



State of Utah

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Lieutenant Governor

## Department of Health & Human Services

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**TESTIMONY OF TRACY S. GRUBER  
EXECUTIVE DIRECTOR OF  
THE UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BEFORE THE HOUSE COMMITTEE ON WAYS AND MEANS  
SUBCOMMITTEE ON WORK AND WELFARE**

**SEPTEMBER 28, 2023**

***“Falling through the cracks: Modernizing Child Welfare to Protect America’s Most Vulnerable Children”***

Thank you, Chair Smith, Ranking Member Neal, Subcommittee Chair LaHood, Ranking Member Davis and members of the Work and Welfare subcommittee. I am Tracy Gruber, executive director at the Utah Department of Health and Human Services (DHHS), a department serving Utahns across the lifespan. Our mission is bold: *To make sure that all Utahns have fair and equitable opportunities to live safe and healthy lives.*<sup>1</sup> As executive director, I oversee the state’s child welfare agency through our Division of Child and Family Services (DCFS).<sup>2</sup>

I am deeply grateful to the Committee for allowing me to discuss Utah’s child welfare system, the funding utilized to protect children from abuse and neglect through strengthening families, and the challenges our state confronts when leveraging federal funds to ensure children are healthy and safe in their families. Your interest in our experience demonstrates your desire to understand the approaches states take to implement the laws passed by Congress so that you can ensure we are achieving the intended outcomes of these laws. I appreciate the opportunity to share our experiences developing Utah’s child welfare system and providing recommendations as you consider exercising your authority to modernize the nation’s child welfare system.

Our department, DHHS, results from the 2022 merger of the state’s public health and human services departments. The union of these two departments reflects the understanding that there is a relationship between an individual’s well-being and outcomes and the health of an individual’s community. We also know that an individual’s health outcomes depend not only on access to medical care or genetics but are related to “health-related social needs.” The interrelated nature of community health and individual well-being is clearly illustrated in the individuals involved in the child welfare system.

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<sup>1</sup> <https://dhhs.utah.gov/>

<sup>2</sup> <https://dcfs.utah.gov/>

Before my role as executive director of the department, I served Utah Governor Spencer J. Cox,<sup>3</sup> then Lieutenant Governor, as the senior advisor of the state’s Intergenerational Poverty Initiative.<sup>4</sup> The Intergenerational Poverty Initiative’s goal is to measurably reduce the incidence of Utah children experiencing intergenerational poverty through data, research, and implementation of outcome-focused programs. Through that focused attention, Utah moved from having a child poverty rate of 15.1% in 2012<sup>5</sup> to its 2022 rate of 8.4%,<sup>6</sup> and ranks second in the nation for overall child well-being.<sup>7</sup> In 2012, when the Intergenerational Poverty Initiative began, Utah was ranked 11.<sup>8</sup>

Through the Intergenerational Poverty Initiative, Utah evaluated extensive data in four areas of child well-being to understand the relationship between each area and intergenerational poverty. That data included Utah’s child welfare data, revealing that poverty, child abuse, and neglect are intergenerational. Utah’s child abuse and neglect rate statewide hovers around 1.2%. But, among children experiencing intergenerational poverty, 21% were victims of a substantiated case of child abuse or neglect, and 28% of the adults experiencing intergenerational poverty were victims of abuse or neglect when they were children.<sup>9</sup>

Through this state initiative and outcomes from Utah’s Title IV-E child welfare waiver demonstration project, Utah changed its child welfare system to invest in programs that support maintaining the family unit while addressing the drivers of child abuse and neglect. We have done this by leveraging our data, research, and state and federal funding, including Title IV-B and IV-E. The early results of these adjustments demonstrate that these data-driven and outcome-focused investments, made to prevent the removal of a child from their home, are mitigating the impact of childhood trauma, mental illness, addiction, and economic insecurity on healthy childhood development.

We continue to leverage our learning to build a child welfare system focused on keeping kids in families when it’s safe to do so by utilizing the myriad funding sources and programs as efficiently and effectively as possible while creating opportunities for families facing significant challenges rather than contributing to ongoing intergenerational cycles of despair.

Utah’s child welfare system is state-administered in DHHS through DCFS, which serves as the statewide child welfare agency. While removing a child from their parents is a profound exercise of governmental power, our child welfare system is designed to avoid exercising that power and instead realizes our mission of protecting children from abuse and neglect by strengthening families. This mission aligns with the three primary goals of federal child welfare policy: Ensuring children’s safety, enabling permanency, and promoting the well-being of children, youth, and families. At its core, our shared mission is hope for our children’s better and safer future.

Utah believes that healthy child development occurs when children are safe within their homes, with parents who nurture, love, and protect them. When this isn’t possible, DCFS strives to place children with kin to maintain connections to their family and culture. While necessary in the child welfare system, foster care is intended to be temporary. At the same time, we support parents to provide safety for their children and work toward reunifying families as soon as safely possible. When foster care placements are needed, we prioritize family-based care, utilizing residential care only when necessary.

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<sup>3</sup> <https://governor.utah.gov/>

<sup>4</sup> <https://jobs.utah.gov/edo/intergenerational/about.html>

<sup>5</sup> U.S. Census Bureau. (n.d.). *ACS 1-Year Estimates Data Profiles 2012*. U.S. Department of Commerce. Retrieved September 24, 2023, from <https://data.census.gov/>

<sup>6</sup> U.S. Census Bureau. (n.d.). *ACS 1-Year Estimates Data Profiles 2022*. U.S. Department of Commerce. Retrieved September 24, 2023, from <https://data.census.gov/>

<sup>7</sup> <https://www.aecf.org/interactive/databook/?l=49>

<sup>8</sup> <https://www.aecf.org/resources/the-2012-kids-count-data-book>

<sup>9</sup> <https://jobs.utah.gov/edo/intergenerational/igp14.pdf> P. 36

Last year, our system received 47,382 calls to the Child Protective Services Hotline, 48% of which resulted in a new CPS case.<sup>10</sup> Through these calls, Utah aims to create pathways for improvement in the lives of children, youth, and families rather than removal from their parents. The interventions implemented at this stage—in-home, family-driven, and solution-focused services—demonstrate strong outcomes on key national indicators. Among children receiving in-home services in SFY2023, 96.5% did not enter foster care within 12 months of case closure.<sup>11</sup>

When a child cannot remain safely at home, Utah strives to place children with kin and works hard to ensure children do not linger in foster care. Placement with kin enables the child to maintain a greater connection to their family, culture, and community, reduces trauma, and leads to better outcomes than when placed in non-kinship care.<sup>12</sup> Utah is achieving positive outcomes through expanded kinship placement efforts. In Utah, among children who exited care to kin, 93.2% did not re-enter foster care within 12 months.<sup>13</sup> Utah has also continued to prioritize children achieving permanency in a timely manner. These efforts have proven successful, as Utah was recently recognized as the national leader in how quickly children are placed in safe, stable homes through reunification, adoption, or guardianship.<sup>14</sup>

These strong outcomes could only be realized with the funding provided by the federal government, including Title IV-B, and from the Utah Legislature. DCFS' total budget is \$217.8M; 69% is state funding, and 31% is federal funding.<sup>15</sup> We further leverage funding by coordinating with other state partners to braid funding across funding streams, shifting services to the most effective funding sources, and remaining focused on data and outcomes. However, significant barriers, including inflexible funding and complex funding schemes, place substantial administrative burdens on states and limit our ability to fully meet the needs of the nation's most vulnerable children, youth, and families.

While Utah is doing incredibly well in some areas, like states nationally, we are experiencing significant challenges within the child welfare system. We continue to experience a 37% turnover rate in key frontline staff.<sup>16</sup> Many factors contribute to this high turnover rate, including significant stress, wages not commensurate with the demands of the job, and increasing caseloads with few resources to address the impact of these stresses and traumas. This high turnover rate directly impacts the outcomes for the children, youth, and families being served. We ensure positive outcomes for children, youth, and families through a committed, qualified, trained, and skilled staff.

While we are experiencing great success in keeping families together through our in-home and prevention services, we are experiencing a growing population of youth with unmet, complex behavioral health challenges entering the system and requiring foster care when they cannot remain healthy and safe in their homes. Utah's current provider network is struggling to recruit and retain foster parents equipped to deal with behaviorally complex youth, and due to limited funding, residential providers are struggling to recruit and retain the necessary staff to provide treatments and services at their contracted capacities.

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<sup>10</sup> <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>, P. 5

<sup>11</sup> <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>, P. 10

<sup>12</sup> Heidi Redlich Epstein, Kinship Care is Better for Children and Families, 36 ABA CHILD L. PRAC. TODAY 77 (2017),

[https://www.americanbar.org/groups/public\\_interest/child\\_law/resources/child\\_law\\_practiceonline/child\\_law\\_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-andfamilies/](https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-andfamilies/)

<sup>13</sup> <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>, P. 11

<sup>14</sup> <https://www.aei.org/foster-care-report-card/>

<sup>15</sup> <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>, P. 15

<sup>16</sup> <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>, P. 16

Utah continues to leverage its resources from sources like Title IV-B and IV-E to assist us in addressing the challenges and allowing us to innovate within the confines of significant programmatic and administrative requirements. We are grateful to Utah's beloved senator, Orrin Hatch, who worked tirelessly with his colleagues to establish the Family First Prevention Services Act (FFPSA) that empowers and trusts states to know what's best for improving outcomes for families in the child welfare system. This belief provides the basis for much of Title IV-B and Title IV-E, and Utah accepts its responsibility for utilizing these funds responsibly and effectively to achieve results.

Title IV-B funding of \$5.4M through the Stephanie Tubbs Jones Child Welfare Services Program (CWS) and MaryLee Allen Promoting Safe and Stable Families Program (PSSF) is a key lever in achieving Utah's outcomes despite being merely 2.5% of Utah's total child welfare budget. These funds provide much-needed flexibility to states to innovate and invest in programs each state determines will meet the unique needs of their populations. Title IV-B funding supports critical investments in our child welfare system that our data demonstrates are leading to better outcomes. These investments include addressing the development of the child welfare workforce with CWS funds and investments in innovative programs designed to keep families together, but when that isn't possible, creating a framework for successful adoptions. The programs funded with CWS and PSSF funds are strengths-based, meeting families where they are, and incorporating parent and child voices in solutions at every point in the process. Combined, this family-centered approach leads to successful outcomes for children in our system.

Our efforts to leverage family voice are demonstrated in our teaming approach to address the needs of children in our child welfare system through our Family Action Meeting (FAM). FAM is a new initiative to strengthen the child welfare system's early response to child safety concerns to prevent the removal of children from their families. In the Family Action Meeting, we bring family members in early on a CPS case to problem solve and plan around safety issues and concerns. If removal is necessary, the focus becomes addressing safety issues quickly and effectively to ensure a child's safe return to their families as early as possible. This initiative means that caseworkers involve the family and others in the complex safety assessment and develop a safety plan acceptable to all parties.

A FAM may lead DCFS and the family to utilize another innovative program to maintain the family unit despite a parent's substance use disorder. Utah is one of only a few states that provide parent/child family-based residential substance use treatment programs under Family First Prevention Services Act (FFPSA) funding. Family-centered residential substance use treatment programs enable foster children to be placed with parents while the parents receive the necessary treatment to address addiction. Since 2018, this innovative program has served 237 children, 79% of whom were reunified with their parents upon exiting foster care, and 91% did not re-enter foster care within 12 months.

Title IV-B CWS funding supports DHHS in focusing on one of its core principles—our staff are our most important stakeholders. Investing in a stable, robust, professional, and experienced workforce demonstrates the strong relationship between that workforce and the outcomes for the children, youth, and families within the child welfare system. When the needs of our workforce are left unaddressed, we repeatedly fail our staff and the vulnerable families they serve. Research shows that a positive relationship with a caseworker is the most significant predictor of a family's success.<sup>17</sup> When families experience multiple changes in caseworkers, we often see increased time in foster care and poor outcomes. Between 2010 and 2021, when our turnover increased from 15% to 35%, the median time children spent in foster care increased from 11 to 15 months, placing pressure on limited resources and, most importantly, negatively impacting the child's well-being.

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17 Flowers, McDonald & Sumski (2005) [http://www.uh.edu/socialwork/\\_docs/cwep/national-iv-e/turnoverstudy.pdf](http://www.uh.edu/socialwork/_docs/cwep/national-iv-e/turnoverstudy.pdf)

Given the significance of this relationship, Utah utilizes Title IV-B, CWS, to support a stable, well-trained, and sufficiently staffed workforce to provide the highest quality services to families. We have used this funding and other revenue sources to support payroll costs to increase staffing levels for our 665 frontline staff.<sup>18</sup>

In the past year, we also utilized the PSSF Caseworker Visit Grant to bolster our child welfare agency by providing targeted training to caseworkers, supervisors, and managers statewide. These flexible funds allowed us to expand our capacity to provide remote training, increase the knowledge and skills of caseworkers to utilize and implement Utah's Child and Adolescent Needs and Strengths Assessment, the Utah Family and Children Engagement Tool (UFACET), and provide leadership training to our supervisors and managers to ensure they have the skills to support our frontline workforce effectively.

In addressing the complexity of needs and challenges of families served in child welfare, DHHS coordinates closely with other executive branch agencies and ensures a full-service array to families by braiding PSSF funds with other funding sources to enhance child safety, permanency, and improve child well-being. This allows us to leverage the 31% of our budget provided by the federal government to the fullest extent possible. The clearest example of this is the coordination of Title IV-B PSSF and Title IV-E funds, allowing us to optimize the funding framework established by Congress. We can now serve more families by expanding a few critical PSSF services that effectively keep families together by funding families with children at risk of removal and entering foster care to IV-E. We continue to serve families not at risk of removal or families working towards reunification with PSSF. As more of our programs and services meet the evaluation rigor of the IV-E Prevention Clearinghouse, we will make similar funding adjustments.

The flexibility of the federal funding scheme is critical to states, and Title IV-B provides a modest degree of this much-coveted flexibility. PSSF and its four categories of services have allowed DCFS to focus on keeping families together and, when we can't, provide resources to support successful reunification and adoption. Braided with other funding sources, Title IV-B PSSF funds are also invested by Utah to support children and families in various stages of child welfare involvement to enhance child safety, permanency, and positive child well-being.

Aligned with federal requirements, PSSF services in Utah include family preservation activities, which work to keep families together and support children to safely remain home or stabilize families when children return home from foster care. We distribute funds regionally to meet many needs of parents and children. This includes programs that support the development of parenting skills, providing behavioral health services, accessing temporary bridge and gap funding to ensure families can meet their basic needs, and supporting specialized skills training to support the healthy development of children with a history of trauma or complex behavioral health challenges. Our ability to provide resources to meet basic needs and ensure family success would be further enhanced by broadening the purpose of family reunification to allow us to provide temporary resources to meet basic needs for those working toward reunification.

A uniquely Utah program developed in 1993 and funded through IV-B until it was recently approved on the IV-E Prevention Clearinghouse as "well supported" is Families First, a family support services program.<sup>19</sup> This intensive, in-home parenting skills program met the rigorous evaluation standards of IV-E Prevention given its impressive outcomes, which include a significant reduction in subsequent child maltreatment and sustained effects of the programming for at least one year from case end. Although Families First is on the Clearinghouse and available to those meeting IV-E Prevention eligibility

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<sup>18</sup> <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>, P. 16

<sup>19</sup> Utah is still providing access to Families First services by way of Title IV-B funding when Title IV-E funding requirements aren't met by a family.

requirements, we will continue providing Families First with IV-B funding to families not eligible for IV-E.

There are countless stories of success among families participating in Families First, like a family in an under-resourced community that was brought to the attention of DCFS for harsh physical discipline of their children. After meeting with DCFS staff, the family voluntarily participated in Families First. Families First focused on the family's strengths to establish new boundaries for parents and kids, increasing family harmony and decreasing harsh disciplinary practices. Often, these new skills lead to avoidance of further involvement in the child welfare system, personal growth, and an increase in economic stability. That was the case for this family when the mother returned to school and is now working towards completing her college degree.

The shift of families to IV-E prevention funds for Families First and other programs frees up IV-B funds for reinvestment. One example of this reinvestment allowed DCFS to develop a unique family support service providing in-home parenting skills to parents who are lower-functioning. This service, Adaptive Family-based Parenting, ensures that adults who are lower functioning with children are also able to thrive as a family through a parenting skills program adapted to meet their abilities and learning capacity.

Given the importance of family and the recognition that outcomes for children are better when they are with their parents, Utah strives for the reunification of families throughout their involvement in the child welfare system. Our family reunification services utilize PSSF and where allowable, Medicaid funding, to provide mental health and substance abuse treatment services, including fees for drug court; temporary emergency child care; and in-home parenting skills.

When a child cannot be reunified with their parents, our goal is to ensure permanency through successful adoption. The array of services and activities within PSSF for adoption promotion and support is also broad and designed to meet the unique needs of the children and their adoptive families. These resources help increase the likelihood that the youth will be placed in their "forever home" by providing supportive services to address the needs of youth experiencing challenging behaviors. When those adoptions occur, the adoptive families often require respite services, a Title IV-B-funded program in Utah.

While these funds and the services they support provide you with important context, the impact these funds have on families ensures we are making an impact and meeting your intent. Recently, we served a family of 5 with 3 young children in rural Utah. The family had recently moved to Utah, hoping to secure a job and permanent housing. They were living in one bedroom of a two-room apartment. When we became involved, the circumstances were challenging, and they were on the brink of homelessness. Our regional staff was able to quickly access Title IV-B PSSF bridge funding so they could remain safely in their home, connect a child to necessary medical care while awaiting enrollment in Medicaid, and the parents agreed to receive parenting skills services through DCFS.

Of course, not all outcomes are positive, and in many cases, DCFS is seeking placement with kin when a child can no longer remain safely in their home. Like other states, Utah utilizes the Kinship Navigator Grant to strengthen our capacity to provide the full range of kinship navigator services specified in FFPSA and prepare for expansion under Title IV-E using an approved evidence-based model. Utah is braiding federal funds with state funds to support its GRANDfamilies program so that critical kinship navigation services are more broadly available to support kin-caregivers of children in foster care and the community without child welfare involvement.

GRANDfamilies works to provide needed navigation services, including connecting families to mental health services, parenting classes, and navigating complex programs to obtain benefits to meet the basic needs of families. Like the parents, many kin are also struggling with economic insecurity, like a

grandmother recently referred to GRANDfamilies from a local homeless shelter. GRANDfamilies worked with the grandmother's case manager at the shelter and connected her to resources, including school supplies and housing opportunities.

### **Challenges and recommendations**

While not perfect, federal funds are essential in establishing national priorities for protecting children from abuse and neglect. The consideration of the reauthorization of Title IV-B offers further opportunity for these funds to play an even more significant role by addressing the barriers and challenges that impede our ability to invest these funds in children and families fully. Congress should consider providing additional flexibility to states, increasing efficiency and effectiveness by reducing administrative burdens across multiple funding streams; structuring funding for expected outcomes across funding streams; and continuing to increase resources for prevention, which will decrease the need for more intensive, deep-end government involvement.

The federal funding for child welfare is complex and consists of several funding sources, each with its own purposes and programmatic and administrative requirements. Utah's approach and objective, which is also a priority of DHHS, is to build a seamless system of services and supports to address the needs of communities and families utilizing services throughout the state at incredibly challenging and vulnerable times. Governor Spencer Cox is challenging all executive branch agencies to function as a single enterprise to meet the needs of Utahns, as opposed to a complex bureaucracy of siloed departments only focused on their mission.

This is a recognition that all state government resources must be leveraged to ensure that our state's strong economy, healthy population, and opportunities for upward mobility are extended to all Utahns. It's a recognition that the siloed nature of government impairs our ability to work collectively to achieve the best results while being a trusted steward of taxpayer dollars. At the start of this year, Governor Cox signed an executive order that strives to do just that. Executive order 2023-01 requires executive branch agencies to share data, combine funding, and establish shared objectives, particularly when it comes to individuals who have challenges that cross multiple state agencies, such as individuals experiencing intergenerational poverty or homelessness, involvement in the criminal justice system, those with physical and mental disabilities, and of course, their children.<sup>20</sup>

With collaboration and connection, a seamless system is attainable and requires partnership with you, our federal partners, to make the child welfare system a model. You have the opportunity to address the complexities associated with the child welfare system and allow states to leverage the full amount of federal funds to create a more efficient and effective funding system. The existing funding framework and its accompanying requirements hamper innovation and flexibility. Current funding structures do not focus on the outcomes that many of us agree on but instead on specific strategies and outputs, which redirect time and attention away from the overall purpose. The current framework for addressing complex social challenges, including child abuse and neglect, is designed for accountability of funds rather than how people live their lives. People cannot fragment their needs into easy boxes—parenting here, health care there, economic stability over there. The issues that lead to family challenges are interrelated and interdependent. The funding and the programs need the flexibility to address the complexity of the human experience. You have the opportunity to exercise visionary leadership to transform the nation's child welfare system and address these complexities.

### **Recommendation: Expand flexibility**

The importance of the federal government granting expanded flexibility to the states cannot be overstated. This flexibility is even more critical when serving individuals whose lives are complex. State and federal

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<sup>20</sup> [https://drive.google.com/file/d/17xzyOrtlODRgkcvjJBDacay3T2Sci7N/\\_view](https://drive.google.com/file/d/17xzyOrtlODRgkcvjJBDacay3T2Sci7N/_view)



government needs to do a better job of placing the people being served at the center of government bureaucracy to provide a better and more efficient customer experience. When the federal government affords more flexibility with funds, it allows states to innovate, invest in programs achieving outcomes, and meet the needs of its residents. Expanded flexibility is achievable with minor changes in both Title IV-B and Title IV-E.

As you consider reauthorizing Title IV-B, I encourage you to center discussions around the principle of flexibility while holding states accountable to clearly defined outcomes you expect states to realize with the funding provided. States need to be allowed to develop the necessary strategies to meet the needs of our residents. The various set-asides and mandates to states with Title IV-B funding, including the Court Improvement Program, Regional Partnership Grants, and Kinship Navigation, along with requirements to spend specific percentages on specific activities assumes that states are all the same, facing the same challenges, which is not the case. By eliminating these earmarks or allowing states to meet distributional spending requirements over the 5-year Child and Family Services Plan, you balance the need for state flexibility with investment in activities you determine are priorities. A truly bold and visionary approach to expanded flexibility would be to provide states the opportunity to seek waivers to combine resources from multiple funding streams to pilot comprehensive approaches to meeting the needs of children, youth, and families involved in the child welfare system.

While these adjustments should be considered, the overall structure of these funds creates opportunities for Congress to encourage state innovation, which requires confidence and trust that states will properly balance risks while placing the children at the center of the innovations. As a state recognized for its commitment to implementing evidence-based policies, Utah understands the intent of the rigor associated with Title IV-E Prevention funding. However, that rigor limits states' abilities to innovate and invest in programs showing promise with available data. Congress should consider allowing more services to be funded with Title IV-E Prevention and Title IV-B PSSF, similar to the Kinship Navigator Grant, while we are developing our evidence basis. These rigorous evaluations require funds we often don't have available and time we can afford to lose as children receiving our services grow older each day.

**Recommendation: Increase efficiency and effectiveness by reducing administrative burdens**

We must reduce the administrative burdens on states and the individuals being served in this system supported by multiple funding streams. DHHS operates extensive administrative infrastructure to manage programs, finances, and reporting of federal programs and dollars. This includes workers in department- and division-level financial teams, DCFS regions, and eligibility determination teams exclusively to manage federal dollars. Our central office has over 20 program administrators responsible for various federal programs. Their duties include developing grant applications and reports, monitoring data and financials, and supporting the child welfare system through frontline support, coordination with community partners, and continuous quality improvement. Workforce capacity is also required for data system creation and adaptation and to meet federal Child and Family Services Review requirements. Title IV-B contributes to the need for this extensive administrative infrastructure simply by having different funding allocation formulas and purposes for its two parts. The process of budgeting and accounting alone creates challenges for the administration of the grants.

Additionally, the administrative burden placed upon caseworkers through required documentation results in more time spent at a computer than with a family. A caseworker can't be expected to provide quality care and thorough investigations, all while spending more than half of their time completing required documentation. Some federal programs mandate that frontline staff carry out a substantial number of requirements, the most demanding being Title IV-E Foster Care. These requirements require action on behalf of children and families, and the excessive Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting requirements take away from casework time to ensure that the 193 data



elements are reported.<sup>21</sup> A streamlined, less-restricted process is necessary to get caseworkers back in the homes of children and families in the proper amount. On a critical indicator of family engagement, our staff have reported that they cannot engage with families to the extent they would like because countless administrative tasks burden them.

These burdens are also placed on the families. We must help families without creating bureaucratic barriers that prevent them from accessing resources and services, particularly given that these resources are a protective factor in preventing abuse and neglect. It keeps them from coming in contact with the child welfare system. Immediate barriers to resolve include lengthy forms, long wait times, and too narrow eligibility requirements. Reauthorization of Title IV-B allows the evaluation of these requirements in at least one funding source. However, similar requirements abound throughout child welfare funding and are often duplicative and redundant.

Please review the administrative burdens placed on states through requirements, funding structure, and multiple methods to ensure states are accountable for the funds provided by the federal government. Again, I emphasize that we should balance the need for accountability with ensuring states can serve families and keep them together.

### **Recommendation: Invest in prevention**

While the Committee and Congress contemplate the best approach to achieve the outcomes it seeks, expanding resources to upstream prevention activities will lead to better outcomes and cost savings. Far too often, funding is only available in deep-end, costly programs when the window to improve outcomes for children and their parents is rapidly closing. To make real change and provide real hope, resources need to be available earlier when we see the first signs of challenge in a home and even earlier than that through resources available through the public health system. We know that when there are investments in prevention, there is an increasing likelihood that outcomes will improve. We see this in our investments of in-home services and community programs first-hand. In Utah, 96.5% of in-home child clients did not enter foster care within 12 months of case closure.

Through the reauthorization of Title IV-B, you have the opportunity to achieve your intended outcomes for families nationwide by addressing issues that exist in the current law, including expanding flexibility, eliminating set-asides on the funds, reducing administrative burdens and, focusing on outcomes while allowing states to innovate with respect to the strategies each determines is necessary to meet the unique needs of their populations.

To truly modernize the child welfare system to protect America's most vulnerable youth, we must look at the system overall. By identifying system gaps and barriers, states can continue to work alongside the federal government to serve children, youth, and families at the highest level, strengthening families to keep children safely in their homes. Through collaboration and tackling systemic hurdles, prevention of child abuse and neglect before they occur can become a reality for every family across the country.

Thank you, Chair LaHood, Ranking Member Davis, and members of the subcommittee for allowing me the privilege to share this critical and transparent information on the successes and challenges Utah is facing in our child welfare system. I appreciate the opportunity to appear before this Committee and thank you for the support that you have shown to the Utah Department of Health and Human Services Division of Child and Family Services. I look forward to answering any questions you may have.

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<sup>21</sup> <https://www.acf.hhs.gov/cb/training-technical-assistance/reporting-systems>