S. HRG. 109–262

FUNDING FOR FEDERAL FOSTER CARE INITIATIVES IN THE DISTRICT OF COLUMBIA

HEARING

BEFORE A

SUBCOMMITTEE OF THE

COMMITTEE ON APPROPRIATIONS

UNITED STATES SENATE

ONE HUNDRED NINTH CONGRESS

FIRST SESSION

SPECIAL HEARING

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FUNDING FOR FEDERAL FOSTER CARE INITIATIVES IN THE DISTRICT OF COLUMBIA

THURSDAY, MARCH 10, 2005

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

The subcommittee met at 3:30 p.m., in room SD–192, Dirksen Senate Office Building, Hon. Mike DeWine (chairman) presiding.

Present: Senators DeWine, Allard, and Landrieu.

OPENING STATEMENT OF SENATOR MIKE DE WINE

Senator DEWINE. We made it. We apologize. We had four straight votes, so we apologize. Thank you all for waiting.

The subcommittee today will focus on the progress that the Child and Family Services Agency (CFSA) has made in protecting the lives of the children in the District of Columbia's foster care system.

The simple fact is that every child in foster care, whether it's a child here in the District or in Cincinnati or New Orleans or anywhere in America, deserves to live in a safe, stable, loving, and permanent home, with loving and caring adults. All children certainly deserve that. But, unfortunately, too many children are not getting what they deserve in this country.

Over 10 years ago, the District's child welfare system was considered among the worst in our Nation. In 1989, the American Civil Liberties Union filed a class-action lawsuit, *LaShawn A.* v. *Barry*, against the city, arguing that the District was failing to protect neglected and abused children. In 1991, the case went to trial, where the court ultimately found the District liable.

Following this decision, the parties involved in the case developed a remedial action plan. The court used this plan as the basis for its modified final order, which required the District to correct the vast deficiencies in its child welfare system.

By 1995, however, little had changed, prompting U.S. District Judge Thomas P. Hogan to install a receiver to oversee the system and appoint a court monitor to review the District's performance.

On June 15, 2001, the receivership ended, and responsibility was transferred to a newly established Cabinet-level Child and Family Services Agency. The order terminating the receivership created a probationary period that would end when the District demonstrated progress on a series of performance indicators.

Two years ago, this subcommittee held a series of hearings to shed light on the many and varied problems with the District's fos-

ter care system and to explore ways that the Federal Government, through funding provided by this subcommittee, could improve the failed system. Through our hearings and reviews, we found that there were several critical needs that, if addressed, could go a long way toward improving the lives of thousands of children in the District of Columbia foster care system and help expedite their placement in stable, loving homes.

To that end, we have provided nearly $20 million over the past 2 years to address those needs, which include the following:

One, intensive early intervention. This means that when a child comes into care, he or she is treated as an emergency situation. Just as hospitals triage medical trauma, the District's Child and Family Services Agency could do the same for the emotional trauma facing children who are brought into its care. The earlier a child is stabilized, the better his or her chances of avoiding long-term damage. We intended that a flexible fund be established that could be used to purchase beds, clothing, other items to help a relative bring a child into his or her home immediately without forcing the child to stay in a group home or foster home.

Second, early mental health evaluations and timely mental health services for all children in foster care. The committee has provided funds for the District's Department of Mental Health to ensure that all children receive timely mental health assessments upon entering foster care, that all mental health assessment reports be provided to the court in a timely fashion, and that all children receive mental health services immediately after the court orders those services.

We heard testimony from the D.C. Family Court that, in most child abuse and neglect cases where mental health services have been ordered, there have been long delays in providing those services to the child and/or the family. It had often taken up to 6 to 8 weeks, or longer, to complete an evaluation, and up to 60 days after the evaluation before the mental health services were provided, even in serious cases. I hope that we will hear from our witnesses today that those times have been dramatically shortened.

Number three, recruitment and retention of qualified social workers. This subcommittee provided funds for the repayment of student loans for social workers at the Child and Family Services Agency in the hopes of recruiting and keeping qualified social workers. It's no surprise that the higher the caseload for a social worker, the lower the quality of service to each of those children. The District, like many cities, has suffered from the high turnover rate of social workers. Clearly, the relatively low pay and difficult working conditions of social workers has resulted in a child-welfare workforce crisis. We have taken a big step to encourage more workers to enter the child-welfare workforce by funding student loan repayment which will aid in the retention and improvement of conditions for the District's social workers.

Number four, recruitment and retention of foster parents. This subcommittee also provided funds to recruit and retain foster parents. The Children and Family Services Agency had experienced difficulties recruiting and retaining an adequate number of appropriate qualified foster parents. One reason for this had been the lack of available respite care for foster parents. Foster parents do

not have the same opportunities for respite care as biological parents. The funds we have provided have helped with emergency respite, planned respite, and ongoing regularly scheduled respite. This is critical to provide foster parents the rest that they need to continue to stay on as foster parents. I am hoping that our witnesses can give us a progress report on the use of these funds.

Number five, improved computer tracking of all children in foster care. We have also provided funds so that the agency could move the current client-service system to a Web-based architecture and provide laptop computers to all CFSA social workers. The subcommittee had heard testimony from the Government Accountability Office that CFSA's database lacked many active foster care cases, and that the system was often down. In addition, social workers did not have access to the database via laptop computers. Social workers often had to return to the office, sometimes late at night, to enter data on children in care. We planned that some of the funding would allow the agency to purchase laptop computers for social workers so that they could be able to enter data from off-site locations, such as the courthouse or the child's home.

As chairman of this subcommittee, my paramount goal has been to help the District of Columbia improve its foster care system. I view this as my most important priority, and hope that city leaders also will continue to place the highest priority on this goal. I believe that we have established a unique partnership in the area of foster care improvement. I am eager to hear what fruits our efforts are now bearing.

As usual, witnesses will be limited to 5 minutes for their oral remarks to allow ample time for questions and answers. Written statements will be included in the record.

Now let me turn to Senator Landrieu, who has been my great partner in this effort and who again will be joining me as the ranking member.

Senator Landrieu.

STATEMENT OF SENATOR MARY L. LANDRIEU

Senator LANDRIEU. Thank you, Mr. Chairman. And thank you for that excellent opening statement. I want to join you in that priority for the improvement and strengthening of our foster care system, and agree wholeheartedly with your designation as our lead issue. And I'm proud that we've started our hearings, Mr. Chairman, first on this important issue of foster care, because I look before me and see many partners in that effort.

I'm going to try to keep my remarks very brief, because I know we have been delayed by unexpected votes, but I do have a few things that I'd just like to cover very briefly.

One, Mr. Chairman and panelists, great cities, like great nations, are not built on roads and infrastructure and tall buildings, alone. In fact, their foundations rest on families. If families are not healthy and strong and economically independent, the communities they live in are not, either.

It has been my honor to work with this chairman and with many of you to strengthen and to honor our families and to protect children. And I hope that we will continue to make progress.

I'd also like to take this opportunity, before we begin with this panel, though, to restate that I hope that, as this year unfolds, we can continue our focus on the reform and strengthening of our public school system, which is also a critical foundation to building a great and vibrant city.

In addition, no matter how strong our family support system is, no matter how strong our public school system is, if the city itself, in which these systems, if you will, rest, has a structural, real, and significant financial imbalance, whatever reforms that we can make couldn't last very long without the adequate funding, as well as good management necessary to keep them going. So I'm hoping that we'll continue, as this year unfolds, to focus on the structural imbalance, as the GAO study that we reviewed last year would indicate we should.

I'll submit the rest of my remarks to the record, and also some written facts about the numbers of children, broken down in ways that some of the panelists in their testimony provided for us, and submit these so that we can just have a benchmark of how many children are in foster care, in-home and out, how many are a certain age, how many adoptions, how many terminations of parental rights, what is the backlog, so we can get benchmarks and really see that we are making progress.

PREPARED STATEMENT

So, Mr. Chairman, thank you again. I'm going to be able to stay for just a few minutes, and, unfortunately, I'm going to have to slip out a little early.

[The statement follows:]

PREPARED STATEMENT OF SENATOR MARY L. LANDRIEU

Great cities, Mr. Chairman, like great nations, are not built on roads alone, their foundations rest on families. If the families are not strong, the communities they live in cannot be. It has been my honor, Mr. Chairman, to work with you to focus this committee on preserving families and protecting children. I hope the fact that we chose to hold our very first hearing of the 109th Congress on a system that aims to serve families says a lot about how important we feel this issue is to the future of the District.

Before I share some of my thoughts on the issue at hand, I would like to take this opportunity to suggest other areas for this committee to focus on this year. As you well know, the primary purpose of the D.C. subcommittee is to ensure the immediate and long term economic health of the District. There are many ways we can do that. We can continue our work to correct what GAO has identified as a structural imbalance between the cost of providing city services and their ability to take in revenue. But at the same time, we must focus on other tools for bringing greater prosperity and long term stability to the District. Cities that have good public schools, safe communities and strong families are cities that have strong economies. If we focus ourselves on providing these things in the District, we will go a long way toward the economic independence the city needs and deserves.

I think we have come a long way toward reforming public education in the District. One of the driving forces behind this change has been the charter schools. In the District, charter school students now make up 20 percent of the public school population, some 16,500 students. When people ask me why I support charter schools, I tell them it is because I believe in public education. I firmly believe that if we work to modernize the system of delivery for public education, allow greater opportunities for innovation and hold schools accountable for results, then we can provide a high quality public education for every child in America. One size does not fit all, and if we give our parents choices, they will choose what is best for their child.

Until now, the focus of the charter school movement has been to increase the quantity of charter schools. But if we expect this to be more than a movement, we

must shift our focus from quantity to quality. As the Washington Post put it, "The District's experiment with charter schools has proved hugely popular with parents, but the schools vary widely in quality and have yet to demonstrate that they are doing better than the city's regular public schools in raising student achievement."

I am encouraged by the D.C. Board of Education's proposal to issue a short moratorium on issuing more charters. I think this indicates that they are not going to try and do more; they are going to try and do better. I hope that this committee will use its resources to help support all public schools, both charter and non-charter, to do better by their children.

Our focus today is on the investments made in the D.C. Foster Care system. I would like to thank Chairman DeWine for his ongoing leadership on issues such as these. In our first year on D.C. as chairman and ranking member we worked together to pass the Family Court Act which created a new standard for how children and their families are to be treated in the courts—one family one judge. The courts have implemented this standard, hired new staff and created a separate family-friendly space in the courthouse in order to better serve the most vulnerable population. I want to recognize the strong leadership of Chief Judge Rufus King and the tremendous dedication of his Family Court Chief Judge Lee Satterfield and deputy Judge Anita Josey-Herring; thank you for being here today.

We have shepherded the Child and Family Services Agency in their transition from receivership to improving services and outcomes for children. CFSA was put under a court-ordered Receivership in 1995, as a result of findings by the court in a 1991 civil action brought on behalf of LaShawn A. and other children in the foster care system. In 2001 CFSA became a D.C. agency and has been working to meet the goals of the Modified Final Order, local and Federal mandates, primarily the Adoption and Safe Families Act. I am pleased to see such remarkable progress in establishing a management structure to implement the specific reforms necessary; I look forward to hearing more today.

What made the Adoption and Safe Families Act so historic had little to do with the programs it created or the funding it provide. In 1997, for the first time, we as a Congress acknowledged that above all things; children need permanent, safe, and loving homes. We dedicated ourselves and the systems we help fund to putting the well being of children ahead of all other considerations. This change of mind has resulted in 56,000 children going from the halls of the system into the arms of a loving parent.

By most accounts, this law was a success and yet, there are still barriers that stand in the way of children finding homes. The same can be said about the District. In March 2001, Senator DeWine and I held our very first hearing and many of you or your predecessors were here with us. At that time Judith Meltzer, the Court Monitor of the Receivership, who joins us again today, outlined four broad categories of issues the system faces: the lack of a clearly defined child welfare policy by the city; inadequate system capacity, options, and supports for children and families; fiscal insufficiency in several of the agencies involved in child welfare activities; and the failure of multiple agencies to work together to support children and families.

Four years later we are here to revisit these issues. Highlights of improvements are: the number of young children in congregate care longer than 30 days has been reduced from 99 young children in 2001 to 5 young children as of the end of 2004. Adoptions are increasing every year, from 273 in 2001 to 384 in 2004. However, there remain some serious areas in which CFSA must improve in order to be in compliance with Federal laws and the LaShawn order.

This committee has always encouraged collaboration among various agencies in the city which provide services to children. While I understand there are improvements in information sharing between the Public Schools and CFSA, I remain very concerned with how well children under the care of CFSA are performing in school. We need to be sure that the people in the field understand that one of the areas they should be gauging a child's success and well being in is education. I have often thought that a residential school, such as the SEED School in D.C. would offer an opportunity for a safe home paired with a rigorous and supportive educational environment. I would be interested to hear the witnesses' thoughts on the educational outcomes for children in foster care and what some immediate strategies for improvement are.

The city is still not addressing the great needs of 43 percent of children in out-of-home foster care—those who are age 14 older. These are the children who could "age out" in a matter of months or short years and will be lost to the involvement of these committed individuals and the services their agencies can bring to bear. I urge CFSA and the Department of Mental Health to focus quickly and creatively on older children before it is too late.

My final point relates to two issues which the court and CFSA must work closely on. The first is the backlog of filing Termination of Parental Rights (TPR); I understand the D.C. Attorney General and CFSA undertook a review and determined 453 children need goal changes or TPRs. The Adoption and Safe Families Act requires that if child has been in care 15 of the last 22 months the court must initiate TPR proceedings. I would like to hear what specific action CFSA will take to clear this backlog. Second, I understand the D.C. Council changed the requirement for the court to hold an initial hearing from 24 hours to 72 hours. I can see this may alleviate the court schedule and allow for CFSA to conduct early intervention. However, I would like to know what services are being provided to children in care during this time? The first few hours and days when a child is removed from the home are critical.

We are so grateful that there are dedicated individuals working to provide safe and permanent homes to children in the District of Columbia—thank you for taking the time to be here today. I look forward to your testimony and our continued partnership to improve the lives of children in care and those we successfully help into a permanent safe home.

BASIC FACTS ABOUT THE DISTRICT'S CHILD WELFARE SYSTEM AS OF 12/31/04

	Number
Total Number of Children (in Foster Care plus Under Supervision)	5,800
Number of Children in Foster Care	[1] 2,633
Number of In-home family cases under Protective Supervision	[2] 3,167
Demographic Profile of Children in Foster Care:	
Female (percent)	49
Male (percent)	51
African American (percent)	94
Age: [3]	
Under 1 year (percent)	5
Age 2–3 (percent)	7
Age 4–5 (percent)	5
Age 6–13 (percent)	41
Age 14–21 (percent)	43
Entries and Exits in Foster Care (January 2004 to December 2004):	
Number of children in Foster Care as of 2004	2,941
Entries:	
New Entries	694
Re-entries	186
Total Entries	880
Exits:	
Adoption	383
Guardianship	268
Living with relatives	135
Aging Out (Emancipation)	187
Reunification	287
Placement/Custody by Other District Agency	19
Fatality	8
Other	12
Total Exits	1,299
Number in children in Foster Care (on 12/31/2004)	2,633
Percent change (percent)	−10.5

[1] Includes 1,857 children where CFSA is primary case manager and 776 children where private agency workers are primary case managers (via CFSA contract). Includes 556 children in kinship foster homes; 1,507 children in non-kinship foster homes; 184 children in group homes; 196 children in independent living programs; 152 children in residential treatment and 38 children in other placements (e.g. juvenile corrections, substance abuse treatment etc.).

[2] 3,167 children are under supervision in 1,541 families.

[3] Adds up to 101 percent due to rounding.

SOURCE: CFSA FACES.

Note.—CFSA reports that discrepancy of 111 children between entrances and exits due to in-process placements and newly processed placement changes.

PREPARED STATEMENT OF SENATOR THAD COCHRAN

Senator DEWINE. That's all good information the subcommittee would like. Thank you very much. Before we start, I would like to insert the statement of Senator Cochran into the record.

[The statement follows:]

PREPARED STATEMENT OF SENATOR THAD COCHRAN

Mr. Chairman, I am pleased you are having this hearing, and I look forward to working with the committee and the District of Columbia on issues of importance to our Nation's capital.

I want to also thank Senator DeWine for his leadership as chairman of this subcommittee. It is my hope that this panel will give us guidance in making informed decisions regarding the quality of life of the children placed in the District's foster care system.

Senator DEWINE. Let me introduce, very quickly, our panel.

Ms. Brenda Donald Walker is a Director with the District of Columbia's Child and Family Services Agency. We welcome you. The Honorable Lee Satterfield is the presiding Judge of the D.C. Family Court. Judge, thank you very much for joining us. We appreciate it very much. Judith Meltzer is the Court-appointed monitor for the Child and Family Services Agency. Ms. Marilyn Egerton is the Deputy Director of the Foster and Adoptive Family Advocacy Center. And Ms. Martha Knisley is the Director of the District of Columbia's Department of Mental Health.

Let me take an extra moment here to point out, Ms. Knisley is a former Buckeye. She spent 21 years as a Deputy Director and then Director of the Ohio Department of Mental Health. Many of her family live in southern Ohio, and she is also an alumnus of the Ohio State University.

And so, we thank all of you for joining us.

Senator LANDRIEU. Bragging, bragging, bragging.

Senator DEWINE. Well, we have to get that in. I'm sure Louisiana will be represented here shortly. So Ms. Walker, would you like to start?

STATEMENT OF BRENDA DONALD WALKER, DIRECTOR, CHILD AND FAMILY SERVICES AGENCY, DISTRICT OF COLUMBIA

Ms. WALKER. Thank you. Good afternoon, Senators DeWine and Landrieu.

I am Brenda Donald Walker, Director of the D.C. Child and Family Services Agency. Thank you for your interest in child welfare in the Nation's Capital and for the opportunity to highlight our progress.

When CFSA, our agency, appeared before this subcommittee 2 years ago, I was then Chief of Staff to CFSA's former Director, Olivia Golden. Dr. Golden left CFSA in April 2004, and Mayor Anthony Williams appointed me to build on the foundation laid in the 3 years post-receivership. All of us wanted a smooth leadership transition that would preserve the fast pace of reform, and we made that happen.

Child welfare in the District has changed in the past 2 years. Abused and neglected children and troubled families in the District have never had a stronger safety net than they do today. But are we there yet? No.

Our court-ordered implementation plan approved in May 2003 allows nearly 4 years to achieve rigorous performance benchmarks. We are now at the halfway point, and we'll need every moment of the remaining time to get totally there.

Two years ago, we had 8,325 children on our caseload. Today, that number has dropped to 5,791, a 30-percent decline. At the end of last month, 54 percent were at home with their parents, and 46 percent were in out-of-home placements.

Children we serve are overwhelmingly African-American and evenly divided between males and females. The largest percentage is older children, ages 12 to 17, followed closely by a sizeable group of 6 to 11 year olds. Seventy-five percent of our foster care children are in family settings, with about 20 percent in kinship care.

To paint an overall picture of CFSA's progress to date, my written testimony highlights just nine performance indicators representative of the hundreds we track. CFSA has been successful on three of the nine. We're making steady incremental progress on four. And we're still struggling to improve and maintain performance on two. Thus, you have a bell curve that illustrates our current status quite accurately—outstanding achievement in some key areas; adoptions; almost no young children in congregate care; measurable progress in many areas, such as case plans, visits to children in foster care, and licensing of foster homes; and yet several problems resulting in insufficient progress in a few important areas, such as investigations and in-home visits.

As an example, in fiscal year 2004 we moved an all-time high of 919 children out of foster care and into permanent homes through reunification, guardianship, or adoption, and we currently only have four children under six in congregate care. At the same time, we continue to have a persistent backlog of investigations not completed within 30 days, and we are not visiting our in-home children as frequently as we should. Yet we are light-years ahead of where we have been, and we are still moving in the right direction.

In that regard, CFSA has put to good use the fiscal year 2004 special appropriation of $9 million for early intervention, flexible funds for kinship licensing, student loan repayments for social workers, and technology improvements. The core of our early intervention strategy is the new family team meeting (FTM) initiative, which gives families a strong voice in making decisions.

In January, we began conducting FTMs before all removals. We have held 47 family team meetings involving 85 children so far. Other jurisdictions using FTMs have experienced fewer children entering care, and significant reductions in placement disruptions. We anticipate similar outcomes in the District. In April, we will use family team meetings for all placement changes—or prior to any placement changes.

Flexible funds facilitate licensing family members willing to care for children who otherwise would go into traditional foster homes or congregate care. Between March 2004 and the end of the fiscal year, we spent approximately $234,000 to support 99 families in meeting licensing standards.

Within the 7 months available to plan and launch the student loan repayment program, 147, or about half, of our social workers applied for a total obligation of a little over $2.2 million out of the

$3 million allocation. While it will be at least 2 years before we know whether this is an effective retention strategy, we do believe it will increase social workers' tenure in the District.

Finally, CFSA is using $3 million to convert our FACES automated management information system to a Web-based platform, and we've just completed that first stage. In addition, we are replacing social workers' personal computers with laptops so that they can, as you mentioned, Senator DeWine, be able to enter and retrieve client information in the field.

Thanks, in part, to your support, CFSA is moving toward becoming a model for the Nation. At the same time, we have a great deal of work still ahead. I am especially concerned about the large number of older youths growing up in the District in foster care, a legacy of past failure to focus on permanence. CFSA must redress that failure and give these young people the same quality start in life we give our own children. We must also do more to prevent younger children from growing up in the system.

Of CFSA's $235 million budget, only about 5 percent, about $12 million, is for early intervention and prevention services. We need more flexibility to shift resources to address critical front-end and back-end issues, such as lack of affordable housing that undermines family efforts to stay together or reunite, post-adoption services, after-care programs for youth, for young adults who are aging out of foster care, including affordable housing and other support.

We hope you will be interested in discussing potential next steps in building the safety net for the District's abused and neglected children.

PREPARED STATEMENT

Thank you so much for your interest in these children and families, and for your support.

Senator DEWINE. Good. Very concise, very good. Thank you very much.

[The statement follows:]

PREPARED STATEMENT OF BRENDA DONALD WALKER

Good afternoon, Senator DeWine, Senator Landrieu, and members of the District of Columbia Subcommittee of the Senate Appropriations Committee. I am Brenda Donald Walker, director of the D.C. Child and Family Services Agency (CFSA). Thank you for this opportunity to report on the progress of child welfare reform in the Nation's Capital. In addition, I am eager to tell you about initiatives you funded via the special Congressional appropriation, for which we are grateful.

It was exactly two years ago that CFSA last appeared before this subcommittee. At that time, I was chief of staff to CFSA's former director Olivia Golden. Dr. Golden left CFSA in April 2004, and upon her recommendation, Mayor Anthony Williams appointed me to build on the foundation she established in the three years post-receivership. All of us wanted a leadership transition that would preserve the fast pace of our reform agenda. In practice, we had the least disruptive leadership transition in agency history and more than maintained the rapid evolution underway at CFSA.

Performance Highlights

Public child protection in the District has changed significantly since CFSA testified here in March 2003. To anticipate some overall questions you may have * * *. Have we passed major milestones in solidifying our foundation and improving performance in key areas? Yes. Are we seeing evidence of better outcomes for more children and families? Yes. Are we demonstrating that the District Government can deliver critical services after six years of Receivership? Yes. Abused and neglected children and troubled families in the District have never had a stronger safety net than

they do today. But are we "there yet?" No. Our court-ordered Final Implementation Plan approved in May 2003, allows nearly four years to achieve rigorous performance standards. We are now almost at the halfway point and will need every moment of the remaining time—as well as continued hard work, political will, and community support—to "get there."

As numerous other cities have learned from experience, urban child welfare reform is a long, challenging progress. The only way to succeed is to use each accomplishment as a platform for tackling the many critical requirements still ahead.

Children and Families

I want to provide a brief overview of how things stand at CFSA today, beginning with the most important element: the children we serve. Two years ago, we had 8,325 children on our caseload. Today, that number has dropped to 5,791 children—a 30 percent decline. We have gotten much better at achieving permanence for children, as I'll explain in a moment, and because caseworkers are no longer overwhelmed, they close cases instead of allowing them to languish.

CHILDREN CFSA SERVES

	March 31, 2003		February 28, 2005	
	Number	Percent	Number	Percent
In home:				
Court	1,330	26	785	25
No court	3,700	74	2,328	75
Total in-home	5,030	60	3,113	54
Out of home:				
Court	3,262	99	2,607	97
No court	33	1	71	3
Toal out of home	3,295	40	2,678	46
Total children	8,325	.....	5,791	.....
Goals of children in out-of-home placement:				
Reunification	614	19	513	19
Adoption	1,289	39	770	29
Guardianship	124	4	445	17
Ind. Living, APPLA	1,268	38	800	30
Other	.....	.....	150	5
Total	3,295	.....	2,678	.....

Source: CFSA FACES.

The children we serve continue to be overwhelmingly African-American and evenly divided between males and females. The largest percentage is older children, ages 12 to 17, followed closely by a sizeable group of six- to 11-year-olds. At the end of last month, 3,113 children—or 54 percent—were at home with their parents, and 2,678—or 46 percent—were in out-of-home placement.

At the same time, a growing proportion of our caseload is composed of clients with serious, difficult, and expensive issues—such as children with multiple disabilities. We are also serving many large families struggling with a host of challenges. In December 2003, our first needs assessment study (which we will now conduct every two years) showed that the typical CFSA client family is a single mother, average age 31, with four children under age 18 in the home. Among adult clients in the sample: 96 percent were unmarried; 73 percent were unemployed outside the home; 52 percent had not graduated from high school; and fully 25 percent were homeless or living in a shelter before becoming involved with CFSA.

Child protective cases in the District have always been complex, and that is truer today than ever before.

Sample Performance Indicators

With an overall caseload decline of nearly one-third and a larger cadre of case-carrying social workers, CFSA has made significant strides in meeting the long-standing challenge of reducing individual caseloads to manageable levels. Based on standards in the *LaShawn* order, caseloads may not exceed 1:12 in Investigations,

1:17 for families, 1:20 for children in foster care, and 1:12 for children with the goal of adoption. Today, average caseloads at CFSA are currently 1:15 in Investigations, 1:17 for children in families and in foster care, and 1:10 for children with the goal of adoption.

To paint an overall picture of where CFSA stands today, I want to highlight nine performance indicators representative of the hundreds we track regularly. Our court-ordered Final Implementation Plan mandates these performance measures, but that's not the point. The point is that meeting these standards is critical to providing the diligent, quality service abused and neglected children need and deserve. Of the nine performance indicators I'll discuss briefly, CFSA has been very successful on three; is making steady, incremental progress on four; and is struggling to improve and maintain performance on two. Thus, you have a Bell curve that illustrates our current status quite accurately: Outstanding achievement in some key areas; measurable progress in many areas; and stubborn problems resulting in insufficient progress in a few areas.

Strong Performance.—At the front end of the Bell curve, strong performance at CFSA stands out in: reducing the number of young children in congregate care, conducting timely Administrative Reviews, and increasing adoptions. These important indictors cut to the heart of what children need to thrive—namely, nurturing family settings and stability.

In 2001, when the Court Monitor prepared baseline data for CFSA, we had 99 children under age six who had been in congregate care for more than 30 days. Today, we have just five children under age six who have been in congregate care for 30 days. The District has made a huge leap forward in placing younger children in the family settings that do so much more for their healthy emotional development.

Semi-annual Administrative Reviews ensure movement of children toward permanence with all due speed. CFSA has more than doubled the percentage of cases with current Administrative Reviews—from 43 percent in 2001 to 93 percent at the end of December. Each month, we move closer to the goal of 100 percent and expect to meet it within the next few months. Our in-house Quality Improvement Administration schedules and facilitates these reviews, evaluates the status of case plans in advance, and follows up with social workers to ensure prompt attention to action items.

Deliberate focus on permanence has led to a large increase in adoptions. Family Court finalized adoption of 273 children in 2001. In 2004, adoptions jumped 41 percent to a total of 384. Add the 273 children who achieved guardianship and 262 reunified with their families, and the result is 919 children who left foster care for permanent homes last year. Speedier permanence for more children accounts for a significant portion of the decline in our overall caseload, as it should.

Steady Progress.—At the top of the Bell curve are numerous areas in which CFSA is making steady, incremental progress. Four stand out: Developing case plans for foster care cases; developing case plans for family and kinship cases; making monthly visits to children in foster care; and licensing foster homes.

A case plan is the critical roadmap to safety; services; and permanence through reunification, guardianship, or adoption. In 2001, only 25 percent of CFSA foster care cases had case plans. By the end of December 2004, that number had jumped to 85 percent—still short of our 95 percent goal but closing in rapidly. For family and kinship cases, only a shameful 9 percent had case plans in 2001. Today, 69 percent have case plans—also short of the goal but a seven-fold increase headed in the right direction.

Regular visits by social workers to monitor foster children are one of the strongest safety features in public child protection. From an abysmal two percent of foster children receiving a monthly visit in 2001, 78 percent had a monthly visit in December 2004. That's a dramatic 39-fold increase. We are continuing to push to meet the goal of 90 percent.

Licensing standards for foster homes are an important safety and quality measure for children. CFSA has worked diligently to achieve licensing despite barriers, such as long-time placement of children with kin before the District required licensing. In some cases, long-standing court orders for monthly foster-care payments to unlicensed relatives exacerbate procrastination in fulfilling licensing requirements. Nonetheless, CFSA has more than doubled the percentage of children placed in licensed foster homes—from about a third in 2001 to just over two-thirds today. We move closer to the goal of 95 percent each week.

Corrective Action.—Finally, at the end of the Bell curve, CFSA has some areas undergoing strenuous corrective action. In June 2004, our semi-annual Quality Assurance Report listed 11 methods CFSA is using to drive performance improvement, such as intensive, short-term work groups; training; staffing up; developing tools to

facilitate investigative and case decision making; and input from outside experts. Over the past eight months, we have initiated several additional approaches.

Both Mayor Anthony Williams and I are serious about making CFSA a first-class child welfare agency that consistently performs well in every key area. Regular management reports keep me fully aware of where performance is lagging, and I have put managers on notice that turnarounds in these areas are their highest priority.

From an unacceptable backlog of 807 child abuse investigations not completed within 30 days in 2001, CFSA had reduced the current backlog by 61 percent to 311 at the end of 2004. This is still too high. Late last summer, I hired an experienced manager to head Intake & Investigations. She is now working to streamline and improve an essential function that had never been properly organized since CFSA assumed responsibility for abuse as well as neglect investigations. I have devoted extensive resources and other support to this critical gateway to child protection and will do whatever else is necessary to bring investigative performance up to standards.

Regular social worker visits to monitor children's safety and well being are the essence of child welfare. I am deeply concerned that reducing caseloads to more manageable levels has not yet translated into regular visits to children living at home. Make no mistake: More children at home are now receiving more regular visits from CFSA social workers than ever before. When the Court Monitor established a baseline for this measure in October 2002, only 11 percent of children at home received a monthly visit. In December 2004, 68 percent received a monthly visit. While that's a six-fold increase, it's not enough. CFSA Program Operations has identified barriers to visits and is working to overcome them. I have made continued, diligent focus on this essential element of casework one of the agency's top priorities.

Update on Fiscal Year 2004 Special Appropriation

Of the $14 million special appropriation you generously awarded to the District in fiscal year 2004, CFSA received $9 million for early intervention, flexible funds for kinship licensing, student loan repayments for social workers, and technology improvements. When Congress approved the fiscal year 2004 appropriation in February 2004, we immediately began developing and succeeded in launching several new initiatives.

Early Intervention

The core of our early intervention strategy is the new Family Team Meeting (FTM) initiative, which ensures families have a strong voice in decisions about removing a children or changing their placement. In fiscal year 2004, we executed a contract for FTM training from noted national experts, hired the FTM team, and established the flexible fund component of the program.

The program began as a pilot from September through December for selected high-risk cases. We began conducting FTMs before all removals in January 2005, and beginning next month, we will hold an FTM before all placement changes. While it is too early to draw conclusions about the long-term effectiveness of FTMs in the District, we have developed a tracking system to follow the progress of FTM participants. For example, we know that of the 11 children whose families participated in Family Team Meetings last September, two remained at home, four were returned to their father, and five were placed with relatives. So far in 2005, we have held 47 FTMs for 85 children. Other jurisdictions that have used Family Team Meetings for some time have typically experienced fewer children entering care and significant reductions in placement disruptions. We anticipate similar outcomes for the children and families we serve.

Emergency Support Fund

Flexible funds facilitate licensing of family members willing to care for children who would otherwise go into traditional foster homes or congregate care. We are using flexible funds for home repairs or renovations, furniture, medical exams, and lead paint removal—all to help relatives meet foster home licensing standards.

We also use the funds to underwrite room-and-board payments to kinship homes with short-term temporary licenses, which are ineligible for federal reimbursement. Between March 2004 and the end of the fiscal year, we spent approximately $234,000 from the flexible fund to support about 99 families in meeting licensing standards.

Social Worker Student Loan Repayment

Nearly every child welfare agency in the nation struggles with the challenge of reducing high social worker turnover. Repaying all or a portion of student loans is

an experiment to determine whether this incentive will keep social workers on the job longer.

Under our demonstration project, case-carrying social workers who have worked for CFSA or one of our contracted providers for at least two years and who agree to stay an additional two years were eligible for generous loan repayments between $10,000 and $18,000. Within the seven months available to plan and launch the program, 147 social workers applied for a total obligation of $2.2 million out of the $3 million allocation. We also budgeted $250,000 for administration, documentation, and evaluation. While it will be at least two years before we know whether this is an effective retention strategy, we believe it will encourage qualified and motivated social workers to extend their tenure in the District.

Technology Improvement

Three million dollars allocated to upgrade technology for social workers has two primary purposes: conversion of our FACES automated management information system from a server- to a web-based platform and purchase of laptop computers so social workers can access FACES in the field. In fiscal year 2004, we awarded contracts to establish the web-based system and to purchase almost 250 laptop computers. We are now phasing in FACES.net over 18 months.

Even at this early stage, we are already seeing results. Under a portion of the project known as the provider web, all our contracted child placing agencies now have real-time access to FACES. This allows them to update placement changes promptly, which, in turn, helps CFSA resolve long-standing payment challenges. At the end of this month, CFSA Information Systems will begin replacing social worker personal computers with laptops. By the end of 2005, social workers will be able to enter and retrieve client information in the field. Among many benefits, we hope this will improve CFSA's ability to claim federal revenue. We are set to forge ahead in that arena since this past January, CFSA's FACES system joined an elite group of only eight other "states" that have achieved State-Administered Child Welfare Information System—or SACWIS—approval from the U.S. Department of Health and Human Services.

Mental Health Services

Director Martha Knisley of the District's Department of Mental Health is here today to report on use of their special appropriation to develop new mental health services for foster children. Without stealing her thunder, I will just say we have long needed the expanded range of mental health treatment options DMH is now able to provide. Family instability, abuse and neglect, removal from home, multiple placements, and other factors too often leave some child victims with serious emotional and behavioral issues. They deserve expert, caring treatment, and we're delighted to have these new, high-quality services available.

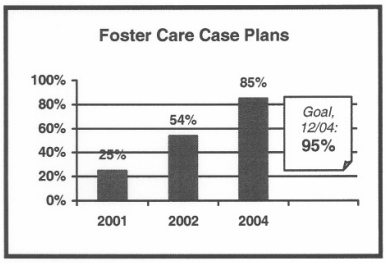
Looking Ahead

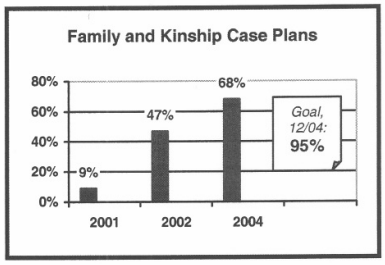
Thanks in large part to your support and commitment to improving child protection in the District, we are moving toward becoming a model for the nation. At the same time, we have great deal of work still ahead. I am especially concerned about the large number of older youth growing up in care in the District, a sad legacy from past failure to focus on permanence. Over the next five years or more, CFSA must do everything possible to redress that failure and give these young people the same quality start in life we give our own birth children. In addition, we must do more to prevent younger children in our care from growing up in the system.

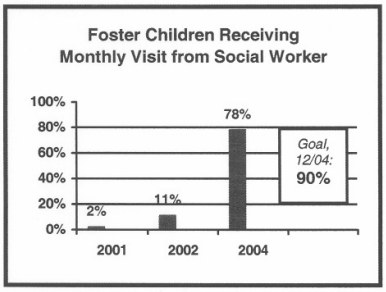
Of CFSA's $235 million budget, we can use only five percent (or approximately $12 million) for early intervention and preventive services. We really need more flexibility to shift resources to address critical front- and back-end issues such as: The lack of affordable housing that too often undermines family efforts to stay together or reunite; post-adoption services, especially for families who adopt older youth; and after-care programs for young adults who have aged out of foster care, including affordable housing and other supports.

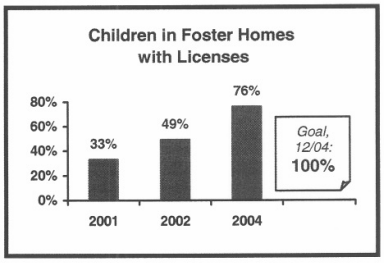
We hope you will be interested in discussing potential next steps in building the viable safety net for the District's abused and neglected children and troubled families. As always, thank you for your caring interest in these children and families and for your support.

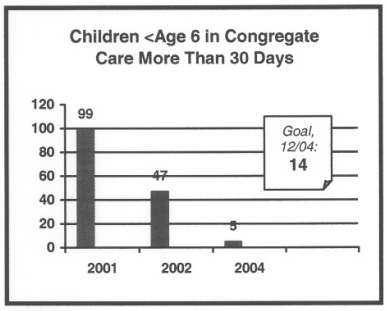
Steady, Incremental Progress

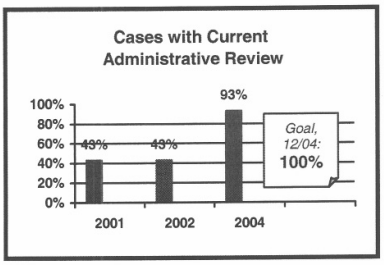


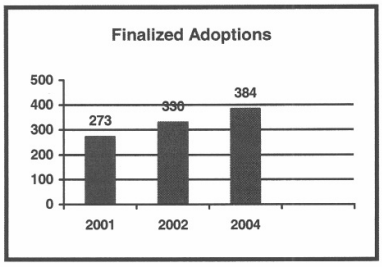




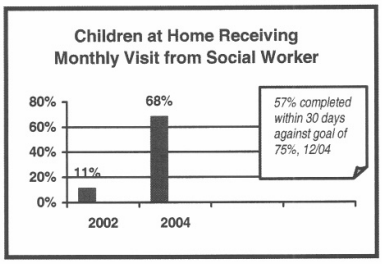


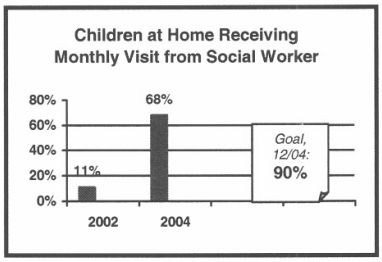






Note: For graphs included with this testimony, data represent (1) findings from the Court Monitor's baseline assessment of CFSA, May 31, 2001; (2) findings from the Court Monitor's assessment at the end of CFSA's probationary period, May 31, 2002; and (3) information CFSA recently submitted to the Court Monitor to facilitate evaluation of performance as of December 31, 2004. Exceptions noted.





Note: The Court Monitor did not begin tracking social workers visits to children at home until October 2002.

STATEMENT OF MARTHA KNISLEY, DIRECTOR, DEPARTMENT OF MENTAL HEALTH, DISTRICT OF COLUMBIA

Senator DEWINE. Ms. Knisley.

Ms. KNISLEY. Good afternoon, Senator DeWine and subcommittee staff.

I am Martha Knisley, Director of the D.C. Department of Mental Health. Thank you for this opportunity to share with you the status of the service delivery, mental health services delivery to the children, youth, and families in the D.C. foster care and child welfare system.

It's always good to see a fellow Southern Ohioan. I think the last time I was, I said that to you, and not very many people, outside of you and I, would understand what that means.

Senator DEWINE. We understand.

Ms. KNISLEY. On behalf of all of our employees, the District children and youth and families, our heartfelt appreciation for your vision and your support to ensure evidenced-base mental health services are now becoming available to children and their families with the greatest needs.

Mayor Anthony Williams has devoted himself to a long-range effort to improve services to children in foster care, starting with his commitment to end the receiverships for both of our departments, simultaneously. He reasoned that the faster our two agencies came out of receivership, the faster we would be able to deliver necessary services to begin helping people, and especially children, improve their lives. He did this, because he, personally, wanted to take the responsibility for these two fragile groups of individuals. At his urging, our two agencies began meeting to develop a long-term plan wherein the Department would begin to take—Department of Mental Health—would begin to take responsibility for providing and arranging for mental health services for children, under the supervision of the Child and Family Services Agency. Because of his commitment and the joint efforts with the Child and Family Services Agency, we began to carve out both a long-term plan that addresses the areas of most critical needs for foster children, their parents, and children's birth parents, where appropriate.

The $3.9 million provided to the Department of Mental Health from this subcommittee in 2004, and $1.25 million for 2005, has spurred this development of an array of services to meet those urgent needs that would have not happened this fast without your remarkable commitment to the Nation's Capital and with Mayor Williams' foresight.

When we speak of the fragility of children's lives, especially those in the child welfare system, and also the juvenile justice system, where we're also beginning to work furiously as part of our mission, we are talking about disruption of family, frequent change of residence, and the resulting emotional trauma. Our role, as the Department of Mental Health, is to help build, or rebuild, the resilience within these children, youth, and families so they can go forward.

Studies are very clear, the mental health status of children involved in child welfare indicates that they're 3 to 10 times more likely to have mental health problems than children not in the child welfare system. The trauma of separation, multiple placements, and transitions often exacerbates children's mental health program—problems.

The resources provided by this subcommittee have allowed us to take aggressive action to strengthen accessibility, timeliness, and quality of mental health services. We're significantly expanding our capacity for screening and assessments, as you've requested, building a cadre of providers to provide timely, appropriate, and cutting-edge mental health services, and to expand the capacity of our agencies to increase their knowledge and expertise in a wide variety of—array of service interventions.

We had two primary goals: reduce the backlog of court-ordered evaluations, and to begin to build an infrastructure for evidence-based mental health services, timely services for foster care children.

We began immediately, contracting with 10 new forensic psychologists and three new board-certified children's psychiatrists, to—for our evaluations. We've significantly reduced the wait time for psychiatric evaluations, from 3 months to 3 weeks, and psychological examinations from 2 months to less than 3 weeks—actually, at one point in time, down to 1 week. It's beginning to creep back up some. And, in part, that's because we've had a 44 percent increase in the number of requests for evaluations in 2004; and already this year, a 41 percent increase. So we need to place more individuals, and we are doing that, to do the psychological and psychiatric examinations.

In addition to that, this gave us an opportunity to establish a clinical rotation with Children's Hospital to train child psychiatrists in forensic child psychiatry. It is—if we are going to do this, we're going to have to have the expertise.

We also have been contracted for three new major cutting-edge services: mobile response and stabilization services, multi-systemic therapy, and intensive in-home and community-based services. With multi-systemic therapy, this year we are going to be able to serve 96 youths in this cutting-edge service, and already we've taken 27 youths into the program. And the intensive community-based services, again, we began in January, we've already taken 36 youths. And I just talked to our mobile crisis team, who are here with us today, and they had five calls for mobile crisis last week.

I will not finish my testimony, but submit it in writing, but one of the projects that we're doing this summer is inviting one of the national leading groups in trauma to help support our clinicians in what they call "cognitive behavioral therapy," so that we can increase our capacity to serve children and youth.

I'd like to end by talking about two children for just a second, a 14-year-old girl, who was referred to our MST team last week because of removal from her home. We began—our team began working with her mother on implementing consistent structure and supervision at home, and increasing communication between home and school. She hasn't missed a day of school, she hasn't gotten into any fights, and she hasn't run away.

In addition, a 12-year-old youngster who's in and out of State residential treatment facilities. He's been there for 4 years. He's coming home at the end of March.

PREPARED STATEMENT

That's what it's all about. We thank you, again, very, very much. Our three new providers are here with me today, and I will be submitting their testimony for the record, as well.

Senator DEWINE. Ms. Knisley, thank you very much.

[The statement follows:]

PREPARED STATEMENT OF MARTHA B. KNISLEY

INTRODUCTION

Good afternoon, Senator DeWine, members of the District of Columbia Subcommittee and staff. I am Martha B. Knisley, Director of the D.C. Department of Mental Health. Thank you for this opportunity to share with you the status of the service delivery to children, youth and families in the D.C. foster care/child welfare system.

On behalf of all DMH employees, and District children, youth and families, our heartfelt appreciation for your vision and support to ensure evidence-based mental health services now are available to those with the greatest need.

Mayor Anthony Williams has devoted himself to a long-range effort to improve services to children in foster care, starting with his commitment to end the Department of Mental Health and Child and Family Services Agency receiverships that were in place when he took office.

He reasoned that the faster our two agencies came out of receivership, the faster we would be able to deliver necessary services to begin helping people improve their lives.

At Mayor Williams' urging, our two agencies began meeting to develop a long-term plan wherein the DMH would begin to take responsibility for providing and arranging for mental health services for children under the supervision of the CFSA.

Because of this commitment and our joint efforts to identify how this cooperation could work to the benefit of children, youth and foster families, CFSA, the LaShawn Court Monitor and advocates identified mental health services as key areas for improvements in their deliberations with you and District leaders.

Hence, in the summer of 2003, we began meeting to carve out both a long-term plan that addresses the areas of most critical need for foster children, their foster parents and the children's birth parents, where appropriate.

The $3.9 million provided in fiscal year 2004, and $1.25 million in fiscal year 2005 have spurred development of an array of services to meet those urgent needs that would not have happened this fast without your remarkable commitment to the Nation's Capital and Mayor Williams' foresight.

BUILDING THE SYSTEM OF CARE

The District is committed to building a comprehensive, state-of-the-art system of care for mental health service that meets the needs of the children, youth, and families of the District.

When we speak of the fragility of children's lives, especially those in the child welfare system, the foster care system or the juvenile justice system, we are talking about disruption of family, frequent change of residence and the resulting emotional trauma. Our role is to build resilience within these children, youth and families so they can go forward.

Studies profiling the mental health status of children involved in child welfare indicate that children in foster care are three to ten times more likely to have mental health problems than children on welfare. The trauma of separation, multiple placements, and transitions once children are involved in the foster care system often exacerbate mental health problems in children and families.

These issues are frequently compounded by a lack of appropriate, quality mental health services, by long waits for assessment and treatment, and by a system that has not been organized or funded to meet the particular needs of children, youth, and families that are experiencing a high level of stress. These factors further jeopardize children's placement in permanent and loving homes.

The resources provided by the Committee have allowed us to take aggressive action to strengthen the accessibility, timeliness, and quality of mental health services to children and families to:

—Significantly expand our capacity for screening and assessments for children in foster care.

—Build an array of providers with the ability to provide timely, appropriate and even cutting edge mental health services to children in foster care, focusing on services that have been shown by research evidence to be successful.

—Significantly expand the treatment capacity of agencies and clinicians by increasing their knowledge and expertise in a wide array of service interventions.

HOW DMH IS MAKING A DIFFERENCE

Many children and youth in foster care are living with the emotional distress of uncertainty, violence and lack of control over their own lives. They are at greater risk of becoming part of the juvenile justice system; therefore, any delay in identifying and providing the mental health services and supports they need prolongs their suffering.

We have two goals: (1) reduce the backlog of court-ordered evaluations of foster care children's mental health needs; and (2) create a new infrastructure of evidence-based mental health services to be available to foster care children.

DMH moved quickly with CFSA and community partners to meet these goals.

DMH immediately increased its capacity for screening and assessments by:

—Contracting with 10 additional child forensic psychologists, including one who is a neuro-psychologist.
—Contracting with three additional Board Certified Child Psychiatrists.
—Hiring one additional social worker to assist in handling increased neglect referrals, serves as the Mayor's Liaison Officer to the Family Court, and works with juvenile and domestic relations referrals.

The results included:

—Reduced wait time for psychiatric exams from three months to three weeks by the end of the 2004 fiscal year. Demand has increased and so has our wait time in the past two months. We will add resources to the extent possible to reduce the wait again to three weeks or less.
—Reduced wait time for psychological exams from two months to less than three weeks, but again we are experiencing a higher demand and will need to add resources to meet this need if the demand continues to rise.
—Established a supervisory clinical rotation with Children's Hospital to train child psychiatrists in forensic child psychiatry, with two staff serving in pending faculty positions. The supervisory faculty psychiatrist also has received his board certification in addiction.
—Increased capacity to work with individuals representing diverse cultures and who speak languages other than English: One psychologist speaks Arabic.; two psychologists speak Spanish; one psychologist speaks French; and one psychiatrist speaks Spanish.
—Meanwhile, the number of assessments conducted in fiscal year 2004 represents a 44 percent over fiscal year 2003 and has increased by 41 percent in the first five months of fiscal year 2005 over the same time period in fiscal year 2004.

Our second goal became a reality January 24, 2005 when our three new services—Multi-systemic Therapy, Intensive Home- and Community-Based Services, and Mobile Response and Stabilization Services—came on line.

While it is too early to begin calculating the effects of these services, nevertheless, having them in place furthers our effort to create a comprehensive network of services. I also want to point out that more than 82 percent of these funds or $2.8 million has been allocated for direct services to children, youth and families. I will describe these services briefly:

Across the country where Multi-Systemic Therapy (MST) has been implemented successfully, youth are half as likely to be re-arrested, and they have reductions in arrests for violent and substance-related crimes. Additionally, they have improved family relations. This service focuses on preventing older children and teens from entering residential treatment and allowing others to return from residential treatment to less restrictive, more family-like settings.

These funds allow for the treatment of 96 youths, ages 10 to 17, with complex behavioral issues, for upward of six months. Qualified, experienced therapists will visit the youth at least three times per week in the community where they live, whether at home, in foster homes, or in local group homes. Therapists will also be on call around the clock in case of emergencies involving their clients. This service will focus on preventing older children and teens from entering residential treatment and allowing others to return from residential treatment to less restrictive, more family-like settings. MST has admitted 27 consumers and two are awaiting assessments.

Intensive Home- and Community-Based Services (IHCBS) will allow for the in-home treatment of 72–90 youth and families during the first year. This provider already is working at maximum capacity with 36 youth. Qualified, experienced counselors will work with children with serious emotional disturbance and behavioral problems in their homes several times per week. This service is designed to help families resolve serious issues and prevent removal of children from the home.

Mobile Response and Stabilization Services (MRSS) will allow parents, foster and pre-adoptive parents, kinship caregivers, and group care providers to access emergency assistance from qualified professionals for children and youth, ages 5 to 21 years old, displaying extreme behavior but not requiring hospitalization. Professionals can stay on site to provide emergency response for up to 72 hours. On a case-by-case basis, they can also develop eight-week stabilization plans. This service is designed to help reduce placement disruptions for children and teens with emotional and behavioral issues.

Caregivers of children and youth involved with the District's child welfare system can reach this service through DMH's 24-hour Access HelpLine. While the capacity of these services is initially limited, they mark the beginning of a more comprehensive and nuanced approach to meeting the mental health needs of children, youth, and families within the local child welfare system.

HOW DMH IS EXPANDING CLINICAL CAPACITY

DMH is significantly expanding the treatment capacity of agencies and clinicians by increasing their knowledge and expertise in a wide array of service interventions. The following training opportunities have been or are being offered:

—The National Council for Community Behavioral Healthcare (NCCBH) provided technical assistance to nine child serving agencies and provided community support training to twenty-six staff.

—The American Academy of Child and Adolescent Psychiatry provided CALOCUS training to child-serving agencies working with CFSA children.

—DMH has contracted with another provider to offer another 30 hours of community-support training to up to nine agencies and staff.

—DMH has contracted with National Association of State Mental Health Program Directors and National Child Trauma Stress Network to assess the treatment capacity of agencies to deliver quality services to youth who have experienced or who are experiencing trauma.

THE TRAUMA LEARNING COLLABORATIVE PROJECT

DMH has allocated $228,515 of the congressional appropriation to support a Learning Collaborative Project focusing on the practice of evidence-based cognitive behavioral therapy for clinicians serving DC foster care children and youth.

The major focus of the project is an in-depth training in Abuse Focused Cognitive Behavioral Therapy, a treatment model that has received support from several randomized clinical trails and has been adapted specifically for use with children in child protection and foster care systems.

The project will be initiated this month with a baseline assessment that will use a combination of tools and oral interviews to identify current knowledge and use of evidence-based practices, current therapy procedures, and identify attitudes and potential barriers to adoption of evidence-based practices.

Experts from the Center for Child and Family Health (CCFH) in Durham, North Carolina, a learning collaborative for maltreated and traumatized children and adolescents, will facilitate. CCFH is a collaborative undertaking by the University of North Carolina at Chapel Hill, North Carolina Central University, Duke University and Child and Parent Support Services, a nonprofit corporation, and has been designated as a community practice site in the Substance Abuse and Mental Health Service Administration (SAMHSA)-funded National Child Traumatic Stress Network, whose mission is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States. The National Association of State Mental Health Authorities (NASMHD) serves as DMH's primary contractor for the project. NASMHPD will provide technical assistance to DMH concerning system change with respect to integration and replication of best practices.

Learning sessions are scheduled at the Gallaudet University Kellogg Conference Center April 28–29, June 9–10 and August 12, 2005. Between sessions clinicians will receive regular consultation via conference calls with the training faculty. Each clinician will receive a toolkit that includes a treatment manual and resources related to the practice of best practices in trauma treatment.

DMH has invited 57 child and youth-serving clinicians from the Department of Mental Health's community system of care to participate in the project and clinical program administrators from Child and Family Services and the Department of Mental Health's School Mental Health Program and CINGS System of Care Project will also participate.

The project will culminate by the close of fiscal year 2005 with a final report that will include an evaluation assessing program change (from the baseline) and recommendations for ongoing implementation of evidence-based practices across the DMH child and youth-serving system of care.

PROJECTING INTO THE FUTURE

DMH is committed to sustaining the gains made thus far. We are creating the means for providing the three services as part of our Mental Health Rehabilitation Services system, which will allow the three aforementioned services to be reimbursed in part by Medicaid. We are encouraged that the services we have put in place will reduce out of home treatment costs and will carefully monitor outcomes overtime.

We have two concerns however for the future. One is the level of need and whether the current level of resources and Medicaid reimbursement, which requires a 70 percent local match is sufficient to meet the service needs of foster care children and

their families. Secondly we continue to see escalating requests for formal psychiatric and psychological assessments. We are monitoring this demand closely.

In conclusion, Senator DeWine and Subcommittee members, I would like to again express my appreciation for your support. I will be happy to answer your questions.

STATEMENT OF HON. LEE F. SATTERFIELD, PRESIDING JUDGE, FAMILY COURT, D.C. SUPERIOR COURT

Senator DEWINE. Judge, thank you very much for coming. We appreciate it.

Judge SATTERFIELD. Thank you. Good afternoon, Chairman DeWine and the subcommittee members and staff.

I want to thank you for inviting me to testify at this hearing about the foster care in the District of Columbia. I'm pleased to report to you that, with the support and the leadership of this subcommittee and Congress and the work of CFSA, the Department of Mental Health, the courts, and other stakeholders in the District of Columbia who are interested in the welfare of our children, we continue to make significant progress in achieving permanency for our children.

In 2004, as we will report to you in our annual report that's due later this month, the Family Court has increased the number of dispositions in cases involving abused and neglected children and guardianship cases and adoption cases and in termination of parental rights motions. What this means is that more children are achieving permanency in safe, loving homes in 2004 than they were even in 2003.

I'm going to focus my testimony on the termination of parental rights, because I remember being here, at a subcommittee meeting once before, where you expressed some great concerns about how we were doing in that area. So, I want to report to you that I believe we are making encouraging progress in that area.

I'll talk briefly about the foster care initiatives and about the assessment center to tell you how we think that the money that was put into those initiatives by the Congress will benefit the children in the District of Columbia.

Over the past year, there has been an increased urgency among CFSA, the District of Columbia Office of Attorney General, and the Family Court to remove, when appropriate, the legal barriers that are sometimes the obstacles to children's chances of being adopted by a loving family. The Office of Attorney General and CFSA are engaged in an initiative to increase the number of filings and termination of parental rights motions in Family Court. In fact, just yesterday I received a briefing from them as to how they were reviewing the cases, how they plan to go forward increasing the numbers.

The Family Court judicial officers have participated in additional training in anticipation of receiving more filings, as we have recently, and as we will in the future. And we've done training on the importance of moving these cases forward expeditiously as possible.

As part of the training, we have members of CFSA come speak to the judges about CFSA's efforts to recruit pre-adoptive families and the positive impact that legally "free" children would have on their recruitment efforts.

I have established a Family Court policy that TPR motions, termination of parental rights motions, should be considered a priority when there is no related adoption proceedings. As we have indicated in the past, when there is a related adoption proceeding, generally the parental rights are terminated during the course of those proceedings.

Finally, the Family Court, the Office of Attorney General, and CFSA, with the significant assistance of the Center for Study of Social Policy, Ms. Meltzer, as well as the Council for Court Excellence, are in the process of finalizing a discussion paper and recommendations about when it's appropriate to begin a TPR proceeding and when there are compelling reasons not to. This effort began in our child welfare leadership team meetings, and it is designed to guard against overuse of the provision of the law that allows for a determination of compelling reasons not to begin termination of parental rights proceedings. These recommendations will include criteria for making such a determination.

I might add that we plan to do that also in the area of alternative planned living arrangements to make sure that we're not making the decision too soon about a child aging out of the system so that we will be on the same page in the criteria with respect to that. That has already started in Ms. Meltzer's office.

On to the new foster care initiatives. I remember, again, testifying a few years ago, when the court was submitting its transition plan, and I remember Senator Landrieu's raising of the issue of family team meetings. While I think the agency wasn't at that hearing, they must have heard her, because they started that process this year, and we are very pleased and encouraged by that process. It's designed to bring all family members and other interested people together to discuss the needs of children and to create a plan for each child's safety and permanency.

As the court, our role in that initial process is to appoint guardians ad litem to attend these meetings. I've spoken to a few of the guardians ad litem that have attended these meetings recently, and they speak very highly about the substance that's coming out of the meetings and the plans that are coming out of the meetings. So, that makes us very optimistic that these meetings are going to help decrease the time it takes to achieve permanency. As Director Donald Walker indicated, that will reduce the amount of placements of children, thereby, reducing the risk of trauma to our children.

These meetings will enable us to make better decisions with respect to the relatives, when we need to go to a relative placement, and help us to make them sooner, at the beginning of the case, and not in the middle of the case. So often in the past, relatives would appear then and the whole plan had to start all over because of that.

The other programs that are in collaboration with DMH and CFSA programs, we think, too, will benefit the children of the District of Columbia, and we thank you for the money that you've put into those programs to impact those programs.

I've spoken to a couple of attorneys about the difference that some of those programs have made already, particularly with re-

spect to a child not being removed from the home because of the programs.

And, finally, the assessments. The money, the Federal dollars, provided to DMH has made a significant difference the past year in substantially decreasing the time to obtain evaluation of the child or the parent. The quality of the mental health evaluations are excellent. We just hope that that will continue, in terms of the decrease in the time to get the assessment that is so important to how we provide services to our children.

PREPARED STATEMENT

So I thank you for the opportunity to testify.

Senator DEWINE. Good, Judge, thank you very much.

[The statement follows:]

PREPARED STATEMENT OF JUDGE LEE F. SATTERFIELD

Chairman DeWine, Senator Landrieu, Subcommittee Members, thank you for inviting me to testify at this hearing about foster care in the District of Columbia. I am pleased to state that due to the support of Congress and the work of the D.C. Child and Family Services Agency (CFSA), the Department of Mental Health (DMH), the courts and all of other stakeholders interested in the welfare of our abused and neglected children in this city, we continue to make significant progress in achieving permanency for our children. In 2004, the Family Court increased the number of dispositions in cases involving abused and neglected children, in guardianship cases, in adoption cases, and in termination of parental rights motions.

My testimony will focus on three areas that I believe will be invaluable to our continued progress: (1) a joint initiative to increase the number of termination of parental rights motions filed and resolved in court; (2) new programs implemented by CFSA and DMH and the intended impact on the lives of our abused and neglected children; and (3) the DMH Assessment Center, the primary center for evaluating the mental health needs of our abused and neglected children.

Most of these areas are directly impacted by the federal dollars provided by the leadership of this committee. I hope they will continue to make a positive impact in the District of Columbia foster care system.

Termination of Parental Rights

Over the past year, there has been an increased urgency among CFSA, the District of Columbia Office of Attorney General (OAG) and the Family Court to remove—when appropriate—the legal barriers that are sometimes obstacles to a child's chances of being adopted by a loving family. The OAG and CFSA are engaged in an initiative to increase the number of TPR filings in Family Court. The Family Court judicial officers have participated in additional training on the management of TPR proceedings and the importance of moving these cases forward as expeditiously as possible. As part of the training, CFSA adoption recruitment workers spoke to the judges about CFSA's efforts to recruit pre-adoptive families and the positive impact that legally "free" children would have on their recruitment efforts. I have established a Family Court policy that TPR motions should be considered a priority when there are no related adoption proceedings. As we have indicated in the past, when there is a related adoption proceeding, generally, the parental rights are terminated during the course of those proceedings. Finally, the Family Court, the OAG and CFSA, with significant assistance from the Center for the Study of Social Policy, are in the process of finalizing a Discussion Paper with recommendations about when it is appropriate to begin a TPR proceeding and when there are compelling reasons not to begin TPR proceedings. This effort began in our Child Welfare Leadership Team, comprised of representatives from CFSA, DMH, OAG, the Council for Court Excellence, and the Center for the Study of Social Policy. It is designed to guard against over use of the provision of law that allows for a determination of compelling reasons not to begin TPR proceedings. The recommendations will include criteria for making such a determination.

New Foster Care Initiatives

Family Team Meetings

CFSA has begun to conduct Family Team Meetings before the court proceedings are initiated in cases involving abused or neglected children. These meetings, which use federal funding, are designed to bring all family members and other interested people together to discuss the needs of the children and to create a plan for each child's safety and permanency. The Family Court judges appoint guardians ad litem to attend these meetings. The Family Court is very optimistic about these meetings. We expect that, in many cases, when the court proceeding begins, plans for the safety of the child and for achieving permanency will have been established and will be presented to the judge at the initial hearing. These meetings will decrease the amount of time it takes to achieve permanency because relatives can be identified earlier in the process. The relatives serve a useful purpose in that they are available to assist the parents in absolving the neglect issues and are available as potential permanent placement resources.

Multisystemic Therapy

This DMH/CFSA program, which is federally funded, targets youth ages 10–17 who are currently in or returning from residential treatment. Therapeutic services will be provided to youth in foster care with histories of violence, drug abuse, and school failure.

Intensive Home and Community Based Services

This DMH/CFSA program, also funded with federal dollars, will provide intensive home focused services to children and youth who are seriously emotionally disturbed or behaviorally disordered, and the support teams will be available 24 hours a day, 7 days each week.

Mobile Response and Stabilization Services

This federally funded DMH/CFSA program will provide mobile crisis support to foster youth and their biological and foster families.

Each of these new programs came online earlier this year following an intensive preparation period that involved, among other things, presentations to the Family Court judges. While it is too early to report on the long-term impact of such programs on the lives of our abused and neglected children and their families and foster parents, the judges are very encouraged that such programs will positively impact the well being of the children we protect in the court system.

Assessment Center

The DMH Assessment Center plays a vital role in the Family Court's ability to protect children and strengthen families. Federal dollars provided to DMH have made a significant difference in the past year, substantially decreasing the time to obtain an evaluation of a child or his or her parent. Judges report that the quality of mental health evaluations prepared by the Assessment Center is excellent. Recently, however, there has been some disruption in service due to a failure to pay Assessment Center doctors. This problem is of concern, and Chief Judge King has met with the Director of DMH to ensure that the disruption is minimal and that a backlog of referrals for assessments does not develop.

Conclusion

There is always more that can be done to ensure safety and obtain permanency for our abused and neglected children, and the Family Court is committed to using the best practices in managing the cases involving those children. We will continue to work with CFSA, DMH and other District agencies and organizations that serve children and families. We are currently in the process of preparing our annual report to Congress in which will elaborate on the 2004 Family Court activity that affected cases of families and children in Family Court. As in years past, this report will be filed in a timely fashion, on or before March 31, 2005.

Thank you for this opportunity to testify and for the support this subcommittee has provided the Family Court to enable us to ensure that abused and neglected children in the District of Columbia find permanent loving homes more quickly.

Senator DEWINE. Ms. Meltzer.

STATEMENT OF JUDITH MELTZER, DEPUTY DIRECTOR, CENTER FOR THE STUDY OF SOCIAL POLICY

Ms. MELTZER. Thank you, Chairman DeWine, for this opportunity.

I'm the Deputy Director of the Center for the Study of Social Policy, and we serve as the independent court-appointed monitor under *LaShawn A.* v. *Williams*. Under that litigation, the District is working toward the goals set forth in the Federal court implementation plan which was approved by Judge Hogan in May 2003.

The implementation plan lays out strategies that the District has agreed to take to improve its child welfare system, and it sets measurable targets for improvement on performance and outcomes between June 2003 and December 2006.

As you have heard from the previous people who have just testified, the District's Child and Family Service Agency today is a far different and far better functioning agency than it has been in the past. The quality of its leadership, the level of commitment, the collaboration among the stakeholders in the District is better than it's ever been. And over the past 3 years, there's been progressive and measurable improvement in many areas. In addition, the system as a whole, and CFSA in particular, is increasingly able and willing to hold itself accountable and be held accountable for results.

This last year has been one of considerable gain, and there are enumerable examples of success. Overall, our assessment of progress continues to be positive, although compliance with specific performance benchmarks, while moving in the moving in the right direction, is not meeting established targets in many areas. Full compliance within 2 years is going to be a reach, but we do believe that it is possible.

Many of the District's recent accomplishments have benefitted from the special investments of your subcommittee, and I want to thank you and echo the thanks of others here for that. The additional Federal funds and the purposes for which each appropriation has been focused have provided both the impetus and support for critical strategic reforms. There have been many accomplishments, many related to the specific appropriations that you've made. I'm not going to repeat them now; they're all in my written testimony.

What I want to talk about, though, is the things that I think could benefit from some help in the future. And I'm going to turn to that now.

I think there are four areas where I think the subcommittee can make additional investments to stimulate and reinforce desired results.

Number one is meeting the needs of older youth in foster care. The District's foster care population is unusually and heavily weighted toward teenagers. In fact, most of the children in foster care are very young. In the District, 43 percent of the children in care, as of the end of December, were age 14 and over. As Ms. Donald Walker said, this is the legacy of a system that was broken for 10 to 12 years. The agency has a responsibility to make sure, however, that when a child leaves foster care at age 21, they have the necessary relationships, skills, and support to survive and succeed in life. This is appropriately a priority area of focus with CFSA, and they're currently preparing a comprehensive plan based on best practices.

The Congress can assist this important effort by providing funds for innovative service strategies, particularly for housing and job

support for teens and for efforts to connect them with lifelong support from caring adults in their community.

Number two would be—is expanding the availability of post-adoption and post-permanency mental health and other support. Again, you've heard that the District is doing a much better job at moving children to permanency through adoption and guardianship. They now have an equally important responsibility to provide post-adoption and post-permanency support. Without this help, foster and adoptive families will become reluctant to become the permanent guardians or to adopt.

The *LaShawn* order and implementation plan require the agency to offer these kinds of services. But, so far, they have been minimally available. Funding to expand access to—by adoptive families and permanent guardians to the special-ed mental health services that has been recently made available to foster families would be an important step in this direction.

Number three is improving educational outcomes for children in foster care. Research confirms that children in foster care are at very high risk of educational failure due to experiences prior to coming into foster care, whether it's exposure to prenatal drugs and substance abuse or separation issues from their birth families, and, while in foster care, for example, due to multiple moves while in placements, and sometimes the lack of consistent educational services.

Social work staffs do not typically pay close enough attention to the educational needs of children in foster care, and school systems are usually unaware or uninvolved in the educational progress of these children. Congress can help focus on this issue by providing funding for joint work between CFSA and the local school system, to better identify, assess, and track education needs and progress, and to support strategies for appropriate educational advocacy.

One proposal is to establish educational passports for children in foster care so that information on their educational strengths, needs, and progress is easily transferred.

My last recommendation is that—regarding screening assessments and early intervention with very young children. Again, infants and toddlers who come to the attention of the child welfare system or enter foster care are at high risk for developmental delays, resulting in their lack of readiness to enter and succeed in school.

At the same time, once these children are known to the child welfare system, there are important opportunities to assess their developmental progress, improve parents' understanding of child development, link families to high-quality child development programs, and ensure the provision of early intervention services where needed and appropriate. I speak a little bit more about this in my written testimony.

PREPARED STATEMENT

In closing, I thank the subcommittee for their ongoing interest and oversight. Your support must remain strong if the District is to be successful in meeting the requirements of the LaShawn implementation plan and, more importantly, if it can sustain a system with high-quality performance long after LaShawn goes away.

Thank you.

Senator DEWINE. Great, thank you very much.

[The statement follows:]

PREPARED STATEMENT OF JUDITH MELTZER

Thank you Chairman DeWine, Senator Landrieu and other members of the Subcommittee on the District of Columbia of the Appropriations Committee for this opportunity to update you on recent progress of the District of Columbia's child welfare system. My name is Judith Meltzer, and I am Deputy Director of the Center for the Study of Social Policy in Washington, DC. The Center for the Study of Social Policy is the independent court-appointed Monitor under the *LaShawn A.* v. *Willliams* litigation. The District of Columbia is working towards the goals set forth in the Federal Court Implementation Plan, which was approved by the U.S. District Court in May 2003. The Implementation Plan lays out the strategies that the District has agreed to take to improve its child welfare system and sets measurable targets for improvement on performance and outcomes between June 2003 and December 31, 2006.

The District's Child and Family Services Agency (CFSA) today is a far different and far better functioning agency than it has been in the past. The quality of its leadership and the level of commitment and expertise of staff at all levels and in all areas is better than it has ever been and continues to grow. Over the past three years, progressive and measurable improvements towards creating an agency that understands and carries out its mission to protect children and preserve families have been made. CFSA is increasingly able and willing to hold itself accountable and to be held accountable by outside entities for results.

While the Child and Family Services Agency (CFSA) is the primary agency in District government responsible for child welfare services, its success in serving children and families depends also on the effective functioning of other District agencies including the Department of Mental Health, the Addiction Prevention and Recovery Administration, the Office of the Attorney General and the Family Court.

This last year has been one of considerable gain for the District's child welfare system and there are numerous examples of success that can and should be highlighted. Overall our assessment of progress continues to be positive although compliance with performance benchmarks, while mostly moving in the right direction, is not meeting established targets in many areas. Full compliance with the outcomes of the Implementation Plan is expected within the next two years, and significant strides in many performance areas will be needed for the Agency to meet this deadline. However, we continue to believe that the compliance for outcomes can be met by the end of 2006 or early 2007.

Many of the District's recent accomplishments in child welfare reform have benefited from the special investments of your Subcommittee. The additional federal funds and the purposes for which each appropriation has been focused provided both impetus and support for critical strategic reforms that have moved the system forward. There have been many accomplishments this year, but I wish to highlight the following:

—CFSA's ability to hire qualified social workers and retain them has significantly improved over prior years. The workforce is more stable, resulting in a continued overall decline in worker's caseloads. The caseload level is approaching the levels both required by the Implementation Plan and where workers can be expected to consistently provide high quality service to families. The special federal appropriation to establish a social work loan repayment program is important not only for the District of Columbia, but if successful, can provide a national model for addressing child welfare workforce recruitment and retention.

—CFSA has an ambitious training plan to upgrade the practice skills of workers. Importantly, they have begun implementing an approach to practice based on principles of family engagement. CFSA recently launched a "Family Team Meeting" (FTM) initiative that is based on best practice evidence and seeks to involve family, extended family, community support and professionals in joint work to assess family strengths and needs, and develop and carry out plans for children's safety and permanency. This work also has benefited from the early intervention appropriation by the Congress, which pays for the training and salaries of FTM facilitators and flexible funding for services. If successfully implemented, the use of family team meetings should mean that more children can safely remain or safely return to their families.

—Collaborative work with the Family Court continues to be strengthened, and the joint CFSA/Family Court work to resolve social work and legal barriers that for

many years have kept children lingering in foster care without permanency is moving forward. More children than ever before were provided permanent homes this year though adoption and guardianship (over 600 children) and there is a clear and strong commitment from the Family Court, the Office of the Attorney General and CFSA to take appropriate and needed actions on the approximately 500 children still in foster care who need legal permanency.

—The cooperative work between CFSA and the Department of Mental Health is beginning to pay off. Again, with Congressional support, there are now new mental health resources available for assessment of children's needs, crisis stabilization services and a range of in-home and other supportive therapies. More work is needed as the District's mental health system builds its capacity and quality, but there is real progress here.

—CFSA's commitment to quality practice improvement is increasingly evident in the quality and accuracy of its performance data and its use of data to assess performance, identify problems and track progress. CFSA has also launched an effort to routinely assess the quality of their practice through a rigorous Quality Service Review (QSR) approach that has been successfully used in many states to support and propel continuous practice improvement.

—After a difficult and much delayed process, CFSA has renegotiated new contracts for congregate and family-based care with almost all of its service providers. These contracts include clear performance expectations and are the first step in a multi-year process to implement a performance-based contracting system. This means that future decisions about contracted services can be determined by each agency's objective performance and results.

—CFSA is working towards the full development of web-based access to its management information system. This is another initiative that has benefited from federal investment. Contracted agencies that provide CFSA with foster families are now able to enter placement data through the web-based system thereby improving the tracking and timeliness of information, and the accuracy of reimbursement for their foster care services. It is expected that by December 2005, the contract agencies will be able to enter into the web-based system all case management data related to families and children.

Many of these improvements have been made possible through generous appropriations by the United States Congress and with support from the Mayor and the Council of the District of Columbia. Without Congress' foresight, understanding of the needed reforms and commitment to children and families, these changes would not have been possible.

However, despite real and measurable improvements, the District still has a long road to travel if it is to become the model child welfare system that we all desire. Problems remain in timely and high quality investigations of child abuse and neglect; in work to safely maintain and support children with their families and in their communities; and to make sure that all of the children in foster care, including the children who have been in foster care for many years, are helped to secure permanent homes with loving families.

In looking ahead to the next few years, there are four areas where I think the Subcommittee can make additional investments to stimulate and reinforce desired results. They include:

Meeting the needs of older youth in foster care

The District's foster care population is unusually and heavily weighted toward teenagers. Forty-three percent (43 percent) of the children in out-of-home care as of December 31, 2004 were age 14 or over. This is the legacy of a system that was broken for too long and allowed many young children to grow up in foster care. It creates particular challenges for developing the correct range of placements suitable for adolescents, and the services and supports teenagers need to grow into successful young adults. The Agency has a responsibility to make sure that when a child leaves foster care at age 21, they have the necessary relationships, skills and supports to survive and succeed in life. This is appropriately a priority area of focus for CFSA this year. They are preparing a comprehensive plan based on best practices in supporting adolescents and their successful transition from foster care. The Congress can assist this important effort by providing funds for innovative service strategies, particularly in housing and job supports for teens, and in efforts to connect them to lifelong supports from caring adults and their community.

Expanding the availability of post-adoption and post-permanency mental health and other support

The District child welfare system, like other systems across the country, has done a better job recently at helping children to find adoptive homes and permanency

through subsidized guardianship; they now have an equally important responsibility to provide post-adoption and post-permanency supports to these children and families. Without this help, foster and adoptive families will become reluctant to become permanent guardians or to adopt, thus threatening the stability of children's placements. The LaShawn Order and Implementation Plan require the Agency to offer and provide post-adoption supports but efforts to date have been minimal. Funding for comprehensive post-permanency supports is urgently needed, and this is another high priority area for CFSA this year. In addition, funding to expand access by adoptive families and permanent guardians to the specialized mental health services recently made available for foster families is important to meet the needs of children as they adjust to new families.

Improving educational outcomes for children in foster care

Research confirms that children in foster care are at very high risk of educational failure due to experiences prior to their involvement with the child welfare system (for example, exposure to prenatal drugs and substance use, separation from birth families) and while in foster care (for example, multiple moves, lack of consistent educational services). Social work staff, both in the District of Columbia and across the nation, do not typically pay close attention to the educational needs of children in foster care, and school systems are usually unaware or uninvolved in the educational progress of these children. Congress can help focus on this issue by providing funding for joint work between CFSA and local school systems to better identify, assess and track the educational needs and progress of children in foster care and to support strategies for appropriate educational advocacy and educational support services for children. One proposal is to establish educational "passports" for children in foster care so that information on their educational strengths, needs and progress is easily transferred if their placements change, as they frequently do, or when they are unified with birth families or relatives.

Screening, assessment and early intervention with very young children

Infants and young toddlers who come to the attention of child welfare systems and/or enter foster care are at high risk for developmental delays, resulting in their lack of readiness to enter and succeed in school. At the same time, once these children are known to the child welfare system, there are important opportunities to assess their developmental progress, improve parent's understanding of child development, link families to high quality child development programs, and ensure the provision of early intervention services, where needed and appropriate. Quality early care and education programs can also provide important supplemental support to families facing difficult circumstances; help build parental resiliency, provide knowledge and other resources and assist parents with parenting skills and child development knowledge. While CFSA helps foster families secure child care as a support for working caregivers, there has not been a focus or joint work with the District's Office of Early Childhood to assure that high quality, developmentally appropriate programs are available and provided for all high risk infants and toddlers. Adequate funding is one barrier that hampers efforts to address this issue, and congressional funding for increased access to enriched early care and education programs would make an important contribution. In addition, the Keeping Children and Safe Families Act of 2003 requires the development of provisions and procedures for the referral to early intervention services funded under Part C of the Individuals with Disabilities Act of any child under the age of 3 who is involved in a substantiated case of abuse or neglect. Again, adequate funding for cross-staff training and interagency collaboration for early needed intervention services has been a barrier to ensuring that all children in the District of Columbia who need these services get them—in time to make a difference.

In closing, I thank the Subcommittee for their ongoing oversight of child welfare performance in the District of Columbia. This support must remain strong if the District is to be successful in meeting the requirements of the LaShawn Implementation Plan, and sustain a system with high quality performance for the District's children and families long after the LaShawn Order goes away. Thank you and I will be glad to answer questions.

Senator DEWINE. Ms. Egerton.

STATEMENT OF MARILYN EGERTON, DEPUTY DIRECTOR, FOSTER AND ADOPTIVE PARENT ADVOCACY CENTER

Ms. EGERTON. Good afternoon, Chairman DeWine, Senator Landrieu, in her absence.

My name is Marilyn Egerton, and I'm the Deputy Director of the Foster and Adoptive Parent Advocacy Center, commonly known as FAPAC. I've been a D.C. foster and adoptive parent for over 13 years. I'd like to thank you for the opportunity to testify for the needs of the District's most vulnerable children.

I'm here today to report on the impact of the new initiatives that the District has developed for our children due to the generosity of the financial resources that came from this subcommittee. I must admit that the first time we came before you, we were a bit overwhelmed at being asked to testify. We never expected that the testimony of our small organization would have any impact on a congressional committee. But you listened, and we are touched and extremely grateful to you for providing our children with the opportunities brought to the District by these appropriations.

The funding that came from this committee has been instrumental in developing new, unique, and exciting initiatives for the children in D.C.'s child welfare system. Our closest involvement in the new programs has been with the Metropolitan Washington Council of Governments, or COG, toward the development of the new respite program. COG has succeeded in establishing this program to meet the needs of our families.

I would like to identify some of the key elements of the program. The new respite program utilizes respite families, who, although they are trained by COG and become fully licensed foster parents, they provide this service as volunteers. COG chose this model of volunteer families so that the program would be affordable and sustainable into the future.

After COG trains the families in the 30-hour pre-service training program, all families become licensed in their respective jurisdictions. To recruit families for respite and for foster care, COG has attended 10 major recruitment activities, had 11 presentations to churches and businesses, and distributed over 50,000 brochures and flyers through newspaper inserts.

COG has held three weekend-long training sessions. Thirty families have been trained, and five are fully licensed. The others are awaiting their clearance approvals. A major barrier to expedient licensing is the 3 to 4 month wait for FBI clearances. COG is working with the local FBI field office to try to reduce the waiting time.

Due to the timeframe required to establish all the components to this program, and the challenges in getting people licensed, overnight placements have just begun. Forty-five children from ages 1½ to 17 years old are currently approved to receive respite services.

Another unique component of the respite program is the daytime respite enrichment project. Many families who do not feel comfortable leaving their children overnight for respite prefer the ability to have daytime opportunities for a break.

Our challenge is for our blended families, those families who have both foster and adoptive children. We are hearing of a great need from our adoptive families to also receive respite services, and are working to identify a means to meet these needs.

Although we have not been as hands-on in our involvement with the other initiatives, we do want to share our observations about their progress and potential for our families. We are excited about

the development of the family team meetings. As foster parents, many of us have seen, up front—have seen, up front, the damage done when the system does not make an effort to involve the birth families of our children when they first come into care. We support the identification of family members who can be potential resources for our children up front and in the beginning. And we believe that the work of assessing family members as resources must start immediately.

From the start, both CFSA and DMH have been inclusive of foster-parent input into the development of the mental health initiatives. We think that the Mobile Crisis Access Units, specifically, will have a significant impact on the stability and well-being of our families. We know that mental health crisis without crisis intervention can lead to placement disruption. We have already heard from a few families who have used this service, and the good word is spreading.

However, as with the respite program, when we announce these programs, we are receiving reactions of dismay from members of our community who are post-adoption and post-guardianship. The special needs of their children do not disappear with the signing of the final adoption and guardianship decrees, but many of their services disappear. Advocates and service providers in the District of Columbia must come together to find ways to drastically increase the range of services offered to families post-adoption and post-guardianship.

In closing, I want to, again, offer our gratefulness to you, Senator DeWine and to the other members of the subcommittee, for the opportunities you've brought to the children and foster families of the District of Columbia. Your financial resources and support for the work that has been done has helped us to all turn a significant corner toward greater improvement in our system.

PREPARED STATEMENT

Continued funding for these crucial services is vital in ensuring that these programs get fully institutionalized into the framework of services available to our families.

Thank you.

Senator DEWINE. Ms. Egerton, thank you very much.

[The statement follows:]

PREPARED STATEMENT OF MARILYN EGERTON

Good afternoon, Chairman DeWine, Senator Landrieu, and other members of the Committee. My name is Marilyn Egerton and I am the Deputy Director of the Foster & Adoptive Parent Advocacy Center, commonly known as FAPAC. I have been a D.C.foster and adoptive parent for over 13 years. Thank you for the opportunity to testify for the needs of the District's most vulnerable children.

I am here today to report on the impact of the new initiatives that the District has developed for our children due to the generosity of the financial resources that came from this committee.

I must admit that the first time we came before you, we were a bit overwhelmed at being asked to testify. As a small and relatively young advocacy organization, we were not sure what we could offer you in the way of meaningful testimony that would help you to assess the needs of our children and families. So we did what we know best, and spoke our truth. What was amazing to us was that you listened. We never expected that the testimony of our small organization would have any impact on a Congressional committee. We were touched in your trust in our testimony.

On behalf of D.C.'s foster families, we are extremely grateful to you for providing our children with the opportunities brought to the District by this appropriation.

The funding that came from this committee has been instrumental in developing new, unique and exciting initiatives for children in the District's child welfare system. The Mental Health programs, the Family Team Meetings and the Respite Project all bring services to our children and families that will have the potential to change the landscape for our families in deep and meaningful ways.

Our closest involvement in the new programs has been with the Metropolitan Washington Council of Governments, or COG, towards the development of the new Respite Program. When we came before you in 2003 we stated that the lack of respite was a serious barrier for our families. Today we can report that since March 24, 2004 when the federal funding was received, COG has succeeded in establishing a new respite program to meet the needs of our families. Although based upon research in other jurisdictions, this program has unique components specific to the needs and requirements of the District of Columbia. I compliment both COG and Child and Family Services Agency, or CFSA, for the many hours of work together to establish a program which meets the needs of families, the needs of the agency, and the need for a model that can become financially sustainable into the future. To these ends I will identify some of the key elements of this new program:

—The new respite program utilizes respite families, who although they are fully trained by COG and become licensed the same as other foster parents, they provide this service as volunteers. COG chose this model of volunteer families so that the program would be affordable and sustainable into the future. CFSA felt strongly that for the best safety of our children, all families should be fully licensed foster families. This component is unique from the model used in some other jurisdictions.

—After COG trains the families in the 30-hour pre-service training program, all families become licensed in their respective jurisdictions. CFSA licenses the D.C. families and appropriate Maryland and Virginia agencies license the Maryland and Virginia families, with CFSA approval of all families before children are placed.

—To recruit families for respite and for foster care, COG has attended 10 major recruitment activities, had 11 presentations to churches and businesses and distributed over 50,000 brochures and flyers as newspaper inserts.

—COG has held three week-end long training sessions. Thirty families have been trained and five are fully licensed. The others are awaiting their clearance approvals. A major barrier to expedient licensing is the three to four month wait for FBI clearances. This is a major barrier for recruitment and licensing throughout the metropolitan area, not just for this project. COG is working with the Washington field office of the FBI to see if there is anything that could be done to reduce this waiting period.

—Due to the time frame required to establish all the components to this program and the challenges in getting people licensed, overnight placements have just begun. Forty-five children from the ages of 1.5–17 years are currently approved to receive respite services.

—We have a foster parent community that has never had consistent respite available. As a result, part of the task has been to educate our community about the availability and the application process. To best inform the foster parent community of these services, COG has been holding informational meetings with families as well as with social workers as well as sending out written information. Social workers are a key component. If respite is to meet its potential as an intervention for retention and prevention of disruption, social workers need to be continually aware of this service and inform their families of its availability.

—Another unique component of the respite program is the daytime respite/enrichment project. Many families who do not feel comfortable leaving their children overnight for respite prefer the ability to have daytime opportunities for a break. FAPAC has developed relationships with four fully licensed community enrichment programs, with two more pending, for our children to have day-long enrichment opportunities on weekends using the federal funding to voucher our children into these programs. These are not segregated settings for children in foster care, but rather community programs which have expanded to embrace our families. So far 11 families have used daytime respite and almost 30 more families are in the approval process by their agencies.

—The interest in respite is growing weekly as word gets out in the foster parent community.

—One challenge is for our "blended" families, those families who have both foster and adoptive children. Since these respite programs are specific to children in

foster care, those families who also have adoptive children hesitate to break up their children for respite placements. We are hearing of a great need from our adoptive families to also receive respite services, and are working to identify means to meet these needs.

Although we have not been as "hands on" in our involvement with the other initiatives, we do want to share our observations about their progress and potential for our families. We are excited about the development of the Family Team Meetings. As foster parents, many of us have seen up front the damage done when the system does not make an effort to involve the birth families of our children when they first come into care. We have many foster families who report that over the years they actually had to encourage social workers to find birth families and set up visits. Also, when birth families are not involved from the beginning, transitioning to pre-adoptive status is risky for our foster families. There is always the potential and often the reality of family members coming into the picture years later, when the bonds of attachment between child and foster family are deep and substantial, and then contested situations occur. We support the identification of family members who can be potential resources for our children up front and in the beginning, and we believe that the work of assessing family members as resources must start immediately. We look forward to social work practice shifting to accommodate the changes that can be brought by these Family Team Meetings.

As we stated in our previous testimony, D.C.'s foster parents have cried out for years for quality mental health services for their children. Our children suffer many losses and wounds that make the need for quality mental health a crucial aspect of their healing. Through their partnership on these initiatives, CFSA and the Department of Mental Health (DMH) have come closer than we have ever seen before in developing a plan to meet these needs. We have been impressed with the extensive work, thought and planning from both CFSA and DMH that went into these initiatives.

From the start, both CFSA and DMH have been inclusive of foster parent input into the development of these initiatives. Both CFSA and DMH staff come out on evenings and weekends to train groups of foster parents about these programs. The response of our community has been extremely positive upon hearing about these new opportunities.

We think that the Mobile Crisis Access Unit specifically will have a significant impact on the stability and well-being of our families. We know that mental health crisis without crisis intervention can lead to placement disruption. Our families are not used to getting help in crisis. We believe that this service can have the potential to turn around this paradigm and help to empower foster parents to feel comfortable moving through those crises with their children. We have already heard from a few families who have used this service, and good word is spreading!

However, as with the respite program, when we announce these programs, we are receiving reactions of dismay from members of our community who are post adoption and post guardianship. The special needs of their children do not disappear with the signing of the final adoption or guardianship decrees, but many of their services disappear. Advocates and service providers in the District of Columbia must come together to find ways to drastically increase the range of services offered to families post adoption and post guardianship.

In closing, we want to again offer our gratefulness to you, Senator DeWine, and to the other members of this committee, for the opportunities you have brought to the children and foster families of the District of Columbia. Your financial resources and support for the work that has to be done has helped us to all turn a significant corner towards greater improvement in our system. Continued funding for these crucial services is vital to insuring that these programs get fully institutionalized into the framework of services available to our families.

Thank you.

Senator DEWINE. I think I saw Eleanor Holmes Norton come in. I want to thank you for coming. We're always delighted to see you here. Thank you very much.

We're going to have another vote shortly, and I'm not going to hold this group, so when that vote occurs, we'll end the hearing. So that means we have a condensed period of time. So what that means is, we're going to have some written questions for you all to help our subcommittee.

Testimony has been great. Very, very helpful.

Ms. Meltzer had four different suggestions. I wonder if I could ask the rest of the panel to comment on those four priorities. This subcommittee is here to help you all, and—but we have limited resources, and—you know, we don't know exactly how limited those resources are going to be, but we know they're going to be limited. And so, we will hope to continue to do some of the things that we've already started. We hope to do some additional things. And so, I just wanted to know if I can get some comments on maybe the four things that she talked about.

And some of you had already mentioned several of them, anyway, but she gave some of the latter testimony, so it's on my mind.

Ms. WALKER. Great. Thank you, Mr. Chairman. We certainly concur with the recommendations, and I think the one theme that you heard threaded throughout was the need for post-adoption support services. And we would really like to come together and talk about what some of those services would be. And there's definitely a need. As our population——

Senator DEWINE. And post-permanency, I think she said, too.

Ms. WALKER. And post- —exactly—for guardianship. We're at the point, I think, within the next year, where our caseload is likely to cross, in terms of the number of children who have been adopted or who are in guardianship, and the number in care. We currently have a little over 2,000 children for whom we are still providing subsidies, either guardianships or adoption subsidies, and a little under 2,700 children in foster care. And as we get more aggressive and better at moving children to permanence quicker, we certainly are going to cross. And that's a very good thing.

But, clearly, as we have many older children in the system, which, again, Ms. Meltzer mentioned, and I did, as well, we are still trying to find permanence for those young people, and they tend to have higher needs, because many of them have been in foster care for a long time. And if we're to encourage foster parents or adoptive parents to take these young people into their families permanently, we certainly need to be able to offer the kinds of support that they'll need in order to be successful. We certainly support that.

The educational needs are clearly there. Judge Satterfield and I have made an outreach to the new public school—D.C. Public School Superintendent, and with Marty Knisley, so that we can form a team and talk about the kinds of strategies and supports needed for our children. So I think we're very consistent in our recommendations of what's needed.

Additionally, CFSA put in your packets our housing white paper. And we've had some conversations with Senator Landrieu about the need for housing. We have a number of children in our system who are ready to be reunified with their families, and housing is the only barrier. There's no reason that children should be in foster care strictly because of housing. And we want to move very quickly. We're going to use some of the money that we got this year, the local money, to try to move those families off of the waiting lists and reunify them with their children. And we think that will have a tremendous impact.

Senator DEWINE. Do you want to comment at any more length about this older population, the 43 percent that's over 14?

Ms. WALKER. Definitely. As I said, most of them have been there a long time. They have very special needs. I have pulled together a subcommittee—we have several judges and other people who have experience with older youth or—and some who have even grown up in foster care—so that we can have a real strategic focus.

I think we have a lot of resources. And if you look at what the best practices recommend, in terms of what older children need as they age out, they need to be re-engaged in the community, they need to have a network of ongoing support, they need to be successful in school, and hopefully encouraged and supported to go to college. We do those things. I just think we have not been as strategic as we need to be. We're just skimming the surface.

So we're bringing everybody together to look—take a top-down look at all of the programs and services that we do offer, and help us to figure out how we can be more successful. Planning earlier is certainly a key. Making sure that children who are in foster homes are supported and do not have a lot of placement disruptions is very, very important. And encouraging more children to go to college, to have mentors so that when they graduate from college they have real experiences and those connections. We're doing a lot of that. I think we've got to go deeper.

And I'm just so encouraged that now everybody is really focused on the older youth. And we will come back with a strategic plan, that Judy Meltzer mentioned, very shortly.

Senator DEWINE. How shortly?

Ms. WALKER. We're within the next 30 to 45 days. I mean, I'm on a fast track for this, because these children cannot wait.

Senator DEWINE. We're anxious to take a look at it.

Ms. WALKER. Right. Thank you.

Senator DEWINE. Ms. Knisley.

Ms. KNISLEY. I just want to echo. And let me start with the aging-out youth. There are some—actually, some very interesting best practices where the mental health services would not change, in terms of the provider, at the magic age. Because if you've established that relationship, we would like to continue with the clinicians, the case workers, right through until age 23, 24, 25, while the youth is getting stabilized.

As a matter of fact, one of those programs actually is operating in Columbus, another one in Rhode Island, where there's much better success if you can keep your mental health services stabilized through that period. And we know, talking to many youth who have become homeless in the District, that we've—we became familiar with after they had come through the system, that if we could have just stayed with them, as clinicians—and we're more than ready to assist with our new providers in staying with youth and not just cutting them off at the so-called "age of majority." So I think that that's one thing that we can offer with the aging-out youth.

Ms. Donald Walker and I have actually also been talking about housing. The Department of Mental Health, because of our adult population, particularly working with people who are homeless or disabled, people who need affordable housing, we have an affordable housing strategy already going in the District. We actually even talked today, and we've talked several times before, about

joining forces on making certain that if a family needs a home and we have—we can help with that by combining our housing dollars with supports from CFSA, then we can make some of those homes available that would make reunification possible. So, yes, we can help there.

Education, I can't tell you enough about. In the District, one of our biggest challenges is that we're still placing more children into special education in a month for emotional problems than the State of Maryland does in 1 year. And we know that a lot of children are going to special education for—with emotional problems because we haven't given our classroom teachers and the school counselors all the tools that they need to reduce the barriers to learning.

We're now in 29 schools with an exemplary school-based mental health program. And the Mayor has asked me for a plan to take that program citywide. The results are phenomenal when we can actually get in there and get to work. And we can target those youth who are in the foster care system, who are at the risk or are being identified as children that we could pay particular attention to in the schools that we're in. So we're—we would be more than happy to participate. And it—I just can't say enough about what we need to do in our schools.

The most—the second most problematic thing about educating our youth is, once you go into special ed, the chance that you are ever going to graduate from high school is almost zero. It's just not going to happen, because there's no hope. Our children are losing hope, and they're dropping out.

Senator DEWINE. But, just so I understand, the reason that—and you said this earlier, you talked about the tremendous increase in the—the other part of that was, in your first testimony, I wrote down here, you talked about the increase in the request for evaluations.

Ms. KNISLEY. That's correct.

Senator DEWINE. So why is all this going on? Tell me again?

Ms. KNISLEY. I think that what's going on is that we have a number of youngsters who are either traumatized because of the disruption in their home, or are—failure to reach them in some way. And then they're presenting, then, after-the-fact, for an evaluation, after something's already happened.

Senator DEWINE. Okay, but why is that number so dramatically going up, though?

Ms. KNISLEY. That number is so dramatically going up—is because when children are identified in the child welfare system, and when—begin to take a look at what's going on with the family, the case workers and the judges are saying, "There's a real problem here with this child's behavior that we need to take a look at." And we're saying that what you're seeing with children's behavior sometimes is masking depression and hopelessness.

Senator DEWINE. I won't belabor the point, but why wasn't the—why weren't you seeing those numbers 3 years ago, or 2 years ago? You said there's been a spike.

Ms. KNISLEY. I believe partly because of better identification.

Senator DEWINE. Okay, that's fine.

Ms. KNISLEY. Yeah, I think——

Senator DEWINE. We're doing a better job identifying them.

Ms. KNISLEY. I think—you know, it's hard to tell whether it was better identification or more problems. And my colleagues here could——

Judge SATTERFIELD. Well, I have an answer to the spike——

Senator DEWINE. Right. And I want to keep moving, because——

Judge SATTERFIELD. Okay.

Senator DEWINE [continuing]. We're going to get the bell here in a second.

Judge SATTERFIELD. All right.

Senator DEWINE. And I want to make sure that anybody else who has a comment for this subcommittee has an opportunity to do so.

Ms. KNISLEY. Let me make one more comment——

Senator DEWINE. Okay.

Ms. KNISLEY [continuing]. If I can, on post-adoption. If there were some mental health services that could be offered so that we can make adoption possible and say to those potential adoptive parents, "We'll stay with you," that will make a difference.

Judge SATTERFIELD. Part of the reason for the spike in referrals with DMH is that before you put the Federal dollars into enhancing that assessment center, we were going elsewhere, using other providers for those services. But the assessment center always provided quality service; they just had to increase the capacity. So the spike is in their referrals to DMH, although there were other providers doing that.

I'm only going to comment on the older children, because I think that's so important, because if we don't do something to continue to focus on that, they're going to come through the juvenile court system and, obviously, the criminal court system. We're doing some things now in Family Court, having what we call benchmark permanency hearings in which all the stakeholders—mental health and other agencies—come together to try and provide a plan. You can do some simple things.

We actually have an expert on this in our court, and that's a judge who aged out of the foster care system, Judge Pamela Gray. She'll tell you that you can do some of the simplest things, identifying someone in that child's life that's important to him. It was her foster parent who she saw, and she was able to rely on, after she aged out of the system. We like to put her out there, because we like to tell the community, "Look what you're missing out on. You could have a judge for a daughter if you had adopted this child." But she tells us, you can do some simple things, just like that. We all have support when we leave college and when we come out of high school. We have to identify those kind of people while they're in our system.

Senator DEWINE. All right. Anybody else?

Ms. EGERTON. I'd just like to——

Senator DEWINE. Sure.

Ms. EGERTON [continuing]. Add to just the importance of the—both the services for older children and the post-permanency services. The lack of services, post-permanency, is a very, very real barrier for families. And as a family that decided not to adopt a child because we would lose services, and even with, you know, the stipends continuing—because the child was considered special needs,

even with that stipend, my husband and I were not going to be able to afford a $36,000 a year school. So, as a family, we had to sit down with this child and try to make sure he understood that we loved him as much as we loved him, but that it wasn't the best decision, for him, for us to adopt him. And that's a difficult position to be in. And if there were a way for us to still access that service for our child, we would absolutely have adopted him. And he would have come out of foster care, you know—he came to us at 11, and he wouldn't——

Senator DEWINE. Good point.

Ms. EGERTON [continuing]. Have had to age out.

Senator DEWINE. Good point.

Well, good. I thank you all very much. This has been very instructive. We will follow up with you, maybe with formal questions, but probably more actually with phone calls, which is a lot faster and easier for you and easier for us.

ADDITIONAL SUBMITTED STATEMENTS

The subcommittee has received some additional statements that we will include in the record.

[The statements follows:]

LETTER FROM THE DRENK CENTER

MARCH 10, 2005.

Senator DEWINE,
Chairman, Dirksen Senate Office Building, 100 Constitution Avenue, Northeast, Rm. 192, Washington, DC 20510.

HONORABLE SENATOR DEWINE: The Drenk Center would like to thank you, the U.S. Committee on Appropriation, Members of D.C. Subcommittee and staff for the opportunity to provide community crisis mobile response services to the children currently apart of the foster care system who may be residing in the District of Columbia, Prince Georges County, Maryland and/or Fairfax or Alexandria, Virginia.

While we are a new operation here in the District of Columbia, we have extensive experience in assisting foster care and the general youth culture of the state of New Jersey with remaining in their respective placements and/or homes. In the attach data we have provide our current data, statistical support with outcomes as we have experienced in New Jersey and expect to so provide here in the District.

Again, thank you all for this opportunity.

Sincerely,

KATHERINE GEE, M.S.W.,
Program Director, DC CMRSS.

THE LESTER A. DRENK BEHAVIORAL HEALTH CENTER

AGENCY DESCRIPTION

The Lester A. Drenk Behavioral Health Center (The Drenk Center) is a private, non-profit organization headquartered in Hainesport, New Jersey, that provides a wide range of behavioral health services. The Drenk Center was founded by former Superior Court Judge Lester A. Drenk. As a judge who often dealt with juvenile delinquents, Judge Drenk saw a need for counseling services to address the needs of juveniles and their families. The organization was founded as The Burlington County Guidance Center in January 1955 and was later renamed in honor of Judge Drenk. The agency is currently celebrating its 50th year of providing exceptional and continuous service.

The Drenk Center's mission is "partnering with people to provide accessible mental health & social services that will improve our communities."

Our goals, as outlined in our agency's strategic plan, are:

—To continuously improve: Accessibility to service; customer service and consumer satisfaction; the agency's visibility in the community; and the agency's financial stability by diversifying funding sources.

—Enhance staff skills to maximize value to the community.

—Expand community partnerships.

Since its inception, The Drenk Center has experienced tremendous growth and has become a leader in behavioral health programming throughout Southern New Jersey. The Drenk Center's services reach all 7 southern New Jersey counties and the District of Columbia. The agency currently has eight sites that are located throughout Burlington County, Cape May County, Cumberland County and one in the District of Columbia, serving over 8,700 people annually. Our staff of well-trained, experienced professionals focuses on partnering with consumers to help consumers reach their goals. We strive to be creative and innovative in how we offer services to make treatment as accessible as possible for consumers to connect with us. Services are available 24 hours a day, every day of the year.

The agency is licensed as a Mental Health Provider by the New Jersey Division of Mental Health Services, and is licensed by the Division of Youth and Family Services to provide foster care. The Drenk Center is proudly accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

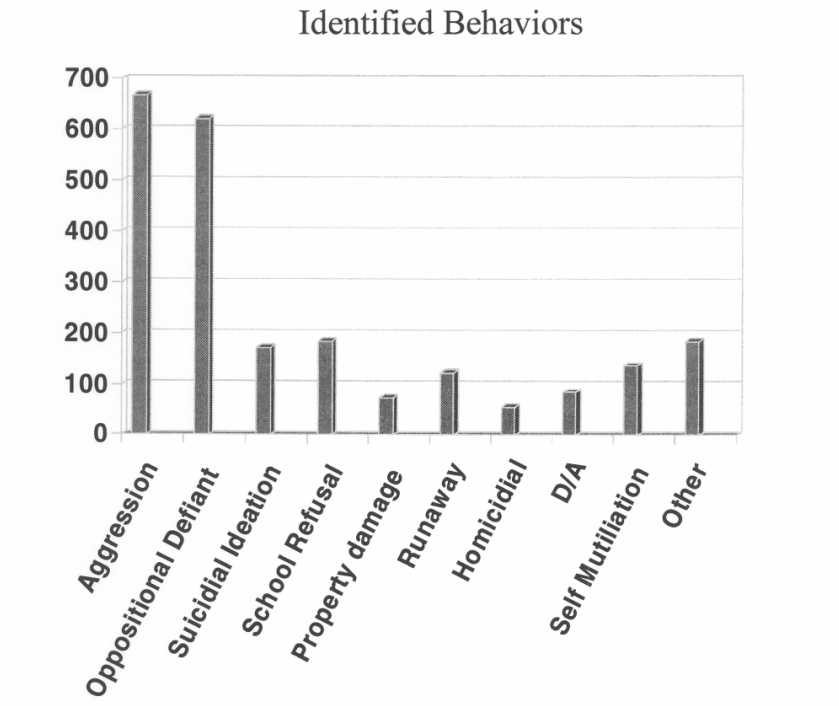
The Drenk Center's services include:

—Emergency Services;
—Youth Residential Services;
—Wrap-around services for children/youth in their natural environment;
—Outpatient Services (individual, family, couples and group therapy);
—Psychiatric Services (evaluations and medication monitoring);
—Adult and Residential Case Management Services;
—Project for Assistance in Transition from Homelessness;
—Supportive Housing Program (housing and case management for adults who have a mental illness);
—Crisis House (short-term residence for adults who have a mental illness and are experiencing crisis);
—School-Based Services; and
—The Drenk Center serves persons of all economic levels, all ethnic backgrounds, and all educational backgrounds. A large number of our consumers are economically and educationally disadvantaged.

The Drenk Center has a variety of programs some of which are entirely grant funded and some which ask for consumer contribution in terms of payment. At no time do we turn anyone away because of inability to pay. We will always work with consumers to put treatment needs first and then working out a financial arrangement that is acceptable to the consumer. We see people from all income levels and work with all major insurance providers including Medicaid, Medicare and managed care plans.

Mobile Response and Stabilization Services (MRSS) are offered in Burlington, Atlantic, Cape May, Cumberland, Salem and Gloucester Counties in New Jersey and the District of Columbia. MRSS provides time limited crisis intervention to children and youth exhibiting emotional or behavioral disturbances that threaten to disrupt current living arrangements. The MRSS is family oriented, using an individualized approach focusing on strengths. Trained response workers diffuse crises at the site of the crisis for up to 72 hours. They also work with the youth and family caregivers to develop an individual crisis plan for the stabilization of each crisis and ensure that stabilization services are delivered in the home for up to eight weeks. Response workers intervene within one hour from time of referral. Response workers also work with the youth and family caregivers to develop community based support systems that will remain in place after the crisis has been diffused and the stabilization intervention ends. Through our experiences we have had to deal with several cultural issues in delivering crisis stabilization and in home stabilization services. From as simple as the consumer requesting a specific cultural, or sex or age preference of an in-home provider to ensuring we have providers that are linguistically and culturally competent. The demographics for our MRSS over the past three years are as follows: Caucasian—50 percent, Black—48 percent, Am. Ind.—0 percent, Asian—0 percent, Pacific Islander—0 percent, Hispanic—2 percent.

Collectively the MRSS programs have served 2,034 children and youth with emotional and behavioral disturbances since the inception of services in December 2002. The following chart identifies the types of behaviors that are identified that required a crisis intervention.


Identified Behaviors
700
600
500
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300
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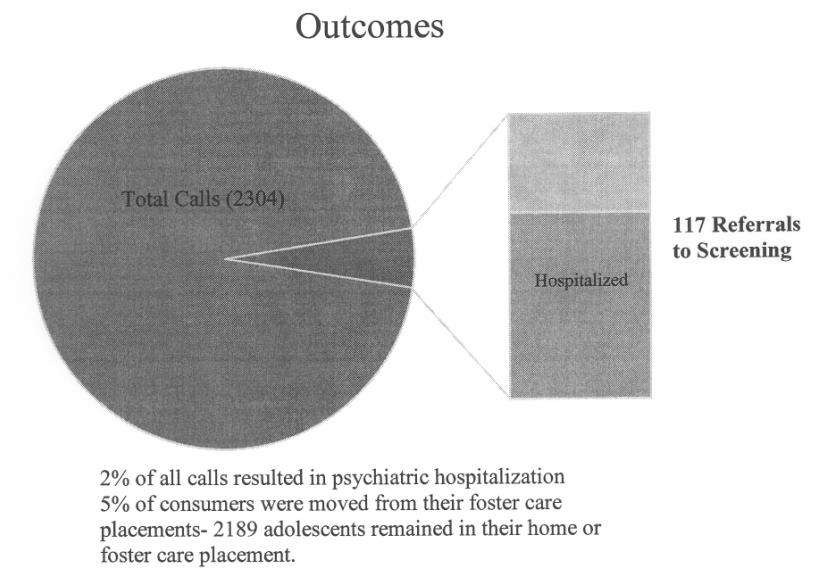
100
0
Aggression
Oppositional Defiant
Suicidial Ideation
School Refusal
Property damage
Runaway
Homicidial
D/A
Self Mutiliation
Other


Outcomes
Total Calls (2304)
Hospitalized
117 Referrals to Screening
2% of all calls resulted in psychiatric hospitalization
5% of consumers were moved from their foster care placements- 2189 adolescents remained in their home or foster care placement.

DC CHILDREN'S MOBILE RESPONSE AND STABILIZATION SYSTEM (DC CMRSS)

What is the DC Children's Mobile Response Stabilization System?

The concept of the Children's Mobile Response and Stabilization System is based on the Children's Initiative Reform Agenda, which is grounded in the belief that children/adolescents have the greatest opportunity for normal, healthy development when ties to the community and family are maintained. The following are three identified concepts that the program is driven upon.

—Strategies used to achieve these goals and assist in maintaining the system includes child-centered, strength-based processes that cross all life domains.
—Ties to the family are of the utmost importance, any assistance to the child/adolescent is family-focused and friendly to assure that their needs and goals are an integral part of any planning or implementation process.
—All interventions are community based and culturally sensitive while working collaboratively with other child-serving systems.
—Provides time limited crisis intervention for D.C. foster children and youth who are exhibiting emotional or behavioral disturbances that threaten to disrupt their current foster care placement.
—DC Children's Mobile Response System is family oriented, using an individualized approach and focuses on strengths and needs.

What does the DC Mobile Response Stabilization System do?

The basics functions of the program are divided into two components, Response and Stabilization. The following include the Response function of the program:

—DC CMRSS is a support team providing interventions to assist children/adolescents with emotional and behavioral disturbances. Our goal is to help youth manage their response to life stressors in an appropriate manner that would facilitate them in maintaining their present living arrangement.
—DC CMRSS operates 24-hours a day. We provide face-to-face in-community response and stabilization services. There is a 72-hour response period used to de-escalate a child in crisis and up to 8-week period of in-community stabilization interventions.
—During the response phase a crisis assessment is completed and the level of intervention is determined. A safety plan is developed prior to the response worker leaving the consumer's home and within 24 hours an individualized crisis plan (ICP) is developed. It is through the ICP that the level of intervention(s) is determined and authorized. All interventions are in-community and focus on the areas that precipitated the crisis response call.

The following include the Stabilization function of the program:

—The stabilization phase of the program can start within the first twenty-four hours and last up to eight weeks. In-community individual, family, and behavioral assistance interventions are provided to assist the youth to strengthen coping skills and to obtain unmet needs, in order to improve the youth's ability to remain in their current placement. Interventions maybe provided by masters and/or bachelors level clinicians. Prior to discharge, the youth and his/her family are connected to resources that support the youth remaining where he/she is and assist the youth with working on long-term needs.
—DC CMRSS recognizes that sometimes youth and their caregivers may need a "cooling off" period, and it is at that time, DC CMRSS can access a stabilization bed for up to seven days. This is done only in an emergent situation and with the agreement that the youth may return to his/her current living arrangement.

Success Case No 1:

IDENTIFYING INFORMATION:

Consumer is an African American female, age 15 who currently resides in the home of foster parent, along with foster parent's daughter, 17 year old female. The family resides in the North East section of Washington, DC, reportedly has a history of depression, and has been in the current placement for 30 days.

IDENTIFYING PROBLEM:

This case was referred to DCMRSS by the Access Help Line on 2/4/05. Consumer was missing from placement 3–4 days refusing to return to the foster parent home. Response Worker arranged meeting with Social Worker, foster parent and foster parent's biological daughter.

PROBLEM: Foster child refused to return home as she over heard foster sister speaking about her on the telephone with friends. Consumer was offended and left the home.

RESOLUTION: All parties agreed to meet as CFSA, Foster parent's daughter apologized to consumer, and they made up and went home.

Safety Plan developed and in-home stabilization services are being received by the family on a weekly basis.

Success Case No 2:

IDENTIFYING INFORMATION

African American female, age 14 resides in Clinton, MD for past seven (7) months. Return placement of consumer after several foster home and residential placements. Child was 10 when lived with family for a short period. Consumer's history included runaway, physical and verbal abusive behavior, fire setting, medication overdose and verbal threats towards foster mother. Client is diagnosed as having ADHD, major depression, and post-traumatic stress disorder. As a result of her current diagnosis, she is receiving Risperdal (1mg) and Concentra (36mg) for treatment

IDENTIFYING PROBLEM:

This case was referred to DCMRSS by the Access Help Line on 3/1/05. Consumer was exhibiting out of control behavior, being physical and verbally abusive towards her foster mother and refusing to take her medications. Foster Parent felt consumer was a threat to self and others and parent requesting removal from home.

PROBLEM: Foster Parent requesting removal of child from home.

RESOLUTION: After several hours of intensive one on one with consumer, jointly with foster parent and consumer, response worker was able to resolve the crisis at hand. Intensive intervention lasted four (4) hours. Safety plan developed, and the family agreed to receive in-home stabilization services. The case was referred to our stabilization unit for intensive services on a weekly basis.

PREPARED STATEMENT OF YOUTH VILLAGES

We would first like to thank Senators DeWine and Landrieu, as well as the Committee for their commitment to improving the quality and availability of mental health services to children and families in the District of Columbia. Your vision in seeking empirically-based treatment practices for the youth and families involved in the District's foster care system is commendable. We, at Youth Villages, are honored to have been chosen to provide Multisystemic Therapy to these families as part of this initiative.

Multisystemic Therapy (MST) is an evidence-based model that is the result of over twenty years of research. MST is a community based approach to treatment. We work with children and families in their natural environments—home, school, and neighborhood—to address problem behaviors where they are actually occurring. In this model, the environmental factors in a client's life—family, peers, school, and community—are key components of treatment. We provide intensive services that include at least three in-home sessions per week as well as 24/7 on-call availability for crisis intervention and support. In addition, MST utilizes a highly structured model of supervision to insure high quality of service and model adherence. This is an essential component as a recently completed transportability study found that outcomes were directly related to model adherence. Youth Villages has been providing this service in a variety of settings for the past ten years and is currently the largest provider of MST services in the world. In this time, what we have found is that MST is incredibly effective in addressing issues such as runaway, truancy, substance use, and other delinquent behaviors with youth and families who have been deemed "tough to treat" by other treatment modalities. MST as a treatment model has been highlighted as effective by the Surgeon General and the National Institutes of Health. At one year post-discharge, Youth Villages' outcome data shows a success rate of 70–85 percent depending on the population served.

Although we have only been providing services for a short period of time in the District, we are already beginning to see some successes with our cases. We would like to briefly share two of these with you today. The first is a 14-year-old female who was referred to our program due to runaway, truancy and physical aggression. She was at risk of removal from her home and possible placement in foster care. We began working with her mother on implementing consistent structure and supervision at home and increased communication between home and school. In the past three weeks, she has been attending school daily, has not gotten into any physical fights, and has not runaway. Her mother reports feeling better equipped to handle her behavior and the chances of disruption have been greatly reduced. The second case is a 12-year-old male who has been in an out of state residential treatment facility for the past four years. One of the barriers to bringing him back home was

some reluctance on the part of his family to take him in due to their concerns about his behaviors. Since we have been involved, his paternal aunt has agreed to allow him to return to her home, in large part, due to the level of support that MST will be able to provide. We have begun working intensively with her on preparing for this and will continue to work with the family through the transition. He is scheduled to return home at the end of March.

We have found that major system reforms can be achieved by increasing services that both reunify and stabilize families. Services grounded in science with strong outcome measurement practices will ultimately reduce family involvement in both the child welfare and legal systems. By increasing family responsibility, long-term foster care placements and related expenses can be reduced. Fewer children will remain in the foster care system and more children will remain successfully with their families. These are the results that we expect to replicate on a broader scale in the District of Columbia.

PREPARED STATEMENT OF FIRST HOME CARE

Dear U.S. Senate Committee on Appropriations, District of Columbia Subcommittee—Senator DeWine, and members of the District of Columbia Subcommittee and staff: Thank you for the privilege of standing before you to express gratitude and appreciation for changing the course of history in the lives of families struggling with their children's mental health issues. It is with great honor and pride that First Home Care, a Core Service Agency, has accepted the challenge to establish the District of Columbia's first Intensive Home and Community-Based Services program. As a frontline Core Service Agency, we are serving the mental health needs of hundreds of youths and families. We are aware of the overwhelming needs and cries for supportive and preventative services that can empower families to effectively manage their own challenges and maintain stability in their homes, schools and communities. Thanks to the listening ears and devoted hearts of our Congressional leaders, the cries of these families are being heard and their needs are being met.

First Home Care's Intensive Home and Community-Based Services program is designed to intervene in family crises and prevent the need for out-of-home placements into foster care, psychiatric hospitals or residential treatment facilities. The program transitions and monitors youths returning from out-of-home placements to their long term family placements. Each family is assigned a trained case manager who uses a strengths-based approach to address the specific needs of each family. The program has an oncall component and provides 24/7 crisis intervention and stabilization. The families are trained to implement preventative and proactive parenting skills and behavior/crisis management strategies designed to reinforce parental effectiveness in the home, school and community.

The Intensive Home and Community-Based Services program is appropriate for CFSA children/youths between the ages of 6–21, who have been identified as having an emotional or behavioral disturbance. They must be residents of the District of Columbia, and at risk for being removed from their families or long term placements.

Families of children with mental health needs are being helped at this very moment. Children who have been recognized as "extremely difficult to manage" in their homes, school and communities are being constructively engaged, encouraged, supported, monitored and successfully redirected. Mothers, fathers, grandmothers, aunts, uncles, and foster parents who were at the brink of surrendering their troubled loved ones to be removed from their homes are now receiving the long awaited support and training they've needed to successfully manage them.

A particular grandmother and father in this community thank you, U.S. Senate Committee on Appropriations, District of Columbia Subcommittee—Senator DeWine, and members of the District of Columbia Subcommittee and staff, for allocating the funds to make it possible for them to nurture and support their special needs child at home. Until such services were in place, they were heartbroken and torn over the fact that their grandson/son would have to grow up and be reared in a strange environment by strangers. Thanks to all of you, a single mother who suffers from her own mental health issues and a terminal illness, is finding courage to rise up out of her deep depression and to take control of her four children's lives and prepare them for their futures. She was overwhelmed by their special needs as well as her own and had given up. It's heartwarming to see her sparkling smile as she successfully implements her duties as their mother. She is establishing routines, and setting limits and seeing improvement in her children's behavior. The children's school attendance and performance are improving. She simply needed a program

like Intensive Home and Community-Based Services to acknowledge her strengths, provide support and training to get her moving in the right direction. Without these services, her children might have been immediately removed from her home and placed in foster care.

There are many more "thank yous" awaiting you, U.S. Senate Committee on Appropriations, District of Columbia Subcommittee—Senator DeWine, and members of the District of Columbia Subcommittee and staff, and even more "thank yous" to come from the hearts and lips of the struggling families you have helped us reach by allocating funds for these much needed services.

CONCLUSION OF HEARING

Senator DEWINE. And we appreciate it. We look forward to working with all of you. You've been very helpful. And we hope we can be helpful to you to continue to do the great work that you're doing. So thank you very much.

[Whereupon, at 4:25 p.m., Thursday, March 10, the hearing was concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]

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