



October 21, 2020

Special Committee on Foster Care Oversight

Chairwoman Concannon, Vice Chair Baumgardner and members of the committee:

DCCCA, Inc., provides statewide prevention services for substance abuse and mental health, as well as family preservation services in two regions in the state and substance use disorder residential and outpatient treatment. Our agency comprises a service array that allows us to provide insight on prevention as well as intervention and treatment strategies.

Where should we focus to address our current foster care crisis?

Thank you for the opportunity today to concentrate our remarks on primary prevention for child abuse and neglect. According to the Centers for Disease Control, nationally 1 in 7 children experience child abuse and/or neglect each year. The subsequent trauma that comes with abuse and neglect creates elevated risk for other issues such as mental health issues, alcohol/drug use and misuse, suicide, violence, and truancy. The costs of addressing child abuse and neglect and the compounding factors in our child welfare system total tens of millions of dollars annually, notwithstanding the effects of trauma suffered by children and youth in the foster care system.

Research in the prevention field indicates that for every dollar spent in prevention a \$18 savings in deeper end services results (*A cost-benefit analysis*, Substance Abuse and Mental Health Services Administration). However, prevention rarely receives funding needed to make a difference because of the crisis orientation of children suffering abuse and neglect.

Prevention research confirms that without an intentional, data-informed, sustained commitment to funding, a system in crisis will remain in crisis. That perfectly describes child welfare systems—caught in a persistent cycle of crisis without the resolve to invest in the services that would move a system from crisis to health.

If we want to reduce the number of children in foster care and minimize the resulting trauma, primary prevention shows the most promise for changing our current trajectory. While some systems in the state provide funding for prevention, a well-planned comprehensive, coordinated and connected effort is required.

How does Adverse Childhood Experiences assist us in a prevention focus?

We know that children and youth suffer trauma in their lifetime. We often measure trauma through Adverse Childhood Experiences (ACEs) scores. Resiliency buffers against the ACEs scores and can reduce the effects of trauma. However, far too many Kansas children have high ACEs scores which can result in generational risks including child abuse and neglect. In Kansas, children between 0-17 years of age have two or more ACEs.

How might we invest during challenging financial times?

During challenging financial times, it becomes critical to leverage resources in different ways than ever before. And we would suggest that in these times, it is more important than ever to invest in prevention to directly impact the number of kids coming into care.

We suggest the committee consider the following, asking DCF to:

- Examine current programming that is offered through the Families First funding in Kansas. Several programs (MST, FFT and others) fit into Medicaid services and other states are funding them through traditional (not expanded) Medicaid. These services are intervention and treatment programs and do not fit the criteria of primary prevention.
- Examine these and other similar intervention and treatment programs that are currently offered and align them to available TANF funding.
- Examine these programs provided in other systems (juvenile justice, education, health and environment, Children's Trust Fund) to identify any potential leverage points to serve crossover youth or address any unintended duplication.
- Consider expanding or creating a referral system for parents to use to get connected to services. Currently the only option to receive a referral for services is the Protection Report Center, which creates a stigma to families.

Redirect Families First Funding to Primary Prevention

By examining these other potential funding streams and funding these critical intervention and treatment services through these other means, Families First funds could be available to fund primary prevention in the system.

What are some key strategies to consider with available funding?

Prevention programs show results. Key strategies to consider include:

- Strengthening economic supports for families including job skills and training
- Changing social norms to support parents and positive parenting
- Providing high quality affordable childcare and education early in life
- Enhancing parenting skills to promote healthy child development
- Home visiting programs for pregnant women and families with newborns
- Intimate partner violence prevention
- Teen pregnancy prevention and parent support programs for teens

Currently too few programs aimed at reducing trauma and building protective factors in these families exist, and certainly not in a coordinated manner.

Who might be the initial target audiences for primary prevention programming?

A current gap exists in our state between early childhood and the accumulation of risk factors that put children at risk of out of home placement. ACEs and family circumstances that bring children into the DCF poverty programs reveal and identify children and families as a target population for prevention services. An additional target for prevention services would be families who come to the attention of the Protection Report Center, but whose risk is not high enough to receive any services.

By more fully leveraging and utilizing Medicaid and TANF, Kansas could shift Families First funding to serve these at-risk children and families in the child welfare gap, preventing families and children from experiencing the trauma of child abuse and neglect. Serving these families with quality primary prevention services before the risk of abuse and neglect accelerates would reduce the risk and trauma to a family and build resiliency into these families so they can thrive.

What might this committee recommend?

The Committee could consider a recommendation requesting that DCF conduct a thorough review of Families First programming with the goal of maximizing programming that could be funded through Medicaid, TANF or other funding streams. Once identified programs could be transitioned to these other funding mechanisms, DCF could shift the Families First funds to primary prevention using a comprehensive, data driven process to fund and evaluate prevention programming.

Links for additional information

Costs benefit analysis of prevention:

<https://www.samhsa.gov/sites/default/files/cost-benefits-prevention.pdf>

ACEs scores

https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/ACEs_8/state/KS

Respectfully submitted

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