NCSL supports federal efforts to:

(1) protect and promote the welfare and safety of all children;
(2) protect against and prevent child abuse, neglect, or exploitation;
(3) establish a system of family support services;
(4) permit children to remain in their own homes or return to them whenever it is safe and appropriate, or promotes kinship and guardianship placements when it is not;
(5) promote safety, permanency, and well-being for children in a range of foster care alternatives or with adoptive families;
(6) strives to ensure educational stability for foster care children; and
(1) provides training to ensure a well-qualified child welfare workforce.

NCSL believes the primary goal of child welfare services should be to support the integrity of the family unit, ensuring the safety of children, and lessening the need for long-term intervention. Supportive family services to families is critical to in reducing the number of children in the foster care system... and NCSL urges the administration and Congress to continue federal support of:

▪ (1) programs that preserve the family unit, or reunify families after child welfare service intervention is required, and
▪ (2) state initiatives and creative approaches in developing cost-effective alternatives to foster care.

States must be able to rely on clear federal guidance, technical assistance, and support for training to successfully and efficiently implement this a comprehensive system of child welfare services. However, states should be afforded flexibility to better administer and...
coordinate service delivery of these programs coupled with their various supporting systems, including:

(1) children’s mental health services;
(2) the juvenile justice system; and
(3), and other programs offering Temporary Assistance for Needy Families (TANF),

housing assistance, educational services, and health care delivery.

NCSL also supports federal efforts to improve and encourage judicial processes in child welfare cases and to support state efforts to sustain the integrity and efficiency of these programs through interagency training, budgeting, planning, and conflict resolution as well as integrated data systems.

NCSL opposes any efforts to earmark or restrict the use of federal funding and urges the Department of Health and Human Services (HHS) to permit states to determine the use of funding within their communities. In addition, any caps on administrative funds should not categorize the vital work done by caseworkers as an administrative cost.

Foster Care

NCSL urges the federal government to support the Foster Care program as an open-ended entitlement program under the Title IV-E of the Social Security Act. These funds support out-of-home care, administrative costs, and training for state agency staff, and foster care advocates (court appointed special advocates and guardian ad litem), and adoptive and foster care parents. NCSL opposes any proposals to cap Title IV-E expenditures. In addition, technical assistance efforts are needed to help states understand the complicated reporting system, find effective ways to maximize federal dollars, and enhance revenues for innovative service techniques.

Specifically, NCSL urges the federal government to:

- Promptly pay state claims;
- Refrain from imposing stringent time limitations on the submission of state claims.
Monitor and review state performance fairly while giving states tools for improvement.

Continue to emphasize services and other programs designed to help children at risk of foster care placement remain with their families.

Define and support the separation of states' reporting of foster care administration activities from child placement activity accounts?

Entrust states to determine when and if a congregate care setting is appropriate for foster care placement.

Support the concept of giving priority to custody and placement with family members over placement in a foster home with non-relatives, unless determined by the court that placement in the foster care system is in the best interest of the child. Federal funds should also be made available to support services for caretaker relatives. NCSL opposes federal actions that would eliminate federal reimbursement for relative foster care that is non-licensed or limits state flexibility in allowing a relative to care for these children.

Support states in assisting youth 18-21 year olds who are transitioning from foster care to self-sufficiency, and offer flexibility to expand services to different ages for foster care adoption and relative guardianship. Congress should support programs like the John H. Chafee Foster Care Independence Program, that funds education and training vouchers for youth aging out of foster care.

Increase the recruitment of and training for foster care and special needs adoption providers, and supportive services inclusive of respite care as appropriate.

Provide the necessary coordination of services to high risk children and families under the scrutiny of the child welfare system including:

1. Health and mental health care,
2. Drug and alcohol abuse treatment and services,
3. Education and job training services, and
(11) Promote policies that keep children in their own communities and schools; and

(12) Not restrict state authority to determine the criteria for termination of parental rights if it should be necessary to do so; and

(13) Support states in addressing the challenges they face in meeting the needs of Native American children within the federal and tribal government requirements.

Child Welfare Workforce

NCSL is concerned about the supply and quality of the child welfare workforce, and supports federal efforts to develop the supply and quality of the child welfare workforce, including funding for training, student loan forgiveness, and funding to states to improve staff training and reduce caseloads.

Information Services

NCSL supports HHS federal government efforts to develop a national information system to track data on families in the child welfare system and to solicit critical child welfare data, particularly with respect to outcomes for children and the impact of problems such as substance abuse and the effectiveness of treatment options.

Adoption Assistance and Services

Under Title IV-E of the Social Security Act, states, territories, or tribes with an approved Title IV-E plan are required to enter into an adoption assistance agreement with the adoptive parents of any child who is determined by the Title IV-E agency to have "special needs." NCSL believes adoption incentive funds enable states to implement a range of programs including support for foster and adoptive parent, and other child welfare services. NCSL supports incentive criteria that considers the population of special needs children without defining them in terms of age alone. NCSL also supports assistance with post-legal adoptive and respite services that is critically needed for families adopting these children, many of whom may have health and mental health problems as they mature.

A state, territory, or tribe with a Title IV-E plan approved by HHS may seek federal reimbursement for a part of the cost of making payments agreed to under Title IV-E adoption assistance agreements and for related program
administration costs, including training. NCSL urges HHS to reimburse states for program expenditures in a timely manner for claims owed to the state for adoption assistance. NCSL requests that the administration and Congress and the administration consider potential unintended consequences resulting from changes in the funding structure that might fundamentally alter the capabilities of the program.

The Interstate Compact on Adoption and Medical Assistance, which has been adopted by 49 states and the District of Columbia and governs procedures by which Medicaid coverage and other supportive services of adopted children may be transferred between states. For adoption subsidies to be effective, adoptive parents must be assured that coverage will be provided, regardless of their state of residence. In some cases, interstate adoption may present the only opportunity to place a child. Differences in state law and policy create special concerns with respect to the apportionment of legal and financial responsibilities. NCSL urges HHS to support these efforts and work with states in providing continuity of services for adoptive families when they relocate to another state.

Flexible Funding for Children's Services

NCSL urges the federal government to provide states the flexibility they need to reform children's services systems and to meet locally-determined community needs, and remove federal regulatory barriers that often impede state efforts. States should also be given options to use a portion of their funding for foster care maintenance payments for child welfare and family services, especially when utilization of foster care funds is reduced.

NCSL opposes a reduction or limitation of funding that caps Title IV-E for these programs as a condition of children's services proposals. NCSL urges Congress to consider delinking separating foster care eligibility from AFDC eligibility for all states and move towards reimbursement for all children in care, as the states determine.
Child Abuse and Neglect

NCSL supports early identification, intervention, and treatment of children who are victims of or at risk for child abuse, and neglect, or trafficking, and believes in the importance of efforts to reduce the incidence of abuse or neglect, whether it be physical, sexual, emotional, or any neglect relative to a child’s health and welfare.

NCSL strongly supports the federal Child Abuse Prevention and Treatment Act and urges that it be fully funded at the levels authorized by Congress to assist states to respond to increased incidents of abuse and neglect.

NCSL encourages the federal government to support states in training mandatory reporters, and opposes federal preemption in defining who qualifies as a mandatory reporter.

Families with Addiction Treatment Needs

NCSL urges the federal government to support the addiction treatment needs of families who come under the scrutiny of or are involved in the child welfare system. State legislators are concerned that many women with substance use disorders are pregnant and current treatment programs are ill-equipped to provide services to this population.

NCSL supports:

1. Rehabilitation programs that include appropriate child care for children and addicted mothers, and federally-funded programs that do not deny access to drug and alcohol programs on-the-basis of pregnancy;

2. Federal incentives for partnerships between substance abuse agencies and child welfare agencies to conduct cross-system training of staff, improve screening and assessment procedures, provide comprehensive treatment and prevention programs, provide after-care services, and improve data collection;

3. Federally-funded programs that recognize that public policy utilizing criminal penalties instead of vs. rehabilitation and collaborative efforts can be a disincentive to women in seeking prenatal care, and these interventions must be properly funded.
and implemented to prevent substance use disorder before women become pregnant; and

- (4) The use of employee assistance professionals at the worksite to help impaired employees become more productive in the workforce and in society.

**Family Violence**

NCSL supports the federal efforts designed to assist states in their efforts to assist state programs to prevent family violence, provide immediate shelter and related services to victims, and offer trauma informed training and strategies training and technical assistance to state and local agencies on program administration. Federal incentives for coordination between child welfare systems, domestic violence agencies, and juvenile courts, and services to at-risk households, such as emergency crisis services, in-home services, and parent and family counseling, should be continued.

Demonstration grants to support state efforts to increase the number of supervised visitation centers as a neutral location for protective temporary transfers of custody and on-site supervised visits of children should be continued.