AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

S. Hrg. 105–461

REFORMING THE ADOPTION AND FOSTER CARE SYSTEM IN THE DISTRICT OF COLUMBIA

HEARING

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT OF GOVERNMENT MANAGEMENT, RESTRUCTURING, AND THE DISTRICT OF COLUMBIA

OF THE

COMMITTEE ON GOVERNMENTAL AFFAIRS UNITED STATES SENATE

ONE HUNDRED FIFTH CONGRESS

SECOND SESSION

FEBRUARY 12, 1998

Printed for the use of the Committee on Governmental Affairs

U.S. GOVERNMENT PRINTING OFFICE
46–903 CC WASHINGTON : 1998

For sale by the Superintendent of Documents, Congressional Sales Office
U.S. Government Printing Office, Washington, DC 20402

46–903

COMMITTEE ON GOVERNMENTAL AFFAIRS

FRED THOMPSON, Tennessee, *Chairman*

SUSAN M. COLLINS, Maine
SAM BROWNBACK, Kansas
PETE V. DOMENICI, New Mexico
THAD COCHRAN, Mississippi
DON NICKLES, Oklahoma
ARLEN SPECTER, Pennsylvania
BOB SMITH, New Hampshire
ROBERT F. BENNETT, Utah

JOHN GLENN, Ohio
CARL LEVIN, Michigan
JOSEPH I. LIEBERMAN, Connecticut
DANIEL K. AKAKA, Hawaii
RICHARD J. DURBIN, Illinois
ROBERT G. TORRICELLI, New Jersey
MAX CLELAND, Georgia

Hannah S. Sistare, *Staff Director and Counsel*
Leonard Weiss, *Minority Staff Director*
Michael Sue Prosser, *Chief Clerk*

SUBCOMMITTEE ON OVERSIGHT OF GOVERNMENT MANAGEMENT, RESTRUCTURING, AND THE DISTRICT OF COLUMBIA

SAM BROWNBACK, Kansas, *Chairman*

ARLEN SPECTER, Pennsylvania
ROBERT F. BENNETT, Utah

JOSEPH I. LIEBERMAN, Connecticut
MAX CLELAND, Georgia

Michael Rubin, *Staff Director*
Laurie Rubenstein, *Minority Staff Director and Chief Counsel*
Esmeralda Amos, *Chief Clerk*

CONTENTS

	Page
Opening statement:	
Senator Brownback	1

WITNESSES

THURSDAY, FEBRUARY 12, 1998

Hon. Mike DeWine, a U.S. Senator from the State of Ohio	3
Hon. Charles E. Grassley, a U.S. Senator from the State of Iowa	6
Hon. Dave Camp, a U.S. Representative in Congress from the State of Michigan	8
Hon. Rochelle Chronister, Secretary, Department of Social and Rehabilitative Services, State of Kansas	11
Hon. Larry E. Craig, a U.S. Senator from the State of Idaho	22
Debora Caruth, D.C. Foster Care Parent	26
Gordon Henry Gosselink, D.C. Pre-Adopted Child	31
Ernestine F. Jones, LaShawn General Receiver, District of Columbia Child and Family Services	34
Judith Meltzer, Senior Associate, Center for the Study of Social Policy	36
Thomas Wells, Executive Director, Consortium for Child Welfare	39

ALPHABETICAL LIST OF WITNESSES

Camp, Hon. Dave:	
Testimony	8
Caruth, Debora:	
Testimony	26
Prepared statement, with an attachment	75
Chronister, Hon. Rochelle:	
Testimony	11
Prepared statement	51
Craig, Hon. Larry E.:	
Testimony	22
Prepared statement	23
DeWine, Hon. Mike:	
Testimony	3
Prepared statement	5
Gosselink, Gordon Henry:	
Testimony	31
Grassley, Hon. Charles E.:	
Testimony	6
Jones, Ernestine F.:	
Testimony	34
Prepared statement	92
Meltzer, Judith:	
Testimony	36
Prepared statement, with an attachment	92
Wells, Thomas:	
Testimony	39
Prepared statement	139

APPENDIX

Prepared statements of witnesses in order of appearance	51

REFORMING THE ADOPTION AND FOSTER CARE SYSTEM IN THE DISTRICT OF COLUMBIA

THURSDAY, FEBRUARY 12, 1998

U.S. SENATE,
OVERSIGHT OF GOVERNMENT MANAGEMENT, RESTRUCTURING AND THE DISTRICT OF COLUMBIA SUBCOMMITTEE,
OF THE COMMITTEE ON GOVERNMENTAL AFFAIRS,
Washington, DC.

The Subcommittee met, pursuant to notice, at 9:11 a.m., in room SD–342, Dirksen Senate Office Building, Hon. Sam Brownback, Chairman of the Subcommittee, presiding.

Present: Senator Brownback.

Senator BROWNBACK. The hearing will come to order.

OPENING STATEMENT BY SENATOR BROWNBACK

Senator BROWNBACK. I would like to welcome everyone here today to this Subcommittee's first hearing on the adoption and foster care system in the Nation's Capital.

I also want to extend a warm welcome to our witnesses who come to testify here today, including Kansas Secretary Rochelle Chronister of the Department of Social and Rehabilitation Services. Rochelle is an old friend of mine that I used to work with in State government, who is doing an outstanding job in this area in Kansas.

I also would like to welcome some of my colleagues, Senator DeWine who is here and does not normally sit on this panel, but has an enormous interest in adoption. I think they are looking to adopt more children.

You have eight children, Mike?

Senator DEWINE. Eight, yes.

Senator BROWNBACK. Who have been born in four decades?

Senator DEWINE. Four decades, right, the 1960's, 1970's, 1980's, and 1990's children.

Senator BROWNBACK. So I think you ought to start adopting in the next decades to come. So, when working on——

Senator DEWINE. I will tell Fran that, Mr. Chairman.

Senator BROWNBACK. But he has had a huge interest in the area of adoption and foster care. So I am delighted to have Senator DeWine, and I think we may be joined as well by Senator Grassley and Senator Craig, who also have a great interest in the issue of adoption.

The adoption and foster care system in the District of Columbia is very troubling and has been a disaster for many children that have been caught in this system. It is hard for me and troubling for me to be able to say that, but, unfortunately, in looking at the numbers, I do not think you can draw any other conclusion.

It is no exaggeration to say that there are literally thousands of children growing up in foster care within the District of Columbia with imminent prospects of becoming part of a family. I cannot tell you the exact numbers of such children, but estimates range from 2,700 to 3,000 within D.C. alone.

The condition of the adoption and foster care system became so critical that it was placed under a Federal Court Receivership in 1995, and it is still under that Receivership. It still has not made its way out of the Receivership.

Every year, many children graduate from D.C. foster care, that is, they grow up in the foster care system, turn 18, and are turned out of foster care and onto the streets.

In 1994—and this is a very troubling number—67 percent of the children who left foster care in the District of Columbia left because they turned 18 years old, 67 percent, over two-thirds. In other words, one of the only ways out of the system is to grow up to adulthood within the system.

Now, to me, allowing just one child to grow up without the love, attention, and commitment of a family is a true tragedy. Allowing thousands to languish in foster care, unloved and unaccounted for, is a disgrace. It has got to be changed.

I am grateful for those in the D.C. system who are working to ensure that those changes are made. There are many holes in the public records that must be filled. At this point, I am told D.C. agencies do not know exactly how many children are in the foster care system.

Moreover, I was surprised to find out the District does not keep track of its foster care children once they have reached adulthood. I am also very concerned that 50 percent of the District's children who are looking for adoptive homes and are under the care of the District's Child and Family Services are not referred to the District's Adoption Branch.

We now have new leadership in place that we will hear from today, and I am hopeful that these discouraging realities will no longer haunt the children who need the system the most.

I know systematic changes can be made, like those in my home State of Kansas. While still in its infancy, the Kansas privatization model of its Child and Welfare Services has shown some immediate signs of success. Within 1 year of implementing these reforms, Kansas increased the number of children placed in adoptive homes from 25 percent to 50 percent. Prior to these reforms, the average stay for a child in the Kansas foster care system was 2 years. Now the average stay is 13 months.

While much remains to be done, Kansas has taken some bold steps for its children, and I would like to see how my home State reforms could help the children in our Nation's Capital.

Adoption and foster care is also a priority for Congress. Last year, Congress passed, and the President signed into law, the Adoption Promotion Act. We will have the main sponsor of that tes-

tify today. Congressman Dave Camp will testify first. This act speeds up the adoption process throughout the United States and places a child's safety first in any adoption case.

With the new leadership in place in the District's adoption and foster care system, the various adoption and foster care State reform examples to draw from, and the new Federal adoption law, the opportunity for change for the District's children is unquestionable.

I also want to recognize those foster care and adoptive parents and their example of taking in these children when they need it the most. They do the work of heroes. We need to make it easier, not more difficult for parents to adopt.

Then, finally, I want to stress that in the end, we are talking about individual children. We are not talking about a system. We are talking about a system that impacts them, and I am afraid has impacted them too negatively, At the end of the day, what we are talking about is a child, a child who is in search of a loving family and a secure home, and any improvement in the system that translates into bringing that child closer to the fundamental need of having a permanent home is something I want to be a part of and want to push forward.

So we look forward to having a good hearing on this and seeing what legislative solutions and changes or oversight that we need to be a part of. This will be the focus of this hearing and potentially some future ones.

Senator DeWine, I do not know if you would have an opening statement to make.

OPENING STATEMENT BY SENATOR DeWINE, A U.S. SENATOR FROM THE STATE OF OHIO

Senator DEWINE. Mr. Chairman, thank you. I do have a brief opening statement. Let me first thank you and congratulate you for holding this hearing today. I think it was very, very important.

As you have pointed out, last year, many of us in this room worked on a bill called the Adoption and Safe Families Act. You were very much involved in it. Of course, Congressman Camp, who is the lead sponsor in the House, was as well.

This legislation, which is now law, sought to reform the foster care and adoption in the United States. The new law contained some very specific reforms designed to, first, decrease the amount of time children spend in foster care; second, speed up the process of moving them into permanent homes. And, finally, the bill was designed to save lives.

Mr. Chairman, we have all heard of the Latrena Pixley case. This is a woman who killed one of her children. The woman was then given custody of another child.

The bill we enacted last year was an attempt to prevent tragedies like that one. The purpose of this hearing today, as you have outlined, is to discuss some problems of the foster care system in the District of Columbia, problems that go, frankly, much deeper than the law we passed last year. The problems that the District is facing are problems that are systemic and are of an historic nature.

Washington, D.C. is the capital of the world's only remaining super power, the capital of our Nation, and, yet, right here, literally in the shadow of the U.S. Capitol, children are being beaten and abused and killed. They are lost in a system that just does not work to protect them.

Let me tell you one outrageous story that really caught my attention. A 13-year-old boy named Eddie was placed in a group home by D.C. judges. The group home was too crowded. A worker at the group home gave Eddie bus fare so that he could go downtown to the Department of Human Services where they would presumably make new living arrangements for Eddie.

Eddie wandered away. Several weeks later, Eddie was found dead in the closet of a friend's house. His face had been so badly devoured by ants and roaches that the police thought at first that he had been badly beaten.

Mr. Chairman, this incident would be an outrage if it happened in Haiti or in some other underdeveloped country of the world. But this boy was the responsibility of the government of our Nation's Capital. I do not think words can express just how awful this is.

Furthermore, Mr. Chairman, we do not even have a good picture of how bad the conditions are in Washington, D.C. and you have pointed this out in your opening statement. The statistics are out of date, and they are certainly incomplete, but the statistics we do have point to a problem that has been festering in the District of Columbia for a long, long time.

Let me give a brief overview of how we got here. In May of 1995, the District of Columbia became the first city in the Nation to require a Federal Receiver for its child welfare system. The Receivership was the result of a lawsuit dating back to 1989. When that 1989 suit was originally filed, the national average for time spent by a child in foster care was 17 months. In the District of Columbia, however, children stayed in foster care for an average of 5 years.

One-third of the city's child welfare staff positions were at that time vacant, leaving some case workers assigned to as many as 56 families, including over 125 children. There is no systematic program in place to recruit adoptive families, and there is a shortage of foster homes, leading to the placement of too many children within one home.

Mr. Chairman, in the most recent progress report filed by the Court-appointed monitor, the most recent report, it is obvious that the situation has not improved very much. The Receiver resigned in June of 1997, and a new Receiver, Ms. Jones, was named on October 14, 1997. She faces a major challenge. Clearly, the situation that we have now in the District of Columbia did not happen overnight, and it will not be fixed overnight.

As someone who is deeply interested in the fate of our foster children, whether they are in Ohio or anyplace else in this country, I look forward to hearing the testimony today. The witnesses will give us firsthand information about the barriers these children face, and I hope the witnesses will be able to offer suggestions as to what changes need to be made.

Mr. Chairman, we all know that the District of Columbia is in crisis. In general, it is in crisis. And in our Nation's capital, we

know that the most troubled children are in crisis as well. This, in my view, should be the No. 1 priority for those dealing with policies affecting the District. Frankly, it does not matter if garbage is picked up on time if our most precious possession, our children, can be cast aside.

Again, I thank you, Mr. Chairman, for holding these hearings.

[The prepared statement of Senator DeWine follows:]

PREPARED STATEMENT OF SENATOR DEWINE

Good morning. Let me begin by thanking Senator Brownback for holding this hearing, and for inviting me to participate.

Last year, many of us here worked on a bill called the Adoption and Safe Families Act. This legislation, passed by Congress and signed by the President, sought to reform foster care and adoption in the United States.

The new law contained some very specific reforms designed to (a) decrease the amount of time children spend in foster care, (b) speed up the process of moving them into permanent homes, and (c) save lives.

We've all heard of the Latrena Pixley case—a woman who had killed one of her children was given custody of another. The bill we enacted last year was an attempt to prevent tragedies like that one.

The purpose of this hearing today is to discuss some problems of the foster care system in the District of Columbia—problems that go, frankly, much deeper than the law we passed. *These problems are systemic, and they are historic.*

Washington, D.C. is the capital of the world's only remaining superpower, the capital of our nation. And yet right here—in the shadow of the U.S. Capitol—children are being beaten and abused and killed, because they are lost in a system that just doesn't work to protect them.

Let me tell you one outrageous story that really caught my attention. A 13-year-old boy named Eddie was placed in a group home by D.C. judges. The group home was too crowded. A worker at the group home gave Eddie bus fare—so he could go downtown to the Department of Human Services, where they would presumably make new living arrangements for him.

Eddie wandered away. Several weeks later, he was found dead in the closet of a friend's house. His face had been so badly devoured by ants and roaches that the police though—at first—that he had been badly beaten.

Mr. Chairman, this incident would be an outrage if it happened in Haiti or Rwanda or some other impoverished country. But this boy was the responsibility of the government of our Nation's capital. I don't think words can express just how awful that is.

Futhermore, we don't even have a good picture of how bad the conditions in Washington, D.C. really are. The statistics are out of date, erratic, and incomplete. But the statistics we do have point to a problem that has been festering for a long time.

Let me give a brief overview of how we got here. In May of 1995, the District of Columbia became the first city in the Nation to require a Federal Receiver for its child welfare system. The Receivership was the result of a lawsuit that had been filed in 1989.

When the suit was originally filed in 1989, the national average for time spent by a child in foster care was 17 months. In D.C., children stayed in foster care for an average of 5 years. One-third of the city's child welfare staff positions were vacant, leaving some caseworkers assigned to as many as 56 families including 125 children. There was no systematic program in place to recruit adoptive families. And there was a shortage of foster homes, leading to the placement of too many children within one home.

Now, Mr. Chairman, in the most recent progress report filed by the Court-appointed monitor, it's obvious that the situation has not improved much under the Receivership.

The Receiver resigned in June 1997—and a new Receiver, Ernestine Jones, was named on October 14, 1997.

She faces a major challenge. Clearly, the situation that we have now in the District of Columbia did not happen overnight and will not be fixed overnight.

As someone who is deeply interested in the fate of our foster children, in Ohio and the rest of America, I look forward to hearing the testimony today. The witnesses will give us first-hand information about the barriers these children face—and, I hope, offer suggestions as to what changes need to be made.

We all know that the District of Columbia is in crisis. And in our Nation's capital, the most troubled children are in crisis. This, in my view, should be the No. 1 priority for those dealing with policies affecting the District. It doesn't matter if garbage is picked up on time if our most precious possesion—our children—can be cast aside.

Senator BROWNBACK. Thank you for that statement and your interest in this topic, and I would note to those in attendance that both Senator DeWine and Senator Grassley do not serve on this panel, but it is because of their interest that they are willing to give of their time and energy to focus on this topic.

Senator Grassley, did you have an opening statement you would like to make?

Senator GRASSLEY. If I could, please.

Senator BROWNBACK. Yes, sir.

OPENING STATEMENT BY SENATOR GRASSLEY, A U.S. SENATOR FROM THE STATE OF IOWA

Senator GRASSLEY. It is a privilege to be a guest of the Subcommittee. Thank you Senator Brownback for inviting me to participate

We all care about the future of kids currently in foster care and so I commend you for providing Congress one more opportunity to further educate ourselves so we can constructively help children.

We are all aware that the District of Columbia's foster care system is in crisis—that means kids are hurting.

I want to take this opportunity to congratulate Ernestine Jones on her recent appointment as the new Child Welfare Receiver. Mrs. Jones has an incredible task ahead of her, and I trust that she will use her front-line experience and her administrative background, to be effective in this new role.

I also encourage her to put children's needs first in every decision that is made.

From my work over the last 24 months on foster care and adoption reform I learned that there were a lot of considerations in the forefront of what ought to be done for kids in foster care yet these considerations were not necessarily always those that put the needs of the child first.

I found that last year, during the foster care debate, the Members, who kept in mind they were serving children, were able to secure solid policy to help kids.

I am very interested in her long-range vision of these children. In the District, at least 35,000 children are not living in permanent homes. I have heard estimates ranging from 3,000 to 7,000 children are wards of the City. The kids are living their childhoods out in foster care. For many, this is a lonely, even futile transition.

I was alarmed when I read that in 1993, 70 percent of the District's foster care and adoption cases were closed because the child had turned 18 and "graduated" from the system. Now, what kind of future is that for kids? I would like the Court-Appointed Monitor to tell this Subcommittee what the most current statistics show.

There are currently at least 110 children who are legally free to be adopted in the District and hundreds more who would be if families were identified. We have to combat this attitude that some children are unadoptable, and as far as I am concerned, no kid is

unadoptable. And that is true for the hundreds of children here in the District as well. We just have not found a home for them yet.

I encourage organizations like the District of Columbia's Adoption Unit to dispel this unadoptable myth here in the District. Because of the efforts that are being made, children can find the best permanent living arrangement—a loving, nurturing, committed family.

I understand that in 1997, just a handful of people at the Adoption Unit, working against all odds, was able to more than double the number of adoptions since the previous year. If this small group, determined to protect the children, were able to do this, imagine what could happen if we all focused our efforts to find children families.

The District is going to have to prioritize their resources. I read with concern that just a few years ago, the City was not adequately funding an advertising and recruitment project to find homes for the children. Funds for this program are very critical and very basic to getting kids into homes and finding families. I would like the Court-Appointed Monitor to tell us the current condition of the advertising and recruitment project here in the District of Columbia.

In my own State, we have a project, the KidSake Project. They recruit parents for children and prove that even in the most challenging of circumstances they are able to find appropriate families for these kids and have been dramatically increasing Iowa's record for special needs adoption.

Mrs. Jones, Congress spent the last year addressing the Nation's foster care crisis. While we were doing that, right here, in our own back yard, thousands of children were languishing in the District's system. The Adoption and Safe Families Act should be a great guide and a blueprint for you as you work to reform the District's system.

I was told that the District has artificial boundaries imposed by the Court which prevent adoption by families outside of a certain radius. The new law breaks down unnecessary geographic barriers facing adoptive families and encouraging creative adoption efforts made on behalf of the children.

Ms. Meltzer said in her testimony today that the agency must engage in timely permanency planning so that children are quickly and safely either reunited with families or helped to find a stable and permanent adoptive home.

I agree, and this addresses my concern about a statement that she made in the *Washington Post* on May 4, 1997, she said, "I think we know that kids need families, and really, in the long run, they will do better with their own family than if they are given a substitute. No matter how great the adoptive family, kids, I think, want to be with their own families. So I think it is in the child's best interest to give a second chance, and a third chance, with all the supports."

Now, that mind-set was the reason Congress enacted reform last year. And the new law, as Congressman Camp has stated, places the utmost importance on the health and safety of the child above everything and everyone else.

One last issue, I am concerned that Mayor Barry may be trying to get out from under the Court order governing foster care. A few years ago, his administration tried unsuccessfully to persuade the D.C. Council to amend the City's foster care law to obtain relief from a Court order. I also read that the District was considering rewriting local laws to get out from under Court orders in four class-action lawsuits governing services to foster care. The City is currently running a surplus. I suppose that is pretty negligible when you have the problems the City has. Yet, the Adoption Unit is terribly under-funded to meet the needs of children awaiting parents. I hope this surplus is not at the expense of these children.

The District could be a pilot project for dramatic reforms, and I know that Senator Brownback is wanting to help through his work as Chairman of this Subcommittee. I understand that he and the witness from Kansas Department of Social and Rehabilitation Services will highlight the success of that Kansas is having in serving their children.

I congratulate you, Senator Brownback, and thank you for asking me to participate.

Senator BROWNBACK. Thank you for being here and for your interest and for your support of what I consider just a critical issue.

Congressman Dave Camp is our first witness. He is the author of the Adoption and Safe Families Act, which was signed into law last year. He has worked extensively on the issues of adoption prior to being elected to Congress and has certainly had a personal commitment once in Congress.

Congressman Camp, welcome to the Subcommittee. We are delighted to have you here.

TESTIMONY OF HON. DAVE CAMP, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MICHIGAN

Mr. CAMP. Thank you, Chairman Brownback. Thank you for the opportunity to testify before the District of Columbia Subcommittee, and I also want to acknowledge your interest in leadership in this issue and thank you for holding this hearing.

I also want to acknowledge Senators Grassley and DeWine who have shown a great deal of concern and have put forth a great deal of effort on this issue, on the issue of adoption as well. You and many people in this room played a vital role in the enactment of the Adoption and Safe Families Act.

I am pleased to be here today to discuss this new law and what it means for our children. As everyone knows, the law we enacted does make changes to our Nation's adoption laws, and that represents the culmination of 2 years of effort, which were based on a very simple principle, and that principle is our children come first.

When we began the reform process, we consulted with people who had been involved with adoption and foster care in order to try to get the best legislation possible. The new law provides guidance to States and encourages them through incentives to achieve more adoptions, and with these changes, we have given children a chance to become part of a permanent loving family.

First, this new law places the utmost importance on the health and safety of the child, and that, of course, was Senator DeWine's very specific contribution to this legislation.

We have heard over time many stories of children being returned to abusive homes only to face continued mistreatment. This new law will ensure that everyone involved in helping the child places his or her health and safety above all other concerns.

Second, the new law provides clear examples of when States would not be required to pursue reasonable efforts when reuniting a family, such as cases of murder, rape, or severe abuse. Those require special attention, and States should be able to quickly move a child who has suffered these atrocities or whose family these atrocities have been committed in into a safe and permanent home.

The bill also provides incentives for States to move children into adoptive homes. Foster care was intended to be a temporary answer, not a permanent solution. We have statistics that indicate our Nation's foster care children spend far too long in these temporary settings, and under this new legislation, States will be rewarded for permanency placing children in permanent loving homes.

Another important step taken in the bill is to establish a specific time period which States must begin to take concrete steps toward adoption, and over the years, it has become apparent that time limits may, in fact, benefit children in foster care. The law will ensure that every child is given the chance of moving into an adoptive home within a reasonable period of time as opposed to remaining in long-term foster care situations.

Obviously, the goal of the law is to make adoption easier and more frequent. Adoption is good for children. The reason is simple. Nearly every adoptive child is put in the middle of the best child-rearing machine ever invented, the family.

Children reared in families, especially two-parent families, grow up to do well on nearly every single measure, marriage, employment, education, avoidance of crime, and independence from welfare.

Given our current system and with the long stays in foster care, our bill simply requires States to begin the Court procedures to terminate parental rights after 15 months, and that will ensure that no child languishes in foster care while the system struggles to either reunite the family or to try to find a permanent home.

We have all read the reports which illustrate the importance of stability and permanence in a child's early life, and the longer the child waits to have the experience and stability of a permanent home, the more problems a child may have when growing up.

Our law represents an effort to make these changes, and, obviously, as we have heard and said before and as the Chairman mentioned, these are not about reports or statistics or new programs. This is obviously all about children, and each and every one of us here has an interest in helping our children. Some have adopted children. Some have had their own. I think that we find that we all are trying to work together to try to repair broken homes or to try to find a permanent home for a needy child.

So, by working together, I think we can build on these accomplishments and continue to improve the future for our children in

America, as well as in the District of Columbia. They deserve nothing less, and I appreciate the opportunity to be here and testify and would be happy to take any questions.

Senator BROWNBACK. Thank you, Congressman Camp, and particularly a great thanks for what you did this past year in the adoption law that we were able to put through, and, hopefully, that is going to do something across the country to encourage more adoption and sooner so that the children can be taken care of in an earlier fashion.

We have a whole series of panels that we are going to put forward. I think that rather than submitting or asking you questions, what I would invite of you, since you have worked so much in this area of adoption, is if you or your staff see or think of things that we ought to be considering or doing specifically in the case of Washington, D.C., either from your experience in Michigan or from working on this issue nationally, I would plead to you to get that to us as we try to craft what is the best response. How can we do this in the District of Columbia? We are going to have this hearing today, mostly informational and trying to gather input from various places, but, if you come across things you think could be helpful, I would invite your help.

Mr. CAMP. I would be happy to do that.

The Governor signed 10 new bills into law, which take effect April 1, and so we are going to be following this in our State as well. I would be happy to report back what our experiences are.

Senator BROWNBACK. Good. Thanks.

Mr. CAMP. Thank you.

Senator BROWNBACK. Do any other Subcommittee Members have any questions?

Senator GRASSLEY. Congressman Camp, I think the answer would be yes; however, but just let me suggest to you that the principles we applied the last 24 months on legislation affecting the Nation as a whole, would be applied to D.C. Hopefully this would solve the problems in D.C. as we have some States that had terrible problems and terrible records as well. Right?

Mr. CAMP. A resounding yes.

Senator GRASSLEY. Yes.

My other comment would be an admonition. Sometimes when we get legislation passed, we tend to forget about cooperative working relationships. We also tend to forget about the legislation we passed.

You and I and a lot of others that were involved in that task have the responsibility to make sure through oversight that the legislation works out the way that we intended.

Mr. CAMP. I know that in the Subcommittee, Chairman Shaw has agreed to continue to hold hearings on various aspects of the legislation we passed, and so I will commit to continue to follow that and do what I can to make sure that what we did was right, and if there are any other things we need to do, that we do them.

Senator GRASSLEY. Yes.

Senator BROWNBACK. Thank you very much, Dave. I appreciate it.

Mr. CAMP. Thank you, Mr. Chairman.

Senator BROWNBACK. I really would appreciate your input as to specifics of what things you may come across.

Mr. CAMP. Thank you.

Senator BROWNBACK. Thanks for your effort and your interest.

Senator BROWNBACK. Our second panel will consist of the Hon. Rochelle Chronister. She is Secretary of the Department of Social and Rehabilitation Services for the State of Kansas, and I will admit a bias. She is an old friend, a trusted friend who has been in various positions in State government, and is very responsible. I also will say I have traveled around the State after the changes have been made in Kansas, and most people are not hesitant to complain if they do not see things going right. People in Kansas have been saying things are going well and children are being put in homes, permanent homes, and they are being joined with families. I think that is just a great testimony.

Rochelle, thank you for traveling to Washington to talk about the experience in Kansas and perhaps what we might learn here from your successes and failures that you have experienced in Kansas. Welcome.

TESTIMONY OF ROCHELLE CHRONISTER,[1] SECRETARY, DEPARTMENT OF SOCIAL AND REHABILITATIVE SERVICES, STATE OF KANSAS

Ms. CHRONISTER. Thank you very much, Mr. Chairman. I do appreciate the opportunity to be here and to visit with you and the other Senators also as to what it is that the Kansas experience has been over a period of not really much longer than the last year and a half. So we are not really into the process very far.

As we have visited with other States—we held a symposium in November attended by 34 other States and Puerto Rico—who were interested in the privatization process that took place in Kansas, there were a number of questions that we are always asked, and I would like to kind of start off quickly with those.

The first one is, was this something that you are doing to save money, and the answer to that is a resounding no. It had nothing to do with saving money.

If we do happen to save some money in the foster care system, we have asked the Governor to reallocate that money into the front end, into the investigations and prevention end of child abuse.

The second one is, if you are trying to reduce the number of social workers, I think that is also a no; that we think that ultimately, for the entire system to work, not only the State system, but also the private system, there will have to be more social workers involved, and that we have to look to see what we can do to recruit additional social workers to the system.

If you want to help protect children, if you want an opportunity for social workers to concentrate on investigations of child abuse or if you want children to achieve a permanent home as quickly as possible, then I think Kansas can bring some things to the table that might be useful also here in D.C. and what it is that you are doing.

[1] The prepared statement of Ms. Chronister appears in the Appendix on page 51.

I would like to go through the packet that I brought with me rather rapidly, and I am not going to do all 23 pages, but only on those I think you will probably want to hear about. I would answer questions on some of them a little later, also, if you would like.

The first page really outlines what it is that the privatization of the Kansas child welfare system covers. When we started the system, the idea basically was to look and see how we could do a better job of the investigations, of the front end, of making a determination to see that children were safe.

In that, we also decided what it was that we needed to continue to do at SRS in Kansas, and on the left-hand, you will see the investigation, the Child Protective Services, Family Services, and Case Management were the things that we determined it was probably best for the State to continue to do.

Then, in cooperation with our not-for-profit partners, as you will see, we started the privatization process in July of 1996 with Family Preservation. We divided the State of Kansas into five regions. For those of you who might not be as familiar with Kansas, Kansas is 400 miles wide by 200 miles long, and the western part of the State probably has more cows than people in it. So we had services being delivered across the State unevenly. The eastern part of the State had a lot better service delivery system.

One of the other things that we wanted to do was to ensure that services were available all the way across the State of Kansas. We wound up with five contractors in the five regions. In adoption, which began in October, 1996, we went out once again for bids, and we were surprised, frankly, and a little alarmed when we had only one bid, but as we looked at that bid, we found that 13 non-profit major adoption agencies in the State of Kansas had all come together, and they had submitted a cooperative bid with Lutheran Social Services taking the lead for the services to be provided.

As we looked at what it was that they were suggesting they wanted to do, we were very pleased, and we have found that that has been a very positive thing to have had happen.

On the 1st of October, we transferred 730 children. As we look back on it now, we should have taken a little more time to make the transfer. That created kind of a mob scene in just simply the paperwork transfer, if nothing else, where we believe if we had taken a little time over a period of 2 to 4 weeks, it probably would have made more sense.

Finally, what my Commissioner of Children and Family Services is inclined to call "the grandmother of them all" was the Foster Care Privatization contract, which is also a reintegration contract.

We got a little smarter this time. We took 3 months in order to transfer the children. We broke it down into several different categories. We had gone with the five regions, again, this time. However, we found that two of the regions were won by the same contractor. So we wound up with only three contractors; once again, non-profits.

One of the main reasons we had gone to dividing the State into the regions was because we were concerned that our not-for-profit organizations might not have the financial resources to take on a very large project, even if we could help them with some up-front

money. What we were asking them to do was something that they had never tried to do in the past.

It also required a reorganization for many of them of their services and how they went about the entire process of delivering services.

We transferred almost 3,500 children in that 3-month time period, and as new children were coming into the system, we were also transferring them directly to the foster care organizations.

One of the main things that we wanted to do with our new system was to make it outcomes-driven. We felt like that was the way that we needed to go about ensuring that things were happening for children that were positive.

We had a focus on permanency. We made our contractors responsible for when the determination was made to return a child to the family. They continued to be responsible for that child for 6 months after their return to the family, and if the child comes back into foster care, they do not receive an additional payment. So this means that while they have pressure to return the child to the family, if the decision is made to return them too early, that can also have a financial impact on the contractors. So we believe they have been very careful about ensuring at what time they recommend that reintegration for a family take place or, by the same term, for the severance of parental rights and for the child then to be available for the adoption system.

We also wanted to integrate our social workers. We had had social workers who had become specialists in a lot of areas. As a result, one child might have five or six different social workers, but nobody was really responsible for what was happening in the life of a child. So we, as much as possible, now, when a child is assigned a social worker at the investigation end and if that child stays in the system all the way through to adoption, it will be the same social worker with that child. We have called that social worker, frankly, "the champion of the child." In other words, that is his or her responsibility to see what it is that is happening, to make positive steps towards a permanent decision for the child.

We also wanted to create an atmosphere of partnership with our outside organizations, and to promote creativity among delivery of services.

Because we have three different contractors delivering the foster care services, we also had the opportunity for them to come up with some different ways of how they might go about doing that, and they have shared ideas among themselves so that now they have pretty clear ideas as to what direction they need to go and what it is that they can do.

As I said, one of the things that we wanted to do was utilize our current providers in Kansas. We also had people come in to bid on some of the contracts from the outside, but the winning bids—and it turned out to be both in terms of a monetary and what the people who reviewed the bids believed were the best processes for what it was that should take place, turned out to be within Kansas. So we were pleased with that.

This is not a managed care system, but there are some of the same kinds of themes. It is outcomes-based. There is pooled funding to allow the contractors' decisions based on clinical need and

not on the funding streams. There is a case rate, and there is also continued responsibility for the family and the child post-achievement of the goals.

Mr. Chairman, beginning on page 5, there are some fact sheets telling things like how many SRS positions were affected. We did have about 200 positions that were affected over the three different privatizations. However, we put a hiring freeze on. Nobody lost their job as a result of privatization in Kansas. The hiring freeze allowed people, if they wanted to remain with the State, to move into open positions that were probably at least equivalent and sometimes actually even better positions with the State.

So, as we planned for what it was that was going to take place, that also gave us an opportunity to allow our social workers and clerical people who were working in these areas to also plan for where it was that they were going. We thought that was very important because it allowed them to concentrate on the process.

Was it easy? No, it was not easy. It's never easy when you make vast changes, and this was a vast change in what it was that was taking place in child welfare in the State of Kansas. However, we believe that the outcomes indicate that particularly in family preservation and in adoption, very positive things have happened in the State of Kansas, and you have our outcomes further back in the packets for what it is that has happened.

Foster care, we believe is also positive, but we, frankly, do not have the results yet to show that. The anecdotal evidence—and, frankly, I am not a proponent of anecdotal evidence in any way, shape, or form—would indicate that while there are problems that still exist, most of them are working better over time. Many of the difficulties, as our contractors have assumed some responsibility, particularly for some of the reports to the courts, indicate that they did not have the realization of what not getting a Court report done means when you stand before a judge. However, I believe that they are very quickly learning and that we are working through those difficulties, also.

Just to finish quickly, some of the indirect consequences that we found were that there were new relationships created between government and the private sector. Massive amounts of ongoing training were needed. You cannot just say, "OK, we have trained everybody. Now we are going to go on from there." We found that there were many, many times when we needed to go back and train and retrain and train again.

A high level of competition developed among our providers, and that was rather a surprise to us. We had not anticipated that, but we see it as being a positive situation.

There was a great deal of foster parent confusion. We did not do a very good job of helping our foster parents understand what it was that was taking place, and we would certainly go back if we were doing this again to ensure that the foster parents had a better understanding of how the system was changing and what it was because they had some long-established relationships that were no longer able to be maintained.

Also, we found that there was a lack of social workers in the State. When I made that decision to freeze hiring in order to ensure that State workers would have a job with the State if they

wanted it, frankly, I did not take into consideration the contractors who had hoped to hire a number of those people who were not going to be working for the State any longer.

I was concerned about the people who worked for me, and I probably should have taken those contractors into consideration because they had a difficult time finding trained social workers who were used to dealing with Child Protective Services.

One of the barriers that we have that I would like to mention to you all would be the potential loss of Title IV–E funds because the majority of the Title IV–E dollars are, of course, dedicated to foster care. As our foster care rolls come down, we lose that money out of the State from the Federal level that we would like to be able to put into the front end of our system and increase preventive services.

In closing, I would like to mention also our continuous quality improvement tool, which is kind of a fancy name for saying we have hired an outside researcher to look at what it is that we are doing while it is taking place, not to wait for 5 years and then say, "OK, Kansas did this but you could have maybe done this to improve the system."

We have just hired within the last few days that organization, which is entirely separate from Kansas. We made the decision that it would be better if it was not one of our universities, so there could be no indication that we were trying to influence the system, and we have just had that contract signed and we are ready to go forward now with an investigation of what is it that is happening and how can we continually change the system to make it better. That is James Bell and Associates.

That is, in a nutshell, what it is that is happening in Kansas. On pages 12 to 15, you have our Family Preservation measures and outcomes; 16 to 20, the adoption; and on 21 to 23, the limited amount that we have on foster care.

Senator BROWNBACK. Thank you very much, Rochelle. It is quite an impressive set of results and numbers that you have here, and I appreciate it, I know, all the work and the effort that you have put in to making this happen. Any time that you make these sort of changes, you have to be somewhat nimble that once you make the major change, you have got to be willing to adjust to fit what happens.

Ms. CHRONISTER. Yes.

Senator BROWNBACK. So we want to learn from those adjustments, too.

I will first go to Senator DeWine for some questioning of the Secretary.

Senator DEWINE. Thank you, Mr. Chairman.

Let me just say, I found your testimony to be absolutely fascinating, and I have a number of questions. I am not going to have enough time to get to all of the questions. I will try to keep my questions brief, if you can try to be as concise as you can in your answers.

Ms. CHRONISTER. I will do my best.

Senator DEWINE. I appreciate it very much.

A basic question, I am sure it is in the testimony, but I do not quite get it. How much of what you do has been privatized? I mean,

everything from, at the one end, trying to find adoptive homes to, at the beginning, investigating alleged child abuse, when the report comes in. How much of this whole pie has been privatized?

Ms. CHRONISTER. I would say roughly a third of it.

Senator DEWINE. Which third is it again?

Ms. CHRONISTER. It is really the back third with the exception of—it is after the investigation and the determination really is made of the fact that a family needs to have some assistance.

Senator DEWINE. After you have made the initial decision they need assistance. So the follow-up then has been privatized.

Ms. CHRONISTER. Yes.

Senator DEWINE. Is that right?

Ms. CHRONISTER. Yes.

One of the things that we found was that we believed that our social workers were involved in things that were not productive, and one of the main ones was that as I talked to social workers—and I would say I am not a social worker. A long time ago, I was a research microbiologist by training. So it is kind of a shock to me sometimes to try and figure out what is going on, but one of the things that we found was the many telephone calls when a child came into the custody of the Secretary and that child is then ready to be placed, a social worker would make 10, 15, or 20 phone calls to say we have X-child and they have these kinds of problems and they are this old and do you have a place for them, and, unfortunately, too many times the answer was no or that child is not appropriate maybe or we will take the child, but it will be a short term and then you are going to have to place him or her somewhere else within the next few days.

So they were spending a lot of nonproductive time; that now when they make that phone call, that one phone call to a contractor, and the contractor then places the child.

Senator DEWINE. OK, but the original, let us say, filing an action in court——

Ms. CHRONISTER. We do that.

Senator DEWINE [continuing]. You do that.

Ms. CHRONISTER. Yes.

Senator DEWINE. You make the initial appearance in court.

Ms. CHRONISTER. Yes.

Senator DEWINE. Then after that——

Ms. CHRONISTER. And we still continue to make an appearance in court.

Senator DEWINE. You still do overall—you are ultimately legally responsible.

Ms. CHRONISTER. Yes, we are still basically responsible. Yes. We are definitely still responsible for the child.

Senator DEWINE. The buck stops with you, ultimately.

Ms. CHRONISTER. Absolutely.

Senator DEWINE. That is the public accountability part of it.

In Kansas, how many children are in the Kansas child welfare system today?

Ms. CHRONISTER. On the child-in-need-of-care system and not the juvenile offender—SRS still have some hand in the juvenile offenders, although that is passing to a different authority and we are

kind of in the midst of that, but there are around 4,000 children who are actually in the custody of the Secretary.

Senator DEWINE. Noncriminal cases?

Ms. CHRONISTER. Yes.

Senator DEWINE. About 4,000?

Ms. CHRONISTER. Right in that vicinity.

Senator DEWINE. That would now give us kind of an idea of what we are dealing with.

Can you give us a brief summary of what you think the highlights are of this as far as what you have learned after a year and a half, as far as what the results have been? I know a year and a half is not very long.

Ms. CHRONISTER. That is right.

Senator DEWINE. It is not very long, but in a preliminary 60 seconds, what has changed?

Ms. CHRONISTER. One of the things that we have found is that families appear to be happy with the Family Preservation changes. We have had a very low percentage of families who lose their children after they have gone into Family Preservation, and those services were not available all the way across the State. They are now.

The second thing would be with adoption. Probably, the single thing besides just simply the increase in the number of adoptions and placements that are preparatory to adoptions would be that we are talking about an increase in the number of minority adoptions, as well as children who are 6 to 13 or 14 years of age. That is pretty significant.

Senator DEWINE. To get that—and, again, I apologize. I think I missed it in your testimony. I mean, do you put a bonus or a premium on adoptions? In other words, you are talking about outcomes-based. How do you reward the contractor for results in regard to adoption?

Ms. CHRONISTER. We have not—we have discussed that as being maybe the next step. Our contracts were set up for 4 years, renewable each year.

One of the things that we are considering would be maybe a bonus at the end for successful completion. We did not do that to start with.

In our foster care system, however, one of the things we did was a sharing of risk the first year. In that sharing of risk, it was that if our contractors were 10 percent above what we had agreed to pay, then we would go in and help pay, if they came in 10 percent below, which incidentally none of them did, they would share the money back with us, but the risk pool for the first year was to try and help determine what it is that is going on. We have changed that on the second year, and we no longer have a risk pool. It was also partly because of the start-up of the system.

Senator DEWINE. Even without a bonus system, you have seen an improvement in adoptions. Is that my understanding?

Ms. CHRONISTER. Yes. [Nodding head up and down.]

Senator DEWINE. And it is significant?

Ms. CHRONISTER. A 25-percent increase, total.

Senator DEWINE. That is significant.

Ms. CHRONISTER. Yes.

Senator DEWINE. Tell me what the downside is to doing what you have done, and let me specifically direct your attention to a statement that you made. I am not sure I wrote it down correctly, but you said they do not get paid anything extra if the child comes back into the system. Playing the devil's advocate here, if you create an economic incentive to do one thing, how do you get an objective decision that does not put the child at risk?

In other words, one of the arguments for the current system is no one makes money no matter what happens. In other words, it is theoretically at least the case worker out there and is neutral and makes a decision based on what he or she is seeing, but if you build an economic incentive in the system to do anything, don't you skew the results that way, and isn't it possible that in some cases that would endanger a child?

Ms. CHRONISTER. I think that what we would see was that in the past, the incentive for providers has been to keep their beds filled.

Senator DEWINE. Right, I agree.

Ms. CHRONISTER. This is no longer an incentive where you receive a certain amount for a child. We will provide you with—and I have to admit right now that I cannot remember whether it is 25 percent when you receive the child or whether it is 50 percent, and it probably says in the material. And then we pay again at 90 days and we pay again at 6 months.

Senator DEWINE. Excuse me. When you receive the child?

Ms. CHRONISTER. Yes, whether it is in foster care of whether it is an adoptive child.

Senator DEWINE. OK. Play it out with me. They then have this child in foster care.

Ms. CHRONISTER. Yes. [Nodding head up and down.]

Senator DEWINE. OK. Now let us say the child has returned to their parents. That has been worked out. Where does the money flow after that?

Ms. CHRONISTER. It is a set amount and you receive that set amount whether it takes you 6 weeks to return the child to their parents, or whether at the end of a year and a half, there has been a severance of parental rights and the child goes into the adoption.

Senator DEWINE. OK. Let us say the child has returned, and then let us say—we will make up our facts here. Let us say the facts would then indicate it is not working.

Ms. CHRONISTER. The child comes back into care, and the provider is responsible under their initial contract still, without additional money coming.

Senator DEWINE. But is the provider involved in determining whether that child comes back into care, or do you separate that?

Ms. CHRONISTER. No.

Senator DEWINE. OK. So that is your protection.

Ms. CHRONISTER. That is right.

Senator DEWINE. You build a firewall there. You all are making the decision the kid has got to come back——

Ms. CHRONISTER. That is right.

Senator DEWINE [continuing]. And they have got to basically eat it in the sense of the money.

Ms. CHRONISTER. Yes.

Senator DEWINE. So they are not making that decision based on their economic interest.

Ms. CHRONISTER. That is correct.

Senator DEWINE. OK.

Ms. CHRONISTER. Now, they may make a recommendation to us that the child should be returned or that the child should be returned to the family.

Senator DEWINE. OK. One last question. My time is up, but, Mr. Chairman, I appreciate your indulgence very much.

You mentioned on page 3 that one of your goals is to promote creativity. Do you want to give me a couple more examples of that? What is the creativity that you have seen in the private sector that has come back in the last year and a half that maybe you were not seeing in the old system?

Ms. CHRONISTER. I think that part of what it is that we have seen would be the reorganization of the contractors to deliver the services. They have had some of the same difficulties that the State has had in that this is a system that is totally in charge of a centralized organization or are they better off to have regional delivery systems, how do they need to go about delivering their training. Training. I cannot even begin to emphasize how important training is in order to see that the contractors and the people who work for them have a complete understanding of what they need to do. That is really the kind of creativity.

Senator DEWINE. And does that mean that they have figured it out it is in their economic interest to have the training and they have actually invested the money in the training? Is that what you mean?

Ms. CHRONISTER. Yes. Or, we will help them train.

Senator DEWINE. Or, you will help them train.

Ms. CHRONISTER. And we are doing a lot of that.

Senator DEWINE. Why did it take going to privatization to figure that out?

Ms. CHRONISTER. I do not think that it did because we did a lot of training internally already, but I think that, Senator, it has been kind of interesting. I was a member of the Kansas House of Representatives for 17 years and sat on the Appropriations Committee. So I had a view of what it was that was going on in SRS before I came to the agency.

One of the things that everybody kind of poo-pooed was how much work was really done by a social worker and by the agency. Everybody came in and beat up on SRS all of the time. I mean, it was standard operating and they are an easy target, frankly.

After we started privatizing some of this, it was very interesting to hear people come in and say to us, "We do not know how SRS ever did this and how they covered everything and how they paid for it in the time frame," and the initial reaction the first year from some of our advocates was they are not doing it as well as SRS did, and we said, "Whoa. Hello? For the last 20 years, you have been yelling at how poorly SRS did all of these things." So that was kind of an interesting sideline of what it was that happened.

Senator DEWINE. Kind of a reality check.

Ms. CHRONISTER. That is right.

Senator DEWINE. Good. Thank you.

My time is up. Thank you, Mr. Chairman, very much.

Senator BROWNBACK. Thank you. Thank you very much.

Rochelle, you have heard about the numbers in the District of Columbia system and the length of time and the number of children that graduate out of the system without ever being placed and the length of time it is taking to place children in foster care. If you were in the legislative position here now, how would you start off attacking this problem, legislatively? What would you look at? And then I would like you to devolve back to your authority and administrative branch of it. Then how would you look at it?

Ms. CHRONISTER. I think that one of the things that I would say is quit trying to manage the system from where you are sitting. Now, that is not something you much want to hear, but having sat on both sides, I find that I can get a lot more work done, and my folks can, too, if you will let me actually do it instead of coming in every 30 days and saying, "Well, let us do something different with the system." Let them present a system to you of what it is they really believe can happen and how they can go about making those changes and give them a little time to see that it is going to happen.

I have a legislative Post-Audit Committee that I have to keep talking to, to keep them from starting a post-audit on my foster care system that has only been in effect for 9 months now. It takes a great deal of time to deal with the questions that an audit wants to know about, and my folks need to be allowed and I believe the District's people need to be allowed to run the system for a while.

There will always——

Senator BROWNBACK. Let me ask you right here, if I could.

Ms. CHRONISTER. OK.

Senator BROWNBACK. Did you propose a legislative agenda of legislation that needed to be changed for you to be able to come forward with the proposals and the changes that you did?

Ms. CHRONISTER. No.

Senator BROWNBACK. You could do all of that within the framework of the laws you have?

Ms. CHRONISTER. Yes.

Senator BROWNBACK. OK.

Ms. CHRONISTER. And I would say, also, that you have every right to look and see what it is that is happening. I do not say for an instant that you do not, but give them a chance to make it work, that that is very important, without just beating up on people all the time.

Unfortunately, no matter what we do, there will always be children who will be abused. It is in our best interest, and "our" being the people of the United States, to try and divert as much as we can to prevention activities and to have an opportunity to see what it is that works in that area, also, and for that, I would refer you to the State of Vermont and my counterpart, Con Hogan, who probably has one of the best systems I have ever seen.

Senator BROWNBACK. Now put your administrative hat on.

Ms. CHRONISTER. OK.

Senator BROWNBACK. You are head of the D.C. Foster Care and Adoption Programs.

Ms. CHRONISTER. I think that, as I said, the opportunity to put the system together. It took me 6 months in Kansas, which is the State I have lived in all of my life, had a great deal of experience in what the systems were and a pretty good level of trust in me personally before I was even ready to make that first step, which was figuring out what it was that we needed to do to improve the system in Kansas.

We have a great need to have instant gratification all over this country in nearly every area, and a system that has been broken for years cannot be fixed overnight. So I would just urge you to support your administrator, to hear what it is that she says to you needs to be done, and to let her present you with a plan to do that.

Senator BROWNBACK. We will be able to hear from our administrator next. We have been under Court order, as you know, here for years in Washington, and, yet, the problem has continued, and so that is why it continues to get lots of people very concerned.

Ms. CHRONISTER. But that is true almost everywhere in the country. Nearly every child welfare system in the country is either under a Court order or a settlement agreement. I think there is something like 30 States that are involved in that, including Kansas, and I think that one of the things that people are beginning to realize is that may not be the best way to go about fixing a system that it has not worked; that the people within the system sometimes are tied into old ways of doing things as a natural result of the process that took place at the time that that Court order or settlement was put into place and are not given the opportunity to really look to the future and to find new and more positive ways of doing things.

Senator BROWNBACK. Let me pose this to you. If we have a 67-percent graduation rate, what should we set that objective to be?

Ms. CHRONISTER. I do not know because I am not sure what it was in Kansas, but we do have children—we have had and we still have children who age out of the system in Kansas.

Senator BROWNBACK. What is your objective now, though?

Ms. CHRONISTER. Our objective is to reduce the amount of time to a year that a child is in the system with the potential, although we run a dual-track system now, for severance of parental rights or re-integration of the family, so that it does not take us as long. If we do not know what is going to happen and whether or not the family can kind of get their lives reorganized so the child can go back to them, we do not lose all of that time, as we also prepare for what happens when there is a severance of parental rights. So we run the system as a dual system in Kansas now, and we think that will reduce the time that a child has to spend in the custody of the Secretary.

Senator BROWNBACK. Clearly, 5 years is too long.

Ms. CHRONISTER. Absolutely.

One of the things that I have said since I came to this job is that a week in the life of a child without a family and without a permanent placement is probably the same thing as 2 or 3 months in the life of an adult because a child cannot see what the potential outcome is. All they know is what is happening to them today and the fact that they are no longer with their family.

I am a believer in the absolute protection of the children, and that has to come first before the preservation of the family, but it also means that we have a real responsibility to determine as quickly as possible what the permanent solution is for that child.

Senator BROWNBACK. Did you work with the private sector in crafting your proposals, your bids that you had put out, and the parameters that you had put those bids out in?

Ms. CHRONISTER. We did. We worked with them. We gave them as much information as we could come up with, and then we had questions and answers. Once the potential RFP, the request for proposals went out, then we had limits and we did not individually answer questions, but questions were sent in to us, and parts of the proposal were modified as results of the answers that were given to everybody on those questions.

My commissioner, Teresa Markowitz, who spoke before the Congressman's Committee, is the one who put together a great deal of that in cooperation with our Department of Administration, where they had expertise in how you do bidding, but they had really no expertise in how you bid social services. So it had to be truly a team operation, and we are very pleased with the way that came out.

We have reams and volumes of information that we will be happy to share with anybody, and as I said, we had a conference November 1 where we had 33 States and Puerto Rico. I believe we had one Canadian Province there, also—that we kind of called, "The Good, the Bad, and the Ugly of Privatization," and what we would do again and what we would not, in which we were absolutely honest with people in telling them this is what we think we did right, this is what we think we did wrong, here is all of our materials, and we did provide them with everything that they wanted. We would be happy to continue to do that.

Now, we kind of did it because we had so many people calling and saying, "Come tell us about what it is that you are doing," and we finally had to say, like I said to you all, "Go away and leave us alone and let us do it, and then we will give you everything we know," and that was what we did, Senator.

Senator BROWNBACK. Thank you. I will leave you alone. [Laughter.]

I want to welcome Senator Craig here, who also is not a member of this panel, but because of his deep interest is here today, and I appreciate his attendance and interest in passing the adoption bill last year and helping us here on the District's problems.

Senator Craig.

TESTIMONY OF HON. LARRY E. CRAIG, A U.S. SENATOR FROM THE STATE OF IDAHO

Senator CRAIG. Rochelle, I will leave you alone because I did not have the opportunity to hear your full testimony, and I will read it. I have your charts, and I appreciate it, but in your response to both Senator DeWine and Senator Brownback, you have made several comments that are intriguing to me and I think very important. I say that in the backdrop of what we have done here in the last 12 months with the passage of the Adoption and Safe Families Act.

Let me ask unanimous consent that my statement become a part of the record, Mr. Chairman.

[The prepared statement of Senator Craig follows:]

PREPARED STATEMENT OF SENATOR CRAIG

Let me thank you, Mr. Chairman, for holding this very important hearing and for allowing me the opportunity to participate. I know you have put considerable energy into promoting adoption and foster care reform in the District of Columbia, and I think we all hope this hearing will help the efforts underway in D.C. by Ms. Jones and many of our other panelists.

The challenge that the District faces is truly formidable. However, as we were reminded last year when we were working on the Adoption and Safe Families Act, individuals and communities are capable of astonishing achievements in the name of protecting their children.

The new law wasn't intended to place new burdens on an already overburdened child welfare system. Instead, we tried to establish clear standards and performance measures along with the tools and incentives that local governments need to meet them.

It continues to be the strong belief of many in Congress, including myself, that the most effective and creative solutions for community problems generally come from the people who know the most about them—that is, local citizens and units of government. The State of Kansas has adopted what some people are still calling a "radical" experiment. I understand that the District of Columbia is also exploring the potential of public/private partnerships. I think we need to continue to do what we can here in Congress to encourage that kind of innovative problem-solving at the local level.

All of us here today are concerned about the welfare of the District's at-risk children. Although I do not serve on this Subcommittee, I share the Chairman's interest in helping to find workable solutions to the problems D.C. has been trying to overcome for so many years. With the kind of energy, talent and commitment we see here today, it is not far-retched to hope for success that will make the District's child welfare system a model for the Nation.

Although I probably will have to leave part way through the hearing, I look forward to reviewing all the testimony presented today, and the suggestions and observations that our excellent panelists have for us.

Senator BROWNBACK. Without objection.

Senator CRAIG. When you talk of training and the value of training, one of the things I think I am concerned about as we work with everyone to change the system is to change the mind-set of the old system to a newer, different system, and I suspect that training there will become an important factor. Would you agree with that?

Ms. CHRONISTER. That is correct, Senator.

Senator CRAIG. In your training, not only in developing the skills of the individuals involved, was that a factor in the training, was to change the mind-set of the SRS and people of——

Ms. CHRONISTER. Yes, that is, and, also, for the social workers who remained with us, to understand their new role. That their new role was a monitoring role, that they were no longer in charge of where that child went, and that was very difficult for some of them because they have a lot of personal interest in the children.

Senator CRAIG. One of the things that was pleasing last year to me as we worked through this, no one was out to condemn anyone in the current system versus a new system because we all recognize the tremendous amount that people gave, but the outcome was our frustration. You mentioned putting the safety of the child first. That is exactly what we recognized had to be done. Senator DeWine really pushed aggressively for that and appropriately for

that, and I think that is what it has to be. Our system was biased in a different direction up until we have changed it now.

The one-year goal that you have for a child in the system, is that going to be achievable?

Ms. CHRONISTER. It is moving down rapidly already. It was about 2 years, and now it is just a little over 13 months. So we believe it is achievable.

Part of it, Senator, that we believe you helped us tremendously on as far as particularly the adoption, but also the mind-set change that you all talked about, where some of the time frames that you put on the judiciary, where we have sometimes had difficulty getting our cases heard.

Senator CRAIG. Those are tough choices——

Ms. CHRONISTER. They are.

Senator CRAIG [continuing]. But necessary ones within the law, in the protection of the child.

Mr. Chairman, I have no more questions or comments, other than I think you are wise to suggest to us that we leave it alone and watch it.

One of the jobs we should do, though, I believe is to monitor——

Ms. CHRONISTER. Yes.

Senator CRAIG [continuing]. Because we are not absolutely sure that what we did and what is now in the new law is absolutely right, and we are never that sure. We have to work these things out and monitor them and have some level of measurement and indices of measurement as we move through this to make sure that the outcome is exactly what we had or as close to as possible what we had anticipated.

Mr. Chairman, let me thank you for this hearing and working with the District of Columbia. I hope those who are here today—and I am not going to be able to stay for all of their testimony—do not feel threatened by this because that is not the intent of anyone here, and it is certainly not our intent in working with all of the parties involved in our changes last year, but it was to make the system better. The idea of children being in the system as long as many of them have been, it is just we cannot accept that any longer as a society, I do not believe, and, yet, you are right abuse will continue and we will have those who will ultimately graduate out of the system, no matter what we do, but I think if we can bring these numbers down.

By the way, your apparently being able to do it in Kansas and do so with the adjustments in the law that we have made and us monitoring it and developing a trust and a relationship so that those folks out there are willing to come to us and say, hey, this is not working right, we need some fine-tuning, then I think in the end, we will all be much better off, but, most importantly, the children will be.

Thank you.

Thank you, Mr. Chairman.

Senator BROWNBACK. Yes.

Senator DEWINE. Mr. Chairman?

Senator BROWNBACK. Yes.

Senator DEWINE. If I could ask just one additional question.

One of the concerns that some of us have is that as we change this system, that the funding mechanisms set up by the Federal Government does not get in the way of what you want to do and what other States want to do; in other words, that it does not prohibit it or make it more difficult.

You mentioned in your testimony that the Title IV–E funding—you were experiencing some loss there, and because you are just doing it differently and you have a different emphasis. I wonder if you could elaborate on that, and if you could, explain to us where you think you are going to be in a year or 2 years or 3 years. In other words, is this going to get to be such a problem with the funding that it is going to stop you from doing what you are doing or make it more difficult? Just where does all that come into play? Because policy follows money.

Ms. CHRONISTER. Right.

Senator DEWINE. I mean, policy is impacted by money, and you may want to do something, but if the money is not there, you have got to make tough choices, and if the Federal Government in some way sets up a system that makes it counterproductive for you to do that, then maybe you will not be as innovative or bold as you want to be. Could you just comment a little bit on that?

Ms. CHRONISTER. I would be happy to. I think that what you have done as far as the new adoption bill and the bonuses that you have given to States is a very positive step.

I think that as far as we are concerned, as our cases drop, which we believe they will and we are seeing some of that take place, the loss of the Federal part of the funding, because children are no longer in foster care, could mean that some States or some entities might be concerned and not do some of the things.

I know that there has been discussion with the Congressman when he wrote the bill last year and put it together as to whether there was some way that we could move together to see that some of that funding transferred into that front-end prevention piece.

Kansas is dedicated to going ahead with the process as it is, no matter what. I have a Governor who is very supportive of issues that involve children, part of it because he has a 2-year-old adoptive child which has made a real difference in his life and which he will say that and has often publicly, but I think that it could very easily happen that the money saved would be lost. Being a former Appropriations Committee Chairman and knowing what happens when there is a loss of Federal funds and things are tight in a State, you could see a loss of funds to the system. If it could even be a partnership for every dollar that was reduced from the system as a result in the reduction of the regular Title IV–E funding, a State would be allowed to keep 50 cents of it and use it for prevention, and would be the kind of a thing which would give both sides a break and also encourage States to continue to go into the laboratory of the States and do some innovative positive kinds of things.

Senator DEWINE. Mr. Chairman, I realize this is a Finance Committee issue, and we always have to be very careful about this, but I just think this is something that we have to continue to monitor and be very concerned about because I think everyone agrees we need to move to sort of front-load this and to deal with prevention,

as our witness has testified so very eloquently. We need to make sure that the money flows there and follows that and allows the States to do what they want to do and allows them to be innovative and bold and to try to deal with the front end of the problem instead of the back end.

Senator BROWNBACK. And they are good suggestions that we can take on forward.

Senator DEWINE. Thank you very much.

Senator BROWNBACK. Thank you very much, Rochelle. As in every conversation I think I have had with you over the years, you have always both educated and trained and sometimes chided me, and all were needed and useful and good clarity on the issues. Thanks for what you have done in Kansas for the children.

Ms. CHRONISTER. Thank you for the opportunity to come and testify today. I really have enjoyed it.

Senator BROWNBACK. Good. Thank you.

We need to make an adjustment in the program and move from panel three to panel four, if we could, because panel four has some children in it that, frankly, they need to get back to class. So we have gone longer than we should have.

If we could welcome up panel four, Debora Caruth, and she is a District Foster Care parent, and then also we have Gordon Henry Gosselink, a child who has been placed with his pre-adoptive parents that are here to testify as people that have worked within the system, been in the system, and what comments they have about the system. So we are delighted to have both of you here with us today.

Debora, you might want to introduce who you have there with you, too. We did not have her on the program.

TESTIMONY OF DEBORA D. CARUTH,[1] D.C. FOSTER CARE PARENT

Ms. CARUTH. Good morning. My name is Debora Caruth, and this is Chantice, my foster daughter.

Senator BROWNBACK. Oh. How old is Chantice?

Ms. CARUTH. Chantice is 3 years old. She was coached to say that, but as you see——

Can you tell them how old you are?

Senator BROWNBACK. How old are you?

Chantice. Three.

Senator BROWNBACK. There we go. We are getting that down. Good. You are a beautiful girl.

Ms. CARUTH. I would actually like to have Chantice be taken out of the room because of the nature of my testimony. I would not like her to hear a lot of the different things.

Senator BROWNBACK. Absolutely.

Ms. CARUTH. But I did want to introduce her and show you what a wonderful child she really is.

Senator BROWNBACK. Chantice, we have some toys that the Senators play with out in the hallway, if you would like to go and have those. [Laughter.]

Thank you for bringing her.

[1] The prepared statement of Ms. Caruth appears in the Appendix on page 75.

Ms. CARUTH. Since I am the adult on the panel, I guess I will start.

Senator BROWNBACK. Yes. We would like for you to go first. Please feel free, too, to just testify from your heart. We can take your written statement into the record, or you can present it however you would choose to go.

Ms. CARUTH. As you see, I made a rather lengthy written statement, and I did so with the intention of people reading it and seeing the detail of a life of a small foster child within the system, as well as a foster parent, what you go through if you are at all an aggressive foster parent or a foster parent who has the time, maybe the resources to be able to take on a small child like this, especially by yourself.

I would like to start off by saying that I am a resident of the District of Columbia, and I am also an attorney at the Department of Justice. In my statement, I point out that as a resident, I do not have any representation in the Senate, and so my presence here, I hope, is with the understanding that the elected representation of the District of Columbia will be included in any type of reform.

I am more than honored and privileged to be before you today and to have someone address the issues because they are pressing. They were pressing before I, certainly, came into the system, and, unfortunately, they have been pressing a long time, but I do believe that the people of the District of Columbia and the elected representation of the District of Columbia need to be part of the system. And I was very pleased to hear several statements to the effect that it must be an inclusive process.

I became a foster parent mainly because I consider myself to be a successful person. I am from a very large, close-knit family. We are all doing very well, and I found this to be an opportunity to come forward and to, what everyone says, "do their part for the system, do their part for the children."

As a first-time foster parent, I do not want to judge the entire system. Chantice is my first foster child. She has been with me for almost 2 years now, but I do not have other experiences to draw on, and I do not want to make the entire system into my story, although because I believe my story is so ordinary and not extraordinary—I do not have a child who was used as a pin cushion, as we have all heard recently, or the parents have not murdered other children—but I believe my story is ordinary enough that it sheds a light on what the system is today.

I also want to echo the comments made by the lady from Kansas that the Receiver, now a new Receiver, needs the opportunity to be able to work with the system and implement change and progress.

I would like to stress two points with the foster care system as I see it as a foster parent. One is the best interest of the child, the best interest and safety and well-being of the child seems to me to be woefully under-served. I do not know how it got to this stage. I do not believe social workers come into this line of work with the thought that they will not be able to help children or that they are not helping children, in fact, but I believe that at this point in the system, either the social workers do not have time to put the care of the child first or it is just not happening. It has just broken down. It does not work. The children get the short end of the deal.

My second point that I would like to stress is that foster parents need support, and aggressive foster parenting should not be discouraged, which is what I found. I found hostility. I cannot even tell you. You can read my statement. The abuse of foster parents or just the lack of concern about the time and consideration that a foster parent expends is just not taken up, and in that—I will speak to it a little later, but in that, I include the types of support from your job and everything to get and maintain—recruit, maintain, and keep good foster parents. I think we would all like to see that.

I would like to see my friends take up the banner and become foster parents, but after what I have been through, I do not believe that I can really go advocate that to them and ask them to do that.

Senator BROWNBACK. Could you just build on that without—I mean, we can read it in the record, but what example is the epitome of where you feel, as a foster parent the system just fought you and was a system that you could not recommend your friends to be a part of? Do you have one example that is the epitome of it?

Ms. CARUTH. There are lots of examples. I believe my real turning point was when I planned a week vacation for myself and Chantice in Tucson. Actually, for me, it was going to be more of a business deal, but it was at a resort and it had child care, several pools, and I was actually born in Arizona, not far from Tucson, and I was looking forward to taking Chantice back there.

I made all of the arrangements to do this. I sent the DHS a form that they required you to fill out to be able to take a child out of a 50-mile radius of this area. I had done this on several occasions.

Chantice has been to Florida, Nebraska, and Colorado. I took her to Barbados last summer. Each time, I filled out the form. I sent it to the DHS office, and I never heard anything. And I went on the travel. There is nothing else to do.

The final time that I did that, the trip to Tucson, I sent the form and I did not hear anything. I made all the arrangements, and the Friday before I was to leave the following Sunday morning, the social worker called my office and left a message saying that I would not be able to take Chantice. DHS did not approve for me to take her on the travel.

Of course, I was upset. I called the social worker. I asked him what was going on, and he told me that I would not be able to do that. He said that would cut into the right of her father to have his weekend visitation.

I asked him to speak to his supervisor, and I asked for the name of that person's supervisor because all my plans were set and I saw no reason for this not to happen. And after I asked for the supervisor's name, he informed me, a bit reluctantly, that an emergency hearing was scheduled for that afternoon at 4 p.m.

I took off from my job at 4 p.m., went to the hearing. It turns out that the social worker, the day prior, had had an ex parte meeting with the judge, informed her of things that can only be labeled falsehoods about my trip and about what I was trying to do, and the judge and everybody present, it was clear to me, staged the hearing to let me know that they would not tolerate the type of be-

havior that I was displaying, which I think was mainly aggressive foster parenting.

The lowest point for me as a foster parent was when the social worker stood in court and the judge allowed him to address me, "Ms. Caruth, don't you ever threaten me." I took that to mean that because I had asked to speak to his supervisors, he took that as a threat, and I was not allowed to take Chantice to Tucson that week. She was required to spend the week with her father. She had never spent that much time with him.

I was happy to hear the person from Kansas say the amount of time in a child's life is treble—what we would normally think of. A week for her in that situation is quite a long time, and no consideration whatsoever was given to her being thrust in this situation for that time despite my having told her of our impending trip to Tucson. And that was despite several faxes that I had given to the social worker stating the maternal grandmother's belief that Chantice's father was currently using drugs.

I hired a private detective the week that Chantice was with her father, and the story was not pretty and it was one that kept me upset the entire time that I was in Tucson, but that type of behavior from the system, it just—as a foster parent, you just do not understand. If the child is going to be reunited with the family and the family is never going to be able to take her out of this 50-mile radius, what was 1 week in her life as opposed to the father missing a weekend visit?

Senator BROWNBACK. Give me in your own words what you think the system should do to encourage more responsible foster parents applying and being a part of the system.

Ms. CARUTH. I think the social service agencies need to work more closely with the foster parents. For instance, that was one example, but I have had numerous occasions where I was not informed that they were picking up Chantice and taking her to a visit, or that they were not picking her up, or where I was informed at the last minute that the plans were changed and that I needed to pick her up.

I tried to get communication going so that—let me know so that I can also let you know. Maybe she is not going to be there that day. You just cannot walk into a day care center and pick her up because maybe she has a doctor's appointment that day. I tried to get as much stability into her life as possible, and it just seemed like there was no communication. Foster parents do not see the file. They are not informed of Court dates. They do not know what is going on, and even now I sit here as an attorney who has now been to several of the hearings. Even now I still have never seen the file.

The last hearing, an emergency hearing, before Chantice's father's visits were ended, I received no notification whatsoever.

The other thing that I would like to point to is job constraints. I know that right now the law allows for people who adopt kids to go into court.

Senator BROWNBACK. Chantice is back here in the room.

Ms. CARUTH. The law allows adoptive parents to go to court, go to meetings, do what they need to do to adopt a child and take the

time from work to do it. There is no situation like that for foster parents right now.

My sitting here right now constitutes me taking a day of annual leave. Just yesterday, I got a letter from DHS to renew my license to become a foster parent. I have to take Chantice for a physical. I have to have a physical, and they need to do a home visit. All those things, I have to take my own personal leave, annual leave, or sick leave for the physicals and go out and do that. On numerous occasions, I have had to go to court. I have been called in by the D.C. Foster Care Monitoring Unit, all those types of things. It would be nice if employers, especially the Federal Government, were encouraged to allow us to do just as they allow volunteers to go into schools and read to students or become tutors. They allow them to take time from work to do that. It would be extremely helpful in my opinion if foster parents were given that same type of encouragement.

The three proposals I had—and I saw that the Receiver had also proposed the same thing, so I was very happy to see that—was having a Court system where the judges want to hear these cases, where the judges know the law and want to hear the cases and are interested in the best interest of the child, and I see the Receiver has also proposed that. I would encourage that type of system.

On top of that, for best interest of the child, I think you can go to—I have talked to judges in other States, including my home State of Colorado. I clerked for a judge who tells me the guardian ad litem system is woefully inadequate. I would not believe there is a State in the country where guardian ad litems are monitored at all.

I believe in the 2 years that I have had Chantice, the guardian ad litem has been to my house, I would not believe more than four times. One of the times, Chantice was asleep. They do not have any monitoring. There is nothing that is really making them advocate for a child, and so, in the courtroom situation, in my instance, you had a mother and her Court-appointed attorney, a father, his Court-appointed attorney, a grandmother, her Court-appointed attorney, the social worker, and the D.C. Corporation Counsel, if they chose to attend, and the guardian ad litem, myself and my retained counsel.

The guardian ad litem stands there and, with no knowledge whatsoever of what is going on in the life of the child, makes recommendations, and I mean that literally, without ever having talked to me prior to the hearing, will make recommendations about the best interest of that child.

So what I would like to see is some type of Child Advocate either within the Corporation Counsel system, but a head attorney who looks into child care issues, these abuse and neglect cases, and who guardian ad litems's report to, to make sure that people are standing in front of the Court and letting them know what the child is going through. I should not have to retain counsel to do that as a foster parent, but that is what I have had to do, and I currently have an attorney on retainer to do just exactly there.

With that, I am happy to take questions or let my young friend——

Senator BROWNBACK. I will tell you what we may do is, to go with Gordon at this time.

Gordon, thank you for coming here.

TESTIMONY OF GORDON HENRY GOSSELINK, D.C. PRE-ADOPTED CHILD

Master GOSSELINK. Thank you.

Senator BROWNBACK. Why don't you let us know what is on your mind?

Master GOSSELINK. The first thing I would like to say is good morning, and thank you for inviting me to come tell you a bit about myself and my experience as a foster child and my life now.

My name is Gordon Henry Gosselink. I am 13 years old. When I was 2 years old, I was put into foster care with my older brother, Joseph. Over the next 10 years, I lived in many different foster homes, sometimes with my brother, sometimes not. Some of the foster homes were good, but some of them did not work out very well.

Even though I was young, I moved around quite a bit. At the time, I did not know what adoption was, but I did know I wanted to be in a family where I was loved and treated nicely forever.

When I was older, I understood what adoption was, and I wanted to be adopted. It took a long time, and I was worried that I would not get adopted. So, at times, I was sad and lonely. I asked my foster mother all the time when was I going to get—when was I going to be adopted.

Last year, I met Rob and Mary Beth Gosselink at a Christmas party. When my social worker told me that two people were hoping to adopt me, I was really excited. I knew that this was the one.

I moved with Rob and Mary Beth last year at Easter time, and now I am part of the Gosselink family. Things are really great now. I am in seventh grade at Sligo Middle School. I have lots of friends. I like my neighborhood, and I am doing well in school. Best of all, I am with a family who loves me forever.

My parents now are adopting another boy named Ricardo who is 11 years old. I am looking forward to having a new brother. I know there are a lot of kids who are still waiting for a home. I hope they find homes, too, like me.

Thank you.

Senator BROWNBACK. Thank you.

Where is your brother, Joseph?

Master GOSSELINK. Right now, he is placed in a group home—it is called Taylor Manor—because he is having some problems in school with his behavior. So he will be in there for a couple of months, and then he will be out and live with his foster parents again.

Senator BROWNBACK. Do you get to talk with Joseph a lot?

Master GOSSELINK. Oh, yeah. I get to see him often, and I talk to my mom, too.

Senator BROWNBACK. What was it like for you those years going to—you said 10 years.

Master GOSSELINK. It was some rough times. I got whipped, and I got abused. I got yelled at. My brother, he got hit in his eye with a glass. It was tough.

Senator BROWNBACK. What would you do when things like that would happen to you, or your brother?

Master GOSSELINK. I would either just stand there and get whipped or I would either just yell out and scream. I would just run. I would just like run off, run around the house.

Senator BROWNBACK. Were you able to tell anybody afterwards when——

Master GOSSELINK. Oh, yeah. I told my social worker, and he told me to lift up my shirt and he saw some whips on me. So then that is when they immediately took me out of this foster home.

Senator BROWNBACK. Were you the one that pushed—did you do the pushing to be adopted, or was somebody advocating for you?

Master GOSSELINK. Yeah. I kept asking my social worker, can I please be adopted and when was I going to be adopted, and Rob and Mary Beth, they really pushed hard.

At one time, it was like they were not sort of like doing anything, and I was just getting so worried that I were not going to get adopted, but now they pushed really hard. A week later, I heard that I was getting adopted.

Senator BROWNBACK. Do you know if your social worker had been pushing for your adoption earlier? Did they talk with you that they were——

Master GOSSELINK. Oh, yeah. She said she was. She said she was trying, and I believed her, but I still like wanted—I did not care about—I was not really listening to what she said. I just wanted to be adopted.

Senator BROWNBACK. Yes. Now, are your parents here?

Master GOSSELINK. Yes. My dad is right there, and my mom is in Texas right now because she owns her own bead store and she is now doing a show out in Texas with my aunt.

Senator BROWNBACK. Do you have any statement or thoughts on the system, Mr. Gosselink?

Mr. GOSSELINK. I do not have any prepared statements.

I also want to thank you all for having us here today. I think it is a very, very important issue facing the kids in D.C. and across the country.

I agree with basically what everyone has said, and I really hope that there is some change to both the foster parent and adoption system here in D.C. I think that too much, frankly, if I could speak personally for a moment, was just on me pushing to find perhaps a child that we could adopt. We were approved for adoption in June of 1996, and basically did not get a phone call or any invitation or any notice that a child might be available until we were informed of this Christmas party that Gordon had mentioned about 6 months later, and we met Gordon at the party, and after that, things went pretty quickly, but I was a little disturbed and worried as well and impatient. I basically was calling and asking for progress and updates on whether or not there were any kids that might be available and never having the call returned and never having any progress.

So, I think DHS now, I really do believe, is completely overwhelmed with the current crisis. The social worker for the boy that we are currently in the process of adopting told me that he has 51 kids that he is now taking care of, and so I do not want to put too

much blame on DHS. It is just really a situation that has gotten out of hand and really needs to be corrected.

Senator BROWNBACK. Thank you.

You have very touching and very compelling stories and situations that you have been through, and I appreciate you coming forward.

Senator BROWNBACK. Gordon, thank you very much for testifying.

Master GOSSELINK. Thank you.

Senator DEWINE. Do you have any idea how many different homes you have been in?

Master GOSSELINK. I have been in at least five different homes. One, I stayed in for 4 years. The others, I just like stayed in them for a couple of months, and I have just been moving right along——

Senator DEWINE. OK.

Master GOSSELINK. Because they were getting bad.

Senator DEWINE. Ms. Caruth, you have stated that it would be good to have a Court system here the Court wants to hear cases. What do you mean by that? I think I quoted you correctly. If I misquoted you, tell me, but you had a couple of comments about the Court system, and I am just curious on your perspective both as a lawyer, but also as someone who has been in the system. What do you mean by that?

Ms. CARUTH. My sense is that the courts—these cases are placed in between otherwise an incredibly heavy docket for most of the judges on Superior Court, and I am not certain, at least with my judge—and, again, I am one experience, and it is a limited experience—but my sense is that the judge does not necessarily know the law that well. And, also, the Court system is for adults, and my sense is that adult concerns are addressed by adults for adults, and there needs to be a branch of the Court of some sort, where the judges are really interested in the children and that is their focus and that is what they do every day.

Senator DEWINE. Forgive me for my ignorance of the system in the District, but that is not true in the District of Columbia?

Ms. CARUTH. I believe the judges have full dockets, full criminal dockets. They handle a wide variety of cases.

Senator DEWINE. I see.

Ms. CARUTH. And so the abuse and neglect case that comes up and especially once a child is in the system and just the monitoring of the case is sandwiched in between everything else.

Senator DEWINE. You talked about the guardian ad litem system and who is representing who. Do you know whether or not the District has a CASA system? Are you familiar with that term?

Ms. CARUTH. Yes. I believe that there is, although I have never seen it.

Senator DEWINE. It did not impact on you, then. It was not in your case.

Ms. CARUTH. Not at all.

Senator DEWINE. Thank you, Mr. Chairman.

Ms. CARUTH. And if I may?

Senator DEWINE. Sure.

Ms. CARUTH. In your question to Gordon, I would just like you also to note that Chantice also has been in five different living situations prior to coming with me.

Senator DEWINE. And Chantice is 3, right?

Ms. CARUTH. Exactly.

Senator DEWINE. Thank you very much. I thank both of you. I appreciate it.

Thank you, Mr. Chairman.

Senator BROWNBACK. Yes. Thank you both very much. Ms. Caruth, for your diligence and determination, I appreciate that. Chantice, glad to have you here in the hearing room with us as well. Gordon, I hope you will come forward——

Master GOSSELINK. Thank you.

Senator BROWNBACK [continuing]. So I can shake your hand, and when you are considering college, Kansas State University is a wonderful institution for you. You have a bright future, young man.

Master GOSSELINK. Thank you.

Senator BROWNBACK. Thank you all very much.

Ms. CARUTH. Thank you.

Senator BROWNBACK. I would like to have our third panel come forward, if we could. We will get that panel situated.

Thank you all, and thank you for being patient and also for letting us jump the one panel before you. We needed to get some adjustments because we went longer than we have intended to.

Our final panel today is Ms. Ernestine Jones. She is the Court-Appointed Receiver for the District Child and Family Services; Judith Meltzer, who is here on behalf of the Court-Appointed Monitor, the Center for the Study of Social Policy; and Thomas Wells, the Executive Director for the Consortium for Child Welfare.

Ms. Jones, we will start off with you, and, goodness, you have a job in front of you. I am looking forward to hearing how you plan on tackling this.

TESTIMONY OF ERNESTINE F. JONES,[1] LaSHAWN GENERAL RECEIVER, DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES

Ms. JONES. Thank you. I hope my voice holds out. I have been battling a sinus infection, but, hopefully, it will work.

Mr. Chairman and Members of the Subcommittee, I thank you for the opportunity to testify on reforming the adoption and foster care system in the District of Columbia.

Today marks the 104th day of my tenure as the LaShawn General Receiver for Child and Family Services in the District of Columbia. I have given considerable thought and energy to the topic of this hearing. In the time allotted, I will first highlight the nature of the current challenges in the child welfare system nationwide.

Second, I will present some of the reforms needed in the District of Columbia that will address many of the failures of the system.

Third, I will provide general information about plans to reform the system in the District.

Recent statistics on out-of-home care reveal that a growing number of children are entering out-of-home care nationally. There are

[1] The prepared statement of Ms. Jones appears in the Appendix on page 89.

currently 3,116 children in the adoption and foster care system in the District of Columbia. This represents a 14.2-percent increase over last year. It is clearly documented that there is an adverse effect or an adverse relationship between the number of children in out-of-home care, the conditions under which families function, and the lack of societal supports available to assist them.

In the District of Columbia, as in other urban jurisdictions, an array of problems, including poverty, substance abuse, inadequate housing, HIV/AIDS, teenage pregnancy and violence, all combine to account for the growing number of children needing out-of-home placements. It is no wonder that many families affected by some of society's most insidious ills find themselves without the material and psychological resources to provide basic care and nurture for their children.

In the District, we are overwhelmed by the sheer number of children coming into care. Despite the focus on family preservation services and permanency planning, efforts of the Federal and State government, the number of children in care has significantly increased since the 1980's. Placement of children with relatives rather than in traditional foster homes has also been a growing trend in the 1990's due to the significant reduction of approved foster homes.

As this population of kinship care increases, States are faced with the problem of developing a service delivery system to accommodate this new child welfare placement situation. Currently, child welfare systems must plan for the implementation of the Adoption and Safe Families Act, which is the Federal policy intended to promote adoption or other permanent arrangements for foster children who are unable to return home. States will be forced to examine legislative, procedural, and policy changes to accommodate the law. The timeliness of decisions concerning reunification, termination of parental rights, and adoption is vital to improving the system.

In the District of Columbia, reforms are needed to ensure that all the responsible systems collaborate on behalf of the children in the child welfare system. As the Child and Family Services agency attempts to meet the demand of the Receivership by promoting and supporting professional standards of practice and effective policy initiatives, the involvement of key stakeholders is critical. We must coordinate our resources, create new policy and examine the mandates to determine if they, in fact, meet the needs of the families and children in the District.

The Child and Family Services agency lacks the resources needed to adequately service the more recalcitrant issues of substance abuse, homelessness, domestic violence, and poverty, all of which exacerbate the abuse and neglect in dysfunctional families. Ninety percent of the States report difficulty recruiting and retaining social work staff, as is true here in the District. The consequences of an inadequate number of staff to provide and plan for supportive services to families and children undoubtedly include extended lengths of stay in the system and delays in reunification and adoption. Reforms are needed in the development of the service delivery system, as well as training for staff.

As the General Receiver, I am committed to the development of a new Child and Family Services agency. Our mission is to protect

and promote the health and well-being of the children of the District of Columbia through public and private partnerships focused on strengthening and preserving families with services that ensure cultural competence, accountability, and professional integrity.

The first task was to develop a plan for restructuring the organization to accommodate a system of services that would lend itself to improved care of children in foster care and adoption, which we have completed and will be formally presented to staff in a few weeks.

Second, we had to make some decisions about what needed to be done immediately to develop the child welfare system and improve the service delivery. To achieve these tasks, we have found it imperative to work closely with other systems of care and advocacy groups such as the courts, mental health, education, health providers, private agencies, consortium agencies, and collaboratives. Our immediate service goals are to implement a Kinship Care program through legislation and policy, to develop a comprehensive health care system for children who are under our care, to design a community-based system of care through the collaboratives, to plan for the implementation of the Adoption and Safe Families Act, and to design a new system of intake to include abuse and neglect. For each of these areas, we have now established a work group who are developing specific initiatives to implement the service program.

I recognize that there are many hurdles to jump over in order to accomplish these tasks. I am pleased with the support and cooperation that I have received thus far. I will continue to equip and promote an improved child welfare system of care.

Thank you for the opportunity to speak to the Subcommittee, and I solicit your continued support for reforming foster care in the District of Columbia. Thank you.

Senator BROWNBACK. Thank you, Ms. Jones. I appreciate that, and we will have some questions afterwards.

Ms. Meltzer, welcome to the Subcommittee. We are delighted that you are here. The microphone is yours. You can either submit, if you would, your full statement into the record and summarize or you can read the statement, whichever you choose.

Ms. MELTZER. OK. I think I will do an amalgam. Good morning, Mr. Chairman.

Senator BROWNBACK. Good morning.

TESTIMONY OF JUDITH MELTZER,[1] SENIOR ASSOCIATE, CENTER FOR THE STUDY OF SOCIAL POLICY

Ms. MELTZER. Thank you for inviting me, and I appreciate the opportunity to testify and the fact that you are holding this hearing. For people who have been advocating for change to the child welfare system in the District for many years, it is important to have allies providing oversight from many different places, and this is very important.

I am with the Center for the Study of Social Policy, which is a non-profit policy research organization in the District, and we are the Court-Appointed Monitors of the District's child welfare system under *LaShawn A. v. Barry.* For those who do not know, *LaShawn*

[1] The prepared statement of Ms. Meltzer appears in the Appendix on page 92.

A. v. Barry was a landmark decision in 1991, and we continue now, since 1995, under a Court-Ordered Receivership.

The children covered under the *LaShawn* decree are the approximately 3,000 children in foster care, and somewhere between 4,000 and 5,000 children who live with parents and relatives, but need child protection assistance because there has been substantiated child abuse or neglect.

The problems that necessitated the *LaShawn* decree cover the entire system, ranging from the failure to properly respond to reports of child maltreatment to the failure to provide services to families when there is substantiated abuse or neglect, to the failures of the foster care and adoption programs.

My written testimony speaks to these problems, but the testimony of the panel before, I think, speaks volumes to the kinds of problems that still persist today and is far more powerful than the numbers that I could give you.

Unfortunately, the stories that we heard today are typical stories, and they reflect the fact that the system does not adequately serve either the families and children who are living at home with their families in the District, nor the children who come into foster care and the custody of the District.

I think it is important in putting the current system in context to understand that the system today is better than it was in 1989 and 1991 when the Court suit was first brought. It is nowhere near where we need it to be, but there have been improvements, as hard as it is to believe, given what we have heard and what we know.

The system was placed under Receivership in 1995, and Dr. Jerome Miller was appointed as the first Receiver. The Receiver has, by Court Order, all necessary authority to ensure full compliance with the Remedial Orders of the Court under *LaShawn A. v. Barry.*

Dr. Miller's tenure as a Receiver coincided with a period in which much of District Government remained in both financial and management turmoil, which made it even more difficult to reform a system, which is inherently one of the most difficult systems in government to reform.

After 20 months as Receiver, Dr. Miller resigned in June 1997, having spearheaded some improvements, yet failing to achieve many of the essential management and programmatic reforms required by the Remedial Order.

Progress was made in increasing the amount of Federal funds available to the District under the Title IV–E entitlement program and in establishing new ways of working with community partners.

In particular, Dr. Miller was instrumental in seeding the development of the Healthy Families Thriving Communities Collaboratives, which now exist in eight neighborhoods of the District with high concentrations of child abuse and neglect cases. Several of these collaboratives have begun to work in innovative ways with the agency, and as Ms. Jones has just said, she is hoping to continue that work as she begins the reform of the service delivery system.

Ms. Jones has now been on the job for 3 months, and she has devoted much of her energy to assembling a management team capable of reforming the system. She has been reorganizing to clarify functions and establish clear lines of accountability within the

agency, and she is working closely with front-line workers, supervisors, and community partners to restructure the service delivery system, to better serve children and families and to come into compliance with the Remedial Order.

As Court Monitor, we will be watching what goes on with the implementation over the next several years. We will be preparing quarterly reports for the Court and the public, and later this summer, we will conduct a case record review so that we can begin to assess what is happening in terms of children and families, not just relying on administrative statistics.

I want to briefly use the rest of my time to highlight several areas in which I think there has to be emphasis in moving forward.

First, the current system now divides responsibility for child abuse and neglect. As Ms. Jones alluded to, when the hotline receives a report of abuse, it is investigated by the police, and if a child remains in their home, even though there is abuse, they are served by a unit of the Superior Court called Court Social Services. If the child comes into foster care, they are served by the Child and Family Services Administration. If the report has to do with neglect, it is investigated by the Child and Family Services Administration and served by that agency. This is one of the only systems in the country that has this dual system, and it does not make sense. It is a historical artifact in the District, and it leaves too many children at risk. Keeping children safe requires very difficult decisions about when and how to intervene in families' lives, and the current system leaves opportunities for confusion and mistakes, which can and do result in harm to children.

Second, the agency has to do a far better job at identifying at-risk children and families and making services and supports available to them before children are mistreated and before the only answer is to remove the children into foster care. Almost everybody who has testified here today has said the same thing.

This is one of the areas where the work with the neighborhood Collaboratives is so essential. True reform of the system will require new relationships and sustained partnerships between the agency and the community, churches, schools, other District agencies, and neighborhood partners.

Third, the agency has to devote resources to supporting a stable and qualified work force. In fact, the staffing of the agency is better today than it was in 1989 and 1991. However, turnover is still amazingly high, running probably about 50 percent. Workers come to the agency right out of school. They receive little or no training. They are inadequately supervised, and many of them then leave in frustration.

In order to do the important job of child protection, the agency is going to have to devote its resources to giving workers the skills they need to do their jobs and then to holding them accountable for performing them.

Fourth, the agency needs to do a better job at developing and supporting a range of out-of-home placements for children who need to be removed from their homes. The earlier testimony about the fact that foster parents who are aggressive in advocating for the needs of their children are sometimes ostracized within the system is all too true. The agency has to recruit foster parents, train

them, monitor them, but also support them and include them as partners in the parenting of children. They also have to move forward with establishing a functioning kinship care program, which is so essential to the care of many children in the District of Columbia.

Finally, they have to develop a greater range of therapeutic options for the many children who are damaged because of their experiences in their families or their experiences in the foster care system.

Fifth, the agency and the local Superior Court must engage in timely permanency planning so that timely decisions are made about whether children can go home, and if they cannot go home, they have to be moved toward adoption. This requires taking full advantage of the new Safe Families Act and developing new ways of concurrent planning with the agency and the legal system to make sure that children are expeditiously adopted.

Currently, as we have heard, children stay in the foster care system in D.C. for 4 to 5 years before they move to adoption or are either emancipated from the system. We have to move that time frame way, way down.

Finally, the agency is going to have to achieve a range of management and infrastructure improvements, which are the building blocks of a functional child welfare system. These include budget and fiscal management reforms; continued efforts at revenue maximization through Title IV–E and other entitlement programs; human resources management (meaning a functioning personnel system); the development of an accurate MIS which can provide good, accurate, and timely data on what is happening with children; contracting improvements so that when the agency wants to contract with private agencies they can do it efficiently and quickly, and the development of a vastly improved performance monitoring/quality assurance program.

The District's child welfare system has been in crisis for too long, but there is no reason why it cannot be one of the best in the Nation. This is a relatively small system, and even though there is always the need for more resources, it is a relatively well-resourced system. It is our intent to work with Ms. Jones and her staff, as well as with the broader child advocacy community in the District to make this a reality within the next few years.

Thank you.

Senator BROWNBACK. Thank you, Ms. Meltzer. We will have some questions and discussion for you after the final presentation by Mr. Wells.

Thank you for joining us. You can read your testimony or you can summarize, whichever you choose.

TESTIMONY OF THOMAS WELLS,[1] EXECUTIVE DIRECTOR, CONSORTIUM FOR CHILD WELFARE

Mr. WELLS. I have a summary. Thank you.

Good morning, Mr. Chairman and Senator DeWine. Thank you for the opportunity to testify about our adoption and foster care system in the District. I am Tom Wells, and I am the Director of

[1] The prepared statement of Mr. Wells appears in the Appendix on page 139.

the Consortium for Child Welfare. We are the umbrella organization for the private non-profit family service agencies for the District, similar to the Children's Alliance in Kansas.

In the District of Columbia, like Kansas, we are forging new public/private partnerships for providing services to children and families. We have moved some traditional functions of the foster care system into the private sector such as the Foster Care Placement Identification Referral Office.

We have maintained a mix of foster care services with both the public and the private service providers. The distinction between the public agencies and private agencies is less important than the outcomes we hope to achieve related to keeping children safe and helping our families.

We are strongly committed to locating more services for children and families in the neighborhoods where they live. Neighborhood-based services is a key ingredient to a new system which can keep more kids safe and more families healthy.

We believe Ms. Jones, the new Receiver, is a capable expert in child welfare. We believe she is on the right track for reforming our child welfare system, but she does not have the authority to address one of the most important parts of our system which needs changing, the D.C. Superior Court.

A major component required for a new child welfare system which helps children move on with their lives and find permanent and safe families would be a family court. Only Congress can create a family court for the city's children and families. Regardless of the Receiver's good efforts, we will not be able to create a system which keeps kids safe while moving them onto adoption quickly when necessary without it.

Currently, the D.C. Superior Court is a court of general jurisdiction. Judges rotate through its divisions. Judges sit in the Family Division for 6 months. They retain the children's cases they have heard after they leave the division. It is possible for all 60 judges to have foster care cases. We will never be able to afford the number of government attorneys needed to cover all the judges' courtrooms where decisions are made as to the future plans for our children.

There are over 3,000 children in the D.C. foster care system, 1,000 more than 5 years ago. Our kids remain committed wards more than twice as long as the national average. The District's child welfare system will not be able to move the children's cases to permanency without centralizing the courts' functions into one family court. Without a consistent group of judges trained in the laws related to child welfare, we will be unable to implement the new Federal Adoption and Safe Families Act recently passed by Congress. We need your help in getting a family court for the District of Columbia. The reform of the District of Columbia's child welfare system will not be completed without it.

Thank you.

Senator BROWNBACK. Thank you very much, Mr. Wells.

Mike and I may bounce back and forth here. Let us run a clock on this so that each of us do not go to long because I have a lot of questions, and I am sure Mike does as well.

To start off with, this system has been in Receivership now since, what, May of 1995?

Ms. JONES. Yes.

Senator BROWNBACK. Three Receivers during that period of time? Just two Receivers since that period of time that have been in place? It looks as if things have deteriorated during the Receivership. Have plans just—and I am starting backing up from ground zero on this, but I have got a lot of questions and maybe you are just going to have to educate me on this. Why have not improvements been made during this Receivership? The court has been there. The court has been on top of it. The court has been monitoring it, and it does not appear that things have changed substantially.

Ms. MELTZER. If I could respond, when the system was put in Receivership in May of 1995, it was about the same time that the Congress was considering the Control Board in place. So, at that point in time, basically, the entire infrastructure of the District was falling apart. Bills were not being paid. Staff were not being hired. Things were a mess. Consequently, a lot of the reforms that had been achieved under the Court Order in 1993 and 1994 fell apart. The early progress was really stalled.

The selection of the Receiver was not without problems, and the person who was selected as a Receiver put most of his emphasis on the development of the relationships necessary for a community-based system and was working on seeding the development of the Collaboratives. Unfortunately, he paid little attention to the basic management and infrastructure building blocks that had to be put in place.

When the first Receiver was appointed, we (CSSP) withdrew as monitors because we did not think that you needed to have a Court-Appointed Monitor overseeing a Court-Appointed Receiver. We thought it was redundant.

When it became clear that the Receiver, for all of his vision creativity, was not paying attention to the management reforms that had to occur, we were reappointed by the Court, and that led to a process for the appointment of a new Receiver. So the fact is, that with the exception of a few areas of progress between 1995 and 1997, many of the problems that were there in 1995 are there today.

Senator BROWNBACK. Is the system the same, essentially?

Ms. MELTZER. The basic system is the same. The Receivership Order gave the Receiver considerable authority to both change the system, deal with the problems of the contracting system, the personnel system, but the Receiver who held that post did not use those authorities to restructure the system.

Senator BROWNBACK. So we had a failed system by Court decree that was not serving the children, and a Receiver that was put in place then that you are saying just did not use the authority that they needed to take the actions to change the system?

Ms. MELTZER. Yes. I would say for a period of time, he was unable to because he was trying to work cooperatively with the District Government—at a time when the District Government was both unwilling and unable to work cooperatively with the Receiver. That was probably true for the first year, but for the second year

of that Receivership, not much progress was made on the basic problems.

Senator BROWNBACK. OK.

Ms. JONES. Could I add just one other thing to that? One of the other factors that I believe was a major problem with that process is that when the Receivership was created, what you had happen was a division of a larger agency was pulled out from under the umbrella agency. Once that happened, the only way you could create an organization that could respond to whatever was needed then you had to reconstruct an agency that could be responsive to what was happening, whether it was program-related or operational.

The basic infrastructure that was there when it was a part of an umbrella agency no longer existed, and so you did not have in place the kinds of operational capabilities to handle things that have to happen in order to implement whatever you want to do. Without that, you had no basis on which you could address hiring staff especially if you do not have in place a personnel system that allows you to do recruitment——

Senator BROWNBACK. Right.

Ms. JONES [continuing]. Hiring the people, getting them in, getting them trained, if you have an individual who is running around trying to just react to put this person in. What you end up with is the inability to be able to adequately respond, to assist them. So you did not have an infrastructure in the agency.

Senator BROWNBACK. Ms. Jones, you are now put in charge of a failed system by Court determination, by factual information, you see here, and some of the things that is most troubling to me is that a child on average is spending 5 years in this foster care system, and I do not know how many homes bouncing to and from, and two-thirds of them graduate out of the system or grow too old in the system, rather than are placed.

Have you had the time to come up with a plan and say—"OK, my objective is going to be for the average child to be placed within 1 year in this system and here is how I am going to do it?" Have you had time to come up with those solutions?

Ms. JONES. No, I have not. What I have done in the first 3 months, the two principal things I focused on was, first, I had to assemble leadership in the agency that was capable of taking the respective problem areas if you would let me define it that way and laying out a plan so that we could, in fact, bring about change.

So what I did initially was to go out and try and find good, competent, experienced people who know what it takes to move a child in, move them through, and out of the system. That is not to say that you do not have staff there who could carry it out once you give them the direction and set in place policies and procedures because one of the things I must say is that we have identified very easily and very quickly that there are capable, competent people there, but it is like anything else. When you are trying to move a ship through the water, you have got to have somebody guiding and somebody directing which way it is going. Otherwise, you have competing forces. So that was the first thing.

The second thing was I needed to establish an agency that was constructed in a way that you could assign responsibility for those

respective areas, you could hold people accountable, and that is what we have done in restructuring the agency. Essentially, that is what we have done. I guess I have said I did not try and reform what was there. We have laid out a plan to build a new agency, and we are pulling into that agency the pieces that work, and the pieces that did not work, we are leaving out. That is essentially what we have done.

Now, our next step is to, in fact, lay out that plan that will address specifics with regard to the programmatic deficiencies that exist in the agency, but now I have people who I can hold accountable for doing those things, who can, in fact, set those things in motion, starting with just getting legislation in some of the areas.

Senator BROWNBACK. And you will set as your objective, "We are going to have this child placed in a home"——

Ms. JONES. Most definitely.

Senator BROWNBACK [continuing]. "Within 1 year"?

Ms. JONES. Well, depending on what the program area is, but, yes, one of the key things that we are doing is changing our system to accommodate the new legislation.

I, quite frankly, want our targeted goals to be higher than what we established as a part of the congressional mandate. When you have a system where you have got larger numbers of children already awaiting to be adopted, you do not want to move that incrementally in small steps. Once you get the system so it works, then you want to move children as quickly as possible.

Yes, we are moving to outcome-focused services, no matter whether it is placement, permanency placement, return home, preventive service, because I believe very strongly in the principle of, in fact, working with these families so that we ensure that these children do not have to come in care, and quite frankly, we have to provide the same assurance for children when they are adopted. The same kinds of problems that a family has who has their own job are going to be experienced by an adopted family. They have problems, that we do not want to forget—I think the absolute worst thing that can happen is to have a child adopted and then have that child return to us. We do not want that to happen either. That is all the way to the other side.

So we believe that it is important to build in services at the community level, no matter where the child is living, so that you have the resource to keep that child with that family.

Senator BROWNBACK. Senator DeWine?

Senator DEWINE. Mr. Chairman, thank you very much.

Mr. Wells, I am working on legislation to create the family court that you described, and I would welcome comments not just from you, but from the other members of the panel who would like to work with you in regard to any concerns that you would have as to how we do that. You are certainly three experts in this field who really understand what is going on in the District, and as you all have pointed out and as our previous panel pointed out, we want input from the District on this. We want input from people who are in the trenches and who have to deal with it every day. So I would just invite your input to me later on, and also anybody who is in the audience, we would invite your input very much.

Let me turn, if I could, to Ms. Meltzer, to a statement that you made in your written statement, and I would like to just read it and make sure I understand what it means and make sure how that system works. You point out on page 3, ". . . the current system . . . divides responsibility for child abuse and neglect . . .," and you say it must be changed. "Reports of child abuse are now investigated by the police and unless children are placed in foster care, child protection services for these children are provided by a unit of the Superior Court called Court social Services. Reports of child neglect are investigated by the Child and Family Services Administration . . . and those children and families are served by CFSA social workers."

I am not aware of any other jurisdiction that has that dual system. Maybe there are some, but——

Ms. JONES. No.

Ms. MELTZER. None.

Ms. JONES. There are none.

Senator DEWINE. Ms. Jones, I would invite your comment as well as Mr. Wells on this. What is your comment about that statement? Do you agree it is a problem, and why is it a problem? I think I know, but I would be curious to know your comments. I mean, does this pose a problem? It just seems to me to be a very strange division, but does it pose a problem?

Ms. JONES. Yes, it does.

Senator DEWINE. OK.

Ms. JONES. And we have taken it a step further. We are now working to, in fact, incorporate into the legislative package—we are in the process—let me lay it out—of rewriting——

Senator DEWINE. Right.

Ms. JONES [continuing]. The entire child welfare legislation, the legislative code that governs child welfare in the District. Incorporated into that will be the reconnection of child abuse and neglect under the same agency, but rather than do things piecemeal, what we are trying to do is look at the whole picture you have, the front end which is the investigative piece. Then you have the process that goes through the Court, which is another component that will make the system either work or not work. Then you have what happens to keep the child at home if, in fact, you can, and then you have the accelerated process to move a child into permanency if the decision is to remove that child, and then you have support services that will enable that child to stay where you take them. So we have already begun that process.

Clearly, I could take all day to tell you the problems that are created when you have to coordinate two services that are intertwined. Neglect can lead to abuse, and abuse can lead to neglect, and sometimes it is a judgment call as to which way it is. When you have two different agencies making those judgments, you almost always are going to have differences. Quite frankly, the big issue is what happens to the one that nobody decides anything about. Nobody addresses that. When you have it in one location, you have one place that is accountable, no matter what happens with that family. So we have already started that.

Senator DEWINE. Anybody else?

Mr. WELLS. Just that when it was created in 1977, it was a good idea, but they never came back to revisit it, and so it just was never fixed.

I think that one of the outcomes or one of the things that happens when we do it this way that is bad is—to go back to the testimony about Kansas, one of the things that Kansas is teaching us, it is creating outcomes that we want for children, rather than just looking at the process, like how many social workers and all the different hearings and such, but to what end. If we are going to move to an outcome-based system to say that our children are not going to be in foster care but this long, we are going to move them to adoption or reunification, more of an outcome-based system that I think that Congress envisioned with the new act, that with the bifurcated system, the Receiver cannot set outcomes that cover all our children that come into the system. So it is a difficult accountability problem if we move to an outcome-based system.

Senator DEWINE. Let me follow up the question that I asked the previous panel. Does the District have any kind of a CASA system or a version of that?

Ms. MELTZER. CASA?

Mr. WELLS. CASA. Yes, we do.

Ms. MELTZER. Yes.

Ms. JONES. Yes.

Mr. WELLS. And the Director, I believe, is here, but, yes, we do.

Senator DEWINE. How does that work?

Senator BROWNBACK. Please identify yourself for the record.

Ms. RADD. I am Anne Radd. I am the Director of the CASA program, and I think that our difficulty in the District in a single sentence is that not every child has the CASA. It is left to the discretion of the principals in the case as to whether they ask for a CASA; that we are asked for a CASA in those cases where a principal says I think a CASA can serve. We are not automatically entered into a case.

Senator DEWINE. Do you have any idea, or, Ms. Jones, what percentage of these cases CASA is involved in?

Ms. JONES. It is small, I would say. I do not have an exact number for you.

Senator DEWINE. Relatively small.

Ms. JONES. But I would say it is a small number.

Ms. RADD. We have 300 cases, 300 children.

Ms. MELTZER. It is 10 percent.

Ms. JONES. So it is about 10 percent.

Senator DEWINE. What is your ability? I mean, are you out of volunteers? Are you out of folks who can do this?

Ms. RADD. We are constantly—we do drives. We have about, I would say, 100 CASA's a year. That is what our experience has been.

Senator DEWINE. Ms. Jones, do you have any comment about the use of CASA?

Ms. JONES. Well, no. I come originally from the State of Maryland where we used them very effectively, and, no, I certainly believe that—one of the things that I have also been doing is reestablishing our working relationships with a lot of the community sup-

port groups, and they certainly are among the groups that we want to work with.

Senator DEWINE. Good.

Mr. Chairman, thank you.

Senator BROWNBACK. Thank you, Senator DeWine.

Ms. Jones, you have a tough job ahead of you, and we want to help you in any way that we can in improving the numbers in this system, and I know you want to get them down.

Could you identify for me what would be the three to five top measurements of progress that you would have as to whether or not you are getting the system improved and working the way you would like to see it done? What are your top priorities? When you say this, get to this point, what would be your top ones?

Ms. JONES. Well, I am not prepared to give you what those would be in terms of programmatic outcomes, specific numbers, but, certainly, an indicator would be the reduction in the length of time that a child has stayed in the system. Certainly, a reduction in the numbers of children coming into the system is an indicator, but what I am not prepared to say to you is specifically which ones, what those numbers might be, against the system we have. That is, however, one of the things we will be addressing in developing the next phase, which is to put together our programmatic reforms for the District child welfare system.

I would say later in this year, I would be prepared to share with you more specific information about exactly what we want to achieve because we are going to address specifics. The only way we can begin to change the climate, the way people view the program—you can achieve a self-fulfilling prophecy. You beat it down to the point where people finally give you your wish, and I am trying to turn it the other way and say let us move it up so that we achieve the other, and I believe you do that by targeting things that will allow you to achieve major accomplishments that speak to a new way of viewing how we deliver the services. So we are going to be doing that. When I am saying that, I am not talking 6 months out. I mean, my restructuring charge to the group was we are going to get this done in 3 months. I have been there 3 months. We have redesigned the agency. We are now just putting people in the boxes, and we are using that as an opportunity to move people around, get fresh thinking, unearth some of the inertia. I will put it like that. We have achieved that.

My next goal is that we are going to put together a reform plan for the program, and I expect to reconvene that body by early May. We will have a plan to synchronize so that we can tie it to other changes that are occurring in the District with the budget process. I mean, you cannot do these things without tying them to money.

Senator BROWNBACK. Do you have sufficient record systems in place, do you think, to track what is happening to children in the system?

Ms. JONES. No, but high on my list—and I was very fortunate in being able to recruit someone who is an excellent person for helping us to achieve the automation, to get our automated system up. I have kind of pulled out five major areas we targeted on, improving the fiscal system—and I was fortunate in getting a very experienced person at doing that because it takes a special skill to

understand not just managing money, but to understand the various Federal programs.

Just to hire a fiscal person does not achieve what we have to achieve. So I have looked hard, and I guess if I were to say to you what I feel most happy about now, it is that I have been able to assemble in a very, very short time—and I surprised myself—what I consider to be probably one of the best teams of talent that you could get. I have a woman who is a national expert in child abuse and neglect in Beverly Jones. I have a woman who pretty much wrote the book on kinship care in Sondra Jackson. I have a person who has more than 15 years of experience working with Federal and State financing in Milton Grady. I hired a person who knows both Federal and State operations with systems in Brenda Sligh. I have a person who understands District personnel actions and can help me not only recruit, but recruit so we can get people into the system quickly because many of our employees, the workers, are still on the District payroll, even though I have administrative responsibility for them, in Mary Montgomery.

So I have good solid leadership. They do not come much better than the people that we have been able to recruit.

Senator BROWNBACK. I am glad to hear that you are concerned about the records of the children in the system because in our preparation for this hearing, we were attempting to ascertain just the number of children.

Ms. JONES. Right.

Senator BROWNBACK. And we were having difficulty even finding somebody that could tell us this is how many kids we have in the system, which seemed to me to be a pretty basic kind of a number that one would want to have. If you need any help, I think there are a lot of people pretty good at tracking folks. I hope you can do that.

You have identified problems that you have had. What about linkages with privatizing a good portion of the services? You have had some limited experience, but a much broader set as a way of bringing in more hands and hearts into this system to help you out.

Ms. JONES. The District uses the private sector heavily to deliver our services. I would say right now about half of our services are provided through a network of private providers. Tom Wells represents the Consortium of private agencies that we use to deliver a number of the services.

What I would like to move to is to—one of the things that I think Kansas has done well and it is something that we have already started talking about—I believe we would get a better ultimate result if we could get providers in certain areas working as a team. So, in other words, rather than our having to contract with 10 providers who do therapeutic care, rather than have individual contracts, that we could establish more consortiums of provider services, which would enable us—enable them even to capitalize on the benefits of working as a pool.

Where we want to start with that is in health care. We are right now putting together a request for proposals, which I want to go out with in the District community to get a single health care provider for foster children, children under our care and custody.

Now, that could end up being a conglomerate or consortium of different providers, but I want to be able to package the whole thing. I want diagnostic assessments. I want mental health. I want diagnostic evaluations for developmental problems. I want primary health care.

Right now health care is all over the place. We get it. I mean, it depends on where the foster parent is, where they live, and trying to garner that to ensure that every child gets access to whatever the services are is the sole product of a worker and their ability to pull all of that together.

What I want to see is a delivery system that enables us to—we say these are the health care needs of these children, and this is what every child should at least have the opportunity to get, and for us to ensure that the quality of what they get is consistent. It is very difficult to monitor that when you could have 10 providers doing health care.

Senator BROWNBACK. Will you be considering the sort of broad-based contracting, bidding out along the line of what many other States are doing? It strikes me you are going to have to get a lot of other players into this system if you are going to move your timelines down to the dramatic degree that it would appear to most needs to take place for the kids. You are going to have to get more hearts and hands in here.

Ms. JONES. We have a fairly large provider service network in the District.

Senator BROWNBACK. I understand that, but it had not worked.

Ms. JONES. Well, let us say we have the resources. What we need is a better way of managing the utilization of those resources, and that is where I am headed now is to try and use what we have better and broaden the network of available resources in the areas where we do not have enough.

Senator BROWNBACK. I hope you are right on that, although it has been my experience that if you have got good people in a failed system, then the answer is not necessarily the people are wrong. It is the system has failed, and you are going to have to focus radically at the system, radically at it, and if you just hedge around the edges, well, you may improve this good person's efficiency from 35 to 43 percent, but you still have not gotten your timelines down from 5 years in foster care to 1 year. You have just got to go to radical departures because the system does not serve the people. The system does not serve the children.

So I would hope you would look very boldly in these areas, recognizing that any time you make bold changes, you are probably subject to more criticism and you probably put your job on the line a little more, but when a system is so radically failed, tinkering does not do it, and even 15 to 20 percent changes or alterations do not do it. You have got to go to new systematic approaches and be willing to recognize that, even with those, you are going to have failures. You are going to have to be willing to, once you make the big changes say, "Well, OK, this did not work. So we are going to have to change that." I do hope you will be willing to look at those.

Ms. JONES. Most definitely. In fact, that is part of what we are looking at are what are the new kinds of—or more creative services that we can, in fact, utilize, but we need to plan fully do that, and

I think the Secretary alluded to that in looking at their plan. You do need to lay out a plan for yourself on what are those dramatic changes that you want to make, and I am sure we are going to end up with some very different approaches than what has been used here historically in the District. And there is no doubt there will be some folks that may be upset. I mean, one of the things that I have said to people, I am not in business to make sure every provider gets as job. The question is what are the services these children need and who are the best providers and what is the best approach to use to address those—the children's needs. We are not here to maintain the agency that has been used, and that is a dramatic change.

Senator BROWNBACK. I have got some other questions just on knowledge holes that we have not been able to dig up that I would like to submit to you in writing, and if you could get back to us in a couple of weeks on those, I would sure appreciate it——

Ms. JONES. Most definitely.

Senator BROWNBACK [continuing]. As we try to build that up. I would like to have some ongoing dialogue between you and our staffs back and forth just to be able to see how things are going.

I do not want—and I cannot micro-manage, but I do hope that the goals can be set aggressively and then the systems be put in place realistically and boldly to be able to make those changes.

Ms. JONES. Thank you.

Senator BROWNBACK. Senator DeWine, do you have anything further?

Senator DEWINE. No, Mr. Chairman. I just want to thank you again for holding this hearing and thank our panel, and frankly all of our panelists. I think it has been a very, very helpful hearing, and very insightful. Thank you.

Ms. JONES. Thank you.

Senator BROWNBACK. It has been. Thank you very much, all of you.

Ms. MELTZER. Thank you.

Senator BROWNBACK. We all have the needs of the child in heart, and God's speed, we are going to need it.

Ms. JONES. Thank you.

Mr. WELLS. Thank you very much.

Senator BROWNBACK. The hearing is adjourned.

[Whereupon, at 11:53 a.m., the Subcommittee adjourned.]

APPENDIX

State of Kansas
Department of Social
& Rehabilitation Services

Rochelle Chronister, Secretary
Janet Schalansky, Deputy Secretary

Teresa Markowitz, Commissioner
Children and Family Services

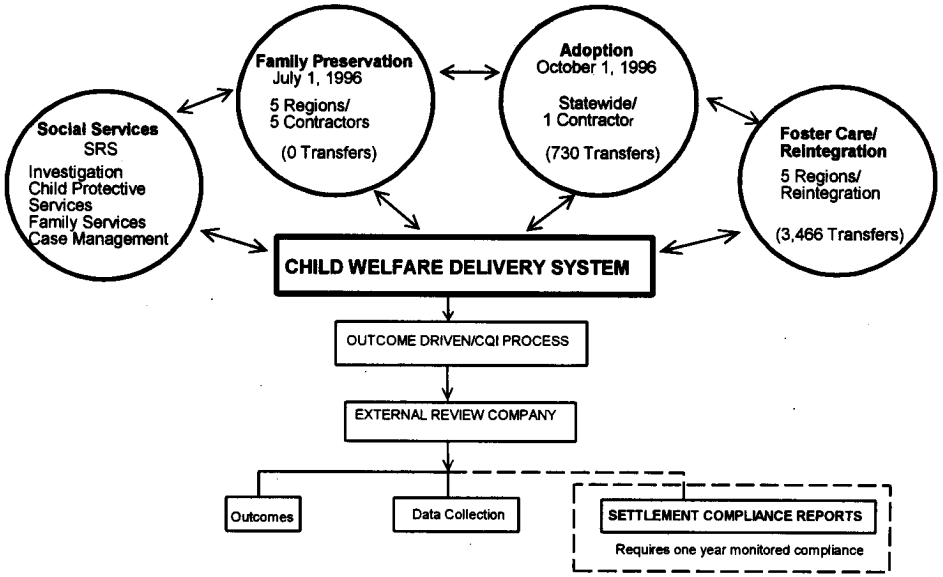
U. S. Senate Committee on Governmental Affairs
Subcommittee on Oversight of Government Management, Restructuring
and the District of Columbia
February 12, 1998

Testimony: Reforming the Adoption and Foster Care System in Kansas

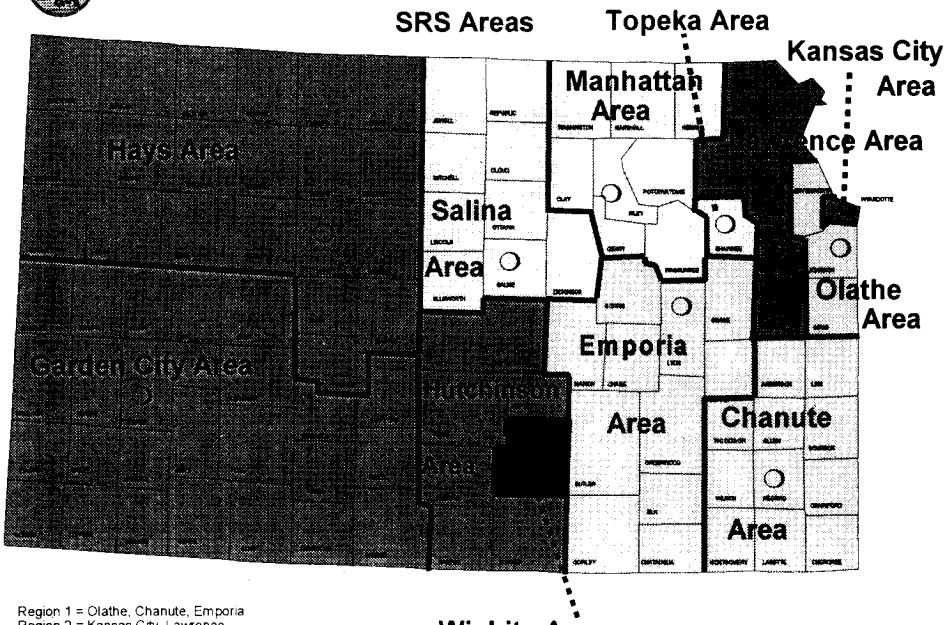
---

Kansas Department of Social and Rehabilitation Services
Rochelle Chronister, Secretary
(785) 296-3271

KANSAS CHILD WELFARE INITIATIVES OVERVIEW



STATE OF KANSAS



Region 1 = Olathe, Chanute, Emporia
Region 2 = Kansas City, Lawrence
Region 3 = Topeka, Manhattan, Salina
Region 4 = Hutchinson, Hays, Garden City
Region 5 = Wichita

WHY MAKE ANY CHANGES?

1. Focus on Permanency.
2. Provide equitable services.
3. Public agency workers to focus on child protective services.
4. Outcome driven system.
5. Integrated Public Agency Worker.
6. Create atmosphere of partnership.
7. "Old world" incentive was to keep beds filled - Now it is permanence.
8. Promote creativity among those providing services.

DESCRIPTION OF PRIVATIZATION IN KANSAS

1. Ability to utilize current providers in Kansas.

2. No current Kansas provider large enough to do all of the delivery.

   A. Divided state geographically into five areas.
   B. Divided delivery system into three: Family preservation, Adoption, Foster Care.

3. Utilize contractor/subcontractor design.

4. Not "managed care" but some common themes:

   A. Outcome based service delivery system.
   B. Pooled funding; to allow contractors' decisions based on clinical need, not funding stream(s).
   C. Case Rate
   D. Continued responsibility for child/family post achievement of goal(s).

5. Public Agency (SRS) will continue to maintain responsibility for child protective services, investigation.

FACT SHEET: FAMILY PRESERVATION

IMPLEMENTATION DATE: July 1, 1996
NUMBER OF PROPOSALS SUBMITTED: Thirteen (13) agencies submitted bids for one (1) or more Regions
SRS POSITIONS AFFECTED: 114 FTE (all offered other positions within SRS)
SRS ESTIMATED COST: $3500.00/Family
GEOGRAPHICAL DESIGN: 5 Regions

REGION/AREA OFFICE(S)	CONTRACTOR	RATE/FAMILY, YEAR 1	PROJECTED # TO SERVE
(1) Chanute, Emporia, Olathe	Kaw Valley	$3320.00	491
(2) Kansas City, Lawrence	Wyandot Mental Health	$3274.00	745
(3) Topeka, Manhattan, Salina	Kansas Children's Service League	$3627.00	437
(4) Garden City, Hays, Hutchinson	St. Francis	$3750.00	351
(5) Wichita	DCCCA	$3350.00	403

FACT SHEET: ADOPTION

IMPLEMENTATION DATE: October 1, 1996

NUMBER OF PROPOSALS SUBMITTED: One (1)

SRS POSITIONS AFFECTED: 29.7 FTE (All offered positions within SRS)

SRS ESTIMATED COST: $13,756.00/Child

GEOGRAPHIC DESIGN: Statewide

AWARDED CONTRACTOR: Lutheran Social Service of Kansas and Oklahoma, Inc.

AWARDED CONTRACT RATE:

Year 1: $13,566.00/Child

Year 2: $14,136.00/Child

Year 3: $14,746.00/Child

Year 4: $15,376.00/Child

PROJECTED NUMBER TO REFER: 325-425 Children annually; in addition, 730 children transferred October 1, 1996.

FACT SHEET: REINTEGRATION (FOSTER CARE)

IMPLEMENTATION DATE: 3-1-97 with transition completed by 6-1-97.
NUMBER OF PROPOSALS SUBMITTED: Seventeen (17) proposals.
SRS POSITIONS AFFECTED: Estimated at 63.5
SRS ESTIMATED COST: $13,692 per year/$15,061 per case
GEOGRAPHICAL DESIGN: Five (5) Regions (the same as Family Preservation)

REGION/AREA OFFICE(S)	CONTRACTOR	RATE/CHILD: YEAR 1	PROJECTED # TO SERVE
(1) Chanute, Emporia, Olathe	Kaw Valley Center	$12,860.00	980
(2) Kansas City, Lawrence	Kaw Valley Center	$12,860.00	1,070
(3) Topeka, Manhattan, Salina	Kansas Children's Service League	$15,504.00	740
(4) Garden City, Hays, Hutchinson	United Methodist Youthville	$13,550.00	850
(5) Wichita	United Methodist Youthville	$13,550.00	790

INDIRECT CONSEQUENCES

1. With success of outcomes comes reduction in specialized service providers.
2. New relationship between government and private sector.
3. Massive amounts of on-going training.
4. High level of competition develops among providers.
5. Policy makers/stakeholders concerned that there are no longer advocates with unbiased views.
6. Foster parent confusion.
7. Lack of social workers in the state.
8. Increased appreciation of public employees.
9. As data becomes more available, some may want to use data in negative ways.
10. More unified effort to celebrate the successes.
11. Potential increase in length of stay:
    A. As new workers familiarize themselves with system,
    B. Judges become more comfortable
12. Subcontractors not wanting to subsidize contractors with philanthropic work.

BARRIERS

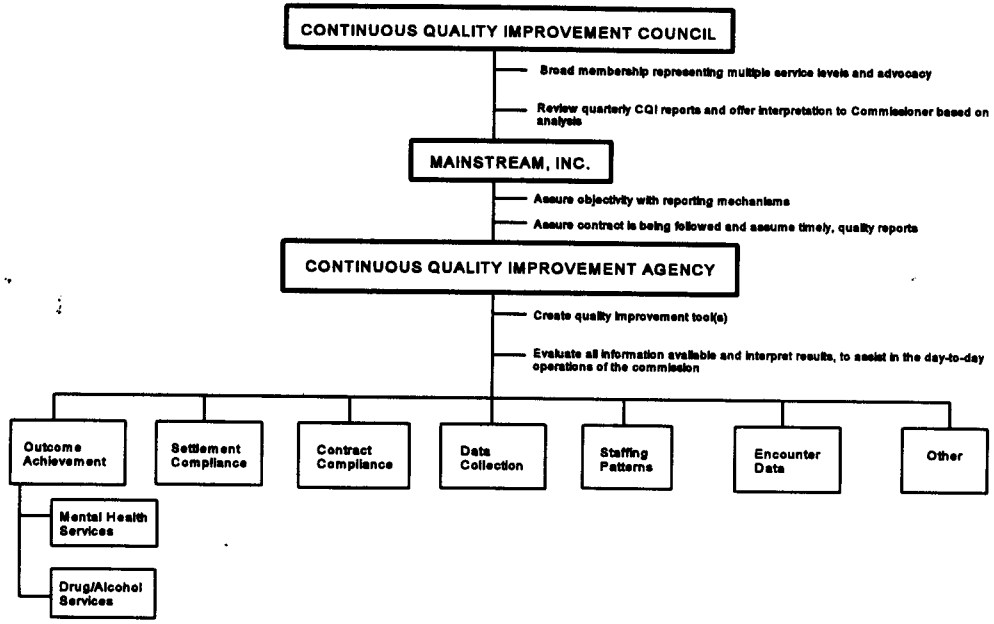
1. Lack of comprehensive data.
2. Potential loss of IV-E funds (majority of IV-E dollars dedicated to "foster care").
3. Attitudes of mistrust.
4. Attitudes of devaluation of previous efforts.
5. Magnitude of paperwork required for eligibility and utilization to access multiple funding streams: Title XIX, XX, IV-B and IV-E.
6. Timeliness of Judicial System in responding to motions to terminate parental rights.
7. High energy level, can it be maintained.
8. Building a foundation that lasts beyond current leaders.
9. The need for some to see change as a destination rather than continuous improvement, as is intended.
10. Inability to determine actual dollars previously spent for children's services.

TIMELINES

ACTION	1996 Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	1997 Jan	Feb	Mar	Apr	May
I Family Preservation																	
RFP Issued	■																
Pre-Bid Conference	■																
Proposals Due		■															
Proposals Evaluated		■															
Negotiations			■														
Contracts Awarded			■														
Training				■	■												
Implementation						■											
II Adoption																	
RFP Issued			■														
Pre-Bid Conference				■													
Proposals Due					■												
Proposals Evaluated					■												
Negotiations					■												
Contract Awarded																	
Training								■	■								
Implementation										■							
III Reintegration																	
RFP Issued						■											
Pre-Bid Conference								■									
Proposals Due									■								
Proposals Evaluated									■	■							
Negotiations										■							
Contracts Awarded											■						
Training												■	■	■			
Implementation															■	■	■

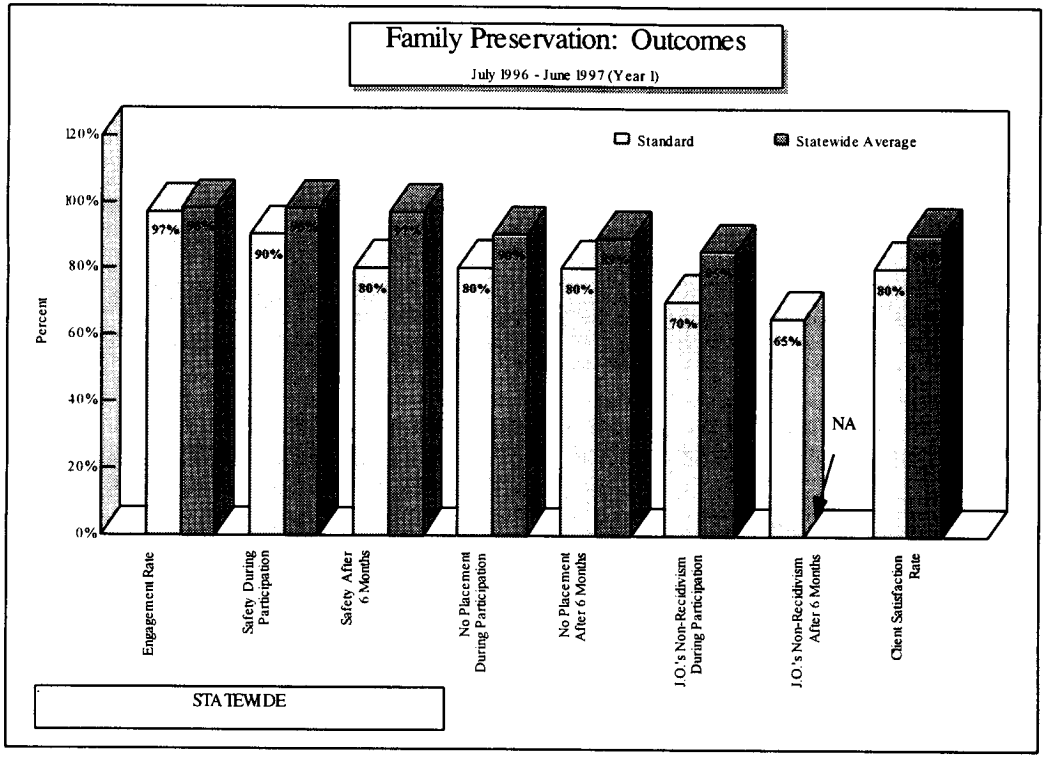
COMMISSION OF CHILDREN AND FAMILY SERVICES

CONTINUOUS QUALITY IMPROVEMENT TOOL



FAMILY PRESERVATION
YEAR 1

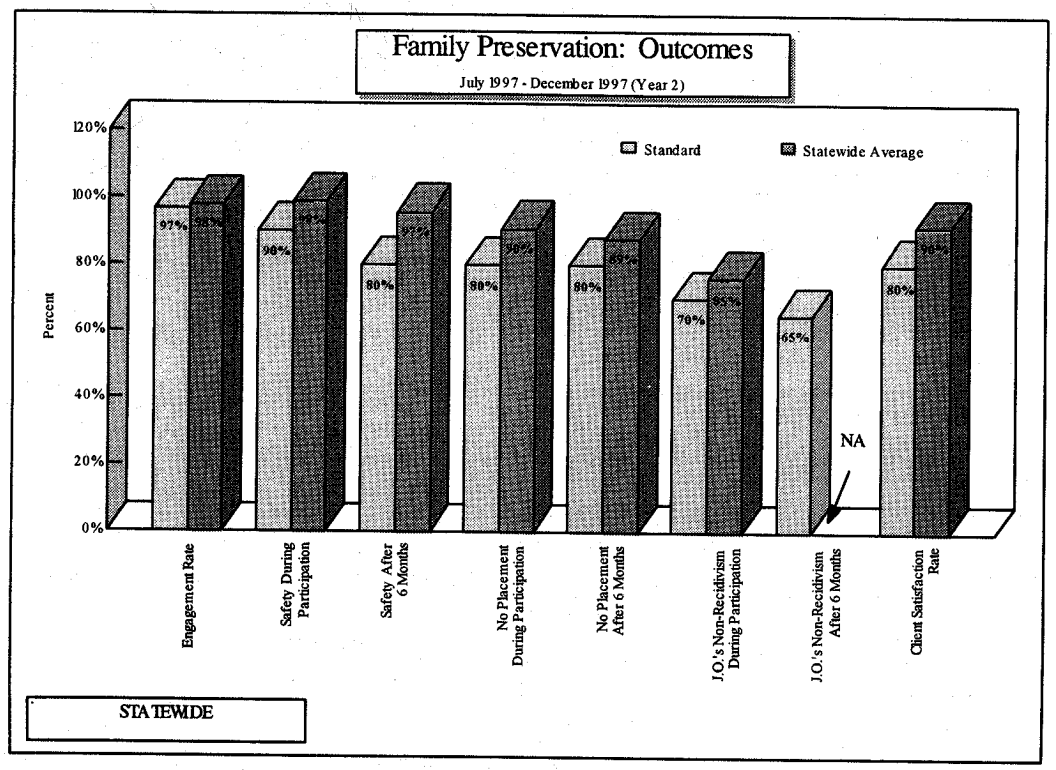
	MEASURE
Outcome #1:	Contractor shall accept all SRS referrals.
1.	97% of all families shall be engaged in the treatment process.
Outcome #2:	Children will be safe from abuse and/or neglect.
1.	90% of families will not have confirmed abuse or neglect during program participation.
2.	80% of families successfully completing the program (no child removed from the home) will have no confirmed reports of abuse or neglect within six months of case closure.
Outcome #3:	Children will not require out of home placement. (Note: Short term respite care is not considered an out of home
1.	80% of families will not have a child placed outside the home during program participation.
2.	80% of families successfully completing the program (no children removed from the home) will not have a child placed outside the home within six months of case closure.
Outcome #4:	Adjudicated juvenile offenders will not re-offend.
1.	70% of adjudicated juvenile offenders participating in the program will not be adjudicated for an additional offense during participation.
2.	65% of adjudicated juvenile offenders successfully completing the program (no re-offense or placement) will not be adjudicated with an additional offense within six months of case closure.
Outcome #5:	Petitions filed to remove child in cases of severe or continued maltreatment.
1.	Documentation provided on families who have children removed during the contract period in cases of continued or severe abuse or neglect.
Outcome #6:	Family members will be satisfied with services provided.
1.	Participants (parents and youth ages 14 through 21 living in the home) will report 80% satisfaction measured by the Client Satisfaction Survey 30 days from the start of the program.


Family Preservation: Outcomes
July 1996 - June 1997 (Year 1)
Standard
Statewide Average
Percent
120%
100%
80%
60%
40%
20%
0%
97%
90%
80%
80%
80%
70%
65%
80%
NA
Engagement Rate
Safety During Participation
Safety After 6 Months
No Placement During Participation
No Placement After 6 Months
J.O.'s Non-Recidivism During Participation
J.O.'s Non-Recidivism After 6 Months
Client Satisfaction Rate
STATEWIDE

FAMILY PRESERVATION
YEAR 2

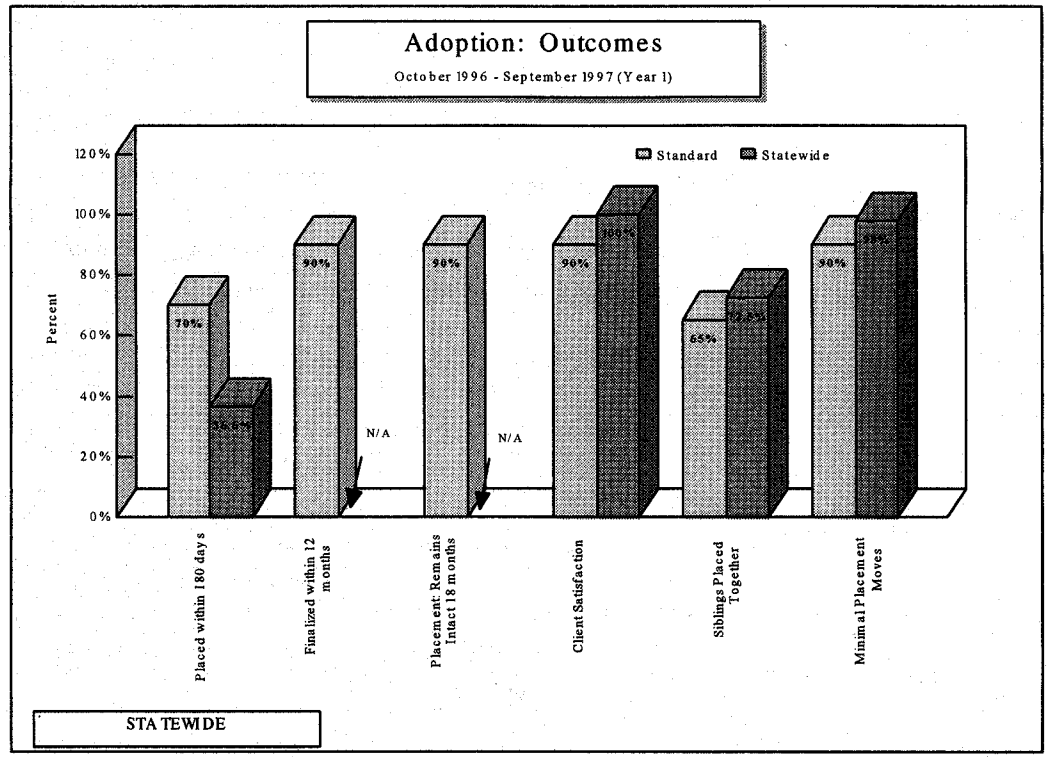
	MEASURE
Outcome #1:	Contractor shall accept all SRS referrals.
1.	97% of all families shall be engaged in the treatment process.
Outcome #2:	Children will be safe from abuse and/or neglect.
1.	90% of families will not have confirmed abuse or neglect during program participation.
2.	80% of families successfully completing the program (no child removed from the home) will have no confirmed reports of abuse or neglect within six months of case closure.
Outcome #3:	Children will not require out-of-home placement. (Note: Short term respite care is not considered out-of-home.)
*1.	80% of families will not have a child placed outside the home during program participation.
2.	80% of families successfully completing the program (no children removed from the home) will not have a child placed outside the home within six months of case closure.
Outcome #4:	Adjudicated juvenile offenders will not re-offend.
1.	70% of adjudicated juvenile offenders participating in the program will not be adjudicated for an additional offense during participation.
2.	65% of adjudicated juvenile offenders successfully completing the program (no re-offense or placement) will not be adjudicated with an additional offense within six months of case closure
Outcome #5:	Petitions filed to remove child in cases of severe or continued maltreatment.
*1.	~~Documentation provided on families who have children removed during the contract period in cases of continued or severe abuse or neglect.~~ **Deleted**
Outcome #6:	Family members will be satisfied with services provided.
1.	Participants (parents and youth ages 14 through 21 living in the home) will report 80% satisfaction measured by the Client Satisfaction Survey 30 days from the start of the program.

New for Year 2


Family Preservation: Outcomes
July 1997 - December 1997 (Year 2)
Standard
Statewide Average
Percent
120%
100%
80%
60%
40%
20%
0%
97%
90%
80%
80%
80%
70%
65%
80%
NA
Engagement Rate
Safety During Participation
Safety After 6 Months
No Placement During Participation
No Placement After 6 Months
J.O.'s Non-Recidivism During Participation
J.O.'s Non-Recidivism After 6 Months
Client Satisfaction Rate
STATEWIDE

ADOPTION
YEAR 1

MEASURE
Outcome #1: Children shall be placed for adoption in a timely manner.
1. 70% of children shall be placed with adoptive families within 180 days of the receipt of the referral for adoption.
Outcome #2: Children shall have permanent homes through the adoption process.
1. 90% of adoptive placements shall be finalized within 12 months of the placement date.
2. 90% of adoptive placements shall continue to be intact 18 months following finalization.
Outcome #3: Adoptive family members shall be satisfied with adoptive services.
1. 90% of families (parents and youth age 14 and over living in the home) shall report satisfaction with the adoption process at the time the adoption is finalized.
Outcome #4: Siblings should be kept together.
1. 65% of children will be placed with at least one sibling.
Outcome #5: Children shall remain in the same foster care placement pending adoption.
1. 90% of all children placed for adoption shall experience no more than two moves from the point in time parental rights are terminated until the adoption is finalized.


Adoption: Outcomes
October 1996 - September 1997 (Year 1)
Standard
Statewide
Percent
120%
100%
80%
60%
40%
20%
0%
70%
90%
N/A
90%
N/A
90%
100%
65%
90%
Placed within 180 days
Finalized within 12 months
Placement: Remains Intact 18 months
Client Satisfaction
Siblings Placed Together
Minimal Placement Moves
STATEWIDE

ADOPTION STATISTICS
October 1, 1996 - September 30, 1997 (Year 1)
Statewide

1. Referrals Year-to-Date: 1,404
   730 original transition cases (51.9%)

2. Adoptions Finalized: 421 or 35.08/month average

3. Adoptive Placement: 50.0% of all referrals

4. Children Placed Outside of Case Rate: 32 Year-to-Date
   9 or 19.0% Placed in Adoptive Placement

5. Adoption Disruptions: 4% (15-20% national average)

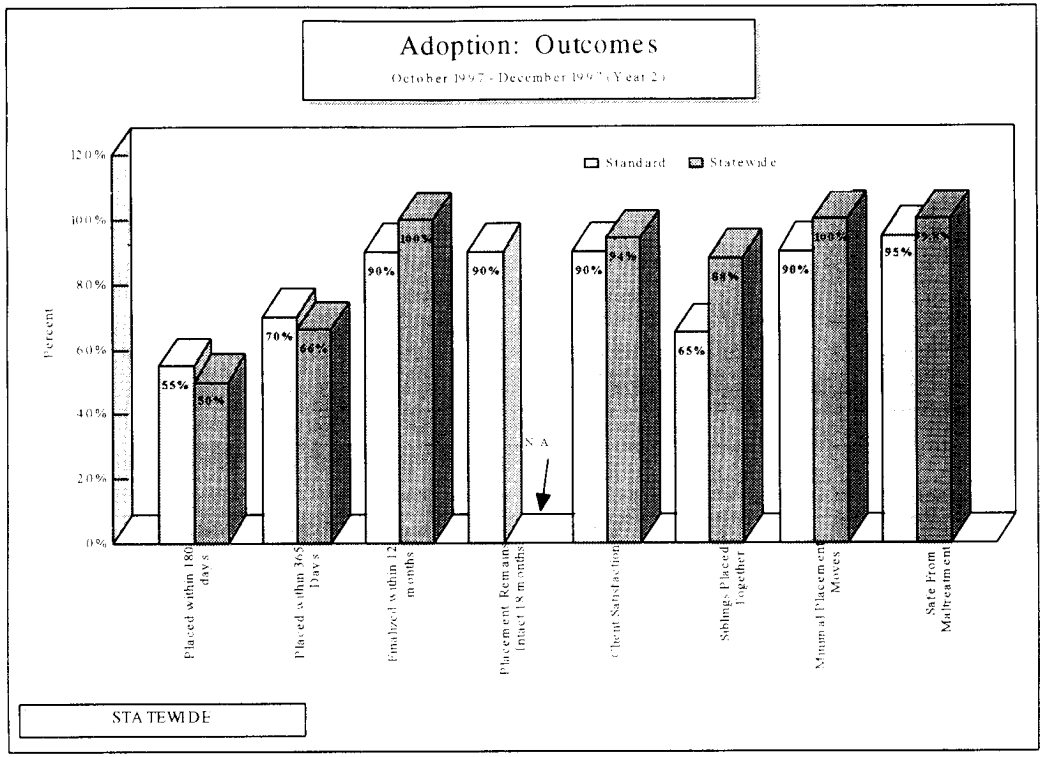
6. Finalized Adoption Demographics:

   A. Male: 48%
      Female: 52%
   B. Non-Caucasian: 37%
   C. Age 6 or older: 60%
      Age 9 or older: 36%
      Age 15 or older: 4%

ADOPTION
YEAR 2

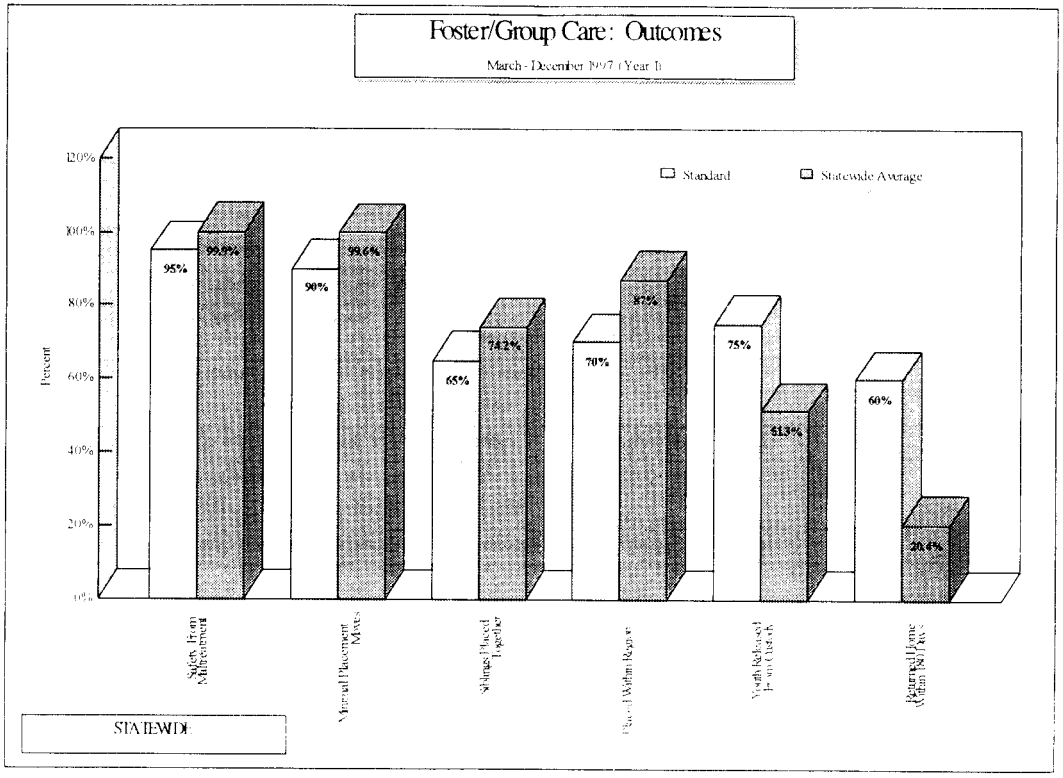
MEASURE	
Outcome #1:	Children shall be placed for adoption in a timely manner.
*1.	55% of children shall be placed with adoptive families within 180 days of the receipt of the referral for adoption.
*2.	70% of children shall be placed with adoptive families within 365 days of the receipt of the referral for adoption.
Outcome #2:	Children shall have permanent homes through the adoption process.
1.	90% of adoptive placements shall be finalized within 12 months of the placement date.
2.	90% of adoptive placements shall continue to be intact 18 months following finalization.
Outcome #3:	Adoptive family members shall be satisfied with adoptive services.
1.	90% of families (parents and youth age 14 and over living in the home) shall report satisfaction with the adoption process at the time the adoption is finalized.
Outcome #4:	Siblings should be kept together.
1.	65% of children will be placed with at least one sibling.
Outcome #5:	Children shall remain in the same foster care placement pending adoption.
1.	90% of all children placed for adoption shall experience no more than two moves from the point in time parental rights are terminated until the adoption is finalized.
Outcome #6:	Children are safe from maltreatment.
*1.	95% of children in the care and supervision of the contractor will not experience substantiated abuse/neglect prior to finalization.

*New For Year 2


Adoption: Outcomes
October 1997 - December 1997 (Year 2)
Standard
Statewide
Percent
120%
100%
80%
60%
40%
20%
0%
55%
50%
70%
66%
90%
100%
90%
N/A
90%
94%
65%
88%
90%
100%
95%
95%
Placed within 180 days
Placed within 365 Days
Finalized within 12 months
Placement Remains Intact 18 months
Client Satisfaction
Siblings Placed Together
Minimal Placement Moves
Safe From Maltreatment
STATEWIDE

REINTEGRATION (FOSTER/GROUP CARE)

MEASURE
Outcome #1: Children are safe from maltreatment.
1. 95% of children in the care and supervision of the contractor will not experience confirmed abuse/neglect while in placement.
2. 80% of children will not experience confirmed abuse/neglect within 12 months after reintegration.
Outcome #2: Children experience a minimal number of placements.
1. 90% of children referred to the contractor will have no more than three placement moves subsequent to referral.
2. 65% of all children will be placed with at least one sibling.
Outcome #3: Children maintain family, community and cultural ties.
1. 70% of children referred after the implementation date are placed within their contract Regional Boundaries.
2. 75% of youth, 16 and over, released from custody have either completed high school, obtained a GED or are participating in an educational or job training program.
Outcome #4: Children are reunited with their families in a timely manner.
1. 60% of children placed in out-of-home care are returned to the family within six months of referral to contractor.
2. 90% of children are integrated with their family do not re-enter out-of-home custody within one year of return home.
Outcome #5: Clients will be satisfied with services.
1. 80% of parents and youth (ages 14 and over) report satisfaction with services as measured by the Client Satisfaction Survey upon case closure.


Foster/Group Care: Outcomes
March - December 1997 (Year 1)
Standard
Statewide Average
Percent
120%
100%
80%
60%
40%
20%
0%
95%
99.9%
90%
99.6%
65%
74.2%
70%
87%
75%
51.3%
60%
20.4%
Safety From Maltreatment
Minimal Placement Moves
Siblings Placed Together
Placed Within Region
Youth Released From Custody
Returned Home Within 180 Days
STATEWIDE

REINTEGRATION (FOSTER/GROUP CARE)
Year 2

MEASURE
Outcome #1: Children are safe from maltreatment.
***1. 98% of children in the care and supervision of the contractor will not experience confirmed abuse/neglect while in placement.**
2. 80% of children will not experience confirmed abuse/neglect within 12 months after reintegration.
Outcome #2: Children experience a minimal number of placements.
***1. 70% of children referred to the contractor will have no more than three moves subsequent to referral.**
2. 65% of all children will be placed with at least one sibling.
Outcome #3: Children maintain family, community and cultural ties.
1. 70% of children referred after the implementation date are placed within their contract regional boundaries.
2. 75% of youth, 16 and over, released from custody have either completed high school, obtained a GED or are participating in an educational or job training program.
Outcome #4: Children are reunited with their families in a timely manner.
***1. 40% of children placed in out-of-home care are returned to the family or achieve permanency within six months of referral to contractor.**
2. 90% of children integrated with their family do not re-enter out-of-home custody within one year of return home.
***3. 65% of children achieve permanency within one year of referral to contractor.**
Outcome #5: Clients will be satisfied with services.
1. 80% of parents and youth (ages 14 and over) report satisfaction with services as measured by the Client Satisfaction Survey upon case closure.

* New for Year 2

February 12, 1998

STATEMENT OF DEBORA D. CARUTH
TO THE COMMITTEE ON GOVERNMENTAL AFFAIRS
SUBCOMMITTEE ON OVERSIGHT OF GOVERNMENT MANAGEMENT
UNITED STATES SENATE

My name is Debora Caruth. I am a resident in the District of Columbia and an attorney at the U.S. Department of Justice. I would like to begin my statement by stressing my status as a resident of the District of Columbia. My status does not allow me to have representation in this most esteemed body, the United States Senate. Although I am honored and privileged to speak to this body on so worthy a topic, it is my hope that any reform that may come out of this hearing today will include participation of the elected representatives of the District of Columbia.

I commend you on your concern about the foster care system in the District. I am here as an African American single mother. While that statement normally conveys a different attitude among many of you, I am a single mother of a three-year old foster child. I also am the youngest of nine children. Of the nine, 8 hold college degrees -- 6 advanced degrees -- and one is a successful small business owner. The closeness of my family and the success we have attained was a primary motivation for me to want to help children by providing them with a loving home and a firm foundation.

As a first-time foster parent, I do not want to judge the District's foster care system, especially not its new receiver Ernestine Jones, on my one experience. However, I find nothing extraordinary about my situation that would make it other than a fairly normal experience. While most of what I have to say is not flattering to the current District of Columbia Department of Human Services (DHS) foster care program, I now will point to my positive encounters. First, the recruiting arm of the system that trained me and at least twenty others -- dedicated people, young and old,

married and single, hetero- and homosexual, black and white, mainly D.C. residents -- to become foster parents could not have been more professional. Second, my only encounter with the foster care monitoring unit encouraged my belief that the primary issue involved in fostering is caring for the well-being of the child.

That said, what is clear from my experience is that: 1) the best interest of the child is not the primary concern of the foster care system; 2) the goal of parental reunification pressures courts to return children to biological parents regardless of preparedness; 3) parental rehabilitation is not enforced; and 4) vigorous pro-active foster parenting is discouraged. I hope by explaining my foster child's case at length, the new federal law that shortened the time requirement necessary for adoption may be joined with strict enforcement of parental rehabilitation, rethinking of the goal of family reunification to better incorporate the best interest of the child, and perhaps, changing the role of foster parents and the treatment they receive by the system and their employers. The last point may help in efforts to recruit and retain quality foster parents.

The situation of my foster daughter, Chantice is instructive. In the early months as a foster parent, I was not provided with Chantice's entire history, nor was I notified of court hearings affecting her. Chantice was born on September 13, 1994. Her medical records reflect that drugs were in her system at birth. Her mother is an alcoholic, has been and may still be a drug abuser. She has had these problems for at least 12 years. Chantice's mother abandoned her on two occasions. On one occasion, her mother left her at a bus stop, at night, in the rain, wearing only a t shirt, and wrapped in a blanket. DHS placed Chantice in different living situations on at least four occasions, prior to her placement with me. Chantice also has a 9-year old sister who DHS removed from her mother's care after finding that the mother physically abused her.

Chantice arrived at my home on May 1, 1996, at age 18 months. She had ring worm in her scalp that caused gaping, oozing sores. Understandably, Chantice was upset about the placement. Her first DHS social worker (her current worker is her fourth) told me, and I later experienced, that she had an apparent eating disorder. Chantice ate everything presented to her without regard to amount. Chantice also showed signs of difficulty with making attachments. Although I remained home from work during her first month with me, Chantice displayed no real bonding, going indiscriminately from one person to the next.[1] The reaction leads me to believe that at some critical point in her short existence Chantice's developmental foundation was not well established.

From the time that she began living with me, Chantice began to have weekly, 1-hour supervised visitation with her mother. Chantice's social worker initially told me that Chantice would not have unsupervised visits with her mother unless her mother made significant progress in her life. The social worker discouraged my meeting directly with Chantice's mother because the social worker did not think the mother was prepared to work with me as the foster parent. The social worker further advised me in June 1996, that Chantice's mother had not significantly progressed to begin

---

[1] I contacted my congressional representative, Eleanor Holmes Norton when I took the placement because the Department of Justice (DOJ) refused to grant sick leave to me to care for Chantice under the Family Friendly Leave Act. DOJ's Justice Management Division had no problem with granting leave for this purpose but the Criminal Division denied my request. Congresswoman Norton has since proposed legislation to allow for such leave. I pointed out to Congresswoman Norton that leave would not be required for every intake of a foster child, but for very young children and infants, the trauma suffered by the child warranted leave. I likened the situation to a biological child in a car accident who suffered little or no physical injury but displayed trauma due to the accident. Most parents would be entitled to stay home with that child, based solely on the parents opinion that the child needed care. Foster parents are not. Also, foster parents are required to meet with social workers, guardians, the court, etc. to maintain their licenses and currently must take annual leave for these purposes. Federal law allows adoptive parents to take sick leave for similar purposes. It could encourage more people like myself to become foster parents if foster-family friendly environments were adopted in the workplace.

extended visits. That assessment did not change through October 1996. In fact, the visitation through November 1996, was sporadic at best. No set time for visitation occurred. Often, DHS notified me on the day of the visit that they would pick-up Chantice from her day care center. On occasion, DHS did not notify me at all. More than occasionally, DHS picked-up Chantice but her mother did not arrive for the visit.

Chantice has had extreme difficulties adjusting upon her return from the supervised visits. She became very distant and had problems adjusting and readjusting to her environment. Early on, I notified her social worker that she began to hit out -- first at her doll, later at me and then at children at the day care center. Her day care center reported that upon returning from the short supervised visits, she begins to "act out" and has problems interacting with the other children.

Despite this negative pattern, in November 1996, the court ordered DHS to begin arranging unsupervised day visits for the mother. No one informed me of the hearing or the schedule of visitation. I learned of the hearing and the court ordered visits only after I became concerned about the process -- i.e. sporadic visitation, taking the child without my knowledge, returning her long after the 1 hour scheduled visit. I scheduled a meeting with the second social worker, who denied my request to see the court's order, but did pass on to me a communication from the mother's attorney to the mother that outlined the court's order.[2] Shortly after that and before the Thanksgiving holiday, the social worker told me that the mother had a serious relapse and had called the DHS office

---

[2] The meeting was scheduled also to discuss the fact that DHS stopped payment to Chantice's day care center in September 1996. DHS is and remains in constant arrears for payments I make to the day care. Oddly enough, DHS paid the cost while the payment was $335 biweekly, but discontinued payment when it was reduced upon Chantice's second birthday, to $276 biweekly. The current cost is $270 biweekly.

repeatedly. The mother was incoherent during the calls and the social worker believed that she was drunk. The mother did not attend the next scheduled visitation. Although it was clear that she was not prepared to begin the visits, the social worker, in strict compliance with the court's order, scheduled an unsupervised visit for the following week. The meeting was canceled after I intervened and telephoned the court to notify it of the problems the mother was experiencing.

In January 1997, the court again held a status hearing. Although I was not present, I requested, and the court allowed, a representative for me to be present. According to my representative, the mother conceded that, except for the two weeks preceding the hearing, she had not been to her rehabilitation classes since the November hearing. Including the Thanksgiving incident, the mother also did not attend several of the weekly supervised visits. Both the social worker and the guardian ad litem recommended against commencing with the unsupervised visitation. In complete disregard for these facts and the recommendations, the court ordered Chantice to make two eight-hour unsupervised visits with her mother, to take place on Saturdays, beginning the following Saturday. Following the two day-visits, the court ordered that Chantice spend two full, totally unsupervised, weekends with her mother. It further required that I make arrangements on weekends to fulfill this order. My representative reported that the main concern of the court was the time that the children had been in the system. Her actions suggested that the 18-month time limit was fast approaching.[4]

Because I had very serious concerns regarding the January 21 order, primary among them

---

[4] Although I do not know exactly when Chantice was placed into the foster care system, I know that she first was in St. Anne's Children's Home in July and again in December 1995. Using the December date, Chantice will have been in the system for well over one year. By May 1998, she will have been in my care for two years.

Chantice's physical and mental well-being and whether Chantice's mother could provide a stable and safe environment, but also including my own safety, I wrote a lengthy letter to the court.

Generally, the under the court's arrangement, I was required to take Chantice to her grandmother at 11:30 a.m. and pick her up at 7:30 p.m., although I had never met the grandmother and knew only that she lived in Southeast Washington. I explained to the court the long day and late evening return would be extremely stressful on Chantice, that generally, Chantice's stability would suffer with the frequent movement from place to place and from person to person. Also, the anticipated readjustment period would mean that Chantice would be disruptive and difficult to handle necessitating a much later than ordinary bedtime. However, under the court's arrangement, I would take Chantice to a prearranged location to be dropped-off with her grandmother at 11:30 a.m. Some undetermined time thereafter, her mother was to pick her up to begin the day visit. Sometime during Chantice's stay with her mother, the court required that her father pick her up to spend time with her.[4] Later that evening, her mother was to return her to her grandmother who would return her to

---

[4] Chantice's "father" came on the scene in September 1996. The social worker was very surprised when he called, said he had been released from prison, and wanted visitation. Until that time, the social worker was unaware that Chantice had a known father. In fact, no father is listed on her birth certificate. The social worker insured me that Chantice would not visit with this man alone because she did not know him. However, although the social worker arranged visits for him to take place with the mother present, the mother did not show up for the visits and the visits were allowed to take place with only the "father" present. The social worker allowed this even though she had pointed out to me previously that Chantice was reluctant to be with men. To my knowledge, no one has required that the father be tested for paternity, and other than the court record, there is no official record of his claim to be the father. It seems like the system could require an official record and establish paternity testing before requiring visitation, and simultaneously, prepare itself in the event that he later disputes paternity.

At the January 21, hearing, the father told the court he was unprepared for the responsibility of fatherhood. He explained that he had two other children, one of whom lived with his mother, and that he was trying to get his life "together."

me at 7:30 p.m. Her usual bedtime is between 7:30 and 8:00 p.m.

No mechanism under this plan, I pointed out to the court, was in place to address problems that could arise with the visits that were set on the weekends, especially since the social worker said that she is unavailable during the weekend. Chantice's mother had no history of adhering to a schedule. And, it appeared that minimal obligations were required of Chantice's mother, but her grandmother and I, both of whom -- unlike her mother -- work during the week, were responsible for keeping the visitation schedule.

To ensure Chantice's well-being, I asked the court to require DHS to provide a mental health assessment for the child to determine the risk involved to a two-year old's developmental pattern, before the court require that she begin long unsupervised visits in a potentially unstable environment. I further asked that upon completion of that evaluation, that the court amend its order to allow the unsupervised day visits and the future overnight visits to take place during week days to serve the purpose of providing a mechanism for the court and DHS to know that the unsupervised visits actually took place. It also would require the mother to bear the responsibility for meeting the time requirements. Finally, I told the court that I was not comfortable driving to an unknown place in Southeast, both in the daytime and at night, to meet an unknown person, to hand off and receive a 2-year old child.

On January 30, 1996, the court called me at work and asked me to appear at an emergency hearing scheduled the next day. At the hearing, Chantice's guardian ad litem requested that the court order Chantice's mother to be drug tested. The court refused on the basis that the mother was currently undergoing treatment for alcohol addiction and probably was not addicted to another

substance also.[5] Although, Chantice was born with drugs in her body just two years prior, the court stated that there was no evidence that the mother abused drugs. The court also failed to order a mental health examination for Chantice. The court did, however, adopt my suggestions to change the visitation schedule for the week days. Despite adopting my suggestions, the court treated me like a hostile witness. Later, the guardian ad litem informed me that the judge did not like me because I am an attorney! I would have thought that the judge would welcome a young professional African American woman who took on the heavy burden of single motherhood to help young children in the District.

Following the January 31 hearing, Chantice began day visitation on February 3, 1996. Although the scheduled hours of visitation were from 10:00 a.m. to 4:00 p.m., Chantice was not there upon my arrival at 4:50 p.m. I waited until the social worker arrived with Chantice at 5:20 p.m. The social worker said that her mother had not returned to the DHS offices until 5:00 p.m. Chantice's upper lip was swollen and the skin was broken. Chantice's mother said that Chantice had fallen. That evening Chantice was unruly and disruptive. Later, before her bath time, she tried to hit me in the face. When I asked her if she had been hit and where, she responded that she had been hit in the face. The following morning, Chantice cried uncontrollably when I arrived at the day care center. She was aggressive and unruly before she entered the day care center. When I arrived to pick up Chantice that evening, the day care reported that she had been aggressive and difficult all day. She took food from other children. As I attempted to take her home she was aggressive, hostile, and loud. She began

---

[5] The court denied the request for drug testing although the advantages far outweighed the disadvantages of such testing. If the test showed a negative result, the mother confirmed that she is not a user. However, if the opposite resulted then all are better off with the knowledge.

to scream "DADDY" although she had very little contact with her father. It took considerable time before I could settle her. She remained aggressive until she went to bed.

The unruly behavior continued after the second unsupervised visit. She began screaming in an extremely loud voice while swinging her balled-fist. She tried to hit me several times. The day care reported that her diaper was at saturation when she was returned by the social worker. When we arrived home, Chantice would not eat. She also said that she was ready for bed immediately. She burst out crying several times for little or no apparent reason and seemed as if she had not napped during the day. The day care reported to me that Chantice had a very difficult day. She had two incident reports: one for hitting her teacher in the face; and the other for pulling another child's hair very hard and making the child cry. She also was difficult at home, although less so than the previous night

Chantice's next visit was to take place on February 18, 1997. The visit did not occur because the social worker had a doctor's appointment, although the social worker did not inform me until after I had retrieved Chantice, and despite our knowledge of the visitation schedule. The social worker made no alternative arrangements for Chantice to be picked up. Instead, the social worker tried to reschedule the visit for February 19. She did so without finding out from me that Chantice would not be at the day care. Frustrated at not finding Chantice at the day care on February 19, the social worker arranged the meeting for February 20. I vigorously protested the visit because of the behavior the disruption evokes from Chantice. I asked that the visit take place the following week. That visit would be overnight, as ordered by the court. The social worker completely disregarded the effect the visits have on Chantice and scheduled the visit on Thursday, February 20, although the mother is required to attend rehabilitation classes on this day. No visit occurred. DHS planned to

continue with the overnight visits.

Actually, those visits never occurred. Chantice's mother, who was also having unsupervised visits with her 9-year old, was arrested and jailed for abusing that child. She also tested positive for PCP, a highly damaging illegal drug. A criminal court ordered the mother to have no contact with the 9-year old.` The court suspended all further unsupervised visits with Chantice. Unsupervised visits have not resumed.

Efforts at reunification continued, however, this time with Chantice's father. Shortly after the mother's visitations ended, the court ordered that Chantice begin unsupervised day visits with her father, leading to overnights, and finally weekends. The day visits were sporadic. My vacation with Chantice interrupted the schedule. However, after our vacation, the DHS social worker began immediate weekend visits from Friday afternoon until Monday morning. My attempts to have DHS case Chantice into this schedule with weekday overnight visits were ignored. Chantice began the long weekend visitation with her father.

Almost from the beginning of these visits, the results on the behavior of Chantice were severe and dramatic most of which is outlined in Colbert King's Washington Post editorial about this matter. (Attached). She required several days care before she was able to adjust to her normal pattern. Also, her maternal grandmother, who arranged to see Chantice during these weekends, began almost weekly telephone calls to me to inform me of her belief that Chantice's father had not discontinued his drug use despite his status as a probationer. I sent numerous letters to DHS asking them to investigate. I notified Chantice's guardian ad litem. Finally, I wrote a lengthy letter to the social worker's supervisor outlining the problems.

The result of my letter was for a DHS supervising social worker to have an ex parte meeting

with the judge to convince her to cancel a scheduled vacation to Tucson, Arizona, that I had planned to take with Chantice. His meeting with the judge culminated in DHS contacting me on a Friday afternoon to inform me that my request to take Chantice to Tucson that following Sunday had been denied. This incident was the first time that DHS had ever contacted me at all concerning whether my requests for travel -- I had already traveled with Chantice to Omaha, Nebraska, Denver and Colorado Springs, Colorado, Ft. Walton Beach, Florida, and finally, out of the country to Barbados -- had been approved or disapproved. Only after I protested the decision did the DHS supervisory social worker inform me of an emergency hearing that very afternoon.

I took time off from work that afternoon to attend the emergency hearing. At the hearing, it was clear that the judge had heard several untrue statements about my travel from DHS. It also was clear that the DHS supervisory social worker planned to castigate me for perceived wrongs I had perpetrated against DHS. The social worker used the situation, and the court allowed, his complete abuse of me as a foster parent. He went so far as to make direct comments to me, "Ms. Claruth don't you ever threaten me," referring to my request to speak to his supervisor about the decision to disallow Chantice to travel with me. The court ordered Chantice to spend the week with her father. At the end of the hearing, the social worker stated to the court that he was certain that he and others involved in this proceeding had "better things to do than to attend emergency hearings" on Friday afternoon. The judge agreed with his comment. I was the only person present who was not earning my salary to do exactly that.

I end my statement by outlining a few events that have occurred since that August hearing. The visitation with her father continued with Chantice. Her behavior continued to digress. Eventually, Chantice did receive a psychological evaluation. It was determined that she needs

counseling. I continued to write letters asking that her father be drug tested. In October 1997, the court order the tests based on a report from her paternal grandmother that her father did in fact abuse drugs. However, the court did not suspend visitation until drug use, marijuana and cocaine, was confirmed. In October 1997, on a Thursday afternoon the court held an emergency hearing to discontinue unsupervised visitation with her father. I was not informed of the hearing. The next day on Friday afternoon without regard to whether I was at work or not, DHS telephoned me at work to inform me that I needed to pick up Chantice that evening from the day care because the weekend visits had been cancelled. The social worker did not speak to me directly but left a message instead. Chantice's father has not seen her since that time. In November 1997, the court held a hearing attended by Chantice's mother and her court-appointed attorney, Chantice's grandmother and her court-appointed attorney, Chantice's father was represented by his court-appointed attorney although the father did not attend, the social worker (the D.C. Corporation Counsel chose not to send an attorney), and Chantice's guardian ad litem. I attended the hearing with my retained counsel. In December 1997, the court determined that Chantice did not need counseling but ordered that she be returned to her maternal grandmother by January 31, 1998. Her maternal grandmother has since informed Chantice's guardian ad litem that she is unable to care for both Chantice and her sister. On December 31, 1997, DHS did not renew Chantice's Medicaid. She is not currently covered. Day care payment remain in arrears. In January, I petitioned for custody of Chantice. I await that proceeding.

Finally, I would like to make the following proposals for reform of the system:

1. Appoint a Child Advocate whose sole duty is to advocate for children. Place the guardian ad litem system -- a system currently without any monitoring, under the supervision of the Child

Advocate.

2. Create a judicial branch that deals exclusively with child abuse and neglect issues with judges committed to hearing such cases.

3. Include foster parenting within the current laws to allow working foster parents to address the needs of these children on an equal level with biological or adoptive children.

Thank you for looking in this issue and exposing the problems involved with finding good homes for neglected and abused children.

Colbert I. King

Please Pray for 'Dumpling'

Most of us seethe when we pick up the newspaper and read about a malnourished, sexually abused and fatally battered 4-year-old girl like Monica Wheeler, who might still be alive if her government had treated her differently. We grow enraged, we groan, shriek, shake our heads and ask, "How could they have placed an innocent and vulnerable child in the care of someone like that?"

Well, it turns out that putting a little child in harm's way is easier than you think. What's more, it's even harder to prevent.

"Dumpling" is a case in point. (I give her that nickname because that's the way she looks in her photograph.)

Her first contact with D.C. authorities occurred two years ago on a rainy evening in December around midnight. The cops found her alone in a stroller at a bus stop—wearing only a diaper and with a thin blanket draped around her shoulders. She was 18 months old.

By the time she was introduced to Debora D. Caruth, her new foster parent, in May 1996, Dumpling had lived under four different roofs. First there was Saint Ann's Infant and Maternity Home in Hyattsville, where she was placed temporarily after the cops found her. Next she lived with an aunt for a short while, but then was passed on to her maternal grandmother. That arrangement didn't last either. The grandmother, citing problems caring for Dumpling's 11-year-old sister, returned her to the city, which placed her in emergency foster care. That's where Caruth entered the picture.

Dumpling was so unsettled by her nomadic life that Caruth felt it necessary to take a month off from work to help her through the adjustment. They're closer now than two pages in a book, but getting there wasn't easy. Caruth, a single African American woman, works as a trial attorney in the U.S. Justice Department's Criminal Division. You would think she has enough on her hands chasing domestic and international crooks. But this Colorado native and now six-year District resident also had heard about the abused, neglected and abandoned children in our city. So, coming from a close-knit family herself, Caruth decided to ignore the web of excuses for staying on the sidelines. She applied to be a foster parent and went through the city's 10-week training course in 1995. By February 1996, she was certified as a licensed foster parent.

Holding down a demanding full-time job and raising a 3-year old alone can sap the strongest. It also doesn't help when a foster child has four different social workers—which has happened to Caruth and Dumpling. But Caruth's now at the stage where mothering Dumpling is a labor of love. She's also terrified for her foster child. After reading this, you may be too.

There is no earthly justification for abandoning a toddler on the streets. Sometimes, however, there is an explanation.

Caruth learned through court hearings and from social workers that Dumpling's mother is an alcoholic and, since 1985, a PCP user. She tested positive for the drug as recently as April.

Being a foster parent of a child like Dumpling also means going through the contortions of court-ordered meetings between the little girl and her birth parents.

At one point, the mother had unsupervised visitation rights, which means she could spend time alone with Dumpling. But after an altercation between the mother and her 11-year-old daughter earlier this year, the court required that visits with Dumpling be supervised by a social worker. Not that any of those arrangements made the mother any more reliable. She still occasionally fails to show up. Even the value of those encounters is questionable.

Dumpling often returns moody and withdrawn. The first time she returned home with a fat lip. Mother said Dumpling had fallen.

Dumpling also is required to spend time with the man who claims to be her father, who reportedly now wants to take custody. It's unclear how he will support her since he lives with his mother and his 13-year-old daughter by another relationship and currently is unemployed. Then again, Dumpling would come with a monthly welfare payment on her head.

Caruth also has seen the changes in Dumpling since she started spending weekends with her father. First, she reportedly cries when he comes to pick her up from the day care center. And Caruth says she's changed in other ways. She's now hostile and aggressive with other children and has picked up habits not usually associated with 3-year-olds, such as simulating playing cards, shooting dice and getting high.

The judge supervising Dumpling's case issued a court order requiring the father to provide "appropriate" sleeping arrangements during visitations.

Caruth says Dumpling still tells her, "I don't like my Daddy. . . . He smells."

A sad reality is that Caruth is risking the wrath of the court and social workers for coming forward with this story. But it's funny what love for a child can do. Besides, with the city's foster care system in chaos, somebody had better step up for those children.

A hearing has been scheduled for next month to discuss "permanency planning," which is a nice, antiseptic way of saying that the social services folks and the court—in the name of family reunification—seem hell-bent on forcing Dumpling to live with her birth father.

Remember Monica Wheeler, and please pray for Dumpling.

The writer is a member of the editorial page staff

Prepared Statement of Ernestine F. Jones, LaShawn General Receiver, District of Columbia Child and Family Services

presented to
THE SENATE COMMITTEE ON GOVERNMENTAL AFFAIRS
Subcommittee on Oversight of Government Management,
Restructuring and the District of Columbia

"Reforming the Adoption and Foster Care System in the District of Columbia"

To the Chairman, Senator Brownback and members of the Subcommittee on Oversight of Government Management, Restructuring and the District of Columbia: I thank you for this opportunity to testify on "Reforming the Adoption and Foster Care System in the District of Columbia."

Today marks the 104th day of my tenure as the LaShawn General Receiver for Child and Family Services in the District of Columbia. I have given considerable thought and energy to the topic of this hearing. In the time allotted, I will first highlight the nature of the current challenges in the child welfare system nationwide. Secondly I will present some of the reforms needed in the District of Columbia that will address many of the failures in the system. Thirdly I will provide general information about plans for reform in my administration.

Recent statistics on out-of-home care reveal that a growing number of children are entering out-of-home care nationally. There are currently 3116 children in the adoption and foster care system in the District of Columbia. This represents a 14.2% increase over last year. It is clearly documented that there is an adverse relationship between the number of children in out-of-home care, the conditions under which families function, and the lack of societal supports available to assist them. In the District of Columbia, as in other urban jurisdictions, an array of problems, including poverty, substance abuse, inadequate housing, HIV/AIDS, teenage pregnancy and violence, all combine to account for the growing number of children needing out-of-home placements. It is no wonder that many families, affected by some of society's most insidious ills, find themselves without the material and psychological resources to provide basic care and nurture for their children.

In the District we are overwhelmed by the sheer number of children coming into care. Despite the focus on family preservation services and permanency planning efforts of the federal and state government, the number of children in care has significantly increased since the 1980's. Placement of children with relatives rather than in traditional foster homes has also been a growing trend in the 1990's due to the significant reduction of approved foster homes. As this population of kinship care increases, States are faced with the problem of developing a service delivery system to accommodate this new child welfare placement situation. Currently, child welfare systems must plan for implementation of the Adoption and Safe Families Act, which is federal policy intended to promote adoption or other permanent arrangements for foster children who are unable to return home. States will be forced to examine legislative, procedural and policy changes to accommodate the law. The timeliness of decisions concerning reunification, termination of parental rights and adoption is vital to improving the system.

In the District of Columbia reforms are needed to ensure that all the responsible systems collaborate on behalf of children in the child welfare system. As the Child and Family Services agency attempts to meet the demands of the receivership by promoting and supporting professional standards of practice and effective policy initiatives, the involvement of key stakeholders is critical. We must coordinate our resourc· create new policy and examine our mandates to determine if they , in fact, meet the needs of families and children in the District of Columbia.

The Child and Family Services Agency lacks the resources needed to adequately service the more recalcitrant issues of substance abuse, homelessness, domestic violence, and poverty, all of which exacerbate the abuse and neglect in dysfunctional family systems. Ninety percent of the States report difficulty recruiting and retaining social work staff. The consequences of an inadequate number of staff to provide and plan for supportive services to families and children undoubtedly include extended length of stays in the system, and delays in reunification and adoption services. Reforms are needed in the development of the service delivery system as well as training for staff.

As the General Receiver, I am committed to the development of a new Child and Family Services Agency. Our mission is to ***protect and promote the health and well-being of the children of the***

District of Columbia through public and private partnerships focused on strengthening and preserving families with services that ensure cultural competence, accountability and professional integrity. The first task was to develop a plan for restructuring the organization to accommodate a system of services that would lend itself to improved care of children in foster care and adoption which we have completed and will be formally presented to staff in a few weeks. . Secondly, we had to make some decisions about what needed to be done immediately to develop the child welfare system and improve service delivery. To achieve these tasks we have found it imperative to work closely with other systems of care and advocacy groups such as the Court, Mental Health, Education, Health providers, private agencies, Consortium agencies and Collaboratives. Our immediate service goals are to implement a Kinship Care program through legislation and policy; develop a comprehensive health care system for children; design a community based system of care through the Collaboratives; plan for the implementation of the Adoption and Safe Families Act, and design a new system of Intake to include Abuse and Neglect. For each of these areas we have established a work group who are developing specific initiatives to implement the service program.

I recognize that there are many hurdles to jump in order to accomplish these tasks. I am pleased with the support and cooperation I have received. I will continue to equip and promote an improved child welfare system of care.

Thank you for the opportunity to speak to this subcommittee. I solicit your continued support in reforming the foster care and adoption system, into a system that sufficiently meets the needs of families and children in the District of Columbia.

Testimony of Judith Meltzer, Senior Associate
The Center for the Study of Social Policy
before the
Subcommittee on Oversight of Government Management,
Restructuring, and the District of Columbia
Committee on Governmental Affairs
U.S. Senate

February 12, 1998

Good morning Senator Brownback and other distinguished members of the U.S. Senate. I am Judith Meltzer, Senior Associate at the Center for the Study of Social Policy. The Center for the Study of Social Policy is a non-profit policy, research and technical assistance organization located in the District of Columbia. From 1992-1995 and again since January 1997, the Center for the Study of Social Policy has served as the Court-appointed Monitor of the District's child welfare system under LaShawn A. v. Barry. LaShawn A. v. Barry is a class action lawsuit that was successfully litigated in the U.S. District Court by Children's Rights, Inc. (formerly the American Civil Liberties Union Children's Rights Project). After a highly publicized trial in 1991, U.S. District Court Judge Thomas F. Hogan found that the District's child welfare system failed to protect children from physical, psychological or emotional harm and that it violated federal law, district law, and the constitutional rights of children.

The children covered under the LaShawn decree include approximately 2,800 children in the District's foster care system as well as almost 5,000 District children living with parents or relatives who need child protection assistance and services due to suspected and substantiated child abuse and neglect.

Following the court's landmark decision in LaShawn, the District of Columbia government and the plaintiff attorneys developed a comprehensive Remedial Order which the Court ordered as the remedy to correct the significant management and service delivery problems in the District's child protection, foster care and adoption services programs. In that Remedial Order, the Center for the Study of Social Policy was appointed as an independent Monitor with responsibility for developing a detailed and binding implementation plan and for ongoing assessment of the District's progress. From 1992 to 1995, first, the Kelly Administration and then the Barry Administration were responsible for taking action to comply with the Remedial Order and Implementation Plan. The original plan envisioned significant changes in policy, practice and administration and full compliance within a three year period on a range of requirements. These included, among others:

- prompt investigation of reports of child maltreatment;
- the availability of in-home child protection services, including family preservation services to assure that children remain safe and to reduce risk of future harm;

- revamping the foster care program to better meet the educational, social and emotional needs of children and to insure that timely decisions are made about permanency for children, and

- implementing an aggressive adoptions program so that when children cannot go home, permanent adoptive homes are promptly identified and secured for them.

Although some progress was made in the first year and one half, by 1995, the District was non-compliant in almost every area of the Remedial Order. Many of the serious problems exposed during the 1991 trial remained, including failure to promptly investigate reports of child maltreatment; failure to provide necessary services and supports to families and to children in the foster care system; failure to move children expeditiously toward reunification with their families or adoption, as well as serious management and infrastructure deficiencies such as the lack of a functioning and accurate management information system, inadequate staffing levels with resulting high caseloads and extremely high staff turnover, and lack of accountability in almost every program area.

Consequently, in May, 1995, Judge Hogan found the District in contempt of court based on massive non-compliance with the LaShawn Remedial Order and Implementation Plan and ordered that the District's child welfare system be placed in Receivership. In August, 1995, Dr. Jerome Miller was appointed as Receiver and was granted "all necessary authority to ensure full compliance with the Court's Order. Dr. Miller's tenure as Receiver coincided with a period in which much of District government remained in financial and management turmoil which made reforming the child welfare system an even more difficult task. After 20 months as Receiver, Dr. Miller resigned, having spearheaded some improvements yet failing to achieve many of the essential management and programmatic reforms required by the Remedial Order.

Progress was made in increasing the amount of federal funds earned by the District under the Title IV-E foster care and adoption assistance entitlement program and in establishing new ways of working with community partners. In particular, Dr. Miller was instrumental in seeding the development of the Healthy Families Thriving Communities Collaboratives which now exist in eight neighborhoods of the District with high concentrations of child abuse and neglect cases. Several of these collaboratives have begun to work in innovative and cooperative ways with the child welfare agency. Although, initially, there was significant internal resistance to this effort, I believe the development of new community and neighborhood-based partnerships is an essential element of the ultimate reform of the District's system.

In October of 1997, after a nation-wide search, Ernestine Jones was appointed by Judge Hogan as the new Child Welfare Receiver. Ms. Jones impressed the Screening Committee with her straightforward and honest approach to human services management and her decades of experience as a front-line worker, supervisor and public and private sector administration.

Ms. Jones has now been on the job for three months and has devoted much of her energy to assembling a management team capable of reforming the system. She has been reorganizing to clarify functions and establish clear lines of accountability within the agency and is working closely with front-line workers, supervisors and community partners to restructure the service delivery system of the agency to better serve children and families and to bring the agency into compliance with the LaShawn Remedial Order. With the Court's support, Ms. Jones is working toward achieving compliance with the Remedial Order within two years with the hope of developing a plan to transition the operations of the child welfare system back to control of the District of Columbia as soon as possible. As Court Monitor, I will be working closely with Ms. Jones and her staff and will prepare quarterly written reports of the Receivership's progress. In addition, we are planning to conduct an independent case review this summer to assess directly how children and families are faring in the current system.

I would like to use the rest of my time to briefly highlight the substantive areas in which the District's child welfare system must improve if it is to meet the needs of some of the District's most vulnerable children—those who are at risk of or have experienced abuse and neglect.

First, the current system which divides responsibility for child abuse and neglect must be changed. Reports of child abuse are now investigated by the police and unless children are placed in foster care, child protection services for these children are provided by a unit of the Superior Court called Court Social Services. Reports of child neglect are investigated by the Child and Family Services Administration (CFSA) and those children and families are served by CFSA social workers. CFSA is also responsible for all foster care and adoption services. This division of responsibility for abuse and neglect investigations and child protective services is unique to the District of Columbia and makes little sense in terms of what we know about families and for assuring a coordinated approach to child protection. Keeping children safe requires difficult decisions about when and how to intervene in families' lives. The current system leaves too many opportunities for confusion and mistakes which leave children at risk.

Second, the agency must do a better job at identifying at-risk children and families and making services and supports available to them before children are mistreated and before the only answer is to remove the children into foster care. This is one of the areas where the work with the neighborhood collaboratives is so essential. True reform of the system will require new relationships and sustained partnerships between the agency and the community, churches, schools, other District agencies and neighborhood partners.

Thirdly, the agency must devote resources to supporting a stable and qualified workforce. Without properly trained and supported child protection social workers, children's lives will remain in jeopardy. The District has many able social workers but too often workers join the agency, right out of school, receive inadequate or no training, have little access to supervision, and leave in a year or two out of frustration. Workers need to be given the skills to do their jobs and then be held accountable for performing them.

Fourth, the agency needs to do a better job at developing and supporting a range of out-of-home placements for children who need to be removed from their homes. This requires, among other actions, establishing a functioning kinship care program, improving the existing licensing, certification and training for foster homes and creating a range of therapeutic options for children with special physical and emotional needs.

Fifth, the agency and the local Superior Court must engage in timely permanency planning so that children are either quickly and safely reunited with families or helped to find a stable and permanent adoptive homes. The new federal law shortens the time frames for making decisions about permanency from 18 months to 12 months. This will place a heavy challenge on this agency where length of stays in foster care are on average 4-5 years. It will also require investing resources in a revitalized adoptions program so that adoptive families are recruited, studied and available for newly identified children and that the backlog of children currently awaiting adoptive homes can be reduced.

Finally, the agency must quickly achieve a range of management and infrastructure improvements which are the building blocks of a functional child welfare system. These include budget and fiscal management reforms, continued revenue maximization, human resources management, the development of an accurate MIS, contracting improvements and the development of a vastly improved performance monitoring/quality assurance system.

The District's child welfare system has been in crisis for too long but there is no reason why it cannot be one of the best in the nation. It is our intent to work with Ms. Jones and her staff as well as with the broader child advocacy community in the District to make this a reality within the next few years.

Center

al
olicy

LaShawn A. v. Barry

Progress Report
as of
December 31, 1997
Prepared by
The Center for the Study
of Social Policy

(for the quarter ending March 31, 1998) will provide far greater detail on implementation activities, time frames and anticipated outcomes.

II. OVERALL ASSESSMENT OF THE RECEIVERSHIP'S PROGRESS

At the time of Dr. Miller's resignation, the Child and Family Services Administration was deeply divided about the appropriate direction for change and the ways in which compliance with the Remedial Order was to be achieved. Much of the energy and attention of the first Receiver was devoted to the beginning development of a community and neighborhood based service delivery system built around the Healthy Families, Thriving Communities Collaboratives. Although this work is very significant, it unfortunately was not accompanied by parallel efforts to address the needs of line staff within the agency as well as to repair glaring deficiencies in the agency's management and operational infrastructure. The end result was an agency without a clear mission and without a commonly understood or accepted plan for moving forward. At the time of Ms. Jones' appointment, there was a palpable lack of leadership and focus, lines of accountability were absent or confused and neither agency staff nor the community knew where the agency was heading nor had any clear expectations for their performance within the child welfare system. The atmosphere within the agency was one of distrust, disillusionment, anger and confusion. The atmosphere outside the agency was characterized by continual disappointment and frustration about the lack of follow-through on commitments and the failure of rhetorical efforts to reform agency policy and practice.

Over the past several months, the new Receiver has stabilized the situation by providing clear and open leadership and by holding herself and others around her accountable for their actions. Ms. Jones has spent the first two months on the job listening to stakeholders within and outside the agency in order to evaluate the nature of the problems and to determine priority areas for action. Several areas for immediate action were identified including structural reorganization of the agency; appointment of key management staff; efforts to finalize budgets for FY 1997, 1998 and 1999; as well as priority management actions related to personnel, vendor payments, and data cleanup. In addition, work has begun in several important programmatic areas such as kinship care, health care, Adoptions 2000, intake and assessment and continuing work with the Community Collaboratives.

Although it is far too early to assess the progress of this Receivership, initial indications are positive. Ms. Jones has assembled a leadership team with considerable child welfare and management experience. Her leadership and management style is open, direct and focussed on achievement. She appears willing to listen to many points of view and to negotiate solutions to problems, but she is not afraid to take unpopular positions nor to make difficult decisions. Her public statements emphasize her commitment to making things happen in quick time frames and her willingness to be held accountable for following through on commitments made. All of this suggests that the leadership of the agency seems poised to move forward aggressively to implement the Remedial Order and to address the problems that prompted the original LaShawn decree and the subsequent Court Orders. Over the next six months, the ability of the agency to move forward quickly to alleviate some of its most pressing problems will be a good indication of how far reaching and how swift the ultimate reforms of the system will be.

Although the problems of this system are not new and cannot be eradicated instantly, it is the Monitor's hope that it will be possible within the next six months to begin to see changes that produce improved services and supports for children and families.

III. STATUS OF COMPLIANCE WITH CRITICAL INFRASTRUCTURE AND SERVICE DELIVERY EXPECTATIONS

A. Management and Accountability

The new Receiver has focussed most of her attention in the first two months on building a management team and clarifying lines of accountability within the agency.

A major restructuring of the agency is in the final stages of planning. The restructuring plan was developed by the Receiver with input from a broad range of staff within the agency as well as from key informants from the community and provider agencies. The restructuring plan, beginning with a clear statement of the agency's mission, is expected to be presented to all staff on February 20, 1998 and quickly implemented in the month following. The goals of the restructuring are to create a state level administrative function for the agency as well as clear lines of responsibility, authority and accountability for all management, supervisory and direct service staff. Ms. Jones has hired two Deputy Receivers, one for Operations and one for Program. The Operations Deputy is responsible for Budget, Finance, Contracts, Personnel, Facilities and Management Information Systems. The Program Deputy is responsible for four

major areas of program administration, including Intake, Assessment and Family Services; Permanency and Placement; Community Services and Resource Development.

Once the restructuring is finalized and announced, all staff will transition into new positions in the restructured agency. Job Descriptions are now being rewritten to reflect job duties and responsibilities within the restructured agency. As staff assume new jobs, current jobs may be reclassified to reflect qualifications and functions of positions within the restructured agency. Once job descriptions are established, employees will be given clear performance standards which will become part of the personnel evaluation system.

In addition to the work on restructuring, the Receiver has identified members for an Advisory Board for the Receivership which will be appointed by Judge Hogan. The Advisory Board will be composed of members of the District community and other humans services professionals who can give ongoing advice and counsel to the agency during the reform process. The membership of the Advisory Board is expected to be finalized and announced by the end of February, 1998.

B. Staffing and Caseloads

Inadequate frontline staffing continues to be a problem for the agency. During this last quarter, Ms. Jones hired a new Human Resources Administrator who has considerable experience with the District's personnel system. The Human Resources Administrator is tasked with developing the job descriptions and job classifications that are necessary to implement the restructuring as well as with developing a performance driven personnel evaluation system. In addition, one of the most serious personnel problems that has contributed to the demoralization of agency staff was the maintenance of two parallel personnel systems under the previous Receiver. Newly hired administrative, social work and support staff were placed on the payroll of the LaShawn Receivership and were technically contract personnel, in contrast to the majority of frontline, supervisory and administrative staff who remain on the District personnel system and are employees of the District of Columbia government. The presence of two parallel personnel systems was one of the causes of the considerable staff and union unrest in the agency. Since assuming the job of Receiver in November, however, Ms. Jones has taken quick steps to rectify this situation and has already converted 20 line staff on the contract payroll to District employees. By the end of the next quarter, Ms. Jones expects to convert all direct service social work, supervisory and support staff from the LaShawn

payroll to the District personnel system. The only employees that will remain as contract LaShawn employees will be a small number of management staff who are necessary to implement the Receivership and who may or may not need to be part of a reformed public agency post-Receivership.

Table 1 shows the total number of Direct Service staff as of December 31, 1997 as reported by the Agency. The data reflects continued attrition in social work and supervisory staff from levels achieved in 1995 and again in January, 1997. However, these data should be viewed with caution. The Human Resources Administrator is now working to verify the exact job responsibilities of every employee of the agency and to determine how many of the direct service staff are actually carrying cases. As part of implementing the agency restructuring, some social work staff who are not now in direct services jobs will be asked to resume direct service positions. A parallel effort is ongoing to determine the exact size of the caseload. Once these efforts are complete, the Receiver will know exactly how many and what kinds of new direct service and supervisory staff will need to be hired in order to comply with the LaShawn caseload standards. Nevertheless, at the current time, Ms. Jones believes that additional hiring of social work staff will continue to be necessary and she has directed the Human Resources Administrator to maintain active recruitment of social work staff. As of the end of December, the Human Resources Administrator had identified five priorities for personnel action. Priorities I and II are the conversion of Supervisory Social Workers and Social Workers on the contract payroll to the DC Government payroll. Priority III is ongoing unlimited recruitment of social workers to improve compliance with court ordered caseload standards. Priority IV is the conversion of term employees to permanent status and Priority V is the conversion of all other non-managerial positions from the contract LaShawn payroll to the District government payroll. By the end of next quarter, more detailed hiring projections and hiring targets for all essential staff are expected to be provided to the Monitor.

Table 1: Total Staff
January - December 1997

Total Staff	Jan. 1997	Feb. 1997	March 1997	Dec. 1997
Social Workers	318	316	292	289
Social Work Supervisors	48	48	48	45
Case Aides	47	45	45	44
Clerical Support	65	65	64	62

Source: Monthly Data Status Reports. Data not independently verified by Monitor or Receiver.

C. Training

1. Staff Training

The Receiver will begin reporting to the Monitor on compliance with LaShawn training requirements for workers, supervisors and management staff beginning next quarter. The Office of Training and Staff Development has put in place an automated system which will enable tracking of staff's participation in required training. As part of the restructuring, the Agency intends to provide extensive retraining to all staff including social workers, supervisors and managers. A particular focus for training will be frontline supervisors who will receive specific training in what it means to be a supervisor and to build skills in supervisory functions.

2. Foster Parent Training

Although the LaShawn Remedial Order requires annual in-service training as well as pre-service training for foster parents, the agency does not have a functioning in-service training program for foster parents in effect at this time. Plans for providing in-service training for foster parents are currently under review and development.

D. Management Information Systems

One of the new Receiver's early actions was to take a fresh look at the status of work in progress to develop the required Child Welfare Information System (CWIS). On the basis of that review, the Receiver halted the work of the previously engaged software contractor until such time as the system's hardware and software requirements could be better determined. A new Child Welfare Information Systems Administrator was hired in December. The person filling that position has considerable experience in designing CWIS systems and is currently preparing a Project Plan to support the rapid development of a functioning CWIS for CFSA. The Monitor has been informed that the CWIS Project Plan will be made available by the end of March.

In the interim, the Receiver has determined that the agency will need to continue to rely on the FOCUS data system for much of its management information needs. Given that fact, renewed efforts have been

placed on cleaning up the data in the FOCUS system and to streamlining data entry operations in order to improve the timeliness and accuracy of data input, provider payments and management information reports.

Two processes for data cleanup were put in place in January, 1998. The first is a feedback system to manually check and recheck the monthly maintenance reports(MMRs) which are completed and verified by social workers and which show the status of all cases on their caseloads. The MMR verification process is designed to insure that all legal, placement and goal changes for children are current in the FOCUS system. A random verification of the data in the FOCUS system is also taking place and discrepancies, once identified, are being followed up by the CFSA Director and individual workers and supervisors. The second process being used is to identify specific problem cases for review by the CFSA Director, the worker and the supervisors as well as staff from the MIS and Central Files units. This kind of review is primarily used for cases in which there are discrepancies in information about case assignment. Although the data cleanup efforts are highly labor intensive, the staff believe that case by case follow up when data discrepancies are observed, accompanied by clear instructions to workers, supervisors and data entry staff, may be the only way in the short run to resolve the ongoing data accuracy problems.

D. Corrective Action

The Corrective Action categories represent benchmarks of unacceptable child welfare practice and identify children who are in non-compliant situations. These children have either been in out-of home placement for too long without movement toward adoption or reunification or they reside in foster care placements which are either unlicensed, overcrowded or geographically far removed form the children's place of origin (the District of Columbia). The agency has been asked to track the status of children in corrective action categories as an indicator of overall progress in reforming the system. Corrective Action also is supposed to identify individual children for whom case reviews and other remedial actions are necessary. Although many individual children have moved in and out of corrective action status, overall, the agency today continues to have too many children in a range of corrective action statuses. While intensive efforts need to continue to address the problems of the children within each category, work is also needed to address the reasons that children fall into these categories and to put in place actions to prevent children from becoming corrective action statistics.

Table 2 presents the most recent data on the status of children in Corrective Action categories. This data has not been independently verified by either the Monitor or the new Receiver. In fact, the Receiver has indicated that part of the FOCUS data cleanup effort is also designed to assure greater accuracy in the identification of children in corrective action categories.

Table 2: Corrective Action
February 1995 and January 1997 - January 1998

	Feb. 1995	Jan. 1997	Mar. 1997	Jan. 1998
1. Children in Emergency Care more than 21 days	0	2	0	0
2. Children placed in Emergency Facilities for more than 90 days	57	38	20	53
3a. Children in Unlicensed Traditional Foster Homes	93	204	104	29
3b. Children in excess of Foster Homes Capacity (over placements)	61	51	37	20
4a. Children with a permanency goal of return home for more than 18 months	97	92	94	120
4b. Children with a permanency goal of placement with relative for more than 18 months	9	15	12	17
5. Children with a permanency goal of adoption for more than 30 days - no legal activity	184	212	22	338
6. Children with a permanency goal of adoption for more than 90 days who have not been referred to the Adoption Branch.	75	142	113	209
7. Children with goal of adoption for more than nine months who are not in an approved home.	57	96	85	87
8a. Children under 12 with a permanency goal of long-term foster care	50	34	25	27
8b. Children under 12 with a permanency goal of independent living	1	2	0	0
9. Children in facilities more than 100 miles from the District of Columbia	57	60	58	70

Source: Caseflow Data Status Report provided by the Receiver as of January 7, 1998. Data has not been verified independently by the Monitor.

As can be seen from Table 2, with the exception of children in unlicensed and overplaced foster homes, there has been little progress in reducing the overall numbers of children in Corrective Action categories since 1995. Progress in reducing the numbers of unlicensed foster homes in part reflects a decision by the prior Receiver to issue provisional licenses to parents who have completed all of the required actions for relicensure but have not been issued new licenses by the Department of Consumer and Regulatory Affairs (DCRA), the agency of the District government which was the designated licensing agency. As of the beginning of 1998, the licensure functions previously carried out by DCRA have been shifted within DC government to the Department of Health (DOH), although the problem of insufficient staff resources to perform the licensing function in a timely manner remains. The Receiver is currently engaged in discussion with DOH about moving the foster home licensing function to the Child and Family Services Agency. The Monitor supports this shift. In the long run, creating a licensing function within the child welfare agency may address many of the outstanding problems that have been allowed to exist because of the separation of these functions in District government.

Some of the most troubling statistics from Corrective Action concern the large numbers of children with goals of adoption who have not had legal action initiated to terminate parental rights or who have not been referred to the Adoptions Branch for appropriate recruitment and adoption placement activity. Part of the Receiver's restructuring plans are designed to develop a more proactive approach to the needs of these children. This must remain a very high priority. In addition, although there are at least 209 children with a goal of adoption who have not been referred to the Adoptions Branch, the Receiver reports that transferring these children at this time would make little sense in that the Adoptions Branch is woefully understaffed to handle these cases. As the Receiver proceeds with the restructuring, they are examining the feasibility of increasing Adoptions staffing to levels necessary to serve all children with a goal of adoption. If such actions are not feasible, the Monitor will initiate discussions with the Receiver and the parties to the LaShawn decree on alternative ways of providing timely adoption services to these children.

Over the years, the Monitor has consistently highlighted the discrepancy in data provided on the numbers of children in Adoption-related Corrective Action categories and the numbers of children in the agency overall who have a permanency planning goal of adoption. This discrepancy remains a significant problem as of the end of December, 1997. Over 900 children in the agency have a permanency planning goal of adoption, yet the Adoptions Branch only accounts for approximately 400 of these children. The status of adoption planning activities for the remaining 500 children is not clear. This is again one of the tasks of

the proposed restructuring—to identify the case status of all children in the District's custody for whom adoption is appropriate and to assign clear responsibility within the Agency for moving forward with permanency plans for each of these children.

F. Financial Management

One of the looming concerns toward the end of last fiscal year was whether or not the Receivership would overspend its budget for FY 1997. Discussions about possible overspending between the previous Receiver and the Chief Financial Officer and the Control Board were clouded by ongoing negotiations about how to treat federal Title IV-E Foster Care and Adoption Assistance revenue earned by the Receivership. The LaShawn Remedial Order specifically requires that increased federal revenue earned through revenue maximization initiatives be reinvested in the Agency, but how these funds are budgeted and accounted for by the DHS and the Chief Financial Officer has and continues to be a source of disagreement and problem for the agency.

As of the end of March, 1997, the Receivership was operating under an approved FY 97 budget of $97 million which was raised towards the very end of the Fiscal Year to $102 million based on documentation of increased federal revenue claimed under Title IV-E of the Social Security Act. In fact, if all of the federal revenue claimed in FY 1997 is counted, the FY 97 operating budget for the agency totaled $106.9 million. Year end expenditures for FY 97 are still in final stages of reconciliation, but as of the end of December, FY 97 expenditures totaled $103.2 million, leaving a surplus of $3.7 million.[1] Under an agreement reached during the summer with the Chief Financial Officer and the Control Board, any surplus federal funds earned but not spent in FY 1997 are supposed to be allocated to the agency for expenditure in FY 1998, above and beyond the FY 1998 budget.

One of the significant achievements of last year was in fact the large increase in revenue claimed and earned under Title IV-E of the Social Security Act. Title IV-E revenues totaled $38.5 million for FY 1997, an increase of 67 percent from FY 1996 IV-E revenue of $22.8 million.

---

[1]All of the FY 1997 revenue and expenditure figures are subject to slight modifications, as the Fiscal Year budget closeout activities conclude.

Negotiations are currently underway between the Receiver and the Chief Financial Officer regarding the current (FY 1998) budget. Despite the large increase in Title IV-E federal revenue which can be expected to continue in FY 1998 and the $3.7 million in surplus federal revenue over FY 1997 expenditures, the FY 1998 budget at this time includes appropriated (District) revenue of $70.5 million and estimated federal revenue of only slightly more than FY 1996 level ($27.5 million), amounting to a total authorized budget of $98 million (which is well below anticipated revenue projections and well below established FY 1997 expenditures). The Receiver has appropriately taken the position that the agency cannot wait until June or July, 1998 to receive additional budget authority to reflect both revenues earned and required expenditures. Accurate budget forecasting and the ability to meet obligations and plan for appropriate spending require that the agency have a complete and realistic budget at the beginning of the year. This is particularly true for the child welfare agency where so much of the spending is non-discretionary and is tied to the performing mandated child protection functions and to the meeting the needs of children who must enter the District's physical or legal custody. Further, the District's share of the child welfare budget has remained at the same level for the past several years ($70.5 million), despite the large increases in the protective services and foster care population. At the very least, the budget needs to the formally acknowledge the increases in population served and account for the federal dollars earned in increased Title IV-E revenue. It is the Monitor's hope that the budget negotiations for the FY 1998 budget will be successfully concluded during this next quarter, thus allowing the agency to the responsibly plan for the remainder of this year.

The Receiver has also recently submitted and is in the process of defending a proposed budget for FY 99. In the FY 99 budget, Ms. Jones asked for an increase in appropriated funds (District funds) and for a true accounting of Title IV-E revenue earned. The total budget request for FY 99 was $123.9 million. The proposed budget increase will allow for creation of a uniform personnel system; moving the agency to the new space; budget support for the further development of community collaboratives; full implementation of the CWIS management information system; and the ability to the provide step increases for agency staff. The Monitor supports this budget request.

Finally, under the previous Receiver, there had been a lot of concern about the overuse of the Receiver's's Revolving Account. Large outlays were made from that account, primarily to cover the parallel personnel system supporting contract LaShawn employees. It is Ms. Jones intention to keep the Revolving Fund Account in place to use for emergency expenditures that cannot be legitimately processed through normal

payment systems. These include emergency payments to the vendors and foster parents as well as emergency court ordered payments. The amount of funds flowing through the revolving fund will however be greatly reduced because of the action taken to the transfer the vast majority of contract staff to the District's personnel system.

G. Progress with the Collaboratives and With Neighborhood-Based Service Delivery

The Receiver has engaged in a joint process with the Collaboratives to develop work plans that provide the foundation for cooperative planning and service delivery as well as for defending the outcomes that are to be achieved through joint work. As part of the proposed restructuring, a newly created Community Services Administration will provide the administrative home for continued development of the collaborative relationships as well as for the integration of the work in community and neighborhoods with the overall reform of the service delivery system. Appendix A to this report provides a brief summary of the progress in each of the collaborative areas. Appendix B provides a brief description of the activities and services provided by the Ferebee Hope Neighborhood Services Center. All of these initiatives are extremely promising and demonstrate both the importance and the potential of continued investment in work with community and neighborhood partners.

H. Protective Services Intake and Investigations

As part of the proposed restructuring, the Child Abuse Hotline, Intake and Assessment activities as well as responsibility for the provision of family services and kinship care will be integrated into one program administration. Work is now underway to the identify changes that need to the occur in the functioning of both the hotline and intake and assessment activities. In addition, the agency has formed a task force to begin the development of legislation and policy to create a kinship care program.

The Receivership has also decided that it will take a leadership role in spearheading proposed legislative changes to the District's child abuse and neglect statutes both to conform to recent changes in Federal law (The Adoption and Safe Families Act of 1997) and to address problems created by the dual system of response to the child abuse and child neglect (CFSA and Metropolitan Police/Court Social Services). Efforts to define the scope of this legislative activity are just beginning but are expected to intensify over this next year.

Table 3 shows data provided by the Receiver's Office on the status of Protective Services Intake and Investigations as of the end of December, 1997. It shows a considerable improvement in the numbers of investigations completed within 30 days, as is required by District law and the Remedial Order. The reduction in the backlog to the 28 cases may reflect the increased staffing that was provided to the Intake Unit during the summer months and increased monitoring of the timeliness of investigative activities by the Intake Branch Chief.

Table 3: Protective Services Intake and Investigations
January - December 1997

	Jan. 1997	Feb. 1997	Mar. 1997	Dec. 1997
Number of new reports received during month	446	354	401	284
Number carried over from previous month	382	508	496	306
Total number of investigations initiated during the month	383	294	330	284
Number initiated within 24 hours	345	255	288	275
Number not initiated within 24 hours	38	39	42	9
Number of investigations completed during month	257	306	337	277
Number of reports supported	118	138	133	173
Number of reports unsupported	131	154	193	98
Number of investigations closed due to the unable to the locate	8	14	11	6
Number of investigations which exceed 30-day limit	103	122	119	28
Number of cases transferred to the In-Home Services	66	71	88	111
Number of cases transferred to the Out-of-Home Services	32	40	24	39

Source: Monthly Caseflow Data Status Report provided by the Receiver. This data has not been independently verified by the Monitor.

J. Services to the Families and Children

1. Family Preservation Services

A second companion phase of the agency's restructuring will be the redesign of the service delivery system focussing on how services are provided to children and families and how the agency's service delivery processes can promote continuity of care and better linkages to the community and neighborhoods. The Receiver expects this phase of work to commence by May, 1998. Part of that review will involve rethinking how best to provide family preservation services, including intensive family preservation services to improve outcomes for children and families.

At present, the agency's capacity to the serve families intensively remains unacceptably low. The Families Together program is the agency's intensive family preservation program (IFPS). The LaShawn Remedial Order required that there be at least five IFPS units serving families initially and that the service would ultimately be increased to assure that sufficient IFPS services were available to all families who could use them. However, as of the end of December, 1997, the Families Together service capacity had dwindled to one unit in-house with four staff and an additional seven contract staff housed at two private agencies. There are also three workers at each of the two contract agencies providing a step-down (less intense) level of service to families who complete a program of short term intensive services. As of the end of December, there were 33 families with 131 children receiving Level I Intensive Families Together services and 19 families with 81 children receiving the Level II Step-Down services.

As of December 31, 1997, the agency reported that overall, 894 families were being served by staff from in-home protective services units. These are families where there have been substantiated reports of child neglect but where a judgement has been made that some or all of the children can remain safely at home with protective oversight by CFSA staff. These 894 families are reported to the have a total of 2,964 children living in their homes. Again, as the agency moves forward with its restructuring, it intends to the take a close look at how services are currently provided to these children and families and at alternative service delivery models.

H. Out-of-Home Care

As of December 31, 1997, there were approximately 2,900 children in foster care in the District of Columbia. The Receiver has been working hard to the get an accurate count of the number of children in foster care. In order to do this, data on the numbers of children in care are being tracked in three ways—from the FOCUS information/payment system; from caseload data provided monthly by workers and by looking at caseflow statistics on the numbers of children entering and leaving care each month. These three methods continue to the report variant data on the total numbers of children in care, ranging from 2,610 children using caseflow data to the 2,864 children using caseload data to 3,116 children using the FOCUS data system. As part of the data cleanup effort, program planning staff are analyzing the discrepancies from each data source and working closely with staff to review the variances. However, under any scenario, it appears that the numbers of children in foster care continue to rise.

Increased numbers of children in foster care pose additional challenges for the agency, particularly in assuring that the appropriate number and kinds of placements are available to the children who need out-of-home care. The development of a kinship care program is one effort to increase the range of qualified placements available to children. Other efforts will necessitate expanded recruitment and training of foster parents and additional contracting for a range of therapeutic alternatives for children and youth.

In addition, one of the Receiver's short term priorities is to develop a system of health care services for children in foster care. Currently, the provision of health care services to the children in foster care is haphazard and sporadic. A committee has been established to prepare a proposed health care system for all foster care children which will be designed to the address primary care, screening and assessment, mental health services and developmental assessment. The work of this committee is expected to lead to the development of an RFP which will create a coordinated health care delivery system for children in foster care.

Another area of priority concern is the development of a system to the investigate complaints of maltreatment of children in foster care settings. No protocols currently exist to the address this problem and no staff are explicitly assigned this function.

Finally, timely administrative review of progress toward permanency for children in foster care is a requirement of federal law. In the past, the agency has had a huge backlog of children who had not received those reviews every six months, as is required. The new Receiver is currently assessing the Administrative Review process. Data on the status of compliance with requirements for Administrative Review will be provided in the next quarterly report.

I. Adoptions

As of the end of December, 1997, 942 children or approximately one-third of the children in foster care had a permanency planning goal of adoption. To meet the needs of these children, the agency must greatly enhance their capacity to provide the necessary legal, social work and placement services to assure timely placement with adoptive families and speedier finalization of adoptions.. Currently, the Adoptions Branch provides adoption planning services and tracks what is happening for only a small percentage—397 of these 942 children. The rest of the children presumably are followed by foster care workers and the exact status of adoption planning activities for them is currently unknown. This does not necessarily mean that adoption related activities are not occurring; it does mean that the agency does not currently have the ability to the know the status of adoption planning for every child with a goal of adoption. (See Table 4)

With the passage of the federal Safe Families Act of 1997, the District , like other states, will need to the move much more aggressively and quickly to make permanency decisions for children and to move many more children into permanent adoptive homes. This will require coordinated work with the judiciary and the careful integration of social service and legal planning for children. Further, under the President's Adoption 2000 program, states have been offered fiscal incentives for greatly expanding the numbers of children placed in adoptive families. The Receiver has formed a committee that is tasked with developing an internal plan to the ensure that the agency exceeds the placement commitments they have made under the Adoptions 2000 program. Launching and sustaining an adoptions program that can address the large backlog of children needing adoption must remain a high priority for the Receiver.

Table 4: Adoptions
January - December 1997

	Jan. 1997	Feb. 1997	Mar. 1997	Mar. 1997
Aggregate Caseload				
Number of children with goal of adoption	812	821	855	942
Total number of children in Adoptions on first day of month -- CFSA's Adoption Resource Branch ("ARB") and children referred to the Consortium, combined	440	461	430	397
Number children newly referred to the Adoptions during month	10	7	7	9
Number cases closed during month -- ARB and Consortium combined				
Total	26	12	10	15
Finalizations	23	6	5	14
Dismissals, goal changes and disruptions	3	6	5	1
Number of children in Adoptions on last day of month -- ARB and consortium combined	431	430	433	391

Source: Adoption Resources Branch Monthly Statistics. Data has not been verified independently by the Monitor.

J. Fatality Review

Under the Remedial Order, the Agency is required to conduct an internal assessment of any child fatalities and to assure that there is a functioning external fatality review system which is capable of looking at systemic issues related to the child deaths. During the past year, the CSSP and staff of the Receivers Office conducted a case record review of all children who died between 1992 and 1996 and who, at the time of their deaths, were being served by CFSA. A copy of the Executive Summary of that report is attached as Appendix C. The case review pointed to serious deficiencies in agency case practice as well as the need for an overhaul of the agency's internal fatality review process.

K. Named Plaintiffs

Three of the original seven named plaintiffs remain in the custody of the District's child welfare agency. All of these three children, two of whom are now teenagers, remain in foster care. The two older children have a permanency goal of independence while the permanency goal of the third child, who is currently

13 years old, remains adoption. Appendix D provides a confidential report to Judge Hogan on the status of these children.

IV. CONCLUSION

In the last three months, the newly appointed Receiver has begun to the lay the groundwork for rebuilding the child welfare system in the District of Columbia. She has attempted to reestablish relationships with many of the District agencies and community organizations who are essential partners in job of protecting children. She has worked with her staff to develop a clear statement of the mission of the Child and Family Services Agency, and she has assembled a team of competent professionals to take on the job of running an efficient and effective child welfare agency.

During the next quarter, the Receiver will unveil and implement a major restructuring of the agency. In addition, she intends to the put forth a short term (6 month) action plan and a longer term (18 month) plan for bringing the agency into compliance with the LaShawn Remedial Order; for supporting and sustaining new collaborative partnerships with community and neighborhood organizations, service providers and informal supports, and ultimately for improving outcomes for children and families of the District of Columbia. Moving forward with these tasks will require strong leadership, effective management and a unwavering focus on the children who are at the heart of the system. As this report has highlighted, the problems are deep and will not be solved overnight. Particular attention must continue to be placed on developing and maintaining accurate data, assuring that the agency's financial/resource base is well-managed and able to support all legal mandates and addressing the huge number of children in foster care who need adoptive homes. The Monitor is encouraged by the initial steps taken in the past three months to provide the leadership, expertise and team work necessary to achieve progress in these areas and on the fuller range of required reforms.

APPENDIX A

Appendix A:
Activities of the Healthy Families Thriving Communities Collaboratives

At the end of December, 1997, seven Healthy Families Thriving Communities Collaboratives across the District were in various stages of planning and implementation activities. They include three "implementation" collaboratives (which are the Collaboratives that were the first started and are the most developed at this time) and four other Collaboratives which are currently engaged in planning activities.[1] Taken together, the current Collaboratives cover geographic areas where 93% of substantiated child neglect cases originated in 1997.

Technical support for the Collaboratives' development and for a citywide Collaborative Council is provided through D.C. Agenda. During the past year, they have been working with CFSA and Collaborative staff to develop a technical assistance plan and have sponsored several joint Agency/Collaborative training sessions. DC Agenda also provides logistical support for several joint Collaborative-CFSA work groups.

Listed below are highlights of the activities undertaken and progress made by each of the seven existing Collaboratives.

- *Columbia Heights/Shaw Family Support Collaborative*

The Columbia Heights/Shaw Collaborative is located in Wards 1 and 2 in northwest D.C. The Collaborative is now serving families who are referred by CFSA and Court Social Services staff, Children's Hospital, Collaborative member agencies and through word of mouth. Currently, the Collaborative is directly serving 25 families, about 18 of whom are officially known to the child welfare system (either CFSA or Court Social Services). These families are receiving supports and services from a clinical psychologist and three family support workers hired by the Collaborative. All of the family support workers are residents of the Columbia Heights/Shaw community. Cases are managed by teams, including the clinical psychologist, the family support worker, the Collaborative project director and the family itself. Also included in the teams are public agency social workers and other service providers.

The Collaborative has held church dinners and forums at the public housing complex focusing on parenting skills. The Collaborative also supported a tenant-run summer recreational program in 1997 which served 50 children for 6 weeks. The Collaborative is now in the process or organizing support groups for adolescents and parents of adolescents.

In addition to its direct work with families, the Columbia Heights/Shaw Collaborative is establishing working relationships with numerous other organizations within the community and helping to build their capacities. The Collaborative regularly provides training and technical assistance to its member agencies including staff training and proposal writing. The Collaborative is working with Howard University to develop 3 family life centers located in 3 schools within the target area. These centers will focus on violence prevention and provide in-school support and after-school activities for children as well parent support programs. The Collaborative is also providing technical assistance to the Healthy Families project

---

[1]An eighth collaborative is also in the beginning stages of development in the Petworth neighborhood of the District.

which does primary prevention via an emphasis on home visitation with first-time mothers. The Collaborative is also providing training and technical assistance on team-based case management to the Latin American Youth Center (LAYC) as well as direct consultation on some of their cases. In addition, the Collaborative is working with LAYC and For Love of Children (FLOC) to develop neighborhood-based foster care placements. The Collaborative assisted FLOC to hire two local residents of the community to recruit foster parents. In addition, Columbia Heights/Shaw is participating in an advisory council and training staff for a Vietnamese youth leadership project. The Collaborative is also working with United Planning Organization (UPO) which will hire and house a substance abuse and an employment counselor in a neighborhood development center.

- *Edgewood/Brookland Family Support Collaborative*

The mission statement of the Edgewood Brookland Collaborative in Ward 5 in northeast D.C. reflects a focus on meeting children and families' needs while rebuilding the community. During its planning phase, the Collaborative conducted community surveys and focus groups to determine families' needs and asset mapping activities to identify and catalogue the resources available in the target area. Edgewood Brookland has also organized a task force to focus on foster and adoptive home recruitment in their target area so children can remain in their communities when they are placed in out-of-home care. In addition, the Collaborative has created a task force to focus on day care which was identified during the community assessment process as a major need. The Collaborative held a forum on day care to determine parents' specific day care needs and to recruit potential day care providers. The Edgewood-Brookland Collaborative has also begun serving children and families in the community without receiving any formal case transfers from CFSA. However, line staff at the agency have referred more than 25 families for various services including housing, medical care, counseling, disability payments, drug treatment, job training and employment services and others. A CFSA supervisor and two CFSA social workers were detailed to the Collaborative during the last quarter of 1997. These staff have begun getting to know the community and developing relationships with the Collaborative and its members. The CFSA staff are also in the process of reviewing cases on the CFSA caseload to determine if they are appropriate to be served by the Collaborative.

- *East River Family Strengthening Collaborative*

The East River Collaborative is located in Ward 7. The lead agency for the Collaborative is the Marshall Heights Community Development Organizations (MHCDO). The Collaborative is comprised of 20 other community-based organizations and several service providers as well as neighborhood residents. The Collaborative is focusing its efforts in four public housing developments within Ward 7. These developments were selected because they have the highest density of substantiated cases of child abuse and neglect within the area. Family advocates have been hired by the Collaborative and are working in each of these four areas to establish the Collaborative's presence there, assess the informal and formal resource available in each location, develop relationships with community members and begin serving families. A substance abuse counselor and employment developer are also serving families in the target areas. The Collaborative is currently focusing on ongoing staff training, asset mapping of institutional and informal supports, recruiting additional service providers based on family needs, developing operating protocols for family and neighborhood intervention, developing an evaluation model and expanding services beyond family preservation to include neighborhood-based foster care.

- *Far Southeast Family Strengthening Collaborative*

The mission of the Far Southeast Collaborative, located in Ward 8, is to create a healthy socioeconomic environment in which every child and family has opportunities to achieve maximum potential and to lead a productive life. Its lead agency is the Anacostia/Congress Heights Partnership, The overall goal of the Collaborative is to develop and implement a plan to better coordinate services to children, youth and families in Far Southeast. The Collaborative is focusing on strategies to prevent child abuse and neglect and is developing relationships among community members, schools, social service organization and businesses to work on prevention strategies. The Collaborative has surveyed the community for the purpose of identifying and mapping its organizational assets. Currently, the Collaborative is planing a series of work sessions with residents at the public housing complexes in order to determine families' needs. Family resource centers will be developed based on the feedback from these work sessions. The Collaborative has hired two outreach workers who have begun working with families in the community as well as referring them to local community organizations. Far Southeast has also given out 4 mini-grants supporting a parent/child activities center, a weekly parent support forum, an adult computer learning program and a youth entrepreneurs program.

- *North Capitol Healthy Families/Thriving Communities Collaborative*

The North Capitol Collaborative covers an area just north of the Nation's Capitol that borders North Capitol Street. Its mission is to prevent and treat child abuse and neglect through the development of formal and informal family focused community and family support systems. Toward that end, the collaborative has conducted community based focus groups and is in the process of conducting additional focus groups to most effectively gain community guidance in program development. The collaborative is also conducting a comprehensive community asset mapping/community resource survey project. During this planning phase, the collaborative staff provides families with needed services, supporting a limited number of families involved with child protective services. The North Capitol Collaborative's program committee consists of representatives of Family and Child Services, Catholic Charities, ARE, Center City Community Corporation, and the Mazique Child Development Center. The committee works to coordinate case management and family support as well as to formalize the linkages and networking that occurs daily among collaborative members and partners.

- *South Washington, West of the River Family Strengthening Collaborative*

The South Washington Collaborative is primarily located in Ward 6 with a small area of Ward 2 in its catchment area. The Collaborative has surveyed approximately 300 individuals and agencies located in the target area as part of its asset mapping activities. The membership of the Collaborative has increased 250% over the last year from 72 to over 300 individuals and agencies. The Collaborative has formed partnerships with several local organizations including Children's Hospital which will soon begin referring families to the Collaborative for supportive services. The Collaborative is also going to be providing social services at the Community Partnership for the Prevention of Homelessness' Family Investment Center. South Washington also serves as the liaison for Healthy Start; together, they are planning a health fair for April, 1998 as well as community orientation lunches. In addition, the Collaborative is working with the Office of Maternal and Child Health on the Community Leadership Initiative which provides training for neighborhood residents who want to participate in community development and civic affairs. The Collaborative has also created a work group called Women Speaking Out which provides bi-weekly workshops on leadership and public speaking.

In February, 1998, the Collaborative is holding a first time ever meeting of the tenant associations from 11 public housing projects in the South Washington target area. This meeting will also include representatives from local neighborhood associations (non-public housing). Also in February, the Collaborative is convening a round table of service providers—including medical care, day care, social services, etc.— to discuss service coordination strategies. The Collaborative has hired two outreach workers who regularly disseminate information to the community about available services and programs. A community resource guide is being prepared for distribution within the South Washington community. The Collaborative has fostered and enhanced relationships between local agencies, such as Sasha Bruce Youthwork and Friendship House who are now working together on foster care training and recruitment. The Collaborative is also working with the Advisory Neighborhood Commission (ANC) to implement the Time/Dollar Program in which residents barter with one another through community service, e.g., babysitting for a ride to the doctor. The Collaborative is also developing a family support center where families can receive case management, social services, employment assistance and training and mentoring.

- *Mid-Northeast Collaborative*

The primary mission of the Mid-Northeast Collaborative, located in Wards 5 and 6, is to improve services to children and families by utilizing the strengths and resources of community residents and local service agencies and developing public/private partnerships. The Collaborative's lead agency is the Healthy Babies Project which focuses on pre- and post-natal care. Through focus groups and asset mapping, the Collaborative has identified and catalogued community resources available in Wards 5 and 6. Individuals from the local community were hired to conduct the asset mapping. In addition, the Collaborative has begun to train outreach workers on identifying community needs and delivering services to children and families. The Collaborative has begun serving families on an ad-hoc basis, providing economic support, housing assistance, counseling and case management. The Collaborative is also pulling together community members, law enforcement officials, civic associations and service providers to focus on reducing crime and violence in the target area. Mid-Northeast is also working with the other HFTC Collaboratives on foster and adoptive parent recruitment.

APPENDIX B

Appendix B:
The Ferebee Hope Community Services Center

The Ferebee Hope Community Services Center—a decentralized unit of CFSA—was established in a neighborhood in southeast D.C. in December 1996 and is now joining with the Collaboratives in that area to further develop neighborhood-based child welfare services.

At the same time the Collaboratives were forming, CFSA was also establishing the Ferebee Hope Community Services Center (FHCSC)—a neighborhood-based unit of CFSA staff, decentralized to work with children and families in a specific geographic target area. FHCSC is located in a functioning elementary school in southeast Washington. Currently, there are seven CFSA social workers and two supervisors at Ferebee Hope.[1] Each worker has a caseload of approximately 11 families. Ferebee Hope handles two types of cases: (1) in-home protective service cases[2] that have officially entered the child welfare system due to substantiated child maltreatment; and (2) voluntary community cases which are referred to Ferebee Hope by teachers, guidance counselors, neighbors and the families themselves. The emphasis at Ferebee Hope is on prevention; therefore, the community cases receive the same level of service intensity as do the "official" protective services cases. In its first year of operation, Ferebee Hope served 252 children in 82 families.

CFSA staff at Ferebee Hope provide protective supervision for children and case management for families including referrals for counseling, substance abuse treatment and other services. Housing assistance is also provided. In addition, staff transport family members to medical and other appointments. Staff also maintain intensive contact with families—visiting them in their homes from one to five times per week. A home management team helps clients develop homemaker skills including cleaning, budgeting and nutrition. The Center itself is family-friendly, with rooms furnished and decorated to make children and families comfortable.

Ferebee Hope offers several weekly education and support groups for children and families on its caseload as well as other community members who are not on the caseload. A parent support group focuses on building self-esteem, dealing with life issues, the importance of working with children's schools, HIV issues, career building and the impact of welfare reform. Parenting skills classes teach parents about child development and age-appropriate behaviors and expectations. An adolescent peer group provides an opportunity for teens to come together to discuss life issues. All of these groups are run by the CFSA staff at Ferebee Hope. In addition to these groups, the CFSA staff at Ferebee Hope have established a mentoring program for male and female children ages 6 to 16. The mentors are volunteers from the community and, interestingly, from CFSA staff who work at the agency's central office. Ferebee Hope recently received a foundation grant for the mentoring program which will support a youth contest on ways to improve the neighborhood. Several thousands of dollars in prizes will be given to 5 youths who develop winning ways to improve their community.

---

[1]The original staffing plan for Ferebee Hope called for 12 social workers; however, the unit has never been fully staffed.

[2]In-home protective services cases are those in which child maltreatment has been substantiated but a determination has been made that the children can remain at home with services and supervision from CFSA.

The Ferebee Hope program has also focused on building relationships with other organizations within the community. Staff work closely with the Baptist Center, an outreach program and community center. The Baptist Center has provided Ferebee Hope with meeting space, food baskets for clients and monetary support for other activities. In addition, Ferebee Hope has conducted in-service training with teachers and guidance counselors at the local schools. Furthermore, Ferebee Hope has also networked with some of the local businesses, including a beauty academy and barber shop which each provide up to three free haircuts per month to clients referred by the program.

In September, 1997, the D.C. Building and Industry Association (DCBIA) selected Ferebee Hope as their annual project, raising $250,000 to clean and landscape the area, put in playground equipment and create a mural. Five hundred people—including many community members—participated in these activities. Ferebee Hope's future plans include the establishment of an on-site immunization and well-baby clinic.

The experiences of the past year have shown several of the desirable characteristics of the Ferebee Hope initiative which are also shared by the Collaboratives.

- FHCSC is physically located in the neighborhood where the families it serves live;
- FHCSC staff work only with families who live in the target area, enabling them to get to know the neighborhood and its resources very well;
- FHCSC is closely tied to a school—a natural point of community contact;.
- FHCSC emphasizes prevention by providing intensive services to families before they are reported to the child welfare agency for abuse or neglect; and
- FHCSC is developing relationships with other community organizations to maximize easily accessible resources for children and families.

Therefore, it may be useful, to take careful stock of the work that has been done at FHCSC to determine if there are valuable lessons learned that can be carried forth as the new Community Services Administration is developed. Indeed, Ferebee Hope and the Collaborative located in that target area (Far Southeast) have begun working together to determine how to expand services and supports for children and families in that community. The Director of Ferebee Hope serves on the Collaborative's steering committee, is the chair of its public education committee and sits on its full board.

APPENDIX C

Appendix C:

A STUDY OF FATALITIES OF CHILDREN KNOWN TO THE DISTRICT OF COLUMBIA'S CHILD AND FAMILY SERVICES AGENCY (CFSA) 1992 - 1996

EXECUTIVE SUMMARY

This report presents the findings of a case record review of children who died between 1992 and 1996 and who, at the time of their deaths were being served by the District of Columbia's Child and Family Services Agency (CFSA).[1,2] Some of these children were in foster care at the time of their deaths, and others were living with parents or relatives but were part of an open protective services case.[3] The case record review was conducted jointly by the Center for the Study of Social Policy and the LaShawn Receivership.[4] The study had four major purposes: (1) to gather and describe information about the circumstances around each child's death; (2) to analyze case practice—including case planning, service provision and caseworker contacts with children and families—during the 12 months prior to the child's death; (3) to review and assess CFSA's *internal* child fatality review process; and (4) to determine, based on all available information, whether and how any of these deaths could have been prevented.

It is important to note that this report covers deaths only to children in cases managed by CFSA. It does not cover child fatalities that occurred in cases managed by the Court Social Services division of the Superior Court of the District of Columbia. In the District, Court Social Services has jurisdiction over children who have been abused but who can remain at home with protective services. These children were not included in this study.

Examining the deaths of children known to CFSA provides an important window into agency case practice. Overall, this study found that child welfare services were inadequate in many cases and, in some cases,

---

[1]The Child and Family Services Agency is currently administered by a Court-appointed Receiver pursuant to LaShawn A. v. Barry.

[2]This report provides information collected from an in-depth review of the official case records of 57 children who were known to the child welfare system at the time of their deaths. In addition to reviewing the case records of the 57 children, focus groups were held with CFSA workers and supervisors who have had children on their caseloads die.

[3]A protective services case is opened within CFSA when neglect has been substantiated and it is determined that the risk of future neglect warrants protective supervision and/or services to the child and the family in their own home. In these cases, the risk of future harm is judged not to warrant removal of the child from their home.

[4]In 1995, the District's child welfare system was placed in Receivership by the federal court because of failure to implement reforms mandated by the U.S. District Court in LaShawn A. v. Barry. The Center for the Study of Social Policy is the court-appointed monitor for LaShawn A. v. Barry.

deficiencies in case practice may have impacted the child's death and/or quality of life. The deficiencies in case practice should not be attributed simply to a worker's poor performance. Although it appears that some social workers were not performing up to professional standards in some instances, the larger reality is that supervisors were not always adequately trained to support workers and monitor their caseloads, information systems were not available to assist the workers, linkages with other formal and informal support systems were lacking, and so on, leaving a system bereft of supports that might help individual workers and supervisors better protect children.

Second, CFSA's internal child fatality review process does not currently provide the means to objectively examine a child's death in order to identify and rectify agency policy and practice problems. Reviews are viewed by workers as punitive even though they have never resulted in formal disciplinary action. In addition, reviews are too often pro forma in that the substantive recommendations generated during the review are not systematically reviewed and addressed by management.

Listed below are the key findings of this study.

Key Findings

- The majority of the deceased children were African-American (98%), age four or younger (68%) and had been prenatally exposed to drugs (57%). Almost three-fourths of the children (72%) had a family member with an active substance abuse problem at the time of or in the year prior to the child's death.

- Poor physical health of the children and street violence—not child abuse and neglect per se—were the primary causes of death of children and youth with open cases at CFSA.

  - Sixty-eight percent of children's deaths were ruled natural; natural deaths were due to HIV/AIDS (30%), SIDS (15%) and other diseases (54%).

  - Eighteen percent of the children's deaths were ruled homicide; of these, 70 percent were due to gunshot wounds (not [or not believed to be] inflicted by child's parent or caretaker).

  This finding is somewhat surprising at first glance because all of these children were in the foster care or child protective services system when they died. For far too many children, however, the District is an unsafe place to live and they are not adequately protected from either their own violent neighborhoods or from abusive or neglectful parents.

- Case management and supervision by the child welfare agency in many of these cases was extremely limited in the 12 months prior to the child's death. Case readers judged in a substantial number of cases that an agency policy or procedure and/or the caseworker or supervisor's handling of the case may have impacted the child's death. Because the District's child welfare agency is not functioning adequately on a host of fronts, CFSA was unable to prevent many of these deaths.

For example, in some cases, children died from gunshot wounds while they were in abscondence from their foster placements. These children's case records contained few indications that serious efforts had been made to locate these children and deal with the reasons for their abscondence. In other cases in which the child was involved with both the child welfare and the juvenile justice or mental health systems, there was little evidence of any coordination between the systems. This resulted in no single entity taking primary responsibility for the child's well-being. In addition, lack of regular contact between the social worker and the child and family, poor decision-making by undertrained workers and supervisors on whether and when to remove a child from the home, insufficient training of foster parents and inadequate monitoring of group/institutional placements may have been important factors in children's deaths.

- The child fatalities reviewed for this study do not appear to provide evidence for the recent backlash against "family preservation." Family preservation refers to a child welfare practice orientation emphasizing the preference for keeping children at home with their families. Critics have argued that children are dying at the hands of their parents or caretakers because some child welfare agencies inappropriately emphasize family preservation over child safety concerns. We did not observe this phenomenon in this study. First, most of the children died of disease or they were shot in an incident of street violence; they were not abused or neglected to death by parents with whom they should not have been living. Second, the children who did die at the hands of their parents or caretakers did not die because the social workers and supervisors insisted that they remain at home with their families based on an explicit, thoughtful, ideological devotion to the principles of family preservation. Indeed, in these cases, children mostly suffered because of a poor assessment of their safety and of the likelihood of future harm by the child protection system, despite many danger signals.

- In many cases, the procedural requirements for child welfare cases were not fulfilled. Almost half of the cases (47%) had no case plan, the key document which describes the strengths and needs of the family, the goals for the family, services to be provided and progress made toward the case goals. Only 40 percent had any evidence of oversight by a supervisory social worker. Only 20 percent of the children who were in the legal custody of the agency had had an administrative review within six months prior to their deaths, a requirement of federal law for all children in foster care.

- Service provision for children and families in the 12 months prior to the child's death was inadequate in many cases. Although it is impossible to predict, the provision of needed services may have helped prevent some of the deaths that occurred.

  - Case readers judged services provided to children and families to be inadequate in 87 percent of protective services cases. Mental health services were provided to children and/or families in less than one-third (31%) of the protective services cases in which they were judged by case readers to be needed. Substance abuse treatment was provided in only half of the cases in which it was judged to be needed, and parent education was provided in only 43 percent of the cases in which it was judged to be needed.

- Case readers judged services for children in foster care to be inadequate in 52 percent of cases and services for birth parents of children in foster care to be inadequate in 78 percent of cases. Only 60 percent of foster children needing mental health services received them. Birth parents of children in foster care received parenting education in 37 percent of the cases, substance abuse treatment in 50 percent of the cases and mental health services in 43 percent of the cases in which they were needed.

- Children and families were generally not seen very often by their social worker in the 12 months preceding the child fatality. In foster care cases, there were no documented contacts by social workers with 36 percent of children, 22 percent of birth parents and 60 percent of foster parents during these 12 months. Similarly, in protective services cases, social workers had no documented contact with any family member (including the child) during the 12 months prior to the child's death in almost one-third (31%) of the cases.

- CFSA's internal child fatality reviews identified problems and made recommendations regarding agency policy, procedure and practice. However, many of the Child Fatality Review Team's (CFRT) recommendations were repeated over and over again in its reports during the five-year period covered by this study, indicating that the team's recommendations are not systematically addressed by the agency.

The review of these 57 child fatalities revealed a number of system-wide deficiencies that may have played a part in the deaths of these children. For example, case management and supervision was often inadequate in the 12 months prior to the child's death, services were almost non-existent, almost half of the cases had no case plan to direct the child's care, and very few had had an administrative review within six months prior to their deaths. These kinds of agency practice gaps may well have contributed to the deaths in this study, whether they were due to child abuse and neglect or not. Keeping better track of the children in care may have helped prevent some of these deaths, perhaps even some of those due to street violence and poor health. Better super-vision, contact and ongoing monitoring with teenagers, for example, might have helped to keep them safe and off the streets. And certainly for those children who died as a direct result of child abuse or neglect, closer agency scrutiny may have helped prevent these deaths.

Case Vignettes

While the findings cited above are powerful, straight data simply cannot adequately convey the pain that many of these children experienced in their short lives and the inadequacies of the systems that were supposed to protect them. For this reason, we present below the stories of three real children,[5] who had open cases in CFSA when they died.

[5]Names have been changed to protect confidentiality.

Vignette #1:
Regina Minor[6]

This case chronicles the life of a child who first became known to CFSA as a 3 year old in 1978. She died at the age of 20 after living in 17 different out-of-home placements over the next 17 years. Regina died of questionable natural causes in a placement that was acknowledged to be inappropriate to her needs.

Regina entered foster care because of physical abuse inflicted by her mother. At the time of initial placement in an infant and maternity home, she was diagnosed with mild cerebral palsy, an IQ of 67 (mild retardation, but educable), developmental delays with gross motor coordination and failure to thrive due to maternal deprivation. Within a year, Regina had two operations, one of which was to release her Achilles tendon and thus facilitate motor coordination. All of her diagnoses at that time traditionally carried fair to good prognoses.

A psychological evaluation of Regina's mother in August 1978 concluded that Ms. Minor's low intelligence and "limited personal insight" would prevent her from parenting Regina without "professional support." The court ruled in 1980 that the child welfare agency should explore adoption possibilities for Regina.

Between November 1978 and 1986, Regina lived in four separate foster homes. She was removed from the first one after 18 months due to physical abuse by her caretaker. By 1980, Regina was 5½ years old and in her fourth placement. At this point, her case record documents feces smearing and "continued bed wetting episodes," yet the case file does not indicate any planned assessments or case planning or interventions. The record does note that her mother faithfully visited her monthly through April 1981.

There are no case record notes, court reviews, administrative reviews, records of supervision, or narrative reports from 1983 through 1988, and it is not clear what agency interventions—if any—were made during this time. Nevertheless, this period carried Regina from her ninth through thirteenth birthdays and she experienced her seventh through eleventh out-of-home placements. By 1988, Regina had moved from foster home placement into two psychiatric hospitals and three residential treatment centers. She had lived in New Jersey, Maryland and Texas. At this time, the case file continues to be silent on case planning, reasons for re-placement, prognosis, diagnosis, agency expectations and caseworker involvement in supervising Regina's care. There ceases to be any mention of her mother during this period and no mention of adoption or any other permanency plan.

---

[6]Names have been changed to protect confidentiality.

In 1989, as court reports resumed, Regina was living in a residential treatment institution in Texas. She was placed there in October 1987, at age 12 years, 11 months. The case file indicates that Regina now was requiring "one-on-one supervision, sixteen hours per day, seven days per week." In addition, she was receiving weekly physical therapy designed to improve her gross and fine motor skills. Ms. Minor had no contact with Regina after she was placed outside of the District of Columbia, although Regina continued to inquire about her mother. The record contains no case plans, no documentation of supervisory reviews, and no discussion of this child's future.

In 1990, Regina continued in a Texas placement, and a recommendation was made by the Court to move Regina to a therapeutic community placement. She was subsequently moved back to the District of Columbia and placed at St. Elizabeth's Hospital.

The Commission on Mental Health's Residential Placement Unit (RPU) was unable to find a community placement for Regina and her next home was another residential treatment center in Florida. At 16 years old, Regina was academically functioning at a fourth grade level, and was in her thirteenth out-of-home placement. Her mother continued to be unable to plan for her. The file at this time indicates that she continued to be enuretic and may have pretended to have seizures. Her full diagnosis and relevant planning to address her conditions were not provided in the record.

By 1991, Regina's symptoms included auditory hallucinations, fecal smearing, public masturbation, disrobing, setting her clothing afire, and "attempting to wear the smoldering clothing." The Florida treatment facility where she was placed attempted to get Regina ready for placement in a community facility. However, there was no evidence of coordination with CFSA nor any involvement of Regina's social worker in supervising her placement or planning for her future. Regina continued to experience serious psychiatric deterioration. Regina's CFSA worker planned to refer Regina to the Mental Retardation/Developmental Disabilities Administration on her 18th birthday in order that she be eligible for services at age 21. Her multiple issues appeared to be beyond any one agency, but there was no documentation of interagency or intra-agency planning. There was no active advocate or case manager for Regina.

In 1992, the Residential Placement Unit acknowledged the "regression" experienced by this child who entered care with minimal difficulties. She was by this time urinating on the floor licking it up, fecal smearing, and inserting objects into her body cavities. The Residential Placement Unit representative recommended that Regina be removed from Florida Treatment Center within 30 days because it was not meeting her needs. Regina was then placed in a local therapeutic group home for the mentally retarded. This placement lasted fifteen days; it was her fourteenth placement, she was 17½ years old and manifesting serious symptoms of psychosis. Alternating aggression with homicidal and suicidal ideation were added to her list of symptoms.

In June 1992, Regina returned to St. Elizabeth's for a third time and in August she was placed in Texas in yet another residential treatment center. These moves took place after numerous rejections by other treatment centers. It appears that the combination of her physical limitations, mental deficits, and psychotic behavior had begun to reduce her options. However, in the interim and during the first fifteen placements, the necessary planning, coordination, supervision, and treatment seemed absent or at best minimal. It appears that the only times that all parties involved were responsible for joint reporting is during court review hearings and it is not clear that a leader/coordinator/manager arose to be sure that services were properly delivered. The result was a splintered response to a very sick and needy child who seriously deteriorated despite numerous, expensive placements.

In 1994, the court ordered the Director of DHS to determine which branch of DHS (CFSA or Commission on Mental Health) would be responsible for obtaining an appropriate placement for Regina. After 10 months, her most recent Texas placement had communicated that her symptoms and behavior made her inappropriate for their facility, although from the case record, it appears that her symptoms and behavior were the same as when she was accepted. CFSA was named as the primary responsible agency and Regina's situation was finally heard by an Interagency Case Resolution Board. At this time, she was now 19½ years old and had been in sixteen placements. She also had not seen her mother in over 4 years and the original Court-ordered plan for adoption had never been addressed.

Prior to her seventeenth placement and while still in Texas, the CFSA worker requested that the residential facility arrange for a sleep apnea diagnostic examination. This test was not administered and St. Elizabeth's promised to do it after she was transferred from Texas.

Regina was moved to St. Elizabeth's Hospital in April 1994, upon the recommendation of the Interagency Case Resolution Board to the Court. The plan was to have her medication re-evaluated and to institute treatment to stabilize her "aggressive and inappropriate behaviors." The staff was to "develop recommendations on after-care following her acute hospital stay."

During Regina's stay at St. Elizabeth's, however, she was transferred to a unit for the hearing impaired. She protested this placement, as did her CFSA worker, because she was not hearing impaired and she was unable to relate to her peers in that unit. Her request was overruled by her attending physician, who was impressed by the skills and sensitivity of the staff on that unit.

In February 1995, the court "strongly recommended" that Regina be transferred from the hearing impaired unit to another unit where she could have some social interaction but still maintain her relationship with her treating physician.

In March 1995, Regina died while still residing on the Hearing Impaired Unit. An aide attempted to wake her without any response. She was transported to an area hospital where she was pronounced dead. The Medical Examiner's finding was natural causes, but the disease was not specified. The test to determine if she had sleep apnea had never been administered.

Regina's tragic life and death suggest the most callous form of systematic institutional neglect. Obviously this case raises many questions about training and supervision, interagency coordination and cooperation, supervision and monitoring of residential facilities (both local and out of state), clarity about roles and functions of staff and accurate documentation and record keeping. The lack of overall management of this child's life and the apparent disregard for her future is heartbreaking. Regina had no one who consistently looked out for her interests and she died in a setting where she could not even communicate with her peers.

In the absence of a clear decision early in this child's life to formalize the responsibility for assessment, service planning and treatment, the fragmented and destructive services outlined above were a predictable outcome. Her case is further complicated by the lack of a tenacious guardian ad litem and the absence of CFSA staff at case conferences held at the residential treatment facilities and psychiatric hospitals where Regina spent much of her life.

Vignette #2:
Percy Flint[7]

This case chronicles the life of a child who got lost between the child welfare and juvenile justice systems.

The Flint family became known to CFSA in 1980, when a report of an abandoned newborn was made to the agency by DC General Hospital. This child was Percy's youngest sibling, and one of five children. Percy was born in 1977, the second child in this family.

The case record is silent on the outcome of the abandonment investigation, and there is no documentation between 1980 and 1984. In January 1984, Percy's mother died of a drug overdose. She was discovered by her eight year old daughter, Melody. Percy was seven years old. Percy's father was also drug addicted, had an arrest record, had possibly sexually abused Percy, and had been recently released from prison. In 1984, the children were taken in by a maternal cousin. This relative placement was short lived and Percy and his siblings were subsequently placed in a foster home where he remained for five years.

During this time, Percy was evaluated by a psychiatrist because he was sexually acting-out at school and in the foster home. He began psychotherapy in June 1985, at age 8, and continued until April 1989, at age 12, with a gap of 15 months during which the therapy inexplicably stopped. During this placement, Percy developed a lifelong bond with his foster parents and their adult daughter. However, in 1989, an allegation that he sexually abused the foster parents' granddaughter was made. Percy was removed from their home and placed in a residential treatment facility.

Beginning with the move at age 12, Percy experienced nine other placements (seven residential and two foster homes) and he accumulated 12 criminal charges, most of which were dismissed. The list of dismissed charges against Percy included armed robbery, cocaine possession with intent to distribute and unlawful use of a vehicle. He was finally charged with assault and cocaine possession with intent to distribute at age 17. Throughout this period, Percy was living in a variety of residential placements and developed a pattern of absconding from every residential facility in which he was placed. After receiving in-patient drug treatment in Laurel, Maryland, Percy begged his social workers not to send him back to the District. He voiced the fear that he would get into trouble because he could not resist the familiar drug life.

---

[7]Names have been changed to protect confidentiality.

By all accounts, Percy Flint was a youth who was able to form meaningful relationships and had some insight into his needs. However, he was literally caught in a systems policy void. During the three year period (1989-1992) when his unlawful activity began and when serious charges were being dismissed by the Juvenile Court, Percy could have benefited from more intensive supervision and mentoring specifically designed to address his propensity to abscond. However, there was no policy in place which directs services provision when an adjudicated neglected child has juvenile charges.

Instead, Percy was allowed to wander in and out of the lifestyle of drug addiction and drug sales until he was found dead in a van with gunshot wounds to the front of the head, with evidence of drugs and a large amount of money. He had been in touch with his foster parents two months before and his sister just two weeks before his violent death in February 1996, at the age of 19.

Percy's life and death illustrates several policy issues, including:

- The failure to assign primary responsibility to search for a child who is in abscondence;
- The lack of clarity about the role of the Youth Services Administration when a neglected child has juvenile charges;
- The need for a procedure to provide supports for youth committed to both the Youth Services Administration and Child and Family Services Agency; and
- The need for appropriate support services after a youth completes either in-patient or out-patient drug treatment.

Vignette #3:
Ronald Moody

This case exemplifies those situations in child welfare when the essential question is whether or not the child is at-risk of serious harm and in need of removal from their home. In this case, both the caseworkers and the supervisors failed to address this question despite pervasive signals that this child was in danger.

Blanche Moody began her pattern of leaving her children alone in October 1992, when she left a 3 year, 7 month old; a 2 year old, and a 3 month old baby alone in a shelter-sponsored hotel room. This event was reported to CFSA Intake by a social worker affiliated with the shelter. The incident was investigated, child neglect was substantiated and a protective services case was opened. In the next eight months, three additional neglect reports on these children were received by the agency and substantiated. They included allegations of children being left unsupervised or under-supervised (in the care of a 12 year old for over 48 hours) and without proper food, as well as reports that Ms. Moody was addicted to crack.

Ms. Moody received five weeks of family preservation services from Families Together in 1993. While receiving the service, case notes reported that she left children alone, was not responsive to the service, continued her drug habits, and accepted no community service relative to her drug addiction, employment, housing, or day care needs. The Families Together service was finally terminated because she refused to participate.

Although the initial decision to provide intensive family preservation services was made because of an assessment of risk to the children, at the point of termination of Families Together, no one seriously addressed the continued risk or danger in which four children under the age of five found themselves.

Between the termination of the Families Together service in 1993 and the death of 3½ year old Ronald in February 1995, there were two additional reports of child neglect. One of these reports was substantiated; the outcome of the other is unclear. Despite multiple indicated events of serious child neglect, no one recommended the removal of these vulnerable infants and toddlers from the care of a mother who was unable to protect and nurture them. Child protective services workers throughout this case history failed to recognize obviously manipulative behavior of an addicted young mother who misused her income support funds and continually avoided involvement with helping professionals.

The family continued its relationship with CFSA and was assigned a case in the Continuing Services Branch. The case file documents undated, but unsuccessful attempts to contact Ms. Moody during August, September and October, 1993. The case was transferred to the Family Stabilization Branch in November, 1993, and Family Stabilization social workers documented 18 successful contacts with Ms. Moody between November 1993 and 1995. The staff reported finding clean and happy children but repeatedly found little-to-no food supply, dirty laundry, a consistent reluctance to use community services and children left in the care of an individual who was not allowed in the shelter. (This individual was subsequently incarcerated.)

While 18 visits were successfully completed, there was also a number of incomplete visits due to Ms. Moody's absence. In addition, the oldest child was withdrawn from the HeadStart program in which he had been enrolled. At no time during the last year and a half of Ronald's life was there an indication that anyone talked to the children, the school, the shelter director, or any individuals who may have had knowledge of this family.

The worker seemed satisfied with the sporadic contacts with the mother, despite evidence of her inability to properly supervise, educate or house her children. During the entire time, the family lived in a shelter and failed to follow-up on housing referrals. For unexplained reasons, the worker and supervisor agreed that services to this family be should reduced beginning in February 1995, and that weekly monitoring was no longer needed.

A planned visit to the family at the end of January 1995, was unsuccessful because staff could not gain access to the building; the exterior shelter door was locked. A planned visit in early February was canceled due to agency scheduling problems.

On February 4, 1995, Ronald Moody was found dead inside Ms. Moody's apartment. Ronald was choked and beaten by a 19 year old male babysitter, who had been caring for the children for two days. Medical examinations completed on February 4, 1995, revealed that two of the remaining three toddlers had been visibly neglected; both required medical intervention. The oldest child witnessed and described the murder of his sibling. The children were placed in out-of-home care from a dirty and foodless home, in need of clean clothing and bathing, in need of medical care, and without the presence of their mother. The mother indicated she had been a crack addict for one and a half years and had been using drugs on the date of the child's death.

All of the clues that were present in October 1992, when the case first came to CFSA's attention, were visible at the time of this child's death.

Only by strengthening the entire District's child protection system can we expect to reduce or eliminate child fatalities. It is not a simple problem that can be blamed on a handful of individuals. Rather, the problems permeate the entire system and must be dealt with system-wide. We offer a number of recommendations in this context.

Recommendations

First, CFSA should initiate and support a city-wide process to review the bifurcated child welfare system in the District—which has separate tracks for abuse and neglect cases—with the goal of creating a more uniform, comprehensive and coordinated approach to child protection in the District. The current system has strong historical roots but is not the best alternative at the current time. It is difficult to justify three separate agencies (the Metropolitan Police Department, CFSA and Court Social Services) having distinct but overlapping responsibilities for child protection in the District of Columbia.

In addition, CFSA should work with the Medical Examiner's Office, the Metropolitan Police Department, Court Social Services, the Commission on Mental Health, the Mental Retardation/Developmental Disabilities Administration, the Commission on Public Health and any other public agencies serving children and families to develop and maintain an accurate, automated listing of child fatalities which includes, at minimum, the dates of birth and death of the child, the cause and manner of the death and the public agencies that were serving the child and his/her family. Currently, there is no comprehensive listing of child fatalities across the District's public human service agencies. Such a database would provide a comprehensive means for examining child fatalities city-wide.

The remainder of the recommendations are more directly tied to the findings of this case review. They focus on the need to strengthen CFSA's child fatality review process, develop performance and accountability standards for staff, increase and improve staff training and supervision, develop new policies around several key issues and increase the resources available for serving children and families. Many of these same recommendations have been made before in CFSA's internal fatality reviews and by the city-wide, multi-agency Child Fatality Review Committee (CFRC). Specific recommendations are discussed below:

Medical Examiner's Office

- *CFSA needs to work with the Medical Examiner's Office to improve communication. A mechanism needs to be established to ensure that CFSA receives copies of the Medical Examiner's reports for all children known to CFSA as soon as the reports are completed.*

- *The Medical Examiner's Office needs to be fully staffed and resourced so that it can properly investigate child deaths.*[8]

- *All children who die while under the care and supervision of CFSA should have an autopsy investigation performed by the Medical Examiner's Office.*

---

[8]A similar recommendation was made by the city-wide, multi-agency Child Fatality Review Committee (CFRC) in its July 1997 report on child fatalities that occurred in calendar year 1995.

The Child Fatality Review Process

- *CFSA's child fatality reviews should be used to systematically identify and address problems and gaps in agency policy and practice.* Fatality reviews can provide very important information about the agency's case practice and should be used not only to illuminate problems in case practice but also as a powerful catalyst to remedy those problems. A clear sense of the purpose and process of child fatality reviews must be communicated to all CFSA frontline and management staff. Currently, CFSA's internal child fatality review process is too often a pro forma exercise with no consequences for workers, supervisors or management, although it is viewed by workers as unnecessarily time-consuming and punitive.

- *Recommendations from child fatality reviews need to be implemented.* A mechanism must be developed to ensure that the recommendations from fatality reviews are immediately reviewed by management and implemented as appropriate. CFSA should also implement its existing policy which requires a follow-up review within six months of the initial review, in order to integrate information about the child's death that may not have been available at the initial review. In addition, CFSA should enforce the existing policy requiring the participation of disinterested staff in the reviews, for the purpose of providing a "fresh look" at the case from knowledgeable peers who work on the front line and know and understand CFSA policy and the pressures and requirements of the job. Furthermore, the structure of the reviews should be adjusted to accommodate consideration, where appropriate, of the need for disciplinary action against workers and supervisors. Currently, there is little opportunity for such consideration because (1) the fatality review meeting always includes the assigned staff and the others in attendance generally do not feel comfortable discussing issues related to individual job performance; (2) disinterested frontline and management staff rarely participate in fatality review meetings; and (3) there is no follow-up consideration of appropriate remedial actions, including disciplinary measures by management, based on an overall review of the facts and the findings of the Fatality Team.

- *Grief counseling and other supports need to be available to workers when a child dies.* Workers and supervisors are deeply affected by a child fatality on their caseload, regardless of the circumstances of the child's death. CFSA should establish support groups and make grief counseling available for staff who have had children on their caseload die. This has been recommended time and time again during individual fatality reviews and was a major recommendation from workers and supervisors who participated in focus groups for this study.

General Case Practice and Policy Issues

- *Clear performance standards for social workers and supervisors need to be developed and communicated to staff, and staff need to be held accountable for following these standards.* In some cases, problems in case practice are clearly related to a lack of resources (e.g., the social worker has too many cases, there are no agency cars available, etc.) and a lack of services needed by families (e.g., substance abuse treatment). Lack of resources and services, however, is not always the problem. Staff performance needs to be monitored in relation to clearly understood performance standards for service provision, frequency of contact with children and families, permanency planning decisions and, most importantly, decision-making about children's current safety and the future risk of abuse and neglect.

- *Staff need more training and supervision on the assessment of risk of child maltreatment and the*

decision-making process for removing children from their homes. Workers need more guidance through training and ongoing case consultation and supervision to make difficult decisions about risk to children. In addition, even when CFSA staff believe children are at risk of harm, they are sometimes unable to persuade the Office of Corporation Counsel to seek a child's removal or are governed by a court decision to leave or return children home. In these instances, staff may not know what actions they can and should initiate to seek to reverse these questionable legal decisions.

- *CFSA should improve its procedures for overseeing the care of children who are placed in group and institutional facilities and for communicating with facility staff.* There were cases in this study in which children placed in group or institutional facilities were not receiving proper care and there appeared to be minimal communication between CFSA staff and facility staff. Children in group and institutional care need the same level of oversight by CFSA as children in foster homes. Social workers should visit children in group and institutional care on a frequent basis (if visits are clinically appropriate) and participate in regular case conferences with facility staff.

- *CFSA should develop a protocol for assessing families who have had multiple reports of abuse and/or neglect. These cases should receive an increased level of scrutiny by social workers and more oversight by supervisors.* There were cases in this study in which there had been multiple reports on a family; yet, there appeared to be minimal recognition of the potentially increased risk to children reflected by repeated allegations of abuse and neglect.

- *CFSA should develop policies, protocols and resources for dealing with children who are in abscondence from foster care placements.* Teens who run away from care are at very high risk of harm due to violence.[9]

Interagency Collaboration

- *CFSA should develop a policy requesting that hospitals, the Metropolitan Police Department, the Medical Examiner's Office and all other entities who become aware of a child's death immediately report it to CFSA so the agency can determine if the child was known to the agency, ensure the safety of any surviving children, begin any required reviews and cooperate in the investigation of the death.*

- *CFSA needs to develop interagency agreements with the Youth Services Administration, the Mental Retardation/Developmental Disabilities Administration (MR/DDA) and the Commission on Mental Health to improve communication between the agencies and to improve case management and service provision for children involved with more than one public system.*

- *CFSA should begin working with the health department and other public and private entities in the District on AIDS prevention and education.*

---

[9]A similar recommendation was made by the city-wide, multi-agency Child Fatality Review Committee (CFRC) in its July 1997 report on child fatalities that occurred in calendar year 1995.

Substance Abuse

- *CFSA should provide staff with more training and supervision on recognizing substance abuse and working with substance abusers.*
- *CFSA should increase its capacity to serve persons with substance abuse problems, including teenagers.*
- *CFSA should work with local hospitals to develop and implement a policy requiring hospitals to immediately report the birth of drug-exposed infants for investigation by CFSA.*[10]

Serving Medically Fragile Children

- *CFSA needs to increase the number of placements available for medically fragile children.* Some children in the study were medically ready for discharge from the hospital but were not placed in foster homes because none were available to meet their complex medical needs.
- *Staff need more training and supervision on working with medically fragile children. CFSA should develop the capacity to provide specialized case management for children with special medical problems and needs, e.g., through specially trained workers and supervisors and access to medical professionals for consultations, etc.*[11]
- *CFSA should provide staff, foster parents and birth parents with training on Sudden Infant Death Syndrome (SIDS).*
- *CFSA should develop a policy for dealing with terminally ill children for whom decisions may need to be made about whether the child should be resuscitated if the child stops breathing.*[12] There were cases in this study in which a hospital needed direction from the custodian about whether to resuscitate a terminally ill child if he/she stopped breathing. Although these children were in the custody of CFSA, there was confusion about who could make this decision and hesitancy on the part of CFSA to do so, which resulted in additional stress for the child, the caseworker and the foster parent. This problem was raised by supervisors and social workers during the focus groups held for this study.

---

[10]A similar recommendation was made by the city-wide, multi-agency Child Fatality Review Committee (CFRC) in its July 1997 report on child fatalities which occurred in calendar year 1995.

[11]Ibid.

[12]Ibid.

February 12, 1998

Testimony of Thomas Wells, Consortium for Child Welfare, for the Senate Committee on Governmental Affairs,

Subcommittee on Oversight of Government Management, Restructuring, and the District of Columbia.

Senator Sam Brownback, Chairman

"Reforming the Adoption and Foster Care System in the District of Columbia"

Good morning, Mr. Chairman. Thank you for inviting me to testify today about our City's adoption and foster care system. I am the executive director for the Consortium for Child Welfare, the umbrella organization for the private, non-profit family service agencies in the District of Columbia. The Children's Alliance of Kansas, is our counterpart in your home state.

I have been the director of the Consortium for Child Welfare for over six years. Before that, I was a child protection social worker for six years in the District's foster care system. While in that position, I provided testimony in the *LaShawn vs. Barry* class action lawsuit which has ultimately placed our child welfare system under the control of the Federal District Court and in General Receivership.

Like all of the governmental functions of the District of Columbia, our foster care system is undergoing a major overhaul. We are rebuilding the system with a series of new public/private partnership initiatives, broad-based community involvement and strategically targeted programs which are already changing the fortunes of children once consigned to a life in foster care limbo.

A Family Court for DC

Before I detail our progress, I must draw your attention to an important building block missing from our reform measures of which you may be of help. We need a Family Court for abused and neglected children in the District of Columbia, as well as for the children needing adoption. As you are aware, our court system is under the control of Congress, and the local citizenry has no power to make any changes to it.

Currently, we have a court of general jurisdiction divided into divisions of responsibility through which judges regularly rotate every six months. Judges who travel through the Family Division retain the abuse and neglect cases they hear as they move on to other duties. Over 60 judges retain the cases of children in foster care. Each applies his or her

own understanding of the law. The court's expectations of social workers and families can vary significantly from judge to judge.

With over 3000 children in the District's foster care system, each having his or her case reviewed in court at least every six months, the DC government cannot provide a government attorney for all the court rooms to help assure permanency planning policies for children. Often, the biological parent's attorney and the attorney for the child are the only attorneys present for the hearings.

This situation has crippled the Superior Court's ability to provide leadership and direction for handling child abuse and neglect cases in the city. It substantially waters down the efforts by individual judges who attempt to set priorities for the District's children in foster care.

Superior Court Judge Arthur Burnett has set an extraordinary example of the critical role the court has in assuring permanent families for children. Up until recently, the responsibility for conducting the proceedings for adoptions and termination of parental rights rotated from judge to judge every three months. Judge Burnett has agreed over the past fourteen months to retain the responsibility. He has finalized 339 adoption decrees in that time frame, more than quadrupling the number of decrees issued per year when the responsibility was transferred between the judges every three months. Judge Burnett retires in June. Without a family court, we cannot be assured his progress for children needing families can be maintained.

Progress Made

New Public Private Initiatives

Abandoned Babies Project
In June of last year, the Consortium for Child Welfare and the Stewart Trust, a local foundation, initiated a partnership with the Receiver for the Child Welfare System, the Chief Judge of the DC Superior Court and the DC Corporation Counsel to expedite finding permanent families for abandoned infants in the District of Columbia. There are, on average, four abandoned infants in the District of Columbia per month. Many are medically fragile. One out of four test positive for the virus that causes AIDS. Since June, 27 of 29 abandoned infants have been placed with permanent families. Five adoption petitions have been filed.

Innovation by the Receiver through Contracting the Foster Care Placement Identification and Referral Office to the Consortium for Child Welfare
Eighteen months ago, the Receiver for the child welfare system contracted with the Consortium for Child Welfare to coordinate the foster care placement identification function for the foster care system. This is a unique public/private partnership intended to increase efficiency and leverage private resources. Since privatization, the Consortium

has created a computer-based placement resource inventory management system, has substantially improved resource utilization and has developed regular, comprehensive data reports for the Receiver's Resource Development Office.

Creation of a New Partnership with the Community

The Receiver has initiated the formation of neighborhood-based service collaboratives for the purpose of keeping at-risk children safe in their communities. With the strong support of the private, non-profit family service agencies, the Receiver has begun linking the child protection services of the government to the family support services of neighborhood-based organizations including faith-based organizations and resident councils for public housing. The initiative with the newly formed collaboratives holds the promise of increasing the safety of children who remain with their families after an incident of abuse or neglect, coupling substantial private and community resources with the government's child protection system and recreating old partnerships by sharing the responsibility for supporting families and protecting children within the community.

Updating the Child Protection Law for the District of Columbia

A broad range of stakeholders in the child welfare system, including the Receiver for the Child and Family Services Agency, DC Corporation Counsel, DC Superior Court, DC Action for Children, the ABA Center for Children and the Law and the Consortium for Child Welfare, have join to rewrite the city's child protection laws. It is the first major update of the law since it was first drafted and passed in 1997. The new law is intended to incorporate the new federal Adoption and Safe Families Act and to modernize the service delivery system. The new law should be ready for the City Council by the end of the summer.

Summary

Like the state of Kansas, the District of Columbia has embarked on a new path in delivering social services by enlisting a broad range of community partners to protect vulnerable children and to support families. We have a new Receiver who is bringing fiscal responsibility and management accountability while engaging in new public/private initiatives to keep children safe and moving them into adoptive families when necessary.

Thank you for the opportunity to testify about our progress and we hope you will assist us in creating a Family Court for the District of Columbia.