my little ones she simply said, "We don't think they are safe here." Nothing more.

I was suddenly in a panic crying demanding answers. Lt. Paul Reynolds told me to watch myself and to not cry because people were watching me. My boy and girl were hysterical. They were crying and screaming. I was forced to sit in a chair with an armed deputy guarding me so that I could not console them or help pack their belongings. I was told that once they were strapped in that I could say goodbye at the car of CPS investigator Susan Allen.

Once they were in Susan Allen's car, I ran outside and was trying to calm them down as they were in a state of panic being ripped from their mother crying, shaking, and screaming. I was running down the dirt and gravel road after them telling them that I love them and instructing them to not let anyone hurt them or let anyone tell them to hurt one another. I had never been separated from my precious little ones until that very moment.

The court was closed because of the Christmas holiday. I was not able to obtain any paperwork until 5 days later. There were no explanations on the kidnapping order by Assistant District Judge Bob Hughey. It was blank.

On December 28, 2021 when the emergency hearing was held at the Gary E. Miller Children's Justice Center in El Reno, OK I was sure all would be cleared up and I would be going home to Georgia with Ida and Aurelius. I was wrong, the nightmare had only just begun.

I hired bar member Chris Arledge to defend me at the emergency hearing. Not only did he not defend me he instructed me to *not* object when I wanted to do so, when false and misleading statements and hearsay were being admitted. This led to the continued removal of Ida and Aurelius. Chris Arledge failed to defend me. I fired him from my case.

I attempted to find an attorney in Oklahoma to help me. I was unable to find one willing to do so, including applying for legal aide in the State of Oklahoma. I was denied, twice. I also attempted to secure counsel in Georgia to help me. I was unsuccessful.

I objected for lack of jurisdiction repeatedly during all court hearings, verbally and written. I also filed a UCCJEA Affidavit of Residence for the then current time and the preceding 5 years. I also filed a writ of habeas corpus for the emergent return of the child in Cobb County Superior Court of Georgia where my final custody and legitimation order lies with the children's biological father. Judge Angela Green with the Cobb County Superior Court of Georgia dismissed the writ for lack of jurisdiction.

In early 2022 I received disturbing text messages including photographs of my almost 5-year-old boy nude in the bathtub from the cell phone of foster mother, Kimberly Clopton, along with a photo of my 6-year-old girl with exposed underwear with the foster father, Ryan Dean Clopton. I reposted this crime to my local police department in Cobb County, GA. They would not help me. I contacted the FBI, they refused to help me. I also reported the crime to the National Center for Missing and Exploited Children. A case was opened to include the Georgia Bureau of Investigation and the Oklahoma State Bureau of Investigation. To date I have received no help. OSBI through their missing persons clearinghouse has informed me that Ida and Aurelius are still in the custody of OKDHS but they cannot determine their physical location.

This leads me to the most heartbreaking point of this ongoing nightmare at the time. Ida was placed under general anesthesia and her teeth and possibly her vir-

ginity was damaged as they unnecessarily surgically removed four of her perfectly healthy permanent teeth that had only recently grown in while being held captive in the strangers (foster parents) home and practically "gang-raped" her while she was under anesthesia. This was done against my consent to which I fully objected. In fact the surgery was based upon the dental records of another child older than Ida.

A whistle blower provided me with a copy of the SoonerCare document(s) showing the activity regarding Ida and Aurelius. The date of activation precedes our arrival in the State of Oklahoma as it shows an activation date of December 1, 2021. We had *never* stepped foot into the state prior to December 9, 2021. Furthermore, I had not provided anyone with access to their Social Security numbers nor their birth certificates. We all were current members of the Georgia Healthy Families Medicaid program and were not in need of Oklahoma SoonerCare. I was investigated by Jimmy Cotton of the Office of the Inspector General in Georgia for possible fraud due to their illegal and unlawful application(s) and access to my boy and girl's Social Security accounts. Nowhere will you find a true wet ink signature in front of public notary by my hand consenting to the State of Oklahoma's application(s).

When I saw Ida on our scheduled Zoom visitation after her surgery, I was compelled to find her and my boy so that I could protect them from these children kidnappers they were being held captive by against their wishes in an undisclosed location. I would find out that the foster dad, Ryan Dean Clopton, is also a deputy with the Payne County Sheriff Department. As soon as I was able to determine their physical location, I went to protect them.

On August 6, 2022, I found them playing outside. My son was excited and ran into the Clopton's home to tell them I am here so he can get the promised gifts. Ida jumped in my arms and got into the automobile with me. I was arrested with excessive force and once again my girl was violently ripped from me. I was detained in the Payne County Jail for 18 months. The bond was excessive—set at $75,000. I was charged with child stealing and possession of a firearm during commission of a felony.

A jury was called in January 2024 to hear CF–2022–317. I was put on trial for both charges at the Payne County Court in the State of Oklahoma. I was acquitted on the firearm charge. I was found guilty of child stealing and sentenced to 9 months in the Payne County Jail—9 months longer than I had already served.

The trial was unfair. I was allowed no witnesses on my behalf though I repeatedly demanded that my court appointed attorney and bar member, Virginia Banks, subpoena them. I was allowed to present no evidence, I had repeatedly demanded access to my property being held in the Payne County Sheriff Department's custody. I fully believe if the jury were presented the full scope of the facts, evidence, and reliable witnesses, I would have also been acquitted on the charge of child stealing.

Currently my case has been submitted to the Oklahoma State Court of Appeals. I have been deemed indigent by the Oklahoma Court of Appeals. During the trial child welfare specialist with OKDHS, Sondra Cantu, testified that the original referral in Canadian County was "low level" not constituting an emergent seizure of my offspring. She further testified on the record that "she could not find services for me in the State of Georgia" though she was assigned the case for 9 months at minimum at the time. Also she testified that I was traveling to and from Georgia to Oklahoma to visit my boy and girl under supervised visitation as well as weekly Zoom calls and telephone calls.

During my detention in the Payne County Jail, I was systematically denied any communication with Ida and Aurelius. The OKDHS supervisor, Betty Camacho, visited me only one time in the entire 18 months in the Payne County Jail. I received no updates, no pictures, and no opportunity to be a part of their care.

No services have ever been provided to me whatsoever. In fact her visit was only to provide me with a termination of parental rights petition by assistant district attorney Lory Dewey. The fraudulent and misleading petition filed by ADA Lory Dewey contained outright false statements, lies, slander, and inadmissible hearsay.

Lory Dewey had full knowledge that my family and I do not live in the State of Oklahoma, yet she stated falsely that we do live in the State of Oklahoma. She also stated that I have mental conditions not treated despite the fact she is not a doctor/psychiatrist and cannot diagnose or make this false claim. She stated that I have a cognitive disorder preventing me from caring for my boy and girl. Again, she is not a doctor and has no authority nor expertise to diagnose anyone of We the Peo-

ple. Her lies are designed to put people on the defensive in an attempt to prove their innocence. This is in direct violation of the Constitution ordained by We the People.

The testimony by Sondra Cantu directly contradicts the false statement made by ADA Lory Dewey that I allegedly have failed to visit or maintain a relationship with Ida and Aurelius.

Guardian as Liten (GAL) Jennifer King assigned to case number JD–2021–88 is also acting as Judge of the City of Yukon, OK.

It has been made impossible for me to have any contact with my little ones and I have been denied any information as to where they are located. Further, I have been told by yet another child welfare specialist in Kingfisher County (the fourth county involved in trafficking my children) that Judge Bob Hughey ordered "no contact" between me and Ida and Aurelius. Complete parental rights deprivation, children's rights deprivation, custodial interference, loss of consortium, loss of society, loss of affection, psychological damage, mental anguish, loss of liberty, loss of property, robbery, kidnapping to constitute irreparable harm to our family, etc.

I am fully aware of the scheme played by the OKDHS and I have not, do not, and will not, and will never consent to any of their contracts or to any of their services. I am a target of a witch hunt by the CPS because I stand up to the corruption within Oklahoma Department of Human Services and the illegitimate juvenile justice system to include all imposter(s)/state actor(s): guardian ad Litem(s), court appointed attorney(s) for the children and for myself, administrative assistant district [unelected] judges, county sheriff(s), city police officer(s), court clerk(s), child welfare specialist(s)/agent(s) et al.

The collective actions by all above mentioned criminal(s) have bankrupted me and in-turn enriched these aforementioned criminals and State of Oklahoma, specifically the for profit corporation the District court of Payne County in the State of Oklahoma by trading the CUSIP number below:

Samantha Ricks (CC JD–2021–88 [CASE]) Integrity Oklahoma Municipal Fund Symbol: OKMUX CUSIP: 926826827 ISIN: US9268268276. Inception Date: 09/25/1996. Net Assets: $49.353,000.00 as of 2/26/2024. Portfolio Assets: $49.353,000.00 as of 2/26/2024.

A little about the fund: Oklahoma Municipal Fund seeks a high level of current income exempt from both federal income tax and Oklahoma income tax by investing in Oklahoma municipal securities that are rated investment grade at the time of purchase by independent ratings agencies. The fund's benchmark is Bloomberg Municipal Bond Index.

To date, Ida and Aurelius are still missing.

We the People demand remedy and the return of our biological property.

Submitted with the love of Jesus Christ,

Samantha-Siong Ricks

LETTER SUBMITTED BY CRYSTAL ROBERTS
Graceville, FL

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510–6200

To whom it may concern:

I took my minor daughter (IML) to Pryor Funeral Home in Calhoun City, MS on January 4, 2019 for her father's (Randy Lee Lafayette) viewing at 5 p.m. to 7 p.m. We found a parking space to park in. When we got there I noticed that there were a lot of police officers there standing outside talking. We all got out of the vehicle. (Timothy Roberts, Hannah Roberts, Haylee Snider, my minor daughter (IML), and myself Crystal).

I noticed that they were watching my minor daughter (IML) while we walked towards the Pryor Funeral Home. We stop and sign the guest book when we walk into the funeral home. Then walk into the chapel room. Mr. Larry Goodwin grabbed my minor daughter's (IML) arm and hand and started pulling her while she was holding my hand and arms very tightly while he was pulling her out of the chapel

room. We went into a very short hallway into another room where her father (Randy Lee Lafayette) was laying in his casket, her grandmother was also in the same room.

When we got into the doorway of the room my minor daughter (IML) started pulling away from Mr. Larry Goodwin and started saying she didn't want to go in there and see her father (Randy Lee Lafayette) lying in his casket dead. Mr. Larry Goodwin turned around and looked at my minor daughter (IML) and said that you needed to be there for your grandmother (Lucille Lafayette), she needs you.

My minor daughter (IML) said she doesn't want to and again, Mr. Larry Goodwin repeated himself saying you need to go and be there for your grandmother (Lucille Lafayette) she needs you. He repeated it to my minor daughter (IML) two more times. My minor daughter (IML) kept saying to Mr. Larry Goodwin that she doesn't want to see her father (Randy Lee Lafayette) like that. I lean down and asked if she wanted to go over and see her father (Randy Lee Lafayette) and stand by her mamow (Lucille Lafayette). My minor daughter (IML) said that she didn't want to see her father (Randy Lee Lafayette) like that I said okay you don't have to right now if you don't want to, but if you change your mind, just let me know she said okay.

I look at Mr. Larry Goodwin, said she's just not ready to see her father laying in his casket right now. Mr. Larry Goodwin said, well, she needs to be there for her grandmother. I told him she's not ready and we need to give her some time and when and if she wants to it was up to her when she's ready we just going to sit here on the love seat. He got mad and walked over to Mrs. Lucille Lafayette and told her that my minor daughter (IML) wouldn't come over where she was. Mrs. Lucille Lafayette walked over to the love seat where my minor daughter (IML) was sitting at. Mrs. Lucille Lafayette said to my minor daughter (IML) don't you want to see your daddy because this will be your last time seeing him and saying goodbye.

My minor daughter (IML) said I don't want to see him right now. Mrs. Lucille Lafayette said, well, you need to go over to see your daddy and say your goodbyes, she said I don't want to. Mrs. Lucille Lafayette said well I wish you would but okay. I said to Mrs. Lucille Lafayette she just isn't ready to see him lying in his coffin right now just give her some time she will let you know when she is ready Mrs. Lucille Lafayette said okay but, I wish she would go see her daddy and tell him goodbye because this will be her last time seeing him. I told her she Just isn't ready right now to give her a little time to get where she needs to be to be able to go over to see him. Mrs. Lucille Lafayette says okay and then walks back over to the foot of the casket.

My minor daughter (IML), my husband (Timothy Roberts, Hannah Roberts, Timothy (TJ) Roberts and myself where sitting on the love seat and chairs that was in the room where Randy's casket was guest was entering and exiting to pay respects to Mrs. Lucille Lafayette an hour had passed and my minor daughter (IML) said to me mama I'm ready to go up and see daddy I said, okay baby do you want me to go with you my minor daughter (IML) said yes I said, okay I will go up with you. So we walk up to Randy's casket Mrs. Lucille Lafayette also walk over to us and said to my minor daughter (IML) touch your daddy's hands my minor daughter (IML) told her grandmother no I don't want to. Mrs. Lucille Lafayette said don't you want to touch your daddy's hand you need to because, this will be the last time you will see and touch your daddy. My minor daughter (IML) said no I don't want to touch him. Mrs. Lucille Lafayette grabbed my minor daughter's hand and forced my minor daughter (IML) to touch her father's cold dead body lying in his casket.

My minor daughter (IML) got very upset saying, "I told you I didn't want to touch my daddy." Mrs. Lucille Lafayette said, "Well, you needed to because this will be your last time touching and seeing him." My minor daughter (IML) stood there for a little bit longer then she walked away and went to the bathroom. I waited outside the door until she was done in the bathroom. When my minor daughter (IML) came out her minor friend (AGM) from school was there. Every time my minor daughter (IML) would walk away from the little girl she would follow my daughter around the funeral home. My sister Chasity Adams asked me why the little girl kept following my minor daughter (IML) around. I said, I don't know. I asked my minor daughter (IML) why her friend keeps following her around. My minor daughter (IML) said she didn't know why the little girl was following her around and didn't like her doing that. I told my minor daughter (IML) that she needed to go find her mother. The little girl got upset and went back to where her mother was.

We went into the chapel room. When we walked into the room there was a table sitting next to the wall with some pictures sitting there. The pictures were of my minor daughter (IML) and her father (Randy Lee Lafayette) and there was a picture of Randy and Angle on the table. My minor daughter (IML) got upset and wanted it taken down. My daughter (IML) asked my sister (Chasity Adams) and I to take it down. I told her she needed to talk to her mamow (Lucille Lafayette) or her cousin (Joyce). My daughter asked if I could go talk to them I told her she needed to be the one to talk to them because if I did it, it would make me look like I wanted it taken down.

My sister (Chasity Adams) ask my daughter if she wanted her to go with her to ask them to take it down, I let my sister know I wasn't going to talk to them, because they will accused me of being a jealous ex-wife so I didn't think it would be a good idea for me to do it. My sister (Chasity Adams) and my daughter (IML) went and talked to Joyce about taking it down. Joyce took the picture down of Randy and Angie, she told Mrs. Joyce that she wasn't comfortable with the pictures being there because they weren't married. Joyce said okay, I understand.

We were all sitting in the chapel room on the pews talking. I told my husband (Timothy Roberts) I was going to step outside and call my dad (Charles (Chuck) Arbuckle) and to keep an eye on my minor daughter (IML). There were two French doors to the right that I went through to go outside. I notice when I looked to my right there was a lot of police officers standing outside talking. I also noticed that they kept watching me, deputies where talking to Joseph Ezra Conner, who is also a police officer, but he wasn't in his uniform. While I was on the phone with my dad, a deputy walks up to me and asks me if I was Crystal Lafayette? I responded to him, "no sir," my name is Crystal Roberts. He then goes to say he had some papers to serve me with. I told him that I wasn't taken them papers because those papers weren't legal and they didn't have my legal name on them and I walked off and went back inside and told my husband what just happened.

We were sitting in the chapel when another deputy walked up. Officer Jimmy Wlygul walked up to my husband and I and said that he was serving me with emergency temporary custody without notice and for temporary and permanent custody support and other relief. I asked him for what, he said, I can just read the papers and it will tell me why. I said, I'm not taking them papers because those papers aren't legal. He then threw the paper at me on the floor and said you have been served and said that he was wearing a body camera and it is recording me refusing to take the papers. He also says that he was taking my minor daughter (IML) from me, I told him over my dead body and a cold day in hell, that he wasn't taking my minor daughter (IML) from me. Deputy Jimmy Wlygul said, "yes," he was.

I told him only CPS could remove my minor daughter (IML) from me. He said that he could take her from me because he works for CPS. I said, if you work for CPS, show me your CPS badge with your name and badge number on it. Because from what I'm looking at, you are in a Calhoun County deputies uniform with a deputy badge on your shoulder. He said it didn't matter that he was taking my minor daughter (IML) from me. I said to him y'all don't have any respect for the dead. Officer Jimmy Wiygul said he has respect. I said obviously y'all don't because my ex-husband is lying in the next room in his coffin dead and y'all trying to take his minor daughter (IML) from her mother when she needs her the most.

He laughed and said that he had a lot more respect for his fallen brother than we do. My minor daughter (IML) asked me where they taking her, and I said I don't know, probably to a foster home, because that's where they take children when they take them from their parents. Officer Jimmy Wlygul said don't tell her that. I said, why not, it's true, he said "no" it isn't and he was taking her to her grandmother's house where Joseph Ezra Conner was.

My minor daughter (IML) was begging my husband not to let them take her. My husband said, I'm sorry baby, I can't stop them. My minor daughter (IML) said that she hated Ezra and she didn't want to go with Ezra and she didn't want to ever see him again.

The funeral director walked up to us and said that they were closing and we needed to leave. Officer Jimmy Wlygul took my minor daughter (IML) while she was still crying from me. It has impacted my minor daughter (IML) tremendously. She hasn't processed nor has she grieved over the loss of her father. She was put on medication because of what has happened. It has been extremely hard for her siblings. Especially for her special-needs, older brother, who is autistic. He keeps asking me.

When is his sister coming home. Her baby brother has also asked her when are you coming home?

It has put a strain on our mother, daughter relationship. It has put a strain on her and siblings. My minor daughter (IML) has missed out on so much. She has missed out on her siblings' graduation. She missed out on the celebration and first of her baby brother, nieces, and nephew. She has missed out on celebrating birthdays, family events, and family gatherings. She has missed out on educational opportunities that Mississippi schools don't offer that Florida schools do.

I had to pay guardian ad litem (GAL) for the lies she has told on me. I had to turn over her father's (Randy Lee Lafayette) death benefit to them that was through the Social Security office, and I was also court order to pay child support with them getting the benefits through the Social Security office.

I had to rent a place in Mississippi because I couldn't stay with family. While having my residence in Florida. I have had to pay two rents to light bills to garbage bills for both houses to grocery bills for both houses one water bill. The gas and food from going back and forth to Mississippi from Florida once a month and 6 weeks out of the summer.

It has been a roller coaster ride of emotions and worries because my minor daughter (IML) hasn't been with her family in 5 years come July 2024. It was extremely difficult when it all started because I was pregnant with her baby brother.

Crystal Roberts

STATEMENT SUBMITTED BY GUSTAVO ROBLES

Violations are Ongoing from New Jersey by Child Protective Services (CPS) and Division of Children Protection and Permanency (DCP&P).

Multiple court hearings and dates staring from 09/02/2020 through 03/19/2024.

Bergen County Court House, Superior Court, 10 Main Street Hackensack, NJ 07601.

Docket: FD 02–000697–18.

The caption of the case and matter is—*Grecia Pinto v. Gustavo Robles*.

Includes U.S.A. and N.J. civil rights violations and discrimination, U.S.A. and N.J. Constitutional rights violations and Civil Liberties violations occurred.

No equal protection under the law was availed on to me.

No due process rights accorded or provided to me hence absence of due process.

No trial, no jury provided instead arbitrary and capricious rulings made against me to support DCF/DCP&P false claims and biased investigation were rendered, simply just one sided against me.

My complaint and concerns and issues are based on the following five individuals who work for the Division of Child Protection and Permanency (DCP&P) located in Hackensack New Jersey 07601: case worker Mrs. Lori Makridakis; investigator Mr. Suni Brown; case worker Ms. Shante Singletary; supervisor Mr. Gregory Maier; and supervisor Ms. Lori Laverty.

Requesting for the Senate Committee on Finance to look into my case and matter conduct and audit on the issue where my child was not returned into my custody and unjustly continue to allow my child to remain in the custody of his abusive mother and paramour. Requesting to make appropriate corrections to this matter including a full audit of this case that was initiated without any proof or cause instead derived from Plaintiff mom's false allegations and seeking self-help while also involving CPS and DCP&P to facilitate wrongful/bias actions against me.

Also asking for the Senate Committee on Finance to review my concerns that DCP&P is not paying attention to me and are not reviewing my concerns, complaints of Plaintiff mom's ongoing physical abuse and emotional abuse against our child.

The following issues (**A-B-C-D-E**) are specific to how the case and matter was purposely mishandled, how I have faced discrimination, bias and gender as well as other discrimination as in the presence of the following DCP&P employees of Mr. Suni Brown (investigator), Mr. Gregory Maier (supervisor) and Mrs. Lori Makri-

dakis (investigator) and Ms. Shante Singletary (caseworker) and Ms. Lori Laverty (supervisor):

A. Mishandling of Evidence and Logging in All Investigations and Information:

1. Observations on the quality of my home and my child's residence were satisfactory.
2. Observations on interaction between myself and family members was passed over and not given appropriate weight, review and consideration.
3. Caseworker (Non-Investigator) assigned on or about February 2021 did not accurately record our interviews and did not follow up with Division (DCP&P) protocol.
4. Non-Investigator caseworker testified without having firsthand knowledge ofthe facts.
5. Non-Investigator caseworker did not observe the marks on the body of my child that was noticeable during the other parent's parenting time and occurring in their apartment.
6. Non-Investigator caseworker was negligent and not transparent and did not record my requests or complaints or my evidence accurately and omitted facts from the record.
7. No prior negative history exists within my household, myself or family.

B. Bias Against Me Was Experienced and Observed and Implemented Against Me:

1. Non-Investigator caseworker harbored bias against me.
2. Non-Investigator caseworker did not provide a neutral approach during our interactions and as a result Ms. Singletary personal experience in the matter was influenced with bad attitude and did not extend any professionalism within the case and matter at hand.
3. Non-Investigator caseworker did not handle this case and matter efficiently nor fairly.
4. Non-Investigator caseworker did not remain objective.
5. Non-Investigator caseworker gave partiality to the other party and Ms. Singletary judgment was influenced and clouded and devoid of factual findings.

C. Missing Context:

1. Historical record and history was overlooked and undervalued.
2. My position and family input was not correctly or exactly recorded.
3. My and my child's complaints against the other parent, paramour and their household was not properly investigated and a shoddy result led to future problems which are false in nature and being where we are today in the current case and matter and my child being harmed at present with the other parent is allowed to continue
4. Other parent has been previously found to be false in one and false in all—court hearings.
5. Other parent has a history of non-compliance, ignoring issued court orders.
6. Other parent is a litigious individual and takes advantage ofthe system for improper benefit.
7. Other parent continues to re-litigate(s) court cases and position despite the court completing the hearing(s) and a determination(s) completed and court order(s) previously issued.
8. Plaintiff mom believes that the truth is evolving, however only lies are discovered from Plaintiff's side.

D. Not Being Thorough—The Division (DCP&P):

1. Non-Investigator caseworker Ms. Singletary made multiple assumptions and presumed against me without evidence.
2. Non-Investigator caseworker did not accurately or openly share plans/results with me.

3. Non-Investigator caseworker did not adhere to guideline and protocol and in one example did not follow up with the child's medical doctor's.
4. Non-Investigator caseworker did not support and effectuate the court orders issued on the case and matter and did not follow up, incorporate, with my child and other party accordingly.
5. Non-investigator caseworker acted outside her trained capacity and duties and spread conjecture against me during this case and matter.
6. Non-Investigator caseworker went out of their way to muddy and influence others involved in this case and matter.

E. The Division (DCP&P) continues to make unilateral decisions and lies to court to gain control over my child and me:

1. Failed to take action to protect my child.
2. My child has been harmed and continues to be harmed with the other parent.
3. Therapy for traumatic experience is not supported per my child's overall medical and family history and general history.
4. Child is being medically and therapeutically exploited for providing services that are not required, individuals are unlicensed and not trained to render services which my child needs.
5. DCP&P has allowed access and via Ms. Kyongok Kim from Audrey Hepburn House (Regional Facility) who is an unlicensed therapist is promoting the use of Psychotropic medicine to be prescribed and administered to our son Gustavo A. Robles III by his psychiatrists Dr. Shahan Sibtain, Dr. Rene Compean, Dr. Asad Hussain, and Dr. Michelle Thorpe from New Bridge Facility in Paramus, NJ 07652.

LETTER SUBMITTED BY SAMANTHA MARIE RUTCOSKEY
Grant, MI

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510–6200

To Whom it may concern,

My name is Samantha Marie Rutcoskey and my partner is Robert Antonio. We have been together since 2015. Since that time, we have created 4 amazing little girls that are unique in their own ways. Because Bobby and I have cognitive disorders, we have allowed social workers to be a part of our parenting journey since day one. They were very helpful it seemed, until they were not. In 2022 our girls were taken from our home based on neglect. To me, this seemed to be thrown at us as many people I talk to say that CPS doesn't just take kids, that there is a process. I can honestly say that there were never threats or talks about the kids being removed from our home. Then one day they were.

Yes we have cognitive impairments. But we are 100 percent capable of caring for ourselves and we have nieces and nephews as well, so we know how to care for human life. Having 4 daughters within 5 years was stressful, but tell me that it would turn into this mess and I would not have believed you. The girls were never underfed, they always had a roof over their heads and clothes on their backs. We love to play and watch TV, but we also like to read, color, and learn. Learning doesn't end at 12th grade graduation. And since I struggle with comprehension, I wanted to be sure my girls did not, if I could help it. So having the social workers come in while the girls were young seemed like a good start. But they literally picked apart every single thing I did and made me look like a careless person.

The girls were removed and placed with Bobby's mom Bonnie. She lives in the same town, on the same road, but I do not get regular visits with my girls. For a short while I did. But then something changed and I barely see them at all. I just don't understand why things changed so much and I can't manage to get the state to see what we have done. We have completed all the parenting classes and counseling arrangements as they asked. We have made the modifications to the home they suggested, or should I say demanded we do. Now we have a three bedroom home that is empty.

The removal of the girls has put emotional stress on us that we have not experienced before. It has been tearing Bobby and I apart so now we are not only fighting for our children, but fighting to keep our relationship alive. I also feel it has put a mental damper on my kids' heads. They are so screwed up over this and it's so hard for them especially when we go so long without seeing them. Then when I am allowed to see the girls, they have feelings about the visit and they get told they can't cry or act up because they know I have to leave. And leave them behind. They are too young to understand why their mommy isn't taking them with her and why daddy is walking away without them. It makes me feel like they are feeling: do my mommy and daddy even love us anymore? And why is this even happening? Do they not want us anymore?

I just hope that my tiny angels don't feel that way! Because nothing—no one could ever make me give up on them—ever! I am honestly trying everything I can to get my family back together without paying for help. I feel as if no one really cares about these children nor their families . . . I just feel so heartbroken not being able to take care of my children like a mother should have the right to do. I want to help them with their homework and play games with them and draw with them and laugh and play with them! I want to be able to watch a movie as a family. I want to be the one to be able to put my girls to bed at night after dinner and showers. I want to be able to tuck them in at night like they always wanted me to do. But that has all been taken away from me, because I have a comprehension disability. There are people far more ignorant than I ever will be that have their children in their care. And I feel that it is because they have not tried to get the help that I thought I was getting. They haven't opened their doors to social workers to pick them apart piece by piece. My disability is not stopping me from taking care of the most important parts of my life! Yes it may get me overwhelmed sometimes, to where I mess up or forget something once in a while, but show me a perfect mom! Come on I'm not perfect and I do not know anyone that is! I'm just a mother that loves and misses her children to the fullest.

The girls have aunts, uncles and cousins on my side that miss them dearly! Since the girls are placed with Bonnie, everyone on Bobby's side gets to see them and it is not fair! I need my children back in my care so that I can be sure they know how loved they are. Please help me get my girls back to me ASAP.

Sincerely,

Samantha Marie Rutcoskey

LETTER SUBMITTED BY BRANDI SANDERS
Lincoln, IL

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510–6200

My significant other and I moved our family from Louisiana to Illinois. Our previous landlord in Louisiana decided to sell the house that we were living in so we ended up having to move. We struggled to get on our feet after moving so far. We had arguments and disagreements and financial struggles, but we finally got a place to live. Neither me nor my significant other are perfect by any means and wouldn't claim to be. We had several altercations while having used alcohol and marijuana with the amount of stress we were under. Both of which are legal in the State of Illinois. My next goal was to get my children set up with school and pediatricians. At this point, Someone I thought was my friend helping me instead reported me to DCFS.

A DCFS worker came to our home and unaware of our rights in this matter, we agreed to an intact plan which consisted of routine home visits. I began to get my children enrolled in school and doctors' appointments. I was unable to make it to one of the doctors' appointments and rescheduled the appointment that same day. This resulted in them, deciding to do a safety plan so that we were not together unsupervised on June 8, 2023. The stipulations of this safety plan were for us to stay at my mother-in-law's while my chosen friend to supervise (who reported me, unknowingly) was at work. We did this over the weekend, and they decided to remove the children from my care the following Monday, June 11, 2023.

Since removing my children, they have violated my parental and religious rights through administering immunizations against my planned alternative schedule and eventually putting my oldest on fluoxetine. I tried multiple times to give DCFS my immunization exemptions as it goes against my religious beliefs, and they proceeded anyway before we ever stepped foot in a court room. I haven't seen my 14-year-old daughter, except once in court, since September 10, 2023. My 6-year-old son started having violent outbursts due to believing that he wouldn't be allowed to come home to me and had to be moved to a home without his siblings. During this time, I became pregnant with my 6th baby.

We were ordered to do counseling, substance abuse classes parenting and domestic violence classes. We had a status hearing March 7, 2024, where they deemed us unfit because all services had been completed except the kid's dad hadn't finished one set of classes and was waiting for his medical insurance to start counseling. We had both completed parenting classes, substance abuse classes, and kept all appointments.

My supervisor Bailey advised that I give birth at the hospital, so it didn't look like I was trying to hide anything. I was coerced into having him in the hospital against my wishes where DCFS had premeditated taking my new baby boy. My last two babies were born at home and this one would have been too if the caseworker hadn't made it sound as though having him in the hospital would be the better option for the rest of our case. This child had nothing to do with the previous case. I had him April 7, 2024, and they took him from me on the 9th. I was forced to attend a court Zoom call in Sangamon County without a lawyer present. Because we were deemed unfit for the rest of our children, they decided we were unfit for the new baby although we had home checks done once a month, every month, and everything was acceptable. They removed him from me at 2 days old. This sent me into the worst depression I've ever experienced. It caused me to have high blood pressure to the point I can feel and hear my pulse any time I start feeling emotional about anything. Our bonding was severely disrupted through this traumatic separation. I tried to keep my milk for him, as I was allowed to breastfeed at visits, but the small amount of time wasn't enough for me to keep producing. He is now almost 2 months old, and I've seen him 28 hours since they took him from me.

Now that I am well informed in this matter, I understand that I did not have to contract with DCFS. I've discovered that there is no court order with a judge's seal on any documents that I've received from Logan County and Sangamon County. I have included copies of these documents for your review and hope to hear from someone promptly.

Sincerely,
Brandi Sanders

LETTER SUBMITTED BY ROGER SCHUMAN
Cockeysville, MD

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510–6200

I hope this message finds you well.

My name is Roger Schuman, and I am writing to express my deep concern and vested interest in the well-being of Tate Adams, a foster youth who was forced to be in foster care in Virginia when he lived in Alabama.

I was granted a legal power of attorney for Tate on November 1, 2020. Subsequently, attorney Sarah Rutledge was also granted power of attorney on December 9, 2020. Despite these legal arrangements, Arlington, VA violated jurisdiction laws and our rights to ensure Tate's safety by placing him in a foster care home in Arlington, VA, far away from his home and family.

This situation is deeply troubling as it disregards the availability of safer and more appropriate living arrangements for Tate, while his family endured a malicious abuse of process for no good reason.

Many individuals, including myself, opened our homes to Tate to provide him with a secure and nurturing environment. However, our efforts were overlooked as the

family was thrust into a dependency case in Virginia, a state where they do not reside.

I have attended court on multiple occasions in Arlington, yet I have not been permitted to present these critical details. I am reaching out to make a statement in all I have witnessed and to seek guidance on how to remove Tate from the foster care system, which poses unnecessary risks to his well-being.

Tate has always had better options available, and it is imperative that we act swiftly to ensure his safety and security. This is a clear way to exploit this child and his family for federal funding. No adult in his life prior to this removal has ever been allowed to see him from the first day he went missing.

Tate needs to be with people who can offer him the care and stability he requires. The the initial goal was to adopt him out when he expressed a desire to return home. However, after enduring extensive psychological abuse and being given psychotropic medications, he now lacks motivation for anything. This situation is profoundly wrong on many levels.

The hearings present this process as ethical and caring for the children in the system, but from what I have witnessed, the reality is starkly different from what the panelists have communicated. This is harming society, created a health crises, and is a waste of our tax money we contribute.

Thank you for your time,

Roger Schuman

LETTER SUBMITTED BY MICHELE LYNN SHEARER
Cranberry Township, PA

U.S. Senate
Committee on Finance Hearing
219 Dirksen Senate Office Building
Washington, DC 20510–6200

To whom it may concern:

I am writing to bring to your attention the grave injustices that have been inflicted upon me and my family by the Butler Children and Youth Services (CYS) in Pennsylvania. I am deeply concerned about the actions taken by this agency, which have resulted in the unwarranted removal of my children from my care and the ongoing threats to strip me of my parental rights.

On June 14, 2021, my children were taken into custody by CYS based on false allegations that were later proven to be unfounded. Despite my daughter's admission that she had lied and my sister's confirmation of the truth to the caseworker, CYS coerced my daughter into lying in court. This deceitful manipulation of my daughter is unacceptable and has caused irreparable harm to my family.

Furthermore, CYS has used the pretext of my son missing medical appointments during the COVID–19 pandemic to justify their continued refusal to return my children to me. My son, who has genetic disorders, intellectual disability and Autism, was withheld from me for an extended period and only gained 3 pounds while in their care after 8 months. It is outrageous that CYS is now attempting to blame me for his weight gain issues, especially considering the medical interventions I authorized for him.

I have also been unfairly targeted by CYS for my mental health conditions, including major depression, anxiety, complex PTSD, and a disputed diagnosis of borderline personality disorder. They are also trying to target me unfairly on my medical issues. The agency has inaccurately characterized my struggles with emotions as anger issues and has repeatedly accused me of refusing to take responsibility for my children's removal. These baseless accusations are damaging and misrepresent my efforts to reunite with my children. They have never provided any reunification services to my family at all. I also have been not allowed to have access to my children's schoolteachers either when I would like to check on their progress. I also have had my credit destroyed and my creditability as a parent and loving mother that I am. The court has mentally abused me over and over with them using their power unlawfully by twisting the truth and the judge has forced me into a contract with CYF by threatening me using my kids saying "I will not get my kids back if

I don't!" The judge also used it again with my medical records, which I know it is a criminal offense what he has done.

I was also falsely arrested 10 days after a visit was ended due to a violation of my disability rights, they knew about my anxiety and trauma, CYF was trying to force me and my son to do a visit in a small room with two people from an agency that did not need to be there since CYF was at CYF office, I refused to do the visit in the room and refused to leave since my son was there and they did not have the authority to cancel my visit. CYF had the sheriff's come up from downstairs even though there are Butler Police Officers and remove me from the building like I was some kind of criminal, mind you I have never been arrested. I had to wait outside for 2 hours for the transportation that CYS was required to provide to go home. I got home I noticed I had black and blue marks on me on both of my arms. A little over 2 weeks later they filed charges for failure to disburse upon an officer orders m 2, and Disorderly Conduct Unreasonable Noise m 3. Lastly the majority of my court orders including the one where they remove my children from me do not have a seal at all on them from the state, which is illegal and they should be forced to turn over my children.

I implore you to investigate the actions of Butler CYS and intervene on behalf of my family. The well-being of my children and the preservation of my parental rights are at stake, and I urge you to ensure that justice is served in this matter. I am willing to provide any additional information or documentation necessary to support my case and to seek a fair resolution to this ordeal.

Thank you for your attention to this urgent matter. I look forward to your prompt response and assistance in rectifying the injustices that have been inflicted upon my family.

Sincerely,

Michele Lynn Shearer

SOCIAL CURRENT
1200 First St., NE, 2nd Floor
Washington, DC 20002
https://www.social-current.org/

Statement of Jody Levison-Johnson, Ph.D., LCSW, President & CEO; and Blair Abelle-Kiser, Ph.D., Senior Director of Government Affairs

Overview

The Family First Prevention Services Act (Family First), enacted in February 2018, fundamentally shifted how the federal government partners with states, territories, and tribes to strengthen families and help ensure the safety of children.

While Title IV–E funding still provides reimbursement to states, territories, and tribes for foster care, Family First allows access to additional Title IV–E funding for reimbursement for critical prevention and support services for families before a crisis occurs and before foster care is a consideration. Family First aims to safely allow children to remain at home with their parents, in lieu of foster care placement, by enabling and incentivizing child welfare agencies to provide the services families need. These services, which must meet an evidence-based standard, include:

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

Family First also includes key provisions to limit unnecessary placement in group care settings, instead requiring that such placements demonstrate critical need. These settings must also be trauma-informed, ensure participation by family in the case plan, and offer after-care supports when a child leaves their group care setting.

While the increased funding for prevention and family strengthening measures has been supported across the child and family-serving sector, the limitations placed on what constitutes an evidence-based program have impeded implementation and access to many vital services. As a result, according to the most recent data[1] from

[1] *https://www.acf.hhs.gov/sites/default/files/documents/olab/fy-2024-congressional-justification.pdf.*

the federal government, just over 6,000 children are currently able to access FFPSA-funded programs and supports, which represents a small proportion of the estimated 400,000 children [2] in foster care at the end of FY 2022.

Social Current, in our work supporting a network of more than 1,800 organizations, including many child- and family-serving nonprofit and community-based organizations, supports Family First as a policy that promotes prevention and more upstream resources to build the protective factors that can support families based on their needs. However, we believe that there are improvements that could make Family First result in more accessible and scalable impact, based on feedback from our network.

As Peter Bagley, executive director of North Carolina-based Children's Homes of Cleveland County notes: "Philosophically we agree wholeheartedly with the foundations of Family First and are hopeful that we will see the legislative and funding adjustments that will be required to actually get upstream of the issues and actually prevent families from imploding and exploding. This will require an investment mindset as it will not be quick or cheap to build the array of services that are needed, especially in our rural communities. It will require an investment in our workforce, in infrastructure, in private-public partnerships, and probably with start-up funding that allows for experimentation, innovation, and variety based on regional dynamics."

Specifically, we support improvements in criteria for the selection of evidence-based practices and organizations for inclusion in the Title IV–E Prevention Services Clearinghouse, that will expand the number of services available to families, the number of families who have access to these services, and the speed at which services can be scaled up nationally.

We support the following recommendations as identified by Child Trends [3] and Chapin Hall,[4] two of our nation's top research organizations focusing on improving the child- and family-serving systems.

- Identify ways to fund, support and expand the field of evidence-based prevention programs, especially those that support equitable outcomes for populations at higher risk of child welfare system involvement, while still maintaining rigorous social science research standards. Leaders from Kentucky-based Home of the Innocents note: "The most significant challenge that the Home faced during the implementation of Family First was securing start-up funding to bring new evidence-based models to our agency. These costs were significant: over $500,000 for Multisystemic Therapy (MST) and $100,000 for Parent-Child Interaction Therapy (PCIT). While the Home was able to negotiate with the Department for Community-Based Services and Department for Medicaid Services to secure sustainable rates for these models, we would not have been able to bring them to our campus without grant funding." Another example of a promising program that should be included in the field of evidence-based programs is Family Resource Centers,[5] community-based resource hubs where people and families can access formal and informal supports to promote their health and well-being. Family Resource Centers reflect and respond to the needs and interests of the communities in which they are based, offering a range of services supporting families.
- Promote greater equity for children of color (and especially Black and American Indian/Alaska Native youth) in the Clearinghouse's review standards. As noted by Amy Templeman, Social Current's senior director of child and family well-being: "Clearinghouse standards must identify and prioritize culturally specific interventions. To address race equity and justice, consider a broader range of programs, especially those designed and developed by and for communities of color and Tribal populations. The standards should also apply a race equity lens to the identification process and prioritize programs developed by and for communities of color."

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[2] *https://www.acf.hhs.gov/media/press/2024/new-data-shows-consistent-decrease-children-foster-care.*
[3] *https://www.childtrends.org/about-us.*
[4] *https://www.chapinhall.org/research/providing-flexible-funds-for-concrete-supports-to-families-as-a-child-welfare-prevention-strategy/.*
[5] *https://www.nationalfamilysupportnetwork.org/.*

- Based on Chapin Hall's analysis[6] of the relationship between economic and concrete supports and child maltreatment and child welfare involvement, recognize the importance of providing flexible funds for meeting families' concrete needs as an evidence-based practice that helps stabilize families and reduces child welfare system involvement.
- Identify ways to expand resources beyond child welfare systems to encompass the broad range of community-based organizations and child- and family-serving systems that will enable funding resources to not only move further upstream but to also offer more family-strengthening resources that support and impact families before they come to the attention of child protective services (CPS). What is evident is that achieving a more preventative system means moving away from the idea that it is solely the function of CPS to keep young people safe. Instead, CPS is one component in what should be a shared framework of responsibility and accountability for child and family safety and well-being. Public policies should emphasize prevention of harm and entry into the child welfare system through a public health approach that addresses the social determinants of health (SDoH).

The Case for Enhanced Family Strengthening and Prevention Policies

When the Commission to Eliminate Child Abuse and Neglect Fatalities[7] released its report in March 2016, they outlined a vision for a 21st Century Child Welfare System predicated on a proactive public health approach that was framed by greater leadership and accountability, decisions grounded in better data and research, and multidisciplinary support for families.

To achieve this vision, we must shift from the nation's over-reliance on activating and deploying Child Protective Services (CPS) to address unmet family needs to a family strengthening approach[8] that resources families and invests in upstream preventive resources that respond to the needs and challenges of families. The challenge we face in achieving this, though, is that our health and human service policy framework broadly is not oriented to preventing child welfare system involvement. Our child welfare system policies are reactive and more heavily weighted towards responding after a child has come to the attention of the system because of harm occurring or through a report from a mandatory reporter or hotline call.

In the past, our nation has invested much more in responding to harm, for example by placing a child in foster care, than in building protective factors and the capacity of parents before challenges become crises and harm occurs. Many states are still spending too little[9] on prevention services, with 15 percent of overall spending to support parents and keep children safely in their homes, compared to 45 percent of spending on out-of-home placements. For the U.S. to truly move to a preventive approach, upstream resources must be rooted in a public health approach developed and operationalized at the community level and not be tied to intervention with the child welfare system to access them. This would entail communities identifying their specific needs, designing supports to meet those needs, and using funding streams, including Family First, Title IV–B and other federal funding, to resource families and solutions.

These efforts must occur within and beyond the child welfare system to encompass a broad range of stakeholders, including other systems aligned to support children and families, such as education, housing, health and behavioral health care, income support, law enforcement, and the judiciary. Efforts should also share in responsibility and accountability for preventing the activation and deployment of CPS and the use of foster care. Most critically, these conversations must center equity to address the years of systemic bias and racial disparities and take place with those with lived experience identifying and supporting implementation of the solutions.

It is also time to reframe the conversation around child welfare and acknowledge the impact of poverty on families. We must train those within the system to recognize and connect the dots between aspects of structural racism that are becoming familiar to the public—such as lack of access to quality housing—and the ways those experiences can hamper and impede safe, stable, and nurturing relationships.

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[6] *https://www.chapinhall.org/research/economic-and-concrete-supports-are-key-ingredients-in-programs-designed-to-prevent/.*

[7] *https://cybercemetery.unt.edu/archive/cecanf/20160323195538/http:/eliminatechildabusefatalities.sites.usa.gov/about-us/overview/.*

[8] *https://ctfalliance.sharefile.com/share/view/sbe761d9ecf7b4e13a51f482bc8bc36e9.*

[9] *https://www.aecf.org/blog/states-spending-little-on-prevention-services-survey-finds.*

Child welfare systems must be incentivized to look deeper into economic challenges that reflect a lack of resources for families rather than simply labeling them as flawed families.

Ultimately, as we advocate for macroeconomic policies that resource families so that basic needs are met and there is a buffer for weathering economic shocks, such as unemployment, our advocacy must include the creation of a cross-sector shared responsibility and accountability framework that ensures family challenges do not become child safety crises. Looking at the data around the positive impacts of economic support programs on our social service systems, we have both an opportunity and a mandate to realign the way we think about poverty, neglect, and family strengthening policies, and to rebuild our systems to bolster child and family well-being and better support families in need.

LETTER SUBMITTED BY RACQUEL KRISTIN SOLIS
Carmicheal, CA

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

To whom it may concern:

CPS has been involved in my life since my birth on August 17, 2004. However, their involvement in 2015 led to my grandparents obtaining guardianship. During a math class, a student falsely reported that I planned to commit suicide that night. The school counselor wrongly attributed this to my mother, resulting in the sheriff bringing me to the emergency room under my grandparents' care. After evaluation by a psychiatrist and social worker, it was determined that the claim was false and that I was mentally stable, though therapy could be beneficial. Subsequently, CPS instructed my grandparents not to return me to my mother without a court order, leading to them obtaining guardianship.

From that point on, I became a victim of Munchausen by proxy, experiencing medical abuse, neglect, and various forms of abuse. I was even subjected to sex trafficking by men and forced to be in a ring of individuals who exploited me. My grandparents did not seem concerned of this occurring. They themselves would subject me to people they knew were dangerous, including an older boy at school whom my grandparents made me share a bed with during a vacation they invited him to when I had stated he makes me uncomfortable. Unnecessary mental health treatments were imposed upon me, and I nearly underwent electroconvulsive therapy until the therapist at a drug rehab home, despite my lack of substance use, alerted my grandparents to the dangers and advised against it. At the age of 17, I was coerced into dating a 20-year-old man, and later became pregnant at 18 after unknowingly being drugged by my ex-boyfriend. An acquaintance of his had performed sexual acts on me that night which resulted in the pregnancy.

Throughout my pregnancy, I attended all necessary medical appointments and followed medical advice. Due to realizing the abusive and toxic nature of my then-boyfriend, I started asserting myself and setting boundaries. Unfortunately, this resulted in adverse consequences, including being forcibly administered Narcan on multiple occasions without valid justification. On June 14th, my ex-boyfriend staged an incident to make it appear as if I had overdosed on opioids in a suicide attempt. I was subsequently taken to the emergency room and later admitted to a psychiatric hospital, where I was deemed mentally fit and found not to require hospitalization.

While in the hospital, my ex-boyfriend colluded with two social workers at the NICU, Janet Saravia and Susana Contreas, to make false reports against me. They accessed my medical records without my consent and misrepresented old information. Furthermore, the ER social worker, Jessica Olivares, falsely stated that I was currently receiving bipolar medication and undergoing STD treatment based on misinformation from UC Davis. However, I clarified that the medication was outdated, and while I had tested positive for a UTI and vaginal bacteria in the past, I currently had no STDs. Despite my explanation, Olivares closed the case during a home visit on June 22nd, claiming everything was fine.

On July 5th, I discovered that my ex-boyfriend and his mother had made false claims to CPS, alleging that I was in poor mental health. As a result, the hospital staff began treating me differently. On July 14, 2023, the hospital recommended

that my son Bobby be discharged Charles Geib III, my ex-boyfriend. I learned about this through Janet Saravia, she informed me that Olivares had falsely claimed to have informed me of the decision. I contacted the social worker, expressing my concerns about Bobby being placed with Charles due to his likely not being the father, having worse mental health than me, living in an overcrowded household, etc. Meanwhile, the allegations against me were merely centered around mental illness, despite passing five mental assessments and being cleared by mental health professionals. The hospital and social worker even refused to conduct paternity tests. The hospital informed me that they Would restrict my visits to Bobby.

In response, my grandmother, Susan Talbott, contacted the hospital's legal department, who confirmed my right to visit Bobby. However, that night, the hospital prevented me from visiting, claiming that Olivares had stated there was a court order prohibiting my access to Bobby. They escorted me out, but later allowed me to visit on July 16th after intervention from my lawyer and family support. It was a challenging battle, but on July 17th, I was informed that Bobby would likely require surgery. The next day, I was told that the surgery would proceed, but the CPS social worker stated that I could not provide consent and that Charles would need to do so. I explained that Charles would refuse consent, as he had expressed during a previous meeting at the hospital. They informed me that they were unable to take any action and requested Charles's contact information. Frustratingly, I received a text from Corin Geib, Charles's mother, stating that I needed to consent to the surgery. I informed her of the circumstances, but received no response.

From July 18th to July 19th, I was on a trip to Santa Ana, which was cut short due to an argument with my mother. Despite not wanting to go on the trip, I was forced to participate. Upon my return, I stayed with my cousin, Sara. On the 21st, I received a phone call from the social worker accusing me of medical neglect for not consenting to the surgery. I explained the situation, but she denied informing the hospital. My cousin then spoke to her, and on the 25th, an incident occurred where I was accused of screaming at security. There are conflicting accounts of what actually transpired, but it appears that Janet Saravia, the social worker at the NICU, made the claims. I informed her that I was not even present at the hospital during the alleged incident, and there is security footage and witnesses, including my grandmother, who provided an affidavit supporting my version of events. When I spoke with the social worker, she disregarded my explanation and stated that she had already informed CPS of her account. She banned me from the hospital and warned that security might physically restrain me if I attempted to visit. As a result, I had to consult with legal teams and eventually called UC Davis police on August 1st to address the issue. The police informed the hospital they could not ban me without a a court order or reasonable cause, allowing me to resume visiting.

However, on August 10th, the hospital discharged Bobby against medical advice to Charles. When I contacted the Sacramento Police Department, they were initially willing to retrieve Bobby for me. However, they spoke with the CPS social worker, who falsely claimed that there was a court order preventing me from having custody and that she had attempted to serve me at the hospital, which I had allegedly refused. My mother, present at the time, confirmed that this did not occur, and my grandparents attested to the absence of any individuals approaching me apart from my lawyer, who contacted me via phone. The following day, my grandmother informed me that she had spoken to the Sacramento police, who stated that as long as CPS declared I did not have custody, they would not respond to calls or perform welfare checks at his residence.

On August 15th, I obtained a restraining order against Charles, which had been challenging to serve as he had been evading the process. On August 16th, Sacramento police attempted to retrieve Bobby, but informed me that they could not illegally remove him from the home due to the absence of a filed proof of service with the court. However, they served Charles with the restraining order and advised me to file it the next morning immediately contacting the police. Unfortunately, some of my family members witnessed Charles and his associates packing vans and taking Bobby without a car seat before driving off. They intended to travel to Colorado, causing airport closures. Different law enforcement jurisdictions were involved throughout the night, but eventually, the Sacramento Sheriff's Department planned to retrieve Bobby. However, during that night, I received multiple calls from two officers from the Sacramento Police Department, who asked numerous questions and seemed anxious. They repeatedly requested to speak privately with the sheriff when they arrived at the scene. Subsequently, the Sacramento Police Department informed me that they would take over the case due to a shooting involving the sheriff's department, preventing further police involvement. They took an hour to

reach the location where I was staying, the home of Charles's maternal grandparents. Surprisingly, they spoke with the grandparents for nearly 2 hours, contrary to their initial plan of retrieving Bobby and leaving. When they finally emerged, they informed me that Bobby would be placed with CPS, and that no further information would be provided.

The next day, I received a notification from UC Davis. My Chart, indicating that Bobby was in the emergency room. Accompanied by my grandmother, I went there and learned from the hospital social worker Craig Harris that Bobby had been told there was a court order preventing my access to him. The social worker claimed to have seen the order stating that I could not be around Bobby, and asserted that Charles and his family would no longer be involved in Bobby's life. On August 18th, I received another notification stating that Bobby had been discharged and sent Corin, with false accusations of my arrest and being found unfit to care Bobby. I consulted with my attorney who informed me that Charles had actually been arrested and the situation was being distorted. The following day, I contacted the Sacramento Police Department, who confirmed that Charles was indeed residing with Bobby, despite the restraining order. They were informed by CPS that Charles had full custody, and they would not take any action.

On August 21st, I visited the courthouse to inquire about a scheduled court date. However, CPS evaded my questions regarding the court date, as the assigned social worker consistently ignored me. Eventually, I spoke with someone at CPS who admitted they had no plans to serve me. After the head of the department intervened, the supervisor was instructed to serve me, resulting in the inclusion of false allegations in the petition. During the first court hearing, Bobby was allowed to remain with Corin. The next day, Charles was removed from the restraining order without a proper hearing. Subsequently, a Navigant Sherry hearing was scheduled for August 29th, during which the social worker admitted that she recommended Bobby be placed with Charles because she simply did not believe my mental health professionals. She also revealed that she had frequent conversations with Charles while only speaking to me a few times throughout the entire case. On September 8th, my attorney informed the court that I admitted to the allegations, despite the fact that I did not. When given the opportunity to speak, my attorney interrupted, and the court ruled in favor of allowing Bobby to remain with Charles, substantiating the claims against me.

This resulted in me still having rights, though CPS had actively prevented me from being involved in Bobby's life, and only start giving me a few visits at the CPS office. CPS even was telling physicians he would see that I didn't have rights and that I can't attend appointments. November 21st, the new social worker on the case made additional recommendations following her previous recommendation on October 4th, which advocated for reunification services and expressed belief in the allegations based on old medical records obtained without my consent. She contacted my previous therapist without obtaining a release of information. The new recommendations included supervised visits with Bobby three times per week at a professional facility costing $300 per hour, with Charles receiving custody and the case being closed finding the allegations to be true. The jurisdiction trial was set, during which on January 30th, the judge substantiated the claims based on the belief that I changed Bobby's diapers 13 times during a single NICU visit, that I was kidnapped during the Santa Ana retreat, that I did not prioritize Bobby by attending the retreat, despite being forced to do so. The judge also expressed doubt about my claim that Olivares had informed the hospital about court orders. However, the judge saw no reason why Bobby could not be in my home as long as I moved out of my grandparents' residence and resided with my cousin, Sara.

Following the trial, the new social worker made multiple false allegations. I attempted to discuss the lack of seriousness regarding paternity with my attorney, ultimately filing a JV 180 a week ago to address the absence of documentation supporting my statements in court. CPS has refused to investigate paternity continuously. Additionally, I filed an appeal for de novo in February. This case initiated with CPS placing me in my grandparents' home, later contending that being in their care rendered me unfit to care for my son. They have also utilized my mental health history, including my hospitalization at the age of 14, which they initially neglected to address seriously, as evidence of instability. This has deeply impacted me and my family, causing irreparable physical harm, extensive trauma, and sever financial burden. Furthermore, CPS has attempted to seize my benefits and financial resources, and has demanded child support if jurisdiction is assumed. Meanwhile, my son has suffered from sexual, emotional, and physical harm, as well as medical neglect and abuse. I have incurred significant expenses, borrowing over $100,000, and

my relationships, including the one with my mother, have been severely strained. The extensive abuse and neglect I have endured throughout my childhood, largely due to CPS's actions, have left few positive memories in my life.

Respectfully submitted,

Racquel Kristin Solis

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STATE POLICY ADVOCACY AND REFORM CENTER
4315 50th St., NW, Suite 100, Unit #2632
Washington, DC 20016

Hon. Ron Wyden
Chairman
U.S. Senate
Committee on Finance
221 Dirksen Senate Office Building
Washington, DC 20510

Hon. Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
239 Dirksen Senate Office Building
Washington, DC 20510

June 5, 2024

RE: Comments regarding The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement Hearing held on Wednesday, May 22, 2024

Chairman Wyden, Ranking Member Crapo, and Members of the Senate Committee on Finance, we thank you for the opportunity to submit this statement for the record on the hearing focused on the Family First Prevention Services Act ("FFPSA").

Family First creates a groundbreaking federal investment in preventing entries into foster care. States and localities are essential partners in implementing FFPSA to its fullest extent. The State Policy Advocacy and Reform Center ("SPARC") is a national network of state and local child advocacy organizations committed to improving the safety, health, and well-being of children and families involved with, or at risk of involvement with, the child welfare system.[1] As local and state experts on effective policies for children and families involved with the child welfare system, SPARC's members consistently contribute data, insight, and recommendations that influence state policies and funding. SPARC members represent 74% of the states/localities that have approved Title IV–E Prevention Program Five-Year Plans. This national coverage provides an invaluable real time snapshot of FFPSA implementation's successes and roadblocks. For these reasons, SPARC is uniquely situated to provide feedback on Family First's implementation that is both informed by individual state experiences and generalizable across many states in our network. SPARC members offer their expertise and experience to the Senate Committee on Finance as it considers these important topics.

FFPSA represents a pivotal shift in child welfare services: allowing states to use IV–E funds to provide services that help keep children safely with their families and ensuring that children who are separated from their parents are placed in family-like settings. Our experiences in states, as well as a robust research base, underpin our commitment to reducing entries into foster care or promoting family-based settings for children and youth. Although FFPSA heralded a new era in child welfare, its implementation has come with challenges.

SPARC members have communicated several challenges for states in accessing the IV–E funding for programs that would strengthen families and keep children out of the foster care system. The most frequently cited obstacle is the rigid standards and categories for evidence-based programs. We discuss these barriers below and

[1] Due to the diversity of SPARC's membership, this comment is submitted by the undersigned members of the SPARC network and does not represent the positions of all SPARC members individually.

would welcome the opportunity to speak with committee members outside of these hearings as you delve deeper into these and other areas for improvement.

The categories for evidence-based programs do not allow for economic and concrete supports.

- *Programs and services that address poverty can prevent unnecessary entries into foster care.*

The categories for evidence-based programs (mental health, substance use disorder, and in-home parenting) are far too narrow. For example, material and economic needs drive child welfare involvement but are not included in the evidence-based programs categories. As Administration on Children, Youth and Families (ACF) Commissioner Rebecca Jones Gaston noted, 74 percent of child maltreatment victims had investigations related to neglect. She stressed that these often are "not about willful neglect, but about the challenges of poverty, such as unstable housing, food insecurity, unmet health needs." Gaston emphasized that one "strategy to prevent unnecessary child welfare involvement" is providing families with "concrete supports."[2] JooYeun Chang, who directs Child Well-Being for the Doris Duke Foundation, echoed this sentiment, stating that "we must better understand the interaction of poverty and abuse and neglect, including the extent to which addressing a family's material or economic needs can prevent unnecessary entries into foster care."[3]

- *SPARC members can share experience with economic and concrete supports and programs in their states.*

Research collected by the American Public Human Services Association and Chapin Hall supports Gaston and Chang's testimony that increased access to economic supports, including: earned income tax credits, child tax credits, minimum wage increases, and paid family leave; and concrete supports, including: child care, housing, health care, direct cash transfers, and flexible funds, is associated with a lower risk of child maltreatment and lower levels of child welfare involvement.[4] SPARC's states and localities have experience creating and implementing these types of policies and would welcome the opportunity to serve as a resource for the Committee as it moves forward with its work.

- *SPARC has developed an expertise in prevention strategies, including economic and concrete supports.*

One of SPARC's primary areas of focus has been prevention—it is at the heart of much of our advocates' work and forms the basis of one of our primary workgroups. The SPARC Prevention Workgroup has spent the better part of the last 2 years focusing on prevention strategies, including economic and concrete supports. The SPARC Prevention Workgroup has noted that "[b]y addressing the poverty that drives many families of color into child welfare systems, [economic and concrete supports] can help address the disproportionate involvement of families of color in these systems, while saving taxpayer money and allowing all families to meet their children's needs and thrive."[5] Unfortunately, these incredibly important supports are not included in the narrow categories that fall within the evidence-based programs.

The Clearinghouse standards are too strict and the reviews are too slow, resulting in insufficient programs and services available to keep children from entering foster care.

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[2] The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement, U.S. Senate Committee on Finance, 118th Congress (2024) (statement of the Rebecca Jones Gaston, Commissioner, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services) 118th Congress (2024). *https://www.finance.senate.gov/imo/media/doc/05222024_gaston_testimony.pdf.*

[3] The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement, U.S. Senate Committee on Finance, 118th Congress (2024) (statement of the Doris Duke Foundation). *https://www.finance.senate.gov/imo/media/doc/05222024_chang_testimony.pdf.*

[4] Rostad, 2020; Kovski, 2021; and Klevens, 2017, in: American Public Human Services Association and Chapin Hall. (June 2023). Evidence to Impact: State Policy Options to Increase Access to Economic & Concrete Supports as a Child Welfare Prevention Strategy. *https://www.chapinhall.org/wp-content/uploads/FINAL-ECS-Tool-with-Intro_6.14.23.pdf.*

[5] SPARC Prevention Issue Brief #1: Economic and Concrete Supports, (available from SPARC), citing Citrin, Alexandra, et al. "Investing in Families through Economic Supports: An Anti-racist Approach to Supporting Families and Reducing Child Welfare Involvement." Child Welfare, vol. 100, no. 1, January–February 2022, *https://www.jstor.org/stable/48663138.*

FFPSA's requirement that all funds must be spent on "promising, supported or well-supported practices," imposes strict standards for designating a program as promising, supported or well-supported. These strict standards omit many services that are innovative or show encouraging results for families. Of the over 800 recommended programs and services that the Prevention Services Clearinghouse has received for review, it has only reviewed 177 programs and services of which 85 were rated as promising, supported, or well-supported.[6] The standards must be loosened, and the clearinghouse reviews must increase in pace and number to enable states to access IV–E funds for more programs and services that can keep children safely with their families.

The services or programs rated as promising, supported, or well-supported often are not tailored to support the populations with disproportionate child welfare involvement.

- *More interventions designed or adapted specifically for children and families of color need to be evaluated and included in the Clearinghouse.*

Many of the services or programs that do eventually receive a promising, supported, or well-supported rating are often not tailored to support populations with disproportionate involvement in the child welfare system (*e.g.,* race, LGBTQIA+, socioeconomic status, and disability, etc.) in a way that aligns with their needs. Issues of race, ethnicity, economic class, gender, and sexual identity must be considered when choosing an intervention. However, as Casey Family Programs has noted, "many child welfare interventions have been created . . . using participant samples that are largely composed of white people."[7] When the programs are evaluated by the Clearinghouse, the process does not allow for adaptation of the programs to be culturally responsive. More home visiting, parent training, and mental health services interventions designed or adapted specifically for children and families of color need to be evaluated and included in the Clearinghouse.

We commend the Senate Committee on Finance's willingness to focus on Family First's implementation. We hope that the Senate Committee on Finance will look to SPARC and its members as a resource as it considers these important topics. SPARC's members represent 18 of the states on the Senate Committee on Finance and we would welcome any questions or follow-up that members may have.

Please feel free to contact SPARC's Senior Child Welfare Policy Manager, Elissa Hyne at (203) 561–7212 or ehyne@foramericaschildren.org.

Sincerely,

Children's Action Alliance (Arizona)
Children's Advocacy Alliance (Nevada)
Children's Law Center (District of Columbia)
Hawai'i Children's Action Network
Idaho Voices for Children
Kentucky Youth Advocates
Maine Children's Alliance
Massachusetts Law Reform Institute
Nebraska Appleseed
Partners for Our Children (Washington)
Pennsylvania Partnerships for Children
Rhode Island KIDS COUNT
Schuyler Center for Analysis and Advocacy (New York)
VOICES for Alabama's Children
Voices for Vermont's Children
Voices for Virginia's Children

LETTER SUBMITTED BY LINH TRAN STEPHENS
Tulsa, OK

May 28, 2024

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.

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[6] Title IV–E Prevention Services Clearinghouse. (2024, May). Welcome. *https://prevention services.acf.hhs.gov/*.

[7] Casey Family Programs. (n.d.) Interventions Shown to be Effective with Children and Families of Color Being Served with Family First Funding. Research Brief Executive Summary (First Edition).

Washington, DC 20510–6200

Dear Senate Committee on Finance Members,

As One of the People, I, Linh Tran Stephens ("Mother," the living breathing natural woman with a living soul, Sui Juris), of legal age and of sound mind, upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of my knowledge and belief, under penalty of perjury:

I am presenting evidence of fraud and crimes upon We the People to include my family by **Child Protective Services** of the **State of Oklahoma** specifically **Oklahoma Department of Human Services (OKDHS)** and do hereby demand the **complete** abolishment of **Child Protective Services (CPS)** and **complete** defunding of SSA title IV–A through E and any other federal incentives related to OHS **immediately** upon the **Senate Finance Committee**'s knowledge of the fraud and crimes against We the People. Failure to act upon this knowledge and defund this illegitimate agency " will be evidence to whom you have sworn your allegiance and will be further evidence of the fraud and crimes against We the People.

I'm the biological mother of my daughter G.L. Stephens who was kidnapped by the OKDHS–CPS (Oklahoma Department of Human Service/Child Protective Services) and Juvenile Court on December 3, 2021. For the last 2.5 years I have been allowed to see my daughter less than 30 hours total (19 visits max). I've been extorted by family court and OKDHS–CPS to pay $150 an hour to see my own biological daughter whom no abuse was ever proven in court against me, instead, CPS ordered her to be subjected to abuse daily by her biological father, a well-known and established-abuser by the court records, by police records, and by professionals in the community who are **not** court-appointed and who are **not** asking for money to speak the truth in court and who do **not** work for OKDHS and state government.

While with abusive Father, the child has huge bruises on her forehead, disheveled, stinky, regressed mentally, and has **not** been allowed to go to her established pediatric physician. There have been several violations of my civil rights, due process rights, federal laws, children's bill of rights, parental rights, False Claims Act, breach of contract, fraud-upon-the-court, lack of jurisdiction (as my children and I are not U.S. citizens, because we are not located, are not domiciled, are not a resident of, nor ever has been a resident of, any of the following places or businesses: United States (located in Washington, DC), State of Oklahoma, State of Texas, State of Oregon, or any other incorporated entity or business at all anywhere.

My then 8 year old daughter was kidnapped by courts in 2021 for false allegations of "watching child porn with mother, thus mental abuse," where CPS caseworker's fabrication changed original from "movie Taken with rape scene" (untrue as Taken is PG-13 **without** rape scene; mother never watched with daughter) to "adult porn" (untrue as we provided proof-bills without cable thus impossible to order adult porn) which later changed to "child porn" again with zero evidence, zero first hand witnesses, zero charges from police as child porn is a federal offense, yet CPS caseworker said during CPS safety meeting "child porn does **not** require FBI investigation nor forensic interview of child according to me and CPS supervisor."

Subsequently juvenile court kicked the case back to family court, CPS caseworker impeached for lying & admitted that indeed she did tell mother at her house when mother offered caseworker to look at her devices, "you are guilty just by looking at you, I don't need to look at your device nor scan your devices."

CPS deprived mother of CPS evidentiary hearing, skipped all CPS adjudicating hearings, ignored CPS appeal paperwork, and said "there is no wrongdoing after we ourselves investigated ourselves; CPS waived all your rights to contest your accuser on your behalf." If I did such "child porn," there would be criminal charges, which there aren't any, even now after 2 years. Even after FBI-standard digital forensic scanning of my devices showed I was innocent, **without** any type of porn, **yet** my daughter has **not** been returned to me.

The Court ignored an expert witness digital forensic scanner who scanned my phone and said "no child porn, nor adult porn, nor Taken movie." CPS and the Court still substantiated abuse against me **without** any evidentiary hearing and **without** due process. CPS ignored truthful testimony & reliable evidence against father (whom CPS now placed child with) while praising mother. Previous CPS caseworker who testified that her CPS supervisor truncated and altered the original CPS report that was full of proof of abuses by father, child's diary, pictures, drawings, numerous affidavits from professionals and upright citizens, each 20+ years of experience with

children, E.G., child psychologist, school teacher, nurse practitioner, M.D., D.O., school directors **against** father only.

I also was maliciously prosecuted with two false arrest warrants from two false VPOs (violation of protective orders) started from false PO (protective order) without a fair trial, without any evidence, all of which eventually dismissed after 2 years of legal and financial abuse. Lastly, OKDHS sentenced me to 2 month debtor incarceration (unlawful/unconstitutional/malicious prosecution) via contempt of court for unlawful child support order under Title IV–D that did **not** meet any criteria per Title IV, as mother has not lost parental rights nor abandoned the child and federal funding to state is **not** a loan thus state cannot pursue after mother for repayment, *i.e.,* double-dipping child support by the **state**. Order breached the previous finalized child support order/contract "in lieu of child support until child aged out to include a Jeep & trailer (expensive fully-loaded properties) from mother to father."

Child support order was unjust enrichment ordering an indigent mother (income tax returns of both parents submitted to family courts and to OHS prior to hearings) to pay an already rich father whose income is approximately $6,000/month on top of fringe benefits. Father does **not** qualify for services from Title IV; mother never requested any services from Title IV and was never provided any services either. This is financial fraud by OKDHS against federal government. Please feel free to contact me; extensive evidence is available upon request, some evidence can be found here *https://drive.google.com/drive/folders/14l4cntRRl8op1tJkttvus7pdbAr9BBfM*.

Despite Oklahoma Supreme Court (case No. DF–120849) and Federal Court (U.S. District Court of Northern District of Oklahoma, case No. 23–cv–663–GKF–SH) both deeming me indigent in 01/2023 and 02/2024, respectively, and affirmed me indigent against objection/motions from the opposing party. Special Judge Seibert is so biased (as 100% of her rulings in final order of 02/2024 was for abusive father and 100% against law-abiding mother), so fixated in persecuting Christians and good parents (as her rulings were based on emotions only and never on facts), and so arrogant that she overrules the superior court decisions, refusing to correct her erroneous errors, abusing discretions even when discretions are not allowed by law, regarding my indigent status, still denying my pauper affidavit even now, still fraudulently imputing my income and fraudulently labeling me as rich, to weaponize the court to persecute Christians.

Using OKDHS Child Support Services to harass me, persecute me, confiscated my passport, so I cannot travel to visit my relatives in Viet Nam, levying all my bank accounts so I cannot borrow or purchase, liquidated and emptied out my federally protected retirement account 401k from Cherokee Nation Indian Health Services rolled over into Rollover IRA account at the bank, almost $66,000 that belonged to subsequent marriage of 11/2017 (nonparty to the case) as it was earned from 2018–2020, **after** the 01/2016 finalized divorce of Adam Stephens (party to the case), falsely imprisoned me for inability to pay child support of an impossible and unlawful child-support order of 10/2022 and again 02/2024, setting excessive cash bond of almost $13,000 for inability to pay child support, that blatantly breaches the original contract and unjustly enriched the father and the state and therefore pensions of all judges including hers.

Special Judge assigned me the mother to SSA Title IV–D despite the fact that I am not a male, did not abandon my daughter, have not been proven to be abusive by anyone nor any evidence. This is a financial conflict of interest and financial fraud as well, because bails/bonds/purge fees/prison reimbursements/SSA title IV grants from federal government all increase the judge's pension/retirement fund. Special (unelected-and-objected-to) Judges April Seibert and Deborrah Ludi-Leitch is insisting that she is correct while contending that the other nine Oklahoma Supreme Court justices and one federal judge are all erroneous, therefore any random observer of the court record (which speaks for itself) would deem special judges as impartial and should be recused but refused to.

Mr. Gilbert Pilkington Jr, the opposing counsel, also committed frauds, kickbacks, and likely violates various FDCPA laws regarding his IOLTA account by continuing to represent father in family courts despite Mr. Adam Sylvester Stephens is thousands of dollars behind in payment of legal fees (this is not a pro bono case and Adam is not in criminal court, his liberty was never at stake), while seeking reimbursement of legal fees **despite** such fees have never being collected up front, despite no retainer fees obtained when original retainer fees ran out. They made an illegal pact of "$50/month only for financially well off father who likes to spend all his money on cars/trucks/slingshots and detailing them weekly" so they can drag

this case out as long as they can, so they, including judges (using SSN and birth certificate fraud schemes) can all profit off of father's frivolous litigations breaching original contract.

GAL Stephen E. Hale (guardian ad litem) did the same for Adam Sylvester Stephens, not collecting any retainer fee for family court matters (not a pro bono case either) and then speaking in court on Adam's behalf alleging Adam paid full amount of $1,500 when Adam afterwards testified on the stand that he did **not** pay such, that he only paid less than $50 to the GAL. Mr. Pilkington then seek reimbursement from mother, despite mother's original binding contract with father written that mother is free from all legal fees claims from father, and vice versa!

It has been made impossible for me to have any contact with my little ones as I am indigent and cannot afford $150/hour for "therapeutic supervised visits with court appointed therapist only."

Further the treasonous judge April Seibert involved in trafficking my daughter and ordered "no contact" between me and my daughter. Complete parental rights deprivation, children's rights deprivation, custodial interference, loss of consortium, loss of society, loss of affection, psychological damage, loss of liberty, loss of property, loss of retirement with penalty for early withdrawal by OKDHS–CSS without my consent, etc., to constitute irreparable harm to our family etc.

I am fully aware of the scheme played by the OKDHS and I have **not**, do **not**, and will **never** consent to any of their contracts or to any of their services. I am a target of a witch hunt by the CPS because I have been standing up to the corruption within Oklahoma Department of Human Services and the illegitimate juvenile justice system to include all imposter(s)/state actor(s), guardian ad litem(s), special (unelected-and-objected-to) judges, court appointed attorney(s) for child, court-appointed stand-by-counsel for myself, district attorneys, county sheriff(s), city police officer(s), court clerk(s), child welfare specialist(s)/agent(s), child support services employees, et al.

Submitted with the love, justice, and truth of Jesus Christ,

Linh Tran Stephens

LETTER SUBMITTED BY CHEQUITA STURDIVANT
Ann Arbor, MI

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510–6200

To whom this may concern:

My case stems from a case concerning one of my offspring with Judge Timothy O'Connor. I'm out in the hallway waiting for the trial from the beginning to the end. This man knew I was the victim's mother, he offered me a piece of cake, as if you take this piece of cake, you accept the things that are about to happen to you. He brings me into the case, I didn't understand what was going on because I don't speak legalese. I had never dealt with anything like this, he asked if he could stand on top of my head and control everything that was about to happen to me? I pause with hesitation, I stated no at first, because it didn't sound right. I don't want nobody standing or kneeling on top of my head. And the lawyer said come on we talked about this, and we didn't talk about anything, not the things that they wanted to do to me, so I said, "yes."

As if they're saying, "yes," we will make everything go away, let the fun begin for them. The CPS program and every other program that's for the people that's supposed to have laws by it is a disgrace they make up their own laws and never go by the common law of the universe, universal law is the key.

How I came about dealings with CPS is that one of my offspring, within the documentation, CPS had false allegations that my house was nasty and it smelled. They had never been in my house at this time, the first intake worker on video during the trial walked up to your agent, the police officer, and stated this house smells, there's too many children, and it's so nasty. Before they even came in the house, the second intake worker, your agent social worker, therapist Tiffany Avery brought the intake forms, I only signed two. I was unaware that this was a contract, I would

have never given up my rights to my offspring, one of the forms she forge my signature.

I let them in my home so they can view for themselves that it was not in the horrible condition that they had stated, I let them interview my children to show that nothing had happened to them. Time went on and my offspring were still in my care, they asked if could I let one of my offspring be kidnapped out with one of their older siblings so, the agent made it happen, she's asking me to sign papers so my offspring can get paid for having a sibling—that payment never happen.

I was getting advice from a lawyer by the name of Ashley Duplessis and she says just sign. My mother always said to me, don't you put your John Hancock on just anything, read before you sign it, it didn't make sense so, I said "no." I had a bad feeling by not signing the paperwork.

So we had all been having visitations with agent social worker by the name of Marcia in Ann Arbor, Michigan, so me and my family were all sitting down talking about a movie Country Craft Love, we're watching the whole episode and it was a good movie and ask the agent, "Hey have you seen this movie?" You know, this movie is good—we're always sitting down watching a movie—she ran and she put in the paperwork, she lied, that I said that we have been having unsupervised visits with the defendant, me and my children.

The investigation was not done thoroughly, she didn't ask one of my offspring, he was 15 years of age and they never questioned him. They never question me, they never questioned any of my family members. The social worker said it and it was hearsay at it finest and the emergency hearing with Judge Vandenburg without an affidavit, no warrant was presented, they did not show me any kind of papers to kidnap my offspring with agent Tiffany Avery.

I came home crying and scared. When I looked across my complex there were 3 unmarked cars and one police car sitting waiting for me. I opened the door and standing there, one lady I recognized, because she had been following me everywhere. I recognize a couple of other agents that they had been following me anytime I went to the store to buy things for my children or myself. Period—they were following me—I recognize the ladies, it has across the water the agency conducting the visitations that were following me as if this was already planned.

After the kidnap of my offspring, I hired a lawyer by the name of William Amadeo, to my surprise, he worked with them, all he was for the court and by the court and not by client, his duty was to the court and every attempt that he had was to ask me to sign paperwork. He did not defend me in any of the court hearings, he was against me, him and Ashley Duplessis work together, she referred me to him.

Reunification was a joke from the beginning on the paperwork that they emailed me, reunification was not happening. They wanted to keep them in foster care and I only have visitation with the agency Hands Across the Water in Ann Arbor, MI.

In order to receive my property back, I had to take parenting classes, they wanted a Psychiatric Evaluation for me and my offspring. Therapy was a joke, because they wanted me to say that I knew what was going on. I thought that therapy was for where you could cry on someone else's shoulders and tell them how you feel. That's not what happened, they violated my HIPAA rights, the therapist was belittling me. I found that they were giving what was talked about in therapy to the agent social worker that the court had provided for my offspring, because you get health insurance through the State of Michigan.

That they are allowed to violate your rights and tell the next person what they have found. I was shocked to hear from the agent social worker, Ashley Manominee, who is the agent social worker for my offspring, she was telling me everything that we had talked about in therapy. So I call Gentle Care in Detroit and ask them how is it that I signed paperwork with you and you gave consent and gave it to the court that's violating my HIPAA rights. This was the second time of having therapy, the first time, I was told from the beginning not to speak of anything about the case to anyone. So when we had therapy, I was so scared not to talk about the case, that I couldn't give the therapist any information, because she was trying to get me to talk about it, but like I said, I figured they took my offspring, the next step would be they would take them from my family.

I had to continue therapy until they felt that they were satisfied with the therapy, as long as I said that something happened, when it didn't. They kidnapped all my offspring and then they stated they want all of my offspring to have therapy, they were not supposed to be in that at all, case slaves we are. So it's time to go to court

by zone it came to my understanding that they're trying to say that I did something, so I started asking what did I do. They're acting as if I committed a crime, what did I do, I kept asking?

I can only see my offspring when they tell me I can see them. Not only did you belittle me saying my home is nasty, so now you want to tell me when I can see my offspring. They asked, do you need help with anything, I had to let them know only you can help my offspring, I don't need anything from you.

Sign this, my offspring needed tutoring, they kidnapped my offspring, so that I didn't have to sign anymore, that's why they needed the social worker agent, she can provide it, just asked the court commissioner Susan Butterwick and it was done.

Now one of my offspring, the one the whole case had started from needs new medication, my offspring was diagnosed with. I don't know, they made a 507 plan, there was nothing wrong with my offspring until there was therapy, no medication was needed at all, the court said, I like to put her on medication. I stated, I do not consent to that, and the judge, she's about to say "yes" and she thinks very quickly stated we can't do that, we have a parent that still has rights.

I filed motion for dismissal also to show cause, I wanted to know why was I treated as if I committed a crime. Also, I have a criminal record due to today's findings with no evidence of committing a crime. I never received anything in the mail concerning the motions. The agent Ashley nominee keep concerning herself with the court matters. I asked the Judge Susan Butterwick on the record, and for the record, and let the record show who have I harmed where was the affidavit that I harmed someone where is my victim. And she stated that the State of Michigan was filing the claim against me and then it was a civil case.

I've fired and relinquish power of authority with my lawyer and she has violated my color a law rights and told him that he was going to stay on the case no matter what I wanted to happen.

In court everybody on stage wear so many hats that it was the best clown show that you would ever want to see, all jokes aside, I lost my family, I've had two heart attacks, I find myself crying, I did nothing to because of this ordeal, my offspring have trauma, my offspring believe that I have left them, they have no parents. Why do they have to go to therapy why are these people telling them what to do instead of me, my offspring don't like the way that they are trying to get them to lie and say things happened that didn't happen, making things up. They are telling my offspring that they can depend on them and that this is the way things are going to be from here on after.

I was in court 2 weeks from writing this letter, I was talking and the judge just disrespected me and blurted out, so you want to schedule the date for the crime that you committed? Still talking, not understanding what she said, I said, "yes," so she set up a date for May 31, 2024, surprisingly, once again with the Judge Vandenberg. She was surprisingly added on to this hearing, being respectful to her, asking her what crime did I commit, where is my victim?

The date was set, I was respectfully communicating to her, I have never committed a crime, I have never went to court for a crime. There was never a trial after 3 years after kidnapping my offspring. She wants to set me up to have a case that I committed a crime, there are procedures for my case, you must have evidence.

The State of Michigan coming at me with racketeering and treason, that's what they are doing. It's being allowed and no one is doing anything about it. The State of Michigan—for that matter every state—is committing a crime, when will we get justice for that?

I am a living woman and they claim that they are the victim. They have no personal jurisdiction over the living man or woman. I have stated that I am of the living, that I am not a corporation, they are not following the common law, universal laws, rules and regulations are not laws that Congress has put in place for the people God giving Laws.

Thank you,

Chequita Sturdivant

STATEMENT SUBMITTED BY JOHN SULLIVAN

CORRUPTION WITHIN HOLLAND, MICHIGAN!

Hello my name is John Sullivan and I would like to share my story with you all of the Holland community.

I'm puzzled and confused about a situation here within this town. CPS workers had a 2 year investigation against my children's mother. For 2 years never once was I called, contacted, or approached by any of these people. They had multiple CPS agencies who had a case against her. Grand Rapids CPS, Kalamazoo CPS, and Holland, as well as other places that help women in need.

I was never contacted bye anyone, a CPS worker from Holland, MI shows up at my door on May 20, 2022, she shows up that day. Now she just took the kids on May 19, 2022. So when Elizabeth Muyskens Holland CPS shows up May 20, 2022 and tells me what is going on—now let me remind you, all this is the first time **anyone** is making contact with me—and she tells me my kids where living on the street with their mother, so I asked Elizabeth Muyskens Holland CPS why wasn't I called or contacted? She told me nobody could find me or knew where I was, which I find highly funny. Then when I asked her, well, why weren't my kids brought to me? Nobody knew who you where, was her response. Now, I pay child support on these kids, that she took from me, the mother has been for years, comes out my disability check every month. Now when she leaves on May 20, 2022, I'd say, 4 days later, I get paperwork from Holland CPS saying I abused and neglected my kids like the mother. Never once was I living with the mother nor married, I just pay child support, so that was my first red flag with these people, how can I be part of an abuse and neglect case when **nobody** ever made contact with me, period!

Now after Elizabeth Muyskens leaves on May 20, 2022, now I have to come to trial on July 19, 2022. Like how is that even possible, when I was never involved in any of those investigations they had against my kids mother. So I was baffled and confused, but Elizabeth Muyskens filed false charges on me and filed false petitions to the Ottawa County Courts, so now I'm being threatened and harassed by Ottawa County Police for false charges. I'm being bullied by CPS to adopt my own biological children and I'm still being forced to pay child support on them while they are being sold thru Bethanys Christian services for what reason, I don't know, when I'm here alive and well and should have had my kids with me.

So at the trial on July 19, 2022 I was told that due to me being disabled and receiving one check a month, I'm not able to take care of my kids and this is what the courts allowed. Elizabeth Muyskens and everyone else in the court that day saying to me that I was confused, they also started talking about my medical history in a court room full of people and I gave no consent or signed any consent for, that patient doctor status is private, so there was the HIPPA rights violation!

Now I'm being bullied into adopting my own biological kids and it should never had been done like this. **Nobody** should be treated like this, it doesn't matter what color you are white, black, brown, blue, green—whats right is right and what is wrong is wrong.

I find it highly suspicious that CPS workers have been arrested for these kind of actions, but when I spoke up about this, it's like they all laughed, thought is was a joke and funny, or just wanted to silence me about this. Nothing has been done and these crooks need to be punished for their actions. So Holland Michigan does this—sound right to you? Would you be okay with letting this happen to someone you love and they cant get any answers from anybody or all these people want to play stupid like they have no brains.

And thanks to Maryann Petri, with the slam the gavel podcast, she has given many people like me a platform to speak up against things like this when nobody else wants to listen! Google slam the gavel! I'm there also with many others with their horror stories about CPS corruption within courts and all.

All these people below are involved in this and some of you here in Holland, MI may know them, so since I cant get any answers, maybe they can explain this to all. How was I treated like this and how was this allowed to happen when these people swore an oath to do there jobs correctly with honor and integrity.

Judge David C. Macias, Chief Circuit Judge Jon A. Van Allsburg, Judge Paul Kraus, attorney Micheal Spoleman, Vanburen County Lisa Kissenger, Heather Stately, Sarah Winters, Holland CPS supervisor of Elizabeth Muyskens, Jane Baker, CPS, Jessica Belowaskie, CPS, Steve Williams attorney, Officer Nicole Hamburg and the

whole Holland public safety office, Judge Mark A. Feyen, Balinda Barbier attorney, Shawna Baum CPS attorney.

Now I would like all these people to stop lying and act like they know how to do their jobs correctly, because I know something is not right. So since they won't be honest with me maybe they will be honest with you all. Hopefully, because if I'm going thru this, I would not want this to happen to anyone, especially when you did nothing wrong and they allow a CPS worker to plant charges on someone.

This is horrible and I hope this reaches the right people and the right people see this.

Thank you and God Bless.

THINK OF US
700 Pennsylvania Ave., SE, Suite #200
Washington, DC 20003
https://www.thinkofus.org/

Statement of Sixto Cancel

Chairman Wyden, Ranking Member Crapo, and Honorable Members of the Senate Committee on Finance, thank you for holding this hearing and for the opportunity to submit written testimony. On behalf of Think of Us, I want to express gratitude to the committee for its bipartisan focus on the Family First Prevention Services Act of 2018 (Family First) and the vision of a family-centered and prevention-focused child welfare system.

Think of Us is a research and design lab dedicated to fundamentally rearchitecting the child welfare system, with the children, families, and communities that have been impacted by the system at the center of shaping what it should be. Founded and co-led by people with lived experience in foster care, Think of Us engages system-wide in participatory research, virtual support services, proximate policy, and innovative partnerships with state and local governments. Since 2020, Think of Us has engaged with over 50,000 individuals with lived experience in the system. Our recommendations are based on their invaluable insights.

Think of Us is grateful to the committee for their role in overseeing Family First implementation. We steadfastly support the goals of Family First and are pleased to celebrate the many successes it has had so far. Since passage, the number of children in foster care and the number of children entering foster care have both fallen to their lowest levels since the introduction of the AFCARS. When children do enter care, we see declining rates of congregate placement and increased rates of kinship care, in line with decades of research showing the harms of institutionalization and benefits of placing children with people who know and love them. With Family First, we expect to see this trend continue.

Still, Family First implementation has been met with serious challenges that threaten the success of this historic bipartisan achievement, and the speed of implementation does not match the urgency of needs that families across the country are experiencing. Though rates are declining, too many children still enter the system when they could remain at home with support and too many children who would be better served in their communities are being placed in congregate care, and the quality of their care is not what it should be.

Our testimony below focuses on areas where Family First can and should be improved. Much can be achieved through implementation of existing law, but the first several years of implementation have also shown where the law can be improved. Think of Us stands ready to work with the Committee to capitalize on the promise of Family First.

Prevention

Due to myriad issues, including daunting financial requirements, an insufficient program array, and complications from the COVID–19 pandemic, uptake of the title IV–E prevention program has been slower than expected. While most states now have approved prevention plans, spending on prevention has lagged, and only a small handful of approved states are drawing down the majority of funding. Additional resources and reforms are needed to ensure the success of the prevention components of family first.

The Clearinghouse and the application of evidence-based standards

We are grateful to the Senate Finance Committee for your continued oversight of the Title IV–E Prevention Services Clearinghouse (Clearinghouse), which continues to be a major roadblock for states. While Congress intended the Clearinghouse to be a partner in identifying a wide array of evidence-based services, it has functioned, instead, as a gatekeeper, establishing overly stringent evidentiary standards that go far beyond what is required in the statute.

These standards stifle innovation and limit the array of available services for states, blunting the ability of states to match services to the individual needs of their communities. As the programs that are able to meet the Clearinghouse's strict standards are mostly those that have historically had resources to pay for costly evaluations, it means the services allowed under Family First are often normalized around wealthy urban communities. This means the burden of the Clearinghouse falls most on families already underserved by the child welfare system including families in rural communities and those that are poor, Black, or Indigenous.

The strict standards are also counterproductive, disincentivizing program improvement and continued evaluation by threatening a loss of federal funding for programs that have already been deemed well-supported. This means that many approved programs are based on outdated research and do not reflect the latest understanding of what it takes to heal and build resilience effectively. Instead, evidence standards should be structured to encourage continuous quality improvement, regular reassessment, and incorporation of new scientific findings on trauma, healing, and resilience and ensure they remain effective and relevant.

The Administration for Children and Families (ACF) proposed modifications to the practices of the Clearinghouse, but it has not finalized those changes so problems persist, and the Clearinghouse remains the same impediment it has always been. While the proposed changes will be beneficial if finalized, they are not sufficient to address the deep structural changes of the Clearinghouse, which go well beyond what Congress required in statute.

To ensure that the prevention program lives up to its potential, Congress must broadly rethink the evidence-based standards in Family First. Research is at the core of everything we do at Think of Us, and we firmly believe in the importance of evidence-driven policymaking and practice. The evidence standards in Family First have, in practice, ensured services are unavailable for families, rather than improving the quality of those services. Congress must open the programs to different types of evidence including evidence derived from the lived experience of impacted communities and use evidence as a way to continually push for program improvement, rather than hold prevention services to a far higher standard than foster care, which has been shown time and again to be harmful for children and families.

Allowable programs

It has been clear in early implementation of Family First that the array of available prevention services does not match the needs that bring families into care. While mental health, substance use, and parenting skills programs are crucial to prevent child welfare involvement, they do not address some of the underlying causes that cause families to enter care.

Nearly two-thirds of entries into foster care are due in whole or part to "neglect," which is often related to poverty or the consequences of poverty. These cases deserve a different type of response, and the most effective response is with concrete and economic support, including flexible funds to provide material goods, direct cash transfers, and readily available supports like childcare and housing vouchers. While existing programs in the Clearinghouse such as Healthy Families America and Homebuilders have concrete and economic support as aspect of their programming, Congress can make substantial strides toward safely and effectively reducing child welfare involvement by allowing concrete and economic support as an allowable category in its own right.

Director Reed's powerful example of the family that was able to stay together because they were provided a van showcased how provision of one-time or time-limited concrete and economic support can save states hundreds of thousands of dollars in long-term foster care costs and prevent immeasurable trauma. It is not surprising that Indiana was able to cut the number of children in foster care in half by employing these methods. Empowering a state to use Family First funds to provide these supports would be more efficient, less costly, and more effective than current tools for stabilizing families.

It is not the job of the child welfare agency to solve poverty; other sectors and agencies bear that responsibility. Inclusion of concrete and economic supports would not create a sustained entitlement program but, rather, give agencies the ability to respond to moments of acute stress, so the government doesn't intervene and separate families over problems that are short-term and purely financial. It would provide the most efficient tools to address moments of acute financial stress and allow agencies to match the right response to the problem.

Reimbursement rates

Until FY 2027 when they shift to the Federal Medicaid Assistance Percentage (FMAP) rate, states and tribes receive only 50% reimbursement for funds spent on eligible prevention services. This funding structure does not account for the substantial up-front costs of developing a prevention service array, leading even those agencies that are enthusiastic about implementing Family First to struggle to establish and scale their prevention efforts.

Congress has recognized this twice, in the Family First Transition Act of 2019, and again in the Consolidated Appropriations Act of 2021, when it briefly increased reimbursement rates to 100%. Unfortunately, due to challenges related to the COVID–19 pandemic, states and tribes were unable to take full advantage of these flexibilities. Today, as the country is still recovering from the social and economic impact of the pandemic, further support is needed to meet the potential of Family First. By moving up the date in which reimbursement rates switch to the FMAP rate or otherwise shifting the rate structure for prevention services, Congress can help guarantee the success of the program.

Creating opportunities for innovation

The strict standards imposed by the Clearinghouse have a chilling effect on innovation in child welfare as states are unable to receive reimbursement for emerging practices that have not been evaluated, a problem that is exacerbated by the high costs of evaluation. Given the vast number of programs that have been rejected by the Clearinghouse due to evaluation design and not a lack of efficacy, organizations must contract with outside agencies to run evaluations, which constitutes a multi-year investment at a substantial cost. As a result, it is all but impossible for the small, community-based organizations with the greatest understanding of what communities need to develop programs that can receive title IV–E prevention funding.

Further, there is tremendous unexplored potential in technology and data-driven solutions that could unlock new efficiencies in child welfare. Catalyzing and sustaining these solutions, though, is costly and out of reach of community-based child welfare agencies without support. Philanthropies are interested in providing seed funding to develop and scale innovative prevention programs using new technology but are reluctant to invest in programs that don't have a pathway to sustained funding because of challenges at the Clearinghouse.

Congress can address this by increasing reimbursement rates for evaluations or authorizing funds specifically for evaluation of services, which would allow for innovative programs to be evaluated and become eligible for the prevention program. Further, to encourage development of new programs, Congress could allow states to receive reimbursement for a small percentage of emerging programs that do not yet meet the criteria for inclusion in the Clearinghouse. Allowing reimbursement for these services would lead to the creation of new prevention strategies and allow states to meet unmet needs in their communities.

Congregate Care

In recent years, we have seen progress in reducing the inappropriate usage of Congregate Care. The American Academy of Pediatrics (AAP) conducted a report, *Family First Implementation: A One-Year Review of State Progress in Reforming Congregate Care,* that showed most states have updated their practices to align with Family First. Still, far too many children are placed in these facilities and concerns persist about the quality of programs.

QRTP staffing

A major area of concern in adoption of the QRTP standards in Family First is that staffing of these residential programs is insufficient to meet the needs. Participants in the AAP study noted problems with staff shortages, as well as difficulties retaining staff due to conditions, pay, and a lack of sustainable career opportunities. Congress should provide support and resources to help professionalize the workforce. Further, we recommend that Congress call on the ACF to issue comprehensive guid-

ance on practices to support the QRTP workforce and provide technical assistance to help agencies and providers to professionalize the workforce.

Sex-trafficking loophole

Family First allows title IV–E reimbursement for youth placed in congregate care settings providing "high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims." To date, however, neither statute nor guidance have provided definitions of what it means "at risk" or standards for what constitutes "high-quality residential care and supportive services" for this population.

Congress intended this provision to allow these youth to receive a higher level of specialized care in accordance with their needs. However, in lieu of guidance, several states have elected to use this as a loophole to receive federal reimbursement for congregate care while avoiding the requirements and oversight of QRTPs. To do so, they have crafted overly broad definitions of "at risk" and designated existing congregate care facilities as placements for victims of sex trafficking without providing specialized services. AAP reports that in at least three states, settings for youth at risk of sex trafficking make up at least 90% of their placement array.

Congress should close this loophole by pressing ACF to work with leading organizations in the field of sex trafficking prevention and response and with lived experts who have experienced sex trafficking to put clear structures around who is considered "at risk" and develop minimum standards for services and conditions in these facilities. In the absence of administrative action, Congress should remove this from being an allowable program in statute.

Lack of oversight

We have serious concerns about the lack of oversight on QRTPs, especially given the reports of isolation, deprivation, and physical, emotional, and sexual abuse that we heard during our 2021 study *Away From Home: Youth Experiences of Institutional Placements in Foster Care,* which drew directly from interviews with dozens of young people about their experiences in institutional placements. We applaud the Senate Finance Committee, for launching an investigation into some of the largest providers of congregate care.

As states transition to the QRTP model, we continue to hear reports that children in congregate care are not receiving the therapeutic support needed to justify their institutionalization. Family First made clear that congregate care was meant to be seen as an intensive, time-limited treatment option, not a long-term placement. Early reports show that for many youth, this is not the case in practice and that QRTPs are still used as a placement for children without an acute clinical need. More oversight is needed to achieve the ideals of Family First.

This is why we are particularly concerned by efforts to undermine the oversight of QRTPs by weakening Medicaid's Institution for Medical Diseases (IMD) Exclusion. TOU has strongly opposed the Ensuring Medicaid Continuity for Children in Foster Care Act (S. 3196), as we believe it will undermine the progress of Family First by weakening oversight prioritizing institutionalization over community-based mental health support.

When children need inpatient treatment, they should receive it in the most family-like setting possible. There is no clinical reason for large-scale institutionalization and no evidence that children are better off in facilities larger than 16 beds. Exempting QRTPs from the IMD exclusion would have no tangible benefit for children and would amount to a massive wealth transfer to institutional facilities. Exempting QRTPs from the IMD exclusion is not only unnecessary given clear guidance from CMS that refutes its premise and waiver authority to smooth the transition to QRTPs. It would also codify in law that it is acceptable to place children in foster care in facilities that are deemed impermissible for any other child. The government has a special responsibility to protect these youth and providing them fewer protections than are provided to other children is a dereliction of that duty.

Building conditions for family-based care

Rather than double down on institutionalization, Congress can achieve the goals of Family First by investing in building the conditions wherein children are able to be safely raised in families. Congress should invest in expanding community-based mental health services youth need to heal, develop, and thrive in their own communities. We support offering funding, training, and technical support to help build these programs, including mental health services and crisis and mobile response. Congress can also help ensure that these programs are effective for families in and

at the door of the child welfare system by improving health oversight and coordination plan requirements and providing funding and technical assistance to help states and tribes execute their plans effectively.

Congress can also invest in therapeutic foster care models—including models specifically designed for kin—that allow children with acute mental and behavioral health challenges to receive a higher level of support while remaining in a family setting. By increasing funding for these programs and offering technical assistance to help states implement them, Congress can help ensure that more children with severe needs can receive the care they need without being isolated from their communities or denied the love and support of a family.

Kinship

As the system shifts away from unnecessary congregate care it increasingly relies on kin, which is exciting to see as decades of research resoundingly show the benefits of kinship care. Kin are critical to building the conditions for family-based care, as they are more likely to take in children and youth that are placed in congregate care at higher rates and to remain a stable placement even when there are behavioral challenges. We must ensure kin caregivers have the resources and support they need so children can heal, develop, and thrive.

Supporting the transition to a kin-first system

While federal law has long favored kinship care, the current foster care system and its policies are still not designed to accommodate the unique situations and needs of kin families. Kin caregivers navigate complicated family dynamics and other challenges that non-kin caregivers are not exposed to. Accordingly, they need peer support programs, training, mental health supports, and respite care programs specifically designed to meet their unique needs.

Investing in comprehensive supports designed by and for kin caregivers is a powerful complement to the prevention and family-based care provisions of Family First. Congress should provide more resources and offer flexibility for states, tribes, and regulators to adapt practices specifically for kin. In the spirit of prevention, it's important that these services are also available to the 2.4 million kin caring for children outside of the system who are estimated to collectively save billions of dollars each year by keeping children out of foster care.

Kin-specific licensure

Think of Us applauds Chairman Wyden and Ranking Member Crapo for publicly supporting the new federal rules that allow states and tribes to establish kin-specific licensure. These rules will help ensure that more children can be raised within their families and ensure that their caregivers receive equitable financial support for their care. This will serve as a powerful complement to Family First, helping to ensure there are sufficient family-based placements to take in children. Still, there are existing barriers to kin-specific licensure Congress can address.

Fingerprinting requirements are a major hindrance to kin licensure, especially in rural and remote areas where fingerprinting options are not available. Prospective kin caregivers often must travel long distances to be fingerprinted, forcing them to take time off work or away from their families. Based on interviews we conducted with 45 title IV–E agencies, we found that, on average, it takes over 55 days to collect, process, and evaluate fingerprinting results. In many cases, particularly in remote and rural areas, it takes far longer.

Congress should authorize grants for LiveScan machines at agency offices and mobile fingerprinting machines that caseworkers can take on home visits. Mobile fingerprinting can eliminate months of delays in remote areas like Montana, Hawaii, and Alaska, but they are often cost-prohibitive for rural agencies with smaller budgets. Additionally, Congress could consider funding a national program contracting with community-based fingerprinting providers, like FedEx and or UPS stores, which greatly reduce the amount of travel that prospective caregivers must take to meet fingerprinting requirements.

Out-of-state child abuse and neglect registry checks are another major barrier. As there is no standardized system for conducting these checks, this requirement can delay licensure for months. This presents an unfair burden on the kin caregiver and on the child who is denied placement or support during this time. Congress should require ACF to produce standardized procedures for out-of-state background checks and to provide guidance to states on best practices, including requiring a response on all inquiries, not requiring a notarized signature on the forms (as 18 states currently require), and not charging fees to prospective caregivers.

Kinship navigator programs

In Family First, Congress recognized the importance of kinship navigator programs, which help kin families access all the programs and services that are available to them in their communities. Unfortunately, these programs have struggled to receive approval, as the Clearinghouse's evidentiary requirements don't fit the realities of kinship navigation.

As a result, only five program models have been approved by the Clearinghouse, which does not offer states the diversity of options necessary to meet the varied needs of communities across their jurisdiction. Most approved models do not allow for provision of support to families outside the child welfare system, undermining Family First's goal to reach families before they enter care. Further, the approved programs are mostly designed to meet the needs of families in urban environments, meaning states cannot serve kin in rural communities, who often face greater difficulties accessing a sparse array of services.

Ensuring that states and tribes have a wide enough array to target their interventions to the unique needs of individual communities will require reforms at the Clearinghouse and further reforms that give jurisdictions the flexibility to invest in emerging kinship navigator models so they can one day be approved for the prevention program. Congress should amend Family First to allow reimbursement for a certain percentage of navigator funding spent on emerging programs that have not yet been approved by the Clearinghouse. Congress should also provide up front investments in development and evaluation of kinship navigator programs, as they have through appropriations since 2018. Increasing these funds and guaranteeing them through a multi-year appropriation will allow states and tribes the funding certainty necessary to invest in the multi-year evaluations necessary to ensure programs are efficient and able to meet the needs of communities that need them.

Transition-Age Youth

Family First made several important changes to the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee), allowing states to expand the population served from the program and broadening the scope of services it allowed. These changes were important, but more reforms are needed to truly meet the needs of transition-age youth in care.

Increased funding for Chafee

Over the years, Congress has expanded the scope of Chafee services and broadened the eligible population but has not increased funding to match. Today, the Chafee program is authorized at $143 million dollars, only $3 million more than when it was initially authorized in 1999 (and substantially less when accounting for inflation). The impacts of this are clear. In its recent Fostering Youth Transitions 2023 report, the Annie E. Casey Foundation found that fewer than 25 percent of eligible youth receive Chafee services in a given year and fewer than half ever receive services. Substantial new funding for the Chafee program is needed to ensure services are available for every youth who needs them as they transition to adulthood.

In the long- and short-term, these services would produce significant cost savings. The Annie E. Casey Foundation's report *Future Savings: The Economic Potential of Successful Transitions from Foster Care to Adulthood* estimates that improving services for transition-age youth could save $4.1 billion dollars based on the downstream impacts of increased graduation rates and lower rates of teen pregnancy, homelessness, and incarceration.

The $400 million Congress appropriated for the program in Division X of the Consolidated Appropriations Act of 2021 gave an opportunity to see what states could do with additional funding and flexibility. Through our Check for Us campaign that helped states connect with young people, understand their needs, and provide them support, we saw firsthand how used these funds in new and inventive ways, providing additional services and using flexible funds to meet young people's concrete needs so they could focus on building the foundation for their futures. However, with one-time funds, states were reluctant to build new service delivery infrastructure that they could not sustain. With permanent investments in the Chafee program states could build innovative programs to truly meet the needs of transition-age youth.

Chafee redesign

As we celebrate the 25th anniversary of the Chafee program, it is evident that more than funding and incremental reform is needed. We must comprehensively redesign the Chafee program and fundamentally reimagine the way we support transition-

age youth. In doing so, Congress should meaningfully engage with young people who have experienced foster care and require states and tribes to do the same in their program planning and evaluation.

During our 2023 Lived Experience Convening, the 20 lived experience Ambassadors who helped the Children's Bureau construct a work plan for transition-age youth concluded that we must "promote a child welfare model that centers lifelong healing for youth." This involves investing in models that promote resilience and support youth in navigating and healing from the grief, loss, trauma, and emotional strain they experience due to their time in the system. It also involves investment in restorative and transformative justice programs and in the research and development of neurodiversity-affirming practices for youth. Finally, a healing-centered system must include steps to mitigate the harm caused by the system itself.

Core to this is a focus on ensuring that youth have the supportive, consistent relationships they need to thrive. Family First took the important step of renaming the Chafee program, recognizing that what is necessary for young people to successfully transition to adulthood is not independence but, rather, a healthy interdependence. Congress made steps toward this by clarifying in Family First that Chafee services could be used to facilitate "meaningful, permanent connections with a caring adult." As the Committee considers further Chafee reform, we urge you to keep relationships at the center.

Further, we must prepare youth for the emerging and future workforce economy. It's important that child welfare agencies have flexible funding to offer learning opportunities that enable young people to develop the skills and adaptability required to succeed in a rapidly evolving job market. This should be complemented by strategies that support transition-age youth in asset building, like matched savings accounts, micro-grants, and direct financial assistance, another main priority identified by our lived experience Ambassadors.

Expectant and parenting youth

Think of Us applauds Family First's focus on the needs of expectant and parenting youth in foster care. However, while offering them prevention services and permitting reimbursement for specialized parent-child placements are important steps, they are insufficient to break the intergenerational cycle of child welfare involvement. Congress should provide flexibility and resources for targeted supports and interventions that address the needs of this population, including parenting skills training, access to quality childcare, case management, and specialized education and resources.

Permanency

Think of Us agrees with Senator Lankford that aging out is "unfinished business" of Family First. The Annie E. Casey Foundation found in Fostering Youth Transitions 2023 that the rate of older youth exiting foster care to permanency is declining, with more than 52% of young people age 16 or older in foster care aging out, a rate that is higher for Black and Hispanic/Latino youth. That news is shocking and troubling. As one former foster youth from Indiana that we interviewed for *Aged Out: How We're Failing Youth Transitioning Out of Foster Care* stated, "Aging out was like my umbrella was going away."

Driving permanency was another clear priority surfaced by Ambassadors at our Lived Experience Convening. They called on the child welfare system to continue to prioritize permanency for transition-age youth and to address policies and practices that create disincentives for agencies to do so. They called for accountability for states to ensure a continuum of permanency services for older youth to ensure reasonable efforts are made.

As you consider work to promote permanency, we encourage you to think beyond the traditional bounds of what has been considered permanency in child welfare. Think of Us has worked with partners at the Annie E. Casey Foundation and across the field to promote a youth-designed permanency option called SOUL Family, which was recently passed into law in Kansas. This innovative permanency option allows young people to design and establish legal permanency frameworks that reflect their vision of family and supportive adult networks.

Title IV–B

Think of Us urges the Senate Finance Committee to reauthorize title IV–B of the Social Security Act, which serves as an important complement to Family First. The programs funded under title IV–B meet families that Family First cannot and allow

broader flexibility for innovation, which can help build a pipeline to the title IV–E prevention program.

This year, Think of Us joined with more than two dozen partner organizations to develop and endorse consensus recommendations for a comprehensive reauthorization. We further joined a letter calling for a substantial investment in new mandatory funding to ensure the program is fully implemented. Increasing title IV–B funding is closely in line with goals of Family First, helping to keep children with their families and making smart investments to ensure children can remain safely in family-based care. We urge you to support a comprehensive reauthorization with new mandatory funding to complement implementation of Family First.

Conclusion

Thank you for the opportunity to provide testimony and for your continued attention on Family First. Think of Us is eager to provide any support we can as you oversee implementation and consider future reforms. If you have any questions or if we can provide any further details about any of the ideas contained in this testimony, please contact Steven Olender, Senior Advisor for Policy Innovation at steven@thinkofus.org.

TRIPLE P AMERICA INC.
1201 Lincoln Street, Suite 201
Columbia, SC 29201
tel: +1 803–451–2278
web: *https://www.triplep.net/glo-en/home/*

Dear Chairman Wyden, Ranking Member Crapo, and distinguished members of the Senate Committee on Finance,

The Triple P—Positive Parenting Program® (Triple P) is grateful for the opportunity to offer testimony on the Family First Prevention Services Act (FFPSA). Triple P is one of the most effective parenting programs in the world, backed by 40 years of proven results, particularly in large-scale child maltreatment reduction. At its core, Triple P empowers parents and caregivers to build strong relationships with their children and improve their confidence in parenting, which can lead to significant reductions in rates of child maltreatment [1, 2, 3, 4, 5] better outcomes in school, less involvement in the justice system and reduced foster care placements.

We applaud Congress for the passage of FFPSA. It represents a historic step towards better aligning child welfare policy and funding to keep families together whenever safely possible to do so. Our comments reflect ways that we think FFPSA can better serve communities and families while upholding a commitment to evidence-based practice and policy, and consideration of the flexibility needed to support a broad array of effective programming across the United States. Triple P is delivered in nearly every state, including through FFPSA in several states, and we are thankful to be able to offer the following considerations as the committee reflects on the successes, challenges, and improvements to the Act. Current access to child welfare prevention services and evidence-based prevention programs (EBPs) have resulted in challenges to prompt utilization of crucial services for children and families. Immediate attention and action are essential to achieve the results Congress intended.

Triple P is one of the world's most well-researched and evidence-based systems of parenting programs. The United Nations compilation of evidence-based family skills

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[1] Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2016). Addendum to "Population-based prevention of child maltreatment: The U.S. Triple P System population trial." *Prevention Science,* 17(3), 410–416. *https://doi.org/10.1007/s11121-016-0631-x.*

[2] Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P System population trial. *Prevention Science,* 10(1), 1–12. *https://doi.org/10.1007/s11121-009-0123-3.*

[3] Prinz, R.J. (2016). Parenting and family support within a broad child abuse prevention strategy: Child maltreatment prevention can benefit from public health strategies. *Child Abuse & Neglect,* 51, 400–406. *https://doi.org/10.1016/j.chiabu.2015.10.015.*

[4] Prinz, R.J. (2017). Assessing child maltreatment prevention via administrative data systems: A case example of reproducibility. *Child Abuse & Neglect,* 64, 13–18. *https://doi.org/10.1016/j.chiabu.2016.12.005.*

[5] Pierce, M., Hope, H.F., Kolade, A., Gellatly, J., Osam, C.S., Perchard, R., Kosidou, K., Dalman, C., Morgan, V., Di Prinzio, P., & Abel, K.M. (2020). Effects of parental mental illness on children's physical health: systematic review and meta-analysis. *The British Journal of Psychiatry,* 217(1), 354–363. *https://doi.org/10.1192/bjp.2019.216.*

training programs[6] ranks Triple P as having the most extensive evidence-base, based on its peer-reviewed body of scientific research. A landmark RCT study on the Triple P system of programs, funded by the CDC, demonstrated community-wide reductions of child maltreatment by 23.5%,[4] foster care placements by 9.1%,[4] and hospital-treated child maltreatment injuries by 10.5%,[1] yet only one Triple P program is rated as Supported on the FFPSA Prevention Services Clearinghouse (PSC), with three others rated as having "Promising" evidence of efficacy.

As of April 4, 2024, of the 80 programs listed on the PSC as Promising, Supported or Well-supported, only 25 programs across the entire country are being utilized for FFPSA by states. The clearinghouse has rated a total of 19 programs as Well-supported and states, jurisdictions, and Tribes have identified and been approved to claim for 13 Well-supported programs for mental health, substance misuse, and in-home parent skill-based programs, collectively. These programs are effective and much-needed, however a wider array of eligible programs would allow communities to better serve diverse family needs *(https://capacity.childwelfare.gov/states/resources/programs-and-services-in-approved-state-prevention-program-plans).*

Legislative requirements, commencing in FY 2024, require that at least 50 percent of the total expenditures by the state for the Title IV–E Prevention Program must be for services that meet the "Well-supported" evidence-based practice criteria. Requiring the majority of the funding to only 19 programs detrimentally impacts the reach needed to serve families and ultimately keep children out of foster care. While well-intentioned, this exacerbates the central challenge of Family First implementation of too few programs and services being available for Title IV–E Prevention Services reimbursement. We urge Congress to increase flexibility in state expenditures on EBPs approved by the Clearinghouse.

Extending the eligibility criteria to both Supported and Well-supported programs would immediately and significantly increase states' ability to access IV–E funds. Both "Well-supported" and "Supported" designations require rigorous proof of efficacy as demonstrated through controlled clinical trials. "Well-supported" requires two rigorous clinical trials with a 1 year follow up; "Supported" requires one with a 6 month follow up. A statutory change extending the 50 percent requirement of IV–E prevention funding to both "Well-supported" and "Supported" EBP programs would allow a state to choose a "Supported" program that they wish to implement according to their unique needs. Extending the eligibility criteria to both Supported and Well-supported programs would immediately and significantly increase states' ability to access IV–E funds. Established benchmarks and reporting requirements of efficacy, quality, and desired outcomes would remain. States would continue to determine their use of IV–E funds as they apply their state's definition of "candidate" to those at risk of out-of-home care.

The majority of current Well-supported programs are considered long term interventions, are intensive in terms of the time and cost to train practitioners and often require families to commit to time consuming and intensive services (often weekly sessions for a minimum of 2–5 years). However, evidence-based and effective programs like Triple P offer families 8–12 sessions in flexible delivery modes (including in-person, in a group, individually, or online). Outcomes from one local implementation of Triple P Online with families that have open child welfare cases showed that parents completing Triple P Online have significant improvements in their overall parenting practices, as well as significant reductions in over-reactivity and increases in their consistency and follow-through. While we know that online support options aren't for every parent, they are very effective for some parents and have some increased benefits for both parents (*e.g.,* flexibility in the time they can do the intervention) and practitioners/agencies (*e.g.,* minimal staff time required, services can be provided while families are on wait lists, cost effective compared to in person delivery, etc.). This statutory change would allow states to access funds for a wider variety of programs that still meet scientific rigor but also increases the opportunity for better program fit, including responsivity to unique family demographics (such as differing cultural, economic, and health circumstances).

In addition to allowing both "Well-supported" and "Supported" evidence-based programs to qualify for the 50% of total reimbursable expenditures, **we urge Congress to consider broadening the threshold for Well-supported programs to increase access for service providers and families.** Currently, to receive a rating of Well-supported, studies need to demonstrate long-term sustained effects over 12

[6] United Nations Office on Drugs and Crime. (2009). Compilation of evidence-based family skills training programs. *https://www.unodc.org/documents/prevention/family-compilation.pdf.*

months, with a comparison group. The requirement for Well-supported programs to have sustained effects 12 months after delivery of services is onerous (randomized controlled trials are costly and time consuming) and presents ethical challenges (particularly where services are limited or withheld completely from the comparison group for 12 months following the trial in order to establish effectiveness).

We encourage Congress and the Administration for Children and Families (ACF) to bring research requirements in line with the programs that are already effectively serving families across the country. Triple P has been rigorously researched and evaluated, with over 820 theoretical papers including more than 400 evaluations, over 200 of which are randomized controlled trials.[7] More than 10 clearinghouses have rated Triple P as showing evidence of efficacy across the suite of Triple P programs, yet 3 out of 4 Triple P Triple P programs submitted to the Prevention Services Clearinghouse (PSC) are rated as "Promising" due to perceived methodological limitations, with the remaining program rated as Supported.

We recommend the PSC better align with other evidence-based clearinghouses to reduce cumbersome, duplicative processes and confusion. Prevention programs regularly rated favorably by other nationally recognized clearinghouses are frequently assessed as not meeting the strict criteria of the PSC. In many cases, programs did not receive strong ratings because they fell short of the overly rigorous research methodology currently required by the PSC.

We recommend expanding the study design criteria for Well-supported programs. Changing the requirement for 12-month follow-up so that studies are only required to demonstrate sustained outcomes for the intervention group could increase the array of programs that are rated as Well-supported, a needed change to provide greater options for service providers and families. Programs could also be eligible for a Well-supported rating where outcomes are demonstrated from two rigorous studies with shorter follow-up periods, or a weighted rating system that accounts for a wider range of research studies could be introduced into the criteria. The quantity of studies for a program could also be considered.

With over 200 RCTs contributing to the Triple P evidence base, we would strongly encourage consideration of results across multiple studies as an adjunct to the examination of the strict research criteria currently used for research study eligibility. These changes will increase the variety of programming that falls into the Well-supported category, offering families and states more flexibility and choice. A broader array of program options will increase the number of families who benefit from the services provided through FFPSA funding, thus preventing more children from entering foster care placement.

To improve service delivery further, **we urge Congress to consider increased flexibility to the waiver of limitations** in Section 471(e)(5)(c)(ii) to any Promising, Supported, or Well-supported practice if the Secretary deems the evidence of the effectiveness of the practice to be compelling and the state meets the continuous quality improvement requirements. States need the statute to renew write-in privileges to consider the waiver requirement outlined in the law and ACF Guidance ACYF–CB–PI–18–09. This change allows states to access IV–E reimbursement for any EBP they choose to use (based on previous or current use of the program, recommendations from researchers or others in the field, etc.), ensuring quality since all programs and states must utilize CQI for evaluating and reporting outcomes. Such language addresses, in part, the barrier to EBP programs, which requires states to create, employ, and fund their separate research studies. Renewal of the Waiver of Limitations, as modified to allow any Promising or Supported EBP, would continue to protect and ensure quality through the CQI process. It would also resolve the current bottleneck, and facilitate a return to the purpose of FFPSA, which is to maximize states' choice of evidence-based programs.

FFPSA recognizes that children do best with their families, not institutions, and the bold intent of the law was to keep families together whenever safely possible; but to do this, we must build intentional structures to support this work, not make it more cumbersome, especially for proven programs. It is estimated that nearly 40% of all children and over half of all black children in the United States experience

[7] A comprehensive overview of Triple P research can be accessed online at *https://pfsc-evidence.psy.uq.edu.au/*.

a child welfare investigation,[8] with an average length of stay in foster care over two year.[9] Most children leave foster care without receiving a single intervention or service. It's important to recognize in this context that foster care is not an evidence-based safety measure, but it is the one that is funded the most.

The best way to protect children and to reduce child welfare expenditure is to ensure children do not enter the child welfare system in the first place, and one of the best ways to do that is to provide more robust preventative family support services to families. FFPSA was intended to support families through the provision of evidence-based services, however the current PSC standards are so highly prescriptive that they prioritize methodological and procedural standards over the provision of family support services to those who need it most, limiting the law's potential.

We urge Congress to make the statutory changes outlined in this testimony to allow states the opportunity to utilize already proven evidence-based programs, many of which are already effectively serving families in the state, to optimize the intent and vision of FFPSA when it was originally enacted. The policy considerations addressed in this testimony offer solutions to much needed serve gaps and FFPSA can play an important role in addressing this need. We applaud Congress for its investments in FFPSA and for holding this important hearing and look forward to working with Congress and the administration to better serve those in need.

Sincerely,

Bradley Thomas
Chief Executive Officer

LETTER SUBMITTED BY MARY TRUDEL
Vancouver, WA

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington DC 20510–6200

Statement of Facts

This was my Complaint before the U.S. District Court:

This Court has subject matter jurisdiction due to the fact that all parties to this case have complete diversity as the Plaintiff is from Vancouver, WA, the defendants Carol Dilmore and Carlton Benton made a phone call from DeFuniak Springs Florida to the Harrisonburg Rockingham Social Services District in Virginia and the daughters of Plaintiff were legally ordered to Arizona from Virginia.

This Court is the competent Venue for this case as complete diversity demands Federal Court. This Court has personam jurisdiction, due to the Defendant's breach of numerous Federal constitutional violations, and the amount in controversy being more than 75,000 USD or the equivalent in silver or gold (12 U.S.C. 411). This suit is brought under a 42 U.S.C. 1983, civil action.

The aforementioned Defendants have been defaulted in their personal and profession capacities and the attached Exhibit: "1" herein provides proof of these Affidavits, that have gone unrebutted point for point, with time now expired to do so. proving the Defendants have left the battlefield. Unrebutted Affidavits stands as truth in law and are entitled to remedy.

The Plaintiff was deprived of the Constitution of the United States' federally protected right, under the Supremacy Clause pursuant to Article VI section 2 & 3. The Plaintiff accepted the Defendants' Oaths and bound them all thereby, which they have all breached and Plaintiff called every Judge and Sheriff involved, out for Treason.

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[8] Kim, H., Wildeman, C., Jonson-Reid, M., & Drake, B. (2017). Lifetime prevalence of investigating child maltreatment among US children. *American Journal of Public Health,* 107(2), 274–280. *https://doi.org/10.2105/ajph.2016.303545.*

[9] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023) *The AFCARS Report: Preliminary estimates for FY 2022 as of May 9, 2023—No. 30. https://www.acf.hhs.gov/cb/report/afcars-report-30.*

The following are a complete list or constitutionally protected rights that the defendants did breach: Article I section 10; Article III section 2; Article IV section 1; Article IV section 2; Article IV section 4; Amendment I, Amendment IV, Amendment V, Amendment VI, Amendment VII, Amendment VIII, Amendment IX, Amendment X, Amendment XI, and Amendment XII section I.

The Plaintiff and her two young daughters were visiting friends in Virginia from Washington State during holiday. Amanda Duley and Chad Breeden, acting as agents for Harrisonburg Rockingham Social Services District/HRSSD, did perjure themselves by Affidavit and Criminal Complaint. which stated false claims and was defamatory about the Plaintiff, both without having ever met the plaintiff prior to their sworn written testimony submitted to the court in order to initiate a cause of action in the commonwealth. Their actions did create trespass, harm, injury, and loss for Plaintiff and her daughters. The Defendant Amanda Duley, did falsify the correct court date upon the summons and did commit fraud upon the court in doing so to default the alleged respondent.

The breach of these fundamental constitutionally protected rights, including but not limited to, due process of law, the right to face my accuser, the right to a fair and speedy trial by jury of one's peers, and the right to assistance of counsel, the right to speak, and the right to be heard in a court of competent jurisdiction, are only some of the reasons for the Plaintiff seeking Summary Judgment based upon the default judgment which is on and for the court of record.

The Rockingham County Sheriffs did bang on doors and windows of the house they were visiting for 7 straight days, and thereby did terrorize the Plaintiff and her 5 and 8 year old daughters; before they unlawfully entered the private property. Six Sheriff's subordinates held guns to Plaintiff's head and threatened loss of life, in front of Plaintiff's young daughters. Plaintiff's daughters were abducted for pecuniary gain, and sold into slavery, and the Plaintiff was falsely arrested and falsely imprisoned for 82 days without bail where Plaintiff was harmed while in care of custody, despite the court not proving jurisdiction once challenged.

RJDRDC did unlawfully generate Bonds without authorization of the name holders and did commit securities fraud in doing so. Plaintiff was denied the assistance of counsel, and without Rockingham Juvenile Domestic Relations District Court–RJDRDC "court of no record" ever gaining subject matter or personam jurisdiction over the Plaintiff.

Plaintiff believes that RJDRDC, is not a real court due to it being a "court of no record" and due to the fact that Plaintiff has found the DUNS# for the court, and upon information and belief RJDRDC may be acting as a (PMA) Private Membership Association.

Rockingham Juvenile Domestic Relations District Court, Harrisonburg Rockingham Social Services District, and the Rockingham Sheriff's Department did collude and conspire to deprive Plaintiff and her daughters of our rights under color of law, thereby evidencing RICO. The aforementioned agencies did use fraud and forced association upon the Plaintiff and her daughters, by using threats, duress, coercion, and brute force.

Plaintiff wishes for a trial by jury and is seeking treble, compensatory, punitive damages for mental, emotional duress and intentional infliction of physical harm, extortion by trespass, theft by trespass, slavery, and communist actions.

Plaintiff wishes to be made whole by this court by finding in favor for the Plaintiff for Summary Judgement and the following items of relief: amount to be awarded $3,673,800,000.00 USD or the equivalent in silver or gold (12 U.S.C. 411).

Plaintiff wishes for the orders made by Hugh David O'Donnell and Anthony Wayne Bailey, be made void, forthwith (28 U.S.C. 2255).

Plaintiff wishes for all those acting outside the law be sanctioned to the to the highest extent of the law, for their communist actions (Title 50 U.S.C.).

Plaintiff wishes for her van, trailer, and all contents of personal household goods that were stolen by Natasha McKown, and sold by Bridgewater Car Care Inc., while in custody, be returned immediately or Natasha McKown and Bridgewater Car Care Inc., be ordered to pay $200,000.00 USD or the equivalent in silver or gold (12 U.S.C. 411).

Plaintiff wishes for safeguards to be put into place to stop babies being stolen from their mothers by HRSSD/CPS and these kinds of atrocities from happening to other women and children in the Harrisonburg and Commonwealth of Virginia area.

Plaintiff wishes for Carol Dilmore and Carlton Benton, to be Baker Acted in Florida, upon information and belief they are criminally insane. Plaintiff, wishes for a thorough investigation by OSHA to inspect the Harrisonburg Rockingham Regional Jail, due to its filth and inhumane treatment of prisoners, the water is toxic from the Dupont factory nearby, and possible gas being released in segregation area, as it has come to Plaintiff's attention that an inmate was murdered there in July of 2021.

This is an actual copy of my complaint before the U.S. District Court filed November 2021.

To date: I now know that there is no just compensation for the wrongful removal and trespass of my daughters and the trauma has been exasperated as a result of these bogus trumped up ridiculous charges of "Parental Abduction" against me! For simply refusing complete strangers while visiting a friend on Virginia, to steal my babies for no good reason, other than a phone call from someone who wished to remain anonymous because they lied to try to swindle my Dine' Nations (Navajo) daughters to gain access of my girls for "Casino Money!"

The lies told about me were atrocious and ludicrous and nowhere based anywhere near reality and lawful protections of Judicial processes were put into place to safeguard against such criminal orders!

No one may lose private property or freedoms without a speedy trial by jury in a Judicial Court in Suits of common law where controversy shall exceed twenty dollars.

See: Seventh Amendment I have a direct copy of Audrey Kirk woman acting for Rockingham Juvenile District Court which is an Administrative Review Board who did receive federal funding straight from *Treasurydirect.gov*

See: *www.avor.link* go to Virginia files listed as VA File folder there you will see the Treasury Direct document, fraud and white out dated Summons not Signed or Sealed, and never Served (18 U.S.C. 1691) or you can watch this video where I show it!

See: *https://rumble.com/v46i2ce-proof-these-banks-are-acting-like-courts.html.*

I fully comprehend why it is that Our founders placed strict and rigid safeguards in place within the Declaration of Independence which clearly outlines that all just Government is by way of consent of the governed. We the People are self-governed and we don't consent to these **war crimes** trespasses against our children!

Our Declaration of Independence is our first document in law first in line first in time! Our Law gives right to dissolve these corporations harming our children and our nation! My children and I are not now nor were ever a part of the United States ponzi scheme as We are American and Canadian, and We are not within the United States imagined territorial jurisdiction!

Your constituents and subordinates have usurped your boundaries and have harmed my family beyond words! The damage cannot be rightfully compensated nor will the harm ever be healed! Your barbaric practices of removing babies from loving mothers is debaucherous and I demand accountability! We the People, demand that all CPS and all Title IV- and Title IV–D and Title IV–E and Title B be shut down, dissolved, and liquidated under (12 CFR 411) immediately!

That all revenue be returned to the American People forthwith! We the People of These united states of America, Demand that every man and woman in the District of Columbia and it's subcontractors *(maximus.com)* stop the commoditization of our children as surety for your companies debts, and stop the man stealing of our children by your Policy enforcers forthwith!

We the People (Ex Real) Hereby give Notice of 21 business Days to dissolve your agencies and liquidate all funds back to the American People, pursuant to Article 1, section 10, clause 1: silver and gold. I have supporting affidavits and other documentation which can be seen here: *https://avor.link/documents-section-5-va-docs/*.

Mary Trudel

LETTER SUBMITTED BY ROSEMARY VAN GORDER
Fort Collins, CO

June 4, 2024

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510–6200

Dear Chairman Wyden, Ranking Member Crapo, and Members of the Committee,

I am a Colorado citizen who has voluntarily advocated for parents involved with the child welfare system for nearly 20 years. I've listed what I see as some of the barriers to a successful child welfare system, below.

REASONABLE EFFORTS?—"Reasonable efforts" to maintain families is not addressed by Family First. The term is vague, inconsistent and open to interpretation, resulting in no standard to measure department effort. *Who holds departments accountable?*

Judges consistently make routine findings that federal "reasonable efforts" requirements by departments have been met. Federal funding is always granted, but not always earned. *Who holds judges accountable?*

GUILTY AS ALLEGED—Proof of imminent danger is the lowest possible standard—a preponderance of the evidence. Fifty-one percent belief that an allegation is true is not much of a standard. Parents who contest allegations are strongly coerced to "cooperate"—to make an admission to an injurious environment, and even if "through no fault of their own." Family courts are hardly fair and equal playing fields.

TREATMENT PLANS—A SETUP FOR FAILURE?—County departments are mandated to identify barriers to safety and develop plans to address them. Also mandated but rare is the participation and input of parents in designing a plan. Federal requirements to include parents were intended to increase chances of success. Why are caseworkers allowed to submit arbitrary plans? If found "non-compliant," a parent's rights can be terminated—the most drastic and worst possible outcome!

FOSTER CARE—Foster care is not an evidence-based, proven system of care. We know the majority of kids do not thrive in this industrial complex. Poor outcomes are well-documented. For a summary of some of that evidence, see NCCPR Issue Paper #1. Foster Care vs Family Preservation: The Track Record for Safety and Well-being. Updated February 23, 2022. *https://nccpr.org/nccpr-issue-paper-1-foster-care-vs-family-preservation-the-track-record-for-safety-and-well-being/*

TRAUMA-INFORMED CARE—Is trauma caused by actual child abuse in the home? Eighty percent+ of cases are opened due to neglect, not physical abuse. Children are traumatized by abrupt, forced removals from their homes. County child welfare departments ignore this cause/effect correlation. Parents are shouldering full blame for problems they didn't cause.

Funding for trauma-informed assessments, counseling and treatment is wasted unless the source has been identified.

EXTENDED ELIGIBILITY FOR FOSTER CARE?—Colorado has added extended foster care up to age 21 in its Title IV–E plan since early 2018. This change allows Colorado to access Chafee expansion up to age 23. Why are so many kids unprepared? Because they were removed from their families, losing their identification, relationships and familial ties.

Shouldn't Family Preservation/Families First objectives keep more kids in their homes in the first place?

HOUSING—FEDERAL FAMILY UNIFICATION PROGRAM VOUCHERS—The most common, unmet need of families in the child welfare system is stable housing. It's a reason kids are taken and the reason they aren't returned. Sometimes parents just need help meeting the most basic needs. There is a great need for more vouchers! Stop subsidizing foster care and adoption at $4 billion in 2023, vs $82 million in family preservation services.

Thank you for your consideration of these identified barriers to keeping families together.

Rosemary Van Gorder

Opinion: Cash payments to Colorado families might keep kids out of foster care

By Shari F. Shink

May 25, 2024

https://www.denverpost.com/2024/05/25/foster-care-colorado-cash-payments/

Of all the people in the child welfare system who get paid, the ones who might put the money to best use are the parents at risk of losing their children to foster care.

Attorneys, advocates, and kin families are all compensated for their roles, and rightly so. Yet most mothers and fathers deemed to be failing their children through poverty get no specific financial help to turn their family situations around and save their children from the system.

A growing body of research and small pilot programs hope to prove that even a few hundred dollars a month might make a huge difference in keeping kids out of the foster care system.

It's time Colorado gives this a try. Direct, no-strings cash payments might sound like a radical approach, but if it can keep kids with their birth families it would be money well spent. Each year about 200 teens age out of foster care here without ever being adopted or put back with their families—and later end up homeless or in trouble with the law—at a lifetime cost of between $66 million and $73 million.

Even in a state such as ours that's shown itself open to considering new ways of improving the lives of foster children, sparing kids the trauma of being moved from their birth families in the first place could save significant dollars.

About 4,500 children are currently in foster care in Colorado, with hundreds more awaiting placement—a fraction of the 600,000-plus children in foster care across America. So, a relatively small group might qualify for this trial program. . . .

. . . What we do know is that about 85% of families investigated by a child protective services agency have incomes that fall 200% below the federal poverty line, according to a report by the Penn State Social Science Research Institute.

Poverty should be a consideration in whether families are intact or apart. The goal, barring exceptional circumstances, should always be to keep the kids with mom or dad, or to reunify the family as fast as possible. That's the idea behind Colorado's Family First Prevention Services Act, which aims to prevent children from being removed from their homes whenever possible and allows for new interventions.

I say let's start a pilot with small cash payments to test a cohort of parents already familiar to Colorado's Division of Child Welfare. Sure, it sounds like it's for the adults, as too many foster-related programs already are, but this one would actually be for the children. And let's keep kids out of foster care whenever we can.

Shari F. Shink is the founder of the Rocky Mountain Children's Law Center and executive director of Cobbled Streets, which is focused on changing the lives of foster and homeless children.

The Harm of Child Removal

Shanta Trivedi

ABSTRACT

When the state proves or even merely alleges that a parent has abused or neglected a child, a court may remove the child from the parent's care. However, research shows separating a child from her parent(s) has detrimental, long-term emotional and psychological consequences that may be worse than leaving the child at home. This is due to the trauma of removal itself, as well as the unstable nature of, and high rates of abuse in, foster care.

Nevertheless, the child welfare system errs on the side of removal and almost uniformly fails to consider the harms associated with that removal. Only two jurisdictions require courts to consider the harms that will occur when a child is taken from her family. And while recent federal law recognizes the importance of family preservation and the negative effects of separation, it does not solve the problem by itself.

This article is the first to comprehensively examine why the harm of removal should be a featured part of every child welfare decision. After doing so, it continues to analyze existing law and legal practices to demonstrate how consideration of the harms

of removal can be built into existing legal frameworks to achieve the stated purpose of the child welfare system and truly protect our children.

Shanta Trivedi, The Harm of Child Removal, 43 New York University Review of Law & Social Change 523 (2019). Available at: *https://scholarworks.law.ubalt.edu/all_fac/1085*

> Rather than being true to their intended missions of improving welfare and providing equal justice for vulnerable populations, the institutions are mining them with extractive practices that are harmful, unlawful, unconstitutional, and unethical.

Daniel L. Hatcher, *The Commodification of Children and the Poor, and the Theory of Stategraft,* 2024 Wisconsin Law Review 559 (2024). Available at: *https://scholarworks.law.ubalt.edu/all_fac/1189*

VIRGINIA POVERTY LAW CENTER
919 E. Main St., Suite 610
Richmond, VA 23219
T 804–782–9430
F 804–649–0974
https://vplc.org/

June 4, 2024

Hon. Ron Wyden
Chairman
Hon. Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510–6200

Re: Hearing on The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement, held Wednesday, May 22, 2024

Dear Chairman Wyden, Ranking Member Crapo, and Members of the Committee:

The Center for Family Advocacy at the Virginia Poverty Law Center ("VPLC") wishes to share with the committee some perspectives on the implementation of the Family First Prevention Services Act (FFPSA). Chairman Wyden, your statement that "we still have work to do to realize the full potential of this law and how it can help kids and families" rings very true in Virginia.

My comments are informed by my own observations as well as others' perspectives, gleaned through service on a broad array of state policy committees relating to children and families, as well as my role as the Virginia State Coordinator for the National Association of Counsel for Children, and as member of the State Policy Advocacy and Reform Center for Child Welfare. The VPLC also represents families in court, and we hear regularly from parents, relatives, youth, attorneys, social workers, and others concerned about the system.

Through our work and in connection with these bodies and individuals, we are exposed to numerous perspectives and views on how the FFPSA is or is not working to meet the needs of children, youth, families, and communities. We wanted to share some of the issues we have seen with implementation to highlight what's working and what's challenging. Further, we find that the FFPSA itself is flawed, and does not have the potential to truly prevent children's entry into the foster care system—unlike, for instance, mandatory provision of legal services, or economic supports.

Overall, we observe that the practice of child welfare has not significantly shifted in Virginia (a state-supervised, locally-administered state). Additionally, putting the responsibility for prevention services on the local departments of social services, which struggle to (or simply do not) provide a basic level of services to families, is often not viable.

Further, local departments, which house Child Protective Services (CPS), are often not viewed as welcoming or safe spaces for families seeking help and are typically avoided by families in need of assistance. (Indeed, we have seen eligibility workers threaten to make reports to CPS when families seek assistance with housing, which is one reason why 15% of children in foster care in Virginia are there due to housing-related issues.) The community-based Family Resource Center model, which Vir-

ginia is piloting through its inclusion in the "Thriving Families, Safer Children" national partnership, is much more accessible. FRCs seem to provide the kinds of community-based services and assistance that families need, without fear of government intrusion. We would like to see more focus on tailored services provision from trusted community partners, rather than one-size-fits-all services provided through overworked social services staff.

The specific issues we have seen with FFPSA implementation are, first, that Virginia, as in many states, treated the FFPSA's QRTP provisions as requiring statutory code revisions for compliance, which occurred; but in many individual cases uses state funds rather than Title IV–E funds so as to avoid having to comply with FFPA's provisions intended to reduce reliance on congregate care.

Second, Virginia, while having a few existing dyadic in-patient substance-use disorder treatment centers, has not even begun to certify such for Title IV–E reimbursement, even though VPLC has provided them with a list of such centers having all the pieces in place for such certification. Some centers have closed due to lack of financial resources; meanwhile, families in need of SUD treatment struggle to find resources that enable family cohesion and preservation; and many local departments of social services and courts impose dangerous (and discriminatory) requirements on parents working to reunify with their children to forego or give up use of MAT, the medical standard of care for opioid disorders.

Third, we, as many others, have noted the inadequacy of the Title IV–E Clearinghouse in timely certifying services and programs designed to assist families and children.

Fourth, the expansion of the use of "kinship diversion," often called "hidden foster care," under FFPSA, has resulted in many families not receiving due process when the state steps in and separates the family; and often the agency categorizes such diversion as "prevention" and believes their job is done. Without a right of legal counsel for families in these situations, not only are many children and families in limbo without financial or other supports, but some children are lost into the system, with no one knowing where they are or with whom they are living.

Finally, what would make the most difference to families would be to provide economic supports to prevent the poverty issues that are the drivers behind the majority of the children who enter into the system. As the Committee is aware, the temporarily Expanded Child Tax Credit greatly reduced child poverty, lifting nearly 3 million children above the poverty line. Financial supports, including increasing the minimum wage, have been shown through numerous studies to reduce reports of child neglect and abuse. Unfortunately, child poverty rebounded greatly upon expiration of the Expanded CTC. If the Committee truly wishes to reduce entry into foster care, it must explore making expanded CTC permanent, and to expand SNAP for families struggling with access to food. The CTC, safe and stable affordable housing, adequate minimum wage, and SNAP are true primary prevention; the FFPSA is only tertiary prevention, addressing issues after they have come to the attention of government. Shouldn't our focus be on helping all children truly thrive?

The recent final rule on Foster Care Legal Representation, which goes into effect July 9, 2024, will help many families. Unfortunately, since the Rule does not mandate such legal representation (with an emphasis on the provision of such representation *prior* to a case being filed in court—*i.e.,* before it is too late to prevent removal), too many children will continue to suffer "a range of trauma and stress." As noted in the Federal Register, "A child who is at risk of entering foster care has better outcomes when they remain safely at home compared to when they are placed into foster care." (Foster Care Legal Representation, 89 Fed. Reg. 40400 (May 10, 2024) (to be codified at 45 CFR part 1356)). Child welfare agencies have so much power, and families and children so little, it is only high-quality, independent legal representation that has the potential to truly transform the system.

I trust that the Committee truly wishes the very best for children and families and will take these observations and recommendations to heart.

Sincerely,

Valerie L'Herrou
Deputy Director
Center for Family Advocacy

LETTER SUBMITTED BY JONATHON AND JENNIFER WILLIAMS
Franklin County, GA

Regarding the State of Georgia, I have an account of a family whose children are being unlawfully kept from their kinship caregiver maternal aunt and uncle who have been in their lives since birth.

Tony and Panyarat Schulz are gainfully employed, loving relatives of Arya and Emma Hernandez, children of Matthew and Wilairat "Tuckey" Hernandez. Matt and Tuckey's infant daughter, Emma, is medically fragile and when they brought her to her pediatrician, they found themselves charged with non-accidental trauma by a Child Abuse Pediatrician at Children's Healthcare of Atlanta (CHOA), despite multiple clinical findings that indicated metabolic disorder and potentially genetic disorders as well.

Despite no previous law enforcement or DFCS involvement and a perfect skeletal survey of the older daughter, Arya, Forsyth DFCS chose not to perform an investigation and ruled child abuse solely on the pediatrician's diagnosis.

Forsyth County DFCS refuses to allow Tony and Panyarat be their kinship caregivers after they brought her back to the same accusing hospital (CHOA) when they noticed unusual redness on the bottoms of her feet. Although DFCS recommended an investigation into their home for possibly allowing the mother to come over to abuse the baby, Gwinnett County Sheriff's Office found no evidence and dropped the case, but Forsyth County Supervisor Ashley Smith, along with Special Attorney for DFCS Danielle Benefield, have dug in their heels and threatened juvenile Judge Heather Dunn that if she places the girls with their aunt and uncle, they will drop all services for the girls that the state DFCS provides.

Forsyth County DFCS is using Arya and Emma Hernandez as a pawn in a money game so that they will continue to earn Title IV–E Funds, which is completely disgusting, while forfeiting the kinship caregiver funds available. Forsyth DFCS Supervisor Ashley Smith took over 150 days to present a Case Plan to the Hernandez family; Georgia State law requires a case plan to be present within 30 days, U.S. Federal law requires 60 days.

Although we have brought evidence of this and other malfeasance of Forsyth County DFCS to the attention of Georgia Department of Human Services Commissioner Candice Broce and the Office of the Inspector General months ago, the family has seen no corrective actions.

Thank you for taking the time to read this statement on behalf of kinship caregivers Tony and Panyarat Schulz.

LETTER SUBMITTED BY LAURA MICHELLE WINKLES
Dallas, TX

CPS Horror Story Interstate Kidnapping of Holland Children

To whom it may conern:

During the period spanning August 17, 2018 to August 25, 2018, Breanna Hulsey informed me of the department receiving a referral of child neglect for Brailynn and Adeline Holland, my 2 daughters. I was home at my address in Texas when I had a knock at my door, enhanced and magnified by my dogs barking and alerting the family to the social worker's presence. I opened my door while holding Brailynn, my 5 month old baby daughter. I had Adeline, my then 14 month old toddler standing beside me. The lady at the door introduced herself as Breanna Hulsey, a social worker with the Department of Children's Services for the State of Texas. She asked to see my kids and as a concerned mom, I guarded my rights letting her only look from the door. She told me of some allegations she wanted to address with me. I then told her no, not to do so, without an attorney involved/present. At this point, I am not comfortable, so she left her card with me and I shut the door. Within that short time my whole life was destroyed by the evil plot of malicious actions of CPS social worker Breanna Hulsey who is employed with the Department of Tarrant County Children Services. I, Laura Winkles, offer these true statements to the best of my knowledge and recollection. I am competent and completely comprehend what I'm writing and propounding.

On August 28, 2018 the Tarrant County Department of Children Services who are private non-profit organizations became involved in my life. I was in the process of moving that day and she came back to the house. I was informed by friends that

they were harassing them over me an my family. So, after 3 weeks they came to my grandmother's home where I was visiting with my children in Irving, TX. The police officer was present with no warrant. Breanna Hulsey, social worker, was knocking at the door wanting to talk with me. I made myself clear that I am aware that I have protected rights. I restated that without an attorney, I would not be allowing any intrusions. She asked to see my babies, so I let her see them from a distance from the door. She then started talking to my grandmother Patricia Newton about my private life openly without my consent. She was also speaking with her husband, Cedric about allegations regarding me. Then she requested of my grandmother permission to do a drug test oral swab. She made my family fell threatened and intimidated, so she complied with her demands. My false positive result was logged and I have false negative results recorded, presumably due to my physician prescribed medication. I chose to not comply without a lawyer.

A month later they found me around September 18, 2018 at a nice hotel having a kitchenette in suites, and arriving with 10 cop cars, used 13 police officers to take my babies away with no valid papers, and not part of a court order that was served on me or that I was aware of. They were beating at my door so I was forced to let them in because the hotel manager was with them. When I opened the door, they rushed in to seize my kids. I was crying and the kids were crying, so my mom was there. She asked whether she could take the girls, and submitted to a drug test swab and passed. I also submitted on the spot, and passed. My babies' dad failed. Gene Hintz, main CPS agent, told Jessica Eastman, CPS Investigator. "No, my mom, Tammy Winkles couldn't have the girls because of her medical conditions (which are under control with the assistance of her doctor). She is/was no legitimate threat to my girls.

I called my old roommate, Mike Bohna, who I listed to assume custody of the girls if needed. He was their godfather. and had a nice home, which was safe for my children. They had previously grown up in that home. Mike and his mom passed the safety plan, and were approved to receive the girls.

I took the girls to his car, restrained them in the car seats, along with Ricky, the kids'.dad. they were screaming and crying clinging onto my shirt.

Mike had temporary guardianship over girls for a couple of weeks. He notified me and said that he wasn't going to be able to keep them much longer, as his wife and he were getting back together. So I contacted Jamie Winkles, my cousin who had her own place and a good paying job. She was doing well. She lived in Winnsboro, TX. I asked her whether she could temporarily care tor the girls while I did CPS's "mandatory" services to get them home. She agreed.

Jamie and I talked to CPS in Tarrant County, who were fine with the decision of the family. As a result, Winnsboro CPS came to her home and she was approved to receive the girls.

On October 15, 2018, the "authorized" Temporary Agreement was approved. It clearly stated no courts are involved and this agreement was for 30 days and could be terminated by parents at anytime. This was a premeditated plan to remove my girls. So they went against my rights and tricked me used manipulation to kidnap my girls. CPS workers were to not remove the children from this suitable agreement/arrangement. Now I ask, why after 7 days were my girls removed without my consent or knowledge in the month of October 22, 2018. There were no valid papers served, I wasn't involved in any court action, CPS Investigator Jessica Eastman violated my rights did a wrongful removal of my girls. This plan was a voluntary agreement with my family. There also was a back-up plan in case this didn't work out—I had a second caregiver Allie in line that was *also* approved. So why did Jessica Eastman drive 3 hours out of jurisdiction, without my knowledge or consent? She was going to remove my babies. This constitutes an unlawful kidnapping of my babies. Then 1 day later, she came to me, handing me some papers. She also asked me whether the children had any Native American blood in their heritage, I responded, "yes, Choctaw Indian, and Cherokee." She then seemed nervous and upset like she realized that what she had done was wrong.

She gave me papers that Tarrant County State of Texas had taken custody of my children. I then had to go to court. These actions are violations of due process. I have been deprived of my rights under the color of law (Title 18 U.S.C. Section 241–242) and am the victim of the felony conspiracy crimes of kidnapping by state bar who acted out of authority violation of the Constitution done by CPS Gene Hintz main CPS and judges known as Judith Wells, Judge Patricia Baca Bennett, Judge William B. Harris of 360th District of Tarrant County family court. The unlawful

removal also signed and involving Kerry Pack and CPS investigator Jessica Eastman for Tarrant County CPS and caseworker Demetra Jackson, Supervisor Consuela Miller and investigator Jessica Eastman who wrote a affidavit against me using Defamation of Character against my name and false allegations as well. Who made a third party agreement with the De Facto Family Courts to kidnap my girls out of jurisdiction for no emergency situation at all.

This was because they had found a home to place the girls in so they could extort them under a fraud insurance claim with the Smith family Mike and Gina, who paid a hostage fee for my girls. They were stolen, kidnapped and shortly after all these injuries started happening to my babies.

On November 7, 2018, Adeline was bitten by a dog in the face, and they lied and covered it up as a "fall." They didn't take her to a hospital until I forced them and wrote a letter holding them accountable under law. The next day November 8th, they claimed she was treated at Cooks Hospital for Children but the document they gave me was tampered with, appearing like a fraudulent document. So my mom reported them to Austin Hotline for foster abuse and neglect. They got involved and came to the house of Mike and Gina Smith. They we're foster caregivers. They shut down the daycare where the kids were going because they claimed injuries happened, in that home not with them.

The story they gave of Adelines injuries was she fell and hit her face on a fireplace. Okay, if it's true, what was a baby doing playing by a fireplace. So I was forced to hire a private attorney because they stole my babies. Donald C. Nemic was retained by me to fight my unlawful removal case (360–639731–18) involving the girls.

After the injury, I spoke with my attorney about emergency removal of my girls with friends or family. The judge who was present on that day of the hearing was associate, but he agreed with the removal due to the injuries of Adeline after seeing the picture. So a home assessment was set up for Dale and Dawn, close friends of my family. They wanted to step up for the girls. They loved my children and they were bonded, so this arrangement would be in Winnsboro, TX. Again they were wrongfully removed. They passed their background and the home was being ready for inspection, but their oldest daughter became sick with her kidneys and had to be hospitalized for a couple weeks, she could have died. So they reset it for a later time to get the girls and when they tried to get them CPS Supervisor Cosuela Miller said, "no" because they had to temporarily back out because of the emergency with their daughter. So they wouldn't let any of the family get the girls, my sister Rachel Landman has no criminal history had a home and job, wasn't able to get my girls. but my son Axle she was approved to get. This doesn't make sense, they refused my wishes to place the girls in my sister's home, so I was forced to accept this under duress.

I complied, did my services, was successful, graduated all my services and passed multiple drug tests. Included hair follicle, nail test, and I was supposed to get a monitor return. It was on documents petitioned by CPS and CASA, also ad litem Vickie Wiley, my attorney Donald C. Nemic, all parties, even Demetra Jackson CPS worker who wrote I was successful. She saw no threat in me having my babies and in an affidavit she wrote in the best interest for me to have my children returned to my custody. They were all on board and approved by all parties. Plans changed when I discovered that I was pregnant, which I didn't realize at first. So the Judge said she favors the foster parents and denied my monitor's return over being pregnant.

I was discriminated against and lied about under penalty of perjury by the courts, and fraud was committed in this case. Proof is in the unlawful mediation "agreement." The mediation agreement stated that all parties are competent and comprehend fully that they do not take medication or have a medical or mental illness and agree to terms and conditions. That constitutes fraud, written in black and white, with signatures of attorneys and mediator and Gina and Mike Smith (the foster parents) CPS as well my lawyer.

I was forced under duress and bullied, lied to, intimidated, coerced, and blackmailed, as they had my children. After all I had done to be successful, and "win my custody back" from these predators. The courts are working with Attorney General Ken Paxton. This is a part of the unlawful contracts under fraud of Family Services. They became involved over hearsay allegations by third party witnesses, unsworn, and unsubstantiated. They then began harassing and tormenting me and retaliating against our family without my consent. They were and have been committing unlawful crimes against me.

These actions were due to my mother Tammy Winkles Nationwide Family Advocate for helping families navigate the treachery of reunification after CPS steps in and kidnaps children from loving homes. When unlawful removals of children have occurred, families need support as the full force of a well-funded state apparatus are arrayed against them in what can only be described as a carefully constructed mob action. The De Facto Family Courts committed jurisdictional kidnapping. They did this against myself, Laura Michelle Winkles and my children, Adeline and Braylinn Holland, as well as against thousands of other families nationwide and globally. Due to my mother vocally and publicly exposing the rampant departmental corruption nationwide, this has also led to the interstate kidnapping of my sons in the State of Oklahoma by way of CPS investigator Travis White, who is employed with DHS in Jackson County, Oklahoma. He was working with Texas through Medical kidnapping crimes involving Jayce Wayne Holland and Axle Leroy Holland, my boys. We were from Dallas, TX and had lived there all their lives until I went to visit Tillman County, OK for a funeral for a member of my family, I was there for about 6 weeks visiting. The laws of Oklahoma State, in order for jurisdiction to be claimed you must live in Oklahoma for a minimum of 6 months. Six weeks falls short of that so why are my boys gone too? The department is retaliating again, against my mom, Tammy Winkles, for helping families attain reunification.

On November 17, 2022, trespass, information, personal property, jurisdiction on Indian territory. A crime of abduction was committed around 3 p.m. I was at the home of a family visiting. I was with my baby boys Jaycee Wayne Holland and Axle Leroy Holland. I was getting ready to start their bath when I heard a knock at my door, loud banging, "this is the police." I was confused why they were hear. The dog was barking and I was scared by the way they were behaving. So I open the door and I saw Officer Joe Rodriguez, Chief Joe Kneely, Officer Brown and a strange man who introduced himself as Travis White, DHS investigator. He said to me are you Laura Winkles? I was confused and I told him that I didn't feel comfortable talking to him. So I said I'm Tammy Winkles. I shut the door terrified and forgot to lock the door. I took the dog out to the backyard. When I got back in the living room I saw an officer open the door and enter without my permission.

Joe Rodriguez invaded my family home they came with no warrant, no complaints, no petition, no affidavit, and no court orders to seize my boys, unlawfully with only allegations of third party hearsay. Their were signs in the yard and on the door that clearly stated do not trespass or you will be prosecuted. So the Officer's had no authority to trespass against my rights. The man Travis was intimidating me asking me questions, if a girl name Raylee lived here? I told him no, that girl was only staying a few days. He asked if she had a room their, then Axle, my 3 year old son said. "yes." So he then said, can I speak with you're children? I said. I don't feel comfortable and the officer stood in front of me blocking me.

Travis took my two toddlers in a private room talking. Then they walked out with candy he gave them. Their was a witness in the home that heard everything they talked about because he got scared when cops came in and hid in the closet. Were Travis had been talking openly to my boys about a dog. He heard him say you're dog is mean he was barking at me, I bet he bites. Then Jaycee my 3 year old said dog bites and Travis said dog bite you. Jaycee had a tiny scratch on his cheek from playing around with Axle the day before—his big brother and he like to play wrestling. So he coached my son into saying the words dog bites. He then asked me did you know the dog bit your son and I told him no I didn't witness that, why? He then said did you take him to the hospital, I told him no, I wasn't aware the dog bit him. He also asked me if I did drugs, I said, "no." He asked me if I was running from the State of Texas, I said, "no." He then told me I'm taking your boys so don't upset them by crying, just letting you know.

The whole time I was on the phone with my mother and advocate Gene Laird and Angela Dorantez were on emergency call. My mother was on speaker telling Travis get out of the house and they have no right to be their with no warrant, it's private property and signs are posted in the yard, they are trespassing, no court orders given, nothing but hearsay from Supervisor James Phyllier is what he said he was using to do a removal that wasn't emergency. It clearly states in the hospital records boys were healthy, in good condition, no fever, and the boys denied all allegations. The doctors released the boys stable and in good condition. I never gave permission for Travis to take my boys and never signed anything. He violated my rights under conspiracy (Title 18, U.S.C. Section 241–242).

County Police Department DBA a fictitious business, *neglecting evidence* from many loving parents and families and allowing children and family services to illegally

adopt-out children to multiple desperate and abusive foster parents, some kids ended up hurt and some ended up deceased as a result of the abusive and/or neglectful foster parents' actions (or failure to act). To whom do we look for help when our own "child protective system" doesn't take the time to hear us parents, worldwide? They threatened us with incarceration and they have destroyed good mothers, fathers, aunts, uncles, and even grandparents just to keep us from exposing their wrong-doings.

I was discriminated by Judge Patricia Baca Bennett because of my pregnancy. I was lied to under penalty of perjury by the courts. I was tricked into unlawful mediation agreement on May 7, 2020. The foster parents Gina and Michael Smith knew of this unlawful mediation under fraud and duress engaged into a contract that CPS Demetra Jackson, my caseworker and private lawyer Donald C. Nemic was a party to this fraud and embezzlement.

The unlawful mediation was in this case proof of a state bar Rico crime. The mediation agreement stated that all parties are competent and comprehend fully that they do not take medication or have a medical or mental illness and agree to terms and conditions. That constitutes fraud, written in black and white, with signatures of attorneys and mediator, and Gina and Mike Smith (foster parents), CPS, as well as my lawyer.

I was forced under duress and bullied, lied to, intimidated, coerced and **blackmailed,** as they had my children. After all I had done to be successful and win my custody back from these predators. The courts are working with Attorney General Ken Paxton. This is a part of the unlawful contracts under fraud of Family Services. They became involved over hearsay allegations by third party witnesses, unsworn and unsubstantiated. They then began harassing and tormenting me and retaliating against our family without my consent. They were and have been committing unlawful crimes against me.

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The de facto family courts committed jurisdictional kidnapping. They did this against myself, Laura Michelle Winkles, and my Children Adeline and Braylinn Holland, as well as against thousands of other families nationwide and globally. Due to my mother vocally and publicly exposing the rampant departmental corruption nationwide, this has also led to the interstate kidnapping of my sons in the State of Oklahoma by way of CPS investigator Travis White, who is employed with DHS in Jackson County, OK. He was working with Texas through medical kidnapping crimes involving Jayce Wayne Holland and Axle Leroy Holland, my boys.

We were from Dallas, TX and had lived there all our their lives until I went to visit Tilman County, OK for a funeral for a member of my family. I was there for about 6 weeks visiting. The laws of Oklahoma State, in order for jurisdiction to be claimed you must live in Oklahoma for a minimum of 6 months. Six weeks falls short of that, so why are my boys gone too? The department are retaliating again against my mom, Tammy Winkles for helping families attain reunification.

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that clearly stated do not trespass or you will be prosecuted. So the officer's had no authority to trespass against my rights.

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The police officers were on duty, were wearing police uniforms, used police equipment (like a squad car or handcuffs), flashed a badge and otherwise claimed to be an officer or carried out an arrest.

Title 18, U.S.C. Section 242 Deprivation of rights under the color of law

Section 242 of Title 18 makes it a crime for a person acting under color of any law to willfully deprive a person of a right or privilege protected by the Constitution or laws of the United States.

For the purpose of Section 242, acts under "color of law" include acts not only done by federal, state, or local officials within their lawful authority, but also acts done beyond the bounds of that official's lawful authority, if the act are done while the official is purporting to, or pretending to act in the performance of his/her official duties. Persons acting under color of law within the meaning of this statute include police officers, prison guards, and other law enforcement officials, as well as judges, care providers in public health facilities, and others who are acting as public officials. It is not necessary that the crime be motivated by animus toward the race, color, religion, sex, handicap, familial status, or national origin of the victim.

The offense is punishable by a range of imprisonment up to a life term, or the death penalty, depending upon the circumstances of the crime, and the resulting injury, if any.

Title 18, U.S.C. Section 242

Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

18 U.S.C. Section 1709 Theft of mail matter by officer of employee

Whoever, being a Postal Service officer or employee, embezzles any letter, postal card, package, bag, or mail, or any article or thing contained therein entrusted to him or which comes into his possession intended to be conveyed by mail, or carried or delivered by any carrier, messenger, agent, or other person employed in any department of the Postal Service, or forwarded through or delivered from any post office or station thereof established by authority of the Postmaster General or of the Postal Service; or steals, abstracts, or removes from any such letter, package, bag, or mail, any article or thing contained therein, shall be fined under this title or imprisoned not more than five years, or both.

Plaintiff's were arguably deprived of their right to procedural due process because the intentional use of fraudulent evidence into the procedures used by the state denied them the right to fundamentally fair procedures before having their child re-

moved, a right included in Procedural Due Process. *Morris* vs. *Dearborne,* (5th Cir. 1999)

When the state deprives parents and children of their right to familial integrity, even in an emergency situation, the burden is on the state to initiate prompt judicial proceedings for a post-deprivation hearing, and it is irrelevant that a parent could have hired counsel to force a hearing. K.H. through *Murphy vs. Morgan,* (7thCir. 1990)

When the state places a child in a foster home it has as obligation to provide adequate medical care, protection, and supervision. *Norfleet vs. Arkansas Department of Human Services,* (8th Cir. 1993)

Children may not be removed from their home by police officers or social workers without notice and a hearing unless the officials have a reasonable belief that the children were in imminent danger. *Ram vs. Rubin,* (9th Cir. 1997)

Absent extraordinary circumstances, a parent has a liberty interest in familial association and privacy that cannot be violated without adequate pre-deprivation procedures. An ex parte hearing based on misrepresentation and omission does not constitute notice and an opportunity to be heard. Procurement of an order to seize a child through distortion, misrepresentation and/or omission is a violation of the Fourth Amendment. Parents may assert their children's Fourth Amendment Claim on behalf of their children as well as asserting their own Fourteenth Amendment Claim. *Malik vs. Arapahoe City Department of Social Services,* (10th Cir. 1999)

Plaintiff's clearly established right to meaningful access to the courts would be violated by suppression of evidence and failure to report evidence. *Chrissy vs. Mississippi Department of Public Welfare,* (5th Cir. 1991)

Mother had a clearly established right to an adequate, prompt post-deprivation hearing. A 17-day period prior to the hearing was not a prompt hearing. *Whisman vs. Rinehart,* (8th Cir. 1997)

Section 10

Seizures (child removals)

The protection offered by the Fourth Amendment and by our laws does not exhaust itself once a warrant is obtained. the concern for the privacy, the safety, and the property of our citizens continues and is reflected in knock-and-announce requirements, *United States vs. Becker,* (929 F2d 9th Cir. 1991)

Making false statements, made to obtain a warrant, when the false statements were necessary to the finding of probable cause on which the warrant was based, violates the Fourth Amendment's warrant requirement. The warrant clause contemplates the warrant applicant be truthful: "no warrant shall issue, but on probable cause, supported by oath or affirmation." Deliberate falsehood or reckless disregard for the truth violates the warrant clause. An officer who obtains a warrant through material false statements which result in an unconstitutional seizure may be held liable personally for his actions under § 1983. When a warrant application is materially false or made in reckless disregard for the Fourth Amendment's warrant clause. A search must not exceed the scope of the search authorized in a warrant. By limiting the authorization to search to the specific areas and things for which there is probable cause to search, the Fourth Amendment particularity requirement ensures that the search will be carefully tailored to its justifications, and will not take on the character of the wide-ranging exploratory searches the Framers of the Constitution intended to prohibit. There is a requirement that the police identify themselves to the subject of a search, absent exigent circumstances. *Aponte Matos vs. Toledo Davilla* (1st Cir. 1998)

Section 9

Due Process

Child's four-month separation from his parents could be challenged under substantive due process. Sham procedures don't constitute true procedural due process. *Brokaw vs. Mercer* County, (7th Cir. 2000)

Post-deprivation remedies do not provide due process if pre-deprivation remedies are practicable. *Bendiburg vs. Dempsey,* (11th Cir. 1990)

Children placed in a private foster home have substantive due process right to personal security and bodily integrity. *Yvonne L. vs. New Mexico* Department of Human Services (10th Cir. 1992)

When the state places a child into state-regulated foster care, the state has duties and the failure to perform such duties may create liability under § 1983. Liability may attach when the state has taken custody of a child, regardless of whether the child came to stay with a family on his own which was not an officially approved foster family. *Nicini vs. Morra* (rd Cir. 2000)

Social worker who received a telephone accusation of abuse and threatened to remove the child from the home unless the father himself left and who did not have grounds to believe the accusation.

Police officers or social workers may not "pick up" a child without an investigation or court order, absent a emergency. Parental consent is required to take children for medical exams, or an overriding order from the court after parents have been heard. *Wallis vs. Spencer,* (9th Cir. 1999)

Child's removals are "seizures" under the Fourth Amendment. Seizure is unconstitutional without court order or exigent circumstances. Court order obtained based on knowingly false information violates Fourth Amendment. *Brokaw vs. Mercer County,* (7th Cir. 2000)

Defendant should have investigated further prior to ordering seizure of children based on information he had overheard. *Hurlman vs. Rice,* (2nd Cir. 1991)

Police officer and social worker may not conduct a warrantless search or seizure in a suspected abuse case absent exigent circumstances. Defendants must have reason to believe that life or limb is in immediate jeopardy and that the intrusion is reasonably necessary to alleviate the threat. Searches and seizures in investigation of a child neglect or child abuse case at a home are governed by the same principles as other searches and seizures at a home. *Good vs. Dauphin County Social Services,* (3rd Cir. 1989)

Defendants could not lawfully seize a child without a warrant or the existence of probable cause to believe child was in imminent danger of harm. Where police were not informed of any abuse of the child prior to arriving at caretaker's home and found no evidence of abuse while there, seizure of the child was not objectively reasonable and violated the clearly established Fourth Amendment rights of the child. *Wooley vs. City of Baron Rouge,* (5th Cir. 2000)

For purposes of the Fourth Amendment, a "seizure" of a person is a situation in which a reasonable person would feel that he is not free to leave, and also either actually yields to a show of authority from police or social workers or is physically touched by police. Persons may not be "seized" without a court order or being placed under arrest. *California vs. Hodari,* 499 U.S. 621 (1991)

Where the standard for a seizure or search is probable cause, then there must be particularized information with respect to a specific person. This requirement cannot be undercut or avoided simply by pointing to the fact that coincidentally there exists probable cause to arrest or to search or to seize another person or to search a place where the person may happen to be. *Yabarra vs. Illinois,* 44 U.S. 85 (1979)

An officer who obtains a warrant through material false statements which result in an unconstitutional seizure may be help liable personally for his actions under § 1983. *Aponte Matos vs. Toledo Davilla,* (1st Cir. 1998)

Social workers investigating claims of child abuse are not entitled to absolute immunity where department policy was for social workers to report findings of neglect or abuse to other authorities for further investigation or initiation of court proceedings. Social workers investigating claims of child abuse are entitled only to qualified immunity. Assisting in the use of information known to be false in order to further an investigation is not subject to absolute immunity. Social workers are not entitled to qualified immunity on claims they deceived judicial officers in obtaining a custody order or deliberately or recklessly incorporated known falsehoods into their reports, criminal complaints, and applications. Use of information known to be false is not reasonable, and acts of deliberate falsity or reckless disregard of the truth are not entitled to qualified immunity. No qualified immunity is available for incorporating allegations into the report or application where official had no reasonable basis to assume the allegations were true at the time the document was prepared. *Snell vs. Tunnel,* (10th Cir. 1990)

Police officer is not entitled to absolute immunity, only qualified immunity, to claim that he caused plaintiff to be unlawfully arrested by presenting judge with

an affidavit hay failed to establish probable cause. *Malley vs. Briggs,* 475 U.S. 335 (1986)

Defendants were not entitled to prosecutorial immunity where complaint was based on failure to investigate, detaining minor child, and an inordinate delay in filing court proceedings, because such actions did not aid in the presentation of a case to the juvenile court. *Whisman vs. Rinehart,* (8th Cir. 1997)

Case worker who intentionally or recklessly withheld potentially exculpatory information from an adjudicated delinquent or from the court itself was not entitled to qualified immunity. *German vs. Vance,* (1st Cir. 1989)

Defendant **Department of Children and Family Services** was not entitled to qualified immunity or summary judgment because he should have investigated further prior to ordering seizure of children based on information he had overheard. *Hurlman vs. Rice,* (2nd Cir. 1991)

Defendants were not entitled to qualified immunity for conducting warrentless search of home during a child abuse investigation where exigent circumstances were not present. *Good vs. Dauphin County Social Services,* (3rd Cir 1989)

Social workers wee not entitled to absolute immunity where no court order commanded them to place plaintiff with particular foster caregivers. K.H. *Murphy vs. Morgan,* (7th Cir.1991)

Thank you,

Laura Michelle Winkles

LETTER SUBMITTED BY PATRICIA WOMAC
Athens, TN

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

May 29, 2024

I'm writing in response to a hearing that was said to have taken place on May 22, 2024.

My Daughter Hannah Fairbanks has Rett syndrome, a severe terminal illness, as much as I'd love to blame the CPS and APS system for years of hardship she has endured, they're only part of the problem. I agree CPS should be funded when and if needed, however they partner with TennCare Medicaid and that's where the problem exists. Contracts between the two are conducted together both are funded by federal and state dollars which should be oversight and limited. Hannah's private duty nursing care through Medicaid is very expensive. It's a known fact she's worth a pretty penny if she enters the system, involuntarily. Since 2006 Medicaid has tried numerous times to reduce her home care because its only state funded. Each time I appealed, each time CPS was at my door step, not to assess my child but with allegations of abuse and neglect towards my daughter. The most recent was February 1, 2024, just 2 weeks after her 21st birthday, just after my appeal letter went to TennCare and again was accusations of neglect.

This happens every 6 years because there records are disposed of every 6 years so there is no paper trail. Each time TennCare has reported to CPS to try to remove Hannah from my care, they use the term assessment to try to remove Hannah and have her placed in child services under then foster care system, and get federal dollars for removing her, they even go to such attempts to cover them up that the records are impossible to access, there such restrictions knowing her condition they try every thing in there power to keep these papers hidden from public view, I cant even gain access after the abuse is proven unfounded like poof they disappear each and every time.

This last visit was made by APS since Hannah had just turned 21, 2 weeks prior, and I had just filed another TennCare appeal, go figure. Anyhow, since February 15th, I've been trying to access these records without success, even after the report was proven unfounded. I have not been granted access to see what was written, proof that TennCare did alligate, it just corroborates my story. However its what led them there is what's not being addressed. With access to my own records, I can prove 100% that TennCare falsely reported Hannah Fairbanks to CPS to gain finan-

cial access not once but 4 times starting at March 9, 2015 and now age 21. Appeals were filled in 2006, 2012, 2018, and 2024, none of these records can be recovered due to Tennessee laws restricting access to whom made the reports, however we have proof, and still cannot gain access to these records.

On February 1st when CPS came with allegations, I was still in court proceedings trying to obtain conservatorship Hannah wasn't represented at the time they came. DIDD have group homes and foster homes for disabled adults that have both state and federal funding backing them. Which is were Hannah would go if APS had taken her or placed in residential care, basically a mental hospital. At the present time medicaid TennCare is attempting to reduce her care to an impossible situation that would force Hannah into one of these homes, so that CPS and APS would have her in there custody one way or another it all comes down to money and greed.

With all due respect to TennCare for giving Hannah access to healthcare that she 100% deserves, but money and greed has taken over this system, people are worth more in state custody then in their own homes, TennCare and CPS will even go to extremes to make families feel so guilty because they cant keep taking care of there loved ones without services and go as far as restrict there services only to gain access. to those funds after they enter state care either voluntarily or involuntarily, When you appeal these reductions they will send CPS knocking on vulnerable sickest of people's doors and apparently get state funding to do so, the ones worth money, which is no coincidence that normal population of children—healthy children—rarely get harassed as we do.

In conclusion after gaining access to Hannah's Medicaid financial records she cost the state between $750,000 and $1 million each year. That's a heavy price tag and there is more I'm unable to gain access to see, if removed from my home, that price would double and maybe triple in federal funds, so financial motivation and greed are what drives them to do what they do. Normal people who are not disabled or ill do not cost that much, so again there is no reason to target them. Not only CPS, DCS, APS, Medicaid and DIDD need oversight but shouldn't be paid to remove anyone from there homes period! Even MEDICARE, which has done the same to my mother, who is on her death bed due to 17 strokes she endured during COVID–19—vaccinations she received to keep her job, now she is a vegetable 3 years later with yes, APS visited her too because she wouldn't go into a skilled facility under choices so Tennessee could be paid back for her care she is receiving at home right now.

This is corruption at its finest at the very least each reported CPS, DCS, APS Report should be made public each one states the nature and allegation, if the state holds the key to this especially if they made the report theses reports should be a mater of public records, so the disabled have a fighting chance, it would show the corruption and kickbacks that states are receiving for there own people.

Patricia Womac

YOUTH VILLAGES
3320 Brother Boulevard
Memphis, TN 38135
O: 901–251–5000
F: 901–251–5001
https://youthvillages.org/

June 5, 2024

Dear Chairman Wyden and Ranking Member Crapo,

Youth Villages would first like to thank Chairman Wyden, Ranking Member Crapo, and Members of the Senate Finance Committee for holding this essential discussion, and for the opportunity to submit this statement for the record following the May 22, 2024 hearing entitled, "The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement." We commend the Committee for its commitment to improving the lives of young people and families across the nation. As an organization committed to preventing the unnecessary removal of children and youth from their homes, and subsequent placement into foster care, Youth Villages appreciates the opportunity to provide feedback on some of the critical matters discussed during the hearing.

Youth Villages is a national leader in children's mental and behavioral health focused on providing the most effective help to children with emotional and behavioral challenges, their families, and young people who are aging out of the foster care system. In 17 states, Youth Villages' Intercept® program, a comprehensive, evidence-

based in-home services model, meets children and families at critical crossroads to help them find their way to well-being. One of 19 programs rated "Well-supported" by the Title IV–E Prevention Services Clearinghouse, Intercept® has been an integral driver of positive change within state child welfare systems. By providing strengths-based support to children with mental and behavioral challenges and their families, in their own homes and communities, Intercept® has been shown to reduce out-of-home placements and accelerate permanency for children by up to 53 percent. Intercept® has helped tens of thousands of children and families live successfully through a variety of interventions designed to meet the individual needs of each family and continues to broaden in scope by regularly expanding to new jurisdictions.

On behalf of Youth Villages, we would like to acknowledge some of the on-the-ground challenges that we have come to understand as we convene child welfare administrators from across the country who are developing, and or implementing, their Title IV–E Prevention Plans. Six years after its passing in 2018, the Family First Preventions Services Act (FFPSA) varies significantly in terms of implementation from state to state. Further, in terms of maximizing FFPSA, many states grapple with other conflicting priorities that generate additional pressure for child welfare leaders to gain buy-in for prevention services. Often due to funding discrepancies and other difficulties, states are less reliant on their existing service arrays despite proven, positive results. Accordingly, some states are hesitant or sometimes unable to scale services for a variety of reasons, some of which we will expand on below.

Many states have seen an increasingly pronounced lack of foster care placements for young people who may not meet the medical necessity to be placed in residential care settings. Consequently, a significant portion of children who are struggling with mental and behavioral health challenges are unable to receive proper support, largely due to the Qualified Residential Treatment Programs (QRTPs)—Institution for Mental Diseases (IMD) exclusion which prohibits states from receiving federal funding for services for individuals within IMDs and QRTPs. A legislative fix is necessary to ensure that children in foster care with assessed behavioral and mental health needs are not at risk of losing their federal Medicaid coverage. High-quality and effective treatment programs can be life-changing for young people with complex needs that require more intensive support.

However, those who do not require that level of care will experience far better outcomes in community-based settings, and it is critical for national child welfare policy to include guidance, requirements, and funding that encourages family-based placements.

Bearing the above in mind, Youth Villages offers the following recommendations for the Committee's consideration:

Addressing Implementation Challenges

Since its inception, Family First Prevention Services Act (FFPSA) has enabled states to dedicate new programs, services, and infrastructure to keeping families safely together. As mentioned by Commissioner Jones Gaston in her statement, "43 states, the District of Columbia, and four tribes have approved state plans under Family First." However, 6 years on, a number of states have yet to utilize these prevention dollars to their fullest advantage, largely due to administrative roadblocks and other implementation challenges.

As Chairman Wyden acknowledged in his opening statement, last year the federal government spent just $182 million on prevention services while having spent over $4 billion on traditional foster care. We must continue to invest in prevention and robust child welfare services by ensuring states are unlocking the full potential of federal funding streams. Below are some considerations related to Family First implementation that we hope the Committee considers:

#1: Provide Technical Assistance to IV–E States, Tribes, and Tribal Agencies to Address Implementation Challenges

Under FFPSA, eligible services and programs for federal reimbursement include evidence-based mental health and substance use prevention and treatment services, and in-home services. However, requirements related to spending, eligibility, and evaluation prevent many states from using federal prevention dollars to develop and scale supportive services for their populations.

Although services are limited to Well-supported, supported, and promising programs, states still encounter hurdles, in the form of bureaucratic red tape and limi-

tations regarding evidence-based models on the IV–E Clearinghouse, to adequately meeting the needs of children and families involved with child welfare.

Successful implementation of the Family First Act requires states to have a modernized system. With the transitioning of the Statewide Automated Child Welfare Information Systems (SACWIS) to the Comprehensive Child Welfare Information System (CCWIS), there is a delay in the effectiveness of reporting and claiming Title IV–E reimbursements. Accordingly, many state and county systems are facing barriers in determining how best to assess and determine the families who would benefit from prevention services, and the functionality to support the requirements for prevention services to become IV–E reimbursable. States would significantly benefit from receiving technical assistance to address the policy, practice, fiscal, and systematic needs regarding Family First implementation.

As a service provider and program model developer, Youth Villages has become intimately familiar with the primary challenges facing state and county agencies aiming to scale evidence-based services. Due to regional, geographical, and population challenges, providers in rural areas often experience referral flows that make it difficult to staff programs. Issues pertaining to referral flows exist as a barrier to filling a full team of specialists. Further, providers struggle with retention issues as staff experience burnout resulting from vacancies within organizations. Overall, states with current budget constraints are having difficulties implementing IV–E prevention services for reasons related to geographical and population challenges, and hiring and retaining staff with limited resources. To ensure rural areas have the resources necessary to serve more young people and families, and overcome challenges to scaling evidence-based services, Congress must provide a federal incentive to ensure all U.S. states can access critical prevention dollars to support rural areas, including through leveraging Medicaid and Temporary Assistance to Needy Families (TANF) funding in addition to conventional services under Family First.

#2: Encourage Broad and Inclusive "Candidacy of Care" Definition

Under Title IV–E eligibility requirements, children who are "candidates for foster care," or identified as being at imminent risk of entering care but who can remain safely at home as long as necessary prevention services are provided, are one of three categories of eligible individuals for prevention services and programs. However, states vary in terms of the degree to which they prioritize those in need of after care services and post-reunification support.

Congress should encourage the Administration for Children and Families, and the Children's Bureau, to encourage that states expand their definition of "candidates for foster care" to include families in need of after care services by including post-reunification, post-adoption, and kinship services after a youth has been placed in the home. By issuing new guidance to states to include these populations, the Children's Bureau would encourage states to support families in placements when youth who are reunified, adopted, or later in need of mental health, substance-use, or in-home services, who are in need of interventions when placed in a kinship or foster care placement.

Additionally, in 2018, Senators Grassley, Stabenow, Bennet, and Young requested HHS Secretary Alex Azar to ensure that older foster youth are included in the implementation of Family First. We know that pregnant and parenting youth are explicitly designated; however, states should be encouraged to also include youth who have recently exited foster care, up to age 21, many of whom would benefit insurmountably from mental health, substance abuse, and in-home services or programs.

#3: Provide Additional Supports to Help Build on Family First Implementation

Although Family First Transition Act funding was initiated to help prepare and implement Family First, many states, counties, tribes, and tribal agencies have needed years to develop the infrastructure for prevention services within child welfare. Additional resources and flexibilities are needed to help child welfare system leaders to envision a world where every young person and family receives the services they need, when they need them, and where entry into foster care is the exception rather than the norm.

Lastly, Youth Villages is in support of the President's FY 2025 budget proposal that would position the state's Medicaid matching rate at 90 percent compared to the current law at 50 percent, allow states to spend half of their annual Family First spending on programs rated well supported or supported, and allow states to spend

15 percent on a new category of unproven programs that have evaluation ratings on the California Evidence-Based Clearinghouse (CEBC). Additionally, we propose that the Administration for Children and Families creates another Training and Technical Assistance Center that would support states with implementation of the Family First Act, build additional capacity, and improve practice and policy.

Conclusion

In conclusion, Family First is not the sole solution for addressing the complex needs of children and families impacted by systems of care. We recommend that Congress encourage all agencies foster greater coordination on safety net programs that provide critical support to children and families. We reiterate our appreciation for the opportunity to provide a statement for the hearing record and for your willingness to consider our comments, which are based on our extensive experience providing supportive services to young people and families since 1986. If you have any questions or require further information, please contact Shaquita Ogletree, Director of Federal Policy at Shaquita.Ogletree@youthvillages.org.

Sincerely,

Patrick W. Lawler
Chief Executive Officer

LETTER SUBMITTED BY BARBARA ZELINSKY
New Kensington, PA

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510–6200

June 5, 2024

Dear Finance Committee,

I was a victim of Pennsylvania, Allegheny County Family Court deception over 20 years ago. Unfortunately, I have learned that nothing has changed but more corruption.

Aside from the $50,000 I spent on one attorney, I also had to pay for a psychological evaluation, a home evaluation, an expert psychologist while working full-time and caring for my two young daughters.

I did have primary custody and my daughters, they thrived in my care then, and still are. They are both 30-something. Well educated and both married.

The torture I was put through from the Allegheny County Family Division was a huge, unnecessary financial theft. The psychological stress that I endured was a complete scam of the "system." This dragged on for over 2 years, now realizing that it was all a way to keep money flowing through Family Court, not to mention the scam of child support tied to Social Security.

I have since experienced 2 family members with similar stories. The cost has now doubled and there is much less accountability and more hands out.

My brother, who is still going through his divorce and custody for over 3 years. He was falsely accused of a felony based on a report done by the Allegheny County ADA's best friend. This fraudulent statement took over 2 years to be in front of an Allegheny County criminal judge. After the judge listened to all of the lies told by the prosecutor's witnesses, the judge dismissed the case.

As the law states, you are innocent until proven guilty, except when no one follows the rules. The West Deer Township Magistrate wanted to send my brother into jail without any proof. I stood up and explained that my brother was a heart transplant recipient and between COVID and his 9 life-saving rejection medications that this was ridiculous. The magistrate told me to bring his medications to the jail. I plead again, saying there is no proof of him breaking the law. It was a "he said, she said." The magistrate finally came to his senses.

While waiting for this criminal trial, my brother went from a stay-at-home Dad to seeing his daughter 12 hours a month. He has no history of violence, not even a parking ticket. He was ordered to have supervised visitation that was obstructed by his ex, and the family court judge did nothing to hold her in contempt of court. We

also found that the "supervisor" was a former employee of Allegheny County courts. He then was ordered to have reconciliation therapy for Mom, Dad, and child.

Mom refused to participate and once again, the family court judge did nothing. Mom was also ordered to have the child get psychological counseling. That was also short-lived. How can any of these be "in the best interest" of the child???

Pennsylvania has 18 factors to be considered for custody, along with the Constitutional Rights a parent is given. 6 attorneys later, numerous contempt of court orders, alienation from not only dad but any of his family, numerous motions that are not allowed to be attended by anyone, including the parties involved. I have tried to reach out to the District Attorney's office, the FBI, the Attorney General, or anyone else that I think that could help, but I received one excuse after another *or* didn't receive a reply.

Please help all of these folks that have been unjustly treated. The corruption has got to stop *now* before it's too late.

These current actions are only promoting the next generation of more jails and mental health facilities.

Sincerely,

Barbara Zelinsky

ZERO TO THREE
2445 M Street, NW, Suite 600
Washington, DC 20037
https://www.zerotothree.org/

Chairman Wyden, Ranking Member Crapo, and Members of the Subcommittee,

Thank you for holding this important hearing looking into the successes, roadblocks, and opportunities to improve The Family First Prevention Services Act (Family First). We appreciate the Committee's focus on ensuring impactful implementation of Family First as a potent source of funds to shift states further toward a prevention mindset. As the Committee continues its inquiry, it is important to take note of the strengths of Family First, its limitations, and the context in which it operates in terms of family needs and other funding sources. We believe family services need a framework that centers families themselves, using the lens of the science of early development, with principles that guide work regardless of whether families are in the child welfare system or much further upstream. Such an orientation is particularly true for the population for which ZERO TO THREE focuses, infants, toddlers, and families. Despite its promise of transforming child welfare and shifting funding towards prevention, Family First has some significant challenges that must be addressed to achieve these bold goals. As currently designed, Family First can certainly play a role in realizing such a holistic framework, but may not promote the comprehensive, family centered approach that ensures families' needs are met and that families themselves are supported through the process.

As the leading national nonprofit focused on the health and well-being of infants, toddlers, and their families, ZERO TO THREE has a deep-rooted focus on and expertise in the science of early development, child welfare, and infant and early childhood mental health. During the first 3 years of a child's life, their brains develop faster than at any other point, supporting their cognitive, emotional, and physical development.[1] It is during the first 36 months that the foundation is being laid for how a child perceives the world around them. Yet, the State of Babies Yearbook *(http://www.stateofbabies.org/)* shows that too many babies experience conditions such as adverse childhood experiences (18.6 percent experience one adverse childhood experience)[2] that can create chronic, unrelenting stress and undermine a critical ingredient of early development: their social emotional development which is foundational to all later learning and development. Young children of color are disproportionately likely to experience poverty and low income as well as other experiences that can undermine development. The stakes are high, but developmental

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[1] "Brain Architecture." Center on the Developing Child at Harvard University, *https://developingchild.harvard.edu/key-concept/brain-architecture/*.

[2] Cole, P., Trexberg, K., & Schaffner, M. (2023). State of babies yearbook: 2023. Washington, DC: ZERO TO THREE. *https://zerotothree.wpenginepowered.com/wp-content/uploads/2023/09/SOBY2023_Yearbook_Full_v4.pdf*.

neuroscience demonstrates that this is the best time to intervene on behalf of very young children and their families, when they are also most resilient.[3]

We bring the perspective of what is most important for babies, toddlers, and their families as it pertains to Family First and our statement will be focused on the following key points:

1. The Importance of Comprehensive Approaches to Address the Unique Needs of Infants and Toddlers and Families
2. Challenges States are Reportedly Facing in Supporting Infants, Toddlers and Families using Family First
3. Recommendations to Improve Outcomes for Infants, Toddlers, and Families through Family First

1. The Importance of Comprehensive Approaches to Address the Unique Needs of Infants, Toddlers, and Families

Every 7 minutes an infant or toddler is removed from their family due to alleged maltreatment or neglect.[4] Infants and toddlers make up the largest age group entering foster care, accounting for a third of all placements.[5] These encounters with the child welfare system occur during the most rapid period of human brain development. Babies' brains create more than 1 million new neural connections a second, laying the foundation for all learning that life will bring them. The architecture of the developing brain is shaped by a baby's experiences, whether positive or negative. These experiences occur in the context of close relationships with trusted adults, without which babies may not thrive. So, it is not surprising that maltreatment can harm the development of vulnerable young brains or that building strong, trusting relationships may be a particular need if the cycle of stress, trauma, and unhealthy behaviors is to be broken. More than half of children under age 2 who come to the attention of the child welfare system are at high risk for neurological or development impairment.[6] Studies have found extremely high rates of attachment disturbances[7, 8] and longer-term effects include poor self-esteem and behavior control, deficits in language development and school success, and later in life, delinquency, substance abuse, and depression.[9]

What is equally critical to the child's experience is the parents' own experiences, making it important in child welfare work to find out what brought them to the place where they are in danger of losing their children to a system ill-equipped to ensure babies' development is nurtured. Many parents in the child welfare system have trauma and high levels of early adverse experiences in their own pasts, often from their own childhood. Unresolved trauma often leads to substance use, and poor models of parenting in their own childhoods leave them with little to guide their own parenting. A lack of supportive services, especially as their families are forming, can contribute to the appearance of neglect. Moreover, families of color are disproportionately likely to come under surveillance and have their children removed from their care.

These factors—an age group vulnerable to abuse or neglect, a high risk of developmental harm, and parents whose trauma impacts their ability to parent—have shaped ZERO TO THREE's efforts to find the key to transforming the child welfare system into a child well-being system. Over the last 20 years, we have developed and implemented a comprehensive approach, known as Safe Babies, which is being

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[3] "InBrief: The Science of Early Childhood Development." Center on the Developing Child at Harvard University, *https://developingchild.harvard.edu/resources/inbriefs/inbrief-science-of-ecd/*.

[4] Safe babies. ZERO TO THREE. *https://www.zerotothree.org/our-work/safebabies/*.

[5] "AFCARS Report #30." The U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 13 March 2024, *https://www.acf.hhs.gov/cb/report/afcars-report-30*.

[6] Department of Health and Human Services, Administration for Children and Families, Office of Program Research and Evaluation (2007). National Survey of Child and Adolescent Well-Being Research Brief No. 4: Infants and Toddlers in the Child Welfare System. Washington, DC: Administration for Children and Families, Office of Program Research and Evaluation.

[7] Jones Harden, B. (2007). Infants in the Child Welfare System: A Developmental Framework for Policy and Practice. Washington, DC: ZERO TO THREE.

[8] Dante Chicchetti, Fred A. Rogosch, and Sheree L. Toth, "Fostering Secure Attachment in Infants in Maltreating Families through Preventive Interventions." Development and Psychopathology 18 (2006), 623–649.

[9] Cohen, J., Cole, P., & Szrom, J. (2011) A call to action on behalf of maltreated infants and toddlers. Washington, DC: ZERO TO THREE, American Humane Association, Center for the Study of Social Policy, Child Welfare League of America, and Children's Defense Fund.

carried out across the country in 139 sites in 30 states, 17 of which are implementing the approach statewide. This approach uses the science of early childhood development and the impact of trauma to transform how courts and communities work with infants, toddlers, and families in the child welfare system, and increasingly carrying its core principles upstream to work with families at risk of coming into contact with the child welfare system.

Our experience has underscored both the necessity for and elements of a comprehensive approach to working with families, especially those with very young children, and has yielded a number of lessons or principles we believe are fundamental to transforming child welfare and reorienting family services.

- Transformational change requires an overarching theory of how that change occurs, reflected in how we approach families and in the structures built in the community to undertake this work.
- We must believe in families, who are striving to give their children a good start in life. They share a common desire for their babies to be healthy, happy, and safe, but also face major obstacles, including economic insecurity, material hardship, and extreme stress.
- Policies and practices must be oriented around what brain science tells us: that young children thrive best when surrounded by responsive and caring adults. A focus on babies' developmental need for safe, stable, and nurturing relationships must be part of all decision-making.
- Families thus must be centered in policies and practice, which must be designed to meet their needs holistically by ensuring a range of resources and supports that then can be tailored to individual families.
- Parents must be empowered to lead with their voices and lived experiences to help transform practice and advocate for fellow parents.
- Policies and practices must be redesigned to promote racial equity and social justice.

Over the last 20 years, we have worked around the country to bring these principles, based on the science of early brain development, to local child welfare agencies, courts, and the states and communities that surround them. By centering families and their children's development, Safe Babies transforms the culture of working with families, the community systems that must come together to meet families' needs, and the lives of the children and families themselves.

Safe Babies works to reduce the overbearing load of stress for families by supporting professionals in this work and ensuring that families are connected to supports and services that they need to thrive. Safe Babies works concurrently at the child and family level and at the state and site level to ensure healthy childhood development while impacting long-term capacity building and systems change.

National evaluation studies and evidence-informed research demonstrate wide-ranging benefits implementing the Safe Babies approach including permanency for the child, prevention of repeat maltreatment, timely connection to services, and increased placements with relatives.[10] By customizing the approach to meet the specific needs of each state and community to center the social, emotional, and cognitive development of the child, the Safe Babies approach is better able to support families in their ability to thrive together.

The arrays of services built within the Safe Babies approach are developed based on what families within the community need, informed by the extensive experience gained from constant innovation and quality improvement efforts. They include assessments, developmental screenings, early intervention services, infant and early childhood mental health services focused on multigenerational relationships, adult mental health and substance use disorder treatment, early childhood education such as Early Head Start, parenting support. The key is that a wide range of services are identified or developed and made available in the community, but the first question asked is "what does an individual family need?" In other words, services to families are not driven by a limited set of interventions into which family needs must fit, but rather are selected to ensure that all needs are considered and steps are taken within the community structure to ensure they are available and accessible.

2. Challenges States are Reportedly Facing in Supporting Infants, Toddlers, and Families Using Family First

By allowing Title IV–E funds to be used for prevention, Family First was a major step toward channeling more services that could help families remain intact and ad-

[10] *https://www.zerotothree.org/resource/resource/safe-babies-approach-evidence-and-impact/*.

dress their needs. This advance would seem to pave the way for transformational change. Yet, the implementation of the requirement for evidence-based interventions hampers the development of a truly holistic approach for many families, particularly those with infants and toddlers. Few of the interventions approved by the Prevention Services Clearinghouse are appropriate for infants and toddlers, making a comprehensive approach difficult to achieve using only Family First financing. In short, while Family First may be pushing states to think about and embrace prevention and individual services, it does not facilitate developing the overarching framework into which the approved interventions can fit. And if communities determine that other services are vital for their families, they must draw on other resources and other sources of understanding about families' needs to truly complete their transformation.

Challenges Addressing Infant-Toddler Needs: A family-centered approach especially for infants and toddlers must adapt to actual needs encountered in working with this population. The narrow range of Clearinghouse-approved interventions appropriate for this age group, the slow pace of evaluation of additional interventions, and extremely stringent evaluation criteria make it difficult for states and communities to adjust services to what babies and their families need. Some examples:

- Infants and toddlers who have experienced maltreatment have a high rate of developmental delays. Forty-one percent of young children in an early Safe Babies study needed Early Intervention (EI) services.[11] Yet, many children have delays not severe enough to qualify for EI services under Part C of the Individuals with Disabilities Education Act, but still would benefit from therapy. A comprehensive approach that identifies child and family needs and seeks services accordingly can find solutions, such as securing a service provider and using other funding to cover the expense. Yet, Family First funding cannot be used because EI is not an approved intervention under the Clearinghouse.
- Half of the infants and toddlers in the Safe Babies program study were assessed as needing Child Parent Psychotherapy (CPP), an intergenerational therapy that is one of the few appropriate for infants and young toddlers. The Infant and Early Childhood Mental Health field embraces this therapy as a key approach for healing emotional disturbance in very young children while helping their parents understand and heal from emotional trauma in their own childhoods. Yet, under the Clearinghouse, CPP is only a promising practice, so few, if any states, include it in the array of interventions they offer under Family First. Again, a state would need a more comprehensive framework that centered child and family needs and tailored services accordingly, with a system for searching out additional sources of financing.
- ZERO TO THREE works with states to support the choices they are making, especially with regard to fit and feasibility of the implementation. Sometimes states need to move beyond interventions that have been able to conduct extensive evaluations. However, when the sites found that many parents had intellectual disabilities hampering their ability to absorb parenting information in traditional formats, we identified and worked with them to implement Step-by-Step Parenting, an evidence-based approach developed for parents with this type of challenge.

State-Identified Challenges to Prevention: ZERO TO THREE recently partnered with Child Trends to conduct a survey interviewing six states (Colorado, Michigan, Nebraska, New York, South Carolina, and Washington) with established prevention systems as they are implementing Title IV–E Prevention Plans through Family First.

Table 1 summarizes contextual information about each state interviewed, including the proportion of children experiencing maltreatment who are infants and toddlers, the percent of local/state and federal funds spent on prevention services, and the availability of prevention initiatives and specifically Infant Toddler Court Teams (ITC).

[11] Casanueva, C., Harris, S., Carr, C., Burfiend, C., & Smith, K. (2019). Evaluation in multiple sites of the Safe Babies Court Team approach. Child Welfare, 97(1), 85–107.

Table 1. Study Participant States Contextual Details

State	% children who experienced maltreatment, ages 0–3 (FFY 2021)	% children entering foster care, < age 3 (FFY 2021)	% state/local funds spent by child welfare agency on prevention (SFY 2020)[1]	% federal funds spent by child welfare agency on prevention (SFY 2020)[1]	County or state administered	ITC/Thriving Families, Safer Children	Family First Prevention Plan and date
Colorado (CO)	32%	31%	26%	9%	County	Both	Colorado Plan (Approved 9/2022)
Michigan (MI)	33%	37%	3%	5%	State	ITC	Michigan Plan (Approved 7/2022)
Nebraska (NE)	33%	%27	6%	1%	State	Both	Nebraska Plan 2020 (3rd Ed.) (Approved 2/2020)
New York (NY)	25%	32%	19%	2%	County	Both	New York State Plan (Approved 8/2022)
South Carolina (SC)	33%	25%	2%	22%	State	Both	South Carolina Plan (Approved 1/2022)
Washington (WA)	32%	42%	Unknown [2]	Unknown [3]	State	ITC	Washington Plan (Approved 10/2020)
U.S. Total	34%		16%	11%			

[1] The percentage of child welfare agency expenditures of state/local, and federal funds on prevention include state-reported child welfare agency spending on patient-skills based programs, substance use prevention/treatment, mental health treatment, financial supports, caseworker visits/administration, and other.

[2] Washington was unable to participate in the Child Welfare Financing Survey in SFY 2020.

[3] *Ibid.*

Through this survey, states identified that prevention is a priority issue for child welfare agencies and their partners, with each state expressing deep commitment and coordinated action designed to increase access to prevention services for families, including those with young children. It also became clear that states are leveraging Family First as an opportunity to maximize their resources for prevention across existing funding streams and build out a more robust continuum of primary, secondary, and tertiary prevention services, with a focus on moving supports as far upstream as possible.

This survey also illuminated challenges that states are facing as they undertake this important work. As their prevention efforts continue to evolve, states are navigating funding complexities, misalignment between available service array and families' needs, and workforce capacity challenges.

Some of the challenges they identified include:

- Overly complex rules around each of the different funding sources for prevention which makes it difficult to fund more comprehensive approaches to prevention. Family First has not been a complete answer. Some states have not yet been able to draw down federal Title IV–E funding through Family First due to administrative and data hurdles. Moreover, achieving a comprehensive approach requires braiding together a variety of federal, state, and philanthropic funding sources where the funding requirements are complex and the available

resources are insufficient. Complying with the varied requirements is complex and time consuming, sometimes taking more effort than states can invest.

- The existing service array does not always align with families' needs. We noted above the challenges of meeting the service needs of infants and toddlers within the Clearinghouse. In addition, service availability can be limited in rural and frontier areas, and implementing evidence-based interventions can be prohibitively expensive. Specific to Family First, states highlighted the importance of providing for families' concrete needs, which is not reimbursable under the law, as well as the dearth of eligible programs designed for families of color, and for Black, Indigenous, or Hispanic families in particular. The central role of economic insecurity and material hardship as drivers of child welfare system involvement underscores the importance of addressing the concrete needs of families. A growing body of evidence demonstrates the effects of a broad array of economic and concrete supports to reduce risk for child maltreatment and child welfare involvement. This evidence includes providing flexible funds to meet families' concrete needs, which has shown promising results in preventing subsequent child welfare involvement *(https://www.chapinhall.org/wp-content/uploads/Economic-Supports-deck.pdf).*
- The need to build and support the workforce needed to carry out comprehensive approach to prevention remains a challenge to implementing prevention services. Specific workforce gaps include clinicians and other professionals trained to work with infants and toddlers; bilingual staff; staff who meet the credential requirements for various evidence-based programs (EBPs), particularly in rural areas; and mental health and substance use practitioners, including those specializing in infant mental health. As states seek to incorporate greater family voice into their planning for practice and systems changes, many are also prioritizing hiring individuals with lived expertise to provide direct support to families.
- Shifting agency to a prevention mindset requires nurturing agency culture changes among child welfare case managers, including recognizing the importance of partnering with individuals with lived experience and develop their understanding of available evidence-based programs in their communities.

3. Recommendations to Improve Outcomes for Infants, Toddlers, and Families Through Family First and Beyond

Based on our experiences in working to transform approaches to addressing the needs of families with infants and toddlers, including our work directly with sites and states and our expertise in the science of brain development, we have two recommendations to strengthen state and community approaches to serving families and improve the implementation of Family First. However, our overarching recommendation is that the Committee and the Administration promote family-centered, comprehensive approaches to supporting and strengthening families and preventing child welfare involvement. Such an effort should encompass other programs and funding streams and possibly new legislation to enable states and communities to both shift how they think of engaging with families, *i.e.,* promoting stability and the ability to support their children's development versus engaging only when families are experiencing chaotic conditions that are seen as placing their children at risk. Then they must build the continuum of services based on family-centered principles that should apply equally to families seeking parenting support for a new baby and those that have come to the attention of the child welfare system. This work and our recommendations can also be done in partnership with other related laws and work in this Committee's jurisdiction: Title IV–B should be seen as a vehicle for promoting flexible, family centered approaches that Family First could feed intoRecommendations for Family First include:

Recommendation 1: Expand flexibility to improve equity and increase opportunities for states to make concrete and economic support available as part of Family First implementation.

Through our survey with states, more than half of expressed concern regarding the lack of programs in the Family First Clearinghouse that specifically serve families of color, and Black, Indigenous, or Hispanic families in particular. They pointed to the importance of allowing flexibility to adapt the models to be more culturally responsive and not taking a "one size fits all" approach. The evidence standards required by the Family First Clearinghouse may be cost- and time-prohibitive for some programs and communities, while also not aligning with communities' traditional approaches to knowledge- and evidence-building. Two states also described processes of engaging Tribal partners in prevention service planning, only to have one or none of the programs of interest identified by the Tribes be rated as an EBP

by the Family First Clearinghouse. Aligning with other Clearinghouses that have approved a number of evidence-based practices for children and families involved with the child welfare system could address this implementation challenge that states are reporting.

Research shows that nearly 85 percent of families investigated by CPS have incomes below 200 percent of the federal poverty line, and even modest financial supports can reduce involvement with child protective services (CPS).[12] Some states are blending evidence-based prevention services with concrete support for families to improve outcomes and limit system involvement whenever possible. A simple way to build in flexibility would be to call out concrete and economic support and further encourage states to offer concrete support to families to prevent child welfare system involvement through the Clearinghouse. ZERO TO THREE has long recognized the importance of ensuring families have what they need to thrive and urge the Committee to focus on ways to increase opportunities for states to make concrete and economic support available as part of Family First implementation.

At the same time, we urge the Committee to recognize that policies strengthening families' well-being through concrete and economic supports must be adequate and address programs within the Committee's jurisdiction, such as the Child Tax Credit. We firmly believe that policies strengthening families' well-being and address stressors in a cross-sector way (such as child tax credit, quality and affordable child care, comprehensive and affordable health care, stable and secure housing etc.) are needed in partnership with Family First and including concrete and economic supports in Family First is not nearly enough for families, but would be a positive step in the right direction, lessening families' risk of deeper intervention in child welfare. In conjunction with this effort, we must continue to push the conversation forward across sectors to ensure that all families with young children have enough of what they need—a priority that will remain strong for ZERO TO THREE.

Recommendation 2: Prioritize programs that target pregnant people and families with very young children under 5.

We emphasize the importance of including services for distinct age groups, and especially for families with very young children. Brain science dictates that infants and toddlers are the age group most vulnerable to maltreatment, and their rapid development requires responses tailored to their unique needs. Regarding the total number of evidence-based practices included in the Prevention Services Clearinghouse, we recommend a strategy that gives states and communities a wide enough choice to ensure they can provide the most appropriate services for the families they serve. As the examples cited above illustrate, these choices will not always be obvious as a state is writing its state plan, but may become apparent as actual practice proceeds. Such experiences make a strong case for more flexibility for states and communities, rather than a short list of options.

In conjunction with this, we urge prioritization for programs for very young children in recognition that they have unique developmental needs and are at an optimal developmental window for intervention. One of the very few supports approved in the Prevention Services Clearinghouse geared towards the specific needs of infants and toddlers is Child-Parent Psychotherapy (CPP), which as noted above is only identified as a promising practice despite being one of the longest standing validated mental health treatments for this age group. Other approved supports that states report relying on for families with very young children is home visiting through programs such as Healthy Families America (HFA), Nurse-Family Partnership (NFP), and SafeCare, specifically designed for families at risk of coming into contact with the child welfare system. Most states, tribes, and territories with approved plans have included at least one early childhood home visiting program as a prevention support for families, but many jurisdictions have encountered challenges leveraging Family First to expand the reach of home visiting. While there is substantial evidence that some home visiting models prevent abuse and neglect, babies already in the child welfare system or adjacent to it often need specific mental health services that are outside the ability of home visitors to provide.

Conclusion

We continue to be hopeful about the possibilities opened up by the enactment of Family First, and we are very appreciative of the Committee's attention to examining how implementation of the law can contribute to transforming the child wel-

[12] Dolan, 2011—National Survey of Child & Adolescent Well-Being II Baseline Report (HHS Poverty Guidelines, 2023).

fare system and improving outcomes for families. Our experience with implementing Safe Babies illustrates how comprehensive approaches provide a framework within which the needs of individual families are appropriately considered, services are integrated, and the community's ability to respond with the most appropriate evidence-based interventions is enhanced. We hope that in implementing Family First, the Congress and the Administration will continue to work together in considering the myriad needs of families, what drives their long-term outcomes, and enable states and communities to build thoughtful systems of services to support family and child well-being.

As you continue to work on the Family First Prevention Services Act and other issues related to young children, please continue to rely on ZERO TO THREE as a resource.

Sincerely,

Patricia Cole
Senior Director of Federal Policy