

Four bills that CORE tracked through the 117th Legislative Session expired on January 3, 2023. They included:

- Protecting Siblings Relationships in Foster Care Act (H.R. 4378)
- Foster Care Stabilization Act (H.R. 4299)
- Tribal Family Fairness Act (H.R. 4348)
- Medicaid Continuity for Children in Foster Care Act (S.2689)



In an effort to ascertain if similar legislation has been filed in the 118th Legislative Session, I found the following:

- **H.R. 755 - Protecting Sibling Relationships in Foster Care Act**

118th Congress (2023-2024) filed by Rep. Bacon, Don (introduced on 02/02/23) The bill was referred to the House Committee on Education and the Workforce on 02/02/23. At the time of filing, there were three co-sponsors: Rep. Moore, Gwen (D-WI-4), Rep. Nunn, Zachary (R-IA-3) and Rep. Scanlon, Mary Gay [D-PA-5]

See Text of Legislation: <https://www.congress.gov/bill/118th-congress/house-bill/755/text?s=1&r=33>

- **S-102 Foster Care Stabilization Act of 2023**

118th Congress (2023-2024) filed by Sen. Fischer, Deb [R-NE] on 01/26/23. One co-sponsor: Sen. Hickenlooper, John W [D-CO]

This bill requires the Administration for Children and Families to award demonstration grants to foster care stabilization agencies to improve services for foster youth awaiting placement and for other emergency assistance.

- **The Tribal Family Fairness Act**

The tribal Family Fairness Act has not been filed in 118th Congress. Currently, the United States Supreme Court is hearing a case that has the potential to set aside provisions of the Child Welfare Indian Act that was passed in 1978.

- **H.R. 1316 - To amend titles X1X and XX1 of the Social Security Act to allow States to provide for extended periods of continuous coverage un the Medicaid and CHIP program for children, to provide a continuous eligibility under the Medicaid program for certain adults, and for other purposes.** [Filed by Rep. Neguise, Joe [D-N.C.]

During the 117th Legislative Session, S. 2689 was filed in the Senate. H.R. 1316 was introduced in the House on March 1, 2023. The text of the bill has not yet been released. Consequently, it is unknown if the intent of the legislation duplicates was was filed in the Senate in the last session.

- **Create Accountable Respectful Environments for Child Act (CARE)**

THE CARE ACT was initially drafted by the CORE Legislative Committee. Currently efforts are being made to secure sponsors for the legislation. Both Maria Knapp and Bill Frye of the Florida Sheriffs Youth Ranches are actively involved in the process and are optimistic that sponsors for the legislation will soon be located.

An item to note: Included in the legislative draft is rebranding of how CORE members describe the unique nature of the services they provide. In an earlier draft we referred to the care provided as Enriched Foster Family Care. We have hence, replaced that title with Cottage Family Care.

The rationale for doing so relates to the number of check and balance systems and the support staff always present to ensure health, safety and well-being issues for children. Those features are not always available in a foster family home.

As soon as the bill is dropped, we will reach out to all of you to set up a Zoom or Teams Communication Call to discuss next steps and the critical nature of all of us working together to garner support in Congress for the legislation.

One Page Overview:

The proposed draft: The **Creating Accountable Respectful Environments (CARE) for Children Act** is aimed at increasing capacity, keeping sibling groups together, and providing children a normalized home and community environment with opportunities for age-appropriate extracurricular, enrichment, cultural, and social activities and the same freedoms afforded peers living with families.

The Act adds “cottage family homes” to the continuum of care for which Title IV-E funding can be used. The term “cottage family home” means a family-like home operated by a public or private childcare agency licensed or approved by the state where it is located. Cottage family homes offer a family-like living environment in a single-family style residence with no more than two children per bedroom unless it is in the best interest of children; and one in which children are under the care of live-in cottage parents that implement the reasonable and prudent parent stan-

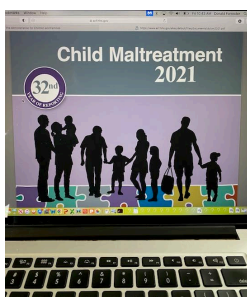
ard and provide 24-hour substitute care for children placed away from their parents or caretakers.

The cottage family home model:

- Provides children with full time cottage parents available for supervision and nurturing around the clock.
- Enables siblings to stay together.
- Provides a myriad of checks and balances to ensure the child's safety.
- Offers community and enrichment opportunities for children.
- Creates a layer of support for the parents of children in care. Instead of attempting to replace parents of children, agencies work with parents and their children to resolve difficulties with the goal of reunification
- Guarantees that staff receive extensive training and use a systemic approach in providing trauma-informed care. The health, safety, and well-being of children is critically important. To maintain a high standard of care, this Act offers the following stipulations:
 - Requiring the implementation of a trauma-informed approach to care.
 - Prohibiting the use of seclusion, mechanical or chemical restraints.
 - Allowing the use of short-term physical restraint if approved in the agency's policies to prevent injury to self or others and the prohibiting the use of prone physical restraint.
 - Requiring providers to have a system in place for children to alert a staff person if they have concerns or feel they have unfairly been denied their rights or are subject to the threat of mistreatment.
 - Requiring a continuous quality improvement methodology that regularly solicits information from children concerning their perceptions of the quality of care and identification of strengths and weaknesses of the program.

The Act is intended to address or assist in resolving the shortage of appropriate foster homes for children. It provides a system of checks and balances to ensure a child's on-going safety and wellbeing in a cottage family home and makes such a child's placement eligible for foster care maintenance payments.

Child Maltreatment 2021



During February 2023, ACF (The Administration for Children and Families) released statics related to child maltreatment in the United States during federal fiscal year 2021[Note: the federal fiscal year begins on October 1-September 31st]:

**During Federal fiscal year (FFY) 2021, a nationally estimated 3,016,000 children received either an investigation response or alternative response at a rate of 40.7 children per 1,000 in the population.*

- *For FFY 2021, 51 states reported 588,229 victims of child abuse and neglect. This equates to a national rate of 8.1 victims per 1,000 children in*

the population. Estimating for missing data, there are 600,000 victims of maltreatment for FFY 2021.

- FFY 2021 data show three-quarters (76.0%) of victims are neglected, 16.0 percent are physically abused, 10.1 percent are sexually abused, and 0.2 percent are sex trafficked.
- A nationally estimated 1,820 children died from abuse and neglect at a rate of 2.46 per 100,000 children in the population.

If I did the math correctly, only 19.5% (588,229) of the 3,016,000 children for whom cps investigations or alternative response were conducted were found “maltreatment substantiated”.

During federal fiscal year 2021, 1,820 children died from abuse/neglect. Of course that number was factored into the rate of 2.46 per 100,000 children in the population. Expressed in those terms, it almost seems inconsequential except for those 1,820 children for whom it was not.

Child Victim Demographics (unique count of child victims)

The youngest children are the most vulnerable to maltreatment. More than one-quarter (27.8%) of victims are in the age range of birth through 2 years old. Victims younger than 1 year are 15.1 percent of all victims. The victimization rate is highest for children younger than 1 year at 25.3 per 1,000 children in the population of the same age. This is more than double the rate of victims who are 1 year old (10.7 per 1,000 children). Victims who are 2 or 3 years old have victimization rates of 9.8 and 9.1 victims per 1,000 children of those respective ages in the population. Readers may notice some states have lower rates across age groups than other states. The states with lower rates may assign low-risk cases to alternative response or have other state policies or programs in place for maltreatment allegations. In general, the rate of victimization decreases with the child’s age. (See table 3–5, exhibit 3–D, and related notes.)

Risk Factors

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. NCANDS collects data for 9 child risk factors and 12 caregiver risk factors. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. Some states may not have the resources to gather information from other sources or agencies or have the ability to collect or store certain information in their child welfare system. In addition, some risk factors must be clinically diagnosed, which may not occur during the investigation or alternative response. If the case is closed prior to the diagnosis, the CPS agency may not be notified and the information will not be reported to NCANDS.

Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. For FFY 2021, data are analyzed for caregiver risk factors with the following NCANDS definitions:

- *Alcohol abuse (caregiver): The compulsive use of alcohol that is not of a temporary nature.*
- *Domestic Violence: Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. In NCANDS, the caregiver may be the perpetrator or the victim of the domestic violence.*
- *Drug abuse (caregiver): The compulsive use of drugs that is not of a temporary nature.*
- *Financial Problem: A risk factor related to the family's inability to provide sufficient financial resources to meet minimum needs.*
- *Inadequate Housing: A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness.*
- *55Public Assistance: A risk factor related the family's participation in social services programs, including Temporary Assistance for Needy Families; General Assistance; Medicaid; Social Security Income; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); etc.*
- *Any Caregiver Disability: This category counts a victim with any of the six disability caregiver risk factors—Intellectual Disability, Emotional Disturbance, Visual or Hearing Impairment, Learning Disability, Physical Disability, and Other Medical Condition.*

As not every state is able to report on every caregiver risk factor, the national percentages are calculated only on the number of victims in states reporting each individual risk factor. A victim is counted once for each reported caregiver disability type. The largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse.

In 41 reporting states, 116,006 victims (26.1%) have the drug abuse caregiver risk factor and in 36 reporting states, 115,630 victims (28.2%) have the domestic violence caregiver factor.

Infants With Prenatal Substance Exposure

The Comprehensive Addiction and Recovery Act (CARA) of 2016 amended CAPTA by adding a requirement to report the number of infants with prenatal substance exposure (IPSE), the number of IPSE with a plan of safe care, and the number of IPSE with a referral to appropriate services. States began reporting the new fields with their FFY 2018 NCANDS submissions.

Reporting Infants With Prenatal Substance Exposure Data to NCANDS

CAPTA Section 106(d) Annual State Data Reports 18 (A) requests a count of infants with prenatal substance exposure (IPSE). To be included in the count, a child must meet the following conditions as defined by NCANDS data elements:

- *Infant: the child must be in the age range of birth to 1 year old.*
- *Referred to CPS by health care provider: the child must have the medical personnel report source.*
- *Born with and identified as being affected by substance abuse or withdrawal symptoms: the child must have the alcohol abuse, drug abuse, or both alcohol and drug abuse child risk factors.*
- *The legislation does not require the infants to be considered victims of maltreatment solely based on the substance exposure; and drug abuse includes both legal and illegal drugs. NCANDS uses the following definitions when discussing IPSE:*
- *Alcohol abuse (child risk factor): The compulsive use of alcohol that is not of a temporary nature, includes Fetal Alcohol Syndrome, Fetal Alcohol Spectrum Disorder, and exposure to alcohol during pregnancy.*
- *Drug abuse (child risk factor): The compulsive use of drugs that is not of a temporary nature, includes infants exposed to drugs during pregnancy.*
- *Screened-in IPSE: Indicates the child is included in the state's Child File. NCANDS uses the existing fields of age, report source, and alcohol abuse and drug abuse child risk factors to determine the count. These are children who were screened in and were the subjects of either an investigation or alternative response.*
- *Screened-out IPSE: Indicates the child is included in the state's Agency File. These are children who were screened-out either because they did not meet the child welfare agency's criteria for a CPS response or because in some states, there are special programs outside of CPS for handling substance abuse.*
- *Total IPSE: The sum of screened-in IPSE and screened-out IPSE.*

For a comprehensive overview of the data from ACF: <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf>

2023 CORE National Conference - September 18-20, 2023

(Pre-conference Activities September 16-17, 2023)

Make Your Hotel Reservations Now!— Make Your Hotel Reservations Now!

Hotel: Arrowwood at Cedar Shore Resort & Conference Center <https://arrowwood-cedarsshore.com/> Ask for the Coalition of Residential Excellence Room Block - \$119 a night plus tax

(Arrowwood also offers RV and campsites, sleeping cabins and River Ranch Bunkhouses)

Pre-Conference Activities include Pow Wow on Saturday, September 16 and transportation to Mount Rushmore, Crazy Horse Memorial, & Badlands National Park on Sunday, September 17.

Mount Rushmore <https://www.nps.gov/moru/index.htm>

Crazy Horse Memorial <https://crazyhorsememorial.org/>

Badlands National Park <https://www.nps.gov/badl/index.htm>

Monday and Tuesday, September 18th and 19th will include tours of:

Dignity Earth & Sky <https://www.travelsouthdakota.com/trip-ideas/story/dignity-earth-sky>

Alta Lakota museum and Cultural Center <https://aktalakota.stjo.org/>

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