

DISTRICT OF COLUMBIA APPROPRIATIONS FOR FISCAL YEAR 2004

WEDNESDAY, APRIL 2, 2003

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

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

FOSTER CARE SYSTEM

OPENING STATEMENT OF SENATOR MIKE DEWINE

Senator DEWINE. Good morning. The hearing will come to order.

Today, on what fittingly is being recognized as the National Day of Hope for Abused Children, we are convening the first of what will be a series of hearings regarding the foster care system in our Nation's capital. I am honored to have, as our lead witness, Congressman Tom Davis, Chairman of the House Committee on Government Reform.

Chairman Davis and I share a long-standing concern and commitment to children in our home States, in the District, and across our Nation, as of course has Senator Landrieu. Chairman Davis has held several oversight hearings regarding the receivership of Child and Family Services Agency, commonly referred to as CFSA. In addition, Chairman Davis and I worked closely together to get the D.C. Family Court Reform Act of 2001 signed into law.

As the new chairman of the House Committee on Government Reform, Chairman Davis has elevated the oversight of the District of Columbia to the full committee. He truly has demonstrated his concern for and commitment to our Nation's capital.

Chairman Davis requested that the GAO review CFSA's performance and progress. And in our hearing today, we will examine and discuss the preliminary findings of that review, some of which are very disturbing. Our witnesses will describe the problems that have led to the current crisis in the District's foster care system and what CFSA has been doing and is doing to protect the lives of the District's children.

Let me commend Congressman Davis for requesting this GAO review. It was a great step, something that is long overdue, and has provided this committee and this Congress and the District of Columbia some very, very important information.

Candidly, this is not the first time that this Congress has looked at this issue, nor the first time that this committee has looked at

this. This is not the first time that we, as a subcommittee, have heard testimony from witnesses describing the sorry state of the District's child welfare system. This is not the first time we have discussed the errors and the unbelievable lapses in judgment and the unquestionable and inexcusable breakdowns in the system, breakdowns that have led to the loss of at least 229 children's lives between 1993 and the year 2000.

In fact, in a hearing all too similar to this one today, a hearing that we held in March 2001 about the state of foster care in the District, a hearing that this subcommittee held, we listened to vivid and tragic testimony detailing the complete collapse of the child welfare system in the District of Columbia. And at that hearing, I made it very clear that protecting the health and welfare of the District's children is our number one priority and how that, too, should be the number one priority of the District of Columbia.

We put the CFSA on warning and said that enough was enough and that we were not going to allow blatantly irresponsible acts of incompetence to continue anymore. Further, we explained how this subcommittee has a responsibility, an obligation, to review the District's resource needs and budget proposals with close Congressional scrutiny. We have an obligation to ensure that any dollars that flow into the child welfare system are used for the proper protection of the children involved.

So the question is: What has changed in these past 2 years? The preliminary GAO findings would suggest that very little has in fact changed. But before we get to the specifics of the GAO report, I would like to make something very clear. Whether we are talking about a child here in the District of Columbia or one in Cincinnati or one in Richmond or New Orleans or anywhere in the United States, I think we all would agree that every child in this country deserves to live in a safe, stable, loving and permanent home with loving and caring adults. Yet the reality is that tonight more than half a million children in this country will go to bed in homes that are not their own. And many of these children are tragically at risk.

I first learned about this nearly 30 years ago in the early 1970's, when I was serving as an assistant county prosecutor in my home county in Ohio, Green County, when I was a young county prosecuting attorney. One of my duties was to represent the Green County Children's Services in cases where children were going to be removed from their parents' custody. I witnessed then that too many of these cases drag endlessly, leaving children trapped in temporary foster care placements, which often entail multiple moves from foster home to foster home to foster home for years and years and years.

It would appear that children in this city, in our Nation's capital, are at even more risk because of the systemic dysfunction within the District's child welfare bureaucracy. Let me explain.

Over 10 years ago, the District's child welfare system was considered among the worst in the Nation. In 1989, the American Civil Liberties Union filed a class action lawsuit against the city, *LaShawn A. v. Barry*. And they argued 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 F. 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.

Today, the court monitor will present her findings and testify as to whether or not to end the probationary period for CFSA. It is my understanding that the court monitor will recommend ending that probationary period. I will say bluntly that from reading the GAO's testimony, which will be presented shortly, I have some grave concerns about CFSA's abilities. I am curious to see how the court monitor's recommendations comports with the disturbing picture that GAO's findings paint.

For example, the GAO has determined that CFSA is not, is not, meeting the most crucial requirements of the Adoption and Safe Families Act. This law, which I helped sponsor and which has been in effect since November 1997, includes a number of very specific provisions that require States to change policies and practices to better promote children's safety and adoption or other permanent options, or other permanency options.

In fact, since this law has been in effect, adoptions have increased nearly by 40 percent nationwide. According to the GAO, though, while some improvements have been made, the CFSA has not adopted some key policies and procedures for ensuring the safety and permanent placement of children. Furthermore, caseworkers have not consistently implemented or documented some of the policies and procedures that have been adopted. In fact, CFSA is not meeting the Adoption and Safe Families Act standards in the following ways:

Number one, initiating proceedings to terminate parental rights for children in foster care for 15 of the most recent 22 months; number two, notifying parents of reviews and hearings; number three, requiring mandatory annual permanency hearings every 12 months for a child in foster care.

Another troubling finding that the GAO will elaborate on further is the District's inability to track its children in foster care. In fact, data is not even available for 70 percent of the District's children in foster care. This is true even though the District has invested resources in a new automated information system that has been operational for over 3 years. How can we track these children and determine their well-being when they are not even entered into this automated system? How can the court monitor be sure that CFSA is meeting its standards if CFSA cannot even electronically track the children in its own care?

I am very interested to hear the testimony of Anne Schneiders, chairman of the National Association of Counsel for Children, who

has said that children wait for months, for weeks or months, before foster care placement is available. Some older children wait at group homes or even overnight at CFSA offices. They are often placed in whatever home has a vacancy, irrespective of the needs of the child or the preference of the family.

In addition to the new GAO findings, other studies and newspaper investigations paint equally disturbing pictures. For example, according to a recent study by the U.S. Department of Health and Human Services, District children were in foster care an average of 65 months before they achieved a permanency plan. That is over 5 years in foster care before a plan is even determined.

And, of course, none of us can forget the tragic and troubling accounts detailed in the September 2001 Washington Post's Pulitzer Prize winning investigative series on the state of the District's child welfare system. But even after that series ran, the Post identified additional cases of abuse and neglect. In a December 2001 story, the newspaper reported that at least 10 children under District protection died between June 2001 and December 2001, and that in one case an infant died of starvation after a city social welfare worker failed to visit his family for 7 months.

Then, an August 2002 story reported that it took the CFSA nearly 3 months to remove an 11-year-old mentally retarded child from a District group foster care home after he reported being sexually abused by a 15-year-old fellow resident. In this particular case, the District social worker learned of the incident on April 9, 2002, but did not actually report it until July 2, 2002. And furthermore, when police finally interviewed the 11-year-old boy, they found out his 12-year-old roommate also had been sexually assaulted.

These kinds of reports make us all sick. And the CFSA needs to understand we are not going anywhere, none of us are going anywhere. This committee is not backing off in any way until these children are protected. We have made the welfare and safety of these children our top priority.

And as chairman of this subcommittee, I am going to continue to have hearings. And we are going to keep digging for facts and findings. And we are going to do everything we possibly can to save these children.

Now I recognize that the District's child welfare system did not collapse overnight. And we are well aware that it will not be fixed overnight. However, 1 month, let alone 65 months, or 5 five years is a very long time in a child's life. It is an eternity for a child. How many more months and years can we ask these children and teens to wait until they have a safe and loving home?

PREPARED STATEMENT

When we look at the District's child welfare system in its totality, we must not view its reform in a vacuum. The reform of this system is about a lot of things. This is about, we know, resource needs. This is about proper management of those resources and the services provided. It is also, of course, about accountability. And ultimately, and most importantly, it is about putting the safety and the health and well-being of thousands of children first, above all else.

I know that Chairman Davis shares these concerns and is standing ready and willing to work together to make life better for these children. I thank him for requesting the GAO report. And I look forward to hearing his testimony.

[The statement follows:]

PREPARED STATEMENT OF SENATOR MIKE DEWINE

Good morning. This hearing will come to order. Today, on what fittingly is being recognized as the National Day of Hope for Abused Children, I am convening the first of what will be a series of hearings regarding the foster care system in the District of Columbia.

I am honored to have as our lead witness, Congressman Tom Davis, Chairman of the House Committee on Government Reform. Chairman Davis and I share a long-standing concern and commitment to children in our own home States, in the District, and across the Nation. Chairman Davis has held several oversight hearings regarding the receivership of the Child and Family Services Agency, commonly referred to as CFSA. In addition, Chairman Davis and I worked closely together to get the DC Family Court Reform Act of 2001 signed into law.

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Chairman Davis requested that the GAO review CFSA's performance and progress, and in our hearing today, we will examine and discuss the preliminary findings of that review—some of which are very disturbing. Our witnesses will describe the problems that have led to the current crisis in the District's foster care system and what CFSA has been and is doing to protect the lives of the District's children.

But candidly, this is not the first time we've done this. This is not the first time that we, as a subcommittee, have heard testimony from witnesses describing the sorry state of the District's child welfare system. This is not the first time we've discussed the errors, and the unbelievable lapses in judgment, and the unquestionable and inexcusable breakdowns in the system—breakdowns that have led to the loss of at least 229 children's lives between 1993 and 2000.

In fact, in a hearing—all too similar to this one today—a hearing that we held in March 2001 about the state of foster care in the District—we listened to vivid and tragic testimony detailing the complete collapse of the child welfare system. And at that hearing, I made it unequivocally clear that protecting the health and welfare of the District's children is my No. 1 priority—and how that, too, should be the No. 1 priority of the District of Columbia. I put the CFSA on warning and said that enough was enough—that we were not going to allow blatantly irresponsible acts of incompetence to continue any more. Furthermore, I explained how this subcommittee has a responsibility—an obligation—to review the District's resource needs and budget proposals with close congressional scrutiny. We have an obligation to ensure that any dollars that flow into the child welfare system are used for the proper protection of the children involved.

So, what has changed in these past 2 years? The preliminary GAO findings would suggest that very little has, in fact, changed. But, before we get to the specifics of the GAO report, I want to make something very clear.

Whether we are talking about a child here in the District, or one in Cincinnati, or in Richmond, or in New Orleans, or anywhere else in America—every child deserves to live in a safe, stable, loving, and permanent home, with loving and caring adults.

Yet, the reality is that tonight, more than a half-million children in this country will go to bed in homes that are not their own. Many of these children are at risk. I first learned this nearly 30 years ago in the early 1970's when I was serving as an assistant county prosecutor in Greene County, Ohio. One of my duties was to represent the Greene County Children Services in cases where children were going to be removed from their parents' custody. I witnessed then that too many of these cases drag on endlessly, leaving children trapped in temporary foster care placements, which often entail multiple moves from foster home to foster home to foster home—for years and years and years.

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lawsuit against the city—*LaShawn A. v. Barry*—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 F. 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.

Today, the Court Monitor will present her findings and testify as to whether or not to end the probationary period for CFSA. It is my understanding that the Court Monitor will recommend ending that probationary period. I will say, bluntly, that from reading the GAO's testimony, which will be presented shortly, I have some grave concerns about CFSA's abilities. I am curious to see how the Court Monitor's recommendation comports with the disturbing picture that GAO's findings paint.

For example, the GAO has determined that CFSA is not meeting the most crucial requirements of the Adoption and Safe Families Act. This law—which I sponsored and which has been in effect since November 1997—includes a number of specific provisions that require States to change policies and practices to better promote children's safety and adoption or other permanency options. In fact, since this law has been in effect, adoptions have increased by nearly 40 percent!

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And, of course, none of us can forget the tragic and troubling accounts detailed in the September 2001 Washington Post's Pulitzer Prize winning investigative series on the state of the District's child welfare system. But, even after that series ran, the Post identified additional cases of abuse and neglect.

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These kinds of reports make me sick. And, the CFSA needs to understand that I am not going anywhere until these kids are protected.

I have made the welfare and safety of these children my top priority, and as Chairman of this subcommittee, I'm going to keep having hearings, and we're going to keep digging for facts and findings, and we're going to do everything we possibly can to save these children.

I recognize that the District's child welfare system did not collapse over night. And, we are well aware that it will not be fixed over night. However, one month—let alone 65 months or 5 years—is a very long time in a child's life. How many more months and years can we ask these infants and children and teens to wait until they have a safe and loving home?

When we look at the District's child welfare system in its totality, we must not view its reform in a vacuum. The reform of this system is about a lot of things. This is about resource needs. This is about proper management of those resources and the services provided. This is about accountability. And ultimately and most importantly, this is about putting the safety and health and well-being of thousands of children first—above all else.

I know that Chairman Davis shares these concerns and is standing ready and willing to work together to help make life better for these children. I thank him for requesting the GAO report and welcome now his testimony.

Senator DEWINE. Let me turn to the Ranking Member of this committee, who has been a real partner in this effort and who cares passionately about the children of the District of Columbia, Senator Landrieu.

STATEMENT OF SENATOR MARY L. LANDRIEU

Senator LANDRIEU. Thank you, Mr. Chairman. And I am going to be very brief and submit a statement for the record, because I am anxious to hear from our partner in the House on this issue. And I also have any number of questions that will follow up some of the more disturbing findings in this report.

PREPARED STATEMENT

But let me just say that I appreciate this work. I want to associate myself with your remarks, Mr. Chairman, and understand that we have made some progress. But according to this report, there is a tremendous amount of work that is yet to be done. And this work is extremely important. And there is an urgency about this work. So I will submit the rest of my statement in writing. And thank you, Mr. Chairman.

[The statement follows:]

PREPARED STATEMENT OF SENATOR MARY L. LANDRIEU

I would like to join Chairman DeWine in welcoming our witnesses from the District as well as Chairman Tom Davis from the House Government Reform Committee. I appreciate Chairman Davis taking the time to share his insight into the District, as a representative from Virginia, and the GAO report which he initiated.

It has been two years since Chairman DeWine and I convened our first hearing on this subcommittee to discuss child welfare in the District. At that time we met with some of you and some of your predecessors. We are happy that Judith Meltzer is on the panel again, and that her expertise has provided a thread of continuity in the reform of child welfare in the District. However, over the two years that have passed, we are still in the planning phase of reform.

The receivership of the Child and Family Services Agency ended in June of 2001 after certain criteria were achieved by the city, such as, protecting CFSA from agency budget or personnel reductions; reform of the Family Court and coordination; implementation of memoranda of understanding with the Department of Health and the Commission on Mental Health Services for providing mental health and substance abuse services. These benchmarks have improved the direction of this agency, but not the results so far.

Now this subcommittee is meeting with the leaders on child welfare again and we understand that the agency's probationary period, which has seen child welfare through the last 21 months, was terminated in January. I understand that the District has met 75 percent of 20 best practice benchmarks during probation. I would be interested to learn more specifically about the benchmarks met and those where the agency fell short.

The two main guidebooks to reform of CFSA are a court order (the implementation plan of the LaShawn Decree) and the Federal law (the Adoption and Safe Families Act). GAO has aptly reviewed the District's strengths and weaknesses in these areas. The federal court will maintain oversight of the agency as it implements the standards set in the. Yet another component must be considered: the citizens of the District; as identified in Judith Meltzer's written testimony.

I remain concerned that there is a grave difference between checking the box of criteria and impacting the lives of children. I have worked in this field for 20 years as an advocate for children, and I know that there are small things that can be done to make children safer, while the administrative arm of the agency is trying to stand up their processes. I do not want the District to lose sight of this fact. We must be achieving safety and permanency for every child on a day to day basis. We cannot wait until the administration of the agency is strong enough to do its job every day.

Each of your different perspectives (as an advocate of children; as an administrator of an agency; and as the monitor to ensure compliance with court mandates) can provide insight.

This morning, I would like to know from each of you: How can we move beyond "we're working on it"? When is this agency going to remove the "Under Construction" sign and replace it with a sign reading, "Now Operating"? We are not talking about widgets. We are talking about the safety and future of children.

I hope that you all will be open with the subcommittee on the critical needs that exist and how we can address the necessary resources in the city. I appreciate the time of each of our witnesses and hope that we can begin a constructive dialogue on the future of the Child and Family Services Agency.

Senator DEWINE. Thank you.

Congressman Davis, again, thank you for requesting this very revealing report. We are very grateful to you for doing this. And we look forward to your testimony. Thank you. Please proceed, and take as much time as you would like.

STATEMENT OF HON. TOM DAVIS, U.S. REPRESENTATIVE FROM VIRGINIA

Mr. DAVIS. Thank you very much. And good morning, Mr. Chairman and Senator Landrieu. And let me thank you for your partnership and your leadership, both of you, in this as well. And thank you for inviting me to testify today.

As you know, I have a longstanding interest in the Child and Family Services Agency and all the reform efforts it is undertaking to provide adequate services to vulnerable children and families in the District.

When I served as chairman of the House Government Reform Subcommittee on the District, we held numerous hearings to examine CFSA's operations under Federal court-ordered receivership. At the time, CFSA was plagued by deep-rooted management problems that impacted the safety of children in its care and hindered the agency's delivery of services.

The systematic problems identified were widespread and included agency operations, staffing, budget, and fiscal management, procurement, and quality assurance monitoring. The CFSA has since worked to address many of these problems and fulfill the criteria for terminating the probationary period.

To complement the reforms in CFSA, Congress worked with the D.C. Superior Court officials, Government, and community leaders

to craft the Family Court Act. The act established management principles to better address the needs of the children in the system, increased the number of Family Court judges, and created the position of magistrate judge to help eliminate the backlog of cases and ensure that cases were managed in a timely manner. The Family Court reforms emphasized the importance of communication between the Court and the CFSA, including the establishment of an on-site liaison office in the Family Court to better inform judges of the availability of social services in the city.

The occurrence of highly publicized incidents last year, including the placement of underage children in group homes, reminded us that many areas of CFSA's operations had yet to be reformed and that children were paying the price for agency mistakes. Therefore, then-D.C. subcommittee Chairwoman Connie Morella and I requested a follow-up GAO study to examine CFSA's performance measures and compliance with the Adoption and Safe Families Act, the implementation of key foster care policies, and the relationship between the agency and the Family Court.

Based on GAO's initial results, I am pleased that CFSA is showing some progress in a number of areas. Specifically, we are encouraged by CFSA's efforts to develop written plans to help it comply with some of AFSA's requirements and performance measures. We are also pleased to note the agency's development of numerous foster care policies.

Furthermore, CFSA's efforts to lower the number of underage children who are placed in group homes is commendable. However, I question why the number remains so high—GAO reports that 70 children were still in group homes at the end of February 2003—and whether the District has an adequate number of foster families.

The relationship between CFSA and the Family Court is improving. And the two entities are working collaboratively. But I understand that hearing conflicts and staffing problems remain.

While the agency's progress is encouraging, I admit that GAO's findings leave me with more questions than answers. I still have concerns about the many challenges that lay ahead. For instance, there are remaining AFSA requirements that the agency has not met regarding the termination of parental rights and permanency hearings. I understand that many of the delays in these areas are likely due to staffing shortages. I know that social service agencies nationwide face a shortage of social workers.

So what has to be done to attract a larger number of qualified and competent social workers to CFSA? Mr. Chairman, I understand that you are examining this issue and looking for potential ways to provide a financial incentive to qualified applicants, including loan forgiveness and scholarships. Our counterpart, the House Committee on Government Reform, stands ready to provide the necessary support for innovative recruitment and retention efforts.

As you know, Mr. Chairman, the incidents that prompted me to request the GAO report occurred in group homes. One of several issues that emerged included the delayed reporting of abuse allegations. I remain concerned that CFSA has been slow to improve staff training and clarify the incident reporting requirements so that employees understand their responsibilities.

GAO also found that critical data about children's cases are not always entered into the FACES automatic case management system in a timely fashion. This limits a social worker's ability to provide the Family Court with the most accurate, relevant, and timely information so that the judge may make an educated decision to ensure the safety and well-being of the child. All components of the child welfare system need to work together to provide children with safe homes and any social and medical services that they may require. Since the information stored in the FACES system serves a variety of purposes within the agency, it is imperative that it is updated as quickly as possible. I hope that CFSA will discuss their IT improvement plans this morning.

Furthermore, the data in the FACES system should ideally keep track of a child's assignment to a foster family, including those in Maryland. I continue to be concerned that the District of Columbia may not have an accurate tally of the number of children currently placed in Maryland foster homes. I have also received reports that the computers are often down, further exacerbating the database challenges.

So what needs to happen in order to address the critical shortfalls identified by GAO? Does the answer lie in more staff, better management, better IT services, more money? How successful has CFSA been at targeting their resources to resolve management, staffing, and other operational challenges? These are questions that our committees must continue to ask as we pursue our respective roles. And I certainly hope that today's hearing will identify CFSA's advances and pinpoint its needs as it continues to institute reform.

I understand that the process is slow. If only the system could be fixed overnight for the benefit of the children it serves. Unfortunately, the reality is that a comprehensive overhaul of an agency's infrastructure and the implementation of new policies and procedure, it takes time, it takes money and some patience.

PREPARED STATEMENT

The House committee will hold an oversight hearing in May to further examine these issues. As we move forward with our oversight responsibility, I look forward to working together, as we examine the progress of the agency's reforms, determine what assistance Congress can provide as CFSA completes the development and improvement of its policies and procedures.

That concludes my remarks, Mr. Chairman. Again, I appreciate the leadership of both of you on this issue.

[The statement follows:]

PREPARED STATEMENT OF REPRESENTATIVE TOM DAVIS

Good morning, Mr. Chairman and Members of the Subcommittee. Thank you for inviting me to testify today about the District of Columbia Child and Family Services Agency (CFSA). As you know, I have a longstanding interest in CFSA and the reform efforts it is undertaking to provide adequate services to vulnerable children and families in the District.

When I served as Chairman of the House Government Reform Subcommittee on the District of Columbia, we held numerous hearings to examine CFSA's operations under Federal court-ordered receivership. At the time, CFSA was plagued by deep-rooted management problems that impacted the safety of children in its care and hindered the agency's delivery of services. The systemic problems identified at CFSA

were widespread and included agency operations, staffing, budget and fiscal management, procurement, and quality assurance monitoring. The CFSA has since worked to address many of these problems and fulfill the criteria for terminating the probationary period.

To complement the reforms in CFSA, Congress worked with D.C. Superior Court officials, government, and community leaders to craft the Family Court Act. The Act established management principles to better address the needs of the children in the system, increased the number of Family Court judges, and created the position of magistrate judge to help eliminate the backlog of cases and ensure that cases are managed in a timely manner. The Family Court reforms emphasized the importance of communication between the Court and CFSA, including the establishment of an on-site liaison office in the Family Court to better inform judges of the availability of social services in the city.

The occurrence of highly publicized incidents last year, including the placement of underage children in group homes, reminded us that many areas of CFSA's operations had yet to be reformed and that children were paying the price for agency mistakes. Therefore, then-D.C. Subcommittee Chairwomen Connie Morella and I requested a follow-up GAO study to examine CFSA's performance measures and compliance with the Adoption and Safe Families Act (ASFA), the implementation of key foster care policies, and the relationship between the agency and the Family Court.

Based on GAO's initial results, I am pleased that CFSA is showing progress in a number of areas. Specifically, I am encouraged by CFSA's efforts to develop written plans to help it comply with some of the ASFA requirements and performance measures. I am also pleased to note the agency's development of numerous foster care policies. Furthermore, CFSA's efforts to lower the number of underage children who are placed in group homes is commendable. However, I question why that number remains so high (GAO reports that 70 children were still in group homes at the end of February 2003), and whether the District has an adequate number of foster families. The relationship between CFSA and the Family Court is improving and the two entities are working collaboratively, but I understand that hearing conflicts and staffing remain problems.

While the agency's progress is encouraging, I must admit that GAO's findings leave me with more questions than answers. I still have concerns about the many challenges that lay ahead. For instance, there are remaining ASFA requirements that the agency has not met regarding the termination of parental rights and permanency hearings. I understand that many of the delays in these areas are likely due to staffing shortages. I know that social services agencies nationwide face a shortage of social workers. So, what must be done to attract a larger number of qualified and competent social workers to CFSA? Mr. Chairman, I understand that you are examining this issue and looking for potential ways to provide a financial incentive to qualified applicants, including loan forgiveness and scholarships. The House Committee on Government Reform stands ready to provide the necessary support for innovative recruitment and retention efforts.

As you know, Mr. Chairman, the incidents that prompted me to request the GAO report occurred in group homes. One of several issues that emerged included the delayed reporting of abuse allegations. I remain concerned that CFSA has been slow to improve staff training and clarify the incident reporting requirement so that employees understand their responsibilities.

GAO also found that critical data about children's cases are not always entered into the FACES automated case management system in a timely fashion. This limits a social worker's ability to provide the Family Court with the most accurate and relevant information so that the judge may make an educated decision to ensure the safety and well-being of the child. All components of the child welfare system need to work together to provide children with safe homes and any social and medical services they may require. Since the information stored in the FACES system serves a variety of purposes within the agency, it is imperative that it is updated as quickly as possible. I hope that CFSA will discuss their IT improvement plans this morning.

Furthermore, the data in the FACES system should ideally keep track of a child's assignment to a foster family, including those in Maryland. I continue to be concerned that the District of Columbia may not have an accurate tally of the number of children currently placed in Maryland foster homes. I have also received reports that the computers are often down, further exacerbating the database challenges.

So what needs to happen in order to address the critical shortfalls identified by GAO? Does the answer lie in more staff, better management, better IT services, more money? How successful has CFSA been at targeting their resources to resolve management, staffing, and other operational challenges? These are questions that our committees must continue to ask as we pursue our respective roles. And I cer-

tainly hope that today's hearing will identify CFSA's advances and pinpoint its needs as it continues to institute reform.

I understand that the process is slow. If only the system could be fixed overnight for the benefit of the children it serves. The unfortunate reality is that a comprehensive overhaul of an agency's infrastructure, and the implementation of new policies and procedures take time, money, and patience.

The House Committee on Government Reform will hold an oversight hearing in May to further examine these issues. As we move forward with our oversight responsibility, I look forward to working together as we examine the progress of the agency's reforms, and determine what assistance Congress can provide as CFSA completes the development and improvement of its policies and procedures.

That concludes my remarks, Mr. Chairman. I am available to answer any questions you may have.

Senator DEWINE. Well, Mr. Chairman, we look forward to working with you. We just appreciate your interest and again thank you for requesting this GAO report. And I think it is going to provide us, both of us, with a great deal of information to help the District improve and work together on our common goal, to really help the children of the District of Columbia.

Mr. DAVIS. Thank you.

Senator DEWINE. Senator Landrieu?

Senator LANDRIEU. I just want to thank you for your testimony and acknowledge that these problems are quite severe in the District. And we have every intention of continuing to work with you to improve and to find workable solutions. I will note that the District, of course, which I always feel compelled to point out, is not the only place in the United States where these problems exist. But they exist in a more acute way here—the numbers just seem overwhelming to some of us who do this work all throughout the country. The District of Columbia is not alone, but it does seem to have some persistent problems that are just very tough to address.

So I thank you for your effort and look forward to working with you.

Mr. DAVIS. Thank you very much.

Senator DEWINE. Thank you very much.

I would invite our second panel now to come forward.

Dr. Olivia Golden is the Director of the District of Columbia's Child and Family Services Agency. Ms. Judith Meltzer is the court-appointed monitor for the Child and Family Service Agency. Ms. Cornelia Ashby is the Director of Education, Workforce, and Income Security Issues at the General Accounting Office. And Anne Schneiders is the chair and founder of the Washington Chapter of the National Association of Counsel for Children.

I think we will start with you, Dr. Golden. And we will take just a brief 5-minute opening statement, if you would like to make one. And then we will just go right down. And then we will have questions.

STATEMENT OF DR. OLIVIA A. GOLDEN, DIRECTOR, CHILD AND FAMILY SERVICES AGENCY, DISTRICT OF COLUMBIA

Dr. GOLDEN. Thank you. Good morning, Chairman DeWine, Senator Landrieu, District of Columbia Subcommittee. I am Olivia Golden, the Director of the Child and Family Services Agency for the District of Columbia. And I appreciate your deep commitment to the District and to children.

Less than 2 years ago, in June of 2001, Federal Court receivership of CFSA terminated. And I had the opportunity to become the

first director of CFSA in its new form as a cabinet-level agency of the District of Columbia. The legislation that created this new agency laid out for CFSA a whole set of responsibilities and authorities that had never been unified in one place in the District before, creating for the first time the opportunity for true reform.

The pace of change since then has been extraordinary. It has only been 18 months since October of 2001 that the District has had a unified child abuse and neglect agency at all. Before then, CFSA investigated reports of neglect only, while the Metropolitan Police Department investigated reports of abuse and services to children who had experienced abuse were split between court social services and CFSA.

In this fragmented system, the obstacles to such basic elements of child welfare services as prompt and high-quality investigation and timely movement to permanence were overwhelming. Both our own sense of urgency and the Federal Court's framework required us to create real change for children at the same time we were re-engineering the whole legal and institutional framework for child welfare in the District, building the District's first real safety net for children.

After our first year, as Senator DeWine mentioned, the court monitor in the *LaShawn* lawsuit reported that we had met 75 percent of 20 exacting performance goals, measuring progress from the end of the receivership. As a result, Federal Judge Hogan signed the order ending the probationary period in January of 2002. Among the probationary period accomplishments that have the most direct impact on children are the dramatic reduction in the backlog of investigations open more than 30 days, sharp reductions in the use of group care for young children, a sharp reduction in the number of children in residential care more than 100 miles from the District, and a 20 percent increase in finalized adoptions.

This is a critical juncture for reform and for the *LaShawn* lawsuit. The District has demonstrated its capacity to mobilize and maintain momentum for change. Yet the end of CFSA's probation does not mean the end of the lawsuit. We are now committed to several years of hard work to meet the ambitious goals we have set for ourselves and the requirements of the Court's modified final order. We have been closely working with the court monitor and plaintiffs in developing the implementation plan that will set out benchmarks for this process.

CFSA's multi-year timetable for reform is consistent with the national experience. Our national advisory panel, which includes leaders who have transformed child welfare in other jurisdictions, such as William Bell from New York, Judge Ernestine Gray from New Orleans, and Judith Goodhand from Cleveland, Ohio, has suggested that we think of change in a major urban child welfare system as a 5- to 10-year process. As William Bell wrote of New York's ambitious child welfare reform, "Everyone involved had to accept that real reform was a multi-year, multi-faceted undertaking."

In my written testimony, I describe in detail how far we have come and the reform that still lies ahead in staff recruitment, retention, and training, in licensing, in contract reform, in foster care and adoptive parent recruitment, in information systems, and in

partnerships with other agencies. In this oral summary, I would like to highlight just three additional accomplishments.

First, because manageable social worker caseloads are key to quality services for children, we have brought the average ongoing caseload down from about the mid-30's last year at this time to 23 as of last week.

Second, our substantial progress in building a reliable and timely automated data system has been key to our accomplishments for children. I would love to talk about that more during questions. This month FACES, our system, will receive an award from Computer World Magazine for being a national leader in automating child welfare case management. And I would like to correct some of the comments made earlier, if we have time in the question period, because we do have a very complete and timely automated system. But there is old data from 1998 and 1999 that GAO found, because of the state of the system then, the old data was not all on it.

Third, just 1 year ago, we began reforming legal support by collocating a dramatically expanded team of attorneys with CFSA. Today, social workers have legal representation in 97 percent of all hearings. Our legal staff has been reorganized to work with Family Court judicial teams. And each lawyer is shifting to vertical prosecution, which means seeing a case through from initial hearing to permanence.

PREPARED STATEMENT

In conclusion, we are at an extraordinary moment in the District's child welfare system, a moment of early accomplishment, of great hope, and yet of fragility. I am deeply grateful for the subcommittee's past support and leadership and for both Senator Landrieu and Senator DeWine's work at a national level where I had the chance to work with you as well.

My written testimony suggests several areas for the subcommittee's continued involvement, which I look forward to discussing today or in the future.

Thank you.

[The statement follows:]

PREPARED STATEMENT OF OLIVIA A. GOLDEN

Good morning Chairman DeWine, Senator Landrieu, and Members of the District of Columbia Subcommittee of the Senate Appropriations Committee. I am Olivia Golden, the Director of the Child and Family Services Agency (CFSA) for the District of Columbia, and I am grateful for the opportunity to testify today regarding the progress of child welfare reform in the District of Columbia. I appreciate the deep commitment of Senator DeWine, Senator Landrieu, and other Subcommittee members to the District's well-being and to the child welfare agenda of safety, permanence, and well-being.

Less than 2 years ago, in June 2001, Federal Court Receivership of CFSA terminated, and I had the opportunity to become the first Director of CFSA in its new form as a cabinet-level agency of the District of Columbia. The legislation that created this new cabinet-level agency laid out for CFSA a whole set of responsibilities and authorities that had never been unified in one place in the District before, creating for the first time the opportunity for true reform. The pace of change since then has been extraordinary. For example, it has only been about 18 months, since October of 2001, that the District has had a unified child abuse and neglect agency. Before then, CFSA investigated reports of neglect only, while the Metropolitan Police Department investigated reports of abuse, and services to children who had experienced abuse were split between Court Social Services at the Superior Court and

CFSA. In this fragmented system, the obstacles to such basic elements of child welfare services as prompt and high-quality investigation and timely movement to permanence were overwhelming. To take another example, after 15 years when the District's statute regarding licensing of foster homes, group homes, and independent living facilities had never been implemented, this authority was given to CFSA in the April 2001 legislation and was implemented through regulations in 2001 and early 2002. Just weeks ago, we accomplished the District's first-ever licensing of these facilities, meeting the regulatory deadline of January 1, 2003.

But there was no time to wait for this dramatic institutional change to be complete: both our own sense of urgency and the Federal Court's framework for measuring progress required us to create real change for children at the very same time we were re-engineering the whole statutory and institutional framework for child welfare in the District. After our first year, the Court Monitor in the *LaShawn* lawsuit reported that we had met 75 percent of 20 exacting performance goals measuring progress from the baseline at the end of Receivership, thus ending the probationary period under *LaShawn*. Judge Hogan signed the order ending the probationary period in January 2002.

Among the probationary period accomplishments that have the most direct impact on children are:

- reduction in the backlog of investigations open more than 30 days from over 800 in May of 2001 to under 300 in May of 2002 (and under 100 today);
- sharp reductions in the use of congregate care for young children—for example, a reduction in the number of children under 6 in group care from 99 in May of 2001 to 47 in May of 2002 and under 40 as of February 28, 2003;
- a sharp reduction in the number of children in residential care more than 100 miles from the District to 56 as of February 2003. This is a sharp decline from a total of 83 in May of 2001 and 65 in May of 2002;
- a 20 percent increase in finalized adoptions from the year ending in May of 2001 to the year ending in May of 2002; and
- improvements in the proportion of cases with current case plans, the building block for permanence for children.

I want to acknowledge the leadership and commitment demonstrated by Mayor Williams, Deputy Mayor Graham, the Council of the District of Columbia and Delegate Eleanor Holmes Norton, in making such dramatic change possible in less than 2 years.

It has been an extraordinary personal opportunity for me to be part of these 2 years of fundamental reform in the District. In my previous role as Assistant Secretary for Children and Families at the Federal level, I had the opportunity to work on both the Adoption and Safe Families Act and the Federal Child and Family Service Reviews, in order to better align the Nation's child welfare system with three critical goals: keeping children safe, enabling every child to grow up in a permanent family, and supporting the well-being of the most vulnerable children and most fragile families. It is these same three goals that have shaped our work for the past 2 years in the District.

In today's testimony, I would like to give you a sense of how far we have come in this very brief but very intense period of reform and of the continued, major reform that still lies ahead. Four key themes summarize where we have been and where we are going:

- 1. *After less than 2 years out of receivership, we are at a critical juncture for reform and for the LaShawn lawsuit.*—We have accomplished major milestones, by completing the statutory reform sketched above and achieving the milestones that ended the probationary period; at the same time, we have ahead of us a several-year plan to accomplish the vision for reform laid out in the *LaShawn* Modified Final Order.
- 2. *This timetable for reform is consistent with the national experience about reform of major urban child welfare systems, an experience we draw on through our National Advisory Panel and a wide variety of other expertise.*—We are about 2 years into a reform process that the national experience suggests will take 5 to 10 years of sustained, committed effort.
- 3. *CFSA's progress has required both major institutional changes—such as new legislation, new regulations, and new intergovernmental agreements—and improvements in basic, day-to-day practice leading to better results for children.*—In the first year we transformed the statutory and institutional framework and tore down barriers to reform at the same time that we achieved early results for children, including the achievement of 75 percent of the performance standards to end the probationary period. In the second year, we are continuing the rapid pace of change, accelerating the improvements for children and the development of core processes, and strengthening emerging partnerships.

—4. *We have ahead of us an ambitious multi-year program to build in quality and transform results.*—We expect that the road map to this ambitious reform agenda will be the Implementation Plan currently being completed by the Federal Court Monitor after intensive discussions with the District and the *LaShawn* plaintiffs. We believe that the support of the whole community will be necessary to achieve this ambitious agenda, and we are grateful for the continuing support of the Subcommittee and the opportunity to suggest how the Subcommittee can help from here on.

Before turning to these specific themes, I would like to illustrate the impact of reform on children's lives with one real example: 17-year-old Anna has experienced at least 15 psychiatric hospitalizations since becoming involved with CFSA at age 12. Her father and grandmother love Anna, but they are worn out from dealing with her bi-polar and behavioral disorders, seizures, verbal and physical violence, substance abuse, and running away. They wanted Anna placed in a residential treatment facility. Anna's CFSA caseworker hoped to keep Anna in the community and in contact with her family, so she referred Anna's case to Multi-Agency Placement Team (MAPT). Through MAPT, Anna has been able to stay in the community with intensive, coordinated, multi-agency support. These services include: placement in a foster home that can meet her needs, intensive case management, referral to a local psychiatrist, involvement with a mentor, enrollment in an education-based day treatment program, and a part-time job. The difference for Anna is that her family and the agencies worked together to coordinate services for her. This is very different than hasty assembly of fragmented services in the past. Anna's difficulties are severe, and she may or may not be able to remain in the community. But for now, MAPT has provided access to intensive, coordinated local services; Anna has been diverted from a restrictive residential placement; and she is engaged in school and with the providers and not running away.

STATUS OF THE LASHAWN LAWSUIT

We are now at a very important point in the *LaShawn* lawsuit. The Receivership and the probationary period that followed it have terminated, as a result of the District's successful enactment of key legislative reforms as well as the accomplishment of 75 percent of the 20 performance goals. In January, Federal Judge Hogan of the U.S. District Court certified CFSA's completion of probation, which successfully demonstrates the District's capacity to mobilize and maintain momentum for change.

At the same time, the end of CFSA's probation does not mean the end of the lawsuit. We are now facing several years of hard work to meet the ambitious goals we have set for ourselves and the requirements of the Modified Final Order, which is the original consent decree the District signed in 1993, and other remedial orders. Now, the District must substantially comply with requirements in these orders to end Federal Court involvement.

The vision of reform laid out in the Modified Final Order not only has legal force but offers a compelling vision of safety, permanence, and well-being for abused and neglected children. It envisions a District where:

- prompt, thorough, quality investigations protect children at risk and screen them appropriately for health and mental health issues;
- a broad range of services in the community help children remain at or return home safely—or, when those options are not possible, grow up in nurturing adoptive families;
- support is readily available to help foster, kinship, and adoptive parents meet children's health, mental health, and other needs;
- children almost always live with families and only rarely in group settings;
- foster children have as much continuity and stability as possible, including opportunities to live with their brothers and sisters, to bond with one foster or kinship family rather than move among many placements, and to see their parents often as long as reunification is the goal; and
- social worker caseloads are low enough that both CFSA and private-partner social workers routinely provide quality case management while expanding their skills through pre-service and in-service training.

For several months, the District, Federal Court Monitor, and plaintiffs have been negotiating an Implementation Plan designed to improve the key areas of local child welfare in keeping with this vision. As you will hear today from the Court Monitor, we are optimistic that the final Implementation Plan will be submitted to the Court very soon. This final Implementation Plan will mandate and direct continued reform of CFSA over the next several years. It will mean meeting measurable benchmarks within specific time frames. And it will mean achieving substantial compliance of

the Modified Final Order, so that Federal court oversight will terminate and further legal action will be avoided.

I expect the final Implementation Plan will challenge us to move beyond our achievements to date to develop a well functioning urban child welfare system. I also expect that CFSA will need to continue, and perhaps even increase, the fast-paced rate of change we have struggled to establish over the past 2 years. However, with continued reform inside our agency and sustained support from outside, the District now has two unprecedented opportunities: first, to establish the strong public child protection program local children and families deserve and second, to end the *LaShawn* lawsuit. The challenge will be great, the demands high, and the time frame extended over several years. But the time is right to continue our momentum and achieve significant positive outcomes for children, families, and the city. This payoff is clearly well worth all our best efforts and support.

THE NATIONAL CONTEXT FOR CHILD WELFARE REFORM

To inform and sustain this dramatic pace of reform at CFSA, we have drawn on a range of national expertise in the reform of urban child welfare systems. The October 2000 consent order that led to the end of the Receivership envisioned a National Advisory Panel, to be supported by private funding and to provide expertise and advice to the Director of CFSA. With support from the Annie Casey Foundation, we have established this National Panel, which includes academic experts as well as leaders who have transformed child welfare systems in other jurisdictions—such as William Bell, current Commissioner of the Administration for Children’s Services in New York, Judge Ernestine Gray from New Orleans who is the Immediate Past President of the National Council of Juvenile and Family Court Judges, and Judith Goodhand who formerly led child welfare in Cleveland, Ohio.

These national leaders have provided us with a range of advice, support, and technical assistance, ranging from informal training activities to an on-site team review of all of CFSA’s placement functions, with a report to follow shortly. One common theme to all of their advice, however, has been to think of change in a major urban child welfare system as a 5- to 10-year process. As William Bell, Commissioner of New York City’s child welfare agency, wrote of New York’s ambitious child welfare reform (New York Times Op-ed dated January 21, 2003), “a desire for quick fixes had to be resisted. Everyone involved had to accept that real reform was a multi-year, multi-faceted undertaking.”

CFSA: A SNAPSHOT OF PROGRESS

Before moving on to the details of our reform process, I would now like to take a moment to provide a snapshot of our progress for children. Our goal is to achieve safety, permanence, and well being not just for one, or a dozen, or a hundred but for the thousands of children who need the District’s protection every year. To provide a context for the scale of the task ahead, in fiscal year 2002, our 24-hour line for reporting child abuse and neglect received an average of 640 calls monthly. About 440—or 69 percent—of those calls met the criteria for abuse or neglect and were referred for investigation. In an average month, CFSA served some 3,119 children in paid placements, and about 2,301 families with children at home. At the end of fiscal year 2002, we had 1,803 children adopted from our foster care program and living in adoptive homes, with support from the District’s subsidized adoptions program.

In every area where we are assessing progress, we see a balance of important positive changes yet a great deal left to do. Key highlights include:

—*Improved staffing and reduced caseloads per social worker, yet more to do to reach our goals.*—Because manageable caseloads are key to high quality services for children, we have placed a top priority on bringing down and equalizing caseloads, to reduce both the average caseload and the caseloads carried by our most over burdened workers. As a result of our aggressive recruitment (described below) as well as a focus on assigning and managing cases more equitably, we have brought the average ongoing caseload down from about the mid-30’s last year at this time to 23 as of last week. At the top end, we have gone from 18 workers carrying more than 50 cases last August to none at that level now, and we expect to bring all caseloads below 40 within the next few weeks. However, we have much more to do: under the MFO, we will need to bring all ongoing caseloads below 20, with some targeted for 17 and 12 cases depending on the child and family circumstances. At the front end of the system, our investigators are very close to the MFO caseload levels: at the end of February, 45 of 55 investigators had caseloads below the MFO level of 12 investigations. We intend to meet the MFO level in investigations by the end of the fiscal year.

Recruitment and retention of child welfare staff are national challenges and not unique to the District of Columbia. The Child Welfare League of America and the American Public Human Services Association, among others have reported on the problem and proposed remedies. With support from the Annie E. Casey Foundation, we are hoping to build on this knowledge and add new lessons from our experience that may assist other jurisdictions.

—*Timely investigations.*—As indicated above, we have made important progress in reducing the backlog of investigations open more than 30 days, from a backlog of more than 800 in May of 2001 to under 300 in May of 2002 to under 139 today. The proportion of open investigations that have been open 30 days or less is currently 70 percent. We have been able to accomplish these improvements even while adding new responsibilities, such as the new area of institutional investigations—investigations of settings such as group homes, foster homes, and day care centers—which in many States are seen as more complex and time-consuming than individual abuse and neglect investigations. Our next steps in investigations will require us to focus intensively on quality, in order to meet the ambitious standards in the MFO.

—*Continued reductions in reliance on congregate care.*—Sadly, the District's history involves far too great a reliance on group care rather than families for children who cannot live safely at home. We have already made important changes in this historic practice and anticipate further progress over the coming years. In addition to the dramatic reduction in the number of very young children—under age 6—in congregate care highlighted above, we have also focused on reducing the number of children age 12 and under in congregate care. This number has dropped from 130 as of May 31, 2002 to 70 as of February 28, 2003 of whom approximately 40 are under the age of 6.

Understanding the stories of the young children who have moved from group care to families helps make clear how much difference this change can make to their lives. Just to take one example: In CFSA's drive to replace group homes with family settings, especially for children age 6 and under, Michael posed several challenges. He has been blind and mute from birth, with his father as his primary caretaker. When a family crisis temporarily overwhelmed his father, Michael entered a group home at age 4. Two years later, Father was stable, but Michael remained in group care. Everyone, including Father, recognized that Michael had made progress through specialized services while in the group home—for example, enrollment in a school for blind children. So the challenge was to connect Father to services that would support him in meeting Michael's special needs. Among services CFSA located and put in place are: a home health aide to provide respite for Father, an introduction to Michael's pediatrician of 2 years, a visiting nurse, individual and family therapy to help Father learn how to interact with Michael more fully, and referrals to local sources of Braille materials and special toys. Last month, Michael went home with his father. For now, he continues to attend the school for blind children. Someday, with accommodations, he may be able to attend a mainstream classroom.

—*Improving the timeliness of adoption and guardianship for children who cannot return to their birth homes.*—In fiscal year 2002, CFSA finalized 313 adoptions, representing approximately a 20 percent increase from last year. Key elements of this accomplishment were close collaboration with the Superior Court, improved legal support for CFSA, and emphasis on tracking progress. In fiscal year 2003, we anticipate improving further our process for ensuring that children who cannot live with their birth parents are able to grow up with a loving family. Next steps include holding immediate permanency staffings as soon as the court determines a child cannot go home, further improvements in legal support and filings to terminate parental rights, and award of a contract for an Adoption Resource Center to support adoptive parents.

In addition, there are currently 60 relatives in the process of obtaining subsidized guardianship. Thirty relatives have completed the process awaiting judge's order, as did two last year. The subsidized guardianship program is an effective approach to achieving permanence for a child when a relative is prepared to make a lifetime commitment but not to terminate parental rights.

THE FIRST YEAR OF REFORM

A key first step in achieving these changes for children was the tremendously ambitious set of institutional reforms that the District accomplished in the months just before and just after CFSA's June 2001 return from Receivership, reforms that were focused on dismantling the structural and legal barriers that for so long stood in the way of safety, permanence, and well-being for the District's abused and ne-

glected children. The consent order provided a framework for the structural reforms to achieve a major overhaul of child welfare in the District of Columbia, including the following elements:

- enabling legislation that established CFSA as a Cabinet level agency under the Mayor with independent personnel and procurement authority, licensing 13 authority for foster homes and group homes, and responsibility for the Interstate Compact on the Placement of Children;
- unification under CFSA of the responsibility for abuse and neglect investigation and services, a provision of the enabling legislation which was implemented effective October 1, 2001, thus ending the fragmentation that had been a key barrier to serving families effectively;
- promulgation of the District’s first licensing regulations for group homes (September 21, 2001) and foster homes (July 28, 2001); and publication of the first regulations to govern independent living facilities, (February 22, 2002); and
- reform of the legal support provided to CFSA social workers, including almost tripling the number of attorneys so social workers can always be represented in court, and restructuring legal services to enable much closer coordination between attorneys and social workers and provide for an attorney-client relationship with CFSA.

Each of these institutional changes has required many hours of work to implement, requiring fundamental change in the nature of work, training, staffing assignments, and policies. At the same time, the benefits have been far-reaching. For example, the extraordinary partnership between the Corporation Counsel and CFSA has reformed legal support for our agency. A little less than 1 year ago, we co-located a dramatically expanded team of attorneys with CFSA and began reforming attorney support of social workers. Today, social workers have legal representation in 97 percent of all hearings. Our legal staff has been reorganized to work in teams with Superior Court judicial teams. Each lawyer is currently shifting to “vertical prosecution,” which means seeing a case through from initial hearing all the way to permanency, with the goal of more timely and better decision-making on behalf of children.

A final key element of structural reform was the Family Court legislation passed by the Congress in 2001, with important contributions by members of this Subcommittee, and signed by the President in January 2002. We have already seen major improvements in the relationships among the key systems and in the processes for managing children’s cases as a result of this legislation, and early indicators are promising in terms of the results for children. In the past, poor relationships among CFSA, Superior Court, and the Corporation Counsel had created problems for children and families in the system. But today, as the Council for Court Excellence reported last October, we are working together towards the same goals:

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

Our goal is to continue working closely with the Family Court to achieve better outcomes for children through teamwork among the legal and social work professionals involved with a child’s case, through scheduling that allows social workers to be out in the field visiting children and families, through clear accountability and outcome measures, and through shared knowledge and professional development. I meet regularly with Presiding Judge Lee Satterfield to identify issues that we need to tackle jointly to benefit children. Last fall, CFSA participated actively in the design and implementation of the first cross-training, hosted by the Family Court, on systems of care. Also in the fall, CFSA worked closely with the Court to design the best way to transfer cases to the new teams of magistrate and associate judges in the Family Court. This activity for the last 1,200 cases, is happening in a phased in manner over several months to guard against the disruption of the casework continuity with a social worker. We provided automated systems support so that cases from one of CFSA’s administrations would be assigned to just two or three teams of judges. This would enable judges, attorneys, and CFSA social workers to develop shared expectations and to work together more closely. In partnership with the Courts, we have successfully designed a schedule that will ensure social workers some time without court appearances, freeing them to make visits and conduct other work. Finally, we are collaborating closely with the Court in the area of information systems. We have just initiated a project to scan court orders into our automated system so that everyone involved at CFSA has complete and accurate information. Our most recent success in the field of automation is that we have developed the functionality in FACES that enables us to interface with the Court’s Information

System and are now able to show by social worker and supervisor the court hearing dates, times and locations for all children who are in our custody. This is an enormous achievement because it greatly improves our ability to manage social worker and attorney time more efficiently and improve the court experiences of children and families.

These institutional changes were critical, because they positioned us to achieve dramatically improved outcomes for children and families: to keep children safe, ensure that children grow up in permanent families, and promote the well-being of the most vulnerable children and most fragile families.

THE SECOND YEAR OF REFORM

Building on these institutional changes and the early results reflected by the probationary period standards, CFSA is moving ahead on a range of improvements in practice, in the systems that support our work, and in our partnerships with public and private agencies. The goal of all of these changes is to accelerate even further the improvements in children's lives. Yet we know that in many areas, we have a great deal still to do. This section offers only a sampling of the many major reforms now underway.

Staff Recruitment / Retention

Recruitment and retention of a full complement of qualified social workers are essential to reducing individual caseloads, which, as suggested above, will vastly improve child protection. Currently, CFSA has approximately 270 licensed masters- and bachelors-level social workers. This represents a net increase of 30 social workers over the past year and falls slightly short of our goal of 300 social workers, total, in fiscal year 2002. (If we had counted both licensed social workers and social work graduates in trainee positions pending licensure, we would have exceeded the goal, with a total of 304 social workers at the end of fiscal year 2002. However, since District law does not allow unlicensed social workers to carry cases, we do not count our unlicensed trainees until they pass the licensing exam.)

In fiscal year 2003, our goal is to end the year with a total of 310 licensed social workers. While we have made important progress towards this goal and believe we can meet it, it will not be easy, nor will it be easy to continue progress into fiscal year 2004 and future years, in order to meet and maintain the MFO caseload standards. To achieve the goal of 310 total licensed social workers, even with a retention rate that is a little better than the national average, we anticipate having to hire more than 160 social workers and trainees during the course of this year to achieve our targeted increase of 40–50 licensed social workers on board at the end of the year. We have an aggressive recruiting strategy—including outreach to both local and selected distant colleges and universities with schools of social work, participation in major conferences in the social work field, increased advertising, and targeting bi-lingual candidates—and our retention of social workers is consistent with the experience of other child welfare agencies nationwide. For all licensed social workers at CFSA, the turnover rate was 17 percent—or slightly below the annual average of 20 percent for State child welfare agencies. We continue to work on improving retention through strategies such as reducing caseloads, upgrading training, and providing more support for doing a tough job. We are very appreciative of the Committee's interest in the broad issue of social worker recruitment and retention and would like to highlight the District's interest in participating as a pilot site in your work in areas such as scholarships, stipends, and loan forgiveness for social workers.

Training

CFSA's major improvements in training are key to both recruitment and retention, as well as being an important underpinning to the quality of services. We are proud to report that our recruiters have heard from candidates that word has spread about our new training units, which enable new workers to learn how to handle the pace and intensity of CFSA's work with close guidance. These new units are a drawing card for CFSA compared to other organizations.

We now coordinate our training through an in-house Training Academy that is set up to offer pre-service and in-service training to our staff. Under the requirements of the Modified Final Order, Pre-Service Training is a competency-based, 4-month program of classroom and on-the-job training designed to prepare new social workers and supervisors for effective delivery of child welfare services. It includes theoretical, skill building, and practical learning experiences. In addition, trainees receive intensive supervision in a training unit. They learn about CFSA's structure, goals, and mission and about legal aspects of child welfare.

During the past year, the CFSA Training Academy has offered the following courses for the first time: joint training of foster parents and social workers, orientation for non-social work staff, and training for the magistrate judges of the Family Court in conjunction with the Corporation Counsel. In the year ahead, we will continue to strengthen and expand the design of the training office to ensure that our efforts impact the quality of practice and staff development critical to improving outcomes for children in care.

Improved Service Quality

Ensuring children's safety, providing opportunities for them to grow up in stable families, and supporting well-being of both children and families require quality services. We are working to raise the bar for services provided by our contracted and community partners through two different but complementary strategies:

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

Licensing and Monitoring

Licensing of Youth Residential Facilities has been in the making for 15 years following passage of the Youth Residential Licensure Act of 1986. The group home regulations became final in September, 2001; the foster home regulations became final in July, 2001; and the Independent Living Program regulations became final in February, 2002.

Last spring and summer, the Office of Licensing and Monitoring within CFSA began the process of licensing providers who operate group homes and independent living facilities. Throughout the process, CFSA provided technical assistance to help facilities get licensed and inspected all facilities. CFSA met the deadlines for licensing of all 26 independent living and group home providers. The standards have already made a significant difference in the quality of facilities where our young people live, including repairs, renovations, and in some cases a shift to new space.

Contract Reform

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

Last August, CFSA met with providers to announce the contract reform initiative and involve them in the process. During the fall, we gathered provider input through focus groups. In January, we circulated draft Requests for Information. The deadline for comments just passed about a month ago. We appreciate the extensive, valuable feedback we received from providers, Superior Court, the Federal Court Monitor and plaintiffs, and community members, and we are now reviewing all comments with care. The next step will involve drafting three new global Requests for Proposals that will seek an expanded range of quality offerings in the areas of Congregate Care, Family-based Care, and Community-based Care and Preventive Services. We expect to put these RFP's out for bid this spring and to launch the new contracts in late summer.

Foster, Adoptive, and Kin Parent Recruitment

Our vision is to increase our numbers of resource family homes in the District of Columbia of foster, adoptive, or kin homes. Currently we have 150 traditional foster homes, 350 kin homes and 4 proctor homes within the District. We are committed to placing children in the neighborhoods and communities from which they are removed to minimize the trauma and the significant losses that children experience as a result of placement in foster care. We are focusing therefore on geographically sensitive recruitment to increase numbers of resource parents in those wards from which more children are being removed, as well as child specific recruitment activities. We are also expanding our Proctor Parent program and building capacity for them to meet the needs of the behaviorally challenged children and the medically fragile population, and we have successfully negotiated a contractual arrangement with the Foster Parent Association of D.C. to offer several key services to our resource families, including identifying members to co-facilitate training and facilitate support groups. We anticipate that foster parents themselves are an excellent resource for recruitment as we can move towards ensuring that the needs of current parents are met.

Information Systems and Data Collection and Tracking

Our substantial progress in building a reliable and timely automated data system has been key to our accomplishments for children. In the last year and a half, we have built a collaboration between staff from FACES (our automated information system), top management from all parts of the agency, and our line social work and supervisory staff that has dramatically improved the quality and timeliness of data entry and the user-friendliness and relevance of the automated FACES reports and screens. As a result, staff at all levels from social workers to supervisors and top managers are now able to count on FACES as a tool for their work, to rely on FACES reports as a means of tracking performance and results for children, and to use FACES information for planning—whether planning for one child or for the agency as a whole. In the key area of safety, a close collaboration between FACES and our intake and investigations staff has yielded not only full and timely data but reporting screens that enable supervisors to manage investigations better. For ongoing supervisors, a key piece of information for ensuring safety is social worker visitation, which supervisors can now track through CFSA's automated system. For example, each supervisor can access reports that track social worker visits to children in the last month. These management reports are updated daily and available to supervisors through a few clicks of the mouse.

Similarly, there have been major improvements in the key data needed to achieve permanence:

- Case plan information is now much more complete on the automated system, in part because of major improvements in the case plan automated format implemented as a result of social worker feedback.
- Court reports can now be completed and reviewed by supervisors and program managers as part of FACES.
- Information from the Court regarding permanency hearings, while still incomplete, is just at the point of major improvement as a result of the new automated feed to our system from the Court's data.
- Automated linkages to other agencies are supporting our work in both safety and permanence. For example, access to the District's criminal justice information system helps our investigators locate missing parents quickly—a critical step in the adoption process.

We are proud that the improvements in our FACES system have begun to receive national recognition. Last fall, the Court Monitor noted improvements in the quality of FACES in her report. This month, FACES will receive an award from Computerworld magazine for being a leader in automating child welfare case management. Our Chief Information Officer, Harold Beebout, was one of the first five CIO's in the District to receive certification from the District's Office of the Chief Technology Officer through a rigorous process where senior information technology officials from several jurisdictions probed the technical and strategic preparedness of the District's top information managers.

Partnerships

Almost all the performance achievements I've been describing are the result of partnerships: with foster and adoptive parents, providers, Family Court, other agencies, and many others. The strong local safety net children and families deserve will ultimately be woven through partnerships. The child welfare function is essential, but it is only one component among a vast array of services that abused and neglected children need to overcome their difficulties and thrive. Other public and private agencies and community members have important roles to play. CFSA's status as a cabinet-level agency has opened the door to improved working relationships with other District agencies. On behalf of those we serve, we are working to exploit this wonderful opportunity.

A prime example is CFSA's developing links with the Department of Mental Health. As we conduct clinical staffings and review cases at CFSA, over and over we see mental health needs that must be met if children are to be safe, grow up in stable families, and thrive. Children need counseling to rise above abuse and neglect. Parents need mental health services to overcome their own crises and keep their children safe. Foster parents need access to emergency help when a foster child has a crisis in the middle of the night. Social workers need expert mental health consultation to assess the risks of a child's return home.

To access more and better mental health services for those we serve, CFSA is developing a strong collaboration with the District's Department of Mental Health. The timing is perfect because DMH is under its own court deadlines and is just as intent as CFSA on strengthening the local safety net for children and families. Senior members of our two agencies met for a day-long retreat a few weeks ago and

developed a detailed work plan that focuses on access to services, development of provider capacity, service definition, Medicaid reimbursement, and other issues.

CFSA's partnership with the Healthy Families/Thriving Communities Collaboratives continues to provide services that strengthen, provide support to children in foster care in the communities where they live and support efforts to reunite children in foster care with their families. During the past year, CFSA and the Collaboratives built upon its partnership by taking a more targeted approach in examining ways to strengthen service delivery for children and families in the District. As a result of this concentrated effort, in 2002 two Collaboratives have instituted Emergency Assessment programs, providing intensive preventive services to families in their own communities and diverting families from ongoing involvement with the child welfare system. In addition, we have entered into new partnership agreements with the Collaboratives in three distinct areas—preventative, supportive and aftercare. Services offered within these targeted areas include case management; visitation; housing assistance; parent, caregiver, and foster parent support; support for family visitation; and information and referral. Our partnership throughout the years with the Collaboratives has shown that family-centered, culturally competent practice that provides integrated community based services truly makes a difference in the lives of children and families entering and exiting the child welfare system.

NEXT STEPS

While we have made an important and vigorous beginning on the agenda of safety, permanence, and well-being for the District's children, we have ahead of us an ambitious multi-year program to build in quality and transform results. We expect that the road map to this ambitious reform will be the Implementation Plan currently being completed by the Federal Court Monitor after intensive discussions with the District and the *LaShawn* plaintiffs. In order to accomplish the goals of the plan, we know that we will be continuing the intense pace of change. And because of the District's unique role as both a local and a State child welfare agency, we will be continuing this intense pace of change both in our daily services to the children who come through our doors and in our reforms of policy, institutions, and infrastructure. That is, at one and the same time, we will be:

- improving our services to the hundreds of children who come to our attention each month through new investigations;
- providing strong clinical support and staffing to ensure that the thousands of children now on our caseload achieve the permanent families they deserve, either through reunification, guardianship, or adoption;
- building new services and resources for children and new supports for foster, kin, and adoptive families, both through our own contract reforms and through new and strengthened partnerships with agencies across District government;
- strengthening prevention and neighborhood-based services for families;
- under-girding the services we provide both internally and through our partners with the critical infrastructure to support quality, such as training, quality assurance, policy development, licensing and monitoring;
- recruiting and retaining high quality, well-trained social workers;
- recruiting and retaining foster, kin, and adoptive parents who can meet the needs of the District's children and providing those resource parents with the training and supports they need; and
- continuing our efforts to build in stronger partnerships with the metropolitan jurisdictions and with the Superior Court, in order to promote children's safety, permanence, and well-being.

Achieving these goals will require continued commitment from the whole community. The District's financial investments in CFSA, even through difficult financial times, have been critical to achieving the progress so far, and stabilizing this commitment into the future will be essential to continuing progress from here. We very much appreciate the support of the Subcommittee, for a key next step in maintaining this momentum: the District's proposal to correct an inequity in the current statutory framework for Federal reimbursement for Title IVE, by raising the Title IVE Federal reimbursement rate to 70 percent, which would make it the same as Medicaid, as it is in all other jurisdictions. We also very much appreciate the leadership of the Subcommittee in ensuring that the District, Maryland, and Virginia continue collaborating to develop metropolitan agreements that will benefit children, and in promoting the continued close collaboration of CFSA and the Superior Court, and we urge a continued focus in both of these very promising areas.

Beyond these critical areas for the Subcommittee's continued leadership, we appreciate the invitation to identify additional areas for potential investment. We offer the following ideas for further discussion, because they link closely to the next steps

in the Federal Court's Implementation Plan and the needs of the District's children. We are eager to provide additional information in any of these areas that interest the Committee:

- Prevention and Integrated Services for Families.*—A major issue for the District's children and families is the availability of early and integrated services that could prevent placement or make reunification possible. We are working closely with our community-based collaborative partners in this area, as well as developing expanded partnerships with other District agencies such as the Department of Mental Health, Addiction Prevention and Recovery Administration, and the Department of Housing and Community Development. These are issues across the country yet they are particularly difficult to address in the District, with the intensive needs that children and families may have and the gaps in resources. We believe that there are opportunities here for the Federal Government to pilot ideas of great interest nationally as well as to make a major difference for the District's children.
- Adoption.*—Because of the intensive work that we are currently doing to identify the specific needs of children who are awaiting placement, we would be very interested in collaborating with the Subcommittee on a project that focuses on recruitment for these children. In general, our children who are awaiting adoption are ages 7–13 and part of sibling groups; in addition, we would like to focus on a number of children who are medically fragile and will need adoptive homes prepared to meet those needs.
- Piloting of National Initiatives Regarding Social Worker Recruitment, Retention, and Training.*—We are interested in working closely with the Subcommittee on piloting in the District key initiatives to recruit and retain social workers to do public child welfare work that could be valuable for national policy. We are interested in discussing strategies such as loan forgiveness, stipends and scholarships for bachelors-level social workers interested in continuing their education, and scholarships for paraprofessionals interested in becoming social workers.
- Joint Initiatives with the Court, such as Training and Information Systems.*—We are currently engaged in a range of activities with the Superior Court and see ambitious next steps ahead, particularly as the Court's new information system is implemented. The District's side of these joint activities could be enhanced through further support.

CONCLUSION

We are at an extraordinary moment in the District's child welfare system: a moment of early accomplishment, of great hope, and yet of fragility. If we maintain our commitment and our investment for several more years, building on the major institutional reforms, promising partnerships, and early results for children that we have already seen, we will achieve the vision of safety, permanence, and well-being that our children deserve. On the other hand, if we are unable to maintain this level of continued commitment to change, we risk failing our community and our children. I am deeply grateful for the Subcommittee's past support and leadership on behalf of the District and our most vulnerable children, and I know the District can count on your continued support and leadership in the future. Thank you, and I look forward to any questions.

Senator DEWINE. Ms. Ashby.

STATEMENT OF CORNELIA M. ASHBY, DIRECTOR OF EDUCATION, WORKFORCE, AND INCOME SECURITY ISSUES, GENERAL ACCOUNTING OFFICE

Ms. ASHBY. Mr. Chairman and Senator Landrieu, I am pleased to be here today to discuss the preliminary findings from our study of the D.C. Child and Family Services Agency, done at the request of Representative Tom Davis, Chairman of the House Committee on Government Reform. We will issue our final report next month.

My comments are based primarily on our analysis of data in the District's automated child welfare information system, known as FACES. We verified the accuracy of the data. But for some of the data elements we needed, CFSA had not entered into FACES information for about two-thirds of its active cases. Consequently, we obtained and analyzed information from paper case files to supple-

ment FACES information for some cases. Most, but not all, of the cases with incomplete data originated prior to FACES going online in October 1999. Top CFSA managers told us that including data in FACES for active cases that originated prior to FACES is not an agency priority. In my full statement, we discuss the importance of having accurate, timely, and complete automated case management data for all cases.

In summary, CFSA has addressed various AFSA requirements and met several of the selected performance criteria, adopted child protection and foster care policies, and enhanced its working relationship with the D.C. Family Court. However, much remains to be done.

CFSA addressed six of the nine AFSA requirements and met or exceeded four of the eight performance criteria. For example, CFSA signed a border agreement to achieve timelier placement of District children in Maryland, which addresses the AFSA requirement to use cross-jurisdictional resources to facilitate timely permanent placements of children. However, CFSA did not meet AFSA requirements involving proceedings to terminate the rights of parents in certain situations, annual permanency review hearings or notice of reviews and hearings. One of the selected performance criteria requires 60 percent of children in foster care to be placed with one or more of their siblings. As of November 2002, 63 percent of children had such placements.

The criteria for which CFSA's performance fell short included social worker visitation with children in foster care, placement of children in foster homes with valid licenses, progress toward permanency, and parental visits with children in foster care who have a goal of returning home. For example, none of the 144 children placed in foster care during the 2-month period prior to November 30, 2002, received required weekly visits by a CFSA caseworker. CFSA has written plans to address 2 of the 3 unmet AFSA requirements and 3 of the 4 unmet performance criteria.

CFSA has adopted child protection and foster care placement policies that are comparable to most, but not all of those recommended by organizations that develop standards for child welfare programs. However, caseworkers did not consistently implement the six policies we examined.

CFSA has policies for investigating allegations of child abuse, developing plans, and estimating permanency goals for foster children. In addition, it has policies for managing cases. CFSA has, in addition to its policies for managing cases, policies for licensing and monitoring group homes, plans for training staff in group homes, and a goal to reduce the number of young children in group homes. However, CFSA lacks some recommended policies, namely written time frames for arranging needed services for children and families, limits on the number of cases assigned to a caseworker, and procedures for providing information about planned services for children.

For three of the six policies we examined, FACES data indicated that the percentage of foster care cases for which a policy was implemented ranged from 13 to 73. This variation is due in part to the incomplete data in FACES. In addition, information related to

the other three policies was not routinely recorded in FACES, and we had to review case files to assess their implementation.

One policy requires caseworkers to complete a case plan within 30 days of a child's entry into foster care. However, case plans were not routinely completed within 30 days. Another policy requires administrative review hearings every 6 months. But such hearings were rescheduled often. The third policy requires caseworkers to arrange for services. It was difficult to determine whether services were actually provided. CFSA officials told us that they recently made changes to help improve the implementation of some of these policies.

PREPARED STATEMENT

CFSA has improved its working relationship with the Family Court with its commitment to promoting improved communication and by expanding the support services it provides for court activities. However, CFSA officials and Family Court judges noted several hindrances that constrained their working relationships. The hindrances they noted included scheduling conflicts between court and CFSA, the insufficient number of caseworkers, caseworkers who were unfamiliar with cases that had been transferred to them, and the unclear roles and responsibilities of attorneys, judges, and CFSA caseworkers.

This concludes my statement. I would be glad to answer any questions.

[The statement follows:]

PREPARED STATEMENT OF CORNELIA M. ASHBY

ISSUES ASSOCIATED WITH THE CHILD AND FAMILY SERVICES AGENCY'S PERFORMANCE AND POLICIES

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

My comments today are based primarily on our analysis of the information in the District's automated child welfare information system, known as FACES, which CFSA is to use to manage child welfare cases and report child abuse and neglect, foster care, and adoption information to the Department of Health and Human Services (HHS). We analyzed cases in FACES that were at least 6 months old as of November 2002 and verified the accuracy of its data. However, CFSA had not entered into FACES detailed information on the data elements we needed for our analysis with respect to about two-thirds of the District's active foster care cases—mostly cases that originated prior to FACES going on-line in October 1999. Consequently, we also obtained and analyzed information from paper case files to supplement FACES information for some cases. We also interviewed District officials, CFSA managers, judges, and child welfare experts, and we analyzed Federal and District laws and regulations, related court documents, and child welfare policies. Our final report will be issued in May 2003. We conducted our work between September 2002 and March 2003 in accordance with generally accepted government auditing standards.

In summary, CFSA has taken actions to address various ASFA requirements and met several selected performance criteria,¹ enacted child protection and foster care placement policies and procedures, and enhanced its working relationship with the D.C. Family Court; however, much remains to be done. CFSA met two-thirds of the ASFA requirements and half of the selected foster care performance criteria we used, and developed written plans to address two of the three unmet ASFA requirements and three of the four unmet performance criteria. In addition, CFSA has adopted child protection and foster care placement policies and procedures that are comparable to most, but not all, of those recommended by organizations that develop standards applicable to child welfare programs. However, CFSA has not adopted some key policies and procedures for ensuring the safety and permanent placement of children, and caseworkers have not consistently implemented or documented some of the policies and procedures that have been adopted. For example, CFSA has developed an automated child welfare data system to help manage its caseload, but detailed information for the data elements related to the policies reviewed had not been entered into the system for about 70 percent of its foster care cases. Further, CFSA has improved its working relationship with the Family Court through improved communication and top management support; however, both CFSA and the Family Court still need to overcome barriers that continue to constrain this relationship.

BACKGROUND

CFSA is responsible for protecting thousands of foster care children who have been at risk of abuse and neglect and ensuring that critical services are provided for them and their families. However, many children in CFSA's care languished for extended periods of time due to managerial shortcomings and long-standing organizational divisiveness. As a result of these deficiencies, the U.S. District Court for the District of Columbia issued a remedial order in 1991 to improve the performance of the agency. In 1995, lacking sufficient evidence of program improvement, the agency was removed from the District's Department of Human Services and placed in general receivership. Under a modified final order (MFO) established by the court, CFSA was directed to comply with more than 100 policy and procedural requirements. The efforts CFSA made during the receivership to improve its performance included establishing an automated system, FACES, to manage its caseload. The U.S. District Court ended the receivership in 2000, established a probationary period, and identified performance standards CFSA had to meet in order to end the probationary period. The court appointed the Center for the Study of Social Policy as an independent monitor to assess CFSA's performance and gave them the discretion to modify the performance standards. However, in the summer of 2002, abuses of two children placed in group homes were reported, indicating that CFSA's operations and policies, especially those regarding foster care cases, may still need improvement.

Additionally, several Federal laws, local laws, and regulations established goals and processes under which CFSA must operate. ASFA, with its goal to place children in permanent homes in a timelier manner, placed new responsibilities on all child welfare agencies nationwide. ASFA introduced new time periods for moving children toward permanent, stable care arrangements and established penalties for noncompliance. For example, it requires States to hold a permanency planning hearing—during which the court determines the future plans for a child, such as whether the State should continue to pursue reunification with the child's family or some other permanency goal—not later than 12 months after the child enters foster care. The D.C. Family Court Act of 2001, established the District's Family Court and placed several requirements on the District's Mayor and various District agencies, including CFSA and the Office of Corporation Counsel (OCC).² The Family Court Act requires the Mayor, in consultation with the Chief Judge of the Superior Court, to ensure that D.C. government offices that provide social services and other related

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

²The D.C. Family Court Act of 2001, established the Family Court as part of the D.C. Superior Court. The Family Court replaced the D.C. Superior Court's former Family Division. Among other responsibilities, the Family Court handles child abuse and neglect cases and court hearings and other proceedings for the District's foster children and their families. OCC provides legal support for CFSA caseworkers during their appearances before the Family Court.

services to individuals served by the Family Court, including CFSA, provide referrals to such services on site at the Family Court.

CFSA operates in a complex child welfare system.³ The agency relies on services provided by other District government agencies. For example, both the Fire Department and the Health Department inspect facilities where children are placed, and D.C. Public Schools prepare individual education plans for children in care. In addition, CFSA works with agencies in Maryland, Virginia, and other States to arrange the placement of District children in those States and also works with private agencies to place children in foster and adoptive homes.

The management of foster care cases involves several critical steps. Typically, these cases begin with an allegation of abuse or neglect reported to the CFSA child abuse hot line. CFSA staff are required to investigate the allegation through direct contact with the reported victim. If required, the child may be removed from his or her home, necessitating various court proceedings handled by the District's Family Court. CFSA case workers are responsible for managing foster care cases by developing case plans, visiting the children, participating in administrative hearings, attending court hearings, and working with other District government agencies. CFSA case workers are also responsible for documenting the steps taken and decisions made related to a child's safety, well-being, and proper placement. In addition, CFSA is responsible for licensing and monitoring organizations with which it contracts, including group homes that house foster care children.

HHS is responsible for setting standards and monitoring the Nation's child welfare programs. The monitoring efforts include periodic reviews of the operations, known as Child and Family Services Reviews,⁴ and of the automated systems, known as Statewide Automated Child Welfare Information System (SACWIS) Reviews, in the States and the District of Columbia. HHS last reviewed CFSA's child welfare information system in 2000 and its overall program in 2001.

CFSA UNDERTOOK ACTIONS TO ADDRESS MOST ASFA REQUIREMENTS REVIEWED AND MET HALF OF THE SELECTED PERFORMANCE CRITERIA

CFSA took actions to address six of the nine ASFA requirements and met or exceeded four of the eight performance criteria we included in our study. Although ASFA includes other requirements, we only included those directly related to the safety and well-being of children. The performance criteria were among those performance standards that CFSA had to meet in order to end the probationary period following the general receivership. We selected those that, in our judgment, most directly relate to the safety and permanent placement of children in foster care. For example, CFSA signed a border agreement to achieve timelier placement of District children in Maryland, which addresses the ASFA requirement to use cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. However, CFSA did not meet three requirements involving (1) proceedings to terminate the rights of parents whose children are in foster care, (2) annual hearings to review permanency goals for children and (3) notice of reviews and hearings. Table 1 summarizes the ASFA requirements directly related to the safety and well-being of children and identifies whether CFSA met them.

TABLE 1.—SUMMARY OF ASFA REQUIREMENTS RELATING DIRECTLY TO THE SAFETY AND WELL-BEING OF CHILDREN

ASFA Requirements Met	ASFA Requirements Not Met
1. Include the safety of the child in State case planning and in a case review system.	1. Initiate or join proceedings to terminate parental rights for certain children in foster care—such as those who have been in foster care for 15 of the most recent 22 months of care.
2. Comply with requirements for criminal background clearances and have procedures for criminal record checks.	2. Provide family members a notice of reviews and hearings and an opportunity to be heard.
3. Develop a case plan for a child for whom the State's goal is adoption or other permanent living arrangement.	3. Conduct mandatory annual permanency hearings every 12 months for a child in foster care.

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

⁴Child and Family Services Reviews, conducted by HHS, cover a range of child and family service programs funded by the Federal Government, including child protective services, foster care, adoption, independent living, and family support and preservation services. The 2001 review evaluated seven specific safety, permanency, and well-being outcomes for services delivered to children and families served by CFSA.

TABLE 1.—SUMMARY OF ASFA REQUIREMENTS RELATING DIRECTLY TO THE SAFETY AND WELL-BEING OF CHILDREN—Continued

ASFA Requirements Met	ASFA Requirements Not Met
4. Develop plans for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. 5. Provide for health insurance coverage for children with special needs in State plans for foster care and adoption assistance. 6. Incorporate standards to ensure quality services for children in foster care in State plans.	

Source: ASFA and HHS' CSFR and GAO analysis.

We analyzed automated data related to eight selected performance criteria and found that CFSA met or exceeded four of them. For example, one of the criteria requires 60 percent of children in foster care to be placed with one or more of their siblings; we found that as of November 30, 2002, 63 percent of children were placed with one or more siblings. The areas in which CFSA's performance fell short included criteria related to (1) social worker visitation with children in foster care, (2) placement of children in foster homes with valid licenses, and (3) progress toward permanency for children in foster care and (4) parental visits with children in foster care who had a goal of returning home. For example, none of the 144 children placed in foster care during the 2-month period prior to November 30, 2002, received required weekly visits by a CFSA caseworker. In addition, 52 of 183 foster care children (32 percent), for whom CFSA had not met the progress towards permanency goal, had been in foster care without returning home for 36 months or more. Twenty-two of these children had been in foster care 5 or more years without returning home. A complete list of the performance criteria and our analysis is shown in appendix I.

CFSA has written plans to address two of the three unmet ASFA requirements and three of the four unmet performance criteria we selected for our study. One of CFSA's plans includes actions to address one criterion for which the agency fell short—parental visits. This plan, the Interim Implementation Plan, includes measures that were developed to show the agency's plans for meeting the requirements of the MFO issued by the court. The plan states that, for new contracts, CFSA will require its contactors to identify sites in the community for parental visits to help facilitate visits between parents and their children. However, CFSA does not have written plans that address other unmet criteria, such as reducing the number of children in foster care who, for 18 months or more, have had a permanency goal to return home. CFSA has also not implemented the ASFA requirement to provide foster parents, relative caregivers, and pre-adoptive parents the opportunity to be heard in any review or hearing held with respect to the child. Without complete plans for improving on all measures, CFSA's ability to comply with the ASFA requirements and meet the selected performance criteria may be difficult. Furthermore, unless these requirements and criteria are met the child's safety may be jeopardized, the time a child spends in foster care may be prolonged, or the best decisions regarding a child's future well-being may not be reached.

Agency officials cited external demands, including court-imposed requirements, staffing shortages, and high caseloads, as factors that hindered CFSA's ability to fully meet the ASFA requirements and the selected performance criteria. For example, program managers and supervisors said that the new court-imposed mediation process intended to address family issues without formal court hearings places considerable demands on caseworkers' time. The time spent in court for mediation proceedings, which can be as much as 1 day, reduces the time available for caseworkers to respond to other case management duties, such as visiting with children in foster care. Furthermore, managers and supervisors reported that staffing shortages have contributed to delays in performing critical case management activities, such as filing for the termination of parental rights. Staffing shortages are not a unique problem to CFSA. We recently reported that caseworkers in other States said that staffing shortages and high caseloads had detrimental effects on their abilities to make well-supported and timely decisions regarding children's safety. We also reported that as a result of these shortages, caseworkers have less time to establish relationships with children and their families, conduct frequent and meaningful home visits,

and make thoughtful and well-supported decisions regarding safe and stable permanent placements.⁵

CFSFA HAS ESTABLISHED MANY FOSTER CARE POLICIES BUT LACKS OTHERS, AND THE EXTENT OF IMPLEMENTATION AND DOCUMENTATION VARIES

CSFA has established many foster care policies but, caseworkers did not consistently implement the six we examined. In addition, CFSA’s automated system lacked data on policy implementation for 70 percent of its foster care cases. When CFSA’s caseworkers are not consistently implementing the policies essential steps are not always being taken for all children in a timely manner. As a result, children may be subject to continued abuse and neglect or efforts to achieve permanent and safe placements may be delayed. Furthermore, without information on all cases, caseworkers do not have a readily available summary of the child’s history needed to make future decisions and managers do not have information needed to assess and improve program operations.

CSFA HAS ESTABLISHED MANY FOSTER CARE POLICIES BUT CASEWORKERS DID NOT CONSISTENTLY IMPLEMENT THEM

While we previously reported in 2000⁶ that CFSA lacked some important child protection and foster care placement policies, CFSA has now established many such policies and most are comparable to those recommended by organizations that develop standards applicable to child welfare programs. For example, CFSA has policies for investigating allegations of child abuse, developing case plans, and establishing permanency goals for foster children. In addition, one policy is more rigorous than suggested standards. Specifically, CFSA’s policy requires an initial face-to-face meeting with children within 24 hours of reported abuse or neglect, while the suggested standard is 48 hours or longer in cases that are not high risk. However, CFSA still lacks some that are recommended, namely (1) written time frames for arranging needed services for children and families (e.g., tutoring and drug treatment for family members); (2) limits on the number of cases assigned to a caseworker, based on case complexity and worker experience; and (3) procedures for providing advance notice to each person involved in a case about the benefits and risks of services planned for a child and alternatives to those services.

CFSA did not consistently implement the six policies we examined. We selected policies that covered the range of activities involved in a foster care case, but did not duplicate those examined in our review of the AFSA requirements or the selected performance criteria. For three of the six policies, data in FACES on all foster care cases indicate that the extent to which caseworkers implemented them varied considerably. Table 2 summarizes these three policies and the percentage of cases for which the data indicated the policy was implemented.

TABLE 2.—THE EXTENT OF IMPLEMENTATION OF SELECTED FOSTER CARE POLICIES

Policy	Percent of Foster Care Cases for Which the Policy Was Implemented (N=943)
Initiate face-to-face investigation of alleged child abuse or neglect within 24 hours of receiving an allegation on CFSA’s child abuse hotline	26
Complete a safety assessment within 24 hours of face-to-face contact with the child	13
Complete a risk assessment within 30 days of receiving an allegation on the hotline	73

Source: FACES data and GAO analysis.

In some cases, it took CFSA caseworkers considerably longer than the required time to initiate an investigation or complete safety and risk assessments. In 93 cases, CFSA caseworkers took more than 10 days to initiate the investigation and in 78 cases, it took caseworkers longer than 100 days to complete a risk assessment, more than three times longer than the 30-day requirement.

⁵U.S. General Accounting Office, Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff, GAO-03-357 (Washington, DC: Mar. 31, 2003).

⁶U.S. General Accounting Office, District of Columbia Child Welfare: Long-Term Challenges in Ensuring Children’s Well-Being, GAO-01-191 (Washington, DC: Dec. 29, 2000), and U.S. General Accounting Office, Foster Care: Status of the District of Columbia’s Child Welfare System Reform Efforts, GAO/HEHS-00-109 (Washington, DC: May 5, 2000).

For the other three policies, we reviewed case files and examined related data from FACES for 30 cases, because officials told us that the information related to these policies was not routinely recorded in FACES. One policy requires caseworkers to complete a case plan within 30 days of a child's entry into foster care. Our analysis and file review found that case plans were not routinely completed within 30 days. Another policy requires conducting administrative review hearings every 6 months. These reviews ensure that key stakeholders are involved in permanency planning for the child. We found that administrative review hearings were rescheduled for a variety of reasons, such as the caseworker had to appear at a hearing for another case or the attorney was not available. The third policy requires caseworkers to identify and arrange for services for children and their families. It was difficult to determine whether services recommended by caseworkers were approved by supervisors or if needed services were provided. Managers said that sometimes services are arranged by telephone and the results not entered into FACES.

Officials said that several factors affected the implementation of some of the policies we reviewed. Agency officials explained that, in part, the data on implementation of the initial investigations and safety assessment reflected that the District's Metropolitan Police Department was responsible for the initial investigation of child abuse cases until October 2001 and that data was not entered into FACES. CFSA now has responsibility for both child abuse and neglect investigations. Further, program managers and supervisors said that several factors contribute to the time frames required to initiate face-to-face investigations, including difficulty in finding the child's correct home address, contacting the child if the family tries to hide the child from investigators, and even obtaining vehicles to get to the location. Caseworkers' supervisors and managers explained that generally, the policies were not always implemented because of limited staff and competing demands and the policies were not documented because some caseworkers did not find FACES to be user friendly.

CFSA officials said they recently made changes to help improve the implementation of some of the policies we reviewed. CFSA has focused on reducing its backlog of investigations and reduced the number of investigations open more than 30 days from 807 in May 2001 to 263 in May 2002. CFSA officials said that they anticipate a reduction in the number of administrative review hearings that are rescheduled. The responsibility for notifying administrative review hearing participants when a hearing is scheduled was transferred from caseworkers to the staff in the administrative review unit, and notification will be automatically generated well in advance of the hearings. Additionally, another official said that CFSA has begun testing a process to ensure that all needed services are in place within 45 days.

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

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

CFSA'S AUTOMATED SYSTEM LACKED DATA ON MANY FOSTER CARE CASES

While CFSA's policies with regard to its automated child welfare information system—FACES—were not among the six policies we initially selected for examination, in our efforts to assess CFSA's implementation of the selected foster care policies,

we determined that FACES lacked such data for about 70 percent of its active foster care cases. Of the population of foster care cases at least 6 months old as of November 30, 2002—2,510 cases—data on the initial investigation and safety and risk assessment policies were not available for 1,763 of them. CFSA officials explained that all of these cases predated FACES and the previous system was used primarily to capture information for accounting and payroll purposes, not for case management. Top agency managers said that CFSA does not currently plan to make it an agency priority to include data in FACES for these pre-FACES cases. Additionally, FACES reports showed that data was not available on many of the more recent foster care cases. For example, complete data on the initiation of investigations and safety assessments were not available for about half of the 943 cases that entered the foster care system after FACES came on line. Officials explained that their plans are to focus on improving a few data elements at a time for current and future actions.

Complete and accurate data is an important aspect of effective child welfare systems. HHS requires all States and the District of Columbia to have an automated child welfare information system. These systems, known as Statewide Automated Child Welfare Information Systems (SACWIS), must be able to record key child welfare functions, such as intake management, case management, and resource management. However, in its review of FACES, HHS found the system to be in non-compliance with several requirements, including the requirements to prepare and document service/case plans and to conduct and record the results of case reviews.⁷ In addition to the standards and requirements established by HHS for all child welfare systems, the MFO requirements stress the importance of an automated system for CFSA. Many of the requirements the MFO imposed on CFSA direct CFSA to produce management data. For example, the MFO requires that CFSA be able to produce management data showing (1) how many children who need medical reports received them within 48 hours after the report of neglect or abuse was supported, (2) the caseload figures by worker for all workers conducting investigations of reports of abuse or neglect, and (3) the number of supervisors with at least 3 years of social work experience in child welfare.

It is very important to have accurate and timely automated case management data for all cases. An expert from a child welfare organization stated that there is a great need to transfer information from old case records to new automated systems in a systematic way. Without such a transfer, paper records with important information may be lost. She said that records of older teens have been lost, and, with them, valuable information such as the identity of the child's father, has also been lost. Without data in FACES, if caseworkers need missing data they will have to look for paper records in the case files, some of which are voluminous. This file review effort is much more time consuming than reviewing an automated report and requires more time for caseworkers to become familiar with cases when cases are transferred to new caseworkers. Complete, accurate, and timely case management data enables caseworkers to quickly learn about new cases, supervisors to know the extent that caseworkers are completing their tasks, and managers to know whether any aspects of the agency's operations are in need of improvement.

CFSA HAS ENHANCED ITS WORKING RELATIONSHIP WITH THE D.C. FAMILY COURT BY
WORKING COLLABORATIVELY, BUT HINDRANCES REMAIN

CFSA has enhanced its working relationship with the Family Court through its commitment to promoting improved communication and by expanding its legal support services for court activities. CFSA participates in various planning committees with the Family Court, such as the Implementation Planning Committee, and assists in providing service referrals on site at the Family Court. Since 2002, attorneys from the OCC have been located at CFSA and work closely with caseworkers. This co-location has improved the working relationship between CFSA and the Family Court because CFSA caseworkers and the attorneys are better prepared for court appearances. Additionally, training sessions have been held that included CFSA caseworkers, OCC attorneys, and Family Court judges. Furthermore, frequent dialogue between top management at CFSA and the Family Court and top management support have been key factors in improving these relationships.

However, CFSA officials and Family Court judges noted several hindrances that constrain their working relationships. These hindrances include scheduling conflicts between the court and CFSA, an insufficient number of caseworkers, caseworkers who are unfamiliar with cases that have been transferred to them, and the unclear

⁷ HHS completed its SACWIS assessment review of FACES in June 2000. The purpose of this review is to assess whether the child welfare information system performs functions that are important to meeting the minimal requirements.

roles and responsibilities of CFSA caseworkers, attorneys, and judges. For example, CFSA officials said that Family Court judges often override caseworker recommendations that affect children and families. Family Court judges told us that they believe caseworkers do not always recommend appropriate services for children and their families. As a result of these conflicting perspectives, court officials said that appropriate decisions affecting children and families might not be reached in a timely manner.

CONCLUSIONS

While CFSA has met several procedural ASFA requirements and other performance criteria, developed essential policies, and enhanced its working relationship with the Family Court, it needs to make further improvement in order to ensure the protection and proper and timely placement of all of the District's children. To improve outcomes for foster care children, CFSA needs a comprehensive set of policies; effective implementation of all policies; complete, accurate, and timely automated data on which to base its program management; and an effective working relationship with the D.C. Family Court. However, gaps in its foster care policies, inconsistent policy implementation, and incomplete automated data may hinder CFSA's ability to protect and improve the outcomes for the District's children. We expect to have recommendations in our final report that will address these issues and strengthen CFSA's operations. Mr. Chairman, this concludes my prepared statement. I will be happy to respond to any questions that you or other Subcommittee Members may have.

APPENDIX I.—GAO'S ANALYSIS OF SELECTED PERFORMANCE CRITERIA

Performance Criteria		GAO Analysis
1. Current case plans for foster care cases: Forty-five percent of foster care cases have current case plans.	Met	As of September 30, 2002, 46 percent of foster care cases had current case plans.
2. Visitation between children in foster care and their parents: Thirty-five percent of cases in which children have a goal of returning home have parental visits at least every 2 weeks.	Not met	As of November 30, 2002, 1 percent of children with a return home goal had parental visits at least every 2 weeks.
3. Social worker visitation with children in foster care: Twenty-five percent of children in foster care have weekly visits with caseworkers in their first 8 weeks of care; 35 percent of all children in foster care have at least monthly visits with a social worker.	Not met	As of November 30, 2002, no children had weekly visits; 0.3 percent had at least monthly visits with a social worker.
4. Appropriate legal status for children in foster care: No child in emergency care (legal status) for more than 90 days.	Met	As of November 30, 2002, no children in emergency care more than 90 days.
5. Current and valid foster home licenses: Seventy-five percent of children are placed in foster home with valid licenses.	Not met	As of November 30, 2002, 47 percent of children were in foster homes with valid licenses.
6. Progress toward permanency: No more than 10 percent of children in foster care have a permanency goal of return home for more than 18 months.	Not met	As of November 30, 2002, 30 percent of children had a permanency goal of return home for more than 18 months.
7. Foster care placement with siblings: Sixty percent of children in foster care are placed with one or more of their siblings.	Met	As of November 30, 2002, 63 percent of children were placed with one or more siblings.
8. Placement stability: No more than 25 percent of children in foster care as of May 31, 2002, have had three or more placements.	Met	As of November 30, 2002, 21 percent of children in care since August 1, 2001, had three or more placements.

Source: GAO analysis.

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

STATEMENT OF ANNE E. SCHNEIDERS, CHAIR AND FOUNDER, WASHINGTON CHAPTER, THE NATIONAL ASSOCIATION OF COUNSEL FOR CHILDREN

Ms. SCHNEIDERS. Good morning, Senator DeWine and Senator Landrieu. I come before you as the Chair of the Washington Chapter of the National Association of Counsel for Children, which is a national advocacy organization for children.

Senator DEWINE. You might want to pull that mike close. Thank you.

Ms. SCHNEIDERS. I am a practicing attorney and a clinical social worker, licensed in D.C., Maryland, and New York, and practiced child welfare/foster care for 25 years before going to law school. I am pleased to have this opportunity to address this committee on the status of Child and Family Services from the perspective of one who must interface with this agency on behalf of abused and neglected children as guardian ad litem for almost 200 children over the years.

The rise and fall of statistics does not interest me, as numbers can say whatever you want them to to make a point. My concern is the impact of policy decisions on children, as too many children who have been cared for by CFSA leave the system angry, resentful, and no better off than when they entered. Let me cite such a few policies.

First is placement. Children brought into the system are too often made to wait weeks or months before a placement is available. Children 14 and older are made to wait in group home facilities until a placement is identified. Many are then placed in whatever home has a vacancy, regardless of the needs of the child or the expressed preference of a family. There is little matching of a child to the family.

The result is a negative experience for both and the ultimate removal of the child. Some children are moved two, three, and four times before finding an appropriate placement. This is true of both CFSA foster homes and the private agencies with whom CFSA contracts. Some children abscond from the group homes before a foster home is located. Some act up to the point of requiring psychiatric hospitalization. Thus the trauma of the abuse, coupled with the trauma of removal from the birth parents, are compounded three and fourfold by the actions of Child and Family Services.

CFSA needs to invest in active and aggressive recruitment of therapeutic foster homes so that it has a pool of families with whom to place children. Children should be matched with families, so that there is at least a reasonable expectation that the placement will be effective. It should not take 4 to 6 weeks to put a child in a foster home.

Secondly, the lack of adequate support services. There is a disturbing punitive climate emerging in the agency that seems to view the child as the culprit in the abuse and neglect cases. Services are not readily available to counter the effects of abuse and neglect. Tutors are limited to 1 month of service with repeated requests for renewal. Little can be done in 1 month. Mentors are only available for 3 months at a time, with a need to justify renewal. The purpose of a mentor is to afford the child a meaningful relationship. To ter-

minate such a relationship in 3 months only serves to have the child experience yet another loss.

Teenagers are denied admission to independent living programs until they are 18, regardless of the need and the child's readiness at 16 or 17. Specialized evaluations and therapy are limited to whatever Medicaid will pay, regardless of the child's need or the availability of competent clinicians. GALs are frequently told by social workers to request a court order or the service will not be provided, thus making the court manage the case. There is no similar policy restricting services to parents, who immediately get referrals for therapy, parenting, anger management, drug treatment, and whatever else they may need.

CFSA needs to have a police that guarantees every child the services which the Court identifies as needed to counter the effects of abuse and neglect and prepare them more quickly for permanency or emancipation.

The preparation for emancipation. Most of the children who age out of foster care are young people whose problems or age have precluded adoption or whose family failed to improve sufficiently for them to return home. They have serious academic deficits, emotional problems, mental limitations, none of which are their fault. They lack self-confidence and self-help skills. They are immature and vulnerable. They are ill-prepared to jump into the mainstream of life.

CFSA discharges the children without secure housing, employment, or healthcare. This month alone I have had two children I represent age out at 21. One mildly retarded, emotionally disturbed youngster is currently homeless. The other, a teen mother of two, was given a list of city shelters to which to apply the day after her 21st birthday. There is no farewell, no emancipation celebration, no assurance that if you get stuck, you can come back for help, just a message that your case has been closed.

CFSA receives an allocation of Section 8 housing vouchers from the Federal Government that are carefully doled out to selected parents who have abused and neglected their children and who are seeking reunification. At the same time, CFSA sends its own young people, the victims of the abuse and neglect, out of the system at age 21 telling them where to find the nearest shelter. None of the vouchers in the hands of CFSA can be given to its own children for whom it has served as surrogate parent.

To make matters worse, CFSA is now proposing to reduce the age of emancipation of 18 instead of the current 21, because they claim that children do not appreciate the services offered. Very few children even of stable families are ready to leave home at 18. Intact, stable families send their children to college in the hopes that they will mature during those years. It is incredible to think that CFSA expects abused and neglected children, who have had very little nurturing and stability and who have too often bounced around the foster care system, are mature enough to manage on their own at age 18. All that is available to them is the street or a city shelter. Discharging these children at age 18 will force them to survive on the street, selling drugs or their bodies for enough money to buy food. This is not the way the District of Columbia should handle its children.

Current legislation which provides that these very vulnerable young people remain in care until age 21 is both humane and responsible and should not be altered as a means of balancing the budget. The decision as to whether a child is prepared for independent living prior to age 21 should continue to be left with the Family Court who has oversight of the case and should not be made as the result of an arbitrary and capricious policy based on finances.

CFSA needs to develop a policy and method of providing appropriate housing for children that emancipate from the system each year and not just send them to the city shelters to apply for TANF and food stamps. None of us would treat our own children that way. CFSA needs to design an integrated program of services staffed with persons who can engage young adults in meaningful activities and in which the young people are active participants in their own development. CFSA should create an after-care department to assist youngsters who spent their childhood in foster care and need a home to return to for occasional assistance during stressful times, especially as they try to get started on their own.

Finally, it is intriguing to hear CFSA boast about the reduction in staff turnover when workers continue to leave, cases remain uncovered or covered by a supervisor. Social workers continue to complain about high case loads, routinely put in for transfers to non-case carrying positions, or work late into the night to get reports to the Court on time. I spoke to a social worker yesterday at midnight who was still trying to finish a report for the Court today.

Cases are still counted as families without regard to the number of children in that family. Social workers are often responsible for up to 50 children at a time because of the way cases are counted, making it impossible to get to IEP meetings, treatment team meetings, or other significant events in the child's life. Cases have as many as three or more workers at a time and far more during the life of the case. A worker is assigned to the case on one day, the goal is changed to adoption, and the case is transferred to a recruitment worker. A family is recruited, and the case is transferred to an adoption worker. At the same time, a sibling goes to independent living and is assigned a teen services worker. Another sibling is placed with a contract agency and is given a different worker. I represent a set of twins, who each have different workers.

Such a practice precludes the formation of beneficial relationships.

Senator DEWINE. Twins who have different workers?

Ms. SCHNEIDERS. Pardon?

Senator DEWINE. Twins who have different workers?

Ms. SCHNEIDERS. Yes. One happens to be in residential treatment, and therefore gets a worker through that unit. And the other is in a foster home and has a worker with that unit. And no one knows who has case responsibility for that.

CFSA needs to develop a one case-one worker policy similar to the Court's one family-one judge system, with a maximum of 15 to 20 children per worker, regardless of the number of families. Social workers need to get to know the case so that services are not duplicated, facts are not lost, progress is not overlooked, goals are not

changed. And the continual reorganization of the agency is counter-productive in pursuit of this goal.

PREPARED STATEMENT

Success should be measured when children in the care of Child and Family Services Agency feel safe and protected, loved and cared for, and achieve permanence early or are prepared to face the world on their own at age 21, not when the statistics prove that numbers have gone up or down.

Thank you.

[The statement follows:]

PREPARED STATEMENT OF ANNE E. SCHNEIDERS, ESQ., LISW

Good morning, Senator DeWine, and all members of the Appropriations Committee.

My name is Anne Schneiders, and I come before you as the Chair and Founder of the Washington Chapter of the National Association of Counsel for Children, a national advocacy organization for children. I am a proud resident of the District of Columbia; a practicing attorney at D.C. Superior Court; and a clinical social worker licensed in the District of Columbia, Maryland and New York. I spent 25 years as a social worker and administrator in foster care before going to law school.

I am pleased to have this opportunity to address this Committee on the status of Child and Family Services from the perspective of one who must interface with this agency on behalf of abused and neglected children as a Guardian ad litem for almost 200 children over the years.

Dr. Olivia Golden has certainly brought an element of professionalism to the table, and her reports to you and other bodies reflect considerable progress and improvement. The reality, however, from my perspective, as an advocate for the children entrusted to CFSA and their families, is that while Dr. Golden is masterful at conceptualizing programs and services, policies and procedures, structures and organizations, she is so far removed from the daily delivery of services to the children and their families, that she is unaware that the concepts she espouses are not effectuated on the front lines. In this testimony I will address specific issues and provide some concrete examples of the difficulties those of us trying to represent children and families encounter in working with CFSA. This agency is still in dire need of improvement, and in spite of all the rhetoric about progress and improvement, much of it remains on paper and has not made it to the level of practice on a daily basis.

The rise and fall of statistics does not interest me, as numbers can say whatever you want them to say to make a point. My concern is the impact of policy decisions on children as too many children who have been "cared for" by CFSA leave the system angry, resentful and no better off than when they entered. Let me cite a few such policies:

DIVERSION OF REPORTS OF ABUSE AND NEGLECT

Advocates for children and families are very concerned with the apparent diversion of neglect and abuse cases away from the Superior Court's Family Court. Children must be represented by counsel to be adequately protected. During the year (2002), only about 900 neglect and abuse cases were petitioned, while in previous years between 1,700–1,900 per year were petitioned. We are under no illusion that community based services are this effective!! Children are being placed with D.C. family members in what are called "third party placements" in order to avoid the ICPC difficulties of placing children over State lines, without ascertaining the criminal and child abuse histories of these potential caretakers. While obtaining criminal and abuse clearances is sometimes a cumbersome process, it is essential to protect children from further abuse. In these cases, we welcome what CFSA refers to as "bureaucratic barriers" that serve to protect children.

Recommendation

—There should be an outside review of the reports of abuse and neglect that get diverted to community based services to determine the appropriateness of these referrals, and to see how many of them eventually come before the court in a more severe state than at the initial identification.

LACK OF PROSECUTION

We are also very concerned that perpetrators of sexual abuse and physical abuse of children are not prosecuted in the District of Columbia. Most attorneys will tell you that none of the perpetrators of the abuse of children before the court have been prosecuted, yet we continue to make reunification the primary goal in abuse cases. While CFSA has taken all of the Corporation Counsel attorneys under its umbrella—and even into its building—there has been no significant improvement in the government's pursuit of justice for children. Recently, the mother in a case petitioned in 1999 for physical abuse was arrested. The children had already been removed, reunified, and have recently had to be removed again for repeated physical and emotional abuse. Had proper steps been taken to prosecute the initial criminal child abuse case, these children would not have been re-abused. Another severely retarded, cerebral palsy child was abused at home; brought into care; abused physically and sexually in group homes prior to placement in a foster home. None of these instances were pursued because he was deemed not a reliable witness. Again, over a 3-year period 3 children were removed from one parent. One child had been burned and shot; the third child was scalped at the age of 6 weeks. No one was ever prosecuted for these crimes because the victims were young! If these 3 cases are on my caseload, I am sure there are hundreds of others throughout the system.

Recommendation

—CFSA must be required to pursue justice for children and criminal prosecution of those who physically and sexually abuse children.

PLACEMENT POLICIES

Children brought into the system are too often made to wait weeks or months before a placement is available. Young children still are retained at 400 6th Street overnight or until a placement is available. Children 14 and older are made to wait in group home facilities until a placement is identified. Many are then placed in whatever home has a vacancy regardless of the needs of the child or the expressed preference of the family. There is little matching of child to family. The result is a negative experience for both and the ultimate removal of the child. Some children are moved 2, 3, 4 times before finding an appropriate placement. This is true of both CFSA foster homes and the private agencies with whom CFSA contracts for services. Some children abscond from the group home before a foster home is located. Some act up to the point of requiring psychiatric hospitalization. Thus, the trauma of the abuse coupled with the trauma of removal from the birth parents are compounded 3- and 4-fold by the actions of Child and Family Services Agency.

As recently as last week a 15-year-old child who had spent a year in a group home requested a foster home in January, and the Judge ordered CFSA to identify a home for him. In March the matter was brought back to court because no referral had yet been made. When the Judge asked for an explanation, CFSA came up with a home—reportedly the only home available in the system. No match was made; the child never met the foster family. He was just placed in the home. It lasted less than a week before the child ran away. The child remains in the group home being told there is no other foster home in the system. He must just wait!

The same is true of the process for placing children in residential treatment programs. Last year I represented two 14-year-old children who spent extended periods of time in the Psychiatric Institute of Washington waiting for the process of identifying a residential treatment program to progress. These children wasted 2-3 months of their childhood sitting in a hospital waiting for meetings to be scheduled; papers to be exchanged; and transportation to be arranged before they could begin the treatment process.

Recommendation

—CFSA needs to invest in active and aggressive recruitment of therapeutic foster homes so that it has a pool of families with whom to place children. Children should be matched with families so that there is at least a reasonable expectation that the placement will be effective. It should not take 4-6 weeks to place a child in a foster home, nor 6-8 weeks for admission to a residential setting.

LACK OF ADEQUATE SUPPORT SERVICES

There is a disturbing punitive climate emerging in the agency that seems to view the child as the culprit in abuse and neglect cases. Services are not readily available to counter the effects of abuse and neglect.

—Tutors are limited to 1 month of service with repeated requests for renewal. Little tutoring can be effective in 1 month. The request for renewal on a monthly

basis is a serious waste of time on the part of social workers. Judges need to order such simple services as tutoring to be sure that this service is not interrupted, and re-started with a new tutor. Children cannot adjust that readily to new faces and styles of teaching.

- Mentors are only available for 3 months at a time with the need to justify renewal for longer periods. The purpose of a mentor is to afford the child a meaningful relationship. To terminate such a relationship in 3 months only serves to have the child experience yet another loss. CFSA has contracts with various firms who pay the mentors for the time invested in the child. Because of this expense, they limit the time given to any child to 12 hours/month with the maximum amount, if justified, to 24 hours/month. This time includes transportation to and from the child's place of residence. Volunteers for Abused and Neglected Children (formerly CASA) have trained volunteers who do not get paid. All CFSA has to do is enter into a contract for administrative services, but has failed to do so. It is difficult to understand the rationale for this decision.
- Teenagers are denied admission to independent living programs until they are 18 regardless of the need and the child's readiness at 16 or 17. This leaves some children in inappropriate settings waiting for the magical age of 18 for admission to an appropriate program. No one has yet explained the rationale for this decision.
- Specialized evaluations and therapy are limited to whatever medicaid will pay for regardless of the child's need or the availability of competent clinicians. Every child removed from the birth parent is traumatized by this event, or those leading up to removal. Too often the multiple moves of CFSA from shelter care to multiple foster homes only compounds the emotional stress these children experience. The inability to secure specialized forms of therapy is serious. Young children require therapy to deal with sexual trauma, physical abuse, attachment disorders, and depression, while adolescents become angry, defiant, aggressive and act out sexually or use drugs. Identifying quality mental health care for these children is extremely difficult given CFSA's policy that only providers who take medicaid can be used unless there is a court order for a specific type of therapy or therapist. This process is lengthy and delays by weeks or months the initiation of therapy for very troubled children and often puts both home and school in jeopardy. Payment to vendors, while better than previously, continues to be problematic and keeps the pool of available clinicians limited. This is one of the most serious shortcomings of CFSA given the fact that virtually every child in care needs therapy.

GAL's are frequently told by social workers to request a court order or the service will not be provided, thus making the court manage the case. There is no similar policy restricting services to parents who immediately get referrals for therapy, parenting, anger management programs, drug treatment, and whatever else they need, regardless of whether they take advantage of it or not.

The same problem exists for other evaluations and therapies ordered by the court—i.e. psychiatric and psychological evaluations of both children and parents. The one place where it was possible to get top quality, comprehensive evaluations of children and their parents was the Youth Forensic Services. This agency, however, has been virtually dismantled by the Commission on Mental Health so that Youth Forensics now has no psychiatrist, 2 psychologists one of whom is unlicensed, and 3 social workers.

Recommendations

- CFSA needs to have a policy that guarantees every child the services which the court identifies as needed to counter the effects of abuse and neglect, and prepare them more quickly for permanency or emancipation. There needs to be an identified roster of qualified clinicians who can be accessed readily so as not to delay the initiation of therapy for traumatized children. Adoption is often delayed because a child has not been provided therapy, mentoring, tutoring or other needed services to counter the negative effects of prior physical/sexual abuse or severe neglect.
- Some oversight committee needs to revisit the logic of dismantling Youth Forensic Services which was one of the best resources available to CFSA. There is no comparable service available in the District of Columbia which understands the needs of the court; the type of comprehensive evaluations needed; and the impact of court decisions on children and families.

PREPARATION FOR EMANCIPATION

Most of the children who "age out" of foster care are young people whose problems or age have precluded adoption, or whose family failed to improve sufficiently for

them to return home. They have serious academic deficits, emotional problems, mental limitations, none of which are their fault. They lack self confidence and self-help skills. They are immature and very vulnerable. They are ill prepared to jump into the mainstream of life.

CFSA discharges these children without secure housing, employment, or health care. This month alone I have had two children I represent age out at 21. One mildly retarded, emotionally disturbed youngster is currently homeless; the other, a teen mother of two was given a list of city shelters to which to apply the day after her 21st birthday. There is no farewell; no emancipation celebration; no assurance that if you get stuck you can come ask for help; just a message that "Your case is now closed." Adoptive families are assured of post-adoption services; teens are given no such assurance.

CFSA receives an allocation of Section 8 vouchers from the Federal Government that are carefully doled out to selected parents who have abused or neglected their children and who are seeking reunification. At the same time, CFSA sends its own young people, the victims of the abuse or neglect, out of the system at age 21 by telling them where to find the nearest shelter. None of the vouchers in the hands of CFSA can be given to its own children for whom it has served as surrogate parent.

To make matters worse, CFSA is now proposing to reduce the age of emancipation to 18 instead of the current age of 21 because they claim the children don't appreciate the services offered. Very few children even of stable families are ready to leave home at age 18. Intact, stable families send their children to college in the hopes that they will mature during those 4 years. It is incredible to think that CFSA expects abused and neglected children, who have had very little nurturance and stability, and who have too often bounced around the foster care system are mature enough to manage on their own at age 18. All that is available to them is the street or a city shelter. Discharging these children at age 18 will force them to "survive" on the street selling drugs or their bodies for enough money to buy food. This is not the way the District of Columbia should handle its children.

Recommendations

- Current D.C. legislation which provides that these very vulnerable young people remain in care until age 21 is both humane and responsible and should not be altered as a means of balancing the budget. The decision as to whether a child is prepared for independent living prior to age 21 should continue to be left with the Family Court judge who has oversight of the case, and should not be made as the result of an arbitrary and capricious policy based on finances.
- CFSA needs to develop a policy and method of providing appropriate housing for the children that emancipate from the system each year, and not just send them to city shelters, and to apply for TANF and food stamps. None of us would treat our own children in this manner!
- CFSA needs to design an integrated program of services, staffed with persons who can engage young adults in meaningful activities and in which the young people are active participants in their own development.
- CFSA should create an after-care department to assist youngsters who spent their childhood in foster care and need a "home" to return to for occasional assistance during stressful times, especially as they try to get started on their own.

STAFF RETENTION AND ASSIGNMENT

It is intriguing to hear CFSA boast about the reduction in staff turnover, when workers continue to leave; cases remain uncovered or "covered" by a supervisor. Social workers continue to complain about the high caseloads; routinely put in for transfers to non-case carrying positions; or work late into the night to get reports to the court on time. Cases are still counted as "families" without regard for the number of children in that family. Social workers are often responsible for up to 50 children at a time, making it impossible to get to IEP meetings, treatment team meetings, or other significant events in a child's life.

Cases have as many as 3 or more workers at a time and far more during the life of the case. A worker is assigned to a case on one day; then the goal is changed to adoption and the case is transferred to a "recruitment" worker; a family is recruited and the case is transferred to an "adoption" worker. At the same time a sibling goes to independent living and is assigned a "teen services" worker; another sibling is placed in a contract agency and is given a different worker. I represent a set of twins who each have different workers. Such a practice precludes the formation of beneficial relationships that support the family and children—and delay progress.

Recommendation

—CFSA needs to develop a “one case/one worker” policy similar to the court’s “one family/one judge” system, with a maximum of 15–20 children per worker regardless of the number of families. Social workers need to get to know the case so that services are not duplicated, facts lost, progress overlooked. The continual “re-organizing” of the agency is counter productive.

Success should be measured when children in the care of Child and Family Services Agency feel safe and protected, loved and cared for, and achieve permanence early or are prepared to face the world on their own at age 21.

I thank you for this opportunity and look forward to improved relationships between CFSA and the community.

Senator DEWINE. Thank you very much. Very interesting.

Ms. Meltzer.

STATEMENT OF JUDITH W. MELTZER, DEPUTY DIRECTOR, CENTER FOR THE STUDY OF SOCIAL POLICY, AND COURT-APPOINTED MONITOR, CHILD AND FAMILY SERVICES AGENCY

Ms. MELTZER. Thank you. Good morning, Senator DeWine, Senator Landrieu. Thank you for this opportunity to testify and for your continuing leadership.

I am Judith Meltzer, Deputy Director of the Center for the Study of Social Policy, which is the court-appointed monitor to U.S. District Court Judge Thomas Hogan for the *LaShawn A. v. Williams* lawsuit.

The *LaShawn* modified order is a comprehensive decree dating to 1994, mandating comprehensive reform of the District’s child welfare system. The Center is the monitor with responsibility for development of implementation plans and for ongoing assessment of the District’s progress.

The recent history of *LaShawn* begins with the termination of the receivership in June 2001 and the launching of a probationary period. The probationary period was to end only when the District demonstrated sufficient progress on a series of very incremental benchmarked performance standards. The District did that. Attached to this testimony is a copy of our report of September 30, 2002, which was based on an independent review last summer of over 1,000 CFSA case records.

In doing that review, we looked at both the automated records on the FACES information system, as well as paper records for every case, because you could not rely on the automated system to get complete information. We did find that the District met 75 percent of the targets, which was the basis for recommending a termination of the probationary period.

This is an accomplishment, and a significant one for the District. And I do not want to underestimate it. But I also want you to know that it does not mean that the District’s child welfare system is consistently functioning at an acceptable level of performance or that the District achieved compliance with the *LaShawn* Order.

I want to emphasize this in response to your earlier remarks, Chairman DeWine. The probationary standards were set as very incremental markers to demonstrate that the city had the capacity to administer this agency. In other words, the end of probation gives the responsibility for administration back to the District of Columbia from the U.S. District Court. And that was really the question that was resolved by the termination of the probationary period. We are now at a point of developing the implementation

plan for going forward, because the Court has determined that the administration can continue to make progress on these standards.

As Court Monitor, I am currently responsible for the development of this implementation plan in collaboration with the parties. The Implementation Plan is designed to address the deficiencies we found, the deficiencies found by GAO, and the deficiencies identified by the field and by advocates such as Ms. Schneiders.

Since January, Dr. Golden and her staff, the Office of Corporation Counsel of the Mayor's office, plaintiffs and I have been working intensively to reach consensus on a plan. That discussion is near completion—and I will be submitting a plan to the Court by mid-April. The implementation will set ambitious yet, I believe, feasible targets between now and December 2006 for District performance. Among the most important are continued improvement in the timeliness and quality of investigations of child abuse and neglect; high-quality social work and supervisory practice related to assessment, case planning and supervision of placement; wider availability of community-based supports; enhanced service provision; increased visits by social workers; an expanded range of high-quality family placement options in the District; reliable and accessible supports for foster parents; consistent access to mental health services, substance abuse services, and comprehensive medical, psychological and educational services; and permanent homes for the 1,110 children currently in the foster care system with a permanency goal of adoption.

The implementation plan also requires steady and measurable improvement in several key infrastructure areas, including aggressive hiring of social workers. This job cannot be done unless there are enough social workers who are well trained to do it. The Plan also requires implementation of a high-quality training program for CFSA staff and for private agency workers; revamping contract policies and procedures to establish clear and enforceable performance expectations; full implementation and enforcement of the new licensing standards for foster homes, group homes, and independent living facilities; revamping the agency's administrative case review system; continued work with the new Family Court to achieve AFSA timelines and outcomes, and completion of work on the automated information system, FACES, so that the agency has access to timely, accurate, and complete data on the children and families it serves.

I believe that the Implementation Plan, with its ambitious yet sequenced targets, can be successfully completed. And my optimism is in part based on the excellent leadership that has been provided in the last 2 years by the Mayor, Dr. Golden, and her staff.

In addition to a degree that far exceeds anything that I witnessed in the prior history of *LaShawn*, the child welfare agency is finally working constructively with other agencies in the District Government, including the Mental Health Agency. Also Superior Court, under the leadership of Judge Rufus King and presiding Judge Lee Satterfield, is working collaboratively and constructively with the child welfare agency.

There are five actions that the subcommittee can take to help accelerate positive change. I will list them only now, although my written testimony provides some additional detail.

First, I think the Congress can provide incentives for the creation of a qualified and stable workforce, either through educational stipends or loan forgiveness programs and through expanding the applicability of Title IV-E training reimbursement to private agency workers, court staff, and other public agency partners.

Second, I think there can be additional financial support for targeted prevention efforts that will allow the District to expand the provision of comprehensive neighborhood-based services to families at risk of entering the child welfare system.

Third, I believe there should be targeted efforts to achieve permanency for the 1,110 children in the foster care system who have a permanency goal of adoption. This is one-third of the current caseload.

Fourth, I think there can be assistance for the development of additional foster and adoptive families within the District of Columbia, including foster families for children who are entering the system without exceptional needs, as well as those who have severe behavioral and therapeutic needs.

Fifth, there needs to be intensive efforts to create assets and supports for those leaving the foster care system, as Ms. Schneiders has just testified to. There are currently 1,028 youths over the age of 14 in the foster care system. Again, that is almost a third of the caseload. And it is a higher proportion of older children than other systems. This reflects, I think, the many years in which the system did not move children to permanency in a timely fashion. But much more has to be done to provide these children with the supports they need, so that when they exit the foster care system, they can lead healthy and independent lives.

PREPARED STATEMENT

Members of the subcommittee, I want to conclude by emphasizing the importance of continuing support for the work of the District's child welfare system. I know it is frustrating. It has been extremely frustrating for me. It is frustrating for everybody that this reform has taken so long. But this is a multi-year effort. The Implementation Plan that the Court will order will chart ambitious steps for finally bringing the District's child welfare agency to an acceptable level of performance. This requires changes in practice, policy, and structure, as well as additional resources.

With our continued efforts and shared commitment, I look forward to a day in the not-too-distant future when we can celebrate full compliance with *LaShawn* order and the end of Federal Court oversight of the system.

Thank you.

[The statement follows:]

PREPARED STATEMENT OF JUDITH W. MELTZER

Senator DeWine and other distinguished members of the Subcommittee, thank you for the opportunity to testify this morning about the progress of the District of Columbia's Child and Family Services Agency (CFSA). I am Judith Meltzer, Deputy Director of the Center for the Study of Social Policy. I serve as the Court-appointed Monitor to U.S. District Court Judge Thomas Hogan for the *LaShawn A. v. Williams* lawsuit. The *LaShawn* Modified Order is a comprehensive decree, dating to 1994. The Order includes expectations for child welfare performance in the District across the full range of programmatic and administrative functions that are necessary to achieve the safety, permanency and well-being of children who are at risk

of and experience child abuse and neglect. The *LaShawn* Order appointed the Center for the Study of Social Policy as the independent Court Monitor with responsibility for the development of implementation plans and for the ongoing assessment of the District's progress in complying with the Federal court orders.

The recent history of *LaShawn* begins with the leadership of Mayor Anthony Williams and the establishment of the Child and Family Services Agency in June 2001, with Dr. Olivia Golden as its Director. On that date, the Federal court terminated the Receivership of the District's child welfare system and launched a probationary period, which would end only when the District demonstrated sufficient progress on a series of 20 benchmarked performance standards. The District was to achieve agreed-upon performance targets for 75 percent of the standards by October 31, 2001, which was later extended to May 31, 2002. The standards were designed as incremental measures of progress and covered, among other things, the timeliness of investigations of abuse and neglect; the development of current case plans for family services cases and children in foster care; reducing the number of children in emergency and congregate care; increasing the numbers of children adopted; and improving the appropriateness and stability of foster care placement for children in the District's custody. Attached to this testimony is a copy of my report to the Court dated September 30, 2002, on the District's progress in meeting the Probationary Period Performance Standards based on our review last summer of over 1,000 case records. The District met performance targets for 75 percent of the standards and, based on those results, I was able to recommend that the probationary period be terminated. On January 7, 2003, U.S. District Court Judge Hogan formally terminated the probationary period, thus ending the Federal court Receivership of the District's child welfare agency, although Federal court oversight under *LaShawn* remains in place.

The ending of the Receivership reflects real improvement in the system and is a significant and positive accomplishment for the District of Columbia. It does not, however, mean that the District's child welfare system is consistently functioning at an acceptable performance level or that the District has achieved compliance with the *LaShawn* Order. This Subcommittee hearing comes at a very important time for the Child and Family Services Agency as it works to create a child welfare system that meets not only the Court's expectations for performance, but more importantly a system that meets the expectations of the citizens of the District of Columbia.

As Court Monitor, I am currently responsible for the development, in collaboration with the parties, of a binding Implementation Plan that identifies the steps and tasks necessary to achieve compliance, the timelines for task accomplishment and the resources (including staff, personnel, contracts and other resources) necessary for implementation. This Implementation Plan is to be submitted to the Court and will become an enforceable order of the Federal court under the *LaShawn* Order. The expectations of the *LaShawn* Order and the Implementation Plan are consistent with the District's efforts to comply with the Federal and District Adoption and Safe Families Act (ASFA) and with community and professional standards of acceptable child welfare practice.

Since January, I have been working intensively and constructively with Dr. Golden and her staff, the Office of Corporation Counsel, Grace Lopes from the Mayor's Office and representatives from plaintiffs (Children's Rights, Inc.), to reach consensus on an Implementation Plan. Our negotiations ended last week and I expect to make final decisions and submit an Implementation Plan to the Court by no later than April 15th. At that time, I will be glad to submit the proposed Plan to this Subcommittee for inclusion in the record of this hearing.

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

- Continued improvement in the timeliness and quality of investigations of child abuse and neglect.
- High quality social work and supervisory practice with children and families in the areas of assessment case planning, and supervision of placement.
- Wider availability of community-based supports for families to prevent children and families from entering the child welfare system.
- Enhanced services provision so that children will enter foster care placement only when their own families cannot be assisted to provide them with safe and stable homes.
- Increased visits by social workers to children in placement and to families with children at home with current child protective services cases.
- Development of an expanded range of high quality family placement options in the District of Columbia to continue progress to reduce the numbers of children,

especially young children, who are cared for in group settings. The Implementation Plan will most likely include a provision that requires the District to end any overnight placement in its in-house Intake Center by June 2003 and to have fewer than 50 children under age 12 in congregate settings by December 31, 2004.

- Providing reliable and accessible foster parent supports so that placement disruptions decline and children experience fewer placement moves while they are in foster care.
- Consistent access to resources that children and families need, especially mental health services, substance abuse services and comprehensive medical, psychological and educational services.
- Locating adoptive families or permanent kinship families for the 1,100 children in foster care with a permanency goal of adoption, and completing the necessary adoption subsidy/guardianship agreements and other legal actions to provide these children permanent homes.

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

- Aggressive hiring of social workers through improved recruitment and retention strategies leading to rapidly declining caseloads for all workers. The Implementation Plan is anticipated to require complete achievement of *LaShawn* caseload standards for workers and supervisors by the end of 2004.
- Implementation of a high quality training program for CFSA staff and private agency workers that is geared to improving practice skills and achieving defined practice competencies.
- Revamping the contract policies and procedures to establish clear and enforceable expectations for performance by private agencies related to achieving safety, permanency and well-being outcomes for children.
- Full implementation of new licensing standards for foster homes, group homes and independent living facilities and consistent and effective enforcement of licensing standards.
- Revamping the Agency's administrative case review system to provide consistent and meaningful review of case progress and achievement of permanency goals.
- Continued work with the new Family Court to make sure that the entire system works together to achieve ASFA permanency expectations and timelines.
- Implementation of comprehensive quality assurance processes, including routine case and supervisory reviews, special incident reviews, external fatality reviews and quantitative/qualitative assessment of case process and outcomes.
- Completion of work on CFSA's automated management information system (FACES) so that the Agency has access to timely, accurate and complete data on the children and families it serves.

In making decisions about the Implementation Plan, I have worked with the District and the plaintiffs to achieve a balance between the urgent needs of children and families and the desire to quickly produce results, with the District government's appropriate concern about successfully sequencing and managing multiple and demanding requirements for change. I believe that the Implementation Plan, with its ambitious yet sequenced performance targets, can be successfully completed. My optimism is, in part, based on the excellent leadership provided by Dr. Golden and the hard working CFSA staff. Dr. Golden has assembled an enthusiastic team of competent child welfare professionals and has mobilized the diverse talents of many staff within the Agency and from a broad range of private agency and community partners. In addition, to a degree that far exceeds anything I have witnessed in the prior history of *LaShawn*, the child welfare agency is working constructively with other agencies in the District government, most importantly, the Department of Mental Health, the Office of Corporation Counsel, and the Metropolitan Police Department. This collaborative effort is greatly enhanced by the support of the Mayor. Finally, the Superior Court, under the leadership of Chief Judge Rufus King and Presiding Judge Lee Satterfield, is working with the child welfare agency to ensure children's safety and to provide meaningful and timely judicial review of children's progress toward permanency. The serious difficulties of providing appropriate services, supports and stable living situations for children remain, but I believe there is an improved level of trust and commitment from the various parts of the system to work together in new ways to solve these complex problems.

There are five actions that the Subcommittee can take to help accelerate positive change. They include:

- 1. Provide incentives for the creation of a qualified and stable workforce.*—This can be done in two ways: first, provide financial incentives for recruitment and

retention of social workers through loan forgiveness, new stipends or loans for education in return for defined, time-limited commitments to child welfare work in the District; and second, by provide additional funding, either through extending the applicability of Title IV-E training reimbursement or through other means, to provide intensive skill building and family-centered practice training for workers in the public child welfare agency and for staff in private provider agencies and partner agencies, such as mental health, substance abuse, and the Courts.

- 2. *Provide additional financial support for targeted prevention efforts that would allow the District to expand the provision of comprehensive neighborhood-based services to families at risk of entering the child welfare system.*—For the past 2 years, the District was able to use TANF funds to support services provided by the eight Healthy Families, Thriving Communities Collaboratives, including their innovative use of Family Team Decision Making, which bring family, extended family and community supports together with public agency workers to develop and implement plans of care to ensure safety and permanency for children. In fiscal year 2004, the District will have to use local funds to replace the TANF resources for this work and currently does not have additional funding available for any expansion of these important efforts.
- 3. *Support targeted efforts to achieve permanency for the 1,100 children in foster care who have a permanency goal of adoption.*—This can be done in one of several ways: first, providing fiscal incentives for achieving permanency through adoption or subsidized guardianship for children currently in foster care. Bonus funds could be available for specialized recruitment for sibling groups, young teens and/or children with individualized needs, or to pay for additional services and supports to allow a foster family or kin provider to securely commit to adoption or permanent guardianship. Second, funds could be provided to allow the District child welfare agency to enter into contracts with private child placing agencies to engage in child-specific recruitment and placement with families for currently waiting children.
- 4. *Assist with the development of foster and adoptive families within the District of Columbia.*—One of the barriers to District families wishing to become licensed foster parents is the presence of lead paint in much of the District's older housing stock. Some potential families cannot be approved as foster parents or kin providers until they secure lead paint abatement, which is frequently beyond their financial means. Funding to pay for lead paint abatement for these District families, who are otherwise qualified to be licensed foster or kinship homes or approved adoptive families, could be made available.
- 5. *Support intensive efforts to create assets and supports for youth leaving foster care.*—As of December 31, 2002, one-third of the children in foster care (1,028 children) were age 14 and over. The District has a higher percentage of older children in its foster care system than nationally, in part reflecting the many years in which the District failed to make timely decisions on permanency for children. Despite current efforts, many of these older children will not achieve permanency before they leave the foster care system, and much more needs to be done to ensure that they are equipped to survive as independent adults when they do leave. Congress could help by providing additional support for educational stipends, work experience and career coaching for these children; for additional mental health and substance abuse services; for assistance with housing when they leave foster care and for the creation of Individual Development Accounts (IDA's) that would allow teens in foster care to build assets.

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

Thank you and I will be pleased to take questions.

Senator DEWINE. Thank you all very much.

Let me start, Dr. Golden, I saw sometimes you nodding your head yes and sometimes you nodding your head no. And so maybe we should start with clarifying for the record how much of the GAO report you agree with and what you do not agree with.

Dr. GOLDEN. Well, we have talked at great length. And I really appreciate—

Senator DEWINE. I want to get that on the record, though, so we all know here—

Dr. GOLDEN. Okay.

Senator DEWINE [continuing]. How much of the GAO report is in dispute. And I know we do not have the final report.

Dr. GOLDEN. Right.

Senator DEWINE. But I would like to know, at least going into the report, how much do you think is not correct—

Dr. GOLDEN. I really—

Senator DEWINE [continuing]. And which is correct.

Dr. GOLDEN. Sure.

Senator DEWINE. And then we can go and argue about what it means.

Dr. GOLDEN. Well, I have not seen a late draft. It sounds to me as though most of the issues about which we discussed, the methodology, have been addressed. I think that the one set of things that would be worth our talking about more is that some of the GAO information is historical information; that is, in a number of areas, because they looked at a sample of cases in the fall of 2002, that entered the system anywhere from 1998 on, some of the information is historical. And that is very valuable to us, because it tells us where we came from. But it is different currently. And as we have been working it through with GAO, we have been discussing that.

Senator DEWINE. I do not know what you mean.

Dr. GOLDEN. Excuse me?

Senator DEWINE. I do not know what you are talking about.

Dr. GOLDEN. Okay. Shall I give you what—

Senator DEWINE. Yes.

Dr. GOLDEN. Okay.

Senator DEWINE. Explain it to a lay person who is not in the system.

Dr. GOLDEN. Okay.

Senator DEWINE. I do not do this every day. What does it mean?

Dr. GOLDEN. Sure. Sure.

Senator DEWINE. What do you mean, historical?

Dr. GOLDEN. Well, remember that FACES was created in 2000. The receivership ended in 2001. And the system was unified, meaning that CFSA had responsibility for all cases in about October of 2001. So the system changed very dramatically over those years.

Senator DEWINE. All right.

Dr. GOLDEN. What—for a number of GAO's findings, for example, case plans submitted in the first 30 days, which is an area where we know we need to do lots of work—

Senator DEWINE. All right.

Dr. GOLDEN [continuing]. As I understand it, the methodology was to look at cases in the fall of 2002, and then go back and look at whenever they came into the system, whether many years ago

or recently. And for me, as I think about—I am very eager to use all the information GAO has in our reform plans. For me, that is a different piece of information, because that is about how cases were investigated versus the information they have provided me that is more current.

So when I am providing you and the Court with information, I am focusing a lot on the change, where things were in 2001, when we had a deeply fragmented system, and what has changed. And some of GAO's information is about that, and some of it is longer ago.

Senator DEWINE. Okay. But these kids are still in the system, though.

Dr. GOLDEN. That is right.

Senator DEWINE. These are not kids that are gone.

Dr. GOLDEN. That is right.

Senator DEWINE. I mean, let us make sure we understand. When I think historic, when I heard you say historic, I thought you meant a kid that was gone, in other words, a kid that was, you know, 22 and out of the system and we are not worried about anymore. But we are still worrying about these kids.

Dr. GOLDEN. Right. And we are still trying to improve our practices.

Senator DEWINE. Okay.

Dr. GOLDEN. And so some of the GAO information tells me about my caseworkers' practices now.

Senator DEWINE. So this is not ancient history.

Dr. GOLDEN. That is right.

Senator DEWINE. These are still kids. And we are still worrying about them. And we still have a responsibility for them.

Dr. GOLDEN. And we are focusing really intently on changing how we serve those children.

Senator DEWINE. Okay. And the fact is, what about the statistic that 70 percent of the current cases are not in the system? Now what about that statistic?

Dr. GOLDEN. I believe—

Senator DEWINE. That kind of grabs you.

Dr. GOLDEN. Right. And that—

Senator DEWINE. Is that right or wrong?

Dr. GOLDEN. It is wrong stated as you stated it. I do not think GAO would state it that way.

Senator DEWINE. Okay. State it correctly then. I am wrong. Tell me how I should state it.

Dr. GOLDEN. Okay. Right now we know where all of our children are and who they are. We know a whole lot of other information about them. For those children currently in our caseload who came into care before FACES or who came into care through the Metropolitan Police Department before we were doing it, there is information about their early months that exists in a hard copy case file but is not in our system.

Senator DEWINE. Okay. GAO—

Dr. GOLDEN. Is that right?

Senator DEWINE [continuing]. How would you say it? I want to get it right now.

Ms. ASHBY. Okay. I think that is true. And I think perhaps the issue is the significance of that. It is true that in some of the analyses we did, we—in fact, what we did is look at active cases in November of 2002, because that is at the point we were doing our field work. And we took cases that were at least 6 months old at that point. And we tried to determine certain things about those cases.

In some instances, the particular things we were looking at, particularly with regard to initial investigations, safety assessments and so forth, we could not get that information consistently from the automated system, although it should have been there. And even in some cases where these cases were initiated after FACES went online, the information was missing.

Senator DEWINE. Which is pretty shocking.

Ms. ASHBY. It is surprising. And in not just a few—

Senator DEWINE. I mean, that is surprising.

Ms. ASHBY. Not just a few cases.

Senator DEWINE. I mean, if the case started after the system started, you really do not have any excuse for not having it in then, it seems to me.

Ms. ASHBY. Right. About half, in some cases. In some instances, for specific pieces of information, specific data elements or fields, the information was missing for up to half of the cases.

Dr. GOLDEN. If it would be helpful to offer some examples of those fields and the timing, because one of the things that I know, Senator DeWine, it may be important to you to know is how do we compare to other operational information systems around the country, and what is it that means that we are getting an award or we are in the top half, giving that we are missing some fields.

And just to give you a couple of examples, because with an information system it always takes time over the years, some of the big changes, when I came in 2 years ago, even though FACES was operational, we did not have good data entry. We did not know which cases went with which workers. We did not know how to count worker caseloads. We did not know which homes were licensed. We were not easily tracking worker visitation. And we did not have good information on court hearings.

Today we have good information on all those things currently. Some of them are really recent. The court hearing information, we just got our automated feed from the Court 3 weeks ago. So over this 2-year period what we have been doing is improving the implementation bit by bit. And I think the reason our FACES system is getting that national award is partly about where we have gotten to now.

I absolutely agree that if you look at where we were a couple of years ago, there is a lot of improvement that we have had to do.

Ms. ASHBY. Well, I would agree there has been improvement. And I would also suspect that if you only looked at the last year, for example, the numbers would look better. But of course, what we were asked to do was, for current cases, to look to see what the status of things were. And to only look at the last year where there have been improvements would not be a correct picture either.

With respect to the data itself and the data, or elements within the data, for children who entered the system prior to October 1999

when FACES went online, much of that information could still be relevant. These are active cases. And if you do not know the history, or you cannot readily obtain the history—I will not say you cannot know it, because there are case files, although we and perhaps others would like to address this as well. We found problems with the case files as well. Those are not complete either.

But much of the data, or some of the data, with respect to currently active cases, if that information is not readily available to the current caseworker, then that worker does not necessarily know what has gone on in terms of prior services to that child or that family. Perhaps there has been medical interventions that may be lost. It is much more—it is much more difficult to use paper case files than it is to use an automated system. I mean, that is the difference between the first half of the 20th century and the 21st century. Certainly an automated system is what you need. With an automated system you can do various analyses that you cannot do otherwise.

For example, it was mentioned the possibility of not knowing where a child is, if a child might be in Maryland, in a foster home in Maryland, and the system might not know it. Well, unless you have a name or an I.D. number to go to a case file, you really could not find that out. In an automated system, perhaps you could do a search, and you could locate the child. So I think it is the significance that we are disagreeing on in terms of that earlier data.

Dr. GOLDEN. And I think it is a challenge in all the systems around the country. Because all the SACWIS systems have been—I mean, ours is one of the newer ones, so we are pleased about where are, given when it was implemented. But only 21 States have them operational. We are one of those.

So for all the States that either are as new as we are or even newer, they do—everybody faces that challenge of whether, when you are looking at something several years back, that social worker is going to work from the hard copy record and focus their data entry on current or look back.

Senator DEWINE. Let me just ask a simple question. And again, I am kind of an outsider here. Obviously, I am an outsider. But how long would it take to enter all just the current data? You do not have any intention of entering the current data. I mean, that is what you are telling me.

Dr. GOLDEN. I am sorry, Senator. I think we do have the current data. I am not understanding.

Senator DEWINE. Well, that is not—I am sorry. That is not what Ms. Ashby just told me. She said she has found cases where you do not have the current data in there.

Dr. GOLDEN. Well—

Senator DEWINE. She said she found a case where you did not have the current data in there.

Ms. ASHBY. And I think we need to define current.

Senator DEWINE. Well, current, what you told me is after the system came up—

Ms. ASHBY. That is correct.

Senator DEWINE [continuing]. Online, you found cases where all the data was not in there.

Ms. ASHBY. That is correct.

Senator DEWINE. That is current to me.

Dr. GOLDEN. Well, we—

Senator DEWINE. I draw the line when the system came into effect.

Dr. GOLDEN. Right. Well, let me give you a couple of examples. And they would probably be ones we would work on. One example of data that would not be in there even for a few months ago would be full and complete data from the Court about hearings. Because we are very excited. We worked out with the Court how to get that feed from them. And so that automated data we would not have been complete until we got it started.

In some cases, we do go back. In other cases, we work from paper records and focus on current.

Another example would be visits, where we have done a huge amount of work in the past few months, because we are managing visits very much every week. We are focusing on that. And there it is a matter, both with our social workers internally and with our contracted agencies, focusing a lot of training on getting that into the system.

There is a tradeoff for those social workers, both in our agency and in the contracted agencies, about being up to date versus going back and trying to transfer information from their paper records for the past. We usually focus on what we think is most urgent for improving our practice for children. But there is often a tradeoff.

And I think, again, other jurisdictions that have SACWIS systems may not have as many elements as we do current or some may have more, some may have fewer. Everybody is making a judgment call on how much you can effectively use the automated system.

Senator DEWINE. Okay. I think I have beat this enough. I am going to turn to Senator Landrieu. I am going to come back. I have a lot of questions.

Senator LANDRIEU. Thank you, Mr. Chairman. I can sense your frustration. And I share some of that, because we do want to just try to be as clear as we can, so that we can push forward these reforms and continue to try to be supportive.

Let me start with a bigger picture. Could somebody, maybe Ms. Golden, clarify for us the universe of children we are talking about today? I have read your statement, and it is just not clear to me. And maybe I am not reading it correctly. But we are talking about 3,119 children currently in placement, plus 2,301 children in families.

Dr. GOLDEN. Those are end of 2002 point-in-time numbers. They are pretty—they have been pretty stable. That is right.

Senator LANDRIEU. Well, I just want to clarify that if I add those two numbers, that is all the children we are talking about. That is it, the total?

Dr. GOLDEN. Well, the other—that is the number at any given point. It is the number of children in placement and the number of families we are supervising in their homes. That is right. Every month we get about—

Senator LANDRIEU. Okay. So just—I do not—

Dr. GOLDEN. I apologize.

Senator LANDRIEU. I just need a number. What is the number? It is 31 plus 23 is 54, approximately 5,400.

Dr. GOLDEN. The number of cases. That is right.

Senator LANDRIEU. 5,400 cases.

Dr. GOLDEN. That is right.

Senator LANDRIEU. Now that would be multiple children per case?

Dr. GOLDEN. The way that—

Senator LANDRIEU. Yes or no?

Dr. GOLDEN. In the families, family cases, we count the family, when children are at home. But when children are in placement, we count every child.

Senator LANDRIEU. I am just trying to get a number. I am just trying to get a number of the children that we are talking about.

Dr. GOLDEN. Yes.

Senator LANDRIEU. So give me an estimate, or a real number. If it is 5,400 cases, how many children would you say that we are monitoring, either monitoring because they are in an out-of-home paid placement or monitoring children that are still in their families—

Dr. GOLDEN. Right.

Senator LANDRIEU [continuing]. But are being monitored because of abuse and neglect allegations?

Dr. GOLDEN. As you said, Senator, it is about—

Senator LANDRIEU. So would I raise this number to 6,500? Would it be that many?

Dr. GOLDEN. The number—the children in the families, as I said, we count the children in placement, as do most States. In families, I actually can get you the exact number.

Senator LANDRIEU. Could I get that?

Dr. GOLDEN. I would say look at an average of about two to three children per family. I think our total—those are children who are all in the home. If any child is in placement, we count that child separately.

Senator LANDRIEU. Okay. The reason I am pressing for this number is because I am then going to ask you how many social workers you have on staff. And I am going to divide the number of social workers and children and come up with the actual caseload that we are talking about.

Dr. GOLDEN. Okay.

Senator LANDRIEU. Because there are ways that you can determine the caseload, you know, say the caseload is X or say the caseload is Y. But the way that I would think would be the best way is to take the number of children and divide by the current payroll of social workers. So first of all, we know whether we are talking about a caseload of 15 to 1, 25 to 1, 50 to 1, or 75 to 1.

Dr. GOLDEN. I can tell you that approximately, and then we can follow up with a division, if that would be useful.

Senator LANDRIEU. Okay. What is it?

Dr. GOLDEN. The caseload, which does include families for children at home—that is the way the modified final order counts it, and most places do—and children in placement is about 23. The—

Senator LANDRIEU. Okay. Then I am going to take that number, 23 to 1. But I am going to do the division this other way and see if there is a discrepancy.

Dr. GOLDEN. Right.

Senator LANDRIEU. The reason I push this number is that I do not think we can get much other reform done unless you get that caseload down. Because we are depending on the social workers, I would imagine—

Dr. GOLDEN. Absolutely.

Senator LANDRIEU [continuing]. To execute the imputing of the data, the visitation, the permanency plans. And so it is very important, I would suggest to the chairman, that our committee focus—

Dr. GOLDEN. Absolutely.

Senator LANDRIEU [continuing]. On the funding and recruitment, or funding necessary and then recruitment, for the caseworkers, so that the caseworkers remain, hopefully, permanent and not turnover, get a handle on their cases, both the back log of the historical cases, as you have talked about, and the current, and then try to, you know, manage the reform that way.

Dr. GOLDEN. If it would be helpful—I agree completely with that. I think that that is a key area for us. In working with the Federal Court on the implementation plan, we have some standards that frame our work and a workload study coming up to refine those standards. So I would be glad either now or after to share with you, we have standards for children in placement, we have standards for families in the home, and we have standards for investigators, which we are very close to, about 12 investigations a month. And we have—we have a plan, and we have a workload study plan to fine tune that. So that would be a wonderful fit with the strategies of the committee.

Senator LANDRIEU. Well, I look forward to working with you. Now following that up just a moment, because I appreciate Ms. Schneiders's testimony so much and was pleased that last year this committee actually appropriated \$1.5 million for the guardian ad litem program, which supports a lot of the work that you and some of the other attorneys in the area do. And we are very proud of that, because we want to step up the advocacy as an independent voice, you know, helping us all to really stay focused on the reforms. And we really appreciate the contribution that advocates are making.

But based on the testimony given, are you in a position to change the policy that we were talking about, so that it turns out to be one child per caseworker, and that children are not moved from one type of caseworker to another? Could you comment on that? And are you committed to the one child-one worker system? And if so, when will it be implemented? And if not, why not?

Dr. GOLDEN. Let me tell you about all the work we have been doing that, because that is key. And I just want to note that Ms. Schneiders is on our local advisory board. And we had a bit of this conversation the other night. And I was hoping we would follow up with the names of some of the workers, so I could work on the specific cases. So that is still ahead for us.

But let me tell you a little bit about where we stared and what we have done in terms of the one worker-one child.

Senator LANDRIEU. That would be fine, except my time is just so short.

Dr. GOLDEN. I apologize.

Senator LANDRIEU. I just want you, Dr. Golden, if you could—

Dr. GOLDEN. Yes.

Senator LANDRIEU [continuing]. To say do you agree with the policy of one social worker per child? And if so, when is that going to be implemented for the—have we gotten a number? Are we talking about 5,000 children, the 5,000 approximately? I will just say 5,000 children under care.

Dr. GOLDEN. I think that the—I agree not only with a worker for a child. But I think Ms. Schneiders' point was also to try to make sure that, where possible, siblings have the same worker. And so we are focusing on both those things. We do—and we have made changes in our structure to make that happen. Children used to move back and forth when they went from a family to out-of-home care. And we have put together in-home and reunification units with a goal of addressing that.

We do still anticipate that when the child's goal becomes adoption, it often will be better to have that child's case moved to an adoption worker. Jurisdictions around the country do that different ways. But I think the experience suggests that that really works well, because that way you move the child towards placement more fully. But that is one of the very specific examples.

Senator LANDRIEU. I am not—I just want to say that I am not sure that I agree with that.

Dr. GOLDEN. Okay.

Senator LANDRIEU. That is why I want to press this point. I am just looking for a time line. As the manager of this agency, what is the time line that you have in mind for making sure that each of the 5,000 children under your care have one worker per child or one worker per sibling group? Do you think you will reach that goal in 12 months or 24 months or do you have a time line in mind?

Dr. GOLDEN. Well, each child having one worker, I actually do want to find out where the problems are now, because that should be consistent now. Sibling groups, I think—

Senator LANDRIEU. But you are testifying that currently today it should be a policy of a child having the same worker, today?

Dr. GOLDEN. From the point where their case is—where their investigation is completed, because we have separate investigators who would handle that child's case, who would do that the first 30 days, and then hand that child's case to an ongoing worker. From that point either until permanence or until adoption—now there are lots of reasons why that does not happen in terms of turnover of that individual worker. But I think, as I understand the question, you are asking if our policy is to have a child develop bonds with a social worker over that whole period, from investigation until the point of adoption.

Senator LANDRIEU. Until either reunification or adoption.

Ms. Schneiders, maybe you could comment about what your experiences are. Is that happening? Or do you find—you testified that you have a set of twins that each have a different worker.

Dr. GOLDEN. Right. Siblings we have to work on.

Ms. SCHNEIDERS. The problem, as I see it, is that every time the child makes a move, there is a—because of the way the agency is configured—there is a teen unit, there is an adoption unit, there is a reunification unit, there is a this unit and that unit. So if one child is moving through these units, so they have a worker, the goal is adoption. Immediately we refer to the adoption unit. The adoption unit then has a recruiter. So then the child interacts with the recruiter and goes on Wednesday's Child and all that.

Once the family is found, the recruiter is gone, and the child gets an adoption worker. And then—but the siblings can be doing another thing. The sibling can be in a teen unit. The sibling can be in residential.

So what we are proposing is that the family be given a worker, who can work with that family, so that—

Senator LANDRIEU. Absolutely.

Ms. SCHNEIDERS [continuing]. Around these different issues there can be sibling visitation, the parent knows who to call, and they are not calling five different workers because this child is here and another child is there. And that when a child makes some progress, the worker knows the progress and the struggles to that progress and can benefit from that and move the child to the next level.

Every time a worker changes, they go back to square one, to try to learn the case and learn the facts. And they come to court and say: I have only had the case for 3 months. I do not know anything about it.

Senator LANDRIEU. That is what we are determined to end. Let me just state that now. I know the chairman has additional goals—we are going to end that system in the District and, as much as we can, throughout the child welfare agencies around the country. We are going to move to a system where there is one worker either per child or one worker per family, that knows the child, knows the family, knows the history, and stays with it, creating that kind of system.

I am going to end with this. We are going to minimize the number of group homes that exist, maximize the number of real families, not to underestimate the contribution that foster families make, but to make therapeutic real families for children to move into temporarily. And they are either going to move back to the family that they came from or move into an adoptive family.

So the business of foster care is going to be eliminated over a short period of time. Children will be in real families. And the case work has to get down to a manageable level for the caseworkers with consistency.

So I will end on that. Let us continue to pursue with this GAO report, Mr. Chairman. It is very disturbing in the sense that I know we have made a lot of progress, but this outlines a tremendous amount of work that has to be done.

Dr. GOLDEN. Absolutely.

Senator LANDRIEU. This committee is prepared to provide resources and guidance and assistance. What I am not prepared to do is to wait another 5 years for some of these changes to take place. They are too important, and they are too critical. And there are children's lives that are in the balance.

So thank you very much.

Senator DEWINE. Thank you.

Ms. Ashby, you state in your testimony that many caseworkers find the FACES database difficult to use. In your research, did you find that this was due to the system actually being difficult to navigate, or what was the problem?

Ms. ASHBY. I do not—

Senator DEWINE. Or was it a lack of training for the caseworkers or—you know, look, the only reason you go to a system like this—I am stating the obvious. But the only reason you go to a system like this and put the money into it is so that your caseworkers have more time to be caseworkers.

Ms. ASHBY. Right.

Senator DEWINE. And, you know, the same with policemen. You have technology so a policeman can be a policeman. And you want the caseworker to be a caseworker. And you want him or her to have more information at his or her fingertips about the client, about the child and about the child's family and get that information so you can serve that child better.

Ms. ASHBY. Correct.

Senator DEWINE. Now if the system is getting in the way of that or if the caseworker cannot use the system or if the caseworker is working around the system, we have a problem. And I get the impression we have a problem. So what is the deal here?

Ms. ASHBY. All right. I cannot give you a definitive answer. I suspect that it is all of the above, that in some cases, perhaps, a caseworker is intimidated by an automated system. That is not unusual.

Senator DEWINE. Yes. I get that. I understand.

Ms. ASHBY. There is training available, as I understand it. And there is actually, I think, up to 3 days training. So I find it hard to believe the training is an issue. Time may be, the time it takes to gather the information and put it in the system. I do not know if access to computers—and I do not know if every caseworker has a desktop computer or not. Dr. Golden is indicating that that is the case. So access to the computer is probably not the problem.

Maybe it is culture. I do not know. If you have an organization that is saying that historical data is not important because that was last year or 2 years ago or 3 years ago, maybe that is interpreted to mean, well, maybe today's data is not that important either, because a year from now, 2 years from now, that will be historical. I do not know. We did not look at FACES in terms of the technical aspects of it or inputting data, per se.

Senator DEWINE. Well, let me ask this, and let me again be more provocative here, Dr. Golden: When you are—is that a problem when your organization is not putting a premium on historical information, because you are not putting it in? And you are not putting a premium on it, and, therefore, the caseworker says: My organization is not paying the money to put it in or is not mandating it be put in, and therefore maybe it is not important to be put in.

Dr. GOLDEN. Senator, what—

Senator DEWINE. You are looking me in the eye, and you are basically telling me it is never going to go get put in. That is the im-

pression, because you have never answered me whether it is ever going to be put in.

Dr. GOLDEN. Senator, let me—

Senator DEWINE. Now have you, Doctor?

Dr. GOLDEN. I think what I focused on, and it sounds as though—

Senator DEWINE. Doctor?

Dr. GOLDEN [continuing]. I am giving you the wrong answer, sir.

Senator DEWINE. Have you ever told me it is going to be put in? Please give me a yes or no.

Dr. GOLDEN. I—

Senator DEWINE. No. I take it as a no.

Dr. GOLDEN. Right. I mean, I think—

Senator DEWINE. It is never going to be put in.

Dr. GOLDEN [continuing]. Data from 1998 hard copy records, you are—

Senator DEWINE. It is never going to be put in. So that caseworker is never going to have that information about this child.

Dr. GOLDEN. The caseworker has the information in a hard copy record.

Senator DEWINE. Has to go get the hard copy, which—

Dr. GOLDEN. Senator, I am glad to go back and talk to staff about this issue. But I wonder—what I want to tell you is what we have learned, because we have hugely changed social workers' use of FACES. And I actually, in my management meeting the other day preparing for this hearing, asked people why they thought there had been a huge transformation and culture change. Because we are—and we are doing that not only with our own workers, but with the private agency workers. Because it is right, that in the past people did not use it.

What has transformed that is that not only are we now managing it every week, but we have made it easier for social workers. We have had a group that meet regularly, that seeks to change, for example, the investigations screens, the case plan screens, so they are useful to the worker. So we have just transformed people's use of it currently.

I hear, Senator, your concern about whether in our intense focus on having people use this system in an up-to-date way so it is helpful to them, we have neglected something that we should have gone back and done. And I will go back and ask that question. But what I really want you to know is that the current culture of using the system and of the focus on data at every level is just transformed. And our private agencies, we have cases managed by our private agencies, when we started managing the data, they were looking behind. And they did not like to look behind. They think of themselves as doing a good job. They discovered that they had big FACES training issues. And we went out and did all of that work.

So I think we have transformed that. And I will certainly go back and find out whether, in our haste to really reform the current, there is something we should have done differently in the past.

Senator DEWINE. Well, if your answer to me would have been, Senator, it just costs too darn much money to do it, I might understand it. I might not agree with you. But I do not even hear that.

Dr. GOLDEN. I do not think it ever—

Senator DEWINE. I mean, I am not even sure I understand what you are even telling me. I am not—I did get a good night's sleep last night. I mean, I just do not get.

Dr. GOLDEN. Well, perhaps I am just hearing wrong somehow. I think—

Senator DEWINE. Here is what I am hearing, and take me through this. And, look, this is only part of the problem. And we have about another hour here.

Dr. GOLDEN. Right. Of course.

Senator DEWINE. So everybody just relax. We are going to have a long time.

Dr. GOLDEN. Of course.

Senator DEWINE. What I am hearing you tell me is, we have a new system. It is a Cadillac system. And it is going to give our caseworkers the information they need, which is part of what is going to make my caseworkers do their job.

Dr. GOLDEN. Right. It helps them do their job better and help us hold them accountable.

Senator DEWINE. And there is training. And there is a lot of things that will make caseworkers do their job better. One is training. One is ratio. So that, as Senator Landrieu talked about—

Dr. GOLDEN. Absolutely.

Senator DEWINE [continuing]. So we do not—the casework ratio. Supervision. There are a lot of things that would go into it. But one would be a computer system that gives me the—I can download the information.

Dr. GOLDEN. Absolutely.

Senator DEWINE. Okay. So we are only talking about one thing, but it is important, one thing. And what I am hearing you say is that I have a new system, but I am only going to use part of the system. Each child is only—I am only going to retrieve part of the information about that child. And then the rest of the information will not be available to me. Now it will be available to me, if I go back and look at the file. It just seems so inefficient. I do not quite get it.

Dr. GOLDEN. Well—

Senator DEWINE. And I am not hearing any answer to why you are doing it that way. And I would really like to move on. I would just like to give you an answer.

Dr. GOLDEN. Right. I mean I can give you the best answer I can. Then I will go back and look. I do not think that it ever—as with any system implementation, I do not think it ever occurred to us that—we have the basic information about 1998, for example, that lets us check past reports. I do not think, because I do not think it typically happens when you implement a system, that going back, collecting those hard copy records, and, if they have information about things like whether there was a—how soon the person contacted the child, which may or may not be in there. It may or may not be in there systematically. We do now know the quality. I do not think it occurred to us to try to collect all those records and fill in that specific information—

Senator DEWINE. How about if the child—

Dr. GOLDEN [continuing]. Because we are so—

Senator DEWINE. How about if the child had more—how about more basic things? How about more significant—not procedural things, but how about basic facts about the child?

Dr. GOLDEN. Those should be there. Everything about—I should not say anything, because, again, it depends on the quality—

Senator DEWINE. Would those be the system?

Dr. GOLDEN. Those should be in the system, yes. I mean, again—

Senator DEWINE. Where the child was physically.

Dr. GOLDEN. That should be there, if it was accurately kept at that time. We do not know the quality of work in 1998 or 1999. So if that is anywhere—but yes, where the child was, the age.

Senator DEWINE. Well, I mean, if it is in your hard file.

Dr. GOLDEN. Right. That should be there.

Senator DEWINE. That is there.

Dr. GOLDEN. That should be there, unless it was—

Senator DEWINE. That would be in your computer system.

Dr. GOLDEN. That should be there, if it was in the hard copy.

Senator DEWINE. If the child received some sort of treatment, that would be in there?

Dr. GOLDEN. I do not think treatment information would be likely to have been very well collected—

Senator DEWINE. Whoa.

Dr. GOLDEN [continuing]. In 1998 or 1999.

Senator DEWINE. Whoa. Is that not important? I mean, I can see—

Dr. GOLDEN. Right.

Senator DEWINE [continuing]. Notification being important. That is procedure.

Dr. GOLDEN. Right.

Senator DEWINE. But if the child—let us say the child has been sexually abused.

Dr. GOLDEN. Right.

Senator DEWINE. And the child went to see a psychiatrist.

Dr. GOLDEN. Right.

Senator DEWINE. Okay. Would that not be important?

Dr. GOLDEN. It would be important. It may or may not be in the hard copy record.

Senator DEWINE. Oh, my lord.

Dr. GOLDEN. It may or may not have been done in 1998.

Senator DEWINE. You are kidding me.

Dr. GOLDEN. Right. That is an area where we have had to make huge reforms, the whole area of mental health services and the way—

Senator DEWINE. You are telling me that is not even in the hard copy.

Dr. GOLDEN. It would depend on the quality of the work. At that point, sexual abuse investigation—

Senator DEWINE. If it was in the hard copy, would it have been transferred to the computer?

Dr. GOLDEN. I do not know if service information as well transferred to the computer, probably not.

Senator DEWINE. Okay. Now that is what I find shocking. Now here, let us get to what I find shocking.

Dr. GOLDEN. Yes.

Senator DEWINE. If it is in a hard copy and it is in a file about Jim Smith, a little boy who has been sexually abused, I would expect a caseworker to be able to pull that up on a computer and to know that the child has been sexually abused and has had a psychiatrist talk to him, or whoever the counselor was or whatever it was.

Dr. GOLDEN. Right.

Senator DEWINE. That to me is important. It is not important that historically 3 years ago, there was a court notification, et cetera.

Dr. GOLDEN. Right, which is the kind of information that we are not updating.

Senator DEWINE. Right. I am not worried about that, historically.

Dr. GOLDEN. Right.

Senator DEWINE. Okay? What I am worried about is that that caseworker, who is dealing with that child, knows that that child has been sexually abused and knows that that child went through a treatment with Dr. So-and-So, so he could pick up the phone and call Dr. So-and-So and find out about this child, if he needed to do that.

Now would we agree that that is important?

Dr. GOLDEN. I would agree that that is important.

Senator DEWINE. And would we agree that that all be in that computer?

Dr. GOLDEN. I agree that if we had that information, it should be in the computer. The concern I am expressing is that that is an area where I think that the problems back in 1998 and 1999 went way deeper than the computer system.

Senator DEWINE. Okay. But what you just told me——

Dr. GOLDEN. I agree.

Senator DEWINE [continuing]. It might be, might be, in the hard copy. But what you just also told me is, even if it was in the hard copy, it might not have been transferred to the computer. That is what I find offensive and alarming. And I think you ought to fix it.

Dr. GOLDEN. Thank you, sir.

Senator DEWINE. Okay. We are going to—and I apologize to everyone on the panel. We are going to have to stop. We are going to have to recess this for about 10 minutes.

I have a press conference on missing and exploited children in this same building. I am going to try to get to the press conference, get back from the press conference. We are going to stop this panel. We are going to come back here in about 10 minutes, as soon as I can get back. And I apologize for that. And I will come right back. But it will be at least 10 minutes. You can take a break, whatever you want to do.

Thank you very much. One of the GAO conclusions that I have listed here shows only 1 percent of children with the goal of reunification had a parental visit at least every 2 weeks. Now I find that to be a shocking statistic. Only 1 percent of children who had a goal of reunification had a parental visit at least every 2 weeks. So that means we have a child, all these children, who have a goal of

reunification. And yet only 1 percent of them are seeing a parent every 2 weeks.

How could that be? How can you reunify a child with a parent, and only 1 percent of them are seeing the parent every 2 weeks? Dr. Golden?

Dr. GOLDEN. That is a huge issue for us. The number that we have from the court monitor's report is about 12 percent. So that is the court monitor's finding from her review. It was an improvement for the year before, but it is clearly completely untenable. I agree with you completely.

What we are doing about it is three or four different strategies. One big obstacle was a history in the agency of not having community sites for visitation and the logistics of parents coming into town and into our building. We have put in our contracts with all our community-based partners to facilitate and supervise visitation. So we are working a lot on community-based sites.

A second piece of it is engaging the family early. Because one of the things that can happen, in the agency's past, we did not reach out to family members early on. And that made it much harder to engage them later. We are moving towards, though we have a long way to go, early case conferences.

And we are focusing much more in our—both in our work with our community partners and with our own social workers on building on—once you have all the family members involved, then you have to do the visitation. I expect we are also going to learn a lot about scheduling, what we need to do to accommodate parents' work schedules. I think there is a whole set of things. I agree completely that that is an area where we have to keep working very hard.

Senator DEWINE. Anybody else on the panel want to discuss that issue?

Ms. SCHNEIDERS. From a practitioner's point of view, when a case comes in, there is an automatic goal of reunification for the child for a period of time until, you know, we work through that. And in those cases where there is an automatic goal, not a plan goal, but just because it is a new case, it is a goal of reunification, sometimes the parents simply do not show up. They are still very heavily involved in drugs. So you may schedule a visit, but it does not occur. So it constitutes as no visit.

Senator DEWINE. Sure. Although—I understand why—you know, you have many cases. But 1 percent is an unbelievable figure, or even 12. I mean—

Ms. SCHNEIDERS. Right. I was—

Senator DEWINE. Even if it is only 12 percent. I mean, it is still unbelievably low to me. But—

Ms. MELTZER. In our study, 66 percent of the children actually had no visit over the period, the first 8 weeks in foster care, that we looked at that. So it is a critically important issue. It is critically important that the family get involved right away with the agency on the development of the case plan. And in your own State, Ohio, there is really good experience, particularly I know in Cleveland, where they have implemented Family-to-Family. For any child coming into placement, the agency convenes a family team meeting, with the family and the extended family, within 24

hours of that decision or before the decision is made. They have found that that is a very helpful strategy, because you use that meeting to make sure that the placement is one that is the best match to the child's needs. You sometimes can avert the placement by working with family members to identify family resources. And then you set up, at that early point, the visitation schedule with the family.

It is one of the things that we have been talking to the District about, either implementing something like that or at least convening a family meeting within the first 7 days of a child entering foster care, which is the requirement under the *LaShawn* order.

Senator DEWINE. Now I have another statistic here that says that 46 percent of foster children have current case plans. Could that be right? It is from the GAO report, 46 percent of foster children have current case plans. What does that mean?

Dr. GOLDEN. The court monitor study shows approximately doubling on that number over the year, from—to reach a number of about half from May 31 of 2001, when 25 percent of foster care children and 9 percent of kinship and family services children had current case plans, to about 50 percent May 31, 2002. That is an enormous issue for us which we are working on in several different ways.

One way is the improvements in automation. So both with our own staff and with the social workers in our contracted agencies, we have really improved the case plan screens so that they are very user friendly.

A second piece of that is the work we are doing to bring down the caseload ratios that we discussed with Senator Landrieu. A key part of that is not just addressing the average, but addressing the issues of the workers who are most overwhelmed that Ms. Schneiders described. And so we focused on having no one at the top end.

And the third issue is with the Court in terms of our scheduling and work with them. So that sounds about accurate, about where we are. We have raised our quality standards at the same time. And that is one that we have very ambitious goals for ourselves for improving over the next year.

Senator DEWINE. I would like to go through, if we could, Ms. Schneiders's recommendations. And the way I would like to do it is for her to take about 30 seconds on each one of them. She has already done it, but I would like to get us back into it. And then I would like Dr. Golden, if you could respond to each one of them.

Ms. Schneiders, you want to do that? I have your written testimony. I could read them, but I think it would probably be more effective if you just explained each one of them from your written testimony. You have nine recommendations. I would like to go through each one them.

Ms. SCHNEIDERS. The first one refers to the need for active and aggressive recruitment of therapeutic foster homes so that there is a pool of families with whom to place children. And the children need to be matched with the family.

I can give an example. Just recently, I have a child who requested of the judge in January for a family. The judge ordered that a family be found for this child, who was 15 years old. Nothing happened until—

Senator DEWINE. Excuse me. I want to make sure I have——

Ms. SCHNEIDERS. It is on page 3 in italics.

Senator DEWINE. Okay. I am looking at a different——

Ms. SCHNEIDERS. I think——

Senator DEWINE. I am looking at your apparently original—I do not care how you proceed. But I have your original one. And actually, it starts with outside review of reports of abuse and neglect that get diverted to community-based services. So I do not care which one you go from, but——

Ms. SCHNEIDERS. Okay. I was going from the oral one. And the one that I think is in circulation——

Senator DEWINE. Okay. How many do you have in your oral one?

Ms. SCHNEIDERS. Pardon?

Senator DEWINE. How many recommendations do you have in your oral one? Are they the same?

Ms. SCHNEIDERS. They are the same. There are a few more in the full——

Senator DEWINE. All right. You do it however you want to do it.

Ms. SCHNEIDERS. All right.

Senator DEWINE. You proceed however you——

Ms. SCHNEIDERS. I will take the ones that are in the report that everybody has, just so it will make it easier.

Senator DEWINE. It does not matter. You do it however you want. I just want to make sure we are literally on the same page here.

Ms. SCHNEIDERS. Well, in the full report there was reference to the number of diversion of reports, which I did not address orally. So that is problematic.

Senator DEWINE. Okay. Let us do it.

Ms. SCHNEIDERS. That is on page 4 of the full report. The concern that those of us who are advocating for children is the number of abuse and neglect reports that come into the agency that get diverted to the community. They do not go directly to the court. They are not papered, as they say in the court system. They go back to the community for community service and then very frequently will come back to the court at a later date when there is a more severe incident of abuse, where the community services were inadequate to address that.

And we are recommending that somebody look at a 6-month period or 12-month period and find out, of those abuse and neglect reports that came in, that got diverted to the community, how many of those came in in worse shape than they were originally when the first report was made. And that if the community agencies are not able to really respond to and support these families at that level, and the children are getting re-abused or more severely abused, then we need to look at that diversion strategy to—it is an effort to keep children in their families. And I understand the rationale for it. But it——

Senator DEWINE. I am not sure I understand. Give me an example. What happens?

Ms. SCHNEIDERS. 10:30 at night, a call comes in, a child who has been, you know, abused, sexually abused, physically abused, whatever. The case, which normally would have been brought to the court the next morning and papered or petitioned as a neglect case,

brought into the system and followed the normal route. The decisions that are being made at the front end that a collaborative, a community-based, service agency could handle that case. So the case then gets sent the following morning back to the community, to a community collaborative, a community-based program, to say we have a report of abuse, go see this family, look into it and see, you know, can you provide family services or can you provide, you know, something else.

The decision making as to how serious the report was and how serious the—or how much service is needed is left at the front end of the referral process. So the case goes back. It may stay in the community for another 3, 4, 5, 6 months. And then we get it back again with a more severe incident of abuse. And then it gets put into the court system and into the foster care system.

Senator DEWINE. So your recommendation is what?

Ms. SCHNEIDERS. My recommendation is that there be, whether the GAO or somebody look at all of the referrals that are coming in and being diverted back to the community before they are brought to court, to see if in fact this is an effective strategy to divert them to the community or are children suffering greater harm than is necessary, if they had been brought in to the court, looked at it, monitored it for a few months, and reunified.

And that that effort that we are doing right now of bring it in, petition it for the court, let a judge take a look at it and have, you know, some advocacy there, and reunify the family quickly through the strategies that we have, may be safer for the child than one worker in the intake department making that decision on his or her own, sending it to the community, and we—

Senator DEWINE. So the current system is—my background is a criminal justice background. The current system is what, sort of a diversion system?

Ms. SCHNEIDERS. It is a front end diversion.

Senator DEWINE. I mean, it diverts it out and never gets into the system.

Ms. SCHNEIDERS. That is right. That is right. It keeps it at the community. So maybe some of those families that are being counted where there are services being provided in the community to the family, which is a good thing—I am not saying we should not provide services to families at the community level.

Senator DEWINE. Right.

Ms. SCHNEIDERS. But there needs—we need to look at who is making the decision about the safety of the child in determining that the case does not need to go to court.

Senator DEWINE. Well, who is the best person to monitor that, though?

Ms. SCHNEIDERS. Well, I do not know. I do not know who is monitoring it now. I mean, I know the authority to make the diversion is at the point of intake. I do not know if there is a case review or a strategy. I know that the cases are not—

Senator DEWINE. Dr. Golden, how do we know that is working?

Dr. GOLDEN. I guess two things. The first—

Senator DEWINE. Who monitors that?

Dr. GOLDEN. Who monitors how we do our intake and investigation and those choices would, I think, be two or three different

places. One would be the supervisory chain. That is, the intake worker making that decision with their supervisor and their program manager. In many cases, there is a—they have a risk assessment. And they are also trying—this goes to what the court monitor said a moment ago about actually, I think, probably our problem in the District compared to other jurisdictions is that we do less of that than many places, rather than more.

So we are trying to draw in the community and the family. In many cases, though, rather than divert right away, we would have that community, we would have that meeting with the community and the family. And then our worker has to make the judgment about the seriousness. They are making it within ACC, typically with a corporation counsel. So there is that piece.

In addition, we are doing a variety of outside reviews. We obviously have our court monitor, who looks at our practice. We have just had a look at our placement practice in general by some of the national experts, including Judith Goodhand from Cleveland. So I actually—I think that their overall advice is actually going to be that the District has been behind on getting support in early. But I will note that concern and make sure we look at both sides of it.

Ms. MELTZER. I am not sure that I actually agree with the description of what is happening that Ms. Schneiders has presented. My understanding of the emergency assessment program that is in place is that the only cases that are being diverted are cases that do not rise to the level of substantiated abuse and neglect. They are diverting cases that are the borderline cases, trying to get some community services in place to support the family to prevent some of these cases which otherwise might have come into the system.

Senator DEWINE. Oh, okay.

Ms. MELTZER. Now the bigger question, I think, that is raised, is the importance of looking over time at repeat reports. These include cases that have been served by the system and then are closed and then you have a repeat incidence of maltreatment, as well as cases where that was never substantiated and you have a repeat maltreatment report. Looking at repeat reports and cases is work that the agency has to do through its own quality assurance process. And it is a part of the work that we will do in monitoring the quality of investigative practice.

Senator DEWINE. Well, would you agree with that, Dr. Golden?

Dr. GOLDEN. Yes. And I think that we are in fact, as Ms. Meltzer has highlighted, we divert without our involvement where we think it does not meet the threshold. We also are trying to get community supports in, even if we are going to keep going with it, because we might, for example, identify a family member who could be a caretaker for that child. And I agree with those ways of monitoring.

Senator DEWINE. What is your system to go back and figure out how many of those cases that you made a mistake on? And you are bound to make mistakes. I mean, everybody makes mistakes. I mean, this is an art. This is not an exact science.

Dr. GOLDEN. Yes.

Senator DEWINE. I mean, you make a judgment call that this is not a—that it does not rise to an abuse case. This is not an abuse case. This was not an abuse case. And you go back and look and you say, well, obviously it was.

Dr. GOLDEN. Let me tell you about——

Senator DEWINE. We missed that one.

Dr. GOLDEN. Right. I think there are several pieces to that process. And some of them are not finished yet, which is why in all of these I am telling about a work in progress. Because, remember, up until 18 months ago, we did not even do the abuse investigations. Those were with the police. And now we do.

The first thing is that in any abuse case where there is a concern that it might rise to also having a criminal side, we would be jointly investigating with the police. So that is important to note. But second, in a case where, in terms of how we are doing and are we making mistakes, the initial review is the supervisor signing off and the program manager and the work with the attorney. Then there has to be the quality assurance look and review, where we are both looking at data and going back and looking at a sample of cases. We are in the process of picking across everything we do in the agency, where are the most important places to focus that.

I think the other key safety net is that for those cases where someone in the community is involved, we are also constantly talking with them in terms of if they see something that is getting worse, that they need to bring back to us. So I think you always having to be looking at both sides in order to make it better.

Senator DEWINE. Do you want to proceed to No. 2 of the recommendations?

Ms. SCHNEIDERS. The second recommendation refers to the need for CFSA to pursue justice for children through criminal prosecution of those children who are physically and sexually abused. I can speak to any number of children that I represent where the child has been physically abused in the home. I have one case where there are three children in the home. One was sexually, was burned and shot. The third child was scalped. And there had been no criminal prosecution of those cases at all.

There was another retarded child that was sexually abused in one foster home, sexually abused in a group home. And we finally got him into a therapeutic foster home. There has been no prosecution of that case. And the rationale is they are young, they are retarded. And so—and it is difficult to do.

But that CFSA has all of these corporation counsel within their building even under their control, I think injustice to children, there needs to be more prosecution of these cases and more aggressive, you know, digging for the facts that can actually prove that this child was in fact harmed. The staff get fired, and they go off into the sunset, and nothing is done to prosecute any of the people who are responsible for these abuses.

Senator DEWINE. Dr. Golden?

Dr. GOLDEN. I would very much like to see those examples, because it is very distressing to me if the police or the U.S. Attorney's Office were not proceeding to prosecute. We, I think, would be comfortable advocating with them. I really feel our relationship with both the police and the U.S. Attorney's Office, which does prosecutions, is quite strong now. So I would like to see those examples.

Ms. SCHNEIDERS. Because in the 10 years that I have been practicing with this system, I have never had a case of physical or sexual abuse prosecution by corporation counsel.

Dr. GOLDEN. Well, the prosecution is not by the corporation counsel. It is by the U.S. attorney. But I have been in—because now with the stronger relationships that exist, DCAC, the Joint Advocacy Center exists to go to address all of those cases where prosecution is potential. I actually, from my experience of observing that, had the sense that the issues that there might have been with the police and the U.S. attorney, in terms of making sure we coordinated well, were better. So I need to know about those cases. And we will find out if we need to advocate for them.

Ms. SCHNEIDERS. Well, the two cases that I cited were both seen by the Children's Advocacy Center. The children were interviewed. And the case was closed.

Senator DEWINE. Are these current?

Ms. SCHNEIDERS. Pardon?

Senator DEWINE. How long ago were these cases?

Ms. SCHNEIDERS. These are still active cases. These are—

Senator DEWINE. I mean, how long ago did the criminal act occur?

Ms. SCHNEIDERS. In the child that was scalped, she is now 3. It happened when she was 6 weeks old. So it is within a 2- to 3-year period.

Senator DEWINE. Okay.

Dr. GOLDEN. So it would be useful to know—

Senator DEWINE. But what Dr. Golden is—what I am hearing her say is that she believes that the relationship between her office and the U.S. Attorney's Office is better.

Is that what you are telling me, Dr. Golden?

Dr. GOLDEN. Yes. So I would want the information, to understand why they did not choose to prosecute or what the issues were. It would help us to have that information.

Ms. SCHNEIDERS. The third recommendation is that CFSA needs to invest in active and aggressive recruitment of therapeutic foster homes. And I started to give the example of the youngster in January who asked for a foster home. The Court ordered the foster home in January. In March, we were told that there were no homes in the system that this child could go to. The judge issued a show cause. CFSA came to court and said, "We have one home with one bed in it. And we're going to put him there."

And I raised the question as to whether this was a good match, should this child be in this home, did they even want a 15-year-old. In looking at it, they didn't want a 15-year-old, but they were kind of pressured to take the child because they had the only available bed. The child ran away within 4 days and is currently back in a group home facility in April. And there is no home available.

And, you know, with the number of children coming into care, I think we really need to have a pool of homes available so that we can find the right home for the right child and hope that one placement will be all that is needed and not two or three bounces before we get to a match.

Senator DEWINE. Doctor?

Dr. GOLDEN. I agree that recruitment of foster homes that can meet the needs of our children and support of those homes is really critical. My testimony has an example where that has made a big difference for a child, because we have been really focusing on fos-

ter homes, rather than group care, which is the past history for many years at the agency.

And the example in my testimony was a child who had been in many residential and psych hospital placements. And through a new process that draws in the Department of Mental Health we were able to stabilize her in a foster home. And you and I have talked about following up on this case.

But I agree completely. And I think that the successes we have had in sharply reducing the number of young children in group care come in part from supporting foster homes better, though I think they also come for identifying kin support. So this is a very important area for us to keep working on.

Senator DEWINE. How many foster families do you need?

Dr. GOLDEN. We actually are working this year on a target with the District—this is just in the District. We also have a lot of children in homes in Maryland—by the end of this fiscal year between 50 and 100 additional families in traditional. That is not counting the therapeutic we are talking about here. And we will learn, as we go through that process, we probably need more than that over time. We now have—

Senator DEWINE. Well, that many more or how many do you have altogether?

Dr. GOLDEN. Our total right now—the numbers in my testimony are in the District. And then I can give you broader ones. The District numbers are about 150 traditional foster homes, more than 300 kin homes. And just as a side point, the other point in my testimony, the other story, is about having greater success as we work with families earlier at identifying kin who will care for children.

But if you look totally in the District and Maryland, both within our agency and contracted, it is 900 to 1,000 foster homes, including all the kinds.

Senator DEWINE. And how would that breakout be between the District and Maryland?

Dr. GOLDEN. Let us see. It is about half and half, a little bit—I am looking at which of these are active, but roughly half and half between the District and Maryland in terms of our number of foster homes. We are working very hard to recruit in the District. That is why I told you our target for increases in the District, because we think it is generally better for children to be in homes in their community. But we have also, as I think you heard in the GAO's testimony, signed an interim agreement with Maryland, which actually helps both the jurisdictions. It is about both making sure that we are able to have them do what we need them to do in terms of support in Maryland about meeting their needs and the children's needs while children are in Maryland.

Senator DEWINE. And you have no agreement with Virginia?

Dr. GOLDEN. We actually had a terrific meeting with Virginia in the fall. And for a variety of reasons, in terms of their timetable, our next meeting is now set up for several weeks from now. We have a meeting scheduled for later this month. And with Virginia, they are interested in expanding the interim agreement with Maryland, which focuses on foster care placement, on criminal record checks of potential foster and kin placements, and on an abuse and

neglect investigation. I think with Virginia we are also interested in talking about some adoption-related issues.

Senator DEWINE. Ms. Schneiders, do you want to continue?

Ms. SCHNEIDERS. The fourth recommendation refers to the need for services for children. Children coming into foster care as abused and neglected children are almost universally in need of therapy to deal with the loss of the parent, the abuse that they suffered. They also are very frequently children who are behind academically, who need tutors.

At the present moment, we can get a tutor for 1 month. And then it has to be renewed for the next month and renewed for the next month. And we do this on a monthly basis, which delays time. It disrupts the tutoring, because the tutor is not available while the referral process is going on.

Mentors are only allowed on a 3-month basis. So a child forms a relationship, and the mentor either has to leave or be renewed. I know it is an effort in monitoring costs and all the rest of it, but it is very disruptive to the services for the children. And unless—I now know that I immediately ask the Court for an order for a 6-month tutor or a semester for a tutor. Because if I get it in a court order, I will get it. But if you just simply ask the agency for a tutor, you get it on a monthly basis. If you ask for a mentor—I ask for a mentor now for a year. But it has to be done by court order in order to get it, rather than getting it through the agency. And I think the agency needs to acknowledge that these children need the services and leave it to the judgment of the social worker as to whether the tutor needs to be for a semester or a year.

Because this is where some of the problem comes with the workers and the amount of time they spend doing these perfunctory types of re-referrals month after month after month. And yet we know the children need the services. And we know 1 month of a tutor is not going to do any good. And the recommendation basically is that services be readily available to these children on a consistent basis and not in the fragmented way in which we are currently doing it.

Dr. GOLDEN. Let me comment on the overall recommendation for services, and then specifically on mentoring and tutoring. We have talked a little bit. There is a set of very particular contractor issues there.

In terms of overall services for children, one of the things that was most clear to me when I came and that I think is clear as we develop the implementation plan for the modified final order is that the District's history of not having services for children and families has been pervasive across a range of services, including in terms of dramatic needs of our children's mental health, because the District has not had a child and family mental health system.

That agency is coming back from receivership, did come back for receivership at the very same time as we have. And we have pushed intensively with them to build that network and have it be there for our children. And again, there are some examples for particular children in my testimony.

We know and they know that we have a long way to go. For example, one of the things we really focus on is having a child be able to have an appointment for therapy regarding the trauma that they

experienced during their abuse as quickly as possible. And what we are finding, as we start tracking that and looping back to the Department of Mental Health is that sometimes there are process steps they can do, but sometimes there is just issues of capacity, of having the person available. So that is an area that we are working on with them very intensively.

In terms of mentoring and tutoring and other services, we are doing a big contract reform. We are trying to get more of our dollars into the front end services for children and families. Specifically in mentoring and in tutoring, we have had contracts with a relatively small number of companies. We are trying to enlarge and broaden, increase the use of volunteers in some of those areas. And we have also had concerns from some about quality and appropriateness. So we are trying to review them better.

We had a lot of comments on our draft proposals. I have not had the chance, I do not think, to see any comments from Ms. Schneiders. And I would like to seek you out after this and make sure we have those. But our general direction there is that we are trying to broaden the range of possibilities, include volunteer as well as paid, and make sure that the mentoring is appropriate and that we are looking at it to make sure that it is good quality.

Ms. SCHNEIDERS. That does not address the issue, though, of needing to get a tutor and then re-get a tutor and re-get a tutor, whether having a tutor for a month and having a mentor for 3 months, which is a current policy, is really in the best interest of the children. Because once the tutor stops and we do the reapplication, you may get another tutor. And then that one stops, and you get another tutor. So the disruption and the fragmentation is very problematic to the children that are trying to use these people.

Senator DEWINE. All right.

Ms. SCHNEIDERS. The fifth recommendation regarding the—it may not be within the purview of this committee. And that is the dismantling of youth forensic services, which was an excellent service for children and for the Family Court, where we had trained people who understood the court system, understood child development. And that whole unit right now has no psychiatrist, one unlicensed psychologist and one licensed, and three social workers. So it is virtually useless in terms of getting quality assessments of children.

The current problem with Child and Family of getting current assessments is finding people who are qualified to evaluate young children.

Senator DEWINE. Excuse me. That unit is under what?

Ms. SCHNEIDERS. I think it was under the Commission for Mental Health. But Child and Family used it through the court system rather extensively. And we got very good, comprehensive evaluations of children and their parents. And now we are just scattered all over. And the people that are currently evaluating children very often have no knowledge of child development and the types of therapy that children benefit most from.

And as I said, I am not sure that the family has any control over that. But it is a serious concern.

The sixth recommendation and the ones that follow all relate to the whole issue of the adolescent. And I think this is a population

that is very badly neglected in the Child and Family Services. A lot of emphasis has been placed on adoption and reunification of young children. But the child who gets past the adoptable age and the child who gets into the adolescent age because their parents are not ready to, or have not made the progress, and so they end up at 14 up to 21 really children in limbo in this city.

They are youngsters—currently, the legislation says that children can be or should be kept in care until age 21, although they may be emancipated at 18, if in fact they are ready. That is a very human and responsible and necessary element of our law that needs to be kept in place. Trying to reduce it to age 18 is unconscionable. These children—our own children are not ready at 18. And I think if we did a poll of people in this room who had children 18, they are still at home, they are college hoping they will grow up, they are in—they may be there until they are 25 or 30. And they have had good nurturing homes.

To say that a child who has been abused and neglected and bounced around foster family to group home to residential treatment to psychiatric hospital are somehow going to be ready at 18, or even 21, to then go out and be independent is just—it is a myth. And the children who leave the system are not generally prepared to do so.

I had one youngster who joined the Marines. And she has done very well. And I watch for her on television every day now, as we proceed through this war. But two youngsters this month, one, as I said, is currently homeless. She called me two nights ago to say, “Ms. Schneiders, where can I?” We knew she had no place to go. But she was 21. Her case was closed and nothing was done to guarantee that she had housing or a means of support.

The other youngster has two children. She was given the Salvation Army Shelter and a list of city shelters to go to. She is, you know, currently staying back with her abusive father until she can get into the shelter.

The housing situation is critical for these youngsters. And CFSA does get a handful of vouchers, I think it is like 100 a year, from the Federal Government. And that is referred to in one of the recommendations where the—the vouchers that are given to CFSA right now are all allocated to parents who are trying to reunify, which is a good thing. I am not negating that. But we should not take the parents who have abused these children and give them housing and take the children who have been abused and put them on the street. There is something wrong with that logic.

And we do not have a mechanism and Child and Family for guaranteeing that our children who emancipate are safely cared for at that point. And I would ask that a serious look be made at how they are emancipated, what the housing situation is and the employment. We do not help them get jobs at the point of emancipation to make sure they have an income. We send them to TANF. We tell them how to get food stamps. And I think that is, you know, just an unacceptable way of emancipating our children.

Senator DEWINE. Dr. Golden.

Dr. GOLDEN. At our last local advisory board meeting, we talked about the fact that we all think we need to be working in stronger ways with adolescents. One of the effects of the past history of this

system and of the District's very broad policy is that compared to other States we have a very large proportion of young adults. We have about 13 percent of all the children in our caseload are young adults 18 to 21. And we talked about asking Ms. Schneiders and others to help us work on that system. And I know I appreciate her commitment to do that.

The District—we are supporting the current law, which continues services to children until 21. We are very unusual compared to other States. Most States have some kind of voluntary commitment arrangement between 18 and 21. And at one point, we were talking about that. We got input that, given the history of our young people, having that arrangement from 18 to 21, being voluntary and not court supervised would be a bad thing to do here. And so we heard that feedback.

I think the issue for me is that we are—again, it is looking at the effects of all of these years and of the District's absence of services as a whole. We have to do better for the young people coming into the system, so we do not have as many young people who are 18 and have spent 2 years, 10 years, in the system. And at the same time, that is one of the challenges of this moment in reform, we have to be changing the front end, and we have to be taking seriously the needs of the young adults in the system at a time when the District as a whole faces a lot of big problems that really hit them hard, like housing.

And I know, Senator DeWine, in your focus on the District's appropriation as a whole, a lot of these are about the pieces that we need in place. What we are working on right now is trying to improve the years 15 to 17, independent living and skills and support for young people. And I think we are also planning to staff several months before aging out, young people who are about to turn 21. We are planning to work with the collaboratives and our community partners on what they can do.

But I think this is a hard one. And I really want Ms. Schneiders and community help as we think it through.

Ms. SCHNEIDERS. When I think of the vouchers that the agency gets from the Federal Government, a percentage of them need to be reserved for the children who need them, as well as for the parents who need them. I do not think 100 percent of them need to go to the parents solely. I think we need to say, these are our children, we are the surrogate parent, and we need to allocate a percentage of those for the children. Not all the children need them, but some really do need that front end help. And that is referred to in recommendation 7.

Senator DEWINE. Let me just interrupt a minute, because I want to make sure I understand the testimony.

Dr. Golden, Ms. Schneiders in her written testimony she says, "CFSA is now proposing to reduce the age of emancipation to 18 instead of the current age of 21." Is that true or not?

Dr. GOLDEN. It is no longer true. As we had let her and others know—

Senator DEWINE. That is no longer true. Okay.

Dr. GOLDEN [continuing]. We had discussed that idea, because we felt as though some kind of voluntary arrangement might work

better. We got feedback from Ms. Schneiders and others saying it was a bad idea. And we are no longer proposing it.

Senator DEWINE. Okay. So that is not true anymore.

Dr. GOLDEN. It is not true anymore.

Senator DEWINE. Okay. Got it.

Ms. SCHNEIDERS. In recommendation 8 we are recommending that CFSA design an integrated program of services that are staffed with persons who know how to engage young adults in meaningful activities and to include the young people in participation in this. I think we need to have a mechanism from hearing from these 18- to 21-year-old youngsters of what do they need, what do they find helpful, and what will get them ready. There currently is no mechanism, although I have proposed it on other occasions that there be a task force of young adults in the system as to what they need in order to be prepared to leave the system. And we still would strongly recommend that they be involved in that process.

Dr. GOLDEN. I have been meeting, though not as regularly as a task force forum, with a group of young people in our system. And I agree very much that their perspectives are very useful in shaping where we go.

Ms. SCHNEIDERS. And then the final recommendation in this section is that there be some form of an aftercare department for these youngsters. They do go out at 21. They think they are ready. They try to do something. And then everything falls apart. And then end up on the street. They end up in a shelter or nowhere. And they need to be able to come home.

If they have lived their childhood, as some of these children have, at Child and Family Services, they should be able to come home to Child and Family and ask for help in an aftercare type of arrangement, just as adoptive parents very often do. There is an aftercare for adoption. Adoptive parents think they know what they got into when they adopted. They run into trouble. They can come back and ask for help. And our children should also have some place, some department, where they can come back and say I am stuck, I need help, you know, to get me out of the predicament at this point in time. And I would strongly recommend that that be considered.

Dr. GOLDEN. I mean, it is interesting, because I think about that recommendation a little bit from my experience at the national level. And I remember how much difficulty we had. I mean, many States just go through 18. Other States do the voluntary involvement between 18 and 21. The District is one of I think not very many that support all children through 21. There is not Federal reimbursement for that period from 18 to 21, which is another issue the committee may want to consider.

So I think the question of what we can do after 21 and how to do it is a hard issue for us and a hard issue everywhere. We are trying to—I mean, in some ways the only answer in the long run is that children need to be in families. And we need to not have children aging out. So that is, I think, the longer run answer. But for these young people, where we are going right now is trying to build those links to the community better, having it in our contracts with our collaborative partners, “aftercare,” as you described,

building mentor and family relationships in the community that will endure.

So that is the direction that I have been thinking about. I do not know if there is any more formalized direction. And as I say, I do think that there is an issue nationally even in getting support in a voluntary process beyond age 18. So I think we have to fix it so kids do not get to that age in that situation. And at the very least, we have to build community connections.

Ms. SCHNEIDERS. The final recommendation is one that Senator Landrieu also referred to, the one case-one worker policy and the reduction of the number of children. And I keep emphasizing that we need to count children, not families. Because families can range from one child to eight and ten children in a family. So I do not think it is justified to say one case-one family, so much as we need to count the children that these workers are responsible for.

And I think if we can get that policy in place with the reduction of the number, that no worker should have more than 20 children that they are responsible for, then we might get the data into the computer that we were talking about. But right now, when they are carrying 30 and 40 and 50 cases and doing IUPs and treatment team meetings, they are not getting data into the computer, even for current data, let alone any back data.

Senator DEWINE. I am intrigued by your comment, the continual reorganizing of the agency is counterproductive. What do you mean by that?

Ms. SCHNEIDERS. It seems as if there is a continual process. Like about 2 months ago, the agency reorganized everybody in the building on a given day, changed places, changed locations, changed phone numbers, changed supervisors, changed, you know, units, changed everything. The elimination of one unit and its consolidation with another, it simply causes confusion. And you call a worker and then you find out that, well, I am no longer the worker because I am now in this unit versus that unit. And you ask for the rationale for it, and it is just: Well, we are reorganizing. We are, you know, eliminating this department, adding this department.

There is no notice to the other service providers. You find that there is no way to reach people with phone numbers. I mean it is—foster parents, generally they call me to say: I do not even know who my worker is anymore because I got—you know, I called and the message says she is not the worker anymore; she got moved to another unit.

I do not know the rationale. I hope maybe the last reorganization may be the final one, but I am not overly hopeful that is going to be the case.

Senator DEWINE. Dr. Golden?

Dr. GOLDEN. I am really sorry, Ms. Schneiders, that we did not have a chance to talk when you had that concern, because that definitely sounds like something we should have explained more fully. Each of the—solving each of these problems, moving towards one worker-one case, unifying abuse and neglect, correcting our placement process has required that we have made changes. We have created a whole new department of clinical practice so that we have support for our workers. We have created for the first time ever in the District an institutional abuse unit. So we are able to

look into reports of abuse and neglect. We have created a whole new licensing process, which was not—we did not have as a—did not exist in the District before.

We have just improved our placement process for exactly the set of reasons that you have highlighted, because we want to make sure that children go to families. So we have changed that. And we did because we have also been hiring social workers so fast, we did find ourselves in a situation where we needed to do a move so people could be physically lined up with their units, because we are squeezed into our building, and we did have to do that.

So I guess what I would say is that I think the amount of change we have to do is very great. And I think that that requires in some cases structural change, as well as hiring and support for families. And we—I mean, I think that the pace of change—and that is probably what my testimony highlighted. Partly, I think, what you are experiencing, I am experiencing, our staff, our foster parents, is that to meet the standards we have for ourselves, the court, and the committee have for us, it has been a phenomenal pace of change in 18 months. It has been creating an agency where there were fragmented pieces before.

And the question of whether that will slow down or whether the amount of change we still have to do is going to be an equal pace actually is something I am reflecting on now. And we have been having lots of dialogue with the court monitor's office on the implementation plan. But I think that our big goal has been to make sure that each of those new responsibilities, that we are able to carry it out.

So that is kind of core to me in terms of which steps we take, in which order, and at which pace.

Senator DEWINE. Do you want to comment about Ms. Schneiders's goal in regard to children versus families?

Dr. GOLDEN. Sure. And I might ask the court monitor to come in after that. I think that the reason both we in many jurisdictions focus on children in placements, and families in the home, is because the social workers work when a child in placement involves visiting and working with that child very intensively. When they are supervising a family, their goal is really for what we hope is a relatively short period of time to strengthen that family so that the parent can take back their role.

So that is, I think, the reason behind it. We do—one of the things that goes with that is that you do not want workers to have a lot of family cases. And the standard—because they are very demanding. And so the standard in the modified final order is very strict for how many cases a worker ought to have. I think that we have the chance over the next year, as we bring down caseloads, to do a workload study and try to see if there is a better way to count.

But I think the big headline, which I think is probably the most important one, is that the way we are getting a handle on what has been a huge issue for years is by working every week with a count of cases and workers working directly with the social worker and the supervisor and focusing first on the ones who are at the top end, so that we had a few months ago had got down to nobody over 50 this week to nobody over 40. And so we are focusing on the peo-

ple who are most overwhelmed to try to make an impact there first.

I do not know, Judy, if you want to——

Ms. MELTZER. The modified *LaShawn* Order has caseload standards which are based on the Child Welfare League of America standards. And they are: 1 worker to 20 children for children in foster care, although they are 1 to 12 for children with special needs. They are 1 to 17 for families, when the children are in their own homes with their families. And they are 1 to 12 for investigations. Those are the standards that the District has to comply with. And the hiring has to match so that they can get caseloads down to those caseload standards.

I personally think that when you are doing work with families, you want the caseloads organized around the families. But what you want to do is have the caseloads low enough so that the worker can deal with both the needs of the individual children in that family and the whole family.

The place where caseworkers complain the most is when one child is in placement. So it counts as one case on their caseload, if they are a foster care worker. But there may be three or four children in the home with the family that, for reasons that may or may not make sense, they are not in foster care or they are not being served. And it is those situations where I think caseworkers feel the most burdened.

The answer for me is caseloads that are low enough so that workers can individualize the services to the needs of those children and families.

Dr. GOLDEN. And actually, one important step in terms of just counting in a way that feels more responsive to our workers is that in that situation you have just describe with the child in foster care and a family at home, for a long time that was a big issue with our union and our workers that we were not counting the family work. Now we do, because that worker is responsible for a child in placement and for reunification. So they have to be doing work with that family. And that should count. So we do count that.

Senator DEWINE. Ms. Schneiders?

Ms. SCHNEIDERS. What we need to keep in mind is that when we have one child in placement and three at home, the three at home obviously something was amiss in that family which brought one child into care. And therefore, that family needs closer monitoring. With the three children at home, you know, it can run the range of disability or need for service. They can be in different schools. They can be—one needs therapy. They can be different ages. You can have a disabled child at home, even though it is not brought into care.

So I think there has to be some look at what is asked for in that family, what is needed in that family, not just a numerical count that meets a standard. So that when workers are complaining at the amount of work they have to do with the family, it can be three children in a family or eight children in a family, as we have any number of families with large numbers in them. And it counts as one. And I think there has to be some method for looking at what it is we are asking the worker to do. How many children are we

asking that worker to be responsible for in the provision of services?

Senator DEWINE. All right. Dr. Golden, let me ask you for your comment about this report. I am referring to the Child and Family Services review, District of Columbia, from the U.S. Department of Health and Human Services, dated February 2002. I am 7. "A little evidence was found in the cases reviewed that showed the agency as consistently petitioning to terminate the parental rights of parents whose children have been in foster care for 15 of the last 22 months. Of the foster care cases reviewed, 54 percent of the children who were in care longer than 15 months did not have parental rights terminated. And the compelling reasons for not terminating parental rights were not documented in the case plan or court order. Children in the sample were in care an average of approximately 65 months before they achieved their permanency plan or were still in placement as of July 29, 2001 review."

Now I understand that is July 29, 2001. And so what I would like to do is just give you the opportunity to update that for me.

Dr. GOLDEN. Okay. That report—and as you know, Senator, because I think you and I worked together when I was at HHS and designed the child and family reviews. That was an experience for me of having the Federal review right as I moved to the District that I had previously worked on designing the framework at the Federal Government. And I felt as though it was extremely useful to us. It gave us the baseline, looking at the past system that we then needed to use to move forward. So it was extremely helpful.

One of the things, as you know, that is highlighted there about the history of the system is that there was never a focus on TPRs in the District. And that is—well, let me tell you what we are doing about it. But then I want to give you just a little more history, because it will help you understand what has to happen to move forward.

There are really three parts to what we are doing. One is an aggressive legal strategy. Last year for the first time, we filed more than 100 TPRs, or the corporation counsel's office did, more than many previous years all added together. And this year we have expectations in our performance agreements with our attorneys of filing many more.

A second piece is changing, improving our social work casework, because another piece of it is making our decisions earlier. It is about what we were talking about earlier, engaging the family earlier so we can make up our mind whether that is working or not, and having much prompter permanency staffings and administrative reviews.

A third piece is working with the Court on the legal framework for terminating parental rights. And Judge Satterfield and I actually just talked about that this week, about moving ahead on that.

The history in the District is that there is a second way of terminating the rights of a parent in an adoption, which in the past was used almost exclusively instead of TPR. And that is terminating the rights during the adoption petition through a show cause. I am not a lawyer, but it happens at the point where there is an adoptive home identified. And it only terminates rights for that home.

That approach, which was historic in the District, has big disadvantages for children where it delays timeliness or makes it harder to recruit adoptive homes. So the Court is now—we are both being more aggressive. And the Court is very open to working with us so that we continue to move forward on that. So those are the pieces of our strategy.

Senator DEWINE. Okay. I appreciate that. I thank you for that. Where are we now, though? Are these figures still accurate, 65 months? It says children in the sample were in care an average of approximately 65 months before they achieved their permanency plan.

Dr. GOLDEN. Was that a sample—

Senator DEWINE. Is that about right now?

Dr. GOLDEN. It is not right if it is all children. If it is children with a goal of adoption, I do not know. The numbers I have right now, in terms of permanency, are that our median across all of our open cases is a little under 3 years, which is way too high. But that is for sort of all of our open cases. We have done a little research work looking at a sample of cases at the point they close. And it is clearly in the 2- to 5-year range.

I do not know. Typically around the country, if you look at the sample that closes for adoption, it is even higher. So I guess the main thing I would say to you is that I know that time until a case closes is too high. It is—that number, it is not as high as that number, but it is definitely higher than it should be. And that is part of what we have to work on.

And part of it—this may be more than you want to know about the measurement of it. We do have—part of having so many older young people and the history of the system's earlier failures is that we are going to continue to have young people who will be aging out at the same time we are trying to change the experience of children who come in.

Senator DEWINE. Doctor, with all due respect, if I was in your position—and thank God, I am not. You have the toughest job anybody has—I would want to know that.

Dr. GOLDEN. Yes. Well, we just asked—

Senator DEWINE. Why would you not want to know that?

Dr. GOLDEN. I actually just asked for a study. So I appreciate that.

Senator DEWINE. You have to know that. You have to know each different category. You have to know, you know, each—I would want it broken down of each type kid.

Dr. GOLDEN. Absolutely.

Senator DEWINE. Because it is a measurement of—how are you going to hold everybody accountable on your team? Are you going to back and say: Look, we have to do better than this? And you are going to break it down. You are absolutely right. Kids in the certain age category, you know, where are they? And the kids in a certain age category, where are they? And there is going to be reasons why some of them are going to be where they are.

Dr. GOLDEN. Absolutely.

Senator DEWINE. But for you to come in front of this committee, or it is not just this committee, but in front of the public, in a public meeting or anyplace, and not be able to answer that basic ques-

tion is a real problem. Do you not understand that? It is just a horrible, horrible problem. How can you run your department and not know that?

Dr. GOLDEN. And the specific question is, not know the median time to closure for cases.

Senator DEWINE. Oh, it is not the—yes. But that is just one question.

Dr. GOLDEN. Right.

Senator DEWINE. I would want to know the range.

Dr. GOLDEN. Absolutely.

Senator DEWINE. I would want to know—

Dr. GOLDEN. Absolutely. Well, let me tell you what we are doing about it. Because I agree. When I came to this agency, the fact that there was no data available was a huge issue. Now we have, as the court monitor will testify, data on dozens of indicators. But I agree completely that the ones about permanency, we know the average time to closure. We know the average time cases have been open. That is that, I believe it was, about 2.8 years. And we have actually just had some graduate students work with us to analyze our data in more detail. And that is where the information that I just gave you came from.

So I think that that is exactly right. It is also an area that we are working with the Court on, because they also have an interest in tracking their data. And as we work on exchange of data, we are making that more consistent.

Senator DEWINE. And the universe is what? And Senator Landrieu asked you this. But how many total cases are we talking about?

Dr. GOLDEN. Our total number of cases—the conversation she and I were having was about the family cases and whether to count the children.

Senator DEWINE. Okay. How many kids are we talking about?

Dr. GOLDEN. Right. And the number of children is about 8,000. The number of cases is about 5,000, because—of the family cases. So that is about the total number. And we track every month, not only those overall caseloads, but age breakdowns, geographic breakdowns, information about the investigations that come in every month and what percent are substantiated, the children who have left our caseload but are being supported by adoption subsidies. So all of those things we regularly track.

Senator DEWINE. But, I mean, I really would want to know how long these kids were in care before they got a permanency plan. I mean, that is just so basic.

Dr. GOLDEN. Yes.

Senator DEWINE. I mean, if they were not getting a permanency plan, I have a problem, right?

Dr. GOLDEN. Absolutely.

Senator DEWINE. A permanency plan is kind of a—

Dr. GOLDEN. Well, until a plan, we do know. We know from the court monitor's report and the court data about the permanency hearing. We know that about 75 percent meet the AFSA standards in terms of the permanency hearing, met it in 2001. And we have to keep building on that.

Senator DEWINE. Wait a minute. You do know what? I missed that.

Dr. GOLDEN. The share of children who achieve the permanency hearing within the AFSA time line.

Senator DEWINE. Okay.

Dr. GOLDEN. I am sorry. I thought that was——

Senator DEWINE. You know that.

Dr. GOLDEN. Right.

Senator DEWINE. But you do not know how many actually have a plan in place, because that is what the quote is.

Dr. GOLDEN. I am sorry. I thought you were——

Senator DEWINE. Well, let me just read it again to you. I am just reading directly from the report.

Dr. GOLDEN. Okay.

Senator DEWINE. “Children in the sample were in care an average of approximately 65 months before they achieved their permanency plan.”

Dr. GOLDEN. Right. So that means until they either went home or were adopted. Right? That is until the closing of the case. Right. And that is something that we know how long cases have been in care, and the information that you are just asking me for at the point of closure for different categories, we have just had a special study done that looks at some pieces of that. And I will be happy to share the more detailed information with you.

SUBCOMMITTEE RECESS

Senator DEWINE. Anybody have any other comments?

Well, I thank you all for your patience very much. I think it has been a very helpful hearing. As I said at the beginning, this committee will continue to have hearings on these issues. We think it is very, very important. We want to work with you. We want to try to be of assistance to you. And again, we thank you very much. You each have contributed a great deal. And there is nothing more important, I think, than what is going on in the District than to work with our children.

Thank you very much.

Dr. GOLDEN. Thank you.

Senator LANDRIEU. Thank you.

[Whereupon, at 1:05 p.m., Wednesday, April 2, the subcommittee was recessed, to reconvene subject to the call of the Chair.]