

DISTRICT OF COLUMBIA APPROPRIATIONS FOR FISCAL YEAR 2004

WEDNESDAY, MAY 14, 2003

U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, DC.

The subcommittee met at 10 a.m., in room SD-138, Dirksen Senate Office Building, Hon. Mike DeWine (chairman) presiding.
Present: Senators DeWine and Landrieu.

NONDEPARTMENTAL WITNESSES

STATEMENT OF SISTER ANN PATRICK CONRAD, ASSOCIATE PROFESSOR, NATIONAL CATHOLIC SCHOOL OF SOCIAL SERVICE, THE CATHOLIC UNIVERSITY OF AMERICA

OPENING STATEMENT OF SENATOR MIKE DEWINE

Senator DEWINE. Good morning. The hearing will come to order. Today we begin the subcommittee's second hearing within 6 weeks regarding the foster care system in the District of Columbia. On April 2 we heard testimony that revealed a number of serious problems and shortcomings with the District's Child and Family Services Agency.

It is imperative that CFSA address these problems and protect the lives of this city's children. Clearly, the paramount reason for exposing CFSA's failures is to discover ways to make lives better for the most vulnerable and precious of citizens, our children. That's why today's hearing will focus on ways that this subcommittee can target resources towards new initiatives aimed at improving the foster care system in the District of Columbia.

Before we hear from today's panel, I think some of the points that were raised at our earlier hearing bear repeating, so briefly: First, the General Accounting Office has determined that CFSA is not meeting the official requirements of the Adoption and Safe Families Act. This law, which I helped pass and get signed into law in November of 1997, includes a number of very specific provisions. It requires States to change policies and practices, of course also the District of Columbia, to better promote children's safety and adoption, or other permanency options.

In fact since this law has been in effect, adoptions have increased by nearly 40 percent nationwide. But, according to the GAO, CFSA is not meeting the important requirements of the Adoption and Safe Families Act.

Another troubling finding that the GAO testified about is the District's inability to track its children in foster care. In fact, data is not even available for 70 percent of the District's children in foster care. This is true even though the District has invested resources in a new automated information system that has been operational now for over 3 years. How can we track these children and determine their well-being if they are not even entered into an automated system, or certainly not fully entered into that system?

In addition, the chairman of the National Association of the Council for Children testified that children wait weeks or months before a foster care placement is available. Some more of the children are waiting at group homes or overnight at CFSA offices. They are often placed in whatever home has a vacancy, irrespective of the needs of that particular child or the preference of the family.

With the findings from last month's hearing as our backdrop, I will now turn to today's panel. These witnesses will describe their experiences with CFSA and will provide ideas about ways that we can better protect our children. Tragically, most children in this system have been traumatized by neglect and/or abuse. Then add separation from their caregivers. We should see to it that they do not experience additional, and I might say avoidable traumas, because of a failed foster care system. I look forward to hearing our witnesses describe ways that we can work together to fix this system.

Witnesses will be limited to 5 minutes for oral remarks; however, we do have your written statements in front of us, which will be made a part of the record. Let me just say that the 5-minute rule we have, but we will be a little lenient in regard to that, as we have some excellent witnesses and are very anxious to hear your testimony.

Let me introduce the entire panel and then we will begin to hear from all of you. Judith Sandalow is executive director of the Children's Law Center. The Children's Law Center is a nonprofit organization that provides free legal services to children, their families, and foster and kinship caregivers in the District of Columbia. We welcome you and thank you very much for being with us.

Marilyn Egerton is the deputy director of the Foster and Adoptive Parents Advocacy Center. This center assists foster, kinship, and adoptive parents in the District of Columbia secure supportive services. Thank you very much for being a witness.

Sister Ann Patrick Conrad is an associate professor with the National Catholic School of Social Service at The Catholic University. NCSS is one of the top 20 schools of social service in the Nation. Currently, 3,500 NCSS alumni are serving in the fields of child welfare, mental health, social policy, social justice and social work education. Sister, thank you for joining us.

Jacqueline Bowens is the vice president for Government and Public Affairs at Children's Hospital, and is also joined by Dr. Joseph Wright, who is the medical director for Advocacy and Community Affairs at the hospital. Children's is the only hospital in the area dedicated exclusively to children's health. The hospital currently runs the DC KIDS program, which provides comprehensive healthcare services for children in D.C. foster care. We thank both of you for joining us here this morning.

Damian Miller is a 20-year-old student at Hampton University. He has been in and out of D.C. foster care most of his life, having lived in a total of, I believe, seven foster and group homes. Damian has accepted an internship at the State Department this summer. Damian, thank you very much for being with us today.

In no particular order, we will start with—Sister, do you want to start first, and we will just go from right to left?

Sister CONRAD. Thank you.

Senator DeWine and members of the subcommittee, I want to thank you for the opportunity to provide testimony about some options that I feel are available to the subcommittee to enhance services in the District. I speak as a former dean of the School of Social Service, as an experienced health and family service worker, as the chair of the board of Catholic Charities of the Archdiocese of Washington, and also as a board member of the Council on Accreditation of Child and Family Services in New York.

I want to commend the members of the subcommittee for your interest in the children of the District. It can really be said that the mark of a truly compassionate civilization is the way we treat our least fortunate, and so clearly, the children of the District in need of substitute families through foster care and adoption are among the persons who should be considered as part of this group, whom we sometimes refer to as the real human resources for the future.

Most recently, as I'm sure many have had the opportunity to speak and talk with persons who have been in foster care and adoption, I know we are going to have this opportunity today, but one of the things that I think we want to be very aware of is that the potential of persons who are in care is something that we want to capture as a society and to grow and to develop. I have had the opportunity to review the hearings of the April meeting and I find that certainly the road to change for the District has been a slow and arduous path, but one of the things that is a serious and grave concern today is that childhood is a very short experience, and it leaves a lasting imprint, and this is particularly true for disadvantaged children.

So for this reason, it is urgent that the future path be directed toward quality service, and the point that I want to make strongly is sustainability of the services, lest any child be lost in the system.

At the School of Social Service we have worked over the years to provide a sound curriculum in the field of child welfare, and many of our students do go into this field. We have also joined with our social work education colleagues in this metropolitan area in providing continuing education and ongoing training for social workers who are already in the field.

A point that I want to make is that what our graduates and what our students often find is that although they come into child welfare with a real passion to meet the needs of children and their families they serve, and they are deeply interested in the clinical well-being of the children, very often what they experience is that the responsibilities sometimes of excessive documentation, support services, transportation, crisis intervention, leave them little time to engage in some of the really best practices that we attempt to

teach them in the School of Social Service. So this makes a real tension for them.

Some feel that there is actually minimal or no public recognition for a job well done, yet at the same time they have a tremendous fear of the sense of sensationalism in the public arena with little or no shared responsibility when deficiencies do arise. So a major point, I think a major recommendation that I think that we can do in the future is to truly affirm the positive examples of competent foster care and adoption services and to provide ways that there is public recognition for our child welfare workers. I think this is a very basic.

At the same time, speaking from my experience with the Catholic Charities of the Archdiocese of Washington, we've sat down in the past couple of days and we have had telephone conferences as late as yesterday. As I'm sure you know, Catholic Charities in the Archdiocese is one of the largest nonprofit providers, service providers in the District, and the Charities contract with CFSA for foster homes for children, many of which become adoptive homes, and also for independent living services for young men and women, as well as for teenage mothers and their children.

For the most part, the staff reports that their working relationship with CFSA has improved tremendously over the years. Now you have to remember that we're talking about people that remember the days when the District did not make its payments for foster care parents and when all of our budgets had such tremendous deficits that we began to say, can we really contract with the District. So with that perspective in mind and with the perspective in mind that staff had often tremendous problems in communication and in collaboration with CFSA, what they find now is that CFSA, they feel is very appropriately demanding an increased accountability. For example, with case plans that require identified goals, service plans for children and families, and timelines to be made available.

But as was brought out in the earlier testimony, the data system, the basic data system is often down, or just not available to their use. And what they're finding is that it's only very recently that they've been able to get a real technological responsiveness in this regard. But I want to make the point that that responsiveness does seem to be coming.

The other point that seemed to be very, very important in my talking with the staff is that in the amount of change that has taken place in CFSA, there are, as one would expect, infrastructure disruptions. But what has been happening more recently that they do find helpful is the strengthening in communications. There are now monthly meetings that allow CFSA to provide information, and also that allow the contractors to be able to ask questions as they need them.

A point of major concern, and I know it was discussed before but I wanted to reiterate, the fact that it's taking as long as 90 days to complete the licensing of foster homes and this, the staff finds very, very difficult in them being able to move children into a care system.

Based on all of this then, I think it's important that we recognize that foster care was initially developed in our country as a re-

sponse to children who were orphaned either as a result of a mother's death, accident, a father's dying in the war, physical health problems. The children were generally, they were fairly healthy and well adjusted experiences, and they could fit into foster homes much more readily.

However, the current situation is not the case. Children now come into foster care because of abuse, family violence, community violence, drug situations, substance abuse, many other problems. So the children who come are already traumatized. As was pointed out, what we find is that in many ways the health care, the mental health care in the District, all of the social workers described the mental health care, what we find is that the mental health services that really could deal with the trauma that the children experience are particularly overwhelmed in the District. And so a second recommendation that we feel, and I think much more work could be done on this to flush it out even more fully, is that the District really needs to develop specialized mental health services, staffed by professionals who are experienced in meeting the special and differential needs of young and older children who are in need of care.

Many of the judges, as you know, order mental health evaluations, and yet, sometimes the staff available or the services available leave children on a waiting list, they tell me, for as long as a month. Now this is not acceptable in trauma situations.

So in the older days of foster care, we had such things as the child guidance clinic or the child mental health clinic, that was truly tied in specifically with foster care and adoption, and understood those services in a special way. This seems to be very imperative for the District to move much more rapidly and strongly in this direction.

The final area that I want to point out is that some gains have been made during the period from child welfare receivership and beyond. We can identify a number of directors who each have made their own contribution. Yet at the same time, we know for any system when there is frequent and rapid change, it's very possible to move to a burnout or what many of the social work professionals are calling today, the mental health professionals are referring to as compassion fatigue.

What I would like to bring to our attention is the fact that it becomes very, very important to think about the future of the services and to begin to talk about the fact that across the country, many agencies have moved into the area of accreditation. I served and have been involved in the development of the Council on Accreditation of Family and Child Services for a number of years, and we have been very strong advocates that the D.C. metropolitan area move into this accreditation process.

If you're not familiar with this particular process, it was formed in 1977 at a time when the Child Welfare League of America, the Family Services of America, and a number of the church-sponsored or faith-based organizations were really experiencing a tremendous desire to begin to set standards for child welfare organizations. At the current time, COA, the Council on Accreditation, accredits more than 1,400 public and private organizations that serve children and families. And the advantage of this is that this is a na-

tional organization that sets national goals, it readily updates the standards for child care, and they hold accountable in an objective way the staff from an administrative point of view, as well as from a services point of view.

Most organizations that move into the process, it's a stage process, that requires first an application process, a self study and the self study in itself has the organizations look very carefully at their own processes, what needs to be done, how do they have strong quality assurance programs. And these are monitored, and there are standards set for how this can happen. My recommendation is that the District move into this accreditation process and that they contract with service providers who are also accredited. This is happening across the country. Many States and local jurisdictions are given a timeframe by which they require that the agencies that they work with have some form of accreditation, and have moved in that area.

To the best of my knowledge, only three agencies in the District have been accredited by this process. These are the Family and Child Services of Washington, Lutheran Social Services of the National Capital Area, and Progressive Life Center. And currently, Catholic Charities is in this process and will move toward it.

We feel that the advantage of an accreditation process for the District is that it will assure that all CFSA children and families receive confident and holistic care based on regularly updated standards regardless of who the service provider is. It would certify that CFSA and provider agencies adhere to highest standard of management practices regardless of administration or staff turnover.

PREPARED STATEMENT

Several years ago at Catholic University, the National Association of Social Workers sponsored a conference on child welfare and at this time there was some of the early moves to move away from the formal receivership. At that time the receiver who was in office at that point in 1998 committed herself to moving toward an accreditation process and to contracting with accredited organizations. Unfortunately, it's my understanding—

Senator DEWINE. Excuse me, Sister. You are way over time. I'm liberal, but not that liberal.

Sister CONRAD. Thank you. Much more is in the written material.

[The statement follows:]

PREPARED STATEMENT OF SR. ANN PATRICK CONRAD

Senator DeWine and Members of the Subcommittee, I thank you for the opportunity to provide testimony about the options available to the Subcommittee to enhance child and family services in the District of Columbia. I speak as an experienced child and family service social worker; as former Dean of the National Catholic School of Social Service (NCSSS), The Catholic University of America; as current Chairperson of the Board of Directors of Catholic Charities of the Archdiocese of Washington; and as a member of the Board of Directors of the Council on Accreditation of Child and Family Services, New York. I want to commend the members of the Subcommittee on your interest in and commitment to the children and families of the District of Columbia who are vulnerable and in need of our special support and concern. It can be said that the mark of a truly compassionate civilization is the way we treat those who are least fortunate. Clearly, the District children in

need of substitute families through foster care and adoption are among the persons who should be considered as part of this group and whom we sometimes refer to as the human resources of the future.

Most recently I had the opportunity to meet the family of a former Catholic Charities' foster child who was later adopted by his foster family. They reminisced over their experience of foster care and adoption, pointing out how very proud they are of their adopted son, now a married adult and father of a growing family. He completed his education, served in the Gulf War and currently serves as a career Federal civil servant. This family continues to sustain a close and supportive relationship with each other that benefits not only the immediate family members and their offspring but also the community in which they live. In many ways, this is an exemplar of the outcomes that quality professional child and family service can produce when a social service agency, foster families, and the community work together.

I have had the opportunity to review former testimony provided to the Subcommittee in your April hearings and have followed the various transitions in the District of Columbia Child and Family Service Agency since the LaShawn Order. There is no question that the path to change over the subsequent years has been slow and arduous. However, the experience of childhood is short and leaves a lasting imprint—particularly so for our Nation's poor and disadvantaged children. For this reason, it is urgent that the future path be directed toward quality service and sustainability, lest any child be lost in the system. Therefore, my comments are directed to these ends: quality service and sustainability.

Our School of Social Service at Catholic University has had a continual interest in the welfare of children and have worked to provide a sound curriculum in child and family service that prepares social workers to pursue careers in the complex and changing field of Child Welfare. We have also joined with our social work education colleagues in the Washington Metropolitan area to provide training and continuing education for social workers in this field. It has been our experience that child abuse, family violence, and the drug culture are among the many social phenomena that require heroic efforts on the part of today's caseworkers and case managers. Many have a real passion to meet the needs of the children and families whom they serve and are deeply interested in the clinical well-being of the children. Yet the responsibilities of extensive documentation and support services such as transportation, crisis intervention and the like leave them hard pressed to find the time to engage in best practices. Some feel that there is minimal to no public recognition for a job well done, yet they fear extensive sensationalism in the public arena with little or no shared responsibility when there are deficiencies. As a start, we need to affirm positive examples of competent foster care and adoption services and to provide public recognition for our child welfare workers.

As you most likely know, Catholic Charities of the Archdiocese of Washington is among the largest private non-profit social service providers in the District. Our financial audit shows that 85 cents of every dollar goes into client service. The agency contracts with the Child and Family Service Agency (CFSA) to provide Foster Home Care for children—many of which become Adoptive homes—and Independent Living Services for young men and women as well as teenage mothers and their children. For the most part, staff report that their working relationship with CFSA is good and mutually supportive and that increased accountability to CFSA is being appropriately demanded. An example is that case plans which contain identified goals, service plans for children and families, and time lines are to be made available in a timely manner through the automated FACES data base. Unfortunately, the system has been frequently "down" and it is only recently that workers are experiencing greater responsiveness to their difficulties in this regard. They describe other infrastructure disruptions such as lack of information about whom to contact for particular types of needs, but note that they are encouraged by CFSA to report these problems when they occur. To address the issues and strengthen communication, CFSA holds monthly provider meetings which allow agencies the opportunity to raise issues and concerns as well as to provide a vehicle for CFSA to transmit necessary information to the service agencies. Additionally, Charities staff find that the process of licensing of foster homes has been lengthy—taking as long as 90 days to complete, because CFSA has been short of staff to carry out the review process. These concerns are not new and have been discussed in previous hearings. In summary, the Catholic Charities staff find that communication and coordination with CFSA are in transition from a crisis orientation to a more consistent working relationship.

It is important to recognize that foster care was initially developed in an earlier century as a response to children who were orphaned as a result of a mother's death in childbirth, the father's death in a war, or caretaker deaths from pneumonia, tuberculosis, polio, accidents, etc. The children were generally healthy, adjusted chil-

dren who fit easily into a family where the mother was at home and the father was the sole breadwinner. This is not the case today! Children of this century come into foster care as a result of physical or sexual abuse, domestic violence, community violence, substance abuse, severe neglect, abandonment, and other social problems. These children are frequently not healthy, happy children who simply need a home. They are traumatized children in need of many more supports. They are traumatized first by the neglect and/or abuse they have experienced; then by separation from the primary caretaker; again by placement with strangers; and yet again by re-placement for troubled behavior when the initial placement threatens to disrupt. Too often, our child care system ignores the initial mental health stresses and compounds them with further forms of trauma such as movement from one home to another, often more harmful than the initial trauma. Although judges frequently order psychiatric evaluations in emergencies, the services are described by social workers as "overwhelmed" and so backed-up that foster children can be a month or longer on the waiting list.

Compliance with current Federal Law (the Adoption and Safe Families Act) requires that children be returned to families or placed for adoption within a year. While basically sound in terms of permanency planning, this requirement places intense psychological stress on children and on the child care system. We need to make the assumption, then, that long waiting periods for mental health care are unacceptable and need to be remediated. The District needs to develop a specialized mental health service staffed by professionals who are experienced in meeting the special and differential needs of young and older children who are in our care.

Finally, and very importantly, there is the issue of strengthening and sustaining the gains that have been made. We need to recognize that during the period of the Child Welfare Receivership and beyond there have been at least five directors whom I can identify. At NCSSES, we reached out and collaborated with them all. Each brought important gifts and talents to the table and in his and her own way moved the system along. However, with each change there was ambiguity and disruption for the workers, the children, the families and the community as the environment and expectations changed. While a certain amount of challenge is useful for any system, continual transitions can lead to burnout and what is known today as "compassion fatigue." Over the years, I and several of my colleagues have been involved in the development and work of the Council on Accreditation of Family and Child Services (COA) and have been strong advocates that the foster care and adoptions services in the Metropolitan area and the agencies with whom they contract engage in this process. We see this as a way of stabilizing the gains that have been made while at the same time placing the responsibility for long-term oversight in the hands of experienced professionals.

The Council on Accreditation was founded in 1977 through the combined efforts of the Child Welfare League of America, the Family Service Association of America as well as Jewish Family Services, Catholic Charities U.S.A., Lutheran Family Services and other experienced family and child serving agencies. Their purpose was to promote standards of care based on best practices that could be used across the United States and Canada. Today, more than 1,400 public and private organizations serving over six million individuals, children and families are accredited. With its recent international thrust, family and child care agencies in the Philippines and other underdeveloped countries struggling for financial and human resources have become interested in the process. They see accreditation as a way of sustaining the transformative efforts they have undertaken. COA provides standards for agency administration as well as for service provision in 60 unique service areas. The process includes four basic phases: First, an application is submitted by the applying organization. Eligibility criteria require that the organization provide at least one of the services for which COA has accreditation standards; that it be in operation for at least one year at the time of the on-site review; that it hold all applicable licenses or certifications required to operate; and that it demonstrate sufficient autonomy and independence to permit review as a separate entity. Second, a self study is completed which addresses all areas of organizational management as well as service standards. During the self study, the agency undergoes a systematic quality improvement process and strives to demonstrate to COA and to the peer review team that it is in compliance with all standards. The self-study process takes between four and eight months and involves participatory self-study and change where needed. Next, a site visit is made by a team of peer reviewers knowledgeable and experienced in the accreditation process. In the final phase, an accreditation decision is made by the COA Accreditation Commission. Most organizations complete the entire accreditation process within 12 months but an organization facing an internally or externally imposed deadline may opt for an accelerated time line.

To the best of my knowledge, only three agencies in the District have been accredited. These are Family and Child Services of Washington, Lutheran Social Services of the National Capital Area, and Progressive Life Center. Currently, Catholic Charities of the Archdiocese of Washington is in the final stages of the process. This means that although they may be in compliance with current legal requirements, neither CFSA nor many of its contractor agencies have been systematically evaluated against national standards of best practice.

You may already be aware that at a conference on child welfare held at Catholic University in 1998 sponsored by the Metropolitan Chapter of the National Association of Social Workers and co-chaired by Dean Richard English of Howard University School of Social Work and myself, a former CFSA Receiver committed her administration to work toward accreditation. Some staff work in this regard was begun. Unfortunately, it has been my understanding that work toward compliance with the law eventually took precedence and I am not aware that accreditation has been pursued since that time.

However, in light of the continual and increasingly complex challenges to competent and responsible child welfare today—the challenges of physical and sexual abuse, domestic and community violence, substance abuse, etc.—and in spite of the strides that have been made through receivership and beyond, it is imperative that an objective and experienced system of oversight such as that provided by the Council on Accreditation be required for the District of Columbia which holds CFSA and its contractors to clear and measurable national standards within a three to four year time line. This provision will serve the District of Columbia by:

- Assuring that all CFSA children and families receive competent and holistic care based on regularly updated standards, regardless of service provider;
- Certifying that CFSA and provider agencies adhere to high standards of management practices regardless of administration and staff turnover;
- Providing a work environment that is safe and supportive of on-going professional development for all staff; and,
- Ensuring that on-going oversight of the child and family services of the District is carried out by an experienced and committed professional organization, thus reducing the amount of time and direct action needed by government officials such as Congress and the Appropriations Committee.

Failure of the Appropriations Committee to act in this regard and to provide the needed resources could compromise the future progress and sustainability needed to meet today's child welfare challenges. The District of Columbia needs and deserves to be on a par with national standards of foster care and adoption as well as other child and family services.

Thank you for the opportunity to address this very important issue—the future of our vulnerable and neglected children in the District of Columbia. With appropriate resources and systems, they, like the former foster child I described earlier, can and will become an integral part of our human resources of the future.

Senator DEWINE. Thank you. Miss Egerton. You're next. We have been joined by Senator Landrieu.

STATEMENT OF MARILYN R. EGERTON, DEPUTY DIRECTOR, FOSTER & ADOPTIVE PARENT ADVOCACY CENTER

Ms. EGERTON. Good morning, Senators. My name is Marilyn Egerton. 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, commonly known as FAPAC. We are very appreciative of your inclusion of foster parents' voices into these hearings and thank you for inviting us to participate and to share our experiences with the 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 foster parent leadership through three changes in administration.

I would like to start my testimony 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. This was a place where children were living,

often for days at a time, while placement workers tried to find a home for them. As additional success, the majority of these children are going into individual foster homes as opposed to congregate care facilities.

Also at the insistence of the foster parent leadership, a CFSA mandate requiring all staff to give the name and number of their supervisor on their outgoing voice mail message enables us to immediately go up the chain of command when we cannot reach our social workers. This is a huge accomplishment for us. We've worked very hard and very long to get it.

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 their homes. The packet has been developed and when CFSA workers actually begin using them, this will be another major improvement.

Fifth, the introduction of disruption conferences, which utilize clinical expertise to try to prevent disruptions.

And sixth, principal deputy director Leticia Lacomba's creation of joint working groups of foster parents and staff to revise and impact policy and practice guidelines.

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. These areas include, one, the need for the infrastructure of CFS 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 that could be appropriately spent parenting are often spent in frustrating efforts to seek problem resolution.

Second, the reliance on social workers for routine tests that could be accomplished by administrative support like looking up a Medicaid number or Social Security number. Quite frankly, I'm 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 reached the front line. Workers often invalidate our experience and when it comes to the right to make a decision, they exclude, ignore and/or rebuff the foster parent's input.

For all the children currently living in my home, I have been invited to participate in a total of one administrative review, at which parenting 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 of administrative review 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 social workers receive training in this area.

Fifth, the lack of sufficient numbers of infant daycare slots in the District of Columbia. It is an issue and it is a barrier to particularly working families fostering infants in the city.

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 by the mere fact that they have been torn away from everything that they are familiar with. It is outrageous that their mental health needs have been addressed in such an inadequate manner. We do not know the answer, I don't know what it is, but it is a problem that is so paramount that it cannot go unaddressed. And just to say that we understand that the mental health, Department of Mental Health has control over the mental health stuff, but we don't think it's enough for the agency to just say okay, that's their responsibility. And much like special ed, it may fall on the DCPS, but if our children are not getting what they need from those agencies, then we feel it is the responsibility of CFSA to find a way to get it for them.

Seventh, the lack of adequate 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 can sign for what treatments.

And ninth, the lack of availability of and access to respite care. All parents need a break from their children at some time. Biological parents have the option of sending their children to spend a weekend with their relatives or family friends, or to visit a classmate for the weekend. As foster parents, we don't have that option unless those parents can meet many criteria, including obtaining all the clearances that we as foster parents have to obtain.

This puts us in a very tough position. Not only are we asked to parent without significant breaks, we are parenting children who often have serious issues. And I can say that I know placements that have disrupted, I have experienced personally a placement disruption in my home because of a lack of respite care. And when I requested respite for a child who was having very severe emotional and mental health issues, I was told respite did not exist, but I know of foster parents who get it. But I was told it was unavailable and did not exist.

And so, the crisis in my home escalated to a point where the placement disrupted and that child was moved to what is called a therapeutic home, where once a month—where in a therapeutic home they receive respite every other weekend, they get in-home counseling, they have a staff available around the clock. Needless to say, CFSA is paying exorbitant amounts of money to have this child parented in that home when all I asked for was respite once a month, and then he would not have been torn away from his brothers, who are still with me, and he would not have had the experience of yet another move and an introduction into yet another family.

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's response to foster parents have been real and beyond rhetoric. However, we have much further to go with the infrastructure in CFSA to implement the philosophy of the upper levels for the principles of best practice.

PREPARED STATEMENT

In closing, we do think that the agency is on the right path. We believe that. However, we must acknowledge and support the necessity for them to develop an infrastructure that will facilitate the kinds of changes essential for our children to receive the care that they deserve. 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 that I can, and to work with CFSA to develop its partnership with this foster parent community. Thank you, Senator.

[The statement follows:]

PREPARED STATEMENT OF MARILYN EGERTON

Good morning. 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 & Adoptive Parent Advocacy Center, commonly known as FAPAC, an organization that assists foster, kinship and adoptive parents of children in the D.C. child welfare system to secure services and help 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 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 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 were 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 D.C. child welfare system and their foster/kin/adoptive families.

Over the last two years, 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 them 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 we could take home 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 request of foster parents, CFSA has mandated that each staff member have an outgoing voice message that reflects 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 requests. 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's 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 intra-agency 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 the District of Columbia'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, Principle 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 been yet 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 always 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 is spent in frustrating efforts to seek problem resolution. It is our recommendation that communication between units as well as internal to units be acknowledged as important job functions of program administrators and time be allotted for this purpose.

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 the countless times that 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 reached the front lines. Many of the District of Columbia'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 that 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. In my ENTIRE experience as a foster parent, I have never been informed about a court hearing from my social workers, although I regularly attend due to notification from our children's GAL's. The agency is out of compliance with The Adoption and Safe Families Act (ASFA) on both of these forms of notification. 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 report back to you on the successful intervention of this assurance. 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. 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 percent 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. 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 also 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 the District of Columbia are entitled to day care services through the Office of Early Childhood Development. 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 until our child has been in our home for weeks or months. This creates a very serious situation when we need prescriptions filled. In addition, our numbers often become inactive, creating the inability to access services. Many of us have been at doctor's offices or pharmacies when the numbers have become inactive and we have had to leave without the services we need for our children. 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 because of the confusion surrounding what foster parents can or cannot consent to.

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 to 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 without 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.

In conclusion, I believe that we are seeing many seeds which have been planted under this administration which will lead to very positive change for foster families at CFSA, but many of those seeds 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 implement the philosophy of the upper level or the principles of best practice. To summarize, 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 team building efforts between social workers and foster parents as well as between birth parents and foster parents;
- Training of all social work staff on resource availability;
- Strengthening communication between units so that information given to families is both accurate and consistent;
- 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.

Again, in closing we do believe that the agency is on the right path, but we must acknowledge the great need for them to develop an infrastructure that will allow for the kinds of changes necessary to give our children the care they deserve. 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.

Senator DEWINE. Thank you very much. Ms. Sandalow.

STATEMENT OF JUDITH SANDALOW, EXECUTIVE DIRECTOR, CHILDREN'S LAW CENTER

Ms. SANDALOW. Good morning, Senator DeWine, Senator Landrieu. Thank you for giving me the opportunity to speak today about the solutions to problems facing abused and neglected children in the District of Columbia.

As you know, the Children's Law Center helps at-risk children in the District of Columbia find safe and permanent homes, and the education, health and social services they need to flourish, and provides comprehensive legal services to children, their families and foster, kinship and adoptive parents. My testimony today is focused on remedies that involve the Child and Family Services Agency, and that can be accomplished with targeted and specific Federal funding.

The first days in foster care often determine the outcome of a child's life. When a child is injured in a car accident, an ambulance

rushes the child to a hospital where a team of doctors and nurses drop everything to save that child's life. We all recognize that without this extraordinary effort, a child could die or be permanently disabled. That same urgency and those same resources should attend to the removal of adduced and neglected children from their homes.

In fact, every day in the District of Columbia, children are permanently scarred because we don't treat these first days in foster care as an emergency. What is right for children is also right for the D.C. budget. Early and intensive intervention on behalf of children will speed reunification and it will speed adoption and it will prevent the financial and human costs of increased homelessness, incarceration and welfare dependence that is found among adults who spend their childhoods in foster care.

I propose that Congress fund a pilot project within CFSA to provide early and intensive intervention for children as soon as abuse or neglect is reported. What you might ask, should such an emergency team do? On the first day that a child is removed from her home, an emergency team of social workers should be interviewing the child, their siblings, their parents, their neighbors, to find the nearest relative, a person who is appropriate to be a temporary caregiver while that family is restored. The emergency team should 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.

One of our clients, a grandmother, has been waiting 45 days for benefits, while CFSA will not provide emergency funding for her to feed the grandchildren who she has taken into her home on an emergency case basis. The emergency team should provide drug treatment, homemaker services, parenting classes immediately for children and families so they can be reunified. All of these tasks and many more that I highlight in my written testimony, must be done within the very first few days that a child is removed from her home.

Just as we staff the emergency room 24 hours a day and we would never consider closing it after business hours, we must have a child welfare emergency team 24 hours a day. Where a child is removed from her family, she needs an opportunity to visit her brothers and sisters and her parents in order to enhance the chance of reunification, but also to help her with that transition as she moves away from her birth family. But last week, a social worker said in open court at the District of Columbia's Family Court to a mother who was begging to see her children, that she and her children could only visit together 1 hour a week, and the reason that she gave was because CFSA didn't have the resources to staff a visitation center for longer hours that would provide more frequent visits.

Can we really tell a child that she can't see her brothers, sisters and parents more than 1 hour a week because she has to give other little children the chance to see their families? Get in line, little girl, behind all the other children who need to see their families. I urge the committee to appropriate funds to CFSA to build and staff visitation centers in the community.

Each center should be staffed by a social worker trained to work with parents on their parenting skills. And most important of all, the center should be open in the evenings and on weekends so that children don't have to miss school to see their families, and that parents can maintain employment so that they can bring the children back to live with them.

Forty percent of all foster children in the District of Columbia are teenagers. Despite this staggering figure, unfortunately, CFSA has a woefully inadequate program to help teenagers prepare for adulthood. Today I would like to focus on one particular issue, which is helping teenagers find jobs, and that may be important to me because I am the parent of teenage boys who came to me out of the foster care system when they were in their preteen years, and I know how important it is for their development that they be able to find jobs. In part, they will have me as a safety net but other foster children won't have that kind of safety net.

How is it that CFSA can help teenagers find jobs and give them the jobs skills necessary to make them productive citizens? One very simple option is to partner with local businesses to provide a job coach just like they do for developmentally disabled adults, to ease that new foster child into a job. I am confident that there are corporations in this city that would partner with CFSA. I understand that in California they reserve a certain number of government jobs for foster children entering the system to help them meet that transition. Well, they're part of our government family, so they save some jobs for them. Those are both very simple solutions, I think.

But no matter how many programs are available or what philosophy there is in the child welfare system, the quality of the individual social worker is successful to the successful system.

Senator DeWine has introduced legislation to provide loan forgiveness for lawyers and social workers who serve children. The Children's Law Center strongly supports this legislation and believes that it will increase the pool of highly qualified lawyers and social workers.

Talented well-trained social workers, frequent family visits and early intervention won't help children if there are no services to help children heal, to rehabilitate parents and to support families. The District of Columbia has an extremely limited number of mental health providers. There are very few drug treatment beds. Homemaker and intensive in-home services are almost nonexistent. CFSA should be clamoring at your door asking for the funding to provide these services. They should have a comprehensive plan for developing and funding service providers.

Although I applaud their recent efforts to evaluate the quality of service providers, and I understand that they are vigorously evaluating the outcomes of the service providers that they do have, I am disturbed by their silence regarding increasing the availability of services.

PREPARED STATEMENT

A foster child is by law in the legal custody of the government. The government therefore has the right and the responsibility to parent that foster child, to meet the needs of every child as if she

were our own child. I thank each of you in particular for taking that responsibility seriously, and for calling for supporting measures that will give every foster child the promise of a safe and loving home.

[The statement follows:]

PREPARED STATEMENT OF JUDITH SANDALOW

Good morning, Chairperson DeWine, Senator Landrieu and members of the Committee. My name is Judith Sandalow, and I am the Executive Director of The Children's Law Center here 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 and social services they need to flourish by providing comprehensive legal services to children, their families and foster, kinship and adoptive parents.

Thank you for the opportunity to speak with you today about solutions to the problems facing abused and neglected children in the District of Columbia. At The Children's Law Center, we serve as the voice for many children. They share their fears and their hopes with us. Because the solutions I propose today are informed by these children and their experiences, I would like to start by sharing with you some of their stories.

Sam, Tony and Terry were removed from their mother's home on a Friday evening and placed in a temporary group home. The very next day their aunt came to court and offered to have them live with her. Understandably, she did not have three beds in her home, nor did she have the money to pay for them. The CFSA social worker told the judge it would take three weeks to buy beds for the aunt and, until then, suggested that the boys stay in a group home. Only because The Children's Law Center purchased beds for the boys that afternoon were they able to be with their family and avoid spending three weeks in a group home.

Seven-year-old DeMarco and nine-year-old Shawn were taken from their mother's home by the D.C. Child and Family Services Agency when it was discovered that their mother physically abused them. Despite the fact that Shawn and DeMarco have a loving and capable grandmother, CFSA put Shawn and DeMarco in a foster home. Only after their grandmother contacted The Children's Law Center were the children allowed to see their grandmother and, with more advocacy by The Children's Law Center, were the children allowed to live with her. The CFSA social worker admitted that she had not interviewed the children to find out if they had relatives nearby. DeMarco and Shawn spent a month living with strangers during the most traumatic moment of their lives, when they could have been with the grandmother they had known and loved all their lives.

Federal assistance can have an important, direct and measurable impact on the District of Columbia's abused and neglected children. My testimony is focused on remedies involving the Child and Family Services Agency that will make a difference to Shawn, DeMarco, Sam, Tony and Terry and that can be accomplished with targeted and specific funding.

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 D.C. 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 propose that Congress fund a pilot project within CFSA to provide early and intensive intervention for children as soon as abuse or neglect is reported.

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 should 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.

MAINTAINING FAMILY TIES THROUGH VISITATION

In 1989, when the ACLU was preparing to file a class action lawsuit against the District of Columbia to address the needs of abused and neglected children, they interviewed local child advocates. One of these advocates who had worked with neglected children for years and was a founding member of The Children's Law Center, asked for only one thing. She said, "if you can get family visits for foster children so that they can visit their brothers and sisters and their parents and if you can get those visits to happen on weekends and in the evenings so that children don't have to miss school to visit their families, then I will believe that your lawsuit made a difference."

Fourteen years later, this simple wish has not been granted. Fourteen years later—in fact just last week—a social worker said in open court to a mother who was begging to see her children that she and her children could only visit together one hour each week because CFSA didn't have the resources or the staff to have longer or more frequent visits.

Can we really tell a child that she can't see her brothers, sister and parents more than one hour a week because she has to give other children the chance to see their families?

I urge the committee to appropriate funds to the Child and Family Services Agency to build and staff visitation centers in the community so that children can see their brothers, sisters and parents as often as is necessary for them to maintain their family bonds.

Today, just like 14 years ago, foster children visit with their parents in partially furnished offices—artificial environments that are a far cry from the apartments and houses in which families usually interact.

I envision visitation centers that feel like a real apartment, with a living room that has games, books, a television and a radio. I picture a kitchen or at least a microwave oven, so that parents could show their love the way most parents do—by cooking a meal for their children. I imagine children playing in the center's backyard, a backyard that has a swing set and a basketball hoop. With an opportunity to visit in this home-like setting, parents could work on parenting skills and children could enjoy their brothers and sisters.

Each center should be staffed by a social worker trained to work with parents on their parenting skills. Most important of all, the centers should be open in the evenings and on weekends so that children do not have to miss school and parents can maintain their employment.

PREPARING TEEN FOSTER CHILDREN FOR ADULTHOOD

Forty percent of all foster children in the District of Columbia are teenagers. Despite this staggering figure and the additional Federal funding that has been made available by the Chafee Act, CFSA has a woefully inadequate program to help teenagers prepare for adulthood. Today, I would like to focus on addressing one particularly important issue—helping teenagers find and hold jobs.

CFSA social workers do not help teen find work, they do not help teens fill out job applications and they certainly do not create job opportunities for teenagers.

How can CFSA help teenagers learn the basic job skills necessary to make them productive citizens? CFSA need look no further than their back door for a solution. The See Forever Foundation, started by David Domenici, son of Senator Pete Domenici, and by James Forman, Jr., owns several businesses that are run by teenagers, including a catering business and a print shop. The teenagers handle all aspects of the business, from marketing, to accounting to preparing and delivering the product.

A business run by foster children would give these young people the training they need to become successful and independent adults.

A simpler option that might help more teens more quickly would be for CFSA to partner with local businesses to guarantee that there were jobs available to teen foster children. If CFSA hired a job coach who worked with teens during their first weeks on the job—in a manner similar to job coaches for developmentally disabled adults—I believe that many employers would commit to hiring foster children.

There are many other areas in which CFSA fails teen foster children. I am pleased to announce that beginning this Fall, The Children's Law Center will be able to devote more of its resources to advocating for teens. Because of the generosity of the Equal Justice Works Foundation and the Public Welfare Foundation, we have hired a lawyer who will help to train social workers and other child advocates about strategies for helping teen foster children make the transition to independence and adulthood.

RETAINING AND TRAINING CAPABLE SOCIAL WORKERS

No matter how many programs are available or what philosophy governs a child welfare agency, the quality of the individual social workers is critical to a successful system. The April 2003 report by the GAO on the challenges confronting child welfare workers supports the observations of The Children's Law Center's staff. Repeatedly, the best social workers tell us that they are leaving CFSA because they have extraordinary administrative burdens with no secretarial support, that their caseloads are so high that they are worried about making mistakes that will jeopardize children's safety and health and that the quality of supervision they receive is extremely poor.

CFSA Director Olivia Golden testified before this committee just last month that she was working to reduce caseloads for social workers. Reducing caseloads by hiring high quality social workers must continue to be a top priority for Ms. Golden. She must also focus on retaining and training social workers. This committee may be able to assist Ms. Golden by proposing legislation and targeting funding toward initiatives that will increase social worker retention.

Senator DeWine has introduced legislation to provide loan forgiveness to lawyers who represent children. The Children's Law Center strongly supports this legislation and believes it will increase the pool of highly qualified lawyers who serve children. Similar legislation to provide loan forgiveness to child welfare workers would help ease the financial burden on these dedicated individuals.

I also urge the Committee to consider providing funds to CFSA targeted toward providing administrative support to the social workers who work directly with children and families. Social workers spend a tremendous amount of time completing paperwork. As recently as last Fall, social workers were required to fill out requests

in triplicate to renew each child's Medicaid eligibility. In addition, social workers have little assistance in transporting foster children to evaluations, doctors' appointments, family visits and therapy.

SERVICES FOR CHILDREN AND FAMILIES

Talented, well-trained social workers, frequent family visits and early intervention won't help children if there are no services to help children heal, to rehabilitate parents and to support families. The District of Columbia 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. CFSA should be clamoring at your door, asking for more funding to provide these services. They should have a comprehensive plan for developing and funding service providers. Although I applaud their recent efforts to evaluate the quality of service providers, I am disturbed by their silence regarding 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 D.C. 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. For some reason, however, he couldn't manage to get the children dressed and ready for school in the morning and so the children missed school frequently. Rather than provide limited early morning homemaker services, CFSA sought to remove the children from his home. Only after the father's lawyer intervened did CFSA agree to provide services to the family. 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 and emotional needs of their child without assistance that CFSA refuses to provide. One foster mother called The Children's Law Center distraught because she had been trying to get services for her foster children for months. At the end of her rope, she had asked the social worker to remove the children unless CFSA gave her some in-home support and respite care. Three days later, she couldn't bear to hear them crying on the phone. The children had been with her for a year, called her Mommy, and were begging to come back to her. She wanted them home, but needed in-home mental health services to address their extreme behavioral problems. Only after intervention by The Children's Law Center were the services provided and the children returned to the foster mother they had come to love.

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.

Senator DEWINE. Thank you very much, very helpful. Miss Bowens.

STATEMENTS OF:

JACQUELINE BOWENS, VICE PRESIDENT FOR GOVERNMENT AND PUBLIC AFFAIRS, CHILDREN'S NATIONAL MEDICAL CENTER
DR. JOSEPH WRIGHT, MEDICAL DIRECTOR FOR ADVOCACY AND COMMUNITY AFFAIRS, CHILDREN'S NATIONAL MEDICAL CENTER

Ms. BOWENS. Good morning, Senator DeWine and Senator Landrieu. Thank you very much for providing us with this opportunity to address the committee today about our role in caring for children in Washington, DC's foster care system. I'm Jacqueline Bowens, Vice President of Government and Public Affairs at Children's Hospital, and joining me this morning is Dr. Joseph Wright, who is the medical director of Advocacy and Community Affairs, as well as the medical director of the DC KIDS program. I'm going to spend a quick few moments giving you some background on the DC

KIDS program, and turn it over to Dr. Wright to speak to some of the challenges we face in our vision for the future.

The District of Columbia Kids Integrated Delivery System, DC KIDS, is a collaborative effort between CFSA and Children's Hospital to provide comprehensive health care services to the children in foster care in the District of Columbia. The arrangement allows for this vulnerable population of children to be evaluated and treated in a child-friendly pediatrics specific environment and provides for support, information and navigation of the complex systems of care for foster parents and their foster children. There is no paper work to complete and no cost to the foster parents of child. All children under the age of 21 and under the care of CFSA living with a foster family or in a group home are eligible for enrollment in the program.

The agreement between CFSA and Children's Hospital provides coordination of ongoing healthcare services for children in foster care. First a child is brought to Children's DC KIDS assessment center for an initial screening before their first foster family placement. This initial screening is done by dedicated staff who complete a medical portfolio on each child before certifying that they are healthy enough for placement to a foster home. In addition, each time that a child's placement is disrupted, they return to Children's for a new assessment before being sent to their new placement.

The child is enrolled in DC KIDS at the time of the initial assessment. Within 10 days, the DC KIDS program arranges for a comprehensive physical examination and a mental health evaluation to identify necessary services for the child and family. These may include early and periodic screening, diagnosis and treatment of illnesses, inpatient specialty care, and prescription services. From that point forward, the DC KIDS staff assists the foster families in navigating the complex health care system to provide for ongoing treatment for their foster child, everything from scheduling and confirming appointments to arrangement of transportation for specialty and follow-up services. The DC KIDS outreach coordinators are available to educate foster parents, social workers, in-service providers.

We are again, very proud of the relationship that we've had in the DC KIDS program, and I'd like to just quickly talk about some of our successes since taking on the program. We each feel that we've come a long way since our first days on the job with DC KIDS. We have increased enrollment by over 400 percent. When we first assumed the program, there were less than 1,000 children actively enrolled in the program; now we care for over 4,000. Since May 2001, we have had 3,053 children come through our assessment center, and 1,870 children have returned for visits due to a disruption in their placement.

We're also proud of the new technology we've developed to make the process easier for social workers. We provide computer terminals for the social workers on-site with all their required forms online and readily accessible to them. This way they can make productive use of their time while waiting for their child's medical assessment to be completed. And we get the information we need to accurately enroll the children in the program. We work very hard

to minimize the time that the social worker spends on this process, reaching our goal of 90 percent or more of the cases triaged in less than 2 hours by July 2002.

Also, upon our assumption of the program, Children's also requested the creation of a new system to provide foster families with the prescriptions and other pharmaceutical items they needed in order to care for their children once they left our care. Working with CFSA, we developed a new electronic prescription pad that creates a voucher that is now accepted at a network of pharmacies throughout the city, allowing families to have 24-hour access to prescription services.

These are just a few of our achievements with the program. At this point I would like to turn it over to Dr. Wright, who can address some of the challenges and our vision for the future.

STATEMENT OF DR. JOSEPH WRIGHT

Dr. WRIGHT. Again, Senator, we would like to thank you for allowing us to testify this morning. Jackie has already told you about some of the successes that we have achieved in the first almost 2 years of involvement with this program and I will address some of the specific challenges that we face.

One that you have heard repeatedly this morning is in the area of mental health. This is a struggle citywide due to the lack of capacity for mental health services. There are simply not enough providers, beds and programs to adequately serve the children in this region, and not just the kids enrolled in DC KIDS, but for all children. As you might imagine, the DC KIDS population is especially vulnerable in this area. More than 50 percent of these children require some type of mental or behavioral health intervention, and most on an ongoing basis.

Children's Hospital has a 12-bed inpatient psychiatric unit which cannot absorb all the needs of this population. Further, our facilities are not equipped with the quiet rooms and restraints necessary to primarily treat severely mentally ill and out of control patients. As a result, we have tried to establish partnerships and collaborations with other community providers to whom we can refer DC KIDS when we are unable to primarily provide services. In this regard we serve as the coordination point, managing the care that these children require.

The same situation exists with dental services. There is a nationwide shortage of pediatric dentists and we feel the shortage in the District as well. Many of the DC KIDS requiring dental care are children with special health care needs and must be seen by dentists who are appropriately trained. In order to address this problem, Children's has purchased half the time of two pediatric dentists who work at Sharpe and Mamie D. Lee, the District's two public schools dedicated to the special needs population. These dentists are dedicated to provide dental services to our DC KIDS population. While this arrangement has helped, it is insufficient.

Let me address briefly court-ordered mental treatment. Children's works hand-in-hand with the judges in the Family Court to ensure appropriate health care services are provided to this vulnerable population. However, there are no better advocates for these children than the judges. Their sensitivities to these children's

needs demand their strict attention, which they provide. However, a growing concern for our institution and the DC KIDS program is the amount and nature of court-ordered medical treatment that we are experiencing.

As cases are adjudicated, specific medical treatment or therapy is frequently ordered without any physician consultation. As the medical provider for these children, we are forced to comply with the court order even if it is medically inappropriate. Unfortunately, such court-ordered referrals are continuing to grow. From October 2002 to April 2003, the number of court-ordered outpatient referrals grew from 10 percent of our referrals to nearly 20 percent. We have begun to educate the judges about the difficulty of these very specific orders for medical care, but we have a long ways to go.

Now, I want to make it very clear. We realize that the judges are passionate advocates for these children. In the best interests of these most vulnerable kids in our population, we simply feel that it is our obligation to help educate all involved in their care, including the Family Court, about the best ways to work together.

Lastly, an internal challenge that we face is the appointment no-show rate. In some areas, this is as high as 50 percent. Even though we coordinate transportation services for these families, it does not help. This results in a negative domino effect. Children are not getting necessary care, frustrated physicians who block out sessions to treat DC KIDS only to have none of them show. The problem is then compounded by other needy children in the community who may be waiting several weeks for an appointment.

Now at Children's Hospital we continuously strive to make things better, and I would be remiss if we didn't offer some ideas and potential solutions for the problems that I have identified. Jackie has already alluded to our ideas in the area of information technology and we envision an assessment program that will be a model for the rest of the country. This assessment process will build on the foundation already established.

The first step will be complete integration of the CFSA computer system with our system in the DC KIDS program. Currently, as we enroll children at the time of their initial assessment, this often occurs before CFSA has confirmed placement. As a result, it requires a DC KIDS staff member to contact the social worker or CFSA to locate the child in order to make their follow-up appointments. This causes a tremendous bottleneck in waiting for the address and contact information. If we were fully integrated with the CFSA system, we could simply log on to the child's file and see the placement immediately after it is entered into the system by the social worker. This would save immeasurable time.

We also envision a program that makes health care for foster children as accessible as possible to the foster family. Transportation is one of the biggest barriers for our foster families, and we know that it contributes substantially to the aforementioned no-show rate. We believe that if we owned a DC KIDS shuttle and driver that were dedicated solely to providing transportation to foster families and children for their appointments, more foster children would receive their care in a timely manner.

I have already mentioned our dental facilities. Currently we do not have the facilities or space to cover all the needs of children

at Children's Hospital. We are land-locked and do not have room for expansion. Our vision for the future, however, includes a system of community-based partners to provide all services needed by the DC KIDS children. We are making strides towards that goal with the recent awarding of a State innovations grant from the Department of Health and Human Services that we will be implementing in conjunction with the D.C. Department of Health to develop state-of-the-art community-based dental programs at the District's two special needs schools.

Lastly and clearly the most difficult clinical element in managing the DC KIDS program is the mental health capacity issue. The number of patients seeking acute care for mental health problems has exploded at our institution over the past 2 years. The volume for such crisis has more than tripled since the closure of the emergency psychiatric facility on the campus of D.C. General in 2001.

Because of the aforementioned physical limitations at our institution, we know that we must develop partnerships with other community providers, but there are some things that can be done immediately as well. For example, we are planning new programs to operate a mental health urgent care center at Children's Hospital in the evenings and on the weekends. We believe this will help alleviate some of the strain that is being felt by our emergency department. We believe this mental health urgent care center will help to redirect patients currently occupying beds in the ER that are needed for children with medical and surgical emergencies.

Our proposal is currently being considered by the D.C. Department of Mental Health and they have agreed to provide funding for a psychiatric social worker. However, ideally, funding is needed to support three social workers, a security guard, a disposition staff, and one full-time position in order to properly support such a program. Above all, the DC KIDS population needs stability. What is best for these children is a comprehensive health system that addresses their emotional, medical and educational needs.

PREPARED STATEMENT

It is critical that they involve stable foster families and consistency among providers when they seek this treatment. Children that face disruption in placement as well as fragmented medical care will have their baseline problems further compromised.

I would like to thank you for the opportunity to testify and will be happy to answer questions at the end of the panel.

[The statement follows:]

PREPARED STATEMENT OF JACQUELINE D. BOWENS AND DR. JOSEPH WRIGHT

Mr. Chairman, thank you very much for the opportunity to address the committee today about our role in caring for the children in Washington, DC's foster care system. I am Jacqueline D. Bowens, Vice President of Government and Public Affairs at Children's Hospital. Joining me today is Dr. Joseph Wright, who is the Medical Director of Advocacy and Community Affairs, as well as the Medical Director of the DC KIDS program.

BACKGROUND ON CHILDREN'S HOSPITAL

Children's Hospital is a 279-bed pediatric inpatient facility located in the District of Columbia. For over 130 years, we have served as the only provider dedicated exclusively to the care of infants, children, and adolescents in this region. It is our

mission to be preeminent in providing health care services that enhance the well-being of children regionally, nationally, and internationally.

The Children's system includes a network of five primary care health centers located throughout the city, and a number of pediatrician practices throughout the region, providing stable medical homes for thousands of children. We also operate numerous regional outpatient specialty centers in Maryland and Virginia, providing access to high quality specialty care right in the communities that we serve. We are proud to be the region's only Level I pediatric trauma center.

Children's Hospital serves as the Department of Pediatrics for George Washington University medical school, and runs a highly-respected pediatric residency program, providing education and experience to the next generation of pediatricians, pediatric specialists, and pediatric researchers. We also conduct significant research within Children's Research Institute, with funds from the National Institutes of Health, the Health Resources Services Administration, the Department of Defense, and countless private funders. Our researchers have received national recognition for recent breakthroughs including identification of the gene associated with metastasizing brain tumors, and discoveries related to muscle development for muscular dystrophy patients.

Recently Children's Hospital was named as one of the nation's "Top Ten" pediatric institutions in the country by Child Magazine, based on stringent quality and outcomes measures. Our Hematology/Oncology program was ranked fourth in the nation. We are the only such facility in the region to receive this honor.

Locally, we also work in collaboration with the District of Columbia Department of Health to operate the District's School Health program, employing all the school nurses in the public schools, including 21 charter schools. And we are very proud of our affiliation with the District's Child and Family Services Agency (CFSA), in which we work in conjunction to operate the medical program for children in foster care called DC KIDS.

BACKGROUND ON THE DC KIDS PROGRAM

The District of Columbia Kids Integrated Delivery System (DC KIDS), is a collaborative effort between CFSA and Children's Hospital to provide comprehensive health care services to the children in foster care in the District of Columbia.

The DC KIDS program was first established by CFSA as a medical management model. The initial contract went to the former Public Benefits Corporation and DC General Hospital. Prior to the closure of DC General Hospital and the PBC in early 2001, CFSA approached Children's to absorb the program on an emergency basis "as is," with the intent of eventually establishing a more formal long-term relationship—which we did. Children's assumed the DC KIDS program on May 1, 2001 after a rapid transition. Our current agreement runs through December 31, 2003.

The arrangement allows for this vulnerable population of children to be evaluated and treated in a child friendly, pediatric-specific environment. It provides each child with a continuous and coordinated system of services. DC KIDS supports, informs and navigates the complex systems of care for foster parents and their foster children. There is no paperwork to complete, and no cost to the foster parent or child. All children under 21 years of age and under the care of CFSA, living with a foster family or in a group home, are eligible for enrollment in the program.

The agreement between CFSA and Children's Hospital provides coordination of ongoing health care services for children in foster care. First, a child is brought to the Children's DC KIDS assessment center for an initial assessment, before their first foster family placement. This initial screening is done by dedicated staff who complete a medical protocol on each child before certifying that they are healthy enough for placement into a foster home. In addition, each time that a child's placement is disrupted, they return to the Children's for a new assessment before being sent to their new placement.

The child is enrolled in DC KIDS at the time of the initial assessment. Within 10 days, the DC KIDS program will arrange for a comprehensive and thorough physical examination and a behavioral/mental health evaluation. Once completed, necessary services for the child and family are identified, such as:

- early and periodic screening
- diagnosis and treatment of illnesses
- dental services
- immunizations
- eye care
- hearing services
- mental health services
- substance abuse services

- developmental services
- in-home services
- inpatient and specialty care
- prescription services

From that point forward, DC KIDS assists the foster families in navigating the complex health care system to provide for ongoing treatment for their foster child. The DC KIDS team schedules and confirms appointments, and arranges for families to receive care at the Children's Health Center and therapists located in close proximity to their neighborhoods. When that is not possible, the staff arranges for transportation—this occurs most often for specialty and follow-up services. DC KIDS outreach coordinators are available to educate foster parents, social workers and service providers by answering questions about enrollment and eligibility.

OUR SUCCESSES

Increased Enrollment

We at Children's Hospital feel that we have come a long way since our first days on the job with DC KIDS. We have increased enrollment by over 400 percent. When we first assumed the program, there were less than 1,000 children actively enrolled in the program—we now care for over 4,000. Since May 2001 we have had 3,053 children come through our assessment center, and 1,870 children have returned for visits due to a disruption in their placement.

Enhanced Technology

We are proud of the new technology we have developed to make the process easier for the social workers. We provide a computer terminal for the social workers on site, with all their required forms on line. This way they can make productive use of their time while waiting for the child's medical assessment to be completed, and we get the information we need to accurately enroll the children in the program. We have worked very hard to minimize the time that the social worker spends in this process, reaching our goal of 90 percent or more of the cases triaged in less than 2 hours by July, 2002.

Pharmacy Vouchers

Upon our assumption of the program, Children's also requested the creation of a new system to provide foster families with the prescriptions and other pharmaceutical items they needed in order to care for these children once they left our care. Working with CFSA, we created a new electronic prescription pad that creates a "voucher" that is now accepted at a network of pharmacies throughout the city—allowing our foster families to receive both prescription and over-the-counter products for their new foster child.

DC KIDS CHALLENGES

While we are very proud of these achievements, we acknowledge that there is so much more that needs to be done to overcome the challenges that Children's, CFSA, and the entire system faces.

Mental Health

One challenge that is a struggle city-wide is the lack of capacity for mental health services. There simply are not enough providers, beds, services and programs to adequately serve the children of this region—not just children enrolled in DC KIDS, but for all children.

The DC KIDS population is a very vulnerable one. More than 50 percent of these children require some type of mental or behavioral health service, most on an ongoing basis. Children's Hospital has a 12 bed inpatient psychiatric unit, which cannot absorb all of the needs of this population. Children's Hospital does not have the facilities such as quiet rooms and restraints that are needed to treat the severely mentally ill; patients needing that type of care must be treated elsewhere. As a result, we have tried to establish partnerships and collaborations with other community providers to refer our DC KIDS population when we are unable. We serve as the coordination point, because we simply cannot provide all of the services needed. More of this collaboration needs to be done.

Dental Services

The same situation exists with dental services. There is a nation-wide shortage of pediatric dentists, and we feel that shortage in the District as well. Many of the DC KIDS that need specialized dental care are "special needs" children, and must be seen by a dentist that is appropriately trained. In order to address this problem, Children's has purchased half the time of two pediatric dentists who work at two

of the District's special needs schools. These dentists are dedicated to provide dental services to our DC KIDS population. While this arrangement has helped, it is insufficient.

One recent strategy has developed with the award of \$450,000 in funding from the Department of HHS, through a State Innovations Grant to the District of Columbia. The District was one of five states to receive this grant, which is intended to spur states into finding new and innovative ways to improve access to health care. Children's partnered with the DC Department of Health to create a program with two state-of-the-art dental clinics in schools for children with special health care needs. The centers will use telemedicine tools to link patients with pediatric dentists and hygienists. This will allow us to focus on the provision of dental services to the most vulnerable children, a population which includes many foster children. It is one step towards a comprehensive ongoing strategy in this area.

Focus on Young Children

Another challenge that Children's faces with this population is the orientation of our facility primarily on younger children, as the only acute care facility solely dedicated to pediatrics in this region. Although we are licensed to treat patients up to age 21, and do so, we have met challenges in providing for the unique needs of the older DC KIDS population. As with mental health, to meet this challenge, we have had to build partnerships and collaborations with outside community providers, serving as the coordinator of those services instead of the primary provider.

Court-ordered Medical Treatment

Children's works hand-in-hand with the judges and the Family Court to assure appropriate health care services are provided to this vulnerable population. There are no better advocates for these children than the judges. Their sensitivities to these children's needs demand their strict attention, which they provide. But a growing concern for our institution and the DC KIDS program is the amount and nature of court-ordered medical treatment. As these cases get adjudicated, often times a specific medical treatment or therapy will be ordered without any physician consultation. As the medical provider for these children, we are forced to comply with a court order, even if it is medically inappropriate for the child. Our physicians have great difficulty in treating a child in a manner they feel is unnecessary, regardless of whether the court has ordered it or not. For example:

- It is common to receive an order to admit child for an inpatient psychiatric stay for a specified number of days. The child may not need to be admitted for that period of time—they may be appropriately released in half the time. But because of the order, the child may be required to remain in the inpatient psychiatric unit for the full number of days prescribed in the court order. These types of social admissions are not always in the best interest of the child.
- Another example is a court order for occupational therapy within 14 days. But an occupational therapist cannot treat a child without a physician's order. So DC KIDS must first arrange a visit with a physician for an evaluation before an appropriate occupational therapist can be scheduled. It is usually extremely difficult to accomplish this within the short time frame usually ordered by the courts.

Unfortunately, such court-ordered referrals are continuing to grow. From October, 2002 to April, 2003, the number of court-ordered outpatient referrals grew from about 10 percent of our load to nearly 20 percent. We have begun to educate the judges about the difficulty of these very specific orders for medical care, but we have a long way to go.

We want to make it very clear—the judges are passionate advocates for these children. They demand the very best of service and care, with the children as their number one priority. Our task is to educate CFSA, the judges and the Family Court, social workers and families about the best ways to work together.

Transportation Problems

Another internal challenge we have with this population is the high rate of “no-shows” we encounter. We make every effort to expedite and facilitate appropriate medical care for these very vulnerable and needy children—but it is to no avail if the foster family does not bring them to their appointments. Even though we coordinate transportation services for them, it often does not help. The result is a negative domino effect: children, who are not getting necessary medical care; frustrated physicians, who block out entire days or afternoons to treat this population, only to have none of their appointments show up; and other needy children in the community who may be waiting several weeks for an appointment. We've got to find a better way.

OUR VISION FOR THE FUTURE

At Children's Hospital we continually strive to make things better. We have ideas and solutions for which we are searching for ways to implement.

Information Integration

We envision an assessment program that could be a model for the rest of the country. This assessment process would build on the foundation we have created. The first step would be complete integration with the CFSA computer system.

Right now, when we enroll the children at the time of their initial assessment, often this is before CFSA has confirmed their family placement. This requires a DC KIDS staff member to contact the social worker or CFSA to locate the child in order to make their follow-up appointments and comply with the 10-day window to complete the physical and mental health assessment. Waiting for address and contact information creates a major bottleneck in the system. If we were fully integrated with the CFSA system, we could simply log into the child's file and see the placement immediately after it is entered into the system by the social worker. It would save immeasurable time.

In addition, integration would eliminate duplication of effort. Right now, we keep the medical records and CFSA keeps the complete record. The medical information gets entered in at Children's, and then has to be manually re-entered into the CFSA system. Placement information gets entered into the CFSA file, and then has to be manually re-entered into the medical record. There is a lot of exchanging of information and data that could be completely eliminated if the two systems were integrated.

Dedicated Transportation Service

We also can envision a program that makes health care for foster children as easy and convenient as possible for the foster family. Transportation is one of the biggest barriers for our foster families, and we know that it contributes substantially to our "no-show" rate. If a foster parent is unable to get the foster child to a scheduled appointment, it is a delay in care for that child. Although the DC KIDS program helps make transportation arrangements, it is an ongoing problem. We believe that if we owned a DC KIDS shuttle and driver that was dedicated solely to providing free transportation for foster families and children to their medical appointments, more foster children would receive their care in a more timely manner.

Education and Training

We also believe there would be great benefit and improvement of the system if there were opportunities for outreach and education—to families, to judges, to social workers, and other partners who touch the lives of these children. Annual training for all these groups, we are certain, would go a long way.

Mental Health Models

One of the most difficult pieces of this is the mental health capacity issue. Because of our physical limitations at our institution, we know that we must develop partnerships with other community providers. But there are some things that could be done immediately as well. For example, we are planning to pilot a new program to operate a mental health urgent care center at Children's Hospital for nights and weekends. It would be housed in the outpatient psychiatric department as a mental health urgent care center in the off hours. We believe this will help alleviate some of the strain that is being felt by our emergency room. When St. Elizabeth's closed, we were told to anticipate an increase of about 10 percent in our emergency room. Instead, emergency room visits for mental health crisis have tripled in the last ten months. We believe this mental health urgent care center will help to redirect patients that are currently occupying medical/surgical beds in the emergency room that are needed for children with physical issues. Our proposal is currently being considered by the DC Department of Mental Health, and they have agreed to provide funding for one social worker. But the rest we are scraping together for this pilot, to see whether or not it would be beneficial for the patients and for the facility. Ideally we need funding for three social workers, a security officer, a disposition staffer, and one full-time physician to operate an ideal program.

We also would support the expansion of the DC Department of Mental Health 24-hour access help line and mobile teams. This would allow patients to contact DMH directly, and receive care right in their community. Not every child needs to come to the hospital—they do now because that is the only place they know to get services. But expansion of community services like the mobile teams could be very helpful.

Another component that is lacking for the DC KIDS population is a day treatment program. Often a child is not in need of hospitalization, but they also need more structure and care than weekly therapy. A day treatment program is a structured “in-between” step that could be very valuable for those children who are in between hospitalization and less rigorous treatment they can receive in the community.

Above all, the DC KIDS population needs stability. They come to us with developmental issues, and problems with attachment and trust. What is best for this kind of vulnerable population is a comprehensive mental health system that addresses their emotional, medical, and educational needs. It is critical to have the involvement of stable foster families, and consistency with the providers that they see for treatment. Those children that face disruption in their placement, coupled with fragmented care that shuffles them from provider to provider, only worsens their problems with attachment and trust. Stability is key.

Children’s hopes to utilize current research that suggests more targeted cognitive behavior psychotherapy, carefully re-evaluated every 3–4 months, will lead to better outcomes—better resilience, better social skills, and better adjustment in the future.

Dental Care

Our current facilities will not cover all the dental needs of the children. We are land-locked, and have no room for expansion. Our vision of the future of dental services includes a system of community based partnerships to provide all the services needed by DC KIDS children.

Thank you very much for the opportunity to testify before you today. We are very proud of our efforts in caring for this vulnerable population, and look forward to even greater successes with the DC KIDS program in the future.

We would be happy to answer any questions you may have.

Senator DEWINE. Doctor, thank you very much. Mr. Miller.

STATEMENT OF DAMIAN MILLER, STUDENT, HAMPTON UNIVERSITY

Mr. MILLER. Good morning, Senator Landrieu and Senator DeWine, and distinguished guests, for the privilege of allowing me to address the committee on concerns that I have and things that need to be improved, as well as the positives of the D.C. foster care program. First, let me say, my name is Damian Miller. I am a rising senior at Hampton University. I have been part of the D.C. foster care program since the age of 7 on and off. I have had a very unique experience, to say the least, with some positives and some negative things.

First, let me focus on the areas that I feel need improvement, starting, I would like to say that I think the training for many parents should be more intense and with this training, I think that there should be an emphasis on treating the kids like they are part of the family. I know in many homes that I have been in, I found that things like family picnics, we were not included in. Also, other youths of my age were not included in things like that, simple things like allowing the kids to play with other kids in the house and use the refrigerator, and just do things that are part of the family. I think that is definitely essential and a part of making them feel like they are in the family and that you really care about them.

Also, I think that the training should encourage the parents to attend PTA meetings and reward you for good behavior and, you know, academic achievement. I feel that I was always punished when I did bad, but when I came home with good grades, I wasn’t rewarded, and I think that with any child, you should definitely reward them, you know, not just always hound them, and I think that should be an important part of the training.

Also, I think it’s important that we rid the system of parents that are in it for the money. I think that there are many parents

that I have been with that I feel are definitely in the system, you know, for a check. And even good foster parents, I remember being in good foster homes, and I would have good parents, but the fact that the agency would allow them to bring in three or four extra kids, they were doing a good job with me but when you brought in three or four other kids, I mean, can they really handle that? And it definitely, you know, played a negative effect on my placement with them.

I think that workers should make sure that the funds are actually used for the kids. A lot of the clothing allowances and things of that nature, I missed out on, and other youth that were in the home with me, they didn't receive adequate funds to go clothing shopping, an allowance, you know, and teaching them good economics, that wasn't something that was taught to me in these homes. And I think social workers should really go out of their way to make sure that these funds are really being used to better the youth and not just for the parents.

And part of that, I think that there should be a limit on how many kids that a person can get, and not just based upon home size. Just because they have four bedrooms, you know, doesn't mean that they should have four or five or six kids. It should be based upon, you know, are they working well with two kids, you know, should you put this third kid in. I think that that's something that should be looked at and not just the size of the house.

Also, I think that recordkeeping is something that's very important, and I know one of the panelists touched on that. Social Security cards, birth certificates and things of that nature, I cannot tell the committee how many times I have tried to apply for summer jobs and things of that nature, and a simple copy of my Social Security card could not be found or a birth certificate or things of that nature. I think vital recordkeeping is essential and definitely something that needs to be improved within CFSA.

I think that one thing that should be expanded is family visitation time. Agencies like For Love of Children provide once-a-month time when foster kids are allowed to see their parents. I think that that's a very positive thing and I think that should be expanded to all agencies, because as Senator Hillary Clinton's book says, it takes a village to raise a child, and I think their families should be included in that village.

I think that helping better the relationship with the families is definitely a must. I think that these sessions were always great to me because I would meet uncles and cousins that were coming, encouraging me with better grades, and like I said, I think the visitation thing is very important and should be expanded.

The positive areas that I think should be expanded and the great improvement I have seen, programs like CFSA's Keys for Life has been extremely positive for me. In this program youth are encouraged to excel academically and given money to pursue a higher education. Like I said, it has been a very positive experience, and in fact I would call it the most positive out of my years in the D.C. foster care system. It has given me an unbelievable opportunity to attend college and definitely encouraged me along with many other youths to better ourselves and our future.

The first semester at Hampton University during my freshman year I didn't do so well, and Keys for Life really stayed on me and kept me focused to better myself, and since then, I'm a rising senior now and I have been on the dean's list ever since. So programs like Keys for Life are definitely essential and a great way to help youth.

I think that one thing I have seen improvement in over the years is that social workers today are not as swamped with caseloads like they used to be when I first came into the system. It was very hard to even talk to my social worker, but now that's something that has improved and I think that it's critical that it improves even more, because when you have a social worker that's not swamped with caseload, they can give the youth individualized attention which definitely is always a positive.

And I think something that's also important is mentors. I have had mentors over my years in CFSA and they have helped me a great deal, and I think that should be something that should be mandatory for all youth if possible, that they be given a mentor or someone to look up to and provide guidance to them.

And also, lastly, I would like to mention programs like the Orphan Foundation. Providing internships on Capitol Hill for youth this summer, CFSA will be providing internships because of the Orphan Foundation, and programs like that are positive.

Thank you for allowing me to come and testify.

Senator LANDRIEU [presiding]. Thanks to all the panelists today for coming here and presenting well-put-together presentations, and for concentrating on some of the positive efforts that are being made, and still being forthright in pointing out some of the weaknesses that still need to be addressed.

Senator DeWine will be back with us. He had to make a quorum for another committee, but he does have questions, so I will take the first round and he will be back shortly.

Damian, just start with you. For the record, if you can remember, how many foster care placements and social workers have you had since the age of 7?

Mr. MILLER. Sure. Approximately nine placements and maybe eight to nine social workers also.

Senator LANDRIEU. Okay. I wanted to get it on the record and I want to thank Damian for being here and sharing his experience and his commitment to advocate for the 9,000 children or so that are within the universe of this discussion this morning, and as well as the 500,000 children in the country today that are in the foster care system. Without leaders like Damian, we would have an even harder time trying to figure out some of the solutions. Obviously one of the goals of our work is to try to achieve one placement, at the most two per child and one social worker for each child, to give him or her the consistency over time. There will be turnover, so one is not always going to be possible, but that ideally would be our goal, one case worker, one placement, one judge, one permanency plan, and that is what I would like us to keep in mind as we think about Damian's future and how hard he has worked and how much he has achieved under these difficult circumstances.

Senator DeWine and I are very pleased to be part of the agencies and offices that will be offering internships. Damian, I might spe-

cifically request you, since I have met you now, but we are not supposed to pick our young people for the summer. But both Senator DeWine and I look forward, given our experience this last summer, of having these interns come into our office.

Let me ask just a couple of questions. One, there are so many, but one I would like to pursue is this seemingly model that's developing here with Children's Hospital. Ms. Sandalow, I think the car accident analogy that you referred to is an excellent one. We would not leave a family involved in a car wreck on the highway and not give them immediate attention. This is exactly the same kind of thing that happens when there is basically a breakdown or a wreck in a family, and that emergency care, the first 24 to 48 hours is crucial for the health and development of either that group of individuals or one individual that has been the victim of such an accident. It seems as though we're developing a fairly good model here with Children's Hospital and with DC KIDS to do that early evaluation.

My question is, you were saying that you have seen 4,000 children. I think there are 9,000 in the universe. Am I looking at the right number? What is preventing, or what is stopping the system or slowing it down for all the children that are removed from the home to get to this evaluation center where a lot of wonderfully good things could be done in the first 24 or 48 hours? Medical records could be compiled, an evaluation could be conducted, a social worker or case worker could make a fairly quick assessment of the appropriate temporary placement, preferably a kinship placement, which is what we always like to reach to, a kinship placement or a neighbor, until an appropriate maybe interim placement can be made, and then the work begins to try to move that child either back to reunification with the family, or on to a permanent adoption. In the new Federal law it refers to temporary foster care of no more than 18 months.

So let's talk about what might be a barrier for setting that as a model, maybe Miss Bowens and all of you could comment. Is that the model we're trying to achieve, and what are the barriers?

Dr. WRIGHT. Let me just start by saying the point of entry for children into the DC KIDS program is either an initial or a change of placement, so that the universe of children who are in stable homes and represent perhaps the 5,000 that represents the gap between the 4,000 that we have enrolled and the universe of children, are not accessible to us through the DC KIDS model. However, let me also say that the full universe of children in foster care is a population in which we are very interested and would very much like to access those children for the purposes of some of the things that Damian has validated for us, which is very encouraging to see, to hear, that we're interested in education, we're very much interested in mentorship and working with the families in the foster care system, the entire foster care system and not just the ones that enter into the DC KIDS program because there has been a change in placement.

And one of the barriers that I alluded to in my testimony was from the standpoint of information technology, we have access only to the kids in the DC KIDS database, and there is not an interface there.

Senator LANDRIEU. Thank you for your clarification. Did I understand you correctly that after the initial placement that every child that has come into the D.C. system has to be evaluated at your center?

Ms. BOWENS. No. We only have access to the children since we assumed the program, and that would only be under the assumption that they were still in the homes that they were in when they first came into our care. Any children that have been enrolled prior to, we don't have access. The bottom line is that we don't have the information on the foster care family. What would be great is actually to have the list of all the foster care families, so that we could outreach to them and provide them with information and education about DC KIDS. For example, issues about Medicaid numbers and things like that, many of the families are not even aware that the program exists. So if we had access to them and were able to educate them, some of the things that were mentioned earlier probably could be minimized.

Senator LANDRIEU. I may be misunderstanding, maybe I heard the testimony wrong, but I'm trying to determine when the car accident occurs, are the children in the car accident brought to you?

Ms. BOWENS. No.

Senator LANDRIEU. That's what I'm trying to figure out. I thought you testified that was an early initial evaluation.

Ms. BOWENS. No. When children first go to CFSA, then CFSA will bring, the social worker will bring children to Children's Hospital for an initial assessment.

Senator LANDRIEU. Right, an initial assessment sometime after that car accident.

Ms. BOWENS. Yes, exactly. I'm sorry. Very, very quickly, within 24 hours, those children will come in for an initial assessment. We don't have any idea of where they're going, it's just kind of the social worker is there with them, we'll do an initial assessment just to make sure that they are healthy enough to be placed. We then work diligently to work with CFSA to find out where those families are then located, so that we can provide their follow-up primary care visit and a mental health evaluation.

Senator LANDRIEU. But in that stop, do you do a comprehensive evaluation of the child's general situation so that you could provide foster parents with some meaningful information about a general initial evaluation of their physical health, maybe some of their initial experiences, the reasons they were—you know, a packet that would be helpful to what Mrs. Egerton said about having some information as a child comes into a foster care home, do you provide this information?

Ms. BOWENS. We don't, we would love to. I mean, we have actually reached out to the agency, because many of our physicians get extremely frustrated because the children come in, we have no medical record information, no background information, so we are not poised right now to be able to do that, because like many of the other panelists have said, we're chasing after information to be able to make those appropriate assessments. But our initial assessments when they first come in, again under that label of assessment, are to just make sure that the child is healthy enough to be placed, and then we provide the follow-up comprehensive evalua-

tion. But then the struggle there is, we don't have the requisite information.

Senator LANDRIEU. It's a very limited evaluation of the child.

Ms. BOWENS. The initial, that's correct.

Senator LANDRIEU. Ms. Sandalow, would you like to comment, or Miss Egerton, if we could help develop this system, would that be helpful? We want to create systems that are simple, streamlined and work, and not add any other bureaucratic layers. Can you comment on that system as it exists today and what you would like to see?

Ms. EGERTON. Well, that actually happens prior to the child being placed with me. It would be divine, and we have been fighting for a very long time to get adequate information on our children when they come to us. The realities though, in all fairness to CFSA, is that they're chasing down the information as well. When they go into a home to take a child out in the middle of the night and the parent is in opposition, the parent isn't standing there saying, well, wait a minute, let me get you the Social Security card and Medicaid card. That doesn't happen, and so CFSA is chasing the information down also.

The evaluation happens before the child is placed with me, so I really can't speak to the evaluation itself, but we would like a situation where they go to that evaluation and from that evaluation come to us with a full medical screening, with a mental health evaluation, with all of the pertinent medical and mental health information available to us, absolutely. And if we can figure out a way to do that, that would be beautiful.

Ms. SANDALOW. But we need the combination of the medical/mental health screening. We need adequate social worker resources at the very beginning to pull that together. The Foster and Adoptive Parents Advocacy Center, which I'm proud to be on the board of, has done an extraordinary job in their efforts to put together the concept of a placement passport, which would carry that information. If a child comes to your home who is HIV-positive, we want to know so we can give adequate medication. That has been a struggle.

So there is a medical and mental health piece that comes, but there are also things as simple as has the child been in the system before. It is common for a child to be returned home and then he will come to you 2 years later and you are not told that. My own children have been in and out of care twice. It took 2 years for me to figure that out, until they were emotionally able to unlock that. I didn't learn it from CFSA. Those kinds of records could be pulled in.

And I think most important is to focus CFSA on adequate social worker resources in the first few days, to pull together family. We had a case recently where we represented a child who had been living half-time with her father in a normal split custody situation and CFSA did not know that there was a father involved. And we figured it out and we had to tell them. So here's a child who could have moved straight to her father, and it took an outsider to tell. So that kind of intensive interview of the family members and the neighbors, and a family caucus, it is a model being used around the country.

Senator LANDRIEU. I would like to follow that up for a minute. I know Senator DeWine has questions, but I think this is a very important component to obtain this initial placement assessment by getting the general information from family and neighbors, so an accurate assessment can be made. The hospitals need this, the foster care parents need this, and the judges need this information eventually so that they can make good determinations for the children.

Could we comment about what exists now? Is there any model in the District of that group social worker intensive evaluation? If so, where is it working? If not, how could this committee help to get that initial assessment, which I think, that and the technology piece are the two things that we perhaps could be most helpful with.

Ms. SANDALOW. I think that the funding assets should go to CFSA as a targeted type of project. I shared my testimony with a few people who—yesterday, who said this emergency team, shouldn't that be true for every child? And you'd think that the goal would be for CFSA to be given some pilot money to develop it internally, because obviously our hope is, if it works, if they can make it work and they have the funds to do it, that they can expand that even more for all the kids.

I don't think it's happening in any of the private agencies right now. Our structure is that when a child comes into the system, it is CFSA who touches them first. So I think that they need to be focused on that job.

Senator LANDRIEU. Let's take one minute, if you would, to describe in 30 seconds what this team would look like. How many people would be on it, would there be a team leader? Does anybody have a comment?

Ms. SANDALOW. I'm a lawyer, so I don't think I'm the expert you want, but it is—I can tell you what we do. In essence, we step in and act like what we call the SWAT team that we're hoping to, and we do it ourselves. And we have one lawyer working tirelessly around the clock. I think two or three social workers. The important thing is passing the information on. That needs to happen. And you can go to hospitals after hours and get medical records, we can coordinate that. What we're talking about is a team of social workers who have the time as well as, and I think this is very important, flexible funding.

I think you mentioned, Senator, we should try to place children with relatives. Most of the relatives are not well off, they can't absorb extra children in their home without some assistance. Grandmothers who may be on SSI are wonderful caregivers, but they need some flexible funds to ease the transition. So it needs to be social workers with access to some flexible funds, access to the resources of Children's Hospital.

Senator LANDRIEU. Mr. Chairman, could I ask one more question, and I want each of you to comment for the record. Do you think it would be a wise policy for us to try to put these evaluation teams together for the first initial assessment with the medical evaluation coming as close to an assessment as possible, more comprehensive than just the physical well-being of the child to, if we could identify a relative or neighbor, to make an emergency 30-day

placement based on the recommendation of at least two certified social workers, if that would be the best, for at least 30 days until we can find a more—not to say more appropriate, that may have been a very appropriate placement, but a certified foster home, assuming none of these relatives have been certified for foster care, most of the neighbors are not certified for foster care. But yet, they may be the best short-term placement for these children until a more—and I want an answer yes or no, a short comment, because this is a big issue in trying to loosen up, if you want to use the word loosen up, but make a greater pool of placement opportunities that would help to ease this traumatic time for a child. Or should we stick to the policy of you can't place a child unless they're a certified family? Sister.

Sister CONRAD. I would certainly support the idea of as much flexibility as possible. The one area that strikes me immediately in your question is the notion of neighbor, and in many cases this would seem to be appropriate. However, if the child is being removed from a dangerous situation, if we're talking about the neighbor next door or down the street, we may simply be endangering the neighbor as well as the child themselves. And so in a very broad sense, yes, but with that notion, that our concern is safety in care, that perhaps a neighbor would be much further away than down the street.

Senator LANDRIEU. Miss Egerton?

Ms. EGERTON. I actually have to agree with that. I think that's a real concern for—that's a real concern for foster parents. Even trying to keep children in their same neighborhood, if the child or children have been pulled out of very dangerous situations, and those parents can see that child going back and forth to that particular home, it can be an issue.

I think that there needs to be some room left for flexibility. It sounds wonderful, right off the top it sounds like a wonderful thing, but you would put the agency in a position of monitoring unlicensed homes if you do that, which brings in a whole other dynamic. And as a foster parent, I would say it isn't always a bad thing for that emergency placement to come to me. The reality is, I raised six kids to adulthood who came to me as emergency placements who were only supposed to stay with me 4 weeks, and they stayed with me from 11 or 12 years old to adulthood. I have one who came in at 17 and was only supposed to stay a month, who stayed until he aged out.

So, they called me not specifically because I could, you know, everything matched up or this was the child I wanted, or I matched the needs of the child, or because I would be able to answer the phone in the middle of the night. So it's not always a horrible thing either. I just think there definitely needs to be some room for flexibility.

Ms. SANDALOW. Unequivocally yes, with the additional problem that the District of Columbia has, which is a lot of those people live in Maryland, so anything that we can do to address the problem, because many of our extended families are in Maryland.

Ms. BOWENS. Not to be redundant, but I agree. I think that that would be great, but I think we do have to retain the flexibility because emergencies will happen and we don't want to have a situa-

tion where we again have a backlog of children waiting while we search out neighborhoods and families, and so there will be that ongoing need for emergency placement. So I think what ultimately the other panelists have said as well, but again, we need flexibility.

Dr. WRIGHT. Just to echo the flexibility mantra, but I would also like to address your question about the composition. I think that you have alluded to the fact that any such team would need to be multidisciplinary, because these children and families present with a multitude of issues, and the model that I alluded to in regard to emergency or urgent mental health assessment is one that suggests the need for several disciplines to be involved and a point of contact.

Mr. MILLER. I do agree with the rest of the panelists. I feel that if you can place a child in an emergency placement with a relative, that would be great, but that relative should not be in that community, and they should be—like you talked to about the economic burden, maybe grandparents are not able to support an extra child and things of that nature. So I think that if it's possible and reasonable, I think we should work to do that, because that would ease the transition.

Senator LANDRIEU. Was there a relative you could have been placed with?

Mr. MILLER. I think that with economic help, I think that that would have been definitely possible, and it would have eased my transition to be with relatives.

Senator LANDRIEU. Would you have liked that?

Mr. MILLER. Yes, I would have, Senator. I very definitely would have.

Senator LANDRIEU. Thank you, Mr. Chairman.

Senator DEWINE [presiding]. Let me apologize to all of you. I had to attend another hearing actually, we call it a Senate markup, we were moving a poison control bill that we passed out of committee just a few minutes ago. So that's where I was and now I'm back, so I may ask some of the same questions that Senator Landrieu asked, because I obviously did not hear some of your answers.

I would like to get into an area that I know has been covered a little bit, and that is the question of Children's Hospital contract between, a medical contract between Children's Hospital and CFSA, and make sure I understand the nature of that contract.

How do you deal with a child that has a chronic medical problem such as, let's say asthma, and how do you know that kid has asthma, for example? How does that child get in to you? In other words, you know, we know that asthma is a preventable problem, and unless that child ends up in your emergency room, asthma is something that you try to keep he or she out of your emergency room, and if it's something that's severe enough, you're dealing with every day, that child is taking medication every day. How do you know that child who maybe has been in the system for a long time, how do you reach out and get that kid in so that kid is being seen by your specialists or whoever he needs to be seen by?

Dr. WRIGHT. Well again, I will reiterate that the point of entry into our system only occurs with initial placement or change of placement. So provided that that has occurred, we as part of our screening do inquire about the presentation of chronic illness. And

actually as we speak, we are developing a pilot program for the DC KIDS program within which we have identified a physician who would specifically work with those children who have complex medical conditions. In other words, this individual would be the primary physician for that cohort of children who have asthma as an example, or who might have any host of medical conditions that are actually more predominant in this population than in the population at large. This individual, as I said, we are piloting this right now, and this individual would be identified as the follow-up physician from the point of assessment, and then be involved in the care of—the ongoing care of that child through specialty care or whatever care the child needs. But we are sensitive and recognize that that is an issue and a problem that we want to identify as early on as possible, and that's the reason why we are instituting this pilot program right now.

Senator DEWINE. But the big picture is that you have—how many children do you currently have, what I would call open case files?

Dr. WRIGHT. Four thousand, five hundred that are enrolled in the DC KIDS program.

Senator DEWINE. Those are foster children.

Dr. WRIGHT. That's right.

Senator DEWINE. And that's out of a total of how many kids that are in the foster care program?

Dr. WRIGHT. I believe we heard this morning that the universe is somewhere between 8,000 and 9,000.

Senator DEWINE. Okay. So instantly we know that we have a problem, right? I know I'm repeating what has been said, but to me this is a real problem.

Ms. GOODE. No.

Senator DEWINE. Okay. We do have a problem or we don't have a problem. Who's saying we don't have a problem?

Senator LANDRIEU. They're saying they don't have that number.

Senator DEWINE. Okay, step up to the microphone and identify yourself for the record please.

Ms. GOODE. Good morning, Senator.

Senator DEWINE. Good morning.

Ms. GOODE. I am Brenda Goode, Public Information Officer for Child and Family Services. Let's help get these numbers straight. There are 3,200 paid placements in foster care.

Ms. SANDALOW. But many more children under the supervision of the Court.

Ms. GOODE. That's correct, but 3,200 paid foster care placements and about 8,000 children in the system total. So, a number of those children are being monitored in their homes with their parents.

Senator DEWINE. Well now, what does all that mean?

Ms. GOODE. Eight thousand children in the system, of which 3,200 are paid foster care placements. And then we have the remainder of the kids who are being monitored at home with their parents.

Ms. SANDALOW. But other kids are placed with kinship caregivers.

Senator LANDRIEU. It would be very helpful if you all could give us for the record today, I would appreciate this, literally just a

record of the universe, okay? Because we need to have those numbers.

Senator DEWINE. Well, I'm getting apples and oranges now. The point is, the public policy issue is how many, as a matter of public policy, should we be providing medical care for. Isn't that the public policy issue?

Ms. BOWENS. All of them.

Senator DEWINE. All of what universe? I'm getting an 8,000 number or a 3,200 number?

Ms. GOODE. Right, the 8,000 is the entire universe of children that we have cases open on at the current time, but 3,200 is the number who are placed in foster care. So right now, DC KIDS only serves our children who are in foster care.

Ms. BOWENS. But we also serve the children who are under the jurisdiction of child protection as well, so we serve both.

Ms. GOODE. All right. So you serve all the court-involved kids.

Ms. BOWENS. Correct.

Ms. GOODE. We have a number of kids in the system for other cases in court.

Ms. SANDALOW. I understand from the Family Court that it's slightly over 5,000 children who are court involved.

Senator DEWINE. That includes the foster kids?

Ms. SANDALOW. That includes children in foster care and it includes children who are still, there's an open court case but they may have returned home to their parents or whatever but they didn't close the Court's involvement, and the children who are with relative caregivers who are not licensed paid providers.

Senator DEWINE. So, are we all agreeing that that's the universe, that as a matter of public policy, the District of Columbia has agreed that we want to take care of their health needs?

Ms. SANDALOW. Most of the children—

Senator DEWINE. Hold on. I want to get her. Since you represent the CFSA, would you like to answer that?

Ms. GOODE. What was the question?

Senator DEWINE. My question is, do we agree as a matter of public policy, CFSA had said that that is the number that you want to provide medical care for, and that is 5,000, whatever the figure was.

Ms. GOODE. Yes. But we also provide Medicaid services for other kids, so that if you're not part of DC KIDS or not court-involved, we still provide medical services for the families who are involved with us.

Senator DEWINE. But if I have a 5,000 figure, and what's the figure, 5,000 what?

Ms. GOODE. Five thousand court-involved kids.

Senator DEWINE. Five thousand court-involved kids, and you've got, the hospital has open files for how many?

Ms. BOWENS. About 4,000 children year to date, we have been tracking and following.

Senator DEWINE. All right. So we are missing a thousand. Do you agree with that?

Senator LANDRIEU. One of the issues, Mr. Chairman, is that they only have files for kids that have had a change in their placement.

Ms. BOWENS. And since we took over the program, there are many more children—

Senator LANDRIEU. They're not really lost, it's just that they didn't come into the system because they are in a stable place now, but I understand that your enrollment in DC KIDS is about 4,000; is that correct?

Ms. BOWENS. That is correct. We only track those children who have had an initial placement or a change since 2001 basically, so any children who may have been in a home for many, many years and did not have to come for an initial assessment through us would not necessarily be in the program. Now we've done some significant outreach working with the agency to bring more in, but there is obviously a large group of folks we do not have access to.

Senator DEWINE. And I'm not finding fault with Children's.

Ms. BOWENS. I understand that.

Senator DEWINE. All I'm simply saying is, does that mean that those children are not getting medical care?

Ms. BOWENS. No, it does not mean that.

Senator DEWINE. What does it mean?

Ms. BOWENS. It means that we are not coordinating all of their health care services and they then are left to kind of navigate on their own. So the foster family may have to work to get the Medicaid card, to schedule appointments. We are able to kind of fully manage the care for these children.

Senator DEWINE. Let me ask it this way then.

Ms. BOWENS. Okay.

Senator DEWINE. Would we all agree as a matter of public policy that it would be better if those thousand were picked up?

Ms. BOWENS. Yes, and I think the agency would agree with that as well.

Senator DEWINE. Well, let me ask the agency. Does the agency agree with that?

Ms. GOODE. Yes.

Senator DEWINE. Okay. Then why can't we get it done?

Ms. GOODE. You're asking me—you started out by saying that you didn't understand the contract between CFSA—

Senator DEWINE. Yeah, and now I'm asking a different question. Can you answer that question?

Ms. GOODE. I know that's a contracting issue, and I don't know the answer off the top of my head.

Senator DEWINE. I'm not sure it is a contracting issue.

Ms. BOWENS. No, it's not a contracting issue. Part of the issue is that we need to do a better job of outreaching and accessing the families, and being able to educate them that the service is available to them. I mean, that is the largest obstacle.

Senator DEWINE. Well, my only point is, if we have decided, you have decided that this is a good way to provide medical care and you're doing it for four-fifths of these kids, why don't you figure out a way to do it for the other fifth of these kids? That's all I'm saying. I didn't devise the system, I didn't say it was the best system, but it seems to me as an outside lay person, you as the experts decide it is the best system, and it seems to me it is the best system, it looks like we have the experts here who are doing it, and why do you just say we've got a fifth of these kids and we're just not going

to worry about them? And it seems to me, I worry about them. I don't get it, why don't you worry about them?

Ms. GOODE. And I simply don't know the answer off the top of my head.

Senator DEWINE. My only point is why?

Ms. GOODE. I will be happy to take that message back.

Senator DEWINE. Thank you. If these are the best folks that we've got, and I think it's good you have a contract with them, and I just think if we get the rest of these kids in the system so they can get kind of the holistic approach to health care, and we know it's good and it's particularly good with kids, and we can get prevention in there and get somebody paying attention to them, that's the way we want to treat these kids, and if we're missing some of them, we want to get them into the system. That's all.

Let me turn to Miss Egerton, if I could, and you made some interesting comments, and I appreciate the fact that you said that things are getting better. And I think that was, you put it in perspective and I think those of us who can be critical up here need to understand that, so I appreciate you saying that.

But I am intrigued by some of the things you said, and I want to read from your written testimony. You say, social 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. I wonder given your vast experience, if you can give me an example. And obviously, don't use names, and obviously don't use anything that we could tie them to any one person, but could you give me an example?

Ms. EGERTON. I could give you some examples. One major example is the fact that there is supposed to be these administrative reviews that happen every 6 months, and in my history of fostering, I think I have been to 2 or 3, in 12 years. And even, you know, as much as things have gotten better over time, even recently, I have not been invited to an administrative review.

Senator DEWINE. Why is that, do you think? You know the system as well as anybody.

Ms. EGERTON. I know the system pretty well and I am not sure if that is because they are not happening or if that is because they are happening without me; either way it's a travesty.

Another example, a very personal example would be, I have a son who at 17 was having some very serious behavioral issues in school, and we were putting him on restriction. And so his social worker came in, and this is a child who I have been parenting since he was 11 years old, who had been in 8 homes in the 18 months prior to coming to me and was only supposed to be there for a couple of days while they got a residential placement for him, and he ended up there. And he's my baby today, and he's aged out.

But he at 17 years old went through some serious stuff, and his social worker just came in and said we were too strict, and that he should be in an independent living program, he didn't need the kind of restrictions we were putting on him. And I said you cannot do that, he is not mature enough to cope with the independent living programs that we have out there. And she fought me, she won, she got him into the independent living program. The moment he went in there, he went on a downward spiral, he ended up in a psy-

chiatric facility for an extended amount of time. And when they did release him from that facility, they would not release him back into an independent living program. They called us and asked us if he could be released back to us, and we would not take him back because of the structure—or if we would not take him back, then they weren't going to release him until they found a setting with the kind of structure that he needed.

Senator DEWINE. Well, at least they learned.

Ms. EGERTON. But the fight was put up by the social worker who did not see my son even once a month, okay? And I was parenting him every single day.

Senator DEWINE. So you had all your years of experience.

Ms. EGERTON. And my husband and I were saying you cannot do this, you cannot do this. We asked them for certain supports for him. My son went down to his social worker, sat at her desk and asked for certain support and said okay, I have some real problems and I know it, and I have to get it together, and the solution that they came up with was to put him in independent living in spite of our protests.

And I think that that example, though I will point out that that particular example did not happen under this administration, it is a classic example of how absolutely dangerous it can be to ignore the input of the person who is parenting these children every day all day.

Senator DEWINE. I think that's a great summary. I mean, it's a scary thing. You also tell us that although this incident occurred under a previous administration, the lack of input in decisions about our children still continues.

Ms. EGERTON. Absolutely.

Senator DEWINE. And that's even more frightening. Why do you think that is?

Ms. EGERTON. In my position as an employee of FAPAC, and also as an active member of a local foster parent support group, I interact with a lot of foster parents going through a lot of issues and they are brought to me constantly. Foster parents will tell me that a particular child is therapeutic and they need more services for this child, and they have a social worker telling them that child is not therapeutic, you don't know what you're talking about, we're just going to take the child away from you. I can't tell you how many foster parents I have had call me with that issue where the social worker just absolutely rebuffs what they say their child needs, and they feel that very often the social worker's personal feelings are involved and that the social workers sometimes make judgments about the underlying motivation for a foster parent requesting more services for their child, yet you know, ultimately that foster parent is just working toward a larger check.

And let me say that I have worked with some fabulous social workers, so this is not a blanket statement to say that all CFSA social workers are lousy, it's not that at all. I have had some social workers use some of their skills to get me calmed down in some situations, so my hat's off to them, there are some wonderful ones. But there are still some social workers out there who are not accepting the fact that we do know what we're talking about and that when we say our children need certain services, the answer is not

to decide that you just want to put yourself in a position to get more money for that child. The answer is to hear what I have to say and to act on getting those services for those children.

Senator DEWINE. Do you think that sometimes the problem is that they don't have those services?

Ms. EGERTON. I think absolutely, I think sometimes the problem is the services are not available, but I also think that sometimes the problem is that the social worker doesn't know that the services are available or have access to those services for my child. I have been in situations where I have known about services that would help my child and the social worker did not, and I had to school that social worker. And I know lots of foster parents, particularly those who have been it a long time, who have been in that situation.

Senator DEWINE. Mary?

Senator LANDRIEU. Is there an annual evaluation of foster parents that is conducted by CFSA?

Ms. EGERTON. We have to get recertified every year and we have a support group that used to be called monitors, the terminology for a support worker assigned to us who visits us periodically throughout the year and regularly at yearly intervals takes us through the motions of getting recertified, so we go through all the clearances again and the medical evaluations, we go through a stack of paper work discussing what we can and cannot do.

Senator LANDRIEU. You have been through this evaluation now, and as one of our outstanding foster parents, what would you recommend to either streamline that process and make everybody, save everybody a lot of time, but also get the job accomplished? Because what we want, I think, the purpose is to identify the foster parents who are doing a very good job and recommend that they be continued, and then to eliminate those that are not doing a good job. So, I don't know if you would know how many foster parents are eliminated each year.

Ms. EGERTON. I don't know.

Senator LANDRIEU. If anybody in the audience knows, I would like to know, if possible, how many foster families are eliminated every year through that evaluation process. And Ms. Egerton, what would you recommend, one or two or three things that could be done differently that would make that process work better for you, better for the system, that you would like to share with us?

Ms. EGERTON. Wow, that's a good question. I think that for one, if there were more consistent and regular interaction between the social workers or the support workers and the foster parents, it may be a lot easier for the workers to know what kind of job we're doing. I think that maybe, you know—I'm not really sure, honestly I'm not sure. I think that it would probably be a good thing if we had some kind of evaluation where they talk to us about our strengths and weaknesses, and we talk to them about our strengths and weaknesses.

As it stands, we do, we are required to do a certain amount of training all year, 15 hours of training throughout the year, but what does not happen is nobody sits down with me and says okay, here is what we see as your strengths, here are what we see as

your weaknesses, what do you think about that, what training can we get.

Senator LANDRIEU. In all of your years of foster care, no one has sat down and done that?

Ms. EGERTON. No.

Senator LANDRIEU. And when they evaluate you as a foster parent, do they focus on your parenting skills, your relationship with the children, or do you find that their evaluation is concerned more about, you know, the home, the physical environment, or your recordkeeping capabilities, and what kind of records you are required to show them year after year after year?

Ms. EGERTON. They very seldom come to my house, truthfully. When I was trained I was told that I was required to keep a list of the children who come into my home who are placed with me, when they are placed, and their social worker. We are encouraged to give social workers copies of children's report cards, copies of health evaluations, although we don't get written copies of health evaluations, just so you all know. And any, you know, any other printed information we get, we are encouraged to give our children's social workers copies of that. I keep copies of it all. I keep a file on my children. I don't know that I have ever been told beyond that list that I'm supposed to.

Senator LANDRIEU. Have you had the same monitor every year?

Ms. EGERTON. I had the same monitor for a very long time and I recently, I think the last 2 years, I got a different one.

Senator LANDRIEU. Can somebody in the audience tell me how many monitors we have? We have 3,000 foster homes; how many monitors do we have?

Ms. SANDALOW. But I think it's important, Senator, that CFSA does not monitor Maryland homes, that Maryland monitors Maryland homes, and I think 60 percent of our children are in Maryland homes.

Senator LANDRIEU. Of these 3,000 homes, for just homes where D.C. children reside, how many of them are in the District?

A VOICE FROM AUDIENCE. About 250 homes.

Senator LANDRIEU. Only 250 homes are in the District of Columbia, and the rest of the homes of those 3,000 are either in Maryland or Virginia?

A VOICE FROM AUDIENCE. No, we don't have 3,000 homes. I will have to get back to you with accurate numbers.

Senator LANDRIEU. Mr. Chairman, I'm going to have to have these numbers to do any of this work.

Senator DEWINE. You will.

Senator LANDRIEU. Mr. Chairman, before this meeting is over, someone has to take responsibility to provide at least to me and to my staff an accurate accounting of the universe of what children we're talking about. We would really like to help, but we're having a very difficult time, and I don't want to take the time in a public meeting, but in 24 hours I have to have on my desk what the universe of the 8,000 children under the jurisdiction of CFSA is, and I'm going to ask them to give me this universe. How many children are under the jurisdiction of the courts, how many do you have that aren't under the jurisdiction of the courts? How many that are under the jurisdiction of the courts are living in traditional homes,

how many are living in group homes, how many are living in therapeutic homes, I think those are the three categories, and if there's a fourth one, please add that. And of those homes, where are the homes? Are they in the District of Columbia, are they in Maryland, are they in Virginia?

And we need these numbers before we can sign off on—the chairman and I agree that we spend—at least I spend half of my time trying to figure out that's not the number, that's not the number, and I'm tired of doing that. I want to focus on the solutions to the problems. So being able to provide an accurate list of that would be very illuminating to me, to begin with, and I'm getting very different information. So with that said, I have to have that in 24 hours, but this has been very helpful.

One of the things we want to do is recruit more foster parents in the District of Columbia. This is a major problem that has been identified, and while I, and I think the chairman believes that we have want to have regional cooperation, if there are children who can be well placed in Maryland, we don't want to deprive them of the opportunities to have placements with relatives or good parenting homes just because they happen to live outside the concentrated and very artificial district that was created for totally other purposes, for the benefit of the Nation, so we should not hold children responsible for that, but to improve foster care to what some experienced foster care parents do, and we could recruit more, do better evaluations, et cetera, et cetera.

Ms. EGERTON. I think that, if I can just say this, that if we could retain more of our foster parents, your recruitment efforts would be—

Senator LANDRIEU. Less than a third.

Ms. EGERTON. Absolutely, because we would actively recruit. Right now today, I have to say, I'm a little more willing to recruit today than I have been in years. And I for a long time absolutely refused to, and not only absolutely refused to recruit, but had made up in my mind, when the children I was fostering aged out, I was quitting, because the system was so horrible and because I felt so unsupported and unappreciated. As we see CFSA begin to give us the tools to do the things that we need to quality parent our children, we will recruit for you. I am a District of Columbia resident, have been my entire life, I'm one of those few native Washingtonians, and I would recruit. And I would guarantee that the people I bring in would be just like me and would be great foster parents.

Senator LANDRIEU. That's what we want to hear.

Ms. EGERTON. But you have to take care of some of the issues that we are fighting. We must have care for our kids, we must have adequate healthcare for our children, we must be at the decisionmaking table for our children, and when those things happen, we will go out and recruit.

ADDITIONAL SUBMITTED STATEMENTS

[CLERK'S NOTE.—Additional submitted statements were received by the subcommittee and are included here as part of the formal hearing record. The statements follow:]

PREPARED STATEMENT OF SENATOR PAUL STRAUSS

Chairman DeWine, Senator Landrieu, and others on this subcommittee, as the United States Senator for the District of Columbia I wish to express my support for this Committee's examination of the D.C. Foster Care System. The foster children of the District of Columbia deserve quality care and service, services that can only be provided with your support.

I respect the positions of all of the witnesses that are here today and acknowledge the testimony they have given. When faced with the challenge of reforming the Child and Family Services Agency not only did they step up to make the changes necessary, they did so to the best of their ability. However, it is the continuing need for change that brings us here today.

Though we are all United States citizens, the residents of the District of Columbia are not afforded the same rights as their neighboring States. Therefore, we must rely on Congress to provide needed support to the D.C. Foster Care System. Ideally, the District of Columbia should not have to look to Congress for supervision. This is just another example of the injustice the American citizens residing in the District must suffer. While we will continue to fight to achieve full rights as celebrated by those in surrounding areas, I urge you to consider the needs of our D.C. Foster Care System as you would any issue that affects your own constituents, including respect for local sovereignty.

All Americans must care about all American children. However, we must acknowledge the fact that to Ohio and Louisiana constituents the D.C. Foster Care system is not a high priority. For that reason I appreciate this committee taking the time to hear the needs of the District of Columbia's Child and Family Services Agency. We must come together and make effective judgments based on the needs of this community, and despite the inconvenience of having to go through Congress to make decisions about District spending, we welcome your input on matters that affect the interests of our children.

Over the months since the end of Federal Court Receivership, the District has made substantial progress in reforming Child welfare and meeting the Federal Courts expectations. The witnesses who testified here today, not only provided suggestions for improvement but also justification to those suggestions. Several key issues must be taken into consideration. The development of a team of social workers whose primary goal is assessment and placement and an in-depth focus on permanent one-time placements are essential. Additionally an extension of the DC KIDS program as well as increased communication between foster parents and social workers are resources that should not be denied to the children of the foster care system.

In many foster care cases, the Child and Family Services Agency has to make quick emergency placements. Often these placements are disruptive to the child and the foster family. At times placements are not available which can result in the child staying in group or intake homes. Ideally, the Child and Family Services Agency would have the funding available to create a team of social workers whose primary goal is assessment and placement. This team of social workers would be able to investigate different placements quickly in order to find the one most suited to the child's needs. Kinship or extended family placements can be more readily taken advantage of. In order to ease the transition into a new home flexible funding would also be available for emergency supplies such as beds, food, and clothes. These resources are fundamental in ensuring that the foster child receives the best care within the first few days of transitioning from the biological home to the foster home.

Furthermore, the Child and Family Services Agency has a commitment to ensuring that children grow up in permanent homes. These homes are a necessary step in encouraging a healthy and normal lifestyle. They should have the means to devote more time in keeping siblings together and placing foster children with family members. Attention should be focused on one permanent placement rather than moving children from home to home. Foster children are taken from a traumatic home-life and have to work to build trusting relationships with a new family only to have to start all over again. The focus should be on finding the best placement, not just on placement as quickly as possible.

The Children's National Medical Center already has a strong foundation for quality health care being providing to the District's foster children. With its DC KIDS program, foster children who have recently been placed in foster homes are given premium health care. However, the DC KIDS program does not help those kids who were placed in foster care prior to 2001. The need to be able to reach those children is great. With the development of the FACES program, a computerized database of all foster children, medical records and medical histories can be easily accessible to

health professionals and social workers. Often foster parents, social workers and medical staff do not have adequate records that are needed for the care of the child. The DC KIDS program should be more integrated with the FACES database. This would not only enhance the DC KIDS program but would increase the reliability of the Child and Family Services Agency. The foster children of the District would receive quality care and there would be accurate medical histories and data on record for the children in the system.

The Child and Family Services Agency's commitment to bringing up the services standard for all children can be met if the communication between its social workers and foster parents was at a more productive level. Currently social workers are overloaded with cases and are not able to visit the children on a regular basis. They can not provide important information, such as programs and opportunities, that the foster parent and child can take advantage of because there is no time. An increase in staff would not only solve administrative headaches but could also lessen the workload on current social workers. Face-to-face meetings should be arranged between social workers and foster parents so that some sort of feedback session can be accomplished. Policy changes frequently are not told to foster parents or even social workers. These administrative hiccups need to end. Only with the available resources can the Child and Family Services Agency become a valuable asset to our community.

Senator Landrieu as you stated we would not leave a child involved in a car wreck stranded without emergency care. So why do we continue to leave the District's foster children stranded in this equally critical time? The answer is a lack of resources. The District Foster Care Services Agency must be given the resources it needs to take care of foster children. Most children are taken from a hostile environment, homes that can be both physically and mentally abusive. We need to do all we can to ensure the next home is one that will promote a healthy lifestyle so children of the next generation will not go through the same vicious cycle. The Child and Family Services Agency has a deep commitment to strong management and maximization of the quality of care. They have dealt with strained relations among agencies, increasing permanency placements, and have built a foundation of an improving organization. Adequate resources are a critical part of maintaining this momentum. The Child and Family Services Agency is on the right path and as long as we continue to improve, the organization will become a better place. Again I would like to thank Chairman DeWine, Senator Landrieu, members of the subcommittee for listening to the needs of the Child and Family Services Agency. I would also like to thank the witnesses who gave testimony effectively expressing the requirements necessary to care for the District's foster children. I trust the members of this subcommittee will go out of their way to ensure they have all the information that is required for this tough decision. I look forward to further hearings on this topic and am happy answer any questions. In closing, let me thank Ms. Adrienne Goffigan of my staff, for her valuable assistance in preparing this testimony.

PREPARED STATEMENT OF CASA OF THE DISTRICT OF COLUMBIA

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 D.C. 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 3½ years in foster care. Thirty-two percent 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 one-third 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 1,500 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, and
- 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.

PREPARED STATEMENT OF THE COUNCIL FOR COURT EXCELLENCE

The Council for Court Excellence ("CCE") is an independent, nonprofit, non-partisan 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 3 years, CCE has been privileged to work with the key public agencies in the D.C. child welfare system—the Family Court of the D.C. 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 the District of Columbia has a safe and permanent home within the time frame established by the Federal and D.C. 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 D.C. 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, D.C. 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 (percent)
2000	32
2001	43
2002	³ [54]

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 80 percent of children in abuse and neglect cases filed in the past three years were removed from their homes. Thus, this data reflects approximately 80 percent 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 D.C. 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, the District of Columbia'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 its plan to implement the final order in the LaShawn lawsuit. In addition, the D.C. 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 D.C. 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.

PREPARED STATEMENT OF KATE DESHLER GOULD, ESQ., NATIONAL ASSOCIATION OF COUNSEL FOR CHILDREN, WASHINGTON, DC CHAPTER

My name is Kate Gould. I am an attorney and a mediator. I am one of about 250 attorneys who are appointed by D.C. Superior Court to represent children, parents and caretakers in child welfare cases. I have been doing this work since 1994 and have represented many children in the foster care system over the years. In my work I interact daily with the Child and Family Services Agency and advocate regularly for children in the foster care system.

SUGGESTION FOR IMPROVEMENT

I would like to share my perspective and some ideas for a plan that could help to shorten the length of time children are in care and cut down on multiple placements and failed adoptive placements. My organization, the local chapter of the National Association of Counsel for Children, is proposing the formation of a new type of mental health clinic dedicated to the needs of foster children. It would serve the children from the point of the traumatic removal through the closure of the case, if necessary. It would be a resource for the child to work together therapeutically to support reunification with the biological family, as well as to promote stabilization of foster and adoptive placements. It would save money in the long run by helping to stabilize children and families sooner, enabling successful case closure at an earlier date. Such a program is needed to replace the existing patchwork system of delay, insufficient services and poor quality services.

PROBLEMS WITH CURRENT SYSTEM

In order to present the proposed solutions, I first need to describe the problems with the current system. The Child and Family Services Agency uses a program called DC KIDS for all its medical referrals, including mental health referrals. I have heard few complaints about the medical functions of DC KIDS. The mental health services provided by DC KIDS are another story.

Referrals for mental health services do not run smoothly. I have cases where there are very long delays before a therapist is identified. In one case, it took two months to identify a therapist. After another two months had passed, I learned that therapy had not begun because the therapist had met once with the children to do an assessment, had to write a report, which then had to be reviewed by DC KIDS in order for services to be set up. In this case, not only had therapy been court ordered months before, but had also been recommended in psychiatric and psychological assessment reports. I was calling and threatening court action. The requirement for the therapist to assess and report only served to delay the onset of badly needed services. I worry about what the time frame would have been like without my advocacy.

In another recent instance, a child for whom I serve as Guardian ad Litem told me that in order to reschedule her therapy appointment, she would have to contact DC KIDS. I checked with the social worker and was informed that DC KIDS does indeed do the scheduling for psychotherapy. This is an unnecessary encumbrance.

TRAUMATIZED CHILDREN BENEFIT FROM MENTAL HEALTH SERVICES

Psychotherapeutic services are not routinely offered as part of the services to the children removed, and yet, are universally needed. As the Guardian ad Litem, I routinely ask for court orders to provide these services. I have even been in the position of having to file a motion in order for therapy to be provided to a very needy child. These are not services that should have to be court-ordered in order to occur.

Children who are in foster care or placed with relatives frequently exhibit many signs of emotional disturbance. They may be aggressive, oppositional, anxious, very needy, and they frequently have low self-esteem. The reasons are obvious. They have been removed from their parent and their home. They may have been traumatized by physical, sexual or mental abuse or neglect that has precipitated the removal. Next, they are nearly always traumatized by the removal itself. I have never had a child removed from his or her parent, no matter how deplorable the abuse or the conditions of the home, who did not desperately want to return to the parent. Further, because of their own behaviors as a result of all this trauma, these children can be hard to live with and frequently do things such as steal or damage property which make them unwelcome in the foster home. Consequently, we see the additional trauma of multiple placements. Sadly, some children never recover from this trauma and spiral down into a life of residential treatment or juvenile delinquency.

MENTAL HEALTH SERVICES REDUCE PLACEMENT DISRUPTION

If a child removed from his or her parent were guaranteed the services of a licensed psychotherapist as soon as the case comes in, we would have a better prognosis for adjustment to the foster home or relative's home, making placement disruption less likely.

There are other critical points when availability of good mental health services is crucial. Many children come into the system with a background that suggests the possibility of developmental delays or educational problems. The patchwork of services that now exists provides uneven quality of psychiatric, psychological and psycho educational reports. These almost routinely have to be court ordered in order to occur, and very often there is delay in obtaining these services and the necessary reports. This information is essential to getting the help that these children need in order to address the problems that may be identified.

Good mental health services are particularly needed upon removal from the home and for the adjustment period of about the first 90 days. In order to effectuate reunification of the child with the biological parent, family therapy may play an important role. If efforts toward reunification with the biological family are exhausted and the goal is made adoption, the child will need support and therapy to help to process feelings of grief and loss. Another critical point is when a pre-adoptive family is identified, and the child and family need help to establish trust, and to bond.

MENTAL HEALTH SERVICES EASE ADJUSTMENT IN ADOPTION PLACEMENT

I have had several cases where a pre-adoptive placement failed. It is very sad to see a child removed from the home that all had hoped would be that child's permanent family at last. In these cases, as Guardian ad Litem, I have advocated for family therapy and supportive services that simply did not exist. Child and Family Services certainly does not have a program that routinely provides the kind of support a family would truly need to adopt an emotionally fragile child from foster care. In these sad cases of mine, the families have told me they felt that they were left hanging with very little support to face this enormous adjustment.

A CLINIC MODEL WOULD IMPROVE QUALITY AND AVAILABILITY OF SERVICES

Even if DC KIDS were to improve its service model, another problem exists. Well-qualified psychotherapists are not now widely available for foster children in the District of Columbia. There is frequent turnover among therapists, just as with social workers. I have had instances in my cases of therapists not showing up for scheduled appointments, dropping out of sight without a final session to give closure for the child, and failing to return telephone messages from the Guardian ad Litem or social worker. While in some of my cases, I have had excellent therapists who helped the child tremendously, in general the agencies which currently provide mental health services to foster children in the District of Columbia are doing an inadequate job.

The Agency's position is that they are limited for the most part to providers who will accept what D.C. Medical Assistance pays. D.C. Medical Assistance pays a very low rate, and as a result, we find rapid turnover, and poorly qualified therapists. Licensed psychotherapists who will accept payment from D.C. Medicaid are very

hard to find. Frequently after long waits for identification of a therapist, a child is assigned an intern. The problem with interns is that they are on the job for a short term, usually only a period of three or four months. Part of the therapeutic process involves trusting and building a relationship with the therapist. Children with behavioral difficulties resulting from neglect, removal and multiple placements frequently are diagnosed with attachment disorder, or at least have issues with attachment. This means that they reject others so they will not suffer rejection, which leads to huge behavioral problems in the foster home, at school, and with peers. The last thing most foster children need is a therapist who will leave after a short period of time.

SEPARATE MEDICAL SERVICES FROM MENTAL HEALTH SERVICES

DC KIDS should separate out the mental health function from the provision of medical services to the foster children, and a new agency should be formed or contracted with to provide comprehensive mental health services to the foster children of the District of Columbia. It should have psychotherapists on staff who are licensed and well-trained to work with children and families. Funds should be allocated to cover salaries that are reasonable, which means significantly more than the amount paid by D.C. Medicaid.

CONCLUSION: A MENTAL HEALTH CLINIC WOULD BE COST-EFFECTIVE

If funds for this purpose were reallocated from another function, it would be cost-effective. A comprehensive mental health program for foster children would save money by reducing the length of time spent in foster care, and reducing the need for expensive services such as residential treatment.

I appreciate your consideration of my suggestions.

SUBCOMMITTEE RECESS

Senator DEWINE. We'll end on that very positive note. Thank you very much for your commitment to the children, and we thank all of you for what you do for kids. We will continue to hold hearings on our foster care system, this was the second and we will have more in the future. Thank you.

[Whereupon, at 11:27 a.m., Wednesday, May 14, the subcommittee was recessed, to reconvene subject to the call of the Chair.]