PROTECTING OUR MOST VULNERABLE RESIDENTS: A REVIEW OF REFORM EFFORTS AT THE DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY

HEARING

BEFORE THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTH CONGRESS

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CONTENTS

Page

Hearing held on May 16, 2003 1

Statement of:

Ashby, Cornelia, Director, Education, Workforce, and Income Security, U.S. General Accounting Office; Dr. Olivia A. Golden, director, District of Columbia Child and Family Services Agency; Judith Meltzer, deputy director, Center for the Study of Social Policy; Anne E. Schneiders, esq., chair, the National Association of Counsel for Children, Washington Metro Chapter; Jennifer Massengale, J.S., MSW, acting executive director, D.C. Children's Advocacy Center; Marilyn R. Egerton, deputy director, Foster and Adoptive Parent Advocacy Center; and Judith Sandalow, executive director, the Children's Law Center 10

Letters, statements, etc., submitted for the record by:

Ashby, Cornelia, Director, Education, Workforce, and Income Security, U.S. General Accounting Office, prepared statement of 13

Davis, Chairman Tom, a Representative in Congress from the State of Virginia, prepared statement of 4

Egerton, Marilyn R., deputy director, Foster and Adoptive Parent Advocacy Center, prepared statement of 99

Golden, Dr. Olivia A., director, District of Columbia Child and Family Services Agency, prepared statement of 38

Massengale, Jennifer, J.S., MSW, acting executive director, D.C. Children's Advocacy Center, prepared statement of 85

Meltzer, Judith, deputy director, Center for the Study of Social Policy, prepared statement of 57

Norton, Hon. Eleanor Holmes, a Delegate in Congress from the District of Columbia, prepared statement of 8

Sandalow, Judith, executive director, the Children's Law Center, prepared statement of 112

Schneiders, Anne E., esq., chair, the National Association of Counsel for Children, Washington Metro Chapter, prepared statement of 70

PROTECTING OUR MOST VULNERABLE RESIDENTS: A REVIEW OF REFORM EFFORTS AT THE DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY

FRIDAY, MAY 16, 2003

HOUSE OF REPRESENTATIVES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The committee met, pursuant to notice, at 10 a.m., in room 2154, Rayburn House Office Building, Hon. Tom Davis (chairman of the committee) presiding.

Present: Representatives Tom Davis, Van Hollen, and Norton.

Staff present: Keith Ausbrook, chief counsel; David Marin, director of communications; Scott Kopple, deputy director of communications; Victoria Proctor, professional staff member; Teresa Austin, chief clerk; Joshua E. Gillespie, deputy clerk; Shalley Kim, legislative assistant; Early Green, minority chief clerk; Jean Gosa, minority assistant clerk; and Cecelia Morton, minority office manager.

Chairman TOM DAVIS. Good morning and welcome to today's oversight hearing on the District of Columbia Child and Family Services Agency [CFSA].

This hearing is a continuation of the Government Reform Committee's oversight of the child welfare system in the District. During the 106th Congress, the Subcommittee on the District of Columbia held hearings to examine the status of CFSA while it was under Federal court-appointed receivership.

Last Congress, the subcommittee continued its examination of the city's child welfare system with a special focus on the reorganization of its judicial component, the D.C. Superior Court Family Division. Congress worked with D.C. court officials, government, and community leaders to create the D.C. Family Court.

Last year, I requested a followup GAO report on the status of reform efforts at CFSA. Specifically, GAO examined the Agency's performance measures and compliance with the Adoption and Safe Families Act [ASFA], the implementation of key foster care policies, and the relationship between the Agency and the family court.

GAO's preliminary findings identify some critical areas that have yet to be addressed by CFSA. For instance, the Agency must still comply with ASFA requirements regarding the termination of parental rights, permanency hearings, and notification to participants for hearings and reviews.

Furthermore, I am concerned by the delay in establishing policies related to a child's permanency goals, the licensing of foster homes,

social worker visitation, and parental visitation in reunification cases. Also, GAO's findings demonstrate that the Agency needs to do a better job of entering data into the FACES case management system to ensure the most accurate and relevant information is available to caseworkers.

Many of the challenges that CFSA must address are comparable to those faced by child welfare agencies nationwide. They include the recruitment and retention of caseworkers, foster families, and adoptive families. Our witnesses represent a variety of participants in the child welfare system and can provide insight and recommendations on how CFSA can meet these challenges.

It is a daunting task to rebuild an Agency, establish and implement new policies and procedures, and radically overhaul the Agency's infrastructure. Since the safety and well-being of children are at stake, this can't happen fast enough.

But the Agency has made progress and I think it is important to highlight its achievements. Based on the GAO's preliminary results, I am encouraged by the CFSA's efforts to develop written plans to help it comply with some of the ASFA requirements and performance measures. I am also pleased to note the Agency's development of numerous foster care policies and, in the case of face-to-face intake interviews, their standards even exceed accepted best practices. Furthermore, CFSA's efforts to lower the number of underage children who are placed in group homes is commendable.

Communication is the first step to ensuring that all components of the child welfare system, CFSA, the courts, and public and private agencies, work together to achieve the common goal of serving and protecting the city's most vulnerable children. The vital relationship between CFSA and family court is improving and includes regular meetings between the heads of both organizations. And they are working collaboratively to find constructive solutions to problems such as hearing schedule conflicts.

Recently, CFSA met the minimum criteria necessary to end the probationary period and transfer the Agency from Federal receivership back to the District's jurisdiction. That was a great step forward for the Agency and the city. Now CFSA has until 2006 to complete the incremental steps laid out in the final implementation plan.

So today's hearing will focus on CFSA's progress and the challenges it faces as it pursues reform efforts. How can CFSA best resolve staffing and operational problems in order to address the critical shortfalls identified by GAO? The Agency requires a stable, well trained, and experienced team. Without solid and consistent staffing levels, the Agency reform cannot be accomplished and children will not receive adequate services. While the salaries for social workers in CFSA are competitive, the Agency's low employee retention is linked to what many employees perceive as an unsupportive environment.

Furthermore, I cannot stress enough my concern about the slow rate at which the Agency meets a child's permanency goal. For this very reason, approximately one-third of the children CFSA currently serves are teenagers. Many grew up in the system. How would they have benefited from a permanent placement? We will never know.

To help us examine these questions, we have assembled a panel of experts who work with the city's abused and neglected children every day. I look forward to hearing from CFSA and the court monitor, as well as witnesses representing the perspectives of legal services providers, private agencies, and foster parents.

I now recognize my colleague from the District of Columbia, Ms. Norton, for her opening statement.

[The prepared statement of Chairman Tom Davis follows:]

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REPRESENTATIVE TOM DAVIS, CHAIRMAN
COMMITTEE ON GOVERNMENT REFORM OVERSIGHT HEARING

Hearing topic: "Protecting Our Most Vulnerable Residents: A Review of Reform Efforts at the District of Columbia Child and Family Services Agency"

Friday, May 16, 2003
10:00 a.m.
Room 2154, Rayburn House Office Building

Good morning and welcome to today's oversight hearing on the District of Columbia Child and Family Services Agency (CFSA).

This hearing is a continuation of the Government Reform Committee's oversight of the child welfare system in the District. During the 106th Congress, the Subcommittee on the District of Columbia held hearings to examine the status of CFSA while it was under Federal court-appointed receivership. Last Congress, the Subcommittee continued its examination of the city's child welfare system with a special focus on the reorganization of its judicial component, the D.C. Superior Court Family Division. Congress worked with D.C. court officials, government, and community leaders to create the DC Family Court.

Last year, I requested a follow-up GAO report on the status of reform efforts at CFSA. Specifically, GAO examined the agency's performance measures and compliance with the Adoption and Safe Families Act (ASFA), the implementation of key foster care policies, and the relationship between the agency and the Family Court.

GAO's preliminary findings identify some critical areas that have yet to be addressed by CFSA. For instance, the agency must still comply with AFSA requirements regarding the termination of parental rights, permanency hearings, and notification to participants about hearings and reviews.

Furthermore, I am concerned by the delay in establishing policies related to a child's permanency goals, the licensing of foster homes, social worker visitation, and parental visitations in reunification cases. Also, GAO's findings demonstrate that the agency needs to do a better job of entering data into the FACES case management system to ensure the most accurate and relevant information is available to case workers.

Many of the challenges that CFSA must address are comparable to those faced by child welfare agencies nationwide. They include the recruitment and retention of case workers, foster families, and adoptive families. Our witnesses represent a variety of participants in the child welfare system and can provide insight and recommendations on how CFSA can meet these challenges.

It is a daunting task to rebuild an agency, establish and implement new policies and procedures, and radically overhaul the agency's infrastructure. Since the safety and well-being of children are at stake, this can't happen fast enough. But the agency *has made progress* and I think it is important to highlight its achievements. Based on GAO's preliminary results, I am encouraged by CFSA's efforts to develop written plans to help it comply with some of the ASFA requirements and performance measures. I am also pleased to note the agency's development of numerous foster care policies and, in the case of face-to-face intake interviews, their standards even exceed accepted best practices. Furthermore, CFSA's efforts to lower the number of underage children who are placed in group homes is commendable.

Communication is the first step to ensuring that all components of the child welfare system - CFSA, the Courts, and public and private agencies - work together to achieve the common goal of serving and protecting the city's most vulnerable children. The vital relationship between CFSA and the Family Court is improving and includes regular meetings between the heads of both organizations. And they are working collaboratively to find constructive solutions to problems such as hearing schedule conflicts.

Recently, CFSA met the minimum criteria necessary to end the probationary period and transfer the agency from Federal receivership back to the District's jurisdiction. That was a great step forward for the agency and the city. Now, CFSA has until 2006 to complete the incremental steps laid out in the Final Implementation Plan. So, today's hearing will focus on CFSA's progress and the challenges it faces as it pursues reform efforts. How can CFSA best resolve staffing and operational problems in order to address the critical shortfalls identified by GAO? The agency requires a stable, well-trained, and experienced team. Without solid and consistent staffing levels, the agency reform cannot be accomplished and children will not receive adequate services. While the salaries for social workers in CFSA are competitive, the agency's low employee retention is linked to what many employees perceive is an unsupportive environment. Furthermore, I cannot stress enough my concern about the slow rate at which the agency meets a child's permanency goal. For this very reason, approximately one-third of the children CFSA currently serves are teenagers. Many grew up in the

system. How would they have benefited from a permanent placement? We will never know.

To help us examine these questions, we have assembled a panel of experts who work with the city's abused and neglected children everyday. I look forward to hearing from CFSA and the Court Monitor, as well as witnesses representing the perspectives of legal service providers, private agencies, and foster parents.

###

Ms. NORTON. Thank you very much, Mr. Chairman. I want to thank you, my good friend Tom Davis, for his continuing interest in this Agency, flowing in no small part from the work he and I did when he chaired the D.C. Subcommittee and this Agency was in a Federal receivership.

I thank you for today's hearing concerning the progress of the District of Columbia Child and Family Services Agency since coming out of Federal receivership in June 2001. While CFSA is a city Agency, this hearing is an appropriate followup to the work Chairman Davis and I did when CFSA was in a Federal receivership.

As a followup of that work, Chairman Davis requested a GAO report. This hearing is also appropriate because of our work with Majority Leader Tom DeLay in thoroughly revising the family court of the District of Columbia Superior Court and reenergizing the family court with 15 new judges and other personnel. That legislation, H.R. 2657, had to be written in Congress because Congress pays for the D.C. Courts, and alone has jurisdiction under the Home Rule Act to make changes in the Superior Court. However, D.C. Superior Court's new family division was drawn in full home rule consultation with D.C. officials and personnel.

The District itself has literally had to reconstruct CFSA from the ground up. This committee in prior hearings found little progress under the Federal receivership. Meanwhile, Mayor Tony Williams and the D.C. Council were making considerable progress in improving other agencies. Therefore, I argued that the city should be allowed to reassume jurisdiction, and most in Congress who were familiar with the issues agreed. Ultimately the matter rested with the Federal district court, which returned the Agency to the District almost 2 years ago.

As might be expected, in its early period out of receivership, CFSA had some distance to go. The district court has given the Agency until 2006 to come into full compliance. I will leave it to today's witnesses to evaluate the Agency's progress. However, especially considering the disrepair of the Agency, even as it emerged from receivership, many of the early objective measures are heartening. Of particular importance, the District has now created one unified Agency involving both abuse and neglect of children, eliminating confusing and counterproductive implementation and accountability.

The committee should also find it encouraging that the District is meeting most of the requirements of our 1997 Adoption and Safe Families Act, and has met a number of performance criteria. And it must be mentioned that this committee, which initially investigated CFSA receivership because of the death of a foster child, will be pleased that CFSA has both adopted and implemented appropriate child protection and foster care placement policies.

I will be interested to learn more from today's witnesses. May I welcome all of today's witnesses, and thank them for their testimony.

[The prepared statement of Hon. Eleanor Holmes Norton follows:]

ELEANOR HOLMES NORTON
DISTRICT OF COLUMBIA

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INFRASTRUCTURE

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AGENCY ORGANIZATION

Congress of the United States
House of Representatives
Washington, D.C. 20515

Opening Statement of Congresswoman Eleanor Holmes Norton

Full Government Reform Committee Hearing

DC Child and Family Services Agency

May 16, 2003

Thank you, Mr. Chairman for today's hearing concerning what progress the District of Columbia Child and Family Services Agency (CFSA) has made since coming out of a federal receivership in June 2001. While CFSA is a city agency, this committee hearing is an appropriate follow-up to the work that Chairman Davis and I did when CFSA was a federal receivership. As a follow up of that work, Chairman Davis requested a GAO report. This hearing is also appropriate because of our work with Majority Leader Tom Delay in thoroughly revising the Family Court of the District of Columbia Superior Court and reenergizing the Family Court with 15 new judges and other personnel. That legislation, H.R. 2657 had to be written in Congress because Congress pays for the D.C. courts and alone has jurisdiction under the Home Rule Act to make changes in the Superior Court. However, D.C. Superior Court's new Family Division was drawn in full home rule consultation with D.C. officials and personnel.

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accountability. The Committee should also find it encouraging that the District is meeting most of the requirements of our 1997 Adoption and Safe Families Act and has met a number of performance criteria. Also it must be mentioned that this committee, which initially investigated the CFSA receivership because of the death of a foster child, Brianna Blackmond, will be pleased that CFSA has both adopted and implemented appropriate child protection and foster care placement policies. I will be interested to learn more from today's witnesses.

May I welcome all of today's witnesses and thank them for their testimony.

###

Chairman TOM DAVIS. Thank you.

Members will have 5 legislative days to submit opening statements for the record.

The first panel is Cornelia Ashby, Director, Education Workforce and Income Security, U.S. General Accounting Office; Dr. Olivia Golden, director, District of Columbia Child and Family Services Agency; Judith Meltzer, deputy director, Center for the Study of Social Policy; Anne Schneiders, Chair of the National Association of Counsel for Children; Jennifer Massengale, acting executive director, D.C. Children's Advocacy Center; Marilyn Egerton, deputy director of the Foster and Adoptive Parent Advocacy Center; and Judith Sandalow, executive director of the Children's Law Center.

It is the policy of the committee that we swear all witnesses before they testify.

[Witnesses sworn.]

Chairman TOM DAVIS. What we will do is start with Ms. Ashby, and after everybody has given their testimony, we will ask some questions and if you want to add something at the end, you may do that. Your total statement is in the record. So for historical purposes and analytical purposes, your statement is in the record. You have 5 minutes to kind of sum it up.

Ms. Ashby.

STATEMENTS OF CORNELIA ASHBY, DIRECTOR, EDUCATION, WORKFORCE, AND INCOME SECURITY, U.S. GENERAL ACCOUNTING OFFICE; DR. OLIVIA A. GOLDEN, DIRECTOR, DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY; JUDITH MELTZER, DEPUTY DIRECTOR, CENTER FOR THE STUDY OF SOCIAL POLICY; ANNE E. SCHNEIDERS, ESQ., CHAIR, THE NATIONAL ASSOCIATION OF COUNSEL FOR CHILDREN, WASHINGTON METRO CHAPTER; JENNIFER MASSENGALE, J.S., MSW, ACTING EXECUTIVE DIRECTOR, D.C. CHILDREN'S ADVOCACY CENTER; MARILYN R. EGERTON, DEPUTY DIRECTOR, FOSTER AND ADOPTIVE PARENT ADVOCACY CENTER; AND JUDITH SANDALOW, EXECUTIVE DIRECTOR, THE CHILDREN'S LAW CENTER

Ms. ASHBY. Mr. Chairman and Ms. Norton, I am pleased to be here today to discuss the preliminary findings from our study of the D.C. Child Family Services Agency that you requested. We will issue our final report later this month.

My comments are based primarily on our analysis of data in the District's automated child welfare information system known as FACES. We verify the accuracy of the data, but for some of the data elements we needed, CFSA had not entered into FACES information for about two-thirds of its active foster care cases. Consequently, we obtained and analyzed information from paper case files to supplement FACES information for some cases. Most, but not all, of the cases with incomplete data originated prior to FACES going online in October 1999. Top CFSA managers told us including data in FACES for active cases that originated prior to FACES is not an Agency priority. In our full statement we discuss the importance of having accurate, timely, and complete information on all cases.

In summary, CFSA has addressed various ASFA requirements, and met several of the selected performance criteria, established child protection and foster care placement policies, and enhanced its working relationship with the D.C. Family Court. However, much remains to be done. CFSA implemented six of the nine ASFA requirements, and met or exceeded four of the eight performance criteria. For example, CFSA signed a border agreement to achieve timelier placement of District children in Maryland, which relates to the ASFA requirement to us cross-jurisdictional resources to facilitate timely, permanent placements for children. However, CFSA did not fully implement ASFA requirements involving proceedings to terminate the rights of parents in certain situations, annual permanency review hearings, or notice of hearings and reviews.

One of the selective performance criteria requires 60 percent of children in foster care to be placed with one or more of their siblings. As of November 2002, 63 percent of children had such placements. The criteria for which CFSA's performance fell short was social worker visitation with children in foster care, placement of children in foster homes with valid licenses, progress toward permanency, and parental visits with children in foster care who have a goal of returning home. For example, none of the 144 children placed in foster care during the 2-month period prior to November 30, 2002 received required weekly visits by a CFSA caseworker. CFSA has written plans to address two of the three ASFA requirements that were not fully implemented, and three of the four unmet performance criteria.

CFSA has adopted child protection and foster care placement policies that are comparable to most, but not all, of those recommended by organizations that develop standards for child welfare programs. However, caseworkers did not consistently implement the six policies we examined. CFSA has policies for investigating allegations of child abuse, developing case plans, and establishing permanency goals for foster children. In addition, it has policies for managing cases, policies for licensing and monitoring group homes, plans for training staff in group homes, and a goal to reduce the number of young children in group homes.

However, CFSA lacks some recommended policies, namely written timeframes for arranging needed services for children and families, limits on the number of cases assigned to a caseworker, and procedures for providing information about planned services for a child. For five of the six policies we examined, FACES data indicated that the percentage of foster care cases for which a policy was implemented ranged from 9 to 83. This variation is due at least in part to the incomplete FACES data. For the sixth policy, CFSA could not provide automated data. CFSA officials told us they recently made changes to help improve the implementation of some of the policies we reviewed. Additionally, timeframes for implementing certain policies improved from 2000 to 2002.

However, CFSA caseworkers still took longer than the 24 hours prescribed to initiate investigations and complete safety assessments for some cases. For example, while caseworkers took an average of 30 days to complete safety assessments in 2000, the average time declined to 6 days in 2002.

CFSA has improved its working relationship with the family court through its commitment to promoting improved communication and by expanding the service support it provides for court activities. However, CFSA officials and family court judges noted several hindrances that can strain their working relationship.

Mr. Chairman, this completes my prepared statement. I would be happy to answer any questions you have.

Chairman TOM DAVIS. Thank you.

[The prepared statement of Ms. Ashby follows:]

United States General Accounting Office

GAO

Testimony
Before the Committee on Government Reform, House of Representatives

For Release on Delivery
Expected at 10:00 a.m.EDT
Friday, May 16, 2003

D.C. CHILD AND FAMILY SERVICES

Key Issues Affecting the Management of Its Foster Care Cases

Statement of Cornelia M. Ashby, Director
Education, Workforce, and Income Security Issues

GAO-03-758T

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Highlights

Highlights of GAO-03-758T, testimony before the Committee on Government Reform, House of Representatives

Why GAO Did This Study

The District of Columbia (D.C.) Child and Family Services Agency (CFSA) is responsible for protecting children at risk of abuse and neglect, and ensuring that critical services are provided for them and their families. GAO was asked to discuss the extent to which CFSA has (1) met the requirements of the Adoption and Safe Families Act (ASFA) of 1997 and other selected performance criteria, (2) adopted and implemented child protection and foster care placement policies, and (3) enhanced its working relationship with the D.C. Family Court.

To address these questions, GAO analyzed data in the District's automated child welfare information system, known as FACES; reviewed laws, regulations, and reports; examined case files; and interviewed officials.

www.gao.gov/cgi-bin/getrpt?GAO-03-758T.
To view the full testimony, click on the link above. For more information, contact Cornelia M. Ashby, (202) 512-8403, ashbyc@gao.gov.

May 16, 2003

D.C. CHILD AND FAMILY SERVICES

Key Issues Affecting Management of Its Foster Care Cases

What GAO Found

CFSA's performance relative to three sets of measures—nine ASFA requirements, eight selected performance criteria, and six of the agency's foster care policies—has been mixed. The agency took actions to implement six of the nine ASFA requirements related to the safety and well-being of foster children, and met or exceeded four of the eight selected foster care performance criteria, but its plans do not address all unmet requirements and criteria. CSFA has established many foster care policies, but caseworkers did not consistently implement the six GAO examined. In addition, FACES lacked data on four of these six policies for at least 70 percent of its active foster care cases. The following table summarizes five selected foster care policies for which data were available and the percentage of cases for which the data indicated the policy was implemented.

Implementation of Selected CFSA Foster Care Policies, as Documented in FACES

CFSA policy	Foster care cases for which the policy was implemented[a, b]
Initiate face-to-face investigation of alleged child abuse or neglect within 24 hours of receiving an allegation on CFSA's child abuse hotline.	26%
Complete a safety assessment within 24 hours of face-to-face contact with the child.	13%
Complete a risk assessment within 30 days of receiving an allegation on the hotline.	73%
Complete an initial case plan within 30 days of a child's entry into foster care.	9%
Arrange needed services for foster care children or their families.	83%

Source: FACES and GAO analysis.

[a]With the exception of the policy to arrange needed services, the analysis is based on 943 foster care cases that were at least 6 months old, as of Nov. 30, 2002. These cases were initiated after FACES came on-line in Oct. 1999. The analysis of the policy to arrange for needed services is based on 1,837 foster care cases and includes cases that pre-dated FACES but for which services were provided after FACES came on-line. Data show the percentage of cases for which caseworkers arranged at least one service.

[b]CFSA counted cases that had missing data as instances of caseworker noncompliance with the applicable policy.

CFSA has enhanced its working relationship with the D.C. Family Court, but several factors hindered this relationship. For example, CFSA's top management and Family Court judges talk frequently about foster care case issues. However, differing opinions among CFSA caseworkers and judges about their responsibilities have hindered the relationships. CFSA officials and Family Court judges have been working together to address these hindrances.

Mr. Chairman and Members of the Committee:

I am pleased to be here today to discuss preliminary findings from our study of the District of Columbia's Child and Family Services Agency (CFSA) you requested. My testimony will focus on the extent to which CFSA has (1) taken actions to address the requirements of the Adoption and Safe Families Act (ASFA) of 1997 and met selected performance criteria, (2) adopted and implemented child protection and foster care placement policies that are comparable to those generally accepted in the child welfare community, and (3) enhanced its working relationship with the D.C. Family Court.

My comments today are based primarily on our analysis of the information in the District's automated child welfare information system, known as FACES, which CFSA is to use to manage child welfare cases and report child abuse and neglect, foster care, and adoption information to the U.S. Department of Health and Human Services (HHS). We selected three sets of measures to assess CFSA's performance. We assessed CFSA's progress in implementing nine ASFA requirements that were related to the safety and well-being of children in foster care, the extent to which CFSA met or exceeded eight selected performance criteria established during its probationary period, and the extent to which caseworkers implemented six foster care policies related to their day-to-day responsibilities. We included HHS's evaluation of how CFSA implemented ASFA requirements in our assessment of the agency's performance. We analyzed foster care cases in FACES that were at least 6 months old as of November 2002 and verified the accuracy of its data. However, CFSA had not entered into FACES detailed information on the data elements we needed for our analysis with respect to about two-thirds of the District's active foster care cases—mostly cases that originated prior to FACES going on-line in October 1999. Consequently, we also reviewed paper case files for children with different beginning dates in the foster care system to supplement FACES information for some cases. We also interviewed District officials; CFSA managers, judges, and child welfare experts; and we analyzed federal and District laws and regulations, related court documents, and child welfare policies. Our final report will be issued later this month. We conducted our work between September 2002 and May 2003 in accordance with generally accepted government auditing standards.

In summary, CFSA has taken actions to implement various ASFA requirements and met several selected foster care performance criteria, established child protection and foster care placement policies and procedures, and enhanced its working relationship with the D.C. Family Court; however, much remains to be done. CFSA took actions to implement two-thirds of the ASFA requirements and met or exceeded half of the selected foster care performance criteria we used and developed written plans to address two of the three ASFA requirements not fully met and three of the four unmet foster care performance criteria. In addition, CFSA has adopted child protection and foster care placement policies and procedures that are comparable to most, but not all, of those recommended by organizations that develop standards applicable to child welfare programs. However, CFSA has not adopted some key policies and procedures for ensuring the safety and permanent placement of children, and caseworkers have not consistently implemented or documented some of the policies and procedures that have been adopted. While timeframes for implementing certain policies, such as initiating investigations and completing safety assessments have improved since 2000, caseworkers still take considerably longer than the prescribed time limits to complete these critical tasks, thereby increasing the potential risks posed to the safety and well-being of the District's children. In addition, CFSA has developed an automated child welfare data system to help manage its caseload, among other initiatives to help improve its performance. However, detailed information for the data elements related to four of the six policies reviewed had not been entered into the system for at least 70 percent of its active foster care cases. Further, CFSA has improved its working relationship with the Family Court through improved communication and support from top CFSA managers and Family Court judges; however, both CFSA and the Family Court still need to overcome barriers that continue to hinder this relationship.

Background

While CFSA is responsible for protecting children at risk of abuse and neglect, many children in CFSA's care languished for extended periods of time due to managerial shortcomings and long-standing organizational divisiveness in the District of Columbia. As a result of these deficiencies, the U.S. District Court for the District of Columbia issued a remedial order

[1]These performance criteria were among those included in the performance standards that CFSA had to meet in order to end the probationary period following the general receivership. We selected those performance criteria that in our judgment most directly relate to the safety and permanent placement of children.

in 1991 to improve the performance of the agency. Under a modified final order established by the court in 1993, CFSA was directed to comply with many requirements. In 1995, lacking sufficient evidence of program improvement, the agency was removed from the District's Department of Human Services and placed in receivership.[2] Among its efforts to improve agency performance, CFSA established an automated system, FACES, to manage its caseload. The District Court issued a consent order in 2000 establishing a process by which the agency's receivership could be terminated. The order also established a probationary period, which would commence upon termination of the receivership, and identified performance standards CFSA had to meet in order to end the probationary period. The court-appointed monitor, the Center for the Study of Social Policy, was to assess CFSA's performance and had the discretion to modify the performance standards. In June 2001, the court removed CFSA from receivership. In September 2002, the court-appointed monitor reported that a 7-year old child was abused by two children in a group home licensed by CFSA. This incident, according to the monitor, together with the history of inadequate care and attention given this child by CFSA, indicated that its operations and policies, especially those regarding foster care cases, may still need improvement.

CFSA operates in a complex child welfare system.[3] Several federal laws, local laws, and regulations established goals and processes under which CFSA must operate. ASFA, with one of its goals to place children in permanent homes in a timelier manner, placed new responsibilities on all child welfare agencies nationwide. ASFA introduced new time periods for moving children toward permanent, stable care arrangements and established penalties for noncompliance. For example, ASFA requires child welfare agencies to hold a permanency planning hearing—during which the court determines the future plans for a child, such as whether the state should continue to pursue reunification with the child's family or some other permanency goal—not later than 12 months after the child enters foster care. The District of Columbia Family Court Act of 2001 (P.L. 107-114) established the District's Family Court and placed several requirements on the District's Mayor and various District agencies,

[2]The receivership was an arrangement in which the court appointed a person to temporarily manage the agency with broad authority to ensure full compliance with the court order in an expeditious manner.

[3]We issued several reports that addressed CFSA operations and program plans. For more information see related GAO products.

including CFSA and the Office of Corporation Counsel (OCC).[4] The District of Columbia Family Court Act of 2001 requires the Mayor, in consultation with the Chief Judge of the Superior Court, to ensure that CFSA and other D.C. government offices coordinate the provision of social services and other related services to individuals served by the Family Court.

CFSA relies on services provided by other District government agencies. For example, both the Fire Department and the Health Department inspect facilities where children are placed, and D.C. Public Schools prepare individual education plans for some children in care. CFSA also works with agencies in Maryland, Virginia, and other states to arrange for placements of District children and also works with private agencies to place children in foster and adoptive homes. In addition, CFSA is responsible for licensing and monitoring organizations with which it contracts, including group homes that house foster care children.

The management of foster care cases involves several critical responsibilities required by CFSA policy. Typically, these cases begin with an allegation of abuse or neglect reported to CFSA's child abuse hot line. CFSA staff are required to investigate the allegations through direct contact with the reported victim. If required, the child may be removed from his or her home, necessitating various court proceedings handled by the District's Family Court. CFSA caseworkers are responsible for managing foster care cases by developing case plans; visiting the children; participating in administrative review hearings, involving CFSA officials, children, parents, attorneys, and other officials; attending court hearings, and working with other District government agencies. CFSA case workers are also responsible for documenting the steps taken and decisions made related to a child's safety, well being, and proper foster care placement, as well as those related to developing the most appropriate goal for permanency. Depending on their circumstances, children leave foster care and achieve permanency through reunification with their birth or legal parents, adoption, legal guardianship with a relative, or independence.[5] As

[4]Among other responsibilities, OCC provides legal support to CFSA in its handling of foster care cases.

[5]Independent living arrangements may be attained once a child, who has not been reunified with his family or adopted, reaches the age of 18 or, in some jurisdictions, 21 and is no longer eligible to receive federal reimbursement for foster care expenditures.

of September 2002, a child's length of stay in the District's foster care program averaged 2.8 years.

HHS is responsible for setting standards and monitoring the nation's child welfare programs. In fiscal year 2001, about $6.2 billion in federal funds were appropriated to HHS for foster care and related child welfare services. HHS's monitoring efforts include periodic reviews of the operations, known as Child and Family Services Reviews,[6] and of the automated systems, known as Statewide Automated Child Welfare Information System (SACWIS) Reviews, in the states and the District of Columbia. HHS last reviewed CFSA's child welfare information system in 2000 and its overall program in 2001.

CFSA Undertook Actions to Implement Most ASFA Requirements Reviewed and Met Half of the Selected Performance Criteria for Child Safety and Well-Being

CFSA undertook actions to implement six of the nine ASFA requirements we reviewed and met or exceeded four of the eight performance criteria we included in our study, but CFSA's plans to improve its performance do not include all unmet ASFA requirements or selected performance criteria. Table 1 summarizes CFSA's progress in implementing the nine ASFA requirements that we reviewed.

[6]Child and Family Services Reviews, conducted by HHS, cover a range of child and family service programs funded by the federal government, including child protective services, foster care, adoption, independent living, and family support and preservation services. The 2001 review evaluated seven specific safety, permanency, and well-being outcomes for services delivered to children and families served by CFSA.

Table 1: CFSA's Progress in Implementing Nine ASFA Requirements

ASFA requirements CFSA has implemented	ASFA requirements CFSA has not fully implemented
1. Include the safety of the child in state case planning and in a case review system.	1. Initiate or join proceedings to terminate parental rights for certain children in foster care—such as those who have been in foster care for 15 of the most recent 22 months of care.
2. Comply with requirements for criminal background clearances and have procedures for criminal record checks.	2. Provide participants a notice of reviews and hearings and an opportunity to be heard.
3. Develop a case plan documenting steps taken to provide permanent living arrangements for a child.	3. Conduct mandatory permanency hearings every 12 months for a child in foster care.
4. Develop plans for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.	
5. Provide for health insurance coverage for children with special needs in state plans for foster care and adoption assistance.	
6. Incorporate standards to ensure quality services for children in foster care in state plans.	

Source: ASFA and HHS's CSFR and GAO analysis.

Note: Our assessment of CFSA's progress in implementing three requirements—include the safety of the child in case planning, develop a case plan documenting steps taken to provide permanent living arrangements for a child, and provide for health insurance coverage for children with special needs—is based on data and information provided to us. Our assessment of CFSA's progress in implementing the remaining ASFA requirements is based on HHS's review of CFSA.

The HHS review of CFSA found that the agency did not meet three requirements. CFSA did not consistently petition the Family Court to terminate parental rights when returning the child to his or her family had been deemed inappropriate and the child had been in foster care for 15 of the last 22 months. Based on its review of 50 foster care cases, HHS reported that 54 percent of the children who were in care longer than 15 months did not have hearings initiated for the termination of parental rights, and reasons for not initiating such hearings were not documented in the case plan or court order. HHS also found that not all cases had hearings to review a child's permanency goal within the timeframe prescribed by ASFA. In addition, foster parents, relative caretakers, and pre-adoptive parents were not consistently notified of reviews or hearings held on behalf of the foster child. HHS found that there was a lack of

communication in notifying caregivers and prospective caregivers of the time and place of a hearing, if such notification took place at all.

We also analyzed automated data from FACES related to eight foster care performance criteria and found that CFSA met or exceeded four of them. For example, one of the criteria requires 60 percent of children in foster care to be placed with one or more of their siblings; we found that as of November 30, 2002, 63 percent of children were placed with one or more siblings. The areas in which CFSA's performance fell short included criteria related to (1) caseworker visitation with children in foster care, (2) placement of children in foster homes with valid licenses, (3) progress toward permanency for children in foster care, and (4) parental visits with children in foster care who had a goal of returning home. For example, none of the 144 children placed in foster care during the 2-month period prior to November 30, 2002, received required weekly visits by a CFSA caseworker. Table 2 summarizes our analysis of the selected foster care performance criteria.

Table 2: Analysis of Selected Foster Care Performance Criteria

Foster care performance criteria		Analysis
1. Current case plans for foster care cases. Forty-five percent of foster care cases have current case plans.	Met	As of September 30, 2002, 46 percent of foster care cases had current case plans.
2. Visitation between children in foster care and their parents Thirty-five percent of cases in which children have a permanency goal of return home have parental visits at least every 2 weeks.	Not met	As of November 30, 2002, 1 percent of children with a return home goal had parental visits at least every 2 weeks.
3. Social worker visitation with children in foster care Twenty-five percent of children in foster care have weekly visits with social workers in their first 8 weeks of care; 35 percent of all children in foster care have at least monthly visits with a social worker.	Not met	As of November 30, 2002, no children had weekly visits and at least 98 percent of children did not have monthly visits with a caseworker.[a]
4. Appropriate legal status for children in foster care No child in emergency care for more than 90 days.	Met	As of November 30, 2002, no children in emergency care more than 90 days.
5. Current and valid foster home licenses Seventy-five percent of children are placed in foster home with valid licenses.	Not met	As of November 30, 2002, 47 percent of children were in foster homes with valid licenses.
6. Progress toward permanency No more than 10 percent of children in foster care have a permanency goal of return home for more than 18 months.	Not met	As of November 30, 2002, 30 percent of children had permanency goal of return home more than 18 months.
7. Foster care placement with siblings Sixty percent of children in foster care are placed with one or more of their siblings.	Met	As of November 30, 2002, 63 percent of children were placed with one or more siblings.
8. Placement stability No more than 25 percent of children in foster care as of May 31, 2002, have had three or more placements.	Met	As of November 30, 2002, 21 percent of children had three or more placements.

Source: GAO analysis.

[a]For 2 percent of the children, caseworker visits equaled or exceeded the number of months in placement. However, CFSA's data for the performance measure to this criterion do not allow for the determination of whether caseworkers visited children each month they were in foster care.

CFSA's Program Improvement Plan, a plan required by HHS to address those areas determined not met by HHS, identifies how it will address two of the unmet ASFA requirements—(1) to initiate or join proceedings to terminate parental rights (TPR) of certain children in foster care and (2) to ensure that children in foster care have a permanency hearing every 12 months. For example, CFSA has outlined steps to improve its filings of TPR petitions with the Family Court. To help facilitate this process, CFSA hired additional attorneys to expedite the TPR proceedings. The new attorneys have been trained in ASFA requirements and in the process for

referring these cases to the Family Court. CFSA is also developing a methodology for identifying and prioritizing cases requiring TPR petitions. While CFSA's updated Program Improvement Plan states its intent to provide notification of hearings to all participants, this plan does not make it clear whether all applicable reviews and hearings will be included.

Another CFSA plan—the Interim Implementation Plan—includes measures that were developed to show the agency's plans for meeting the requirements of the modified final order issued by the U.S. District Court for the District of Columbia.[7] This plan includes actions to address three of the four performance criteria CFSA did not meet—visits between children in foster care and their parents, social worker visitation with children in foster care, and placement of children in foster homes with current and valid licenses. The plan states that, for new contracts, CFSA will require its contactors to identify community sites for parental visits to help facilitate visits between children in foster care and their parents. The plan also indicates that CFSA will concentrate on the recruitment and retention of caseworkers. According to CFSA officials, caseworkers would have more time for quality casework, including visitation with children, parents, and caregivers, once they hire more caseworkers. Additionally, the plan established a goal to have 398 unlicensed foster homes in Maryland licensed by December 31, 2002. However, CFSA does not have written plans that address the performance criterion to reduce the number of children in foster care who, for 18 months or more, have had a permanency goal to return home. Without complete plans for improving performance for all measures, CFSA's ability to comply with the ASFA requirements and meet the selected performance criteria may be difficult. Furthermore, unless these requirements and criteria are met, the time a child spends in foster care may be prolonged, or the best decisions regarding a child's future well-being may not be reached.

CFSA officials cited several factors that hindered their ability to fully meet the ASFA requirements and the selected performance criteria, including court-imposed requirements, staffing shortages, and high caseloads. For example, program managers and supervisors said that the new court-imposed mediation process intended to address family issues without formal court hearings places considerable demands on caseworkers' time.

[7]In April 2003, the court-appointed monitor submitted a final implementation plan containing additional performance measures to the U.S. District Court for the District of Columbia for its approval. Once approved, this plan will establish goals CFSA must meet by 2006.

The time spent in court for mediation proceedings, which can be as much as 1 day, reduces the time available for caseworkers to respond to other case management duties, such as visiting with children in foster care. Furthermore, managers and supervisors reported that staffing shortages have contributed to delays in performing critical case management activities, such as identifying cases for which attorneys need to file TPR petitions. However, staffing shortages are not a unique problem to CFSA. We recently reported that caseworkers in other states said that staffing shortages and high caseloads had detrimental effects on their abilities to make well-supported and timely decisions regarding children's safety.[8] We also reported that as a result of these shortages, caseworkers have less time to establish relationships with children and their families, conduct frequent and meaningful home visits, and make thoughtful and well-supported decisions regarding safe and stable permanent placements.

CFSA Has Established Many Foster Care Policies but Lacks Others, and the Extent of Implementation and Documentation Varies

CSFA has established many foster care policies, but caseworkers did not consistently implement the six we selected. These policies covered the range of activities involved in a foster care case, but did not duplicate those examined in our review of the AFSA requirements or the selected foster care performance criteria. In addition, CFSA's automated system lacked data on policy implementation for at least 70 percent of its active foster care cases. Without information on all cases, caseworkers do not have a readily available summary of the child's history needed to make decisions about a child's care, and managers do not have information needed to assess and improve program operations.

[8]U.S. General Accounting Office, *Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff*, GAO-03-357 (Washington, D.C.: Mar. 31, 2003).

CSFA Has Established Many Foster Care Policies, but Caseworkers Did Not Consistently Implement Those We Selected

While we previously reported in 2000[9] that CFSA lacked some important child protection and foster care placement policies, CFSA has now established many such policies and most are comparable to those recommended by organizations that develop standards applicable to child welfare programs. For example, CFSA has policies for investigating allegations of child abuse, developing case plans, and establishing permanency goals for foster children. In addition, one policy is more rigorous than suggested standards. Specifically, CFSA's policy requires an initial face-to-face meeting with children within 24 hours of reported abuse or neglect, while the suggested standard is 24 to 48 hours or longer, depending on the level of risk to the child's safety and well-being. However, CFSA does not have some recommended policies, namely those addressing (1) written time frames for arranging needed services for children and families (e.g., tutoring for children and drug treatment for family members); (2) limits on the number of cases assigned to a caseworker, based on case complexity and worker experience; and (3) procedures for providing advance notice to each person involved in a case about the benefits and risks of services planned for a child and alternatives to those services. CFSA managers said that the agency had not established these policies because agency executives gave priority to complying with court-ordered requirements.

CFSA did not consistently implement the policies we examined. We selected six policies that covered the range of activities involved in a foster care case, but did not duplicate those examined in our review of the AFSA requirements or the selected foster care performance criteria. CFSA could not provide automated data regarding the implementation of one policy requiring administrative review hearings every 6 months.[10] As for the remaining five policies, data in FACES indicate that caseworkers' implementation of them varied considerably. Table 3 summarizes these five policies and the percentage of cases for which the data indicated the policy was implemented.

[9]U.S. General Accounting Office, *District of Columbia Child Welfare: Long-Term Challenges in Ensuring Children's Well-Being*, GAO-01-191 (Washington, D.C.: Dec. 29, 2000) and *Foster Care: Status of the District of Columbia's Child Welfare System Reform Efforts*, GAO/T-HEHS-00-109 (Washington, D.C.: May 5, 2000).

[10]Administrative review hearings are held to make decisions about a child's permanent placement. They generally involve foster care children, family members, CFSA caseworkers, attorneys, and others with a role in the future well-being of the child.

Table 3: Implementation of Selected CFSA Foster Care Policies as Documented in FACES

Policy	Percent of foster care cases for which the policy was implemented[a,b]
Initiate face-to-face investigation of alleged child abuse or neglect within 24 hours of receiving an allegation on CFSA's child abuse hotline.	26
Complete a safety assessment within 24 hours of face-to-face contact with the child.	13
Complete a risk assessment within 30 days of receiving an allegation on the hotline.	73
Complete an initial case plan within 30 days of a child's entry into foster care.	9
Arrange needed services for foster care children or their families.	83

Source: FACES data and GAO analysis.

[a]With the exception of the policy to arrange needed services, the analysis is based on 943 foster care cases that were at least 6 months old, as of November 30, 2002. These cases were initiated after FACES came on-line in October 1999. The analysis of the policy to arrange for needed services is based on 1,837 foster care cases and includes cases that pre-dated FACES but for which services were provided after FACES came on-line. Data show the percentage of cases for which caseworkers arranged at least one service.

[b]CFSA counted cases that had missing data as instances of caseworker noncompliance with the applicable policy.

The policies related to initiating face-to-face investigations and completing safety assessments are particularly critical to ensuring children's safety. CFSA's policy requires caseworkers to initiate an investigation of alleged child maltreatment within 24 hours of the call to CFSA's hot line through face-to-face contact with the child. Also, caseworkers are required to complete a safety assessment within 24 hours of the face-to-face contact with the child. While it took CFSA caseworkers considerably longer than the time specified in the policy to take these actions in some cases, CFSA's performance has improved. CFSA has reduced the average time it takes to make contacts and complete the assessments. In 2000, it took caseworkers an average of 18 days to initiate a face-to-face investigation, whereas in 2002 the average was 2 days. Similarly, caseworkers took an average of 30 days to complete safety assessments in 2000, whereas the average time declined to 6 days in 2002. Although there were cases that took much longer than the 24-hour limits, there were fewer in 2002 than in 2000. CFSA caseworkers took 5 or more days to initiate a face-to-face investigation for 61 cases in 2000, and for 16 cases in 2002. Table 4 summarizes the number of cases for which caseworkers took 5 or more days to initiate investigations and complete safety assessments from 2000 through 2002.

Table 4: Number of Cases Taking 5 or More Days to Implement Policy (2000-2002)

Policy	Fiscal Year 2000	2001	2002	Total
Initiate face-to-face investigation of alleged child abuse or neglect within 24 hours of receiving an allegation.	61	66	16	143
Complete a safety assessment within 24 hours of face-to-face contact with child.	101	122	50	273

Source: FACES data and GAO analysis.

We also reviewed case files and examined related data from FACES for 30 foster care cases to assess compliance with policies requiring timely case planning, periodic administrative review hearings, and arrangements for needed services. The case files we reviewed were often voluminous, inconsistently organized, and contained information that was not always traceable to data entered in FACES. Our review found that case plans were not routinely completed within 30 days, as required by CFSA policy. The FACES data provided subsequent to our case file review supported this assessment.

We also found that for almost half the cases we examined administrative review hearings, which are held to ensure that key stakeholders are involved in decisions about a child's permanent placement, were rescheduled, resulting in their being held less frequently than required by CFSA policy. CFSA policy requires that these hearings be held every 6 months, and FACES automatically schedules them to occur 6 months after the most recent hearing. However, CFSA officials are unable to track how frequently they are rescheduled or the length of time between hearings because the system overrides the dates of prior hearings. Long delays between administrative review hearings could mean delays in getting children into permanent placement. As for arranging needed services, we could not determine from case files or FACES whether services recommended by caseworkers were approved by supervisors or if all needed services were provided. The FACES data indicate that at least one service was provided for 83 percent of the cases, but do not include a complete record of all services caseworkers determine to be needed, nor do they indicate whether the services were provided on a timely basis.

Officials said that several factors affected the implementation of some of the policies we reviewed. Caseworkers' supervisors and managers explained that, generally, the policies were not always implemented because of limited staff and competing demands, and the policies were not documented because some caseworkers did not find FACES to be user

friendly. Agency officials explained that, in part, data on the implementation of the initial investigations and safety assessment reflected a change in who was responsible for the initial investigation of child abuse cases. Until October 2001, the District's Metropolitan Police Department had this responsibility, and data on initial investigations were not entered into FACES. CFSA now has responsibility for both child abuse and neglect investigations. Further, program managers and supervisors said that several factors contributed to the time frames required to initiate face-to-face investigations, including difficulty in finding the child's correct home address, contacting the child if the family tries to hide the child from investigators, and even obtaining vehicles to get to the location. Regarding administrative review hearings, the records indicate that they were rescheduled for a variety of reasons, such as the caseworker needing to appear at a hearing for another case or the attorney not being able to attend the hearing. Managers also said that the data on service delivery was not always entered into FACES because caseworkers sometimes arranged services by telephone and did not enter the data into FACES.

CFSA officials said they recently made changes to help improve the implementation of some of the policies we reviewed. They said CFSA has focused on reducing the number of cases for which a risk assessment had not been completed and has reduced the number of these investigations open more than 30 days from 807 in May 2001 to 263 in May 2002. CFSA officials also said that they anticipate a reduction in the number of administrative review hearings that are rescheduled. They said the responsibility for notifying administrative review hearing participants about a scheduled hearing was transferred from caseworkers to staff in CFSA's administrative review unit, and they intend to provide notification well in advance of the hearings. Additionally, another official said that CFSA has begun testing a process to ensure that all needed services are provided within 45 days.

Such improvements are needed because without consistently implementing policies for timely investigations and safety and risk assessments, a child may be subject to continued abuse and neglect. Delays in case plan preparation and in holding administrative review hearings delay efforts to place children in permanent homes or reunite them with their families. Further, without knowing whether children or families received needed services, CFSA cannot determine whether steps have been taken to resolve problems or improve conditions for children in its care, which also delays moving children toward their permanency goals.

CFSA Has Established Policies and Goals for Group Homes

In addition to its policies for managing cases, CFSA has policies for licensing and monitoring group homes, plans for training staff in group homes, and a goal to reduce the number of young children in group homes. CFSA's policies for group homes are based primarily on District regulations that went into effect July 1, 2002. For example, the regulations prohibited CFSA from placing children in an unlicensed group home as of January 1, 2003. According to CFSA officials, as of March 2003, all CFSA group homes were licensed, except one, and CFSA was in the process of removing children from that home. CFSA plans to monitor group homes by assessing their compliance with contractual provisions and licensing requirements. CFSA also plans to provide training to group home staff to make it clear that, as District regulations require, any staff member who observes or receives information indicating that a child in the group home has been abused must report it. Further, CFSA has a goal to reduce the number of children under 13 who are placed in group homes. According to agency officials, CFSA has reduced the number of children under 13 in group homes from 128 in August 2002 to 70 as of February 2003 and has plans to reduce that number even further by requiring providers of group home care to link with agencies that seek foster care and adoptive families.

CFSA's Automated System Lacked Data on Many Foster Care Cases

In our efforts to assess CFSA's implementation of the six selected foster care policies related to the safety and well-being of children as shown in table 2, we determined that FACES lacked data on many active foster care cases. In December 2000, we reported that FACES lacked complete case information and caseworkers had not fully used it in conducting their daily casework.[11] During our most recent review, we determined that FACES lacked data on four of six foster care policies for at least 70 percent of its active foster care cases. Of the 2,510 foster care cases at least 6 months old as of November 30, 2002, data were not available for 1,763 of them. CFSA officials explained that all of these cases predated FACES, and the previous system was used primarily to capture information for accounting and payroll purposes, not for case management. Top agency managers said that CFSA does not plan to make it an agency priority to transfer information kept in paper files for cases that predated FACES into the system. Additionally, FACES reports show that data were not available on

[11]U.S. General Accounting Office, *District of Columbia Child Welfare: Long-Term Challenges to Ensuring Children's Well-Being*, GAO-01-191 (Washington, D.C.: Dec. 29, 2000).

many of the cases that entered the foster care system after FACES came on line. For example, complete data on the initiation of investigations and completion of safety assessments were not available for about half of the 943 cases that entered the foster care system after FACES came on line. CFSA officials explained that they intend to focus on improving a few data elements at a time for current and future events.

Having systems that provide complete and accurate data is an important aspect of effective child welfare programs. HHS requires all states and the District of Columbia to have an automated child welfare information system. These systems, known as SACWIS, must be able to record data related to key child welfare functions, such as intake management, case management, and resource management. However, in its review of FACES, HHS found CFSA's system was not in full compliance with several requirements, including the need to prepare and document service/case plans and to conduct and record the results of case reviews.[12]

In addition to the standards and requirements established by HHS for all child welfare systems, the modified final order requirements established by the U.S. District Court for the District of Columbia direct CFSA to produce management data and many reports on their operations. For example, the modified final order requires that CFSA be able to produce a variety of data such as, the number of children (1) for whom a case plan was not developed within 30 days, (2) with a permanency goal of returning home for 12 months or more, and (3) placed in a foster home or facility who have been visited at specified intervals.

Complete, accurate, and timely case management data enables caseworkers to quickly learn about new cases, supervisors to know the extent that caseworkers are completing their tasks, and managers to know whether any aspects of the agency's operations are in need of improvement. Child welfare automated systems need to have complete case data to help ensure effective management of child welfare programs. A child welfare expert said that there is a great need to transfer information from old case records to new automated systems. For example, the expert said that records of older teens have been lost, and, with them, valuable information such as the identity of the child's father.

[12]HHS completed its SACWIS assessment review of FACES in June 2000. The purpose of this review is to assess whether the child welfare information system performs functions that are important to meeting the minimal requirements.

Without data in FACES, CFSA's caseworkers will have to look for paper records in the case files, some of which are voluminous. This file review effort is much more time-consuming than reviewing an automated report and as a result, when cases are transferred to new caseworkers, it requires more time for them to become familiar with cases.

CFSA Has Enhanced Its Working Relationship with the D.C. Family Court by Working Collaboratively, but Hindrances Remain

CFSA has enhanced its working relationship with the D.C. Family Court by working more collaboratively, but several factors have hindered these relationships. By participating in committees and training sessions, collocating OCC attorneys with caseworkers, and communicating frequently, CFSA has enhanced its working relationship with the Family Court. CFSA participates in various planning committees with the Family Court, such as the Implementation Planning Committee, a committee to help implement the District of Columbia Family Court Act of 2001. CFSA caseworkers have participated in training sessions that include OCC attorneys and Family Court judges. These sessions provide all parties with information about case management responsibilities and various court proceedings, with the intent of improving and enhancing the mutual understanding about key issues. Additionally, CFSA assigned two caseworkers who assist in arranging court-ordered services for children and their families at the Family Court. Also, since 2002, OCC attorneys have been located at CFSA and work closely with caseworkers. This arrangement has improved the working relationship between CFSA and the Family Court because the caseworkers and the attorneys are better prepared for court appearances. Furthermore, senior managers at CFSA and the Family Court communicated frequently about day-to-day operations as well as long-range plans involving foster care case management and related court priorities, and on several occasions expressed their commitment to improving working relationships.

However, CFSA officials and Family Court judges also noted several hindrances that constrain their working relationship. These hindrances include the need for caseworkers to balance court appearances with other case management duties, an insufficient number of caseworkers, caseworkers who are unfamiliar with cases that have been transferred to them, and differing opinions about the responsibilities of CFSA caseworkers and judges. For example, although CFSA caseworkers are responsible for identifying and arranging services needed for children and their families, some Family Court judges overruled service recommendations made by caseworkers. Family Court judges told us that they sometimes made decisions about services for children because caseworkers did not always recommend appropriate ones or provide the

court with timely and complete information on the facts and circumstances of the case. Caseworkers and judges agreed that appropriate and timely decisions about services for children and their families are important ones that can affect a child's length of stay in foster care.

CFSA officials and Family Court judges have been working together to address some of the hindrances that constrain their working relationship. CFSA managers said that scheduling of court hearings has improved. According to agency officials, in March 2003, CFSA began receiving daily schedules from the Family Court with upcoming hearing dates. This information allows caseworkers to plan their case management duties such that they do not conflict with court appearances. Also, as of March 2003, Family Court orders were scanned into FACES to help ensure that caseworkers and others involved with a case have more complete and accurate information. To help resolve conflicts about ordering services, CFSA caseworkers and Family Court judges have participated in sessions during which they share information about their respective concerns, priorities, and responsibilities in meeting the needs of the District's foster care children and their families.

Conclusions

CFSA has taken steps to implement several ASFA requirements, met several performance criteria, developed essential policies, and enhanced its working relationship with the Family Court. In addition, CFSA has implemented new group home policies, improved the average time caseworkers took to implement certain policies and undertaken initiatives, in conjunction with the Family Court, to improve the scheduling of court hearings. However, CFSA needs to make further improvements in order to ensure the protection and proper and timely placement of all of the District's foster care children. By implementing all ASFA requirements, meeting the performance criteria and effectively implementing all policies, CFSA will improve a child's stay in the foster care system and reduce the time required to attain permanent living arrangements. Furthermore, complete, accurate, and timely case management data will enable caseworkers to quickly learn about new cases and the needs of children and their families, supervisors to know the extent to which caseworkers are completing all required tasks in the most timely way, and managers to know whether any critical aspects of the agency's operations are in need of improvement. Without automated information on all cases, caseworkers do not have a readily available summary of the child's history, which may be critical to know when making plans about the child's safety, care, and well-being.

Mr. Chairman, this concludes my prepared statement. I will be happy to respond to any questions that you or other Subcommittee members may have.

GAO Contact and Acknowledgments

For further contacts regarding this testimony, please call Cornelia M. Ashby at 202-512-8403. Individuals making key contributions to this testimony included Carolyn M. Taylor, Mark E. Ward, Sheila Nicholson, Vernette Shaw, Joel Grossman, and James Rebbe.

GAO Related Products

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Chairman TOM DAVIS. Dr. Golden.

Dr. GOLDEN. Good morning, Chairman Davis and Representative Norton. I am Olivia Golden, Director of the Child and Family Services Agency for the District of Columbia. I am delighted to have the opportunity to speak with you on the morning after U.S. District Court Judge Thomas Hogan approved the final long-term implementation plan in the LaShawn lawsuit. This represents a major milestone in the District's 2-year reform of the child welfare system.

Decades of neglect resulted in a lawsuit in 1989, and continued failure by the District resulted in 6 years of Federal court receivership beginning in the mid-1990's. In 2000, however, Mayor Anthony Williams, the District Council, Representative Norton, and other leaders committed to implementing major reforms as conditions for return of child welfare to District control.

In the first 2 years of District control, we have gotten CFSA out of probation, demonstrated momentum for significant positive change, and, for the first time, engendered hope that child welfare reform really can take place here. Now the implementation plan provides a solid blueprint for establishing a real safety net for children.

Two examples show how broken the protective system for District children used to be and the very basic issues that we have to resolve to mend it.

First, for years, children who had suffered the trauma of removal from their birth homes routinely spent 1 or more nights sleeping in the Child Protective Office because placements could not be located promptly. Today, no children sleep at CFSA because we find safe placements for them during the day. And for decades, abused and neglected children of all ages were virtually warehoused in group homes throughout the city.

In May 2001, 99 children under age 6 and many more between age 6 and 12 were in group homes. Today we have cut those numbers by more than half by placing more children in family settings.

My written testimony describes four areas of early important and measurable progress for children. This progress has been including more children in families, fewer in group settings; more timely investigations; more social worker visits and other indicators of safety and permanence; third, hiring and retaining more social workers, leading to reduced social worker caseloads; and fourth, hiring in-house clinical experts to enhance medical and mental health decisionmaking.

My written testimony also summarizes several essential system reforms now underway. These are critical to improving outcomes for thousands of children on a sustained basis.

First, as highlighted both in the opening statements and by GAO, CFSA, the family court, and the Corporation Counsel are working cooperatively for the benefit of children.

Second, for the first time the key players in the child welfare system are focusing together collectively on ASFA compliance.

Third, CFSA is focusing on quality not only internally but among its contracted providers.

Fourth, CFSA is strengthening its formal policies to reflect reform. There is clearly more to do.

Fifth, we are improving foster and adoptive parent recruitment, retention and support.

And sixth, in terms of our FACES information system, 2 years ago we could not tell which investigations were overdue, which cases were assigned to which workers, or how many visits we had made to children. Today our FACES computer system lists every child in our care and where he or she is living; and managers, supervisors and workers can access reports on key measures of safety and permanence at any time.

Additional improvements to FACES lie ahead, but we have come a long way. Along with just 22 other States—that is the top half—we have an automated case management system that meets most Federal requirements. In fiscal year 2004, we intend to pursue full Federal certification of FACES as meeting all requirements, a status so far achieved by only four States.

Finally, let me turn to challenges and next steps. The implementation plan is ambitious and comprehensive. It addresses all key areas of child welfare, and establishes specific timeframes for performance. Its requirements add up to the strong safety net that we all want for children and families.

Four major challenges lie ahead. First, continued progress in recruiting and retaining social workers. Second, continued progress in recruiting, retaining, and supporting foster kin and adoptive parents; third, strengthening key partnerships, and I want to especially thank the committee for the important role that the family court legislation has played in strengthening our partnerships both with the court and with surrounding jurisdictions. I urge continued attention by the committee and Congress to supporting the District, Maryland, and Virginia as we seek to craft a truly metropolitan approach to the needs of children and families whose lives cross State boundaries.

The fourth challenge is maintaining the momentum for reform over the long haul because there are no quick fixes.

In conclusion, in the past 2 years, District leadership at all levels have demonstrated that we can turn around problems that have placed our children at risk for decades. Now we have both the great challenge and the great opportunity of working together to achieve our vision.

Thank you so much for your commitment and support. I look forward to answering your questions.

Chairman TOM DAVIS. Thank you very much.

[The prepared statement of Dr. Golden follows:]

TESTIMONY OF
OLIVIA A. GOLDEN, DIRECTOR, CHILD AND FAMILY SERVICES AGENCY
BEFORE
THE U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNMENT REFORM
MAY 16, 2003

Good morning, Chairman Davis, Ranking Member Waxman, Representative Norton, and members of the District of Columbia House Government Reform Committee. I'm Olivia Golden, director of the Child and Family Services Agency (CFSA) for the District of Columbia. I appreciate your commitment to the child welfare goals of safety, permanency and well-being for abused and neglected children.

I am pleased to have the opportunity to speak to you on the day after appearing before U.S. District Judge Thomas F. Hogan regarding the Implementation Plan in the *LaShawn* lawsuit. The Implementation Plan, developed by the Federal Court Monitor with extensive input from the District and plaintiffs, represents a major milestone in the District's reform of the child welfare system. Decades of neglect resulted in a lawsuit in 1989, and continued failure by the District resulted in six years of Federal Court receivership beginning in 1995. In 2000, however, Mayor Anthony Williams, the District Council, Representative Norton, and other community leaders committed to turning the system around and to implementing major statutory and institutional reform as conditions for return of child welfare to District control.

In the first two years of District control, we have demonstrated momentum for significant, positive change; gotten CFSA out of probation through financial investment and performance improvements; and, for the first time, engendered hope that child welfare reform really can take place here. Now, the Implementation Plan represents a blueprint for reforms that will truly accomplish our goals for children. It poses even greater challenges than we have met so far but also offers unprecedented opportunities:

- first, to establish the strong local safety net that vulnerable children and families deserve;
- second, to protect abused and neglected children, ensure they grow up in permanent families, and promote child and family well being;
- and finally, to end court oversight of child welfare in the District within the next four years.

Before turning to details about CFSA's progress to date, I want to highlight what I believe are the greatest improvements we've made for children so far. These examples show how faulty the so-called protective system for local children was and that we are having to correct some very basic flaws to strengthen the safety net.

- For years, it was routine for children who had suffered the trauma of being removed from their birth homes to spend one or more nights sleeping in the child protective office because better placements could not be located promptly. Today, after two years of diligent effort, no children are sleeping at CFSA because we find safe placements for them during the day.
- For decades, abused and neglected children of all ages were virtually "warehoused" in unregulated group homes throughout the city. Today, most young children who must be removed from home to be safe are placed with families. In May 2001, 99 children under age six, and another 100 between ages seven and 12, were in group homes. Today, we have cut those numbers by more than half by focusing on identifying relatives and foster families, providing expert clinical support in-house, and working closely with providers.
- And after 14 years, the District gave CFSA licensing authority over group homes that serve children and Independent Living Programs for foster youth. We have closed three emergency shelters as well as other group home facilities, either because we are now

placing children in family settings or because the facilities were unable to meet the new licensing requirements.

In the remainder of today's testimony, I want to cover two important topics.

- First, I'll summarize major system reforms of the past two years that are, at last, beginning to weave a safety net for abused and neglected children and troubled families in the District. This will include highlighting areas of progress of particular interest to this Committee as indicated by your questions.
- Second, I'll discuss major challenges ahead as we move toward realizing the full vision of safety, permanence, and well being for children embodied in the *LaShawn* Implementation Plan. This assessment of next steps also draws on input from several independent third parties, including the Annie E. Casey Foundation's Family-to-Family project, Council for Court Excellence, Federal Court Monitor, and the General Accounting Office. In addition, the Federal government conducted a Child and Family Services Review that provided valuable baseline information at the point of termination of the receivership.

I. Building the District's First Safety Net for Children: A Progress Report

From the beginning, we have recognized that our task is to achieve positive outcomes for children while simultaneously reengineering the statutory and institutional framework for child welfare in the District. As Mayor Williams often says, we are "building the airplane while flying it." To provide a context for the scale of the task:

- In fiscal year 2002, our 24-hour line for reporting child abuse and neglect received an average of 640 calls a month. About 69 percent of those calls met the criteria for abuse or neglect and were referred for investigation.
- In an average month, CFSA serves 3,078 children in paid placements, and about 2,214 families with 5,106 children at home for a total of 8,184.

A. Early Progress for Children

Over the past two years, CFSA has made significant early improvements for children in four areas.

(1) More children in families, fewer in group settings.

As mentioned a moment ago, we have made dramatic changes in the District's historic reliance on group care for children. We have cut in half the number of young children in group settings, eliminated children's stays in CFSA's office building, closed group facilities where necessary, and reduced the number of children in residential treatment more than 100 miles from the District. Because children develop most fully when they are nurtured in family settings, this is an important positive change.

(2) Timeliness of investigations and other indicators of safety and permanence for children

Prompt investigation of allegations of abuse and neglect is critical to children's safety and lays the groundwork for helping services to both children and families. This is an area where we have made major progress compared to the prior, fragmented system. At the end of the receivership in May 2001, the Court Monitor found more than 800 investigations overdue beyond the 30-day statutory deadline. Today, that backlog is down to approximately

129. Other key improvements highlighted by the Court Monitor were a 20 percent increase in finalized adoptions and major strides in completion of case plans.

Monitoring of children by social workers and visits of foster children with their birth parents are key steps towards safety and permanence. The Court Monitor found extremely low baseline levels of performance on both of these measures at the end of the receivership: for example, only 5% of the cases reviewed in May 2001 had documentation in the files of monthly visits by social workers for our children. Working intently in these critical areas, we have increased by eight-fold from that low base to a current rate of at least 43% of children visited by their social workers in March of 2003 - yet this is still far from a big enough difference to children. We are committed to continued work from here to meet the ambitious targets in the Implementation Plan. Key steps to increase social worker monitoring include reduced caseloads, reduced time in court, and better tracking of visits both by CFSA staff and by our contracted partner agencies (which have case management responsibility for approximately 1,000 children). Key steps to improved visits between foster children and birth parents include development of community-based visitation sites, a requirement now included in contracts with each of the seven neighborhood-based Healthy Families/ Thriving Communities Collaboratives, as well as early involvement of birth parents and extended family in case planning.

(3) Recruitment/retention of social workers, and caseload reduction.

In FY02, we increased our licensed master's and bachelor's-level social workers by approximately 30, to a current level of approximately 270. Our goal is to end FY03 with a total of 310 licensed social workers.

We are currently in the midst of intensive spring recruitment at colleges and universities across the country. We have more than 20 new social workers scheduled to start in June, with

additional offers made and accepted every day. While we have made important progress towards the FY03 goal and believe we can meet it, it will not be easy. In addition, it won't be easy to continue progress into FY04 and future years to meet and maintain the ambitious caseload standards in the Implementation Plan.

Major elements of our aggressive recruiting strategy include outreach to both local and selected distant colleges and universities with schools of social work; use of print advertising, web-based sites used by many social workers, and targeted mailings; partnerships with organizations such as the National Association of Social Workers and U.S. Public Health Service Commissioned Corps; and a special focus on institutions likely to offer bi-lingual candidates. We are also focusing on retention. For all licensed social workers at CFSA, the turnover rate is 17 percent—or slightly below the annual average of 20 percent for state child welfare agencies. We continue to work on improving retention through strategies such as reducing caseloads, upgrading training, and providing more support for doing a tough job.

As a result of our recruitment and retention strategies as well as intensive focus on caseload assignment and equity across workers and units, our average caseloads are now down to 23 cases per Ongoing worker with no worker carrying over 39 cases. In August 2002, when we started our tracking we had 35 workers with over 40 cases. The Implementation Plan requires reaching caseloads of 20 or below for foster children, 12 or below for foster children with special needs, and 17 for families with children at home. Under the Implementation Plan, a workload analysis to be completed next winter will allow review of whether these standards need modification.

A key related accomplishment has been development of a Training Academy to ensure strong initial and in-service training of social workers. New social workers go through four

months of pre-service training, including both classroom and on-the-job experiential learning. We have heard anecdotally that new candidates who come to us have heard about our on-the-job training segments and see them as a plus compared to other jurisdictions.

Availability of clinical expertise.

The creation of the Office of Clinical Practice at CFSA puts health and mental health experts directly in support of social worker decisionmaking. For example, to help young children in group homes move to families, we enlist Clinical Practice nurses to prepare foster parents to care for medically fragile children.

B. Systems Changes that Make Progress for Children Possible

In the two years since CFSA became the District's first unified child welfare agency, the pace of statutory, regulatory, and institutional reform has been intense. We must change the way all aspects of the system have operated for decades if we are to change outcomes for thousands of children on a sustained basis. Important early changes are evident in several key areas.

(1) Family Court and Legal Reform.

As a result of concurrent reforms within District government and Superior Court, the Council for Court Excellence reported last October that in sharp contrast to the animosity that for years created problems for children and families in the system:

> *The major public stakeholders in the DC child welfare system—the DC Superior Court, the Child and Family Services Agency (CFSA), and the Office of the Corporation Counsel (OCC)—are working collaboratively to make major structural changes that will position the city to achieve dramatically improved outcomes for children.*

I meet regularly with Presiding Judge Lee Satterfield to identify issues that we need to tackle jointly to benefit children. Last fall, CFSA participated actively in the first cross-training,

hosted by the Family Court, on systems of care. We also collaborated to design the best way to transfer cases to the new teams of Magistrate and Associate Judges in the Family Court, with CFSA providing information systems support. Together, we recently designed a schedule that we expect will provide social workers and attorneys with concentrated time without court appearances, freeing them to make visits and complete other work.

Two current collaborations are particularly exciting, because they have the potential of serving as national models of Court-Executive Branch collaboration that can truly pay off for children and families. First, we are continuing to collaborate with the Court around information systems. We have just initiated a project to scan court orders into our automated system so that attorneys and social workers have prompt access. Every evening, the Court now sends all hearing dates, times, and locations by social worker and supervisor to our FACES system, where staff can reference this information at the touch of a button.

Second, is the creation of the Family Treatment Court, through the leadership of Deputy Mayor Carolyn Graham and Presiding Judge of the Family Treatment Court, Anita Herring. Now drug dependent mothers who end up in D.C. Superior Court, for neglecting their children can enter a six month drug rehabilitation program with their children under the close supervision of this new Family Treatment Court. This is an exciting step for children and families in the District and one in which CFSA is actively participating and in fact we are providing funds to the Addiction Prevention and Recovery Administration (APRA) totaling 1.4 million dollars for drug treatment for mothers who are drug dependant and court ordered into treatment.

(2) System-wide focus on ASFA compliance.

The history of child welfare in the District shows consistent failure to move children to permanence promptly. As a result, far too many children still in our care have spent years in temporary settings. The past two years of reforms give promise that with consistent focus, we can at last turn this history around. As suggested by GAO and other independent reviews, there has been important early progress and there is much more to do.

The most important measurable evidence of progress comes from the Council for Court Excellence (CCE), which has been tracking District-wide compliance with ASFA and sharing findings with representatives of Superior Court, CFSA, OCC, the Deputy Mayor's Office, and other key District agencies. Last October, CCE found that the *"District of Columbia's child welfare leaders have made steady, measurable progress toward achieving the goals of ASFA."* Recent data, compiled by Superior Court following the tracking system set up by CCE, shows that compliance with ASFA permanency hearings increased from 25 percent in March of 2001 to 55 percent in September 2002.

Reforms in progress at CFSA to speed children toward permanence include:

- Doing more to engage families at the outset through early case conferences and the Emergency Assessment Program. The Family Treatment Court described above is another example of placing intensive services and planning on the front end to promote faster decision-making about whether a child can go home.
- Meeting ASFA deadlines through more stringent scheduling of and preparation for Administrative Reviews and closer work between social workers and attorneys.
- Strengthening the legal process that supports adoptions. GAO's report highlighted the District's historic failure to terminate parental rights and to free children to achieve

permanence through adoption. The District has historically favored terminating parental rights (TPR) only as part of the process of granting a specific adoption petition. We are working with the Court to change this, and filing of TPR requests has soared from a mere handful in every previous year to more than 100 in FY02.

- Speeding adoption through programmatic support including permanency planning staffings and targeted recruitment for children with special needs, such as medical issues.

(3) Provider Quality.

We are raising the bar for services we purchase from community providers through:

- Implementation of the new licensing authority assigned to CFSA in 2001 and
- aggressive, proactive contract reform.

Licensing and Monitoring: Licensing of youth residential facilities in the District has been in the making for 15 years following passage of the Youth Residential Licensure Act of 1986. As a result of legislation transferring this responsibility to CFSA and publication of regulations in 2001 and early 2002, the Office of Licensing and Monitoring within CFSA was finally able to begin the process of licensing group homes and independent living facilities serving children and youth. The standards have made a significant difference in quality since a number of facilities have had to undertake repairs and renovations. CFSA is providing technical assistance to help facilities become licensed—and has closed some that could not meet the requirements.

Contract Reform is a bold initiative designed to ensure that CFSA's performance-based posture and best practices in modern child welfare are reflected in the services we buy. It is a vehicle for stimulating increased availability of community-based services in the District, reducing reliance on group homes, making providers accountable for delivering positive outcomes for children and families, offering incentives for outstanding results, and ensuring

good use of public funds to meet community needs. We expect to put RFPs out for bid early this summer and to launch the new contracts in late summer.

(4) Policy development

One of the most demanding areas of reform to date has been establishing policies to support an independent child welfare function and to institutionalize best practices. For example, changes such as the unification of abuse and neglect investigations, the creation of a new Institutional Abuse investigation unit, and the publication of the new licensing regulations require corresponding policy development and revision. The Implementation Plan demands extensive policy development for these reasons. As GAO's report indicates, we have established some new, strong policies and still have considerable work ahead. In negotiating the Implementation Plan, we sought to sequence policy development to give priority to critical areas while also taking time to involve key stakeholders--a step recommended by outside experts to ensure buy-in and implementation. For example, we have been working closely with foster parent representatives in the development of a comprehensive set of foster care policies, required in the Implementation Plan by September 2003.

(5) Foster and adoptive parent recruitment, retention, and support.

Recruiting and retaining foster and adoptive parents is a never-ending job for every child welfare agency. At CFSA, we are working to:

- Recruit in the District, especially in neighborhoods where CFSA caseloads are highest.
- Build stronger community linkages to support that recruitment, including linkages to the faith community.
- Strengthen relationships with and support for current foster parents.

- Expand the Proctor Parent program, which supports professional foster parents who are available full-time for children who have the greatest needs.
- Build capacity for foster parents to serve behaviorally challenged and medically fragile children and youth.
- Not give up on getting older children adopted and do a better job of child-specific recruitment.

(6) FACES Information System

FACES is our internal automated case tracking system. As indicated both by our own experience and two recent outside reviews, we have made considerable improvements in FACES. Two years ago, we could not tell which investigations were overdue, which cases were assigned to which workers, which case plans were current, or how many visits we had made to children. Today, we know every child in our care and where he or she is living. In addition, managers and supervisors and workers can access a variety of management reports any time

Additional improvements to FACES lie ahead, but we have come a long way. In fact, national comparisons suggest that we may be in the top half of state child welfare systems. For example, our AFCARS submission to DHHS in March, which is based on FACES data, passed without penalty. Only 45 percent of states across the nation pass AFCARS. FACES is an operational SACWIS system, meaning that along with just 22 other states, we have an automated case management system that meets most of the Federal requirements. We intend in FY04 to pursue full federal certification of FACES as meeting all the SACWIS requirements, a status so far achieved by only four states across the country, all of which have had SACWIS systems in place for many more years than the District.

Several strategies have led to these improvements and are critical to support next steps:

- Setting an expectation across the Agency that data-driven decisionmaking is critical to day-to-day operations.
- Ensuring collaboration between Program and Information Systems staff to improve data quality and user-friendliness of the system;
- Comparing manual with automated data and correcting problems before relying fully on the automated data.
- Supporting private agency partners intensively during their transition to full use of FACES for case management. We have jointly identified training and hardware needs and developed strategies to address them, and we have committed to including private agencies as partners in decisionmaking about information systems priorities.

C. Ending Federal Court Probation

As a result of programmatic and systemic improvements such as those I've just described, the Court Monitor in the *LaShawn* lawsuit reported in October 2002 that CFSA had met 75 percent of 20 exacting performance goals. Judge Hogan signed the order ending the District's probation in operating child welfare in January 2003.

The end of probation represented an important accomplishment for the District – a key step along the way to implementing our full vision for children and compliance with the MFO. To end probation, the District's leadership demonstrated a sustained commitment to abused and neglected children, implemented difficult statutory and institutional reforms that, in many cases, had been awaiting action for years, and accomplished measurable improvements in serving

children and families. The next task is to build on this positive momentum to fully implement our vision for children following the blueprint in the Implementation Plan.

II. CHALLENGES AND NEXT STEPS

The Implementation Plan is ambitious and comprehensive. It presents great challenges but also extraordinary opportunities: to truly build the safety net all the District's children deserve, to ensure children's safety, permanence, and wellbeing, and to end Federal Court oversight of the District's child welfare system within the next four years. The plan addresses all key areas of child welfare operations and administration, prescribes performance standards that include ambitious outcome targets and best-practice strategies, and establishes specific time frames for performance from June 30, 2003, through December 31, 2003 and beyond. In total, these requirements add up to the strong safety net we all want for children and families: child-centered, family-oriented, community and neighborhood based, and outcome-focused.

To take just one of many examples, the Plan envisions a broad range of community services--including intensive home-based services and mental health and substance abuse treatment--that will prevent children from being removed from their families where possible, ensure prompt reunification where that is possible, and promote stability for children in foster and pre-adoptive placements.

Based on our experiences to date, several outside reviews, and expert input from our National Advisory Panel, four major challenges that lie ahead:

1. Continued progress in recruiting and retaining social workers, case aides, supervisors, and non-case-carrying staff critical to supporting their work. We look forward to discussing with the Committee whether there are ways the Congress might support the critical role of social workers who choose to bring their professional experience and

education to the difficult task of public child welfare, in the District and in other high-need urban and rural areas across the nation.

2. Continued progress in recruiting, retaining, and supporting foster, kin, and adoptive parents who can meet the needs of our children.
3. Strengthening key partnerships with leaders and committed citizens in neighborhoods, with our service providers, with other District agencies (such as the Department of Mental Health), with the District Council and Congress, and with other jurisdictions in the metropolitan area. We would like to express our appreciation to the Committee for the important role that the Family Court legislation has played in strengthening our partnerships both with the Court and, as a result of the "Sense of Congress" language in the legislation regarding a border agreement among the District, Maryland, and Virginia, with the surrounding jurisdictions. We would urge continued attention by the Committee and the Congress to supporting the District, Maryland, and Virginia as we seek to craft a truly metropolitan approach to the needs of children and families whose lives constantly cross state boundaries.
4. Keeping up the momentum for reform over the long haul. Investments of resources and the commitment required to make a difference for children will not be over in a week, a month, or a year. To accomplish the reform we are aiming for, the national experience has shown that we must sustain our commitment to children because there are no "quick fixes."

In conclusion, this is a tremendously important moment in the history of child welfare in the District. In the past two years, the leadership of the District at all levels has demonstrated that

we can begin to turn around apparently intractable problems that have placed our children at risk for decades. Now, we have both the great challenge and the great opportunity of working together to sustain the momentum and achieve our collective vision: children who are safe, children who grow up in permanent families as every child deserves to, and communities that support the wellbeing of fragile families and vulnerable children. Thank you for your past and continuing commitment and support. I look forward to answering any questions.

Chairman TOM DAVIS. Ms. Meltzer.

Ms. MELTZER. Good morning, Delegate Norton and Chairman Davis. Thank you for your ongoing and intense interest in the functioning of the District's child welfare system.

The District of Columbia's child welfare system emerged in January 2003 from court-imposed receivership. The placement of the Agency into receivership was a historic response by the Federal court to a malfunctioning child welfare system that was completely failing to protect and support children in its care.

The receivership's end in 2003 is a significant and positive accomplishment. It does not mean that the District's child welfare system is consistently functioning at an acceptable performance level, nor that the District has achieved compliance with the LaShawn order. As the District emerged from receivership, I was responsible for working with Agency officials, the mayor's office and plaintiffs, to develop a court-ordered implementation plan. That plan is included as part of the written testimony.

I am delighted that the U.S. District Court yesterday evening enthusiastically approved the plan, and I want to echo the court's observations about the positive cooperation of all parties in its development and the joint commitment to its full implementation. The plan is an enforceable order of the Federal court under the LaShawn decree; but as important, it reflects the vision for reform of the Child and Family Services Agency of the District of Columbia. The plan identifies specific performance outcomes and benchmarks, the steps and tasks necessary to achieve compliance, time lines for task accomplishment, and resources required for implementation. The requirements of the court's order and the plan are consistent with the Federal Adoption and Safe Families Act and the District of Columbia Adoption and Safe Families Act, as well as standards of professional practice.

The LaShawn implementation plan sets ambitious, yet I believe feasible targets between now and December 2006 for District performance across the spectrum of child welfare practices and services.

Among the most important are: One, continued improvement in the timeliness and quality of investigations of child abuse and neglect. Two, high-quality social work and supervisory practice. It requires that case planning with families begin as soon as the child or family enters the child welfare system. Three, wider availability of community-based supports for families to prevent children and families from entering the child welfare system. The plan requires a biannual needs assessment, the first of which is due December 2003. Four, enhanced services provisions so the children enter foster care placement only when their families cannot be assisted to provide them with safe and stable homes. Five, increased visits by social workers to children in placement to make sure that once the State assumes custody of the children, the State acts as a good parent. Six, development of an expanded range of high-quality family placement options to continue the progress to reduce the numbers of children who are in congregate care settings. The plan is built around the need to provide families, not beds, for children. Seven, providing reliable and accessible foster parent supports so placement disruptions decline and children experience fewer placement

moves while they are in foster care. Eight, continued access to resources that children and families need, especially mental health services, substance abuse services, and comprehensive medical, psychological and educational services. Nine, locating adoptive families for the almost 1,100 children in this system who have a permanency goal of adoption.

The plan also then requires steady and measurable improvement in several key infrastructure areas to support the practice changes.

Among the most important are: One, the aggressive hiring of social workers, leading to rapidly declining caseloads. The plan requires that the social work caseloads be no more than 27 by December 30 of this year, no more than 20 by June 30, 2004, and no more than 17 by September 2004. Meeting this requirement means that the District must effectively recruit, hire, and retain 45 new workers and supervisors by this September. Two, implementation of a high-quality training program for CFSA staff and for private Agency workers. Three, revamping the contract policies and procedures to establish clear and enforceable expectations for performance by private agencies related to achieving safety and permanency and well-being outcomes for children. The District is going to release new RFPs for services by September, and over the next 3 years they will develop clear, measurable performance outcomes as part of those contracts. Four, full implementation and enforcement of new licensing standards for foster homes, group homes, and independent living facilities. Five, revamping the Agency's administrative case review system and their quality assurance systems so they can more effectively monitor the quality of their own performance.

I believe that the implementation plan with its ambitious but sequenced performance targets can be successfully completed, and must be. My confidence that the plan is doable is based upon my experience and knowledge from jurisdictions around the country. We know enough about what works, and we have evidence that positive outcomes for children and families can be achieved.

Dr. Golden has assembled an enthusiastic team of competent child welfare professionals, and has mobilized the diverse talents of many staff within the Agency and from a broad range of private agency and community partners. In addition, and to a degree that far exceeds anything that I have witnessed in the many years I have been monitoring the LaShawn decree, the child welfare agency is working constructively with other agencies in District government.

My written testimony also responds to your questions about the implementation of the Family Court Act. I am not going into that now in the interest of time.

I also include in my written testimony some actions that I believe Congress can take to accelerate the positive change. I don't want to mislead the committee about the serious challenges that remain. The difficulties of creating and maintaining a skilled work force and of developing the substance abuse, mental health, and other resources that families and children need are significant, but I believe there is a renewed commitment to taking on these challenges, and I am optimistic that they can be met.

I want to conclude by emphasizing the importance of continuing support for the work of the District's Child Welfare Agency. As external monitor, the Center for the Study of Social Policy will prepare periodic progress reports for the court, the District Government, the Congress, and the public, and we will work closely with the Agency to improve their internal quality assurance and results monitoring.

With our continued efforts and shared commitment, I look forward to a day in the not-too-distant future when we can celebrate the accomplishments, rather than the deficiencies, of the system. Thank you.

Chairman TOM DAVIS. Thank you.

[The prepared statement of Ms. Meltzer follows:]

Testimony of
Judith W. Meltzer, Deputy Director
Center for the Study of Social Policy
Court-appointed Monitor, *LaShawn A. v. Williams*

Before the
U.S. House of Representatives
Committee on Government Reform
Friday May 16, 2003

Chairman Davis and other distinguished members of the Committee on Government Reform, thank you for the opportunity to testify this morning about the progress of the District of Columbia's Child and Family Services Agency (CFSA). I am Judith Meltzer, Deputy Director of the Center for the Study of Social Policy. I serve as the Court-appointed Monitor to U.S. District Court Judge Thomas Hogan for the *LaShawn A. v. Williams* lawsuit. The *LaShawn* Modified Order is a comprehensive decree, dating to 1994. The Order includes requirements for child welfare performance in the District across the full range of programmatic and administrative functions that are needed to achieve the safety, permanency and well-being of children who are at risk of and experience child abuse and neglect. The *LaShawn* Order appointed the Center for the Study of Social Policy as the independent Court Monitor with responsibility for the development of implementation plans and for the ongoing assessment of the District's progress in complying with the federal court orders.

Over the years that the *LaShawn* decree has been in effect, I know that you, Congressman Davis, and other members of Congress have maintained an ongoing and intense interest in the functioning of the District's child welfare system. In my testimony this morning, I want to share information about the *LaShawn* litigation and the current status of District progress. In addition, I want to briefly touch on some key issues for the future.

The District of Columbia's child welfare system emerged in January, 2003 from a court-imposed Receivership. The placement of the agency into Receivership in 1997 was an historic response by the federal Court to a malfunctioning child welfare system – a system that was completely failing to protect and support children in its care. The end of the Receivership in 2003 is a significant and positive accomplishment for the District of Columbia, reflecting the Monitor's and the

Court's view that there has been progress and that the District government is committed to and capable of carrying out the additional changes needed to achieve safety, permanency and well-being for the children in its care. It does not, however, mean that the District's child welfare system is consistently functioning at an acceptable performance level or that the District has achieved compliance with the LaShawn Order. *(See Attached Monitor's report, "Progress in Meeting Probationary Period Performance Standards for the District of Columbia Child and Family Services Agency (CFSA)", September, 2002).*

As the District emerged from Receivership, I was responsible for working with agency officials, the Mayor's office and plaintiffs to develop a court-ordered Implementation Plan that will structure agency reform over the next several years. This hearing comes at a very important time for the Child and Family Services Agency as it works to create a child welfare system that meets not only the Court's expectations for performance, but more importantly a system that produces the results we all demand for children and families in which there has been child maltreatment. Attached to this testimony is a copy of the Plan that was submitted to U.S. District Court Judge Thomas Hogan on April 22, 2003, which lays out the next steps in the Districts' reform. *[LaShawn A. v. Williams Implementation Plan, Center for the Study of Social Policy, April, 2003.]*

The Plan, which is an enforceable order of the federal Court under the LaShawn decree, identifies specific performance outcomes and benchmarks, the steps and tasks necessary to achieve compliance, timelines for task accomplishment and the resources (including staff, personnel, contracts and other resources) required for implementation. The requirements of the LaShawn Order and this Implementation Plan are consistent with the outcomes and timelines of the Federal and District *Adoption and Safe Families Act (ASFA)* and with community and professional standards of acceptable child welfare practice.

The Implementation Plan sets ambitious, yet I believe, feasible targets between now and December, 2006, for District performance across the spectrum of child welfare practices and services. Among the most important are:

- Continued improvement in the timeliness and quality of investigations of child abuse and neglect. The plan requires that high quality investigations be initiated promptly and completed within 30 days of a call to the Hotline. *[The Child Abuse & Neglect Hotline receives about 400 new investigations per month. As of January 31, 2003, CFSA reported 93 investigations incomplete after 30 days.].*

- High quality social work and supervisory practice with children and families in the areas of assessment, case planning, and supervision of placement. The Plan requires that case planning with families begin as soon as a child or family enters the child welfare system and that all cases have current, complete and appropriate case plans consistent with ASFA. *[At the end of the probationary period, we found current case plans in about half of the cases we reviewed.]*

- Wider availability of community-based supports for families to prevent children and families from entering the child welfare system. The Plan requires a bi-annual needs assessment, the first of which is due by December, 2003, leading to more accessible, available and effective services and supports for children, families and foster and adoptive caregivers.

- Enhanced services provision so that children enter foster care placement only when their own families cannot be assisted to provide them with safe and stable homes. The Plan requires that the agency do a better job providing services to families in the neighborhoods and communities in which they live to insure safety within children's families and to reduce crises that require removal from the home.

- Increased visits by social workers to children in placement and to families with children at home with current child protective services cases. *[As of February, 2003, there was documentation in CFSA records that children in foster care were visited monthly in only about one-third of cases.]* The Plan requires rapid improvement in CFSA compliance with visitation by social workers.

- Development of an expanded range of high quality family placement options in the District of Columbia to continue progress to reduce the numbers of children, especially young children, who are cared for in group settings. The Implementation Plan is built around the need to provide safe, loving and permanent families for children. It requires that the District end any overnight placement in its in-house Intake Center by June, 2003 and have fewer than 50 children under age 12 in congregate settings by December 31, 2003. *[In the last month, there have been only isolated cases where children have spent the night at CFSA's in-house intake Center and the District continues to make progress on reducing the number of children under 12 in congregate care.]*

- Providing reliable and accessible foster parent supports so that placement disruptions decline and children experience fewer placement moves while they are in foster care. The Plan requires additional investment this year in foster parent training and support.

- Consistent access to resources that children and families need, especially mental health services, substance abuse services and comprehensive medical, psychological and educational services.

- Locating adoptive families or permanent kinship families for the 1,100 children in foster care with a permanency goal of adoption, and completing the necessary adoption subsidy/guardianship agreements and other legal actions to provide these children permanent homes. The Plan sets clear timelines consistent with ASFA for social work, home-finding and legal action to achieve permanency for these children.

In order to achieve the programmatic and practice goals that I listed, the Implementation Plan also requires steady and measurable improvement in several key infrastructure areas, including:

- Aggressive hiring of social workers, leading to rapidly declining caseloads for all workers. The Implementation Plan requires that the caseload of each private agency and CFSA worker providing services to children, whether in their own home or in placement, be no more than 27 by September 30, 2003, 20 by June 30, 2004 and be no more than 17 by September, 2004. Meeting this requirement means that the District must effectively recruit, hire, train and retain approximately 45 additional social workers and supervisors by September, 2003 and continue to recruit and retain workers.

- Implementation of a high quality training program for CFSA staff and private agency workers that is geared to improving practice skills and achieving defined practice competencies.

- Revamping the contract policies and procedures to establish clear and enforceable expectations for performance by private agencies related to achieving safety, permanency and well-being outcomes for children. The District will release new RFPS for contracted services by September 30, 2003 and over the next three years, will implement measures to make the contracts and the contract monitoring systems linked to clearly articulated performance measures and measurable outcomes for children and families.

- Full implementation of new licensing standards for foster homes, group homes and independent living facilities, and consistent and effective enforcement of these licensing standards. The Implementation Plan requires the Agency to significantly augment its capacity to insure that no child is placed in a foster home, group home or independent living facility without a current and valid license and to effectively monitor and enforce the licensing standards. In accordance with the Implementation Plan, CFSA will add 20 staff to the licensing and monitoring functions by September, 2003.

- Revamping the Agency's administrative case review system to provide consistent and meaningful review of case progress and achievement of permanency goals. *[Currently, approximately 65 percent of foster care cases are in compliance with requirements for six-month reviews of progress toward permanency.]* The Implementation Plan requires rapid improvement in that area, leading to full compliance by December 31, 2004.

- Continued work with the new Family Court to make sure that the entire system works together to achieve ASFA permanency expectations and timelines.

- Implementation of comprehensive quality assurance processes, including routine case and supervisory reviews, special incident reviews, external fatality reviews and quantitative/qualitative assessment of case process and outcomes.

- Completion of work on CFSA's automated management information system (FACES) so that the Agency has access to timely, accurate and complete data on the children and families it serves.

In crafting the Implementation Plan, I worked closely with the District and the plaintiffs to achieve a balance between the urgent needs of children and families and the imperative to produce results, with the District government's appropriate concern about successfully sequencing and managing multiple and demanding requirements for change. I believe that the Implementation Plan, with its ambitious yet sequenced performance targets, can be successfully completed and must be, if the District is to live up to its responsibilities for its most vulnerable and disenfranchised children and families.

My confidence that the Plan is doable is based on my experience and knowledge from jurisdictions around the country that are and continue to struggle with many of the problems evident in the District. However, with leadership, commitment, perseverance, management oversight and resources, improvement is possible. We know enough about what works and we have evidence that positive outcomes for children and families can be achieved. Dr. Golden has

assembled an enthusiastic team of competent child welfare professionals at CFSA and has mobilized the diverse talents of many staff within the Agency and from a broad range of private agency and community partners. In addition, to a degree that far exceeds anything I have witnessed in the prior history of *LaShawn*, the child welfare agency is working constructively with other agencies in the District government, most importantly, the Department of Mental Health, the Office of Corporation Counsel, and the Metropolitan Police Department. This collaborative effort is greatly enhanced by the support of the Mayor. Finally, the Superior Court, under the leadership of Chief Judge Rufus King and Presiding Judge Lee Satterfield, is working with the child welfare agency to ensure children's safety and to provide meaningful and timely judicial review of children's progress toward permanency.

I have been closely watching the implementation of the Family Court over the past year and am pleased to report that as of April 2003, all but 96 of the approximately 3,500 cases that were distributed to over 70 Judges throughout the Superior Court have now been transferred to Judges and Magistrates in the new Family Court. This is a significant accomplishment. Further, the court is moving toward to ensure timely permanency hearings for children and there has been a significant increase in 2002 in the number of TPR and guardianship filings before the court. In addition, just this month, the Court implemented a new administrative order governing scheduling of court hearings which will hopefully greatly reduce the time that workers and families now spend in the hallways of the court, waiting for hearings to begin. This change should increase the constructive participation of all relevant parties in court hearings and free up worker's time to visit children and families and provide services.

I don't want to mislead the Committee about the serious challenges that remain. The difficulties of creating and maintaining a skilled work force and of developing the substance abuse, mental health and other resources that families and children need, are significant, but I believe there is a greatly improved level of trust, capacity and commitment from the various parts of the system to work together in new ways to solve these complex problems.

There are five actions that Congress can take to accelerate positive change. They include:

1. *Provide incentives for the creation and retention of a qualified and stable workforce.* This can be done in two ways: first, provide financial incentives for recruitment **and** retention of social workers through loan forgiveness, new stipends or loans for education in return for defined, time-limited commitments to child welfare work in the District; and second, provide additional funding, either through extending the applicability of Title IV-E training reimbursement or through other means, to provide intensive skill building and family-centered practice training for workers in the public child welfare agency **and** for staff in private provider agencies and partner agencies, such as mental health, substance abuse, and the Courts.

2. *Provide additional financial support for targeted prevention efforts that will allow the District to expand the provision of comprehensive neighborhood-based services to families at risk of entering the child welfare system.* For the past two years, the District was able to use TANF funds to support services provided by the eight Healthy Families, Thriving Communities Collaboratives, including their innovative use of Family Team Decision Making, which bring family, extended family and community supports together with public agency workers to develop and implement plans of care to ensure safety and permanency for children. Given the downturn in the economy, in FY 2004, the District must use local funds to replace the TANF resources and does not have additional funding for significant expansion of these important efforts. It is my belief that investment in community based services for children and families and in developing the staff and community capacity to engage families in individualized service plans to protect their children is an absolutely essential element of the reform.

3. *Support targeted efforts to achieve permanency for the 1100 children in foster care who have a permanency goal of adoption.* This can be done in one of several ways: first, provide added fiscal incentives for achieving permanency through adoption or subsidized guardianship for children currently in foster care. Bonus funds could be available for specialized recruitment for sibling groups, young teens and/or children with

individualized needs, or to pay for additional services and supports to allow a foster family or kin provider to securely commit to adoption or permanent guardianship. Second, funds could be provided to allow the District child welfare agency to enter into contracts with private child placing agencies to engage in child-specific recruitment and placement with families for currently waiting children. These kinds of supports can help change the culture of the District's child welfare system to one, which believes and can insure that every child can have a permanent family.

4. *Support intensive efforts to create assets and supports for youth leaving foster care*. As of February 28, 2003, 35 percent of the children in foster care (1039 children) were age 14 and over. The District has a higher percentage of older children in its foster care system than nationally, in part reflecting the many years in which the District failed to make timely decisions on permanency for children. Despite current efforts, many of these older children will not achieve permanency before they leave the foster care system, and much more needs to be done to ensure that they are equipped to survive as independent adults when they do leave. Congress can help by providing additional support for educational stipends, work experience and career coaching for these children; for additional mental health and substance abuse services; for assistance with housing when they leave foster care and for the creation of Individual Development Accounts (IDAs) that would allow teens in foster care to build assets.

5. *Assist with the development of foster and adoptive families within the District of Columbia*. One of the barriers to District families wishing to become licensed foster parents is the presence of lead paint in much of the District's older housing stock. Some potential families cannot be approved as foster parents or kin providers until they secure lead paint abatement, which is frequently beyond their financial means. Funding to pay for lead paint abatement for these District families, who are otherwise qualified to be licensed foster or kinship homes or approved adoptive families, could be made available.

Members of the Subcommittee, I conclude by emphasizing the importance of continuing support for the work of the District's child welfare agency. The *LaShawn* Implementation Plan charts ambitious steps for finally bringing the District's child welfare agency to an acceptable level of performance. This will require changes in practice, policy and structure as well as additional resources. Achieving the desired results also will require clarity and tenacity about accountability and consistent review of performance data to measure progress and take corrective action. As external Monitor, the Center for the Study of Social Policy will prepare periodic progress reports for the Court, the District government, the Congress and the public, and we will work with the Agency to improve their internal quality assurance and results monitoring. With our continued efforts and shared commitment, I look forward to a day, in the not too distant future, when we can celebrate the accomplishments rather than the deficiencies of the system.

Thank you and I will be pleased to take questions.

Chairman TOM DAVIS. Ms. Schneiders.

Ms. SCHNEIDERS. Good morning, Congressman Davis and Representative Norton.

I am pleased to have this opportunity to address the committee from the perspective of one who has interfaced with the Agency on behalf of abused and neglected children as a guardian ad litem for almost 200 children over the years.

CFSA has made progress in the implementation of the time lines set forth in the Federal legislation, but often at the expense of children rather than for their benefit. CFSA initiated the new time lines with the same programmatic model that continues to recruit and utilize the term "traditional foster homes" when there are no more traditional foster children.

Today children coming into foster care come from experiences of domestic violence, physical or sexual abuse, substance abuse, HIV/AIDS and severe neglect. These are not candidates for traditional foster homes; that is, foster homes with no specialized training or support. Foster parents should not be recruited and led to believe that they will be caring for the traditional foster child; that is, a child without special needs. Every child coming into the foster care system today needs a therapeutic environment, and families need to know what will be expected of them when the child returns home, is adopted, or remains until age 21.

As a result of the current policy of differentiating between traditional foster homes and therapeutic foster homes, some older children are left without homes and young children are placed in traditional foster homes and, again, are traumatized by loss when the goal is changed to adoption in accord with the ASFA time lines.

CFSA needs to eliminate both the concept and terminology of traditional foster homes. All foster parents should be recruited as "therapeutic," with the expectation that they will be caring for children with special needs. Foster parents who want only young children under age 12, as many specify, should be recruited as "therapeutic foster to adopt" homes, with the full realization that if the child is placed in their home and the goal is changed to adoption, they will be expected to consider adopting this child. Very young children should not be placed in foster homes, become part of that family, form attachments, and have to be removed when the permanency goal is changed to adoption and told to start all over again with yet another family. Many of these cases constitute emotional abuse far more damaging than the original abuse which brought the child into care. Foster parents who only want to "foster" and not to adopt, should be told that in all probability they will be given children 13 or older. Such children will likely not be adopted, but will move on to independence.

The ASFA time lines, while well-intentioned, have caused very traumatic disruption for many young children who formerly would have grown up in foster care. When the ASFA time lines were created, there should have been a rethinking of the policy on how foster homes are recruited, trained, and utilized.

Child Family Service has formulated various policies which have significantly altered the manner of delivering services to children and families. Many of these are undoubtedly good, but many are regressive and punitive. The problem is that these policies are for-

mulated internally, with little input from others serving the children, and with virtually no knowledge of such policy changes by those outside.

Attorneys advocating for children as court-appointed guardians often learn of policy changes when they try to obtain services. They then learn that the service has been restricted in duration, as in the case of mentors and tutors, or that the limitation placed on children seeking independent living programs which used to be available at age 16, was changed to 18 with no notice. Attorneys must now sign statements of confidentiality when attending administrative reviews or be barred from the meeting. And yesterday I learned that the summer camp program is no longer being offered to children this summer.

These policy changes are not made available to people who are affected by them or who are advocating for children who will be affected. To date there is no policy manual available to replace the volumes of policies available prior to the receivership. This seems to be a step backward. CFSA should be encouraged to circulate proposed policy changes in draft form and elicit input from persons implementing the policy regarding the impact on children or families.

CFSA has a solid core of competent and committed social workers truly dedicated to the care of children and supporting families. With MSW degrees, they are probably the best educated of any jurisdiction in the country. This is the greatest resource available to the Agency. Yet it is tragic that retaining these workers continues to be a serious problem. Social workers continue to leave, albeit at a slower rate than formerly, but still causing harmful disruption of relationships and case management services. Many senior workers grounded in child welfare practice, with the institutional memory of the Agency, have left or been terminated. New workers right out of school do not bring to the practice the experience needed.

Social workers still cite high caseloads and lack of appreciation of the drain this work places on them. Following a previous hearing where it was reported that caseloads were down in size, I asked every worker with whom I interacted over the next 2 weeks how large their caseload was, and was consistently told, "In the thirties," or 'I just got six new cases today."

Recruitment is less of a problem than retention. D.C. has five schools of social work pumping out new graduates every 6 months. The fact that they submit to the extensive training and shadowing of experienced workers, yet leave so quickly, is of major concern.

Over a year ago I was asked to serve on a committee to deal with the recruitment and retention of workers. The committee met once, discussed some goals and possible action, and to my knowledge never met again.

Congress needs to enlist the services of an outside group to interview current staff to identify what is at the core of dissatisfaction so great that they are willing to forgo very good salaries and benefits rather than stay with the Agency. Retention will not occur until the cancer eating at so many line workers is identified and addressed.

There appears to be far less friction between the family court and CFSA as the family court has made a concerted effort to accommo-

date the demands and pressures of the social workers. Hearings start on time and are scheduled in a manner that does not keep parties waiting; judges are more willing to acknowledge the quality of the work of social workers; corporation counsel attorneys are more involved with CFSA and facilitate communication between the Agency and other attorneys.

The greatest difficulty seems to come when the family court judges order the Agency to provide services. CFSA is more aggressive in challenging the court's authority to issue such orders, especially where money is concerned. I, as guardian ad litem, find it necessary to file responses on behalf of children far more often than ever before in support of a court's order. In most instances there is a reluctance on the part of CFSA to make the resources available to children; that is, to provide funding for a particular program or service. The best interests of the budget seem to override the best interest of the child.

In conclusion, I am sure there are areas of great progress, as well there should be. As an advocate for children, I find it necessary to continue to address those areas where children continue to be harmed by Agency practice.

I thank you for this opportunity to address some of these issues.

Chairman TOM DAVIS. Thank you very much. That was very helpful.

[The prepared statement of Ms. Schneiders follows:]

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TESTIMONY

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WASHINGTON, D.C. CHAPTER

BEFORE

THE COMMITTEE ON GOVERNMENT REFORM
Congressman Thomas M. Davis III, Chairman

for the

CHILD AND FAMILY SERV ICES AGENCY OVERSIGHT HEARING

May 16, 2003

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TESTIMONY

BEFORE: THE COMMITTEE ON GOVERNMENT REFORM
Congressman Thom as M. Davis III, Chairman

RE: OVERSIGHT OF CHILD AND FAMILY SERV ICES AGENCY

DATE: May 16, 2003

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GOOD MORNING, Congressman Davis, and all members of the Committee on Government Reform. My name is Anne Schneiders, and I come before you a THE NATIONAL ASSOCIATION OF COUNSEL FOR CHILDREN Washington Metro Chapter

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WASHINGTON, D.C. CHAPTER

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THE COMMITTEE ON GOVERNMENT REFORM

Congressman Thomas M. Davis III, Chairman

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CHILD AND FAMILY SERV ICES AGENCY OVERSIGHT HEARING

May 16, 2003

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TESTIMONY

BEFORE: THE COMMITTEE ON GOVERNMENT REFORM

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DATE: May 16, 2003

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GOOD MORNING, Congressman Davis, and all members of the Committee on Government Reform. My name is Anne Schneiders, and I come before you s the Chair and Founder of the Washington Chapter of the National Association of Counsel for Children, a national advocacy organization for children. I am a proud resident of the District of Columbia; a practicing attorney at D.C. Superior Court;

and a clinical social worker licensed in D.C., Maryland and New York. I spent 25 years as a social worker and administrator in foster care before going to law school.

I am pleased to have this opportunity to address this Committee on the status of Child and Family Services from the perspective of one who must interface with this agency on behalf of abused and neglected children as a Guardian *ad litem* for almost two hundred children over the years. My primary goal today is to voice my concern regarding the impact of policy decisions on children who are placed in the care and custody of Child and Family Services Agency when their parents can no longer care for them safely. Let me cite a few such policies:

1) CFSA's Compliance with the requirements of the Adoption and Safe Families Act (ASFA)

CFSA has made progress in the implementation of the time lines set forth in the federal legislation, but often at the expense of children rather than for their benefit. CFSA initiated the new time lines with the same programmatic model. CFSA continues to recruit and utilize what is termed "traditional" foster homes, when there are no more "traditional" foster children, meaning children for whom all that is needed is a loving home to replace the loving home of birth parents who have died. Today, children coming into foster care come from experiences of domestic violence, physical or sexual abuse, substance abuse in utero and in

families, HIV/AIDS, and/or severe neglect. These are not candidates for the "traditional" foster homes, that is foster homes with no specialized training or support. Foster parents should not be recruited and led to believe they will be caring for the "traditional" foster child - that is the child without special needs. Every child coming into the foster care system today needs a therapeutic environment, and foster families need to know that this is what will be expected of them, whether the child returns home, is adopted, or remains until age 21. As a result of the current policy of differentiating between traditional foster homes and therapeutic foster homes, some older children are left without homes and young children are placed in traditional foster homes, bond and are again traumatized by loss when the goal is changed to adoption in accord with the ASFA time lines. Neither serves children well.

***Recommendations*:**

1) CFSA needs to eliminate both the concept and terminology of "traditional foster homes". All foster parents should be recruited as "therapeutic" foster homes with the expectation that they will be caring for children with very special needs.

   - Foster parents who want only young children under age 12, as many specify, should be recruited as "therapeutic foster to adopt" homes with the full realization that if the child is placed in their home and the goal is changed to adoption, they will be expected to consider adopting the child. Very young children should not

be placed in foster homes, become part of that family, form attachments, and then be removed when the permanency goal is changed to adoption and told to start all over in yet another family. This, in many cases, constitutes emotional abuse far more damaging than the original abuse which brought the child into care initially.

- Foster parents who want only to "foster" and not adopt, should be told that they will, in all probability be given children age 13 or older. Such children will likely not be adopted, but will move on to independence.

ASFA time lines, while well intentioned, have caused very traumatic disruption for many young children who formerly would have "grown up" in foster care, but at least retained a lasting and meaningful relationship. ASFA time lines are short, and while making permanence more attainable, they can cause serious harm to some very emotionally fragile children. When the ASFA time lines were created there should have been a re-thinking of the policy on how how foster homes are recruited and utilized.

2) **Establishment of foster care policies**

Child and Family Services Agency has formulated various policies that have significantly altered the manner of delivering services to children and families Many of these are undoubtedly good, but others are regressive and punitive. The problem is that these policies are formulated internally, with little input from others serving the children, and with virtually no knowledge of such policy changes. Attorneys advocating for children as court appointed guardians, often learn of policy changes when they try to obtain services. They then learn that the service has been restricted in duration as in the case of mentors, recently limited to 3 months duration with repeated requests for renewal. Another example of policy change is the limitation placed on

children seeking independent living programs. Such programs used to be available at age 16 at the discretion and judgment of the social worker, guardian ad litem and court. Recently it was learned that the youngster must be 18 regardless of the child's maturity, readiness or need. Yet another policy was implemented recently whereby attorneys must sign a statement of confidentiality when attending Administrative Reviews or be barred from the meeting. When asked about such policies, one is told that they are circulated in FACES which is available only to agency staff, and even then with very little input and discussion. To date, there is no policy manual available to replace the volumes of policies available prior to the Receivership. This seems to be a step backwards. One needs a "mole" on the inside to gain access to such information!

Recommendation

CFSA should be encouraged to circulate proposed policy changes in draft form and elicit input from persons implementing the policy re: the impact on children and families. Final policies should be widely circulated so that all parties affected by them, or advocating for children affected by them are fully aware of the intent and can support or challenge these policies. On its face, many recent policies appear to be motivated by fiscal restraint rather than best practice.

3) Recruitment and Retention of Social Workers

CFSA has a solid cadre of competent and committed social workers, truly dedicated to the care of children and support of families. With MSW degrees they are probably the best educated of any jurisdiction in the country. This is the greatest resource available to the Agency. It is tragic that retaining these workers continues to be a serious problem within Child and

Family Services. Social workers continue to leave, albeit at a slower rate than formerly, but still causing harmful disruption of relationships and case management services. Many senior workers, grounded in child welfare practice and with the institutional memory of the agency have left or been terminated. New workers right out of school do not bring to the practice the experience needed, and when there are no senior staff to mentor them, the quality of service is minimized. Social workers still cite high caseloads and lack of appreciation of the drain this work places on them. Following a previous hearing where it was reported that caseloads are down in size, I decided to ask every worker with whom I interacted over the next two weeks, how large their caseload was, and was told consistently either "in the 30's", or "I just go six new cases today and am overwhelmed." Recruitment is less of a problem than retention. D.C. has 5 schools of social work pumping out new graduates every 6 months. The fact that they submit to the extensive training and shadowing of experienced workers, yet leave so quickly is of major concern. A great deal of time and money is invested at the front end which does not pay off in service of any duration.

Over a year ago I was asked to serve on a committee to deal with recruitment and retention. The committee met once, discussed some goals and possible actions, and never met again - or I never got invited back!

Recommendation:

Congress needs to enlist the services of an outside group to interview current staff to identify what is at the core of dissatisfaction so great that they are willing to forego very good salaries and benefits, rather than stay with the Agency. Retention will not occur until the cancer eating at so many line workers is identified and addressed.

4) **Family Court and CFSA Relationships**

There appears to be far less friction between the new Family Court and CFSA as the Family Court has made a concerted effort to accommodate the demands and pressures on the social workers. Hearings start on time, and are scheduled in a manner that does not keep parties waiting; judges are more willing to acknowledge the quality of work of the social workers; corporation counsel attorneys are more involved with CFSA and facilitate communication between the agency and other attorneys.

The greatest difficulty seems to come when the Family Court judges order the agency to provide a services, etc. CFSA is more aggressive in challenging the court's authority to issue such orders, especially where money is concerned. I, as guardian ad litem, find it necessary to file responses on behalf of children far more often than ever before in support of the court's order. In most instances there is a reluctance on the part of CFSA to make resources available to children - i.e. to provide funding for a particular program or service. The best interests of the budget seem to override the best interests of the child.

IN CONCLUSION, I am sure there are areas of great progress as well there should be. As an advocate for children I find it necessary to continue to address those areas where children continue to be harmed by agency practice, and I thank you for this opportunity to speak to these issues.

Respectfully submitted,

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Chairman TOM DAVIS. Ms. Massengale.

Ms. MASSENGALE. Good morning, Chairman Davis, Representative Norton, and members of the Committee on Government Reform. It is an honor to be invited to testify before you today on behalf of Safe Shores, the D.C. Children's Advocacy Center.

The CAC is a nonprofit public/private partnership created to provide a coordinated and child-friendly response to child abuse in the District of Columbia.

To accomplish this goal, we work with a multidisciplinary team of local and Federal agencies, including the Metropolitan Police Department, the Office of the Corporation Counsel, the U.S. Attorney's Office, the Child and Family Services Agency, and Children's National Medical Center.

All of the cases that come to our center are referred by one of our MDT agencies. Approximately 75 percent of our cases involve child sexual abuse, 25 percent involve child physical abuse, or child witnesses. The majority of our cases have CFSA involvement. In general, the CAC has seen significant improvement in the way this city's child welfare system approaches child abuse cases.

Three of the most important changes, all of which the CAC advocated for in previous testimony before this committee, were the restructuring of MPD so that all child abuse cases are investigated by the youth division of the Metropolitan Police Department, the end of bifurcation of social services between court social services and CFSA, and the termination of the receivership of CFSA. The result has been a much smoother and more coordinated response by the entire system.

We have also seen improvements specific to CFSA, including the placement of more experienced social workers in the intake unit, improved joint investigations with MPD, and the development of an institutional investigations unit within the intake unit specifically tasked with conducting investigations of abuse and neglect that occur in out-of-home placements.

While there have been tremendous gains, the system as a whole has not yet reached the level of excellence for which it clearly strives.

In an effort to assist with this ongoing process, the CAC has recommendations for areas of continued improvement: Increase the availability of therapeutic services for child victims—there is a severe lack of qualified and affordable community-based clinicians in the D.C. area who are willing and able to treat child abuse victims, particularly child sexual abuse victims.

Increase the availability of services for young perpetrators—the CAC has observed an increase in cases involving younger perpetrators, particularly in the 7 to 9-year-old range. Practice and research indicates that children this young who are perpetrating on other children were most likely victimized themselves. To adequately address their perpetration issues, these sexually reactive children need to have their victimization issues addressed as well, but access to organizations in D.C. specifically trained to address this population is morbidly lacking.

More extended coverage by the intake unit—in order to ensure optimal functioning, more intake workers need to be available dur-

ing the evening, midnight and weekend shifts, to conduct joint investigations with MPD.

Designation of similar funding for other involved agencies—in order to fulfill the consent order mandates, the city has increased funding for CFSA as well as for the abuse and neglect section of the Office of the Corporation Counsel. However, as the city has experienced budget problems, other agencies involved in the child welfare system have had cutbacks and/or staffing decreases. For instance, MPD's youth division has positions which remain unfilled following the transfers of detectives to other units, and the Office of the Corporation Counsel's juvenile section only has 10 attorneys to handle approximately 3,000 new cases per year.

Eliminate the dual rolls of the abuse and neglect section—as part of the consent order in the past year, the entire abuse and neglect section of the Office of the Corporation Counsel was co-located at CFSA and was given the additional responsibility of representing CFSA. This dual representation is a conflict of interest and presents some ethical issues for the Assistant Corporation Counsels. There are clearly instances wherein ACC cannot zealously represent both D.C. and CFSA.

Development of a citywide Child Assessment Center—in prior testimony before this committee, the CAC made four recommendations to approve the city's response to child victims of abuse. As mentioned, three of those four recommendations have been enacted and the result has been an improvement in the system's response. However, the fourth and one of the most important recommendations has not yet come to fruition, the development of a state-of-the-art citywide Child Assessment Center that will enable co-location of the MDT agencies under one roof.

Since 2000, the CAC and the MDT, in conjunction with the National Children's Alliance, have been working with representatives from the Mayor's office to build this new center at the Gales School site. When finished, this new center will house the entire youth division of MPD, the intake unit of CFSA, prosecutors and child advocates from the Office of the Corporation Counsel and the U.S. Attorney's Office, and a medical suite for Children's National Medical Center. On one of its seven floors, the center will also house the National Children's Alliance which will make the center unique in providing a collaboration not just between public and private agencies, but between local and national as well. In addition, the center will have two fully staffed playroom areas, an expansive therapy suite for child victims, seven sets of forensic interviewing rooms, and a model training center. This new center will enable the CAC and the MDT to better serve more child victims in a manner deserving of our Nation's Capital.

In February 2002, the city pledged $7.3 million to assist in the renovation of the Gales School. Additional funding will be raised jointly by the CAC and the NCA. Partial city funding is appropriate because the Gales School will remain a D.C.-owned building that will house D.C. agencies and will serve D.C. residents. However, 3 years later, roadblocks continue to emerge, delaying the project, a project for which time is of the essence.

In 2002, the City Council passed legislation that codifies and expands the MDT approach in child abuse cases. In particular, the

expansion of the MDT's role in physical abuse cases will directly and positively influence CFSA's provision of services to this population. Yet at this point, space and infrastructure limitations are impeding progress. Building this new center is an imperative step in enabling our city to move to the next step of service provision, particularly to the point of prevention of abuse.

We encourage this committee to support CAC, our Mayor, our MDT agencies, and the NCA in the development of the center, and to assist us in facilitating a groundbreaking within the calendar year.

In conclusion, I thank the committee once again for inviting our testimony. The CAC strongly supports our MDT agencies in their goal of providing the highest quality of service delivery to child victims of abuse in D.C. The city's child welfare system has made significant progress, and we are confident that with adequate support throughout the system, this goal will be achieved.

Thank you.

Chairman TOM DAVIS. Thank you very much.

[The prepared statement of Ms. Massengale follows:]

Testimony Provided by
Safe Shores – The D.C. Children's Advocacy Center
Before the U.S. House of Representatives
Committee on Government Reform
Hearing on "Protecting Our Most Vulnerable Residents: A Review of Reform Efforts at the District of Columbia Child and Family Services Agency"
Friday, May 16, 2003 at 10:00 am
Rayburn House Office Building, Room 2154

Good morning Chairman Davis, Congresswoman Norton, and members of the House Committee on Government Reform. My name is Jennifer Massengale and I am the Acting Executive Director of Safe Shores – The D.C. Children's Advocacy (CAC). It is an honor to be invited to testify before you today.

The CAC is a non-profit, public-private partnership created in response to a Mayoral Executive Order issued on January 10, 1994. The CAC, working in tandem with an interagency multidisciplinary team (MDT) of local and federal agencies, was established to provide a coordinated and child-friendly approach to the investigation and prosecution of civil and criminal child abuse cases in the District of Columbia. Our Center, its programs and the protocols we follow were developed based on the National Children's Alliance (NCA) model. The agencies that comprise our MDT include the Metropolitan Police Department, the Office of the Corporation Counsel, the United States Attorney's Office, the Child and Family Services Agency, and Children's National Medical Center.

The CAC provides direct services to child victims and also serves in a coordinating role for our MDT agencies. As a coordinating agency, the CAC's staff facilitates cooperation among the MDT by providing statistical case tracking, bi-weekly team case reviews to coordinate the civil and criminal investigations, joint forensic interviews, trauma assessments, therapy, and pre-trial support for alleged child victims. We also seek to improve the investigative and prosecutorial processes by encouraging accountability, providing training and consultation, and advocating for child victims.

As a direct service provider, the CAC facility is designed to provide a warm and welcoming place where child and adolescent victims of abuse can feel safe and supported while waiting for forensic interviews, therapy, and court appearances. The staff also ensures that children receive supervision, meals, clean clothes, crisis intervention and other emergency victim services during the investigative process.

All of the cases that come to the CAC are referred by one of MDT agencies—usually by MPD, but sometimes by Child and Family Services Agency (CFSA). At this point, approximately 75% of our case load involves child victims of sexual abuse, and the remaining 25% involves child victims of physical abuse and child witnesses. The majority of our cases have CFSA involvement.

In general, over the past few years, the CAC has seen significant improvement in the way this city's child welfare system approaches child abuse cases. Three of the most important changes—all of which the CAC advocated for in previous testimony before this Committee—were the

restructuring of MPD so that ***all*** child abuse cases are investigated by the Youth Division; the end of the bifurcation of social services between Court Social Services and CFSA; and the termination of the receivership of CFSA. The result has been a much smoother and more coordinated response by the entire system. We have also seen improvement specific to CFSA and I would like briefly to highlight some of the progress we have seen.

- **More experienced social workers in the Intake Unit** – Given its role, the CAC works primarily and extensively with social workers from the Intake Unit of CFSA, particularly the Special Abuse Unit. The Intake Unit is responsible for receiving initial reports of abuse and investigating the report. CFSA's emphasis on assigning seasoned and specialized social workers to this unit has made a clear difference in the way in which investigations are being conducted. One specific example of how investigations have improved is that multiple allegation cases are now assigned to the same social worker if appropriate. As a result, the investigator is able to establish rapport with the family and is able to make more informed decisions based on knowledge about the family history and dynamics.
- **Improved Joint Investigations with MPD** – CFSA and MPD have made two significant strides in ensuring a coordinated and timely joint investigation of reports of sexual and physical abuse. First, five intake social workers have been co-located at MPD's Youth and Preventative Services Division (YD) to facilitate these investigations. Best practice models demonstrate that physical co-location of the agencies charged with investigating and prosecuting child abuse significantly improves outcomes in these cases due to increased communication and interaction. Second, MPD

and CFSA have developed a detailed Memorandum of Understanding on Child Maltreatment and Joint Investigations. This document provides detailed and specific information on MPD's and CFSA's roles in investigating abuse allegations – both jointly and individually – and supplements the Memorandum of Understanding on Child Sexual Abuse Investigation, Prosecution, and Prevention under which our MDT agencies operate. This level of detail and specificity can only ensure improved responses and greater accountability.

- **Development of an Institutional Investigations Unit within the Intake Unit** – CFSA has created a unit within the Intake Unit specifically tasked with conducting investigations of abuse that occurs in an out-of-home placement. In the past year, we have seen several cases where this Unit addressed incidents of abuse that occurred in an out-of-home placement in a timely and appropriate manner. In addition, this Unit was able to facilitate constructive changes in CFSA's placement of children through internal policy decisions to suspend placing children in those facilities and also brought these cases to the attention of the official monitoring agency charged with handling re-licensing matters.

These areas of improvement are noteworthy. More importantly, this progress clearly demonstrates a commitment by CFSA and the city to improve services to abused children through the implementation of best practices coupled with the regular evaluation and improvement of existing services.

While there have been tremendous gains, the system as a whole has not yet reached the level of excellence for which it clearly strives. CFSA does

not operate in a vacuum. Given the tremendous overlap in the responsibilities and missions of individual agencies in the child welfare field, the entire system needs to continue to work together to increase outreach and services, refine policies, and improve implementation and procedures. In an effort to assist with this on-going evaluation and improvement process within the larger child welfare system, the CAC has several recommendations for areas of continued progress:

- **Increase the Availability of Therapeutic Services for Victims** – Child victims who do not receive adequate therapeutic services are at a greatly increased risk for a myriad of problems including re-victimization, long-term psychological disturbances, significant delays in cognitive and emotional development, suicidality, and sexual reactivity. Yet, there is a severe lack of qualified and affordable community-based clinicians in the D.C. area who are willing and able to treat child abuse victims—particularly child sex abuse victims—and their families.
- **Increase the Availability of Services for Young Perpetrators** – The CAC has observed an increase in cases involving younger and younger perpetrators, particularly in the 7-9 year old age range. Practice and research indicate that children this young who are perpetrating on other children were most likely victimized themselves. To adequately address the perpetration issues, these sexually reactive children need to have their victimization issues addressed as well. However, because of their status as perpetrators, they are not eligible for victim services, and access to organizations or agencies in the D.C. area specifically trained to address this population is morbidly lacking. Nor, given their age, is it generally appropriate to seek services through

delinquency proceedings as our juvenile justice system is not equipped to deal with such young children. Failure to adequately address this underserved population will continue to undermine the child welfare system's ultimate goal of preventing abuse.

- **More Extensive Coverage by Intake Unit –** While the Intake Unit of CFSA functions on a 24 hours, 7 days a week schedule, the majority of the staff works during the daytime. In order to ensure optimal functioning, more Intake workers need to be available during the evening, midnight, and weekend shifts to conduct joint investigations with MPD.
- **Designation of Similar Funding for Other Involved Agencies** – In order to fulfill the mandates established by the consent order that released CFSA from receivership, the city has increased funding for CFSA, as well as for the Abuse and Neglect Section of the Office of the Corporation Counsel. This deserved and needed funding has been critical in enabling these agencies to hire adequate staff to handle the influx of cases. Before the increased funding, the Abuse and Neglect section had only sixteen attorneys covering up to 1,500 court hearings per month. However, as the city has experienced budget problems, other agencies and departments involved in child welfare issues have suffered cutbacks and/or staffing freezes. MPD's Youth Division, which has striven for the past five years to build a team of highly trained child abuse investigators, has positions which remain unfilled following the transfers of detectives to other units. The Office of the Corporation Counsel's Juvenile Section has only ten attorneys to handle approximately 3000 new cases per year, compared to forty-two attorneys in the Abuse and Neglect Section for 1100 new cases per year. Each of these

agencies plays a critical role individually, and as part of the larger system, in ensuring better outcomes for child victims of abuse. Further progress by the system as a whole, and CFSA in particular, will be hampered if additional resources are not designated to these agencies as well.

- **Dual roles of the Abuse and Neglect Section** – The Abuse and Neglect Section of the Office of the Corporation Counsel is charged with representing D.C. in civil matters related to child abuse and neglect. As part of the consent order, in the past year, the entire Abuse and Neglect Section was co-located at CFSA. The purpose of the move was to promote increased communication, a very positive step. However, in addition to the physical move, the Abuse and Neglect Section was given the additional responsibility of representing CFSA. This dual representation is a conflict of interest and presents serious ethical issues for the Assistant Corporation Counsels (ACC). ACCs are now required to take input from social workers on which cases to paper, and social workers are require to clear all reports through ACCs prior to submitting them to the Court. There are clearly instances where an ACC cannot zealously represent both D.C. and CFSA, for example a case where an order to show cause has been issued against CFSA for information needed for the city to adequate prosecute a case. This type of structure prevents independent judgment, accountability, and advocacy by either agency and is not in the best interest of child victims.

- **Development of City-wide Child Assessment Center** – As I previously mentioned, in prior testimony before this Committee in May of 2000, the CAC made four recommendations to improve the city's response to child victims of abuse. Three of those four recommendations have been

enacted, and the result has been improvement in the systems response. However, the fourth and one of the most important recommendations has not yet come to fruition after nearly three years: the development of a city-wide Child Assessment Center that will enable co-location of the MDT agencies under one roof and increase the availability of services to child victims.

Since 2000, the CAC and the MDT, in conjunction with the National Children's Alliance (the CAC's umbrella organization), have been working with representatives from Mayor's office to build a state-of-the art city-wide Child Assessment Center that will allow co-location of the MDT agencies. The city identified the Gales School site as the appropriate location to house the new Center given its proximity to courts and the team agencies, and the need for a stand-alone structure that will enable different entrances and egresses and circulation patterns to ensure that victims and perpetrators never cross paths.

When finished, the new Center will house the entire Youth Division of MPD, the Intake Unit of CFSA, prosecutors and child advocates from the Office of the Corporation Counsel and the U.S. Attorneys Office, and a medical examination suite for Children's National Medical Center. As has been demonstrated on a smaller scale at the CAC's current Center and with the recent co-location of six Intake social workers at YD, having agencies housed together promotes optimum collaboration between the agencies and increases the quality of services.

On one of its seven floors, the Center will also house the National Children's Alliance (NCA), which will make the Center unique in providing a collaboration not just between public and private agencies, but between

local and national as well. In addition, the Center will have two fully staffed playroom areas, an expansive therapy suite for child victims, seven sets of forensic interviewing rooms, and a model training area for local and national child abuse professionals. The result of this new Center is that the CAC and the MDT will be able to better serve more child victims in a manner deserving of our Nation's Capital.

There has been crucial progress on this project over the past eighteen months. In February 2002, the city—through a letter from Deputy Mayors Graham and Kellems to Councilmembers Allen and Patterson—officially pledged $7.3 million in capital dollars to assist in the renovation costs of the Gales School, and that funding was included in the budget. Additional funding needed for construction, as well as for decorating and furnishing the building, will be raised jointly by the CAC and the NCA. City funding is appropriate because the Gales School will remain a D.C. owned building that will house D.C. agencies and will serve D.C. residents. In addition, over the past five years alone, the CAC has provided critical services worth in excess of two million dollars to D.C. residents and D.C. agencies ***at no cost to the District.*** This amount does not reflect the higher fair market value it would have cost the city to provide the same services directly, nor does it include the significant donation of in-kind services by the CAC.

Many major cities already have child assessment centers that function in the way the Gales School site will function once completed—look at Chicago, Houston, Brooklyn, Hunstville, Dallas, Memphis, Phoenix, Miami, and Plano. Yet, in the Nation's Capital, children have historically been at the bottom of the priority level in terms of city finances and resources. That has

started to change due to agency restructuring, a redirection of the city's priorities, and an increase in resources. The pledge of the Gales School site and the renovation money is a major step in the right direction by the city.

However, three years later, roadblocks continue to emerge greatly delaying the project—a project for which time is of the essence. In July of 2002, City Council passed legislation amending the Prevention of Child Abuse and Neglect Act of 1997. This legislation mandates a MDT approach in all child sexual abuse cases, requires the extension of the MDT approach to more physical abuse cases, and specifically requests the CAC's participation in the MDT. The expansion of the MDT's role in physical abuse cases will directly and positively influence CFSA's provision of services to this population.

We currently serve approximately 1000 children through our Center each year, and as a result of this legislation, we anticipate an immediate 20% increase in the number of cases seen through the CAC and the MDT. This number is only a small segment of the children needing services in this city. Yet, at this point, space and infrastructure limitations are impeding progress. The CAC only has room to co-locate two detectives and one social worker at the Center because we are doubled and tripled up in all of our office space. In order to meet the need for a greater availability of therapeutic services, the CAC is in the process of hiring a second Therapist, but first needs to do construction in order to turn closets into additional office space. Building this new Center is an imperative step in enabling the CAC, the MDT, and our city to move the next step of service provision—particularly to the point of prevention of abuse.

We encourage this Committee to support the CAC, the Mayor, our MDT agencies, and the NCA in our continued progress on the development of this Center and to assist us in facilitating a ground-breaking within the calendar year.

In conclusion, I want to thank the Committee once again for inviting our testimony. The CAC strongly supports our MDT agencies, particularly CFSA, in their goal of providing the highest quality of service delivery to child victims of abuse in D.C. The city's child welfare system has made significant progress, and we are confident that with adequate support and resources throughout the system, this goal will be achieved.

Thank you.

Chairman TOM DAVIS. Ms. Egerton.

Ms. EGERTON. Good morning, Congresswoman Norton, Congressman Davis, and members of the committee. My name is Marilyn Egerton, and I am a D.C. foster, kinship, and adoptive parent. In addition, I am the deputy director of the Foster and Adoptive Parent Advocacy Center [FAPAC]. We are very appreciative of your inclusion of foster parent voices into these hearings, and thank you for inviting us to participate and to share our experience with reform efforts of the D.C. child welfare system.

In the 12 years that my husband and I have been foster parents, we have fostered over 25 children, had well over 50 social workers, and I have been active as a member of the foster parent leadership through three changes in administration.

I would like to start by pointing out some of the positive changes that have happened during this administration. These changes include: The successful closure of the Respite Center in the CFSA building. Second, at the insistence of foster parent leadership, a CFSA mandate requiring all staff to give the name and number of their supervisors on their outgoing voice mail message, enabling us to immediately go up the chain of command when we cannot reach our social workers. Third, the accessibility of upper-level management to both the foster parent leadership and the individual foster parents has been extremely commendable. Fourth, the development of a new placement information packet through a joint effort of foster parents and staff to address a serious issue of the lack of information given when children are placed in our homes. When CFSA workers actually begin using these packets, this will be another major improvement. Five, the introduction of disruption conferences which utilize clinical expertise to try to prevent placement disruptions. And six, Principal Deputy Director Leticia Lacomba's creation of joint working groups of foster parents and staff to revise and impact policy and practice guidelines.

And despite the good intentions and real improvement we have seen, the tasks ahead for CFSA regarding its foster parent community are still great. There are many areas in which the support and services we receive are inadequate to meet the needs of our children, and we have included some suggestions for possible solutions to these issues in our written testimony. These areas include: First, the need for the infrastructure of CFSA to improve to accommodate the changes being made at the upper level. As a result of this process, problem resolution often goes around in circles. Hours more appropriately spent parenting are spent in frustrating efforts to seek problem resolution. Second, the reliance on social workers for routine tasks which could be accomplished by administrative support staff, like looking up Medicaid numbers or Social Security numbers. Quite frankly, I am perplexed that the Agency does not utilize administrative support for these clerical tasks within the social work unit, freeing the social workers to actually practice social work. Third, although the responsiveness and inclusiveness of the upper level has been real and significant, the attitudes of true partnership have not yet consistently reached the front lines. Workers often invalidate our experience, and, when it comes to the right to make decisions, exclude, ignore, and rebuff the foster parents' input.

For children currently living in my home, I have been invited to participate in a total of one administrative review at which permanency plans and progress are to be discussed. We have been assured very recently that the technological and logistical barriers to notification have been resolved, and that consistent notification to administrative reviews will now be implemented. We hope to see evidence of this in the immediate future, and we trust that our notification of court reviews will be next.

Fourth, the inability of social workers to consistently access resources both within CFSA and from the community. We recommend that public and private agency social workers receive training in this area. Fifth, the lack of sufficient numbers of infant day-care slots in D.C. Although this is not a responsibility of CFSA, it is a huge barrier nonetheless. Sixth, the lack of quality and timely mental health services. Our children are wounded. Many have suffered emotional and sometimes physical abuse, and all have suffered much loss. It is outrageous that their mental health needs have been addressed in such an inadequate manner. We do not know the answer to this problem. However, this is so paramount it cannot go unaddressed. Seventh, the lack of active Medicaid numbers and cards. This creates barriers to health care for our children. Eighth, the lack of an operating medical consent-to-treat policy leaves us, as well as the hospitals, confused about who needs to sign for what treatments. And ninth, the lack of availability and access to respite care. All parents need a break from parenting sometimes. Biological parents have the option of sending their children to spend the weekend with a relative or family friend, or to visit a classmate for the weekend. As foster parents, we don't have that option unless those persons can meet many criteria, including obtaining the clearances that we have to obtain as foster parents. This puts us in a tough position. Not only are we asked to parent without significant breaks, we are parenting children who often have serious issues.

I believe that many seeds have been planted under this administration which can lead to very positive change for foster families at CFSA. But many have not yet blossomed into actual day-to-day improvement.

Responsiveness, accessibility, and inclusiveness of the upper level toward foster parents have been real and beyond rhetoric. Active and diligent work is being done by dedicated and committed CFSA staff and administrators, and they are community partners toward improvement and reform. However, we have much further to go before the infrastructure of CFSA supports and implements the philosophy of the upper level or the principles of best practice.

In closing, we do believe that the Agency is on the right path and should continue in the direction in which they are traveling, which they have developed in collaboration with foster parents and their other communities partners. We also see the necessity for them to further develop the infrastructure that will facilitate the kind of changes essential to our children to receive the care they deserve.

We acknowledge, as Rome was not built in a day, that CFSA cannot complete its systemic reform overnight. However, we do encourage them to move quickly to resolve those issues which are immediately fixable.

I appreciate the opportunity to speak to foster parent concerns at this hearing. As an individual foster parent as well as the deputy director of FAPAC, I will continue to be available to assist in system reform in any way I can and to work with CFSA to develop its path of partnership with its foster parent community.

Chairman TOM DAVIS. Thank you very much.

[The prepared statement of Ms. Egerton follows:]

Testimony of
Marilyn R. Egerton, Deputy Director
Foster & Adoptive Parent Advocacy Center (*FAPAC*)

before the
U.S. House of Representatives
Committee on Government Reform
Friday, May 16, 2003

Good morning Congresswoman Norton, Congressman Davis and members of the committee. My name is Marilyn Egerton, and I am a DC foster, kinship and adoptive parent. In addition, I am the Deputy Director of the Foster & Adoptive Parent Advocacy Center, commonly known as FAPAC, an organization that assists foster, kinship and adoptive parents of children in the DC child welfare system to secure services and helps to create system change.

We are very appreciative of your inclusion of foster parent voices into these hearings and thank you for inviting us to participate and to share our experiences with the reform efforts of the DC Child welfare system.

In the 12 years that my husband and I have been foster parents, we have fostered over 25 children, had well over 50 social workers, and I have been active as a member of the foster parent leadership through 3 changes in administrations. Currently living in my home are my foster grandson, the infant son of one of my older boys who has "aged out" of the system, my foster teenage son and my three adopted school aged children. In addition, we continue to parent four young adults who we raised in foster care. They have aged out of the system and now live nearby and although they no longer live in our home they are still very much a part of the family. With this perspective of history, I feel qualified to discuss changes we are currently experiencing under the administration of the Director, Olivia Golden, and the Principal Deputy Director, Leticia Lacomba.

Although everyone agrees that there is still a tremendous amount of work to be done at CFSA, I think it only fair to point out some of the positive changes that have happened during this

administration which have brought, and have the potential to bring many more, significant changes in the lives of children in the DC child welfare system and their foster/kin/adoptive families.

Recently, this administration and staff, in partnership with the foster parent community, has been able to close down the respite center that was located on the first floor of the CFSA building. This was a place where children were living, often for days at a time, while placement workers tried to find a home for them. Can you imagine being a child who was just recently removed from all that is familiar to you - your family, your friends and your community? Only to spend those crucial first few days sleeping in an office building and not in the comfort and safety of the loving home and arms of foster parents trained and willing to help you through this most difficult time? This is a very personal issue for me. As a member of Foster Parents United for Support and Change, a local foster parent support group, I worked very hard to combat this situation. In previous years and during previous administrations, at the end of our monthly meetings, members who had vacancies in their homes would go down to the respite center to see if there were any children who could be placed with us who were sleeping at the agency. It was tragic and poignant to see children of all ages who could not be placed anywhere else living for days in an office building. To have lessened the need for this center so much so, that it could be eliminated all together is quite an achievement. When we add to this the fact that not only are children being placed without having to spend the night at CFSA, but that most children are being placed in actual homes with loving foster and kinship families, and not in congregate care, it is clear to us that this is an amazing accomplishment.

Another major problem we have had for years and years has been the lack of accessibility of our social workers, supervisors and administrators. In fact, it was so bad that many foster parents were convinced that once caller ID went into the agency, their calls were actually being screened out by workers. At the insistence of foster parent leadership, CFSA has mandated that each staff member have an outgoing voice message giving the name and number of their supervisor so that if we cannot reach our worker we can immediately go up the chain of command. This may sound like a small innocuous change to many, but I, like most foster parents whom I know, have been in situations with my own children over the years when I have called and left many

messages for my children's social worker(s) to request vital information like a Medicaid number, options for therapy for my child(ren), shot records or daycare options. And, because I didn't know who the social worker's supervisor was, or I didn't know the supervisor's number, my only options were to sit and wait days and sometimes weeks for a social worker to get back to me or for my husband or me to take a day off of work and go down to CFSA and act ugly until someone helped us. Having this information readily available on the outgoing voicemail message has been very helpful for those situations in which accessing services are contingent upon the ability to reach our workers in an expedient fashion. In addition, the accessibility of upper level management to both foster parent leadership and individual foster parents has been extremely commendable.

Another extremely serious problem we have had absolutely forever has been the lack of information given to foster parents about the children we are taking into our homes. Children have historically been placed without our being told imperative medical, psychological, and behavioral information, because that information was not communicated to the placement workers. Imagine being a foster parent who takes a child into your home and finds out that the child sets fires, but you were not told. Because of this, children were often placed into homes that were not prepared for them, and the placements broke apart, or as we say, "disrupted." In the last few months foster parents and staff have worked together on the development of a new "Placement Information Package". The agency has promised to uphold the expectation that all relevant information available to the agency will be passed onto foster parents through this package so they can make appropriate decisions about placements in their homes. When CFSA workers actually begin using them, this will be another major improvement.

In these last years, as a member of the foster parent leadership, I have spent much time at CFSA. My current experience is that there is active and diligent work being done towards improvement and reform. Staff, administration and foster parent leadership have put in many hours working on systemic issues. Foster parents have experienced significantly improved appreciation and inclusion from the upper level and a more acute consciousness of what we need to care for our children. We have seen much more energy spent on trying to address the issues of multiple placements, such as the introduction of Disruption conferences, which utilize clinical expertise to

try to prevent the disruption of placements. We hope that these clinical interventions will be increased to include wrap-around services that will permit a "traditional" foster parent to maintain a child they love in their home instead of having to transfer them to a much more expensive higher end therapeutic home to get services, as has been the case. We specifically recognize Clinical Services Administration, under Dr. Roque Gerald, for work in these areas.

One of the major issues for DC's foster parents, and indeed nationwide, is the lack of inclusion in decision-making. This decision-making exclusion is two- fold and includes decisions about the individual children in your home as well as decisions about agency policy, regulation and practice. Nationwide, this lack of inclusion is sited as one of the major reasons that foster parents quit fostering. When a system can not retain its foster parents, any recruitment efforts, no matter how successful, are like recruiting into a bucket that has a hole in the bottom.

To address the concern about lack of inclusion into agency policy and practice, Ms. Leticia Lacomba, Principal Deputy Director, began to work directly with joint working groups of foster parents and staff to revise and impact policy and practice guidelines. Involving foster parents in true partnership with staff and administration in this way has been a tremendous step forward and we want to acknowledge her for this accomplishment.

Unfortunately, inclusion into the professional team for the children in our home has not yet been achieved, and will be discussed as we move into the discussion of the many challenges still ahead.

Despite the good intentions and real improvement we have seen, the tasks ahead for CFSA regarding its foster parent community are still great. There are many areas in which the support and services we receive are inadequate to meet the needs of our children.

Although we applaud the accessibility of the upper level administration to its foster parent community, many of the issues brought up to that level should have been resolved at lower and middle levels. What we see is that the infrastructure of CFSA has not yet improved to accommodate the changes being made at the upper level. As a result, balls are still dropping on

the lower and middle levels, problem resolution often goes around in circles, and the person who needs help gets bounced from one staff or unit to another. In addition, units themselves are often out of alignment with each other in the information they give to our families and in the processes they create. This causes much confusion to anyone trying to access services. Hours more appropriately spent parenting are spent in frustrating efforts to seek problem resolution. One positive exception to this is the Health Services Unit, under the leadership of Cheryl Durden. When a foster parent calls this unit with a medical issue , it is handled in a timely and appropriate manner. It is our recommendation that there be a centralized phone line that foster parents can call when they have issues they can not resolve. Instead of referring the foster parent to another part of the agency, the phone staff would be responsible for figuring out how to fix the problem and get back to the foster parent with a resolution. This phone line could also serve a second purpose which would be to track data on problems and barriers faced by DC's foster families; this data could be used in many ways to assist in identifying needs for systemic reform. We think that this phone line should operate through CFSA itself; however, if the agency would prefer, it could be operated in the community if there was very close collaboration between the community group and the agency.

Another infrastructure issue I would like to comment on is the reliance on social workers for routine tasks that could be accomplished by administrative support staff. When foster parents have to call social workers for something as simple as a birth certificate number, they may have to call over and over to reach a worker. This in turn clogs up the worker's voice mail which may make them less accessible to others. I can not tell you how often I have had to call a social worker to get a social security number for one of my children. Quite frankly I am perplexed that the agency does not utilize administrative support for these clerical tasks within the social work unit, freeing the social workers to actually practice social work. It is our recommendation that CFSA assign one administrative assistant per (X) number of social workers for this purpose.

In addition, although the responsiveness and inclusiveness of the upper level has been real and significant, the attitudes of true partnership have not yet consistently reached the front lines. Many of DC's foster parents have been operating as caseworkers themselves for years, handling all on their own the daunting tasks of finding resources for their children. Many have had no

regular visits from workers, no phone calls, no help, no after hours support at all, and as such stand-alone. Despite that, workers often invalidate our experience and when it comes to the right to make decisions, exclude, ignore and/or rebuff the foster parent's input.

It is this inclusiveness into case planning for the children in our homes that is seriously lacking. In my own experience, for all the children currently living in my home, I have been invited to participate in a total of ONE administrative review, at which permanency plans and progress are to be discussed. Since these reviews are supposed to be happening every six months, either they are not happening at all or they are happening without my presence, input or feedback. The agency is out of compliance with The Adoption and Safe Families Act (ASFA) on both administrative reviews and court notifications to its foster parents. We have been assured very recently that the technological and logistical barriers to notification have been resolved and that consistent notification of Administrative Reviews will now be implemented. We hope to see evidence of this in the immediate future. We trust that our notifications of court reviews will be next.

There is much work ahead to address the complicated issues of real partnership between line workers and foster parents. Let me begin by saying that we have had many very good social workers at CFSA. However, many social workers have been taught and thus operate out of an outdated paradigm that discourages the inclusion of foster parents in decision making. We believe that working through this to real partnership has its solution in social worker training, both in their formal graduate programs and on the job. We acknowledge that the agency has taken a first step by inviting us to participate in the training that new workers receive. I am personally very excited about the possibility of participating in these trainings. I think it is vital to a successful working relationship that the worker have a real understanding of how what s/he does or says may effect the foster parent's ability to open up to them and trust them, thus impacting the quality of care our children receive. It is imperative that social workers understand that they must give foster parents the same respect that they give the other professionals involved in the care and treatment of our children. We are the ones who are caring for these children day in and day out. Although I am very excited about these trainings, it is my hope that this is just the beginning. It is my hope that we will get to the point where we can expand this training to

allow us to work also with those social workers who have been around for a while. After all, it was a veteran social worker with many years of experience who told my husband and me that we were too strict with my 17 year old son when we put him on restriction for constantly acting out in school and having multiple suspensions. She recommended that he go into independent living. When we objected, saying that we had been parenting him since he was 11 years old and that we were 100% sure that he was not mature enough to handle the freedom that comes with an independent living program, she pushed for it and got it anyway. From the moment he entered the program my son went on a downward spiral that landed him in a psychiatric facility. There it was determined that he needed a more structured environment and we were asked if he could come back home to us. In fact, the hospital would not release him unless he could come back home to us. They refused to release him to the Independent Living Program as it was not structured enough for his needs. Although this particular incident occurred under a previous administration, lack of input into decisions about our children still continues. I feel this is a good example of the danger that can happen to our children when decisions are made by people who see them at the most once a month, and often much less, without taking into serious consideration the input of those of us who are parenting them every day.

I think that it would be beneficial if we recommend that social workers be given more training on how to access resources, both within CFSA itself and from the community. Access to resources remains a big problem for us. There is a lot of inconsistency in this area. Securing resources often depends upon the knowledge, workload and sometimes even personal feelings of your workers. A strong example of this lack of resource consistency is day care. Foster parents who live in DC are entitled to day care services through the Office of Early Childhood Development. (Although we do have the barrier that there are not enough infant day care slots available in DC.) However, some workers can access it fast, some have to be taught by their foster parents or GAL's how to access it at all, and in fact one private agency has told their families that day care is not even available! Again this is a personal issue for me. My foster grandson was placed with us at the ripe old age of two months old and in spite of many, many phone calls and inquiries from both my husband and me, our little Jay was seventeen months old before daycare was secured. Had it not been for the untiring help of family and friends, as well as compassion and

flexibility of my husband's and my employers we would not have been able to continue to parent this child who has known us as his grandparents since the day he was born.

One resource is so very absent from the fabric of this city that it demands separate mention of its own. That resource is quality and timely mental health services. Our children are wounded; many have suffered emotional and sometimes physical abuse and all have suffered much loss. It is outrageous that their mental health needs have been addressed in such an inadequate manner. We do not know the answer; however, this problem is so paramount that it cannot go unaddressed.

Another huge issue for us is Medicaid. Medicaid numbers may not be given to us before we need to seek health care. This creates a very serious situation when we need prescriptions filled. Also, our numbers often become inactive, creating the inability to access services. In addition, the lack of an operating Medical Consent to Treat Policy leaves us as well as the hospitals confused about who needs to sign for what treatments. We have been trying to get the agency to develop and implement a medical consent policy for over a year and a half, but to our knowledge there has been no significant progress made. This is of utmost urgency to us, because sooner or later a child will die and a foster parent will go to jail because they signed for some procedure that they had no right to approve.

Another issue for foster parents is the lack of availability of respite care. All parents need a break from parenting sometimes. Biological parents have the option of sending their child(ren) to spend the weekend with a relative or family friend, or to visit with a classmate at his/her home. As foster parents, we don't have that option unless those persons can meet many criteria, including obtaining all the clearances that foster parents are required. This puts us in a very tough position. Not only are we asked to parent with out significant breaks, we are parenting children who often have serious issues. Can you imagine all of a sudden the number of children in your family increasing by four? It happened to me three years ago. I got a call about a sibling group of four boys, ages 6, 8, 10, and 12. This was quite an undertaking as I am sure you can imagine. As delightful as the boys were, we began to notice almost immediately that one of our children had some pretty severe emotional problems and we began to seek out help for him.

When it was all said and done he was diagnosed with severe depression and intermittent explosive disorder. It took about a year and a half for him to be diagnosed and for the doctors to determine the proper medications in the proper doses to help stabilize him. During that time our home was in constant turmoil with crisis after crisis involving him, while we were still trying to effectively parent his three siblings and my adopted daughter. When we asked for respite once a month so that we could regroup and be better able to parent our children we were told that respite was not available. The situation escalated to the point that the placement disrupted and he was placed in a "therapeutic" home where the city not only pays significantly more for his care, but the therapeutic foster parents get respite every other weekend. This was very traumatic for all of us. He was not only separated from us, but also from his siblings who had been the only constant in his life. Mine is not the only story. Many foster parents can tell of situations where they feel access to respite would have enabled them to continue fostering a child rather than having the placement disrupt. I really believe that respite can be a big part of decreasing the number of disruptions as well as increasing foster parent retention. And a foster parent who is happy and wants to remain a foster parent is more likely to actively recruit other potential foster parents for the agency. Providing respite for foster parents is a win/win situation for all involved.

I believe that we are seeing many seeds which have been planted under this administration which can lead to very positive change for foster families at CFSA, but many have not yet blossomed into actual day-to-day improvement. There is still a great deal of work to do. Responsiveness, accessibility and inclusiveness of the upper level to its foster parents have been real and beyond rhetoric, as demonstrated by the cutting edge partnership lead by Ms. Lacomba. We have come very far in these ways. However, we have much farther to go before the infrastructure of CFSA supports and implements the philosophy of the upper level or the principles of best practice. To summarize, some specific successes we have seen are:

- Closure of the CFSA respite center;
- CFSA mandate requiring all staff to give the name and number of their supervisor on their outgoing voice mail message;

- Accessibility of upper level management to both foster parent leadership and to individual foster parents;
- The development of a new placement information packet;
- The introduction of disruption conferences;
- Principal Deputy Director Leticia Lacomba's creation of joint working groups of foster parents and staff to revise and impact policy and practice guidelines;

Some specific areas we need to see improvement in are:

- After hours crisis intervention for foster families outside of the general hotline;
- Quality and timely mental health evaluations and therapy;
- Consistently active Medicaid numbers and cards;
- Easily and consistently accessible emergency and planned respite care for foster parents;
- Timely day care;
- Operating Medical Consent to Treat Policy;
- Increased efforts to develop partnership between social workers and foster parents;
- Training of all social work staff on resource availability;
- Clear and consistent systems for problem resolution which free up foster parents to spend our time and energy parenting our children instead of going around in circles fighting for services.

In closing, we do believe that the agency is on the right path and should continue in the direction in which they are traveling, which they have developed in collaboration and partnership with foster parents and other community stakeholders. We also see the necessity for them to further develop the infrastructure that will facilitate the kinds of changes essential for our children to receive the care they deserve. We acknowledge, as "Rome was not built in a day," that CFSA can not complete its systemic reform overnight. However, we do encourage them to move quickly to resolve those issues which ARE immediately fixable.

I appreciate the opportunity to speak to foster parent concerns at this hearing. As an individual foster parent as well as the Deputy Director of FAPAC I will continue to be available to assist in system reform in any way I can, and to work with CFSA to develop its path of partnership with its foster parent community.

Chairman TOM DAVIS. Ms. Sandalow.

Ms. SANDALOW. Good morning, Chairman Davis, Ms. Norton, and Mr. Van Hollen. My name is Judith Sandalow, and I am the executive director of the Children's Law Center in Washington, DC. The Children's Law Center helps at-risk children in the District of Columbia find safe permanent homes and the education, health care, and social services they need to flourish. We do that by providing comprehensive legal services to children, their families, foster kinship and adoptive parents.

At the Children's Law Center, we serve as the voice for many children. We know their hopes, their fears, and their dreams. We see the excitement in the child's eyes when she is allowed to visit her sister who lives in another foster home. We also watch teenage boys resign themselves to never having a real family because they cannot control the anger brought on by years of abuse.

The Children's Law Center also represents caregivers. Through our family permanency project, we help foster and kinship caregivers become guardians and adoptive parents. Many of our caregiver clients live in Maryland and Virginia as well the District of Columbia.

Since the creation of the family court and the arrival of Dr. Golden to the CFSA, there has been an increased focus in the District on improving the lives of abused and neglected children. Nonetheless, there is a long way to go before we can say with confidence that children are traveling a safe and speedy course through our child welfare system.

It is important to celebrate the achievements that Dr. Golden details in her testimony. The closing of the Respite Center, the dramatic reduction in numbers of young children in congregate care, and the steady decrease of social worker caseloads are meaningful accomplishments.

The Children's Law Center applauds these successes. I'd like to use my time today to discuss two topics with the hope that Dr. Golden will give to these issues some of the energy, enthusiasm and action that she has shown in other areas. I'm convinced that these areas are essential to compliance with ASFA, and they are essential to the success of the implementation plan.

When a child is injured in a car accident, the ambulance rushes the child to the hospital where a team of doctors and nurses drop everything to save a child's life. We all recognize that without this extraordinary effort, a child will die or be permanently disabled. The same urgency and the same resources should attend removal, abuse and neglect of children in their homes. Every day in the District of Columbia, children are permanently scarred because we do not treat these first days in foster care as an emergency. What is right for the children is right for the D.C. budget. Early and intensive intervention on behalf of children will speed reunification and adoption and will prevent the financial and human cost of increased homelessness, incarceration and welfare dependents that are found among adults who spend their childhoods in foster care.

I urge CFSA, with the support of targeted funding by Congress, to create an emergency team to work with children and families when a child is removed from his or her home. You might ask what would such an emergency team do. First, an emergency team

would convene a meeting of the child's family within 24 or 48 hours after removal to see what resources the extended family can provide. Often family members can step in to assist an overwhelmed parent, can arrange visits in their home for the child, or can even bring a child to live with them while the parent is in recovery.

An emergency team would have access to a flexible fund to buy beds, clothes and, if necessary, food to ensure their relative can bring a child into their home immediately so the child does not have to stay in foster care. These tasks and the many more that are detailed in my written testimony must be done within the first few days after a child is removed from her home. Just as we staff an emergency room around the clock and not only during business hours, we must staff a child welfare agency team 24 hours a day.

Early intervention won't help children if there are no services to help children heal, to rehabilitate parents and to support families. D.C. has an extremely limited number of mental health providers, as you've heard from other witnesses. There are very few drug treatment beds. Homemaker and intensive in-home services are almost nonexistent. As a foster and adoptive parent myself of extremely special needs teenage boys, I know from personal experience that it is violent and dangerous not to have those in-home services.

I applaud CFSA's recent efforts to evaluate the quality of the service providers they use. This is the first time that I know that CFSA under any administration has done such an evaluation. Now their attention must be turned to increasing the availability of these services within CFSA and in other government agencies that are responsible for serving our children.

The most important support that can be done for foster parents and the best tool for recruiting and retaining foster parents is the development of support services in the home for foster parents. The short-term cost of providing services may be great, but the long-term benefits and personal and financial savings is extraordinary.

Indulge me with one story about a D.C. family that we've worked closely with. We worked with the father, who, after the death of his wife, was extremely depressed and having a hard time caring for his three children. He managed to hold onto a full-time job, get dinner on the table and was available to his children every evening after work, but he couldn't manage to get his children dressed in the morning and ready for school. Because of that, they missed school frequently, and there were concerns about educational neglect. Limited early morning homemaker services that were provided by CFSA help to keep this family together. It is just one example of how important it is to provide some support services to families to prevent entry of children into the child welfare system.

A foster child is, by law, in the legal custody of the government. The government, therefore, has the legal right and the responsibility to parent that foster child. To me this means that we must treat every foster child as if he or she is our very own. Thank you for taking that responsibility seriously and for calling for and supporting measures that will give every foster child the promise of a safe, permanent and loving home.

[The prepared statement of Ms. Sandalow follows:]

Statement of Judith Sandalow
Executive Director
The Children's Law Center
Washington, D.C.

The U.S. House of Representatives
Committee on Government Reform
May 16, 2003

Introduction

Good morning, Chairperson Davis, Representative Waxman, Representative Norton and distinguished members of the Committee. My name is Judith Sandalow, and I am the Executive Director of The Children's Law Center here in Washington, D.C. The Children's Law Center helps at-risk children in the District of Columbia find safe, permanent homes and the education, health and social services they need to flourish by providing comprehensive legal services to children, their families and foster, kinship and adoptive parents.

At The Children's Law Center, we serve as the voice for many children. We know their hopes, their fears and their dreams. We watch the teenager straighten up with pride as he shows us the paycheck from his first job. We see the excitement in a child's eyes when she is allowed to visit her sister who lives in another foster home. We also watch teenage boys resign themselves to never having a real family because they cannot control the anger brought on by years of abuse. We hear the questions that children are afraid to ask when they are taken from their families and placed with strangers.

The Children's Law Center also represents caregivers who are trying to give children the love and support that comes with being part of a family. Through our Family Permanency Project, we help foster and kinship caregivers become guardians and adoptive parents of abused and neglected children. We help them locate services so that they can stick by their children during difficult times and we celebrate with them when their love and patience teaches a child to trust them.

At a time when budgets are being evaluated and cuts are being made, it is imperative that our most vulnerable children are not forgotten. I speak today so that you will remember these children during each and every important vote.

Since the creation of the Family Court and the arrival of Ms. Golden to the Child and Family Services Agency, there has been an increased focus in the District of Columbia on improving the lives of abused and neglected children. Nonetheless, there is a long way to go before we can say with confidence that children are traveling a safe and speedy course through our child welfare system.

It is important to celebrate the achievements that Ms. Golden details in her testimony. The closing of the respite center, the dramatic reduction in numbers of young children in congregate care and the steady decrease of social worker caseloads are meaningful accomplishments. The Children's Law Center applauds these successes.

We all realize, and CFSA acknowledges, that the battle has just begun. CFSA must overcome decades of poor management, inadequate infrastructure and insufficient funding.

I would like to use my time today to discuss two areas with the hope that Ms. Golden will give to these issues some of the energy, enthusiasm and action that she has shown in other areas.

Early and Intensive Intervention

When a child is injured in a car accident, medical personnel have no qualms about stopping traffic to get an ambulance to the scene. A helicopter or an ambulance rushes the child to the hospital where a team of doctors and nurses drop everything to save a child's life or prevent permanent disability. A social worker contacts the parents, provides counseling and helps the family plan for the child's convalescence. We all recognize that without this extraordinary effort, a child will die or be permanently disabled.

The same urgency and the same resources should attend the removal of abused and neglected children from their homes. In fact, every day in the District of Columbia children are permanently scarred and irrevocably deprived of their childhoods, their emotional well-being and their chance to become productive citizens because we do not treat these first moments, these first days in foster care as an emergency.

What is right for children is also right for the DC budget. Early and intensive intervention on behalf of children will speed reunification and adoption, will reduce the number of children who languish in foster care at great cost to our city and will prevent the financial and human cost of increased homelessness, incarceration and welfare dependence that are found among adults who spent their childhoods in foster care.

I urge CFSA – with the support of targeted funding by Congress – to create an emergency team to work with children and families when a child is removed from his or her home.

What would such an emergency team do? There are three things that must be accomplished quickly: (1) find the best home for the child as fast as possible; (2) provide services and support to the child to repair the damage caused by abuse and to reduce the trauma of being separated from her family; and (3) provide the entire family with the services necessary to reunify them.

How would an emergency team accomplish these goals?

- On the day a child is removed from her home, social workers would interview the child, his or her siblings, neighbors and relatives to find an appropriate temporary caregiver for the child. Frequently, grandparents, aunts, uncles and cousins don't learn that a child is in foster care for weeks or months.
- Quickly conduct criminal records checks, review the child abuse registry and do a home study of the caregiver's home so that the child can move in immediately.
- Have access to a flexible fund to buy beds, clothes and if necessary food to ensure that a relative can bring a child into her home immediately, without forcing the child to stay – scared and alone – in a group home or foster home while the relative finds the money to prepare her home.
- Convene a meeting of the child's family within 24 or 48 after removal to see what resources the extended family can provide. Often, family members can step in to assist an overwhelmed parent, can arrange visits in their home for the child or can even bring a child to live with them while the parent is in recovery.
- Provide transportation to the child's home school, so that she is not further traumatized by having to adjust to a new school and a new home at the same time.
- Gather medical records from the child's pediatrician and area hospitals to ensure that medical treatment and medication are not disrupted.
- Provide drug treatment, homemaker services, parenting classes and other services a birth parent needs so that a child can be safely reunited with her parents.
- Do thorough medical and mental health assessments of children and provide mental health services to assist children during this traumatic time.
- Arrange for a child to talk on the phone with brothers, sisters and other family members during the initial, traumatic hours and days after removal.
- Provide transportation for frequent visits between children, their siblings and important family members to reduce the trauma of removal and maintain the familial bonds in preparation for reunification.

All of these tasks must be done within the first few days after a child is removed from her home. Just as we staff an emergency room around the clock and not only during business hours, we must staff a child welfare emergency team 24 hours a day.

Services for Children and Families

Early intervention won't help children if there are no services to help children heal, to rehabilitate parents and to support families. DC has an extremely limited number of mental health providers. There are very few drug treatment beds. Homemaker and intensive in-home services are almost non-existent. I applaud CFSA's recent efforts to evaluate the quality of service providers. Their attention must be turned now, however to increasing the availability of services.

The short-term cost of providing services may be great, but the long-term benefit in personal and financial savings is extraordinary. For one DC family, it made all the difference. After the death of his wife, a father of three children was extremely depressed. He managed to hold down a full-time job, get dinner on the table and was available to his children every evening after work. But, he couldn't manage to get the children dressed and ready for school in the morning and so the children missed school frequently. Limited early morning homemaker services helped to keep this family together. Obviously, the emotional and financial cost of splitting up this family pales in comparison to the short-term cost of helping them through this crisis.

The Children's Law Center receives dozens of calls each year from relative caregivers and foster parents who want to keep a child in their home, but cannot handle the extreme behavioral, medical and emotional needs of their child without assistance. The Children's Law Center's experience shows that the shortage of services is the primary reason that children stay in foster care without being adopted and that children have multiple placements without ever finding a "forever family."

Mental health services, day care and respite care are among the most important services needed to help children stabilize in their foster and kinship homes. Drug treatment, mental health and homemaker services are key to family reunification. Transportation for all of these services and for family visitation is essential.

Conclusion

A foster child is, by law, in the legal custody of the government. The government, therefore, has the legal right and responsibility to parent that foster child. To me, this means that we must treat every foster child as if she or he is our own child.

Thank you for taking that responsibility seriously and for calling for and supporting measures that will give every foster child the promise of a safe, permanent and loving home.

Chairman TOM DAVIS. Well, thank you all. A lot of different perspectives on this. A lot of information.

Let me just start by thanking all of you for what you're doing. Sometimes it is the most satisfying job in the world. Sometimes it has to be the most frustrating, and you can imagine our position as policymakers up here trying to end up doing the right thing. But it is not just resources; there are just a lot of factors involved with it. But you all are trying, and we're improving, and I think we shouldn't lose sight of that. So we'll have a long way to go, and we want to give you the resources to do that.

Dr. Golden, let me start with you. What does a starting social worker make now in the city? Do you know salarywise?

Dr. GOLDEN. A master's level social worker, where they will come in in terms of salary depends on years of experience and GPA.

The bottom is about $40,000. It can be well above that as people have years of experience.

Chairman TOM DAVIS. So that is an MSW degree basically?

Dr. GOLDEN. Right. A master's degree. So we have very competitive salary at the master's level. At the bachelor's level we're not quite as competitive with other jurisdictions, but at the master's level we are. And we're also seeing—I think one of the other testifiers may have mentioned this—because we now have a strong initial training unit with 4 months that combines classroom and on the job, we're hearing that is the real reason that people are coming to join us as well.

Chairman TOM DAVIS. I mean, people who go into social work, it has been my experience—and I ran a county government, as you know, before I came here. A lot of them aren't in it just for the money. Money is certainly a factor, and you want to be competitive and even more so, but it is not really what motivates people to go into this business. Our business as well, I might add.

Dr. GOLDEN. That's right. All of our work, I'm afraid.

Chairman TOM DAVIS. What is the reason—as you look at it, what is the major reason that we get the turnover? Do people get burned out of this, get frustrated, do they move, do they go into some other profession, other jurisdictions? Is there one reason, or is there just a series of things?

Dr. GOLDEN. Well, we do exit interviews to learn about our own experience, and we've had the chance to look at the national context. We have a slightly better retention rate than the average of child welfare agencies around the country, but that is definitely not something to brag about. The average in this work, which is so difficult and stressful, is 20, 21 percent. We hit about 17 percent last year. So——

Chairman TOM DAVIS. That is annually.

Dr. GOLDEN. Annually, that's right. And——

Chairman TOM DAVIS. Most major organizations with that kind of turnover, it's hard to get the—not just the continuity, but to run it effectively, because the high cost of bringing in new people and training them, too.

Dr. GOLDEN. That's right. And even when I used to be at HHS, that is true across the number of human services field like child care as well, but child welfare is especially stressful, and among—

I think there are several factors that we've identified. One is just that the work is really hard.

A second specifically in our agency, caseload size was always cited, so as we bring that down, we hope to have some impact.

The committee will be interested to know, given your commitment to the family court, that the stress of interaction with the judiciary used to be on the list, and I actually haven't looked lately. I would guess that would be getting better; that as we work toward teams, that would be better.

Some of the stresses mentioned by some of the other panelists in term of the frustration of trying to get access to resources and administrative headaches are issues for us and others; quality of supervision, which we're working on.

And then I would add I really think that the period of reform itself is stressful, and some people love that, and some people, that's the perfect fit, and they love being part of this exciting change. And people tell me that's why they've come.

For other people, of course, it is a time of a great deal of change, and so I think the other thing to say is that to the extent we're bringing in extraordinarily talented young people right after they've finished graduate school, we will have some number of people who seek another opportunity after 2 or 3 years anyway, because they came to learn, and then they're moving on. But we think that as we really focus on those retention issues, we should at least be able to stay where we are, below the national average. We'll see whether it takes us a little while to improve.

Chairman TOM DAVIS. If I state this—MSW, I start out, I'm there 15 years, what could I expect to make salary wise?

Dr. GOLDEN. I'm going to give you a rough number. I think we should get back to the specifics. I think we go up, particularly if people move up in terms of their licensing, because we have——

Chairman TOM DAVIS. Assuming I do the normal——

Dr. GOLDEN. I think we can go up to the mid-60's over a period of time with licensing. I mean, this is a master's level qualification, and people, of course, have other options in the private sector if we're attracting good people with HMOs and other places. So we definitely—it's definitely——

Chairman TOM DAVIS. I forget who testified. It was one of the earlier—on the number of children that move into their teens that we still haven't found a place for. I represent a suburban jurisdiction where I've just got families fighting to get kids. Whatever racial background, to do that, what's the major obstacles to finding people to adopt these kids? There is a lot of them—I guess the older they get, the tougher it is in some cases. What can we do to improve the adoption rate? Do you take suburban families? Do they have to be from the city?

Dr. GOLDEN. Absolutely. I really appreciate your interest in working with the Maryland and Virginia jurisdictions, because I think it's absolutely right that there are families not only in the District, because there are many families in the District, but also in the metropolitan area who really care about the District's children.

I think there are a number of obstacles, and I think some of them came up in the comments of other panelists. I think the first

is that over many, many years, the culture, both in the agency and in the District system as a whole, has often been to believe that it stopped being possible to place children as they came to a certain age, and over the years I've heard that from judges inside the agency, from private providers, and I think we have to turn that around. And I think we're starting to. I think ASFA is meant to, but I think that's one issue.

A second issue which, again, several people alluded to is that where we haven't done the right things in the way of services along the way over 10 years of moving a child around placements, we may have done some damage to that—to that child and their ability to connect to a family. So we've got to change that.

And then I think the third thing in terms of the big piece of responsibility that's ours is very focused attention to those children with very specific recruitment plans, adoption recruitment plans, so that, for example, if a child has medical needs, that we're looking for parents who are prepared to meet those needs, who we find—I mean, we——

Chairman TOM DAVIS. But that is a major obstacle, a huge medical or psychological problem. Those are probably the most difficult kids to adopt, but I take it a lot of kids in the queue, there is no outwardly mental or physical problem. We just can't find—Ms. Sandalow, do you want to address that?

Ms. SANDALOW. The problem is that when a child comes into the system, you don't know what level of damage has occurred, so it is common for a child to be placed with a foster parent and for the foster parent to be told that there are no known problems, and, in fact, they may not know, and then for that child to develop very severe emotional, psychiatric or medical problems over the next couple of years.

The No. 1 barrier that we see among our clients to adoption or to guardianship is the lack of support throughout the D.C. government agencies for good mental health and in-home behavioral health services.

Chairman TOM DAVIS. Obviously if you can get a kid—just speaking literally—off the books and into a loving family that wants them, that's the best solution, isn't it?

Dr. GOLDEN. Absolutely. And one of the things we're proud of in terms of the steps along the way is that one of the criteria for us to get out of the probationary period was a 20 percent increase in adoptions that we were able to accomplish last year, but we have to do much more.

Chairman TOM DAVIS. Do you have any comments on that? You've been through this. This will be my last question before I yield to Ms. Norton.

Ms. EGERTON. I was just saying that also my experience has been almost exclusively with teen boys over the last 12 years, and people often say that you cannot get them adopted out. And one of the barriers to that is that they themselves don't want to be adopted, and we really have to acknowledge that these teenagers don't necessarily see adoption as a positive thing.

And a part of what we need to do is, one, start talking with our teens and training our teens and giving them a better understanding of what the positives to adoption could be in their lives, and

also working with the foster families and the biological families and training them to work together, because the teens are very afraid that what will happen with adoption is that they lose their connection, whatever that connection is, to the biological family, and that doesn't have to happen.

I've got 16-age boys who I've raised to adulthood who I have very close relationships with all of their biological families, and we all get together now periodically through the year as one big massive family. It can happen, but foster families and biological families have to be trained at how to get over that hump.

Chairman TOM DAVIS. I just will conclude with this before I yield to Ms. Norton. We try to put public policies in to change the world, but the fact is you do it a kid at a time, and I mean, what you're doing is so important. And all of you, I really do appreciate it, and it's tough, and we get on you when things don't go right. I know we all want to try to make it work, so just continue to work with us. Thank you very much.

Ms. Norton.

Ms. NORTON. Thank you very much, Mr. Chairman, and I do want to congratulate you, Dr. Golden, that the court has approved the long-term plan. It must be gratifying to the agency, and, of course, on some of the testimony you've heard here, it must be gratifying as well in the progress of the agency. As I said earlier, that you've met most of the important requirements of the Adoption and Safe Families Act is particularly gratifying.

While my good colleague—and I appreciate his being here for a few minutes—Mr. Van Hollen is here, I would like to ask a question relating to the distribution of our children within the region. First, let me ask how many of our children are in the District of Columbia, how many are in Maryland and how many are in Virginia, with rough percentages, please?

Dr. GOLDEN. About half of the children in care in the District of Columbia are in Maryland; a very small number right now in the District, 60 or 80 children—I mean, in Virginia, I'm sorry. The other half are in the District.

Ms. NORTON. So most of these children are in Maryland.

Dr. GOLDEN. About half of the children are in Maryland, about half in the District.

Ms. NORTON. Now, I recall that at our last hearing there was discussion about a border agreement and even perhaps some need of Congress to be helpful with respect to a border agreement. Would you indicate to us what your experience has been in executing and enforcing the border agreements with our regional neighbors?

Dr. GOLDEN. Yes. I think that's a very important issue and one in which I want to say thank you to the committee and urge your continued involvement. In the family court legislation, the Congress wrote a sense of the Congress piece of legislation urging the District, Maryland and Virginia to work together on a border agreement, and we, with Maryland, achieved an interim agreement, which we now—it's a formal signature while we work with a new administration. Maryland, we're getting involved and working with the new people, but we're all working by it, and we've had several phone calls from Virginia and are planning to engage them.

The key elements of it, which I think are really important, the first is that right now—just—this is a metropolitan area where families and extended families and children's lives just cross State boundaries all the time. A father may be one place, a mother another, an aunt another, a family that goes to the child's church and wants to care for them may live in another jurisdiction. So we have to figure out ways not to have too much bureaucracy around the State lines.

Key provisions in the agreement with Maryland included expedited placement of children, so that if a child lives in the District, but their relative is in Prince George's County, that we would have an expedited way to do that placement. We are putting in place the last implementation pieces for that. We are providing some resources to make that easier for Prince George's and trying to make that happen.

The second piece is around non-kin families so that where there's a family setting in the metropolitan area that would be right for the child, that's better than being in congregate care, although we'd rather have a child in their family in their very own neighborhood.

And then third piece is there's a whole lot of other issues around licensing and sharing information that we want to work on as well.

So we think that the Congress's work in keeping us focused across the jurisdictions on the fact that child and family lives are lived in metropolitan ways is really important. At the same time, we're focusing intentionally on recruiting foster parents in the District, because where there aren't those kin or other ties, we'd much rather have children in their neighborhoods and not have their lives disrupted.

Ms. NORTON. So if there are resources involved, the District has to provide the resources, the families, going to Maryland or Virginia?

Dr. GOLDEN. That's right; until the point of adoption, that's right.

Ms. NORTON. So you think that this agreement is functioning well now?

Dr. GOLDEN. I think it's not finished. I think we've made—it's like everything we're talking about today. We've made important progress to have an agreement and get some pieces down on paper, but we have a lot more to do and think it would be useful to have the continued focus of the Congress on those remaining pieces.

Ms. NORTON. So there's no shared funding here? It's funding—if the child is—has been in your agency here, there's not a funding problem with Maryland? I want to make sure, because as I recall, there were some of those issues before, and if they have been ironed out, I would be very pleased.

Dr. GOLDEN. No. I think there are some issues, and I think we made a start on them, but I think there may well be a role for Congress in the future. One of the issues, for example, is that the surrounding jurisdictions pay lower rates for foster parents than the District does. Our Federal court decree required us to raise rates for all the good reasons you've heard, that it's enormously expensive to raise a child in the metropolitan area. Some of the surrounding jurisdictions are worried that if families are available for District children and pay at that rate, that will reduce their ability to serve their children. And so one of the things we've all talked

about besides the recruiting that we're doing is whether over time there would be an opportunity for them to supplement within the metropolitan area to meet the high cost of living here. So that's the kind of issue that hasn't been solved yet.

Ms. NORTON. I'd be willing to yield to Mr. Van Hollen before he left if he has any issue or any question.

Mr. VAN HOLLEN. Thank you very much, and I want to thank Congresswoman Eleanor Holmes Norton for all her leadership here. As a new Member, I'm here largely to learn, and I thank all of you for your testimony. I'm going to read it over as well. I thank the chairman of this committee for his leadership on this issue as well.

As a State legislator, I did a lot of work in the area of child welfare, and I look forward to contributing in any way I can, working with the chairman and Congresswoman Eleanor Holmes Norton on those issues and with all of you to improve and make the D.C. system better and to help you with Maryland to the extent that there are issues. I welcome any of your suggestions for help and support I can provide. I'm not familiar with all the issues in the agreement, but if you have any problems, I'm here to help, and I look forward to working with you on those issues.

Ms. NORTON. Thank you.

Mr. VAN HOLLEN. Please bring them to my attention, because that's an issue that is important to all of us, important to the region. It's also important obviously to do the right thing by the children.

Dr. GOLDEN. Thank you, sir.

Ms. NORTON. Thank you very much, Mr. Van Hollen.

Mr. VAN HOLLEN. Thank you. I'm sorry I'm going to have to leave now, but I thank you for that.

Ms. NORTON. At least initially it might be troubling that the District pays more than the two other jurisdictions, although I believe we need to know more of the implications of that. It may be that to take a child from the District of Columbia when they read in the paper so much about the difficulties of urban life for much of these inner-city children might be considered by some to be just the kind of incentive you might need. I just don't know how to judge that. I would not want some inequality of that kind to develop among the jurisdictions so as to present barriers among us, but I'm not sure of the implications.

Yes, Ms. Schneiders.

Ms. SCHNEIDERS. This is an area that is of great concern to a lot of people in the agencies, because there is no standardization of rates in this area for what a foster family gets. If they go to agency A, they may get paid X amount of dollars per month. If they go to agency B, they get something higher or lower. Then when the child is adopted, the adoption subsidy is lower than the foster care subsidy, so it discourages adoption. And it would be helpful, I think, if there could be some standardization of rates for different types of children, as New York does. You know, there is a State rate, and everyone pays the State rate. And——

Ms. NORTON. They pay the same rate for foster and adoption—New York pays the same rate to an adoptive parent as they do to a foster parent?

Ms. SCHNEIDERS. No. There's a State—I'm talking about foster care. The State rate—but here in the District, for example, a foster parent will get a certain amount of money as a foster parent and then learn that when they negotiate the adoption subsidy, it can be lower than the foster care subsidy.

Ms. NORTON. And you don't think that's right? You think that the—that was my question. Do you think that the adoptive rate should be the same as the foster rate? I mean, you're taking full responsibility for the child as an adoptive parent, albeit with some subsidy. A foster parent, of course, is not taking that kind of responsibility.

Ms. SCHNEIDERS. I think it depends on the type of child. All I'm saying is that I think there needs to be some equalization or standardization as to what agencies—whether it's the D.C. home versus the private agency home versus the second private agency home, that there should be some standardization of what the cost of caring for a child with one set of disabilities is versus a child without those disabilities or a child with more severe disabilities.

Ms. NORTON. Let me ask Dr. Golden. Is there some reason for lack of standardization? Is there some need to tailor rates based on the needs of the child, or what is the reason?

Dr. GOLDEN. Where we are right now, which I think is what Ms. Schneiders is referring to, is that we have a basic rate that we pay for foster parents that's set in our court decree, and that's, I think, derived from an index of how much it costs to care for a child in the urban Southeast. But we support foster parents for what we call therapeutic care through contracts to the private agencies that work with foster parents, and it's absolutely right that there's inconsistency there.

Where we would like to go to is toward, perhaps, which I think, Representative Norton, may have been what you were thinking about when you said the needs of the child. We would like to get toward more clarity about the level of need of the child and having that better matched with the payment. We're right in the midst of the next set of working with our contracted providers around that, so I think it's right that there should be some difference related to the needs of the child. I also think that it should be more clear than it is right now.

Ms. NORTON. More standard than it is now.

Dr. GOLDEN. Exactly.

Ms. NORTON. And you're working toward that end.

Dr. GOLDEN. We are. It won't happen immediately, but we're working toward it.

Ms. NORTON. Let me go on. It is troubling that the GAO found that data was not available for 70 percent of the current foster care cases. That's, like, most of the children that you don't have the most important data for. What is wrong with this FACES system, or is there some other reason for this unavailability of important data? Whoever can answer it. I take it it's you, Dr. Golden.

Dr. GOLDEN. Great. No. I would love to. I didn't want to interrupt the GAO.

As I understand the GAO's finding, it's particularly about an issue that many States have, that when you move to a good system like a FACES system, a good case management system, you have

to struggle with what to do about the old data that was either manual or was in old systems, and after discussing with the GAO their conclusion that we really should have done more than what we did, we've called a lot of other States to find out what people have done about that transition, because the data that aren't there aren't basic data about where the child is and so forth. Their information about—in that investigation process, for example, that occurred 3 years ago, perhaps with MPD or in the fragmented system, how quickly did that investigation happen? And that's the kind of thing that if it was tracked before would have been in a file or some previous system. So we talked with other States to find out if they had a recommendation for us.

The sense we got from the other States was that really they would recommend doing just what we did, which was pick out those data that are high quality and try to do an automated transfer, which we did, not do a special project to go in and try to examine the files for more. And the reasons they don't recommend that is that the reason so many States are switching to the new, better systems is that the old data isn't very good, and you add another administrative burden to social workers if you try to have them come through it. But I'm very open to exploring with other jurisdictions.

The key thing, I think, in terms of our FACES system is that it's a strong automated system, and what we've got to do is keep improving the way it supports our process so that social workers enter visitation and enter case plan data, and we've made——

Ms. NORTON. Let me go on. It's an issue that obviously when you have that large number out there from the GAO needs to be worked on. I do accept what you say. I mean, you can get yourself into, you know, data heaven here. You've got to decide how much of your time, energy and resources are going to be put on bringing old data over, and that's a very knotty question. It may be that what is needed is to earmark certain kinds of basic data that simply must be in a file of a child, period, knowing full well that you can't do an encyclopedic search without putting too much of your resources in data and perhaps less in children.

Ms. Egerton, I must tell you you've raised my interest when you said that some of these teenage boys—I have a commission on black men and boys. I am so concerned about black family life in our community, our community where most of the children are born to never-married women and never will be married women, our community which has lost the family centeredness that held us from slavery through a century of discrimination. I regard this as the most serious problem facing black America today, and there has been a lot of focus on the women and children, because the women are custodians of the children, you must look to them, and very little focus on the men.

This commission consists of 12 men in the District of Columbia. It's not your expert commission. They have some expert advisers; 12 men in the District of Columbia who have the confidence of men and boys in the District of Columbia, because they've worked with them. And I'm very interested. I mean, I'm this great big feminist. I'm real interested in black men and boys, because I'm interested in the revival of the black family. All this stuff that we have here

today, you know, is about accepting that we would get there in the first place, and, you know, how can we accept that we're going to get there in the first place, where huge numbers of our children are in foster care? The rest of them are hanging on by their fingernails with some single woman. Very few of our young people are getting married because of the disparity between the marriageable young men and marriageable young women, because so many of the boys when they are young get off into the underground economy or the criminal economy or the drug economy or the gun economy. This is the problem of the African American community.

Now, you really get my attention, Ms. Egerton, when you say that a lot of these boys don't want to be adopted, and I wish you would explain that to us.

Ms. EGERTON. They don't. Our children need the connection to their biological families, and as I said before, whatever that connection is, and many of them, the teenagers, are afraid that the adoption cuts that tie.

Ms. NORTON. They still feel some tie with the biological families?

Ms. EGERTON. They feel some tie, even when they have no contact. My oldest sons made it very clear when the subject was mentioned to them of adoption, they made it very clear to their social workers, to my husband and me and to anyone else who questioned them, we don't want to go anywhere. We want to be here. There is where we feel safe. This is home. This is where we want to be. We don't want to be adopted. We don't want to leave you, but we don't want to be adopted, because if we get adopted, we have no connection to our families. And very often our kids have an unspoken fantasy that their parents will get it together even after years and years and years and years of the inability to parent them. They have that unspoken fantasy, and many of them are afraid that if that adoption goes through, should their fantasy come true and their parent is able to parent them, then they still don't have the—you know, it's impossible at that point.

Our children are not trained. We talk a whole lot about training our professionals, and we broach a little bit on the subject of training up foster parents, but we don't talk about training our children, and they need—particularly our teenagers, particularly children who have been raised in the system, they need to begin to understand that adoption does not have to mean it's the end of any relationship with your biological family. And they need to understand the positives to adoption and not be left out to try to come up with some answer on their own as to what adoption means.

Ms. NORTON. Well, perhaps——

Ms. SANDALOW. We need to listen to them and be trained by them as well, I think, and I think Marilyn—we would agree on this, which is the measure of well-being of a child is often not adoption, but compliance with ASFA through long-term foster care. And D.C. has a new guardianship law which provides the flexibility, if it could be extended beyond kin, to foster parents to allow children to acknowledge through law the truth that they have two families, and that is important.

Ms. MELTZER. Adoption practice in the whole country has changed dramatically since ASFA, and many States allowed by statute something called "open adoption." An open adoption recog-

nizes that for many older children, you can have an adoption and have a permanent connection to a new family, but still maintain ties to your birth family. D.C. statute does not allow open adoption. It needs to be changed to allow that.

The other piece that I——

Ms. NORTON. Why doesn't D.C. allow open adoption, Dr. Golden?

Dr. GOLDEN. I don't know the answer to that. I've asked the judges about it, and I think it is an area——

Ms. NORTON. It is the——

Dr. GOLDEN. It doesn't—it makes it impossible to require it, as I understand it. That is, people can choose to do it, but it makes it impossible for that to be a condition, and so that is an area that I think we should investigate for possible statutory change.

Ms. NORTON. I wish you would investigate that and let this committee know if there is any interest in the council in open adoption, you know, where, in fact, the relationship with the parent is a part of the process.

Ms. MELTZER. Sometimes it's not even the parent. It's the relatives and the siblings that they've been separated from through foster care.

But the other point is that in the past, professionals have been too quick to assume that these 14-year-olds and 15-year-olds that they ask—if they say, "do you want to be adopted," and they say no, that is the final answer. All of us who have teenagers know that their first reaction to any change is to say no. So I think the whole sense of how we work with kids around this issue has to change.

Ms. NORTON. I mean, I just wonder—to ask a teenage black kid if he wants to be adopted is not to raise his expectation. I wonder if the question should even be put out there. I mean, how many teenage black kids—black boys have any possibility of being adopted?

Ms. EGERTON. Well, I can tell you, I would adopt, like, all of them. I love them. I love teen boys, and I'm not the only one out there. And in the case of my——

Ms. NORTON. The statistics are awful for these boys, and in a real sense, the best thing—they may have the best realistic sense of what is going to happen to them, and they have come to grips with it. They know that a teenage black kid is—just by presenting himself—a menace as far as some people in society are concerned. So they have decided, hey, wait a minute, I'm going to deal with my head, and my head tells me don't even think about adoption. I got a gig here that I'm comfortable with, and I'm going to stay with it.

Ms. EGERTON. But my boys knew that they were—the question was being posed, because the question was first posed to my husband and me, and the answer was emphatically yes, absolutely. I don't want to see them go anywhere else, absolutely. So they weren't asked the question without there being someplace for them.

Ms. NORTON. Yes.

Ms. EGERTON. But I would also say, too, that our black community would be more willing and capable to step in and take care of these black boys if the support systems were in place for us to do so. As foster parents, we have to be supported. The services that

our children need need to be there, easily accessible, and when that is, in fact, the case, there will be more meetings, because I would not hesitate to go out and in my circle of friends say, y'all need to do this, you know. But those supports need to be in place. I'm not going to ask my friends and my constituents to do this when the supports are not in place.

Ms. NORTON. Well, let me followup with the notion of supports, because Ms. Schneiders in her testimony talked about therapeutic foster homes and the notion that the traditional foster home notion was obsolete. And I relate that to Ms. Egerton's testimony in which she testified on—I'm quoting from page 3. She testified about an extremely serious problem. Children have historically been placed without being told imperative medical, psychological and behavioral information.

My question is first for Dr. Golden. Is it realistic—I mean, this notion about recruiting is therapeutic for foster homes, knowing full well that many of these children come with conditions, huge numbers of them, maybe conditions that you won't even know about no matter what you do—my question is how—how realistic is it, and if it is realistic to regard a foster home as therapeutic for all of our children, then why aren't we doing that given what the data shows us is, in fact, the state of these children, the problems that they come with? And Ms. Egerton even testifies that—although she says there is now a placement information package, that even what was known was not always available. I mean, is there some sense that you don't want to tell people all that they need to know, because maybe there would be reluctant of people to, in fact, be foster parents? Is there the sense that in order to have a therapeutic foster home, we have to provide the kind of services that we don't have the resources and the funds to do?

Dr. GOLDEN. I think you're asking questions both about what we tell and how we support homes, because both of those things are incredibly important.

Ms. NORTON. Right. I was interested in this notion when I first read Ms. Schneiders' testimony about therapeutic foster homes. It strikes me that she really was talking about probably the majority of our children, that they—to say, you know, his—we need some foster care parents, you know, of the kind we always—we used to try to get when I was a youngster does not speak to the children that are coming into the system now. And if not, then what would a therapeutic foster home atmosphere or approach by your agency entail?

Dr. GOLDEN. Right now, I guess the way I see the vision, the way I see where we're going is that we want homes that can meet the needs of all our children and that are well supported and that are grounded in the community, because for a lot of our children, it may not be—I mean, there are going to be some kinds of clinical services, but some of it is being able to keep that child connected to the early childhood provider who was wonderful for them. That is some of what you need for that child to stay stable isn't about putting in new—sort of high-intensity clinical services. It is about making sure you're not disrupting their lives more in the first place. So that is the key piece of it is having the homes be in that community and connected.

In terms of the clinical services, where I would say we are, right now we make too stark a distinction. We have several hundred therapeutic homes that we have much more intensive services, and we don't do enough wrapping services around other homes.

I don't think that we need—I think there's a risk of stigmatizing children if we describe them all as needing an enormous amount of services. Sometimes we found, for example, what we've done internally is we've built up our clinical staff so that we're able to guide these decisions better. We now have two RNs and a pediatrician and some mental health clinical capacity, and so, for example, with the RNs when there's a medically fragile child, we're able to try to find and work with a foster parent who's comfortable dealing with that, but that may not mean they need a huge amount of other things.

So I think the answer that I would give is that the direction we ought to be going in is both informal and community support so that foster parents can rely on neighborhood help of all kinds and the kinds of mental health and health care where a child needs that, and I think early information is critical. I think that one of the things that I think Ms. Egerton would also say is true is that sometimes it may be that people don't choose to share it. It's also that the chaotic atmosphere during which a removal might happen may mean that you don't have all the information at the beginning, but you should get it absolutely as quickly as you can and share it.

Ms. NORTON. Well, I don't want to go much more deeply into this. I would agree with Ms. Schneiders. I would—even if the child does not look like the child has a serious problem, the notion of presenting these children who are in foster care, which is the last place any child wants to be, and waiting until the—some service is needed would not, it seems to me, be the best approach. The notion of assuming that these are children that need services that a child in a traditional home would not need does seem—might indeed save the District of Columbia of the kinds of resources that ultimately you have to provide when a child goes into this strange new environment, never acted out, but all of a sudden finds himself in a place where he didn't want to be. So the notion that, well, you know, he seems fine to me may really not be—considering the environment that these children come from, be the way to approach these cases.

Dr. GOLDEN. And I think individualized and flexible services I guess would be the way I think about it, that we want what that child——

Ms. NORTON. Ms. Schneiders, would you want to say something, because I want to go on?

Ms. SCHNEIDERS. For some of us who have been in this business for 30 years or more, the traditional foster home came into being when the mother died in childbirth and the father was killed in the war, and you had a——

Ms. NORTON. But they are already not operating in that atmosphere——

Ms. SCHNEIDERS. But the child that we bring in today, the fact that we had to take him or her away from that parent means something happened in that home that is traumatic. It's an auto-

matic assumption that something happened that was traumatic to that child that says we have to get that child out of that environment. Taking them out then is the second traumatic experience, and then putting them into a new and unrelated home is a third traumatic event. You need a therapeutic environment for every child that we now have in care. If we didn't have to do that, we wouldn't bring them into care.

Ms. NORTON. I don't know the kind of resources that it would take. I agree with you, and I know the strains the District is under, and I realize that some parsing out of this must be done, but I want to endorse your notion that ultimately a presumption in favor of—now, maybe you can waive that presumption when you find that the child is fine. The child may be so relieved to be someplace that's safe.

I do want to pursue the chairman's question, because, I mean, this notion of social workers has come up time and time again when we see that zero percent of the children in foster care had at least a weekly visit with a social worker and zero percent had at least a monthly visit. I don't believe that a weekly visit should be necessary. Just let me say that for the record. I don't believe that anybody is ever going to have the resources or the number of social workers to do that, so I don't know where that goal came from, but it does seem to me perhaps a monthly visit would be necessary, and I want to know the extent to which we're chasing social workers here, chasing college loans.

I was frustrated by the notion of master's degrees before. Are we still requiring master's degrees? Can you have the social worker degree without your master's degree and get a job in the District of Columbia?

Dr. GOLDEN. Yes. The District requires licensed bachelor's level or master's level social workers, which is still more highly qualified than other States. Other States often allow other bachelor's degrees besides social worker——

Ms. NORTON. But the chairman asks how many vacancies do we have now among—for social workers.

Dr. GOLDEN. Well, we just got new positions for this fiscal year.

Ms. NORTON. New what?

Dr. GOLDEN. New positions to fill for this fiscal year. The Congress approved the request we had made. So we are intending to fill about 50 or 60 additional social worker vacancies here.

Ms. NORTON. Leave aside the new. I'm asking a question about—I'm obviously not asking about new. I'm asking where you have the full data. How many social workers as of, I guess, 2003 were there, and how many vacancies were there?

Dr. GOLDEN. Our current number is about 270 social workers on board, and we're expecting to get up to about 310 to 320.

Ms. NORTON. How many vacancies were there when there were 200 on board?

Dr. GOLDEN. 270.

Ms. NORTON. 270. How many vacancies were there?

Dr. GOLDEN. We had—I'm trying to—the reason—the only reason I'm having difficulty answering is that I think of all vacancies together rather than which were old and new, but we probably had about 20 to fill before we got the new positions.

Ms. NORTON. Mr. Chairman, let me ask you this. You'll recall the nurses bill that we got through the House. We finally stopped talking about nurses and how nobody could find nurses, and with great bipartisan applause there was a bill that was passed here. I believe it was even last year.

What is happening to social workers is exactly the same thing that is happening to nurses. It's one of the most difficult jobs you could possibly take on. You go to get a BA, and you go to get a master's. You've said to the chairman what the pay is, and I'm wondering if you'd work with me on a similar bill for social workers, because I don't see any answer to this social workers problem. I don't think we're going to get them out of the clear blue sky. I do not see an incentive for the usual group of women who, in fact, we depended upon. Those women are now going into every occupation in the world. They are fleeing social work just as they fled nursing. So we are chasing our tails here every time we mention social work. I just want to ask him if he would work with me on a bill.

Chairman TOM DAVIS. I would. I think one of the biggest problems is retention. It's keeping people—and I don't know if you do a sabbatical or what you do to keep people in it, but any time you have to bring somebody new and train them, there's a huge cost to that, and there's a risk. So when you have good people to keep them, I mean, as in the private sector, we incentivize them in a number of ways.

Dr. GOLDEN. Well, and I think were you to work on a bill, I would see really two areas sort of by the analogy to nurses and to others. For those who come to us with master's, I think people come with pretty substantial loan burdens, and for people who were choosing to come in to deal with the most troubled families in areas of high need and work with the public agency, they're not going to make the salaries to pay that loan.

Chairman TOM DAVIS. That is my——

Ms. NORTON. Loan forgiveness.

Dr. GOLDEN. Right. And for those who come with a bachelor's, I think one of the keys to retention is their ability to carry on and get their education and possibly scholarship and other kinds of strategies.

Ms. NORTON. Mr. Chairman, I'm going to only ask one more question, perhaps submit others for the record. I was concerned about the figure. I think it is from the GAO's report that says 25 percent of the children have three or more foster care placements. Ms. Schneiders and I have been having this discussion about the trauma of having one placement. I wonder if any work has been done to see if there are any reasons that tend to be systematic for why children are placed more than one time?

Dr. GOLDEN. Yes. There are some major problems, and we're beginning to make headway. We have rigorous targets in the implementation plan. One of the reasons—and I think Ms. Egerton addressed her pleasure at the fact that we now have disruption conferences. We used to do nothing when a foster parent—you know, in the middle of the night, you know the child—that they just couldn't cope or got to the end of their rope. We're trying now to

bring together the people who know that child and see if more supports in the home could help. We're not——

Ms. NORTON. First, what is the reason? What is the major reason that a child would have—a quarter of your children would have three or more foster care placements?

Ms. MELTZER. Can I respond to that? First, is that the initial placement was the wrong placement so that there wasn't enough of a matching between the needs of the child in the initial placement. Second, is the lack of supports to the foster families. Most States find that if they increase the support to the foster parent families early on, they can stabilize the placements.

And the third reason sometimes is just sort of systematic reasons that relate to what the agency has out there. So the agency may have some placements that they consider emergency placements. They don't have the right placement at the first time. They put the child in a place, and then they just by definition have to move them. That's why——

Ms. NORTON. Some of this I know you simply can't help, particularly given the dearth of such parents and the quick decisions that sometimes must be made.

Ms. MELTZER. But that's why I think—you've heard testimony today that it's real important for that first placement to then very quickly on bring together a whole team to work with that foster family with the worker, involve the biological family and relatives if you can find them in putting together the package of supports that are needed within that first week, and we have experience in places around the country that when you do that, you can stabilize placements.

Ms. NORTON. Mr. Chairman, actually, I have one very last question. This notion about a team that I think Ms. Sandalow mentioned, this committee and the entire city were particularly concerned about this issue when this infant was murdered. According to the GAO, only 26 percent of child victims had a face-to-face meeting within the first 24 hours, and I'm wondering what is the reason if there is a child victim that as many as a quarter of these victims did not have that meeting when they were most impressionable about what had happened to them and when you could get perhaps the best information about what to do for them?

Dr. GOLDEN. Getting out really early in an investigation is enormously important for just the reason you give. We now, I believe, are at something like 40 to 50 percent in our most recent month, and we have to keep improving.

The GAO highlighted that the standard that we get out in every investigation—that's for any hotline call about abuse or neglect within 24 hours is more rigorous than most States. Most States give 48 hours to several days, because they triage and try to get out on the most urgent ones. But our standard, for the reason you give, is that we've got to get out there early. I think past reasons for not doing that included staffing, but we've put a lot of our staffing focus on investigations to try to fix that.

You also heard, I think, in the testimony from the Child Advocacy Center that we focus on putting our most experienced workers in intake, because the other thing you have to do is you have to

find the child in the family, and you have to make sure that you're doing that well. So there's a lot left to do on that.

Ms. NORTON. But these are a quarter of the children—these, I take it, are emergency cases.

Dr. GOLDEN. No. These are all of the investigations that come in.

Ms. NORTON. I see. So this 26 percent figure relates to all child victims, not just emergency——

Dr. GOLDEN. Well, it's, as I understand it, to all—calls to the hotline—you don't know yet if there's a victim or not. You're trying to get out there as quickly as you can to find out.

Ms. ASHBY. I just wanted to clarify, that's 26 percent of the cases for which there was data in FACES.

Ms. NORTON. Yes. So we don't know if the figure is larger or not.

Ms. ASHBY. We kept running into the issue of data, because, for the most part, that's all we had to look at. We did go to case files. We found that data was missing in case files as well. So of the cases that we could get information on, it was 26 percent.

Chairman TOM DAVIS. Thank you.

Ms. NORTON. Thank you, Mr. Chairman.

Chairman TOM DAVIS. Thank you very much, Ms. Norton.

Let me just ask a couple of questions, and we can move on.

Ms. Massengale, in your testimony you gave a very detailed description of the plans for the development of the citywide Child Assessment Center. I think clearly the new center would provide a means to increase services to children. What's the status of this now? What action do we need to take?

Ms. MASSENGALE. Well, at this point we have detailed architectural plans developed which have been presented to several agencies in D.C., including the Historic Preservation Review Board. Because of historic designations on the building, they denied conceptual approval, and so now this has to become a Mayor's agent case. So that's another layer of bureaucracy that we need to go through for the center.

The funding has been put into the budget, but city council has asked to receive some additional information on the center that we're now trying to produce to city council.

The other issues right now, there are—this is being used as a temporary homeless shelter, and the Deputy Mayor Carolyn Graham is working on plans to ensure that the homeless have a place to go when construction starts on this center.

Chairman TOM DAVIS. Could you keep us informed on that and Ms. Proctor on my staff here in terms of where that is?

Ms. MASSENGALE. Absolutely, because——

Ms. NORTON. Mr. Chairman, weren't you supposed—wasn't this center supposed to be part of the national organization that deals with such children supposed to go into the old historic firehouse at one point?

Ms. MASSENGALE. Right. There's a long history with this center. We started trying to find a place in 1995, and we were supposed to be going into the firehouse on New Jersey Avenue. We even had a lease that had been signed on that property, and it was revoked.

Ms. NORTON. And I just want to say it should not have been revoked. This was a firehouse which the then fire commissioner convinced the Mayor, who did not have the background to know, that

the Congress had shut that firehouse after the city had tried for years to get it shut, because there was no case to be made that we needed that firehouse with all of the superstructure that is involved in keeping a firehouse and that the community could be served. This firehouse is in—when you were literally trying to get that firehouse, was snatched back, an underutilized firehouse. I'm very sorry, because I think you would have been well on the way, because you had gotten so far to getting the center with the national people along with our local people in the same place.

Ms. MASSENGALE. Right. And one of the criticisms that is regularly given to D.C. is that you have all these national organizations that are located here, and they do nothing for the local people of the city. And so having a place where we can put in all of our local agencies, the police, the social workers who are so crucial in this process under one roof and also have the link to a national agency where the center would be the example within not just this country, but the world of how we should treat child victims is so important. And obviously we're very frustrated that 8 years later there's no progress.

Our current center, we're turning closets into office spaces in order to provide more therapy, to provide more services. There's no way to go, and we've shown with recent progress that collocation is important. So we're just hopeful that we can get the progress soon.

Chairman TOM DAVIS. That's why I asked the question, and Ms. Norton is obviously on top of this as well. So keep us in the loop.

Ms. MASSENGALE. I will. Thank you.

Chairman TOM DAVIS. Let me just ask Dr. Golden, it's my understanding that CFSA has a policy to reduce the number of children that are placed in group facilities like St. Ann's in Hyattsville. Given the fact that so many of these babies are medically fragile, where do the sick babies go, and what kind of services do they receive, and how many placements are we disrupting here, and how long are these babies staying in and out of home placements?

Dr. GOLDEN. Well, as you say, we want children to be in families, particularly young children, and that expectation of ours is very formalized in the implementation plan. So we have targets to even reduce dramatically how many young children we have in congregate care.

In general what we found, particularly with babies, with young children, is that there are families who are eager to care for children. We also have been finding that when we do the early focus that several people here talked about, we identify kin who are prepared to care for babies and young children; so we also often find kin families who will care for children.

You specifically mentioned St. Ann's, which we worked with closely, because as we transitioned toward being able to ensure that each young child goes to a family first, they have a very good setting for being able to do some early diagnostic support where we need that. But we are aiming to transition to being able to identify the right family right away. We have made a lot of progress on that.

Chairman TOM DAVIS. Thank you.

Ms. Meltzer, let me just ask you, from your perspective, what are CFSA's most critical priorities in order to sustain and improve the outcomes for the foster care children and their families?

Ms. MELTZER. The first is one we have been talking about, having an adequate, stable, and trained work force. I think achieving a lot of the other things that we want to achieve can't be done until they have that.

Second, I think, is recruiting and supporting foster families and adoptive families, both in the District and, where necessary, in surrounding jurisdictions.

The third priority is, creating and sustaining the change in the culture, and in the practice culture, to believe that children need permanent families, that the Agency can find permanent families for them, and that they can support children through to adulthood with permanent families.

We talked a little bit about the older teens. Thirty-five percent of the children in foster care in the District right now are 14 and over. That is really a reflection of the historical inadequacies of the system.

A lot of thought has to be given to those children right now about how to make the last years of their childhood meaningful and how they can be positioned to become adults with supports as they get older. We all know that 18 and 21 are not magic ages for being independent, so I think that is something that has to be focused on.

Chairman TOM DAVIS. Thank you very much.

Anything else anybody wants to add? It has been actually pretty complete with the questions and answers. It has been a great panel.

Ms. ASHBY. A couple of things. I have been taking notes here as various people have been speaking. I will be very brief.

First, with regard to the data issues, I hope that Dr. Golden and other managers at CFSA do take the data issues seriously, not just in terms of going back and finding records of investigations and bringing them forward to the current system. That may not be as important as other information about the child in terms of the early history, family ties, and so forth, which are not in the current system.

We have found the paper documents, paper case files, to be in disarray; to be voluminous, disorganized. So it certainly would take a great deal of effort to go into those files and pull out reliable data. We certainly aren't suggesting that any unreliable data be put into the system. That would make absolutely no sense.

I am not at all surprised that other States have not done this. We will be issuing a report in a few weeks on what is going on with data systems across the United States for child welfare. As I said, I am not surprised at all that so few States are focusing on their current data.

With regard to interjurisdictional adoptions, we issued a report June of last year on implementation of ASFA throughout the country. In that report, one of the things we noted was that a big problem—and I don't know if that is the case here in the District of Columbia—but something that might be considered the biggest problem with the interjurisdictional adoptions seem to be processes and

the home studies, and what it takes to get a home study approved for a potential adoptive family in another jurisdiction.

To the extent that those systems and processes can be streamlined, it would go a long way, I think, for improving the ability of child welfare agencies to bring about interjurisdictional adoptions.

The other thing I want to market, a little bit, our reports. We have issued several reports, and we will be issuing reports that are applicable to what we have been talking about today, one about the recruitment and retention of welfare workers. We will make it available to you, Mr. Chairman, and Congresswoman Norton. It talks about a lot of the issues we have been talking about in the District of Columbia, and we have found that across the United States.

We have also issued a report recently on the placement, voluntary placement of children in child welfare systems and juvenile justice systems because of mental health needs. There are some issues there that I think you might want to take a look at, if you have not.

As I said, we will be issuing a report shortly on the status of data systems, which we think might be relevant. Thank you.

Chairman TOM DAVIS. Thank you.

Let me just say, I thank all of you for what you are doing. Despite the shortcomings in some of the areas here, I know you all have a great dedication to helping these children. We appreciate that very much, and want to try to add value to the equation.

I want to thank all of you for taking the time from your very busy schedules to be here. I think it has been a very productive hearing.

The hearing is adjourned.

[Whereupon, at 12:05 p.m., the committee was adjourned.]

[Additional information submitted for the hearing record follows:]

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STATEMENT OF CASA OF THE DISTRICT OF COLUMBIA

To the U.S. House of Representatives
Committee on Government Reform
Friday, May 16, 2003

Children being abused, neglected or not receiving mandated services while under court ordered supervision is an unacceptable crisis. When children become lost in the system that was put in place to protect them, the abuse of these children becomes an overwhelming tragedy. CASA of DC, Court Appointed Special Advocates of the District of Columbia is a nationally accredited program to ensure that no child gets lost in the system. CASA of DC's mission is to recruit, train and supervise volunteers from diverse cultural and ethnic backgrounds to assist the court in protecting the best interests of abused and neglected children by advocating for a safe and permanent home for every child. Our mission is to provide stability and hope to abused and neglected children by being a powerful voice in their lives. By matching trained community volunteers with children under court supervision, we can ensure that the needs and best interests of the foster children in the District of Columbia are met and can improve the decision-making ability of judges in the Family Court system by providing an independent evaluation that is geared to the best interest of the child.

CASA of DC, Court Appointed Special Advocates for children of the District of Columbia is the **ONLY** accredited CASA program operating in the District of Columbia. Not only is the

program the only program recognized and supported by the National CASA Association, the program receives technical and financial support from National CASA. In order to make CASA of DC the showcase program for the nation, the program was designed from the bottom -up to ensure strict

compliance with the National Standards established by Judge David Soukup in 1977. In 1990 with the inclusion of the CASA Program in the Victims of Child Abuse Act, Congress affirmed the use of volunteers in the otherwise closed juvenile court systems and made provisions for the growth of the CASA volunteer movement nationwide. CASA of DC is also recognized and supported by foundations such as the Freddie Mac Foundation, the Gannet Foundation and Microsoft.

Because the Metro DC area is unique, CASA of DC is working in collaboration with CASA programs both in Maryland and Virginia and have formed a working group entitled "METRO DC CASA COLLABORATIVE". The purpose of the group is to work together to address the problems of the Metropolitan area in the areas of abuse and neglect. In addressing the regional issues of child abuse and neglect, the Metro DC CASA Collaborative is working to ensure that no child falls between the cracks because of jurisdictional issues.

In the District of Columbia, the Child and Family Services Agency, [CFSA] was removed from six years of federal receivership established by the U.S. District Court in 1995 under the *LaShawn A. v. Williams* decree. However, social workers continue to carry large case loads and do not have time to provide the detailed, one-on-one attention that every child in the dependency system deserves. The office remains understaffed and children are not receiving the much needed services once they enter the system. Children continue to have multiple placements, few visits from the social worker and even fewer sibling visitations. Additionally, court orders are often times not implemented. Children in the system spend a median of 3 ½ years in foster care. 32% of the children spend from 4-9 years in foster care.

Under a court ordered plan by federal Court under the *LaShawn* decree, CFSA must meet specific performance measures including:

- Compliance with ASFA (Adoption and Safe Families Act)
- Increased visitation – Increase the number of visits children receive from their social worker. (As of 2/2003, children in foster care were only visited monthly by their social worker in 1/3 of the cases)
- Reduce the numbers of placements
- Children should be placed in the least restrictive environment

CASA programs fill the void left by an overburdened system. Social workers and attorneys carrying large caseloads. In this jurisdiction there remains a high staff

turnover rate, so caseworker effectiveness remains low. Because of budget cuts and low salaries, many jurisdictions face serious difficulties in recruiting qualified motivated caseworkers. We continue to see child welfare workers who are overworked, have less time, and are doing a less effective job for children.

A CASA advocate will only carry one case at a time and advocate for all children in that family.

The CASA program, historically has proven to be able to:

- Reduce the number of children in foster care
- Reduce the amount of time a children remain in foster care
- Ensures that court orders are implemented so that the child receives medical, mental and educational services.

In the District of Columbia, approximately 1500 new abuse and neglect cases are brought before the Family Court each year. This compounds the number of children already in the system which is approximately 4,000. The goal of the CASA of DC program is to have a trained CASA advocate for every child in the system. Each volunteer advocate represents one family representing approximately 1-3 children per family ranging from birth to 18 years of age.

Why volunteers? CASA of DC trained and certified volunteers act as a multiplier for professional program supervisors. Volunteers work on only one case at a time. This one on one ability provides closer monitoring than can be cost effectively provided directly by professional staff. CASA volunteers focus gives them the ability to see and do more on behalf of the children that they represent. CASA of DC volunteers receive extensive, ongoing training and close supervision from the professional program staff. By the very nature of their "volunteerism" they empower themselves through their commitment of time and energy. They stay with the case from beginning to end and serve the program an average of 30 months.

Volunteers are also independent of bureaucratic constraints that often keep those employed by our local institutions playing by rules that frequently are too rigid or outdated to serve the best interest of the children in foster care. Certainly CASA volunteers do not work in a vacuum. It takes the strong support and guidance of local program staff to facilitate their work. Careful screening, training, supervision, and retention are essential to assure high quality volunteer advocacy. Although paid staff play an integral role in the coordination and management of the program, the traditional role of staff does not include routinely working cases. The CASA Advocate will have closer and more consistent contact with the children than the social worker or the attorney.

Another reason to have CASA advocates is its cost-effectiveness. It is certainly more cost-effective to have one staff person coordinating 30 volunteers serving 75 children as opposed to one staff person carrying 25 cases with 60 children Still, cost-effectiveness is only a small component of our commitment to the use of volunteers.

Volunteers bring a much needed outside perspective to our court and child welfare systems. Their lack of past experience in the system not only brings a fresh perspective to what we do, it opens our doors to the community and helps raise public awareness of the plight of our community's abused and neglected children.

To a child, having a volunteer working for them can make all the difference. Hundreds of children across the country have been moved when understanding the notion, "you don't get paid to do this?" It shows to them the level of concern and commitment being made by the volunteer. No, it's not part of their "job." Volunteers are ordinary citizens, doing extraordinary work for children, and along the way bringing such passion, dedication, and effort to their work. In the period from January, 2003-March, 2003, over 463 volunteer hours were given to the children of our community. **The significant achievements by the advocates for the children represented includes but is not limited to:**

- **Finding and retaining proper school assignment**
- **Obtaining clothing**
- **Obtaining school supplies**
- **Locating tutoring services**
- **Requesting child support and follow up with court and family**
- **Ensuring dental appointment completed**
- **Helping with housing**
- **Monitoring the appropriate placements**
- **Helping parents locate substance abuse program**
- **Requesting an IEP in compliance with court orders**
- **Assisting in locating summer camps**
- **Ensuring medical and dental appointments are kept**
- **Assisting in preventing the expulsion of a child**
- **Locating therapy for the children**
- **Informing the court regarding improper group home facility**
- **Locating Saturday classes**
- **Locating dance school**
- **Locating GED classes**
- **Locating independent living skills programs**
- **Locating vocational training programs**
- **Locating summer programs**
- **Locating mentoring programs**

- **Locating after school care**
- **Locating a more compatible foster placement**

In 1988, CSR, Inc., under contract with the U.S. Department of Health and Human Services, published the results of a study entitled, National Evaluation of Guardians Ad Litem [CASA] in Child Abuse or Neglect Judicial Proceedings. After analyzing five types of CASA models the study found that:

"CASA volunteers are excellent investigators and mediators, remain involved in the case and fight for what they think is right for the child." The study concluded, "We give the CASA models our highest recommendation."

As advocates for children, there are no phrases such as "it cannot be done" because when it is in the best interest of that child, our volunteers will zealously advocate for those interests no matter what barriers come before them. There is a story about a man who was walking on the beach and saw hundreds of starfishes dying on the sand so he began to throw them into the sea one starfish at a time. Another man was walking and saw the man's futile attempts to save the starfish when he said to the man ...you will never save them all. The man replied...oh but it does matter even if I save one starfish. And so, the CASA program will continue to make a difference, one child at a time.

We thank the committee for allowing us to submit this written testimony.

Respectfully submitted,

Geri Fontana-Flaum, Esq.

Executive Director of CASA of DC

Statement of the Council for Court Excellence

To the House Committee on Government Reform

CFSA Performance Oversight Hearing
"Protecting Our Most Vulnerable Residents – Review of Reform Efforts at the Child and Family Services Agency"

Friday, May 16, 2003

The Council for Court Excellence ("CCE") is an independent, nonprofit, nonpartisan organization dedicated to improving the administration of justice in the local and federal courts and related agencies in the Washington metropolitan area. While the Council for Court Excellence is proud to have a number of judges among its active and dedicated board members, it is important to note that no judicial members of the Council participated in the preparation of this testimony.

For more than three years, CCE has been privileged to work with the key public agencies in the DC child welfare system - the Family Court of the DC Superior Court, the Child and Family Services Agency ("CFSA"), the Office of Corporation Counsel ("OCC") - and others, to reform the city's child welfare system so that every abused or neglected child in DC has a safe and permanent home within the time frame established by the federal and DC Adoption and Safe Families Acts ("ASFA"). To assist the agencies in meeting these goals, CCE has been tracking and measuring progress in child abuse and neglect cases filed since February 1, 2000, the date the city began implementing ASFA. In October 2002, we were pleased to issue a public report summarizing the many early successes of the DC child welfare system reform effort. This statement is intended to explain how far the system reform effort has come and how much further there is to go.

WHERE WE WERE

When CCE began its work with the agency leaders in late 1999, CFSA was under federal court receivership, relations among the agencies were strained, and there was little awareness of ASFA's permanency requirements. As reported on July 15, 1999, by the federal court-appointed Monitor of CFSA:

> Significant interagency issues remain unresolved . . . Relationships between CFSA, the Office of Corporation Counsel, and the Superior Court also remain problematic; each agency is highly critical of the other's failings. OCC currently is understaffed to meet the need for timely processing of abuse and neglect and termination of parental rights petitions and CFSA's staffing and practice problems contribute to friction between the agencies. The structure and resources available in the Family division of the Superior Court make it difficult for the court to provide timely legal action for children and families. (*1998 Assessment of the Process of the District of Columbia's Child and Family Services Agency in Meeting the Requirements of LaShawn A. v. Williams*, Center for the Study of Social Policy, July 15, 1999)

WHERE WE ARE

Structural Improvements

There has been dramatic improvement since those early days. Perhaps the most dramatic of improvements is CFSA's emergence from receivership and establishment as a cabinet-level agency of the District of Columbia. Other important structural reforms are: 1) the selection of a new agency director, Dr. Olivia Golden, and a new management team; 2) the agency's assumption of responsibility for child abuse cases in addition to child neglect cases; 3) the publication of licensing regulations for foster and group homes; and 4) the increased used and usefulness of the agency's FACES data system.

Improvement in Agency Relations

There also is a new spirit of collaboration and cooperation among agency leaders. CCE facilitates monthly "Child Welfare Leadership Team Meetings" among the agency leaders, i.e., Dr. Olivia Golden, CFSA director; Judge Lee Satterfield, Presiding Judge of the Family Court; and Arabella Teal, Interim Corporation Counsel; and many others including the leaders of the Department of Mental Health, the Department of Human Services, DC Public Schools, etc. As trust and communication among these leaders has grown, these meetings have become more and more productive with team members identifying multi-agency issues and setting-up work groups to address them

For example, the enormous task of transferring to the Family Court over 3,500 child abuse and neglect cases that were pending before judges assigned to divisions outside the Family Court was accomplished by a work group consisting of CFSA, the Family Court, the Department of Mental

Health, and OCC. Together they identified cases appropriate for transfer and closure, and they prioritized the sequence for transfers. In addition, CFSA is a member of several of the Family Court's multi-agency committees on Family Court Act implementation. CFSA also is a member of the Family Court's Training Committee which is organizing monthly and annual interdisciplinary training sessions for judges, social workers, and lawyers. It also is one of several agencies with an on-site service representative in the Family Court's Service Center.

In addition to the monthly Child Welfare Leadership Team Meetings, Judge Satterfield and CFSA director Dr. Golden meet on a regular basis to discuss issues affecting both agencies. Together they worked out a schedule that would allow social workers to spend more time with their clients and less time in court. Relations between CFSA and the Family Court are perhaps the best they have ever been.

Relations between CFSA and OCC have improved significantly. OCC attorneys and CFSA social workers are now co-located at the offices of the agency so that they may work more closely together in preparing child abuse and neglect cases for court. What is more, OCC attorneys are providing CFSA with legal representation in cases from filing of the abuse/neglect petition through the permanency hearing stage. Before the city made the commitment to increase OCC staffing, CFSA social workers were represented only through the trial and disposition stages of a child abuse and neglect case.

Improvement in ASFA Compliance and Measuring ASFA Compliance

The agency leaders have made steady measurable progress in complying with ASFA and they are keenly aware of the need to track case data to measure ASFA compliance. One of ASFA's most important requirements is that a permanency hearing be held within 14 months (425 days) of a child's removal from home to decide the child's permanency goal, i.e., reunification with family, adoption, or guardianship, and set a timetable for achieving it. Data collected by CCE for cases filed since 2000, shows significant and growing improvement with ASFA's permanency hearing requirement:

Compliance with 425 Day Permanency Hearing Deadline[1]
(For Children Removed from the Home)[2]

Year Cases Filed	Compliance Rate
2000	32%
2001	43%
2002	{54%}[3]

[1] CCE's data is calculated through the third quarter of 2002 only. The Court took over the responsibility of data tracking from CCE in the fourth quarter of 2002.

[2] 50% of children in abuse and neglect cases filed in the past three years were removed from their homes. Thus, this data reflects approximately 50% of child abuse and neglect cases filed in each of these years.

[3] We obtained this 2002 figure from the Family Court's first annual report filed with Congress on March 31, 2003. The Court's permanency hearing compliance rates for 2000 and 2001 were significantly higher than CCE's. This 2002 compliance rate appears reasonable and more reliable.

Data from the past three years also shows that the length of time from filing of the abuse/neglect petition to trial or a stipulation has decreased consistently. Indeed, data reported by the Court in its Annual Report shows that the city is now in compliance with the trial deadline established by DC ASFA, i.e., 105 days from filing of the petition. The city also has made consistent progress in reducing the amount of time from filing to disposition - the court proceeding focused on remedying the conditions of abuse or neglect determined by trial or stipulation to be true.

Through its FACES automated data system, CFSA has been successful at compiling additional types of information that are relevant to permanency. It tracks the number of entries into and exits out of foster care, the reasons for exiting care, and the permanency goals of children in care. It also tracks information on legal action toward adoption and finalized adoptions. In an effort to improve communication with the Family Court, CFSA has developed a function within FACES to access information on the dates, times, and locations of court hearings on child abuse and neglect cases. CFSA also is able to scan abuse and neglect court orders into its FACES system. In addition, CFSA is one of the most frequent users of JUSTIS, DC's criminal justice information system, which can be used, among other things, to locate missing parents.

WHERE WE ARE HEADED

Much additional information is needed to properly monitor compliance with ASFA. Because cases filed prior to 2000 are a large part of the child abuse and neglect caseload, the city must obtain permanency hearing information for these cases as it has done for cases filed since 2000. Also, the city needs information on how many children actually achieve permanency each year and how long it takes them to achieve it. Indeed, the city should know how long it takes children to achieve permanency for each permanency goal, i.e., reunification with family, adoption, or guardianship. In addition, it will need information on the rate of children re-entering the child welfare system after the original petition is closed. This information is essential to understanding and resolving the problems that delay permanency.

Both CFSA and the Family Court are working to improve their individual automated information systems so that they can access information that will enable them to implement as well as monitor compliance with ASFA. The Court's new automated system is expected to be in place by July 2003. CFSA is revising its monthly data monitoring as part of is plan to implement the final order in the LaShawn lawsuit. In addition, the DC Mayor is working to create an automated system that will integrate the individual systems of the Family Court, CFSA, and the other child welfare agencies.

CONCLUSION

While there is much more work to be done, the DC child welfare system is on the road to reform. It is headed in the right direction and is moving at a quick pace. We have witnessed extraordinary commitment of the city's child welfare system leaders, including Dr. Golden, over the more than three years we have been involved in their work. We can now document

improving performance trends, which make us optimistic that in the future the city's abused and neglected children will be better protected, better served, and will spend less time in foster care.

We have attached a copy of the Council for Court Excellence's *District of Columbia Child Welfare System Reform Progress Report* to this statement.

Attachment.