AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

FOR BETTER OR WORSE? AN EXAMINATION OF THE STATE OF THE DISTRICT OF COLUMBIA'S CHILD AND FAMILY SERVICES RECEIVERSHIP

HEARING

BEFORE THE

SUBCOMMITTEE ON THE DISTRICT OF COLUMBIA

OF THE

COMMITTEE ON
GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTH CONGRESS

SECOND SESSION

MAY 5, 2000

Serial No. 106–199

Printed for the use of the Committee on Government Reform

Available via the World Wide Web: http://www.gpo.gov/congress/house
http://www.house.gov/reform

U.S. GOVERNMENT PRINTING OFFICE

70–581 DTP WASHINGTON : 2001

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: (202) 512–1800 Fax: (202) 512–2250
Mail: Stop SSOP, Washington, DC 20402–0001

COMMITTEE ON GOVERNMENT REFORM

DAN BURTON, Indiana, *Chairman*

BENJAMIN A. GILMAN, New York
CONSTANCE A. MORELLA, Maryland
CHRISTOPHER SHAYS, Connecticut
ILEANA ROS-LEHTINEN, Florida
JOHN M. MCHUGH, New York
STEPHEN HORN, California
JOHN L. MICA, Florida
THOMAS M. DAVIS, Virginia
DAVID M. MCINTOSH, Indiana
MARK E. SOUDER, Indiana
JOE SCARBOROUGH, Florida
STEVEN C. LATOURETTE, Ohio
MARSHALL "MARK" SANFORD, South Carolina
BOB BARR, Georgia
DAN MILLER, Florida
ASA HUTCHINSON, Arkansas
LEE TERRY, Nebraska
JUDY BIGGERT, Illinois
GREG WALDEN, Oregon
DOUG OSE, California
PAUL RYAN, Wisconsin
HELEN CHENOWETH-HAGE, Idaho
DAVID VITTER, Louisiana

HENRY A. WAXMAN, California
TOM LANTOS, California
ROBERT E. WISE, JR., West Virginia
MAJOR R. OWENS, New York
EDOLPHUS TOWNS, New York
PAUL E. KANJORSKI, Pennsylvania
PATSY T. MINK, Hawaii
CAROLYN B. MALONEY, New York
ELEANOR HOLMES NORTON, Washington, DC
CHAKA FATTAH, Pennsylvania
ELIJAH E. CUMMINGS, Maryland
DENNIS J. KUCINICH, Ohio
ROD R. BLAGOJEVICH, Illinois
DANNY K. DAVIS, Illinois
JOHN F. TIERNEY, Massachusetts
JIM TURNER, Texas
THOMAS H. ALLEN, Maine
HAROLD E. FORD, JR., Tennessee
JANICE D. SCHAKOWSKY, Illinois

BERNARD SANDERS, Vermont (Independent)

KEVIN BINGER, *Staff Director*
DANIEL R. MOLL, *Deputy Staff Director*
DAVID A. KASS, *Deputy Counsel and Parliamentarian*
LISA SMITH ARAFUNE, *Chief Clerk*
PHIL SCHILIRO, *Minority Staff Director*

SUBCOMMITTEE ON THE DISTRICT OF COLUMBIA

THOMAS M. DAVIS, Virginia, *Chairman*

CONSTANCE A. MORELLA, Maryland
STEPHEN HORN, California
JOE SCARBOROUGH, Florida

ELEANOR HOLMES NORTON, Washington, DC
CAROLYN B. MALONEY, New York
EDOLPHUS TOWNS, New York

EX OFFICIO

DAN BURTON, Indiana

HENRY A. WAXMAN, California

MELISSA WOJCIAK, *Staff Director*
VICTORIA PROCTOR, *Professional Staff Member*
HANA BRILLIANT, *Professional Staff Member*
JENNY MAYER, *Clerk*
JON BOUKER, *Minority Counsel*

CONTENTS

	Page
Hearing held on May 5, 2000	1
Statement of:	
DeLay, Hon. Tom, a Representative in Congress from the State of Texas	18
Fagnoni, Cynthia M., Director, Education, Workforce, and Income Security Issues, U.S. General Accounting Office; Judith Meltzer, deputy director, the Center for the Study of Social Policy; and Ernestine F. Jones, general receiver, the District of Columbia Child and Family Services	30
Graham, Carolyn, deputy mayor for Children, Youth and Families, District of Columbia; Grace Lopes, special counsel, Receivership and Institutional Litigation; and Kimberley A. Shellman, executive director, the District of Columbia Children's Advocacy Center	00
Letters, statements, etc., submitted for the record by:	
Davis, Hon. Thomas M., a Representative in Congress from the State of Virginia, prepared statement of	5
DeLay, Hon. Tom, a Representative in Congress from the State of Texas, prepared statement of	21
Fagnoni, Cynthia M., Director, Education, Workforce, and Income Security Issues, U.S. General Accounting Office:	
Information concerning judges	122
Prepared statement of	33
Graham, Carolyn, deputy mayor for Children, Youth and Families, District of Columbia, prepared statement of	84
Jones, Ernestine F., general receiver, the District of Columbia Child and Family Services, prepared statement of	65
Lopes, Grace, special counsel, Receivership and Institutional Litigation, prepared statement of	95
Meltzer, Judith, deputy director, the Center for the Study of Social Policy, prepared statement of	53
Norton, Hon. Eleanor Holmes, a Representative in Congress from the District of Columbia, prepared statement of	16
Shellman, Kimberley A., executive director, the District of Columbia Children's Advocacy Center, prepared statement of	104

FOR BETTER OR WORSE? AN EXAMINATION OF THE STATE OF THE DISTRICT OF COLUMBIA'S CHILD AND FAMILY SERVICES RECEIVERSHIP

FRIDAY, MAY 5, 2000

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON THE DISTRICT OF COLUMBIA,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The subcommittee met, pursuant to notice, at 2 p.m., in room 2154 Rayburn House Office Building, Hon. Thomas M. Davis (chairman of the subcommittee) presiding.

Present: Representatives Davis, Horn, and Norton.

Staff present: Victoria Proctor and Hana Brilliant, professional staff members; David Marin, communications director/counsel; Melissa Wojciak, staff director; Jenny Mayer, clerk; Jean Gosa, minority clerk; and Jon Bouker, minority counsel.

Mr. DAVIS. The meeting will come to order.

Good afternoon and welcome. Today's hearing is the first in a series of hearings to examine the status of the District of Columbia's agencies overseen by court-appointed receivers. Across the Nation there have been five public agencies that have at one time or another been placed under the supervision of a court-appointed receiver. However, each of these receiverships was short lived and quickly reformed and returned as a functioning agency of the government.

There has never been a jurisdiction in the United States with more than one agency in receivership except for the District of Columbia. Presently there are three outstanding agency receiverships in the District, the Child and Family Services, the Commission on Mental Health Services, and the Corrections Medical Receiver for the District of Columbia jail. Each of these agencies has languished in receivership for a substantial period of time and has continued to be plagued by systemic problems in the delivery of services. Each agency's inadequacies have been resistant toward the comprehensive reforms needed for them to return to the District's jurisdiction.

Now, the D.C. Housing Authority which is also under receivership is an exception to the situation. The Housing Authority has been faced with similar mismanagement problems; however, the appointed receiver has been successful in overhauling the District's public housing system. The Housing Authority is currently the only

agency on track to be successfully returned to the District government.

These three troubled agencies have demonstrated extreme deficiencies in the delivery of their expected services. Children placed under the care of Child and Family Services are often juggled from an abusive or neglectful home into an equally dangerous foster home and are left forever emotionally and psychologically scarred.

The Commission on Mental Health Services operations have actually become worse since becoming a receivership. There are currently more mentally ill, homeless people on the streets than ever before. Group homes for the mentally ill are poorly run and neglected and treatment is difficult to come by. The lack of improvement in their services has recently led the receiver to resign.

The D.C. jail medical services receivership's financial management is in dire straits. For example, the receiver recently issued a contract to a private entity which had the D.C. contract as its only contract and had never before been in business at a cost of three times the national average.

This year alone these three ailing agencies combined will cost the District of Columbia taxpayers $352 million in court-controlled spending. While these agencies are in the jurisdictional hands of the court system, the District of Columbia government is powerless to provide any direction in their operations, yet is left to foot the bill. Therefore, Delegate Norton and I have joined together to introduce H.R. 3995, the D.C. Receivership Accountability Act of 2000, to induce substantial reforms within the receiverships. H.R. 3995 will provide management guidance to these receivers and make them more accountable to the D.C. government. There is a strong need for immediate legislative correction action to force reforms, and we will be marking up this vital piece of legislation at the conclusion of the hearing.

Our hearing today is focused on the Child and Family Services Agency receivership, which was recently brought under the glare of the public spotlight with the tragic death of young Brianna Blackmond. While Brianna was the under the care of the Child and Family Services Agency, her life was tragically cut short at 23 months of age by a blunt force trauma injury to the head. As the father of three children myself, I can say that stories such as Brianna's stab you in the heart and leaves you wondering in amazement how could this have happened.

Unfortunately, Brianna's death is not a story of a one-time case slipping through the cracks of an otherwise well-functioning child welfare system. Brianna is just one example of many heart-wrenching stories of children adversely affected by the systemic problems of the District of Columbia's child welfare system. The sordid history of the Child and Family Services Agency, started over a decade ago with the *LaShawn A.* v. *Barry* case, was filed by the American Civil Liberties Union. Plaintiff LaShawn A. was brought to the Child and Family Services Agency by her homeless mother when she was nearly 2 years old. At the time of the lawsuit LaShawn A. was 7 and had developed severe emotional problems likely to last into her adulthood and may have suffered sexual abuse because of inappropriate placement and poor followup by District officials.

Another shocking story is of plaintiff Kevin, 11 at the time of the case, who had spent his entire life in foster care. At 8 he was so suicidal that he was admitted to a hospital where he put himself in a trash can and asked to be discarded because he was worthless.

In 1991, the U.S. District Court Judge, Tom Hogan, ruled that the District's child welfare system failed to protect the children from physical, psychological or emotional harm, and it violated Federal law, District law and the constitutional rights of children. Following the court's decision, the District of Columbia and the plaintiffs developed a comprehensive remedial order to correct the significant management and service delivery problems in the city's child protection, foster care and adoption services programs.

After 3 years, the Child and Family Services Agency failed to comply with the court order and was placed under court-supervised receivership. Five years later, under the leadership of Mrs. Ernestine Jones since 1997, the Child and Family Services Agency fails to meet the required reforms outlined by the court order. This was alarmingly evident in the Brianna case.

Brianna and her seven siblings were placed under the care of the Child and Family Services Agency on May 5, 1998, when a neglect report was filed by neighbors who had seen the children digging through trash dumpsters scrounging for a morsel of food and dressed in soiled clothing. Four times during the children's stay in the legal and physical custody of the Child and Family Services Agency from May 1998 to December 23, 1999, their mother, Charrisise Blackmond, petitioned for custody of her children. Each time the court denied that Mrs. Blackmond was able to meet the needs of her children and was only allowed supervised visitation with them. But in November 1999, homeless, Mrs. Blackmond moved in with a friend, Angela O'Brien, as an illegal tenant in a subsidized housing unit. Angela O'Brien herself was no stranger to the child welfare system. In 1998, her four children were removed from her care because of allegations of abuse. The O'Brien children were later returned because of a lack of proof that O'Brien was the abuser.

On December 1, 1999, there was yet another custody hearing planned for Brianna. By law, every social worker is to file a status report to the presiding judge before a hearing is scheduled to take place. As in Brianna's case, this practice is rarely followed. The day before the hearing was to take place Superior Court Judge Evelyn E.C. Queen canceled the hearing and rescheduled it had for mid-January 2000.

However, when Mrs. Blackmond's attorney filed an emergency motion to return Brianna to her mother in time for Christmas, Judge Queen ruled to return Brianna and another sibling to her mother. Judge Queen made this ruling without holding a custody hearing, without seeing or speaking to Brianna's social worker and without consulting the city's corporation counsel.

On December 23, 1999, Brianna and her siblings were taken by a new social worker, not familiar with their case, to their mother and dropped off in front of the O'Brien house. She never took the time to examine the living conditions in the home or to even determine whether this was truly Mrs. Blackmond's legal residence.

For 2 weeks no one from the Child and Family Services Agency paid a followup visit to the family. No one from the Child and Family Services Agency investigated Brianna's welfare on January 3, 2000, when her mother called a neighborhood health clinic to report that her daughter was "shaking uncontrollably." Mrs. Blackmond brought her to the clinic, but never removed her from the car and canceled her scheduled appointment. No one paid attention to Brianna's well-being when her mother failed to bring her to the clinic the next day for her rescheduled appointment. A social worker finally visited the O'Brien home a day later and called the police. But it was too late. Brianna was taken to Children's Hospital barely breathing and unconscious from a blunt force trauma injury to the head. She died shortly thereafter.

Brianna's homicide is currently under investigation by the Metropolitan Police Department and is under a confidentiality ruling by Judge Queen. Therefore, many of the facts surrounding this case aren't known. Fingers are being pointed in every direction by every agency involved to place blame for this tragic death.

Seven agencies shared the responsibility of protecting Brianna Blackmond from harm, and yet seven agencies failed to help her. This case clearly reveals a breakdown not only within Child and Family Services Agency, but with the intergovernment agency relationships governing children who are innocent victims of abuse and neglect.

Today we will be taking an in-depth view into impediments to reforming the Child and Family Services Agency receivership. After 5 years dwindling as an agency separate from the District of Columbia's government, decisive action needs to be taken to enact progressive reform. Children in the District of Columbia need a functioning Child and Family Services Agency to look out for their well-being when their home environment is not safe. I look forward to hearing from the our testifying witnesses to determine what immediate actions need to be taken to prevent further tragedies from occurring.

I yield to Mrs. Norton for her statement. Then we are going to hear from our distinguished whip, who has taken a personal interest in this case.

Tom, we appreciate your being here today.

[The prepared statement of Hon. Thomas M. Davis follows:]

DAN BURTON, INDIANA
CHAIRMAN
BENJAMIN A. GILMAN, NEW YORK
CONSTANCE A. MORELLA, MARYLAND
CHRISTOPHER SHAYS, CONNECTICUT
ILEANA ROS-LEHTINEN, FLORIDA
JOHN M. McHUGH, NEW YORK
STEPHEN HORN, CALIFORNIA
MICA, FLORIDA
TOM DAVIS, VIRGINIA
DAN MCINTOSH, INDIANA
MARK E. SOUDER, INDIANA
JOE SCARBOROUGH, FLORIDA
STEVEN C. LATOURETTE, OHIO
MARSHALL "MARK" SANFORD, SOUTH CAROLINA
BOB BARR, GEORGIA
DAN MILLER, FLORIDA
ASA HUTCHINSON, ARKANSAS
LEE TERRY, NEBRASKA
JUDY BIGGERT, ILLINOIS
GREG WALDEN, OREGON
DOUG OSE, CALIFORNIA
PAUL RYAN, WISCONSIN
HELEN CHENOWETH-HAGE, IDAHO
DAVID VITTER, LOUISIANA

ONE HUNDRED SIXTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON GOVERNMENT REFORM

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515–6143

MAJORITY (202) 225-5074
MINORITY (202) 225-5051
TTY (202) 225-6852

HENRY A. WAXMAN, CALIFORNIA
RANKING MINORITY MEMBER
TOM LANTOS, CALIFORNIA
ROBERT E. WISE, JR., WEST VIRGINIA
MAJOR R. OWENS, NEW YORK
EDOLPHUS TOWNS, NEW YORK
PAUL E. KANJORSKI, PENNSYLVANIA
PATSY T. MINK, HAWAII
CAROLYN B. MALONEY, NEW YORK
ELEANOR HOLMES NORTON
DISTRICT OF COLUMBIA
CHAKA FATTAH, PENNSYLVANIA
ELIJAH E. CUMMINGS, MARYLAND
DENNIS J. KUCINICH, OHIO
ROD R. BLAGOJEVICH, ILLINOIS
DANNY K. DAVIS, ILLINOIS
JOHN F. TIERNEY, MASSACHUSETTS
JIM TURNER, TEXAS
THOMAS H. ALLEN, MAINE
HAROLD E. FORD, JR., TENNESSEE
JANICE D. SCHAKOWSKY, ILLINOIS

BERNARD SANDERS, VERMONT
INDEPENDENT

REPRESENTATIVE TOM DAVIS
CHAIRMAN, DISTRICT OF COLUMBIA SUBCOMMITTEE
OPENING STATEMENT
MAY 5, 2000
OVERSIGHT HEARING ON THE DISTRICT OF COLUMBIA'S CHILD AND FAMILY SERVICE AGENCY

Good afternoon and welcome. Today's hearing in the first of a series of hearings to examine the status of the District of Columbia's agencies overseen by Court-appointed receivers. Across the nation there have been 5 public agencies that have, at one time or another, been placed under the supervision of a court-appointed receiver. However, each of these receiverships was short-lived and quickly reformed and returned as a functioning agency of the government. There has never been a jurisdiction in the United States with more than one agency in receivership except for the

District of Columbia. Presently, there are three outstanding Agency receiverships in the District: the Child and Family Services; the Commission on Mental Health Services, and the Corrections Medical Receiver for the District of Columbia Jail. Each of these agencies has languished in receivership for a substantial period of time and has continued to be plagued by systemic problems in the delivery of services. Each agency's inadequacies have been resistant towards the comprehensive reforms needed for them to return to the District's jurisdiction.

The District of Columbia Housing Authority, which is also under a receivership, is an exception to this situation. The Housing Authority had been faced with similar mismanagement problems; however, the appointed receiver has been successful in overhauling the District's public housing system. The Housing Authority is currently the only agency on track to be successfully returned to the District government.

These three troubled agencies have demonstrated extreme deficiencies in the delivery of their expected services. Children placed under the care of the Child and Family Services are often juggled from an abusive or

neglectful home into an equally dangerous foster home, and are left forever emotionally and psychologically scarred. The Commission on Mental Health Services's operations have actually become worse since becoming a receivership. There are currently more mentally ill homeless people on the streets than ever before, group homes for the mentally ill are poorly run and neglected, and treatment is difficult to come by. The lack of improvement in their services has recently led the receiver to resign. The D.C. Jail Medical Services receivership's financial management is in dire straits. For example, the receiver recently issued a contract to a private entity, which had the D.C. contract as its only contract, and had never before been in business - at a cost of three times the national average. This year alone these three ailing agencies combined will cost the District of Columbia's taxpayers $352 million in court-controlled spending.

While these agencies are in the jurisdictional hands of the court system, the District of Columbia government is powerless to provide any direction in their operations, yet is left to foot the bill. Therefore, Delegate Norton and I have joined together to introduce H.R. 3995, the District of Columbia

Receivership Accountability Act of 2000, to induce substantial reforms within the Receiverships. H.R. 3995 will provide management guidance to these receiverships and make them more accountable to the District of Columbia government. There is a strong need for immediate legislative corrective action to force reform and we will be marking up this vital piece of legislation at the conclusion of this hearing.

Our hearing today is focused on the Child and Family Service Agency receivership, which was recently brought under the glare of the public spotlight with the tragic death of young Brianna Blackmond. While Brianna was under the care of the Child and Family Services Agency, her life was tragically cut short at 23 months by a blunt force trauma injury to the head. As the proud father of three children myself, I can say that stories such as Brianna's stab you in the heart and leaves you wondering in amazement, "How could this have happened?" Unfortunately, Brianna's death is not a story of a one time case slipping through the cracks of an otherwise well-functioning child welfare system. Brianna is just one example of many heart-wrenching stories of children adversely affected by the systemic problems of

the District of Columbia's child welfare system.

The sordid history of the Child and Family Service Agency started over a decade ago with the LaShawn A v. Barry case filed by the American Civil Liberties Union. Plaintiff LaShawn A. was brought to the Child and Family Services Agency by her homeless mother when she was nearly 2 years old. At the time of the lawsuit, LaShawn A. was 7 and had developed severe emotional problems likely to last into her adulthood and may have suffered sexual abuse because of inappropriate placement and poor follow-up by District officials. Another shocking story is of Plaintiff Kevin, 11 at the time of the case, who had spent his entire life in foster care. At 8, he was so suicidal that he was admitted to a hospital, where he put himself in a trash can and asked to be discarded because he said he was worthless.

In 1991, the U.S. District Court Thomas F. Hogan ruled that the District's child welfare system failed to protect children from physical, psychological or emotional harm and that it violated federal law, district law, and the constitutional rights of children. Following the court's decision, the District of Columbia and the plaintiffs developed a comprehensive Remedial

Order to correct the significant management and service delivery problems in the District's child protection, foster care and adoption services programs. After three years, the Child and Family Service Agency failed to comply with the Court Order and was placed under Court supervised receivership.

Five years later, under the leadership of Mrs. Ernestine Jones since 1997, the Child and Family Services Agency fails to meet the required reforms outlined by the Court Order. This was alarmingly evident in the Brianna case. Brianna and her seven siblings were placed under the care of the Child and Family Service Agency on May 5, 1998 when a neglect report was filed by neighbors who had seen the children digging through trash dumpsters scrounging for a morsel of food and dressed in soiled clothing. Four times during the children's stay in the legal and physical custody of the Child and Family Service agency from May 1998 to December 23, 1999 their mother, Charrisise Blackmond, petitioned for custody of her children. Each time the Court determined that Mrs. Blackmond was unable to meet the needs of her children and was only allowed supervised visitation with them. In November 1999, homeless, Mrs. Blackmond moved in with a friend, Angela

O'Brien, as an illegal tenant in a subsidized housing unit. Angela O'Brien, herself, was no stranger to the child welfare system. In 1998 her four children were removed from her care because of allegations of abuse. The O'Brien children were later returned because of a lack of proof that O'Brien was the abuser.

On December 1, 1999 there was yet another custody hearing planned for Brianna. By law every social worker is to file a status report to the presiding judge before a hearing is scheduled to take place. As in Brianna's case, this practice is rarely followed. The day before the hearing was to take place Superior Court Judge Evelyn E.C. Queen canceled the hearing and rescheduled it for mid-January 2000. However, when Mrs. Blackmond's attorney filed an emergency motion to return Brianna to her mother in time for Christmas, Judge Queen ruled to return Brianna and another sibling to her mother. Judge Queen made this ruling without holding a custody hearing, without seeing or speaking to Brianna's social worker, and without consulting the City's Corporation Counsel.

On December 23, 1999 Brianna and her siblings were taken by a new

social worker not familiar with their case to their mother and dropped them off in front of the O'Brien house. She never took the time to examine the living conditions in the home or to even determine whether this was truly Mrs. Blackmond's legal residence. For two weeks, no one from the Child and Family Service Agency paid a follow-up visit to the family. No one from the Child and Family Service Agency investigated Brianna's welfare on January 3, 2000, when her mother called a neighborhood health clinic to report that her daughter was "shaking uncontrollably." Mrs. Blackmond brought her to the clinic, but never removed her from the car and canceled her scheduled appointment. No one paid attention to Brianna's well-being when her mother failed to bring her to the clinic the next day for her rescheduled appointment. A social worker finally visited the O'Brien home a day later and called the police. But it was too late. Brianna was taken to Children's Hospital barely breathing and unconscious from a blunt force trauma injury to the head. She died shortly thereafter.

Brianna's homicide is currently under investigation by the Metropolitan Police Department and is under a confidentiality ruling by

Judge Queen. Therefore, many of the facts surrounding this case are not known. Fingers are being pointed in every direction by every agency involved to place blame for this tragic death. Seven agencies shared the responsibility of protecting Brianna Blackmond from harm, and yet seven agencies failed to help her. This case clearly reveals a breakdown not only within the Child and Family Service Agency, but with the inter-government agency relationship governing children who are innocent victims of abuse and neglect.

Today, we will be taking an in-depth view into impediments to reforming the Child and Family Service Agency Receivership. After five years dwindling as an agency separate from the District of Columbia's government, decisive action needs to be taken to enact progressive reform. Children in the District of Columbia need a functioning Child and Family Service Agency to look out for their well-being when their home environment is not safe. I look forward to hearing from our testifying witnesses to determine what immediate actions need to be taken to prevent further tragedies from occurring.

Ms. NORTON. Thank you very much, Mr. Chairman. I also want to welcome Mr. DeLay to these hearings.

I appreciate the quick action and serious attention of Chairman Tom Davis to problems in receiverships that control three important D.C. functions. When the Chair learned of these problems, he asked me to join him in initiating a GAO study of the District's receiverships, beginning with the receivership for the Child and Family Services Agency. We began there because of the tragic and clearly preventable death of the infant, Brianna Blackmond. The confusion and uncertainty in assessing responsibility for the child's death. And because the evidence of disarray that the tragedy brought to public view made it clear that other children under the care of the receivership may not be safe.

We also will hold hearings and have requested GAO reports on the DC Jail Medical Receivership, where there has been evidence of excessive costs and irregular procurement practices; and the Mental Health Receivership, whose problems are so severe that that a receiver was recently asked to resign.

The Public Housing Receivership will end later this year and the agency will be returned to District control. That receiver, David Gilmore, who stands out for the success of his tenure, took a very complicated agency with the longest history of failure and dysfunction and reformed all of its functions—operations, social services, physical infrastructure, and public safety. Hearings and action by the Congress on these receiverships are necessary because the courts, and not the District government, have authority over these functions.

Courts, necessarily, depend upon the receivers and the monitors of the receivers that the courts appoint. The evidence is already clear that receivers in the District often function as independent operators outside of the laws applicable to DC elected and appointed officials and personnel, without guidelines concerning appropriate operational management and procurement standards, and with little of the accountability of other managers in the District.

We are all aware that, tragically, foster care services almost everywhere in the country look much like the District's. Nevertheless, the senseless death of a helpless infant, and the continuing responsibility for thousands of other children under the care of the CFSA receivership, raises the most serious questions about the progress of this receivership and eliminating the problems that necessitated its creation in the first place.

As an analytical and policy matter, neither Chairman Davis nor I would judge a receivership by one tragedy, even one as indisputably unnecessary as the death of the infant Brianna. At the same time, the failure of literally every adult and every institution responsible for Brianna has provoked understandable outrage from everyone who has heard the tragedy of avoidable errors that led in a straight line to this child's death. Nothing that we have learned since has relieved our fear that a similar tragedy could not occur again. Therefore, even before the final GAO reports are in, we feel compelled by what we already know to move legislation.

Chairman Davis has joined me in sponsoring H.R. 3995, the D.C. Receivership Accountability Act of 2000, which we will mark up

today. It compels receivers to meet the same standards the public has a right to expect from any official charged with the care of children, and other residents, and of any other official privileged to allocate taxpayer funds.

My concern with the record of these receiverships is increased because the agencies were taken from the District by the courts because of systemic failure by the city. Yet the receivership agencies apparently have not themselves, always been closely and effectively supervised by the receivers and the monitors, and improvements have been torturously slow. The CFSA receivership is on its second receiver after the first one brought too little improvement. The continuing failures culminating in Brianna's death are particularly troubling considering that the receiver has been given by the court, "all necessary authority to ensure full compliance."

Unlike the receivers, the D.C. government is installing the most rigorous set of management and accountability systems. I applaud Mayor Williams for his initiative in appointing his own special counsel to coordinate matters between the receivers and the District and to work on a transition of these functions to the District.

Years ago, the city failed the children and other residents these functions were designed to serve. Today, we hear whether one receivership has done any better. At the end of these hearings on all the receiverships, we will know whether the right question is would the District do better or could the city do any worse.

Thank you, Mr. Chairman.

[The prepared statement of Ms. Norton follows:]

ELEANOR HOLMES NORTON
DISTRICT OF COLUMBIA

COMMITTEE ON
TRANSPORTATION AND
INFRASTRUCTURE

SUBCOMMITTEES

AVIATION

ECONOMIC DEVELOPMENT, PUBLIC
BUILDINGS, HAZARDOUS MATERIALS
AND PIPELINE TRANSPORTATION

COMMITTEE ON
GOVERNMENT REFORM

SUBCOMMITTEES

RANKING MINORITY MEMBER,
DISTRICT OF COLUMBIA

CIVIL SERVICE

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

STATEMENT OF CONGRESSWOMAN ELEANOR HOLMES NORTON
HEARING ON THE STATUS OF D.C. CHILD AND FAMILY SERVICES

May 5, 2000

I appreciate the quick action and serious attention of Chairman Tom Davis to problems in receiverships that control three important D.C. functions. When the Chair learned of these problems, he asked me to join him in initiating a GAO study of the District's receiverships, beginning with the Receivership for the Child and Family Services Agency (CFSA). We began there because of the tragic and clearly preventable death of the infant, Brianna Blackmond, the confusion and uncertainty in assessing responsibility for the child's death, and evidence of disarray the tragedy brought to public view that could mean other children under the care of the receivership may not be safe. We also will hold hearings and have requested GAO reports on the D.C. Jail Medical Receivership, where there has been evidence of excessive costs and irregular procurement practices, and the Mental Health Receivership, whose problems were so severe that a receiver was recently asked to resign. The Public Housing receivership will end this year, and the agency will be returned to District control. The Receiver, David Gilmore, stands out for the success of his tenure, which took a very complicated agency with the longest history of failure and dysfunction, and reformed all its functions-- operations, social services, physical infrastructure, and public safety. Hearings and action by the Congress on these receiverships are necessary because the courts and not the District government have authority over the functions.

Courts necessarily depend upon the receivers and the monitors of the receivers the courts appoint. The evidence is already clear that receivers in the District often function as independent operators outside of the laws applicable to D.C. elected and appointed officials and personnel, without guidelines concerning appropriate operational, management, and procurement standards, and with little of the accountability of other managers in the District.

The senseless death of a helpless infant and the continuing responsibility for thousands of other children under the care of the CFSA receivership raises the most serious questions about the progress of this receivership in eliminating the problems that necessitated its creation in the first place. As an analytical and policy indicator, neither Chairman Davis nor I would judge a receivership by one tragedy, even one as indisputably unnecessary as the death of the infant, Brianna. At the same time, the failure of literally every adult and every institution responsible for Brianna has provoked understandable outrage from everyone who has heard the tragedy of

15TH STREET, N.W., SUITE 190
WASHINGTON, D.C. 20005-2201
(202) 783-5065
(202) 783-5211 (FAX)

1424 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515-5101
(202) 225-8050
(202) 225-3002 (FAX)
(202) 225-7829 (TDD)
www.house.gov/norton

2041 MARTIN L. KING AVENUE, S.E.
SUITE 300
WASHINGTON, D.C. 20020-5734
(202) 678-8900
(202) 678-8844 (FAX)

Recycled Paper

avoidable errors that led in a straight line to this child's death. Nothing that we have learned since has relieved our fear that a similar tragedy could not occur again. Therefore, even before the final GAO reports are in, we feel compelled by what we already know to move legislation. Chairman Davis has joined me in sponsoring H.R. 3995, the D.C. Receivership Accountability Act of 2000, which we will mark up today. It compels receivers to meet the same standards the public has a right to expect of any official charged with the care of children and other residents and of any official privileged to allocate taxpayer funds.

My concern with the record of these receiverships is increased because they were taken from the District by the courts because of systemic failure by the city. Yet, the receivership agencies apparently have not always been closely and effectively supervised by the receivers and the monitors, and improvement has been tortuously slow. The CFSA Receivership is on its second receiver after the first one brought too little improvement. The continuing failures, culminating in Brianna's death, are particularly troubling considering that the receiver has been given by the Court "all necessary authority to ensure full compliance."

Unlike the receivers, the D.C. government is installing the most rigorous set of management and accountability systems. I applaud Mayor Williams for his initiative in appointing his own Special Counsel to coordinate matters between the receivers and the District and to work on a transition of these functions to the District. Years ago, the city failed the children and other residents these functions serve. Today, we hear whether one receivership has done any better. At the end of these hearings on all the receiverships, we will know whether the right question is would District do better or could the city do any worse.

I thank Chairman Davis for holding this hearing and look forward to hearing from the witnesses today.

Mr. DAVIS. Thank you very much.

Mr. Horn.

Mr. HORN. Thank you, Mr. Chairman. I simply want to commend you for rapid action on this and Ms. Norton for her proposal before us.

I'm delighted to see the Majority Whip here. He knows more about adoption than most people in this country. And I think you've got an issue that is very important that we resolve. So thank you for your efforts.

Mr. DAVIS. Thank you very much. We will move to our first witness.

We're honored to have here today our Majority Whip, Congressman Tom DeLay from Texas. He's not only taken a personal interest in the Child and Family Services Agency because of his strong concerns and advocacy for child issues, but Mr. DeLay not only talks the talk, he walks the walk. He's been very active and this is a part of his life. And his personal interest in this has been very empowering to this subcommittee.

Tom, I can't tell you how thankful we are to have you today and for your activity in this.

STATEMENT OF HON. TOM DeLAY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Mr. DELAY. Thank you, Mr. Chairman and Ms. Norton. I really appreciate you holding this hearing. It's a vitally important issue not only for the children here in Washington, DC, but across the Nation, because I see an opportunity here to actually do something that the Nation can look at and use as a model, and I hope we don't—and I know this committee won't—miss this opportunity.

I really applaud the efforts of the subcommittee and the efforts of the individuals that we will hear from on the panels today for their hard work thus far in addressing the challenges faced by the District's child welfare system.

I met with Mayor Williams a few months ago and I was very impressed with the Mayor. I was not only impressed with the kind of person he is, but his understanding of the needs of abused and neglected children in Washington, DC, having been a former foster child himself before he was adopted. It was clear to me at the time that concern with the efficacy of our systems of intervention and treatment on behalf of abused children at the Federal, State and local levels supersedes all politics and demographics and turf battles and the like. Mayor Williams' commitment to meeting the needs of the District's children at risk for and suffering from abuse and neglect is very clear, and I'm certain that they will benefit under his administration.

My wife, Christine, and I have been foster parents to several adolescents over the past few years, and Christine and my daughter serve as court-appointed special advocates [CASAs], under the auspices of child advocates of Ft. Bend County in my home State of Texas. We have become very well acquainted with the child welfare system through our experiences with our foster children and through our involvement with CASA; and I want to share with you some of the ways our county sought to help abused kids and our overburdened social work and legal system.

Let me say, however, before I begin, as we look at reform in the District and, if I have my way, reform all over the country, let's remember that the means—the system, with all its divisions and standards and social workers and judges and attorneys and public officials—leads to an end. And that is the protection of innocent children who have been or are being hurt by their parents or caregivers.

America must face this problem. What adults are doing to children in this country is abominable. We have to face it and we have to deal with it. We owe these children our firm commitment that the systemic problems we know exist will be addressed and corrected and that we will expeditiously seek new and creative ways to make the best interest of the child—the best interest of the child—of paramount concern in each and every child abuse investigation, intervention and rehabilitation.

One of the most effective helps to the overburdened public sector can be the private sector, and it's vitally important. You must have the community involved or it does not work; you must have that personal contact of people that care, that come from the community. And the involvement of the community assures vital and necessary community buy-in. The community buy-in means increasing awareness as to how child abuse affects and, in many cases, precipitates other social problems like substance abuse, crime and delinquency.

One way to involve the community and to address the systemic problems resulting from heavy case loads and the consequent incomplete and/or late reports to the courts is the utilization of trained, specialized volunteers like Court-Appointed Special Advocates to supplement the investigative work of social services.

CASAs are citizen volunteers appointed by the courts in cases of abuse or neglect. Those volunteers go through 30 hours of intensive training with child welfare professionals and are an independent voice in the process. Their whole focus is the best interest of the child. They focus exclusively on what's best for the child. Many social workers have upwards of 50 open cases at a time and are overwhelmed with court dates and paperwork deadlines. CASAs, though, handle just one or two cases at a time so that they can give each child sustained personal attention.

There are nearly 900 CASA programs throughout this country, including one here in the District of Columbia. Any principal in a case can refer the case to CASA—a social worker, an attorney, a judge, a therapist, and others. At this time, however, only approximately 10 percent of substantiated abuse cases have been assigned to a CASA in DC, and I think that's a major part of the problems that we have seen in this city.

Another way to bring in the private sector and assist social services is to support and utilize child advocacy centers like Safe Shores here in DC. I am pleased, very pleased, to see Kim Shellman here today. She was kind enough to give some Members of Congress a tour of her facility last year, and I was very impressed with her and her staff, although her building is too small and she needs to move. She needs help from the community in that regard.

Child Advocates of Ft. Bend in my District is a not-for-profit organization that works on behalf of child victims of abuse from birth to age 18 through various advocacy programs, providing services to these children and their families through specially trained community volunteers and staff.

Each program was specifically designed to supplement the overburdened child welfare and legal systems.

Under the umbrella of Child Advocates of Ft. Bend is the Children's Advocacy Center, a collaborative effort by local law enforcement agencies; Ft. Bend Child Protective Services; and the District Attorney's office. The goal of the Center is to make the investigation, treatment and prosecution of child sexual assault and severe physical abuse more child-focused and timely by centralizing assessment and treatment services while coordinating professional efforts.

Also operating out of the Child Advocacy Center is our local Court-Appointed Special Advocates program. Referrals to the Center come from law enforcement and CPS, referrals for the CASA program come from family court and CPS. Having one centralized agency providing services to abused children and their families and working in tandem with social services law enforcement and the courts enables programs to combine their strengths and lessens competition for funding, volunteers, community awareness, etc.

I know that the needs and the character of Ft. Bend County are different from the needs and character of the District, and I am a firm believer that one size does not fit all when it comes to the needs of communities. I do believe, however, that many of the issues you are looking at today are not unique to any locale.

In urban cities and in suburbia you will find overworked and underpaid social workers, lack of systemic coordination and collaboration, and difficulty in meeting deadlines. You will find children languishing in foster care when they should be released for adoption. You will find a system that is well-intentioned, but ill-equipped to care for the increasing number of children who need protection and permanency.

My challenge to you today as you examine the efficacy of the reforms undertaken by the District of Columbia is to remember that this is about the child who has died and will die again when deadlines come and go and reports are not completed. This is about children who depend upon us to intervene when the family can't or won't keep them safe from harm.

I encourage to you draw from the resources in your community. I urge you to look for new ways of addressing old problems. Look outside the box. See what Safe Shores, your Child Advocacy Center can do to improve collaboration and coordination among your child welfare professionals. Give CASA and other volunteers a chance to help your hard-working social workers and invest in their community at the same time.

Again, I commend you, Mr. Chairman, for holding this hearing today, and I really thank you for the opportunity to be here.

[The prepared statement of Hon. Tom DeLay follows:]

Government Reform

Subcommittee on the District of Columbia

May 5, 2000

Oral Statement for Rep. Tom DeLay

Mr. Chairman and Members of the Subcommittee,

Thank you for the opportunity to speak before you today. I applaud the efforts of this subcommittee, and the efforts of the individuals we will hear from on the panels today for their hard work thus far in addressing the challenges faced by the District's child welfare system.

I met with Mayor Williams a few months ago, and it is clear to me that concern with the efficacy of our systems of intervention and treatment on behalf of abused children at the federal, state and local levels supersedes politics and demographics. Mr. Williams's commitment to meeting the needs of the District's children at risk for, and suffering from, abuse and

neglect is clear, and I am certain that they will benefit under his administration.

My wife Christine and I have been foster parents to several adolescents over the past few years, and Christine and my daughter serve as Court Appointed Special Advocates—"CASA's"-- under the auspices of Child Advocates of Ft Bend in my home state of Texas. We have become well-acquainted with the child welfare system through our experiences with our foster children and through our involvement with CASA, and I want to share with you some of the ways our county sought to help abused kids and our over-burdened social work and legal system.

Let me say however, before I begin: As we look at reform in the District, (and if I have my way, reform all over the country), let's remember that the means- the system- with all its divisions and standards and social workers and judges and attorneys and public officials- leads to an end: ***The protection of innocent children who have been or are being hurt by their parent or care-givers.***

We owe these children our firm commitment that the systemic problems we know exist will be addressed and corrected and that we will expeditiously seek new and creative ways to make the best interest of the child of paramount concern in each and every child abuse investigation, intervention and rehabilitation.

One of the most effective helps to the overburdened public sector can be the private sector. The involvement of the private sector assures vital and necessary community buy-in. Community buy- in means increasing awareness as to how child abuse affects- and in many cases precipitates- other social problems like substance abuse, crime and delinquency.

One way to involve the community and to address the systemic problems resulting from heavy case loads and the consequent incomplete and/or late reports to the courts, is the utilization of trained, specialized volunteers like Court Appointed Special Advocates-- CASAs --to supplement the investigative work of social services.

CASAs are citizen volunteers appointed by the courts in cases of abuse or neglect. Volunteers go through 30 hours of intensive training with child

welfare professionals, and are an independent voice in the process, focusing exclusively on what is best for the child. Many social workers have upwards of 50 open cases at a time, and are overwhelmed with court dates and paperwork deadlines. CASAs handle just one or 2 cases at a time so that they can give each child's case sustained personal attention.

There are nearly 900 CASA programs throughout the country, including one in the District of Columbia. Any principle in a case can refer the case to CASA: A Social Worker, an attorney, a judge, a therapist, etc. At this time however, only approximately 10% of substantiated abuse cases have been assigned a CASA in DC.

Another way to bring in the Private sector and assist Social Services is to support and utilize Child Advocacy Centers--like Safe Shores here in DC. I am pleased to see Kim Shellman here today- she was kind enough to give some Members of Congress a tour of her facility last year, and I was very impressed with her and her staff.

Child Advocates of Ft. Bend, in my district, is a not-for profit organization that works on behalf of child victims of abuse (birth- age 18) through

various advocacy programs, providing services to these children and their families through specially trained community volunteers and staff.

Each program was specifically designed to supplement the overburdened child welfare and legal systems.

Under the umbrella of Child Advocates of Ft. Bend is the Children's Advocacy Center- a collaborative effort by local law enforcement agencies, Fort Bend Child Protective Services, and The District Atty's office. The goal of the Center is to make the investigation, treatment, and prosecution of child sexual assault and severe physical abuse more child-focused and timely by centralizing assessment and treatment services, while coordinating professional efforts.

Also operating out of the Children's Advocacy Center is our local Court Appointed Special Advocates program. Referrals for the Center come from Law enforcement and CPS; referrals for the CASA program come from family court and CPS.

Having one centralized agency providing services to abused children and their families, and working in tandem with Social Services, Law enforcement and the courts, enables programs to combine their strengths and lessens competition for funding, volunteers, community awareness, etc.

I know that the needs and the character of Ft. Bend county are different from the needs and character of District, and I am a firm believer that one size does not fit all when it comes to the needs of communities. I do believe however, that many of the issues you will be looking at today are not unique to any locale.

In urban cities and in suburbia you will find overworked and underpaid social workers, lack of systemic coordination and collaboration, and difficulty in meeting deadlines. You will find children languishing in foster care when they should be released for adoption; you will find a system that is well intentioned, but ill-equipped to care for the increasing number of children who need protection and permanency.

My challenge to you today as you examine the efficacy of the reforms undertaken in the District of Columbia, is to remember that this is about the

child who has died and will die again when deadlines come and go and reports are not completed. This is about children who depend on us to intervene when the family that they were born in to can't or won't keep them safe from harm.

I encourage you to draw from the resources in your community. I urge you to look for new ways of addressing old problems. See what Safe Shores-your Child Advocacy Center can do to improve collaboration and coordination among your child welfare professionals. Give CASA and other volunteers a chance to help your hard working social workers and invest in their community at the same time.

Again, I commend you Mr. Chairman for holding this hearing today, and thank you for the opportunity to be here.

Mr. DAVIS. Mr. DeLay, thank you very much. Let me just ask a couple of questions.

How long have you been involved with CASA, and going back to Ft. Bend, how did this get started and do you have more volunteers than you need, or how does it work?

Mr. DELAY. Well, Fairfax County lost a great person and that was my wife when we moved away and went back to Texas about 6 years ago. And she got involved in——

Mr. DAVIS. We lost a great teacher, too.

Mr. DELAY. That's right at Langley High School.

At that time, she was looking for something to do and the CASA program in Ft. Bend was struggling and she got involved with it at that time 6 years ago and has been a CASA ever since. We've been foster parents for almost 4 years.

Mr. DAVIS. Does CASA fund through a block grant? Does it have small local contributions? So it's a very cost-effective program, because most of the people are volunteers?

Mr. DELAY. Well, CASA—at least in Ft. Bend County it is different for every chapter of CASA; they're pretty well independent around the Nation. But Ft. Bend County—I'm glad you asked this question. When I got involved with CASA in Ft. Bend County, I insisted that they receive no government funds, that if they did I was out of there; because I truly believe that you have to have that personal connection of the community, through fundraising activities and volunteerism, to be able to provide that personal touch to these children.

The Ft. Bend County CASA and the Ft. Bend Child Advocacy Center receive grants from foundations, but most of the money is raised right there in Ft. Bend County; and through the efforts of the community, it's one of the best charities in the county. So it is vitally important.

Yes, government has their role to play in this, and we all understand that, but to have accountability and to have that personal commitment, you must have it involved in the—the community funding, the CASA programs and the child advocacy centers.

Now, some people behind me may disagree with that.

Mr. DAVIS. Is the training done by the government or does the program pay for its own training?

Mr. DELAY. The program pays for its own training, sets up its own training. It's advised and supervised by the Child Protective Services of Texas, and they work together. And sometimes they work in an adversary role; sometimes CASA gets onto Child Protective Services for not following up and doing what they think is right and in the best interest of the child.

Mr. DAVIS. It sounds like, from your testimony, that the city is not utilizing this the way it ought to if only 10 percent of the cases are going there.

We also have a CASA program. In fact of one our State legislators, Vivian Watts, is executive director in Fairfax and it has worked wonders. You know, you change the world a kid at a time, and that's what these programs emphasize.

Mr. DELAY. I might say, Mr. Chairman, that it is vitally important that the court system drives it all. If the courts are not focused on the best interest of the child and use CASAs—most of the

time, I don't even know; I can't answer the question if it's law in Texas to use a CASA. But it's usually the judges. The judges appoint a CASA because they want someone that is totally focused on the best interest of the child in that process. So it's also really important to have a court system set up in the family court examples that we see around the country.

Mr. DAVIS. Do you have separate family courts in Texas, or would this just be a general part of the court system?

Mr. DELAY. Actually, we don't have separate family courts by statute, but we do have separate family courts by setup. You just sort of—these are all the—at least in my county.

Now, in Harris County they do have a separate family court system. So it really depends on each county.

Mr. DAVIS. Thank you. I can't thank you enough for your involvement in this, what it means to the committee, and giving us the impetus hopefully to move forward on this and not just hold hearings to hear what is going on.

So thank you very much.

Ms. Norton.

Ms. NORTON. Well, I don't have any questions for the Majority Whip. I will say to him that I will be interested to inquire of the witnesses who come forward, given your testimony, why only 10 percent of the CASA abuse cases have been assigned to volunteers.

I do want to say to you, Mr. DeLay, that I very much appreciate the life you and your wife have lived in personal dedication to these children. Talk is real cheap on this, and you've been on the line for these kids. Your presence here, I appreciate as well, because it signals to the receiverships and it signals to the city the importance of this issue to the Congress and the importance of these children to the Congress.

And finally, Mr. DeLay, I have heard that you and Mrs. Clinton will soon receive awards from the Orphan Foundation.

Mr. DELAY. Yes. I'll help you sell tickets to that one.

Ms. NORTON. See what his job is in the Congress.

In any case, very seriously, Mr. DeLay, I believe that on both sides of the aisle, where your work for children is well known, there will be agreement that such an award is well deserved.

Mr. DELAY. Thank you. I'm really looking forward to appearing with the First Lady because she does deserve recognition for her work in adoption and she's—and child abuse. So she's very deserving.

Ms. NORTON. I think you've been appropriately paired.

Thank you, Mr. Chairman.

Mr. DAVIS. The gentleman from California. Any questions?

Mr. HORN. No thanks.

Mr. DAVIS. Tom, thank you again for taking the time.

I would like now to call our second panel of witnesses to testify: Ms. Cynthia Fagnoni, the Director of Education, Workforce, and Income Security Issues for the U.S. General Accounting Office; Ms. Judith Meltzer, the deputy director for the Center for the Study of Social Policy; and Mrs. Ernestine F. Jones, the general receiver of the District of Columbia Child and Family Services, who will address the current state of affairs in the Child and Family Services Agency.

As you know, it is the policy of this committee that all witnesses be sworn before they testify. So I ask you to stand with me and raise your right hands.

[Witnesses sworn.]

Mr. DAVIS. We've read the testimony, so to afford sufficient time for questions, I would like you to limit your opening remarks to 5 minutes. You can highlight what you want to highlight and all written statements will be made part of the permanent record.

I would like to start with Mrs. Fagnoni and then follow it with Ms. Meltzer and Ms. Jones.

STATEMENTS OF CYNTHIA M. FAGNONI, DIRECTOR, EDUCATION, WORKFORCE, AND INCOME SECURITY ISSUES, U.S. GENERAL ACCOUNTING OFFICE; JUDITH MELTZER, DEPUTY DIRECTOR, THE CENTER FOR THE STUDY OF SOCIAL POLICY; AND ERNESTINE F. JONES, GENERAL RECEIVER, THE DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES

Ms. FAGNONI. Good afternoon, Mr. Chairman and members of the subcommittee. I am pleased to be here this afternoon to discuss the status of the court-appointed receivership for the District of Columbia's child welfare system.

Today, I will discuss our preliminary observations on the progress the receivership has made to comply with the requirements of the court order and key elements that are essential for additional reform to occur. My remarks are based on our ongoing work for the subcommittee.

Regarding the changes the receiver has made to date, improvements have focused on several important areas. To address the lack of leadership and accountability, the receiver restructured the organization and developed a mission statement, agency goals and a comprehensive strategic plan. The receiver's actions to identify specific milestones, completion dates and expected outcomes represent the initial steps in establishing the requisite managerial and planning frameworks for improving the child welfare system. Of critical importance in supporting these frameworks is the development and implementation in October 1999 of the FACES information system. However, to ensure that this system provides the necessary data for workers to assess family situations over time, historical information on children still needs to be added.

Some changes instituted by the receiver address the District Court's concerns about staff shortages and the quality of social work performed. To address these concerns, the receiver obtained authority from the Mayor's office to directly process incoming personnel and anticipates being fully staffed by June 2000. In addition, the training project initiated in January 1999, and operated for the agency by Virginia Commonwealth University, trained 734 staff as of September 1999. Training has covered a variety of topics such as special needs adoption, coping with grief and loss, and family violence.

Many court-ordered requirements relate to improving services for children. The receiver has taken several steps to address these deficiencies. These include establishing a central 24-hour hotline for reporting suspected child abuse and neglect and launching DC Kids, a health management system and provider network. DC Kids

is designed to provide foster children with more timely medical screening and comprehensive medical and psychological assessments, among other things.

In addition, to develop the required community-based services to prevent the placement of children in foster care, the receiver has continued to work with the eight Healthy Families/Thriving Communities Collaboratives to develop and provide the necessary services. The receiver recently reported that these preventive services appear to have been effective because fewer children entered out-of-home care in fiscal year 1999 than in previous years.

To address the shortage of appropriate placements for children who must be removed from their homes, the receiver is working with the Casey Family Program and the Annie E. Casey Foundation to recruit additional placement resources and foster homes.

Despite this progress, there is considerable improvement that still needs to be made. Further movement toward meeting the court-ordered requirements will depend on the District's ability to create an environment in which additional reforms can occur.

In order to function effectively, child welfare agencies need a rich array of services to meet children's needs. Rarely does a single agency have control over acquiring all the needed services. Therefore, strong collaboration among all stakeholders who play a role in helping children and their families is essential to obtaining the necessary services. These stakeholders include private provider agencies, the police department, substance abuse and mental health agencies, agency legal counsel and local government leaders.

Although stakeholders in the District have taken initial steps to work together in limited areas, District officials have told us that cooperative working relationships still do not fully exist. The lack of these relationships impedes the agency's ability to conduct its work effectively. The effects of inadequate collaboration include delays in the Health Department issuing foster home licenses and difficulties in the ongoing transfer of resources, such as Temporary Assistance for Needy Families assistance and child care that would benefit the agency's operations.

Our previous work on child welfare issues shows that collaborative approaches help to enable key child welfare system participants to develop joint solutions to crosscutting problems and more effectively make decisions on individual child welfare cases. For example, jurisdictions in five States we visited convened multidisciplinary advisory committees to work on resolving turf battles and to develop and implement reforms. Committees were typically composed of representatives from key groups such as child welfare agencies, attorneys, judges and other advocates.

Other jurisdictions built collaboration by pooling or blending resources and funding to obtain the needed services. For example, Boulder County, CO, pooled its child welfare allocation from the State with funding from the mental health agency and the youth corrections agency to provide joint programming and placement decisionmaking for adolescents in need of out-of-home care in group or residential settings.

Some collaborative efforts intervene at key points on individual cases to gather and share comprehensive information among participants. For example, Day One Conferences in North Carolina's

District 20 include the parents, child welfare caseworkers, guardians ad litem, public and mental health liaisons, attorneys, public education liaisons, child support liaisons and law enforcement officers. These meetings provide a forum to arrange services for the family immediately and provide an opportunity to reach agreement on many aspects of the case outside the courtroom.

Because the receivership is intended to be a temporary vehicle for correcting specific problems in the agency, the court and the District will at some point need to determine when the receivership should end and governance of the child welfare agency should transfer back to local government. However, unless collaboration among key stakeholders is imbedded in each organization's day-to-day operations, the long-standing cycle of organizational divisiveness will continue and it will threaten attempts to successfully reform the child welfare system and hinder the ability of the District to keep its children safe.

This concludes my oral statement. I would be happy to answer any questions you or other Members may have. Thank you.

Mr. DAVIS. Thank you very much.

[The prepared statement of Ms. Fagnoni follows:]

United States General Accounting Office

GAO

Testimony

Before the Subcommittee on the District of Columbia, Committee on Government Reform, House of Representatives

For Release on Delivery
Expected at 2:00 p.m.
Friday, May 5, 2000

FOSTER CARE

Status of the District of Columbia's Child Welfare System Reform Efforts

Statement of Cynthia M. Fagnoni, Director
Education, Workforce, and Income Security Issues
Health, Education, and Human Services Division

GAO/T-HEHS-00-109

Mr. Chairman and Members of the Subcommittee:

I am pleased to be here today to discuss the status of the court-appointed receivership for the District of Columbia's child welfare system. Numerous problems in serving the children at risk of placement and those already in foster care in the District led the U.S. District Court for the District of Columbia in 1994 to develop a modified final order (MFO)[1] requiring over 100 corrective actions. In 1995, the Court removed the child welfare agency from the auspices of the District's Department of Human Services and from local government control, putting a child welfare receivership in place to implement the MFO requirements.[2] Recently, your Subcommittee has raised concerns about the proper operation of the receivership following the death of a child who had been returned to her mother, and whether significant risk to the safety and well-being of children exists.

Today, I would like to focus my remarks on our preliminary observations of (1) the progress the receivership has made to comply with the requirements of the MFO and (2) key elements that are essential for additional reforms to occur. My testimony is based on our ongoing work for the Subcommittee, including a review of progress reports prepared by the Center for the Study of Social Policy (CSSP)—the court-appointed monitor—and documentation provided by the receiver and other organizations, as well as our past work on organizational reform in general and child welfare system reforms in particular. (See related GAO products listed at the end of this testimony.)

In summary, our work has shown that resolving the long-standing systemic problems plaguing the District's child welfare system will take a concerted effort that goes beyond addressing the specific requirements of the MFO. While the receiver has made progress in correcting important child welfare agency deficiencies, our previous work shows that the responsibility for the safety and well-being of children cannot rest solely on an overwhelmed child welfare agency. The receiver has begun to fulfill her role in addressing the specific MFO requirements, such as developing and implementing a new child welfare information system that began operating in October 1999 and establishing a training project in January 1999 to enhance caseworker skills. The receiver acknowledges that changes to date address approximately 50 percent of the requirements in the MFO. However, implementing changes to address the MFO requirements alone cannot resolve the many systemic challenges that permeate the child welfare system. Many of the problems facing the District's system are similar to those faced by other jurisdictions around the country, and long-standing systemic weaknesses, such as poor working relationships between the agencies and the courts, hamper child welfare agencies' capacity to protect children. Our previous work found that in order to achieve tangible progress in eliminating these barriers, effective working relationships must exist among all stakeholders—such as private foster care providers, the court system, and other local government agencies—that have a role in keeping children safe. Some jurisdictions have fostered this collaboration by

[1]The Court approved a final order in 1991 and subsequently approved an MFO in 1994 incorporating additional activities and requirements.

[2]A receivership is an arrangement whereby a court appoints a person to temporarily manage, in this case, a local agency, with broad authority to ensure full compliance with the court order in an expeditious manner.

creating multidisciplinary advisory groups that work to resolve turf battles and dispel mistrust, or by pooling or blending funds from various state and federal sources to gain leverage in obtaining needed resources. District of Columbia officials and child welfare experts familiar with the District agree that this collaboration, while key to protecting children, is not fully developed in the District.

BACKGROUND

The appointment of a child welfare receivership began with the filing of a class action in 1989 on behalf of abused and neglected children in the District of Columbia. The trial and subsequent opinions the District Court produced detailed the many problems within the child welfare system and led to a finding of liability on the part of the District. For example, the U.S. District Court determined that, as a result of inept management and the indifference of the then Mayor's administration, the District had failed to comply with reasonable professional standards in almost every area of its child welfare system. The District had failed to investigate reports of abuse or neglect in a timely manner or provide needed services for children outside the foster care system; and, for children who entered the foster care system, the District had failed to place them appropriately, monitor their care, or adequately ensure permanent homes. Court documents traced these failures to staffing and resource problems, such as staff shortages, inconsistent application of policies and procedures, and an inadequate automated information system to track the placement and status of children in the District's care. The parties to the class action—the plaintiffs and the defendants—developed a remedial action plan to correct the deficiencies.[3] The resulting MFO was established in January 1994. However, because the defendants did not comply with this order, the Court found the defendants to be in contempt and ordered the child welfare agency to be placed in receivership in 1995. Since then, the Court has twice appointed an individual to serve as a receiver to manage the child welfare agency's efforts to institute the changes outlined in the MFO. The first receiver served from August 1995 through June 1997 and the second and current receiver was appointed in October 1997. Throughout this time period, CSSP was appointed as court monitor of these efforts and, as of 1997, was required to file quarterly reports on the receiver's progress in meeting the MFO requirements. Court actions pertaining to the receivership are summarized in table 1.

[3]The class action named seven children as plaintiffs on behalf of the class. The defendants, who were sued in their official capacities, were the Mayor of the District, the Director of the Department of Human Services, the Commissioner of Social Services, the Acting Administrator of the Family Services Administration, and the Chief of the Child and Family Services Division.

Table 1: Major Court Actions Leading to Child Welfare Receivership

Date	Court actions
6/89	The American Civil Liberties Union (ACLU) filed a class action suit, LaShawn A. v. Barry, on behalf of neglected and abused children in the District of Columbia.
4/91	The U.S. District Court for the District of Columbia issued a memorandum opinion holding that the defendants operated a child welfare system that violated the federal and local statutory rights of all children in the plaintiff class.[a]
8/91	District Court Judge Thomas Hogan signed a final order, jointly developed by the District's Department of Human Services and ACLU. The order set forth specific requirements for the District to improve its child welfare system.
2/92	The Court approved an implementation plan developed by CSSP, which had been appointed as court monitor.
1/94	The court approved an MFO. The court monitor subsequently developed a revised implementation plan incorporating the additional activities and requirements set forth in the MFO.
8/95	Because the defendants did not comply with the MFO, the Court issued a general receivership order to ensure full compliance with the order and the implementation plan.

[a]LaShawn A. v. Dixon, 762 F. Supp. 959 (D.C.C. 1991).

Source: District of Columbia Child and Family Services Agency Strategic Plan, 1998-1999.

Requirements that the receiver must address in the MFO encompass the full scope of duties for which the District's Child and Family Services Agency is responsible. The District Court required the defendants to comply with all provisions of the MFO by June 1995, with the exception of the computerized information system, which the defendants were to develop by December 1995. The MFO includes many requirements for improving the agency, such as provisions related to intake and assessment of cases; staff caseload standards; the provision of services to children and their families; and the placement of children in foster homes or other facilities. Examples of the more than 100 MFO requirements are shown in the appendix. In addition to meeting the MFO requirements, the receivership must also comply with provisions of the Adoption and Safe Families Act of 1997, which placed additional responsibilities on all child welfare agencies nationwide.[4]

SOME ASPECTS OF THE CHILD WELFARE AGENCY'S OPERATIONS HAVE IMPROVED

Many changes to the District's child welfare agency have been put in place that begin to address the deficiencies identified in the MFO. The improvements made by the receiver focus on many

[4]For example, the act requires states to file a court petition to terminate the parental rights of the child's parents if the child has been in foster care for 15 of the most recent 22 months, and to hold a permanency planning hearing no later than 12 months after the child is considered to have entered foster care.

important areas, including (1) strategic planning and organizational structure; (2) staff recruitment, training, and working conditions; and (3) initiatives for improving services to children. Some local officials have criticized the receiver's choice of which problems to address first. These officials believed the receiver should have focused more fully on improvements in how families' needs are met. However, child welfare experts acknowledged that currently no recommended approach to reforming child welfare systems exists. Most agree that both improvements to infrastructure and improvements directly related to child protection and service provision need to be addressed.

Strategic Planning and Organizational Structure

The court monitor reported in December 1997 that, at the time the District Court appointed the current receiver, the child welfare agency lacked leadership, focus, and lines of accountability. To address these issues, the receiver restructured the organization by placing the functions of the child welfare agency under two units—operations and programs—each headed by a deputy receiver. The operations unit is responsible for fiscal operations, facilities management, human resources, and child information systems. The programs unit is accountable for intake and family services, permanency and planning, community services, and resource development. Together, the receiver and unit heads developed a mission statement and goals in 1998 for moving the agency forward and produced a comprehensive strategic plan. The strategic plan has recently been updated to reflect progress toward meeting those goals. The receiver's objective for this restructuring and planning effort was to create, among other things, clear lines of responsibility, authority, and accountability for all management, supervisory, and direct service staff.

According to our study on improving organizations' management and performance, the magnitude of challenges that many organizations face necessitates substantive planning to establish clear goals and objectives for instituting reforms and to define the concrete steps and key milestones the organization will follow to track implementation status and progress.[5] Similarly, in developing the child welfare agency's strategic plan, the receiver identified specific milestones, completion dates, and expected outcomes for each goal, with links to specific MFO requirements. These actions represent initial steps in establishing the requisite managerial and planning frameworks for improving the child welfare system.

Of critical importance in supporting agency strategic planning and MFO compliance efforts is the development and implementation in October 1999 of the FACES[6] information system, designed to provide the agency with timely and reliable information on the children and families in its care. To ensure that the information system functions as intended and provides the necessary data for workers to assess families' situations over time, information on children's history—such as the date they entered foster care, prior incidences of abuse or neglect, and the number of placements a child has had—still needs to be added.

---

[5]Management Reform: Elements of Successful Improvement Initiatives (GAO/T-GGD-00-26, Oct. 15, 1999).

[6]An agencywide contest provided the name for the new information system.

Staff Recruitment, Training, and Working Conditions

The District Court reported in 1991 that staff caseloads consistently exceeded reasonable professional standards and prevented the agency from carrying out its responsibilities under federal and district law, in part because of staff shortages. Recent reports by the court monitor confirm that staff shortages continue. Compounding this shortage of staff is the MFO requirement that all social workers have a Master of Social Work (MSW) degree. According to the monitor's reports, a general shortage of MSW applicants exists. To increase the number of qualified staff to a level that meets required caseload ratios,[7] the receiver has acted on two fronts. The receiver identified the types of agency work that could be done by staff who have degrees such as Bachelor of Social Work, and will provide a justification to the U.S. District Court for approval to hire such staff. Also, to shorten recruitment and hiring time frames, the receiver obtained authority from the Office of the Mayor to directly process incoming personnel. According to the receiver, 10 anticipated new hires will lower the number of vacancies from 61 to 51. Given the number of employment applications received, the receiver believes the agency will be fully staffed by June 2000.

The District Court's concerns over the availability and adequacy of staff training led to an MFO provision requiring the agency to (1) develop a full-time unit to provide staff comprehensive child welfare training, (2) provide new hires a minimum of 80 hours of classroom and 80 hours of field preservice training, and (3) provide all social workers a minimum of 40 hours in-service training each calendar year. To meet these requirements, the receiver established a training project operated for the agency by Virginia Commonwealth University in association with Howard and Catholic Universities. In January 1999, the project began offering courses covering a variety of topics such as special needs adoption, coping with grief and loss, and family violence. As of September 1999, the receiver reported that 734 staff had been trained, and the court monitor reported in March 2000 that many more staff now have access to training on an ongoing basis.

Although the MFO does not specifically require improvements in staff working conditions, the receiver and her management team identified poor working conditions as a major issue affecting the delivery of services to children. The receiver's strategic plan stated that staff were housed in seven separate locations, many of them in unsafe and unsanitary conditions, and lacked the basic tools to accomplish their work. To address these issues, the receiver consolidated all staff in one facility in February 2000. This building accommodates all the equipment and telecommunication needs of the agency and places staff nearer the Court and subway lines. In addition, to accommodate the growing demand for transportation services, the receiver restructured the agency's in-house transportation system by revising the shuttle service and replacing an unsafe van. The receiver believes these changes will (1) improve communications, coordination, and efficiencies among staff; (2) increase management and supervisory control; and (3) increase productivity.

[7]The caseload ratios required by the MFO vary by the type of work the staff are conducting. For example, the ratio of caseloads to staff conducting investigations is 12 to 1, the ratio of foster children with special needs to staff is 12 to 1, and the ratio of all other foster children to staff is 20 to 1. The MFO also outlined ratios for other categories of workers.

Initiatives to Improve Services to Children

The MFO contains many requirements related to improving services to children, such as requirements related to (1) intake and investigation services, (2) health care services provided to children in foster care, (3) community-based services to help prevent children from entering the child welfare system, (4) foster care placement services, and (5) permanency planning services to ensure children's time in out-of-home care is as short as possible. Examples of these requirements and the actions the receiver has taken to address the issues follow:

- The MFO requires the agency to establish, staff, and maintain a 24-hour system for receiving reports of child abuse and neglect. To address this provision, in April 1999 the receiver established a central hotline for reporting suspected child abuse and neglect. The hotline operates 24 hours a day, 7 days a week. The intake process uses information obtained through the hotline to help designate cases as urgent or nonurgent and to indicate recommended response times. However, although the hotline is fully staffed, the receiver acknowledged that the quality of work in responding to hotline calls needs upgrading.

- The MFO also requires that all children receive a medical screening within 24 hours of the agency's physical custody of a child, as well as a full medical and dental examination within 2 weeks. In addition, the December 1998 court monitor report stated that, prior to the MFO, the agency had little capacity to assess the health needs of children in foster care and to routinely provide access to services to meet those needs.[8] To provide health services for children when they enter foster care, in October 1999 the receiver launched D.C. KIDS—a health care case management system and provider network. The system was set up to provide children with more timely medical screening and comprehensive medical and psychological assessments and to track data on children's health throughout their tenure in foster care.

- The District Court expressed concern in 1991 over the absence of direct service resources—such as those for substance abuse, mental health, and housing—to prevent the placement of children in foster care, as well as the absence of agreements with other agencies or organizations to provide those services. Provisions in the MFO address these concerns and require the agency to develop community-based services, such as crisis intervention, mental health, substance abuse, housing, and child care, to prevent the unnecessary placement or replacement of children in the system. To meet MFO requirements, the receiver has continued work begun by her predecessor to transform the centralized child welfare system into a neighborhood-based system that empowers community collaboratives to partner with agency staff to provide needed services. By 1998, eight Healthy Families/Thriving Communities Collaboratives—comprising private agencies, community agencies, health centers, churches, universities, and resident groups—as well as the Ferebee Hope Community Services Center were established to develop a community-based, outcome-driven child and family services delivery approach. According to the Collaboratives' mission statement, the Collaboratives base their approach on community partnerships to provide early intervention, family support, and violence prevention services. These entities also work to build provider capacity and

[8]CSSP, LaShawn A. v. Barry, Progress Report as of December 31, 1998 (Mar. 11, 1999).

experiment with practice innovations. For example, the Far Southeast Family Strengthening Collaborative has supported four local family centers that provide services such as parent support groups and domestic violence programs. The receiver reported in 1999 that these community-based preventive services are beginning to have an effect because fewer children entered out-of-home care in fiscal year 1999 than in previous years.

- The receiver has also begun work on developing and supporting out-of-home placements for children who need to be removed from their homes. This work addresses provisions in the MFO that require the agency to take the steps necessary to ensure it has a sufficient number of foster homes, group homes, therapeutic foster homes, and residential treatment facilities to allow it to place children promptly in the most family-like setting and in close proximity to their homes and communities.[9] In addition, the MFO requires the agency to place children with their relatives whenever possible and appropriate. To address these provisions, the receiver is working with the Casey Family Program—a private foundation that provides and promotes permanency for children in a variety of settings—to identify resources to move children who are placed far from the District back in local homes and facilities, and with the Annie E. Casey Foundation—a private entity that works to improve the futures of disadvantaged children—to recruit additional foster homes. In addition, the receiver established a Kinship Care Division and applied for, and the District was designated as, a site for a 5-year federal kinship care demonstration project.

- A key expectation for out-of-home services for children is ensuring that children are in out-of-home care for as short a time as possible and that they are placed in a permanent home in a timely manner. After the development of the MFO and its related permanency planning requirements, the Congress passed the Adoption and Safe Families Act of 1997 (ASFA), which shortened the time frames that children may remain in care before action on permanency is required.[10] To address the ASFA provisions, the receiver recently began to collaborate with representatives of the District of Columbia Superior Court, the Metropolitan Police Department, and the District's Office of Corporation Counsel to develop joint procedures to implement ASFA's provisions. In addition, the American Bar Association is drafting court rules to implement the ASFA legislation and the new procedures. Local officials believe, however, that problems within the court system could hinder implementation of ASFA. For example, child welfare cases are spread among 59 Superior Court judges, no family court exists, and overcrowded court calendars and numerous case

[9]Children with special needs, who would not ordinarily be placed in traditional family foster care, may be placed in a therapeutic family foster home as an alternative to group care or residential treatment.

[10]ASFA requires states and localities to file a court petition to terminate the parental rights of the child's parents if the child has been in foster care for 15 of the most recent 22 months, and to hold a permanency planning hearing no later than 12 months after the child is considered to have entered foster care. ASFA changed the definition of when a child is considered to have entered foster care from that of previous laws. A child is considered to have entered care the earlier of (1) the date of the first judicial finding that the child has been subjected to abuse or neglect or (2) 60 days after the date on which the child is removed from the home.

continuances are typical.[11] As a result, these officials believe the ability of the court to move cases more quickly to meet ASFA time frames is limited.

EFFECTIVE WORKING RELATIONSHIPS ESSENTIAL FOR ADDITIONAL REFORMS TO OCCUR

Although progress has been made in complying with the MFO, further movement toward meeting these requirements depends upon the District's ability to create an environment for additional reforms to occur. While the problems of the District's child welfare system are formidable, they are similar to those faced by other jurisdictions around the country. Our previous work found that effective working relationships among key child welfare system stakeholders who play a role in keeping children safe are essential to successful reform efforts.[12] District of Columbia officials and child welfare experts familiar with the District agree that this collaboration is key to protecting children and is not fully developed in the District. Some jurisdictions have fostered this collaboration by creating multidisciplinary advisory groups that work to resolve turf battles and dispel mistrust, or by pooling or blending funds from various state and federal sources to gain leverage in obtaining needed resources. Other jurisdictions have built partnerships at the decision-making level for individual cases.

Collaboration Among Key Stakeholders Not Fully Developed

In order to function effectively, child welfare agencies need a rich array of services to meet the needs of abused and neglected children and their families. Rarely, however, does a single state or local agency have control over acquiring all the needed services. Many needed services, such as mental health care and drug treatment, are outside the control of the child welfare agency. Therefore, strong collaboration among all stakeholders who play a role in helping children and families, such as private provider agencies, neighborhood collaboratives, the police department, local government leaders, substance abuse and mental health agencies, and agency legal counsel, is essential to obtaining the necessary services. Although stakeholders in the District have taken initial steps to work together in limited areas—such as in developing procedures for implementing ASFA and building partnerships with the Healthy Families/Thriving Communities Collaboratives—District executive branch officials indicated that cooperative working relationships still do not fully exist. For example, a 1999 report to the District's Mayor stated that the child welfare agency existed as an independent entity, lacking functional, symbiotic relationships with critical executive branch agencies such as the Department of Health, Fire and Medical Emergency Services, District public schools, and the Office of Corporation Counsel.[13,14]

---

[11]When a continuance is granted by the judge, the case is rescheduled for another day.

[12]Juvenile Courts: Reforms Aim to Better Serve Maltreated Children (GAO/HEHS-99-13, Jan. 11, 1999).

[13]The Office of the Corporation Counsel's Family Services Division prosecutes civil child abuse and neglect, termination of parental rights, and adult protective services cases for the District of Columbia.

[14]Carolyn N. Graham and Kennedy S. Khabo, Report to Anthony A. Williams, Mayor, The District of Columbia Safe Passages to Permanency Initiative (Oct. 1999).

The lack of these relationships impedes the agency's efforts to conduct its work efficiently. For instance, the Health Department has responsibility for issuing licenses to enable families to house and care for foster children. But because of the Health Department's inadequacies—such as low staffing and funding levels—and its perception that it did not have to coordinate with the receivership, it placed low priority on approving foster home applications. Similarly, the 1999 report to the Mayor stated that the Department of Human Services, which formerly administered the child welfare agency, does not have a relationship with the agency that sufficiently allows for resource sharing. For example, no formal relationship exists to encourage the ongoing transfer of resources, such as Temporary Assistance for Needy Families (TANF) assistance and child care resources, that would benefit the agency's operation.[15] The report's authors believed that the independence of the receivership affects the way in which these agencies work together.

Collaborative Efforts Can Occur on Two Levels

Our previous work shows that collaborative approaches can occur on two levels—some focus on integrating the key child welfare system participants to develop joint solutions to crosscutting problems and others focus on building collaboration in making decisions on individual child welfare cases. These approaches may provide important illustrations of ways the District can further improve its child welfare system. For example, jurisdictions in five states—California, Florida, Illinois, North Carolina, and Ohio—convened multidisciplinary advisory committees to (1) work on resolving turf battles, (2) dispel the mistrust among system participants, and (3) develop and implement reforms. Committees were typically composed of representatives from key groups, such as child welfare agencies, attorneys, judges, court-appointed special advocates,[16] and other advocates. For example, Cook County, Illinois, established a Child Protection Advisory Group composed of 32 individuals representing all offices of the court, the child welfare agency, private social service agencies, legal service providers, advocacy groups, and universities. The group is divided into subcommittees that focus on various issues, such as alternatives to court intervention, making decisions in the best interests of the child, and terminating parental rights.

Other jurisdictions across the country have taken a different approach to building collaboration by pooling or blending funds to obtain the needed services. For example, Boulder County, Colorado, pooled its child welfare allocation from the state with funding from the mental health agency and the youth corrections agency to provide joint programming and placement decision-making for adolescents in need of out-of-home care in group or residential settings. Similarly, the Wraparound Milwaukee program in Wisconsin blended Medicaid, child welfare, and federal grant funds into a single buying pool to purchase individualized, family-based services to help children placed in residential treatment centers return to their families, foster homes, or other

[15]TANF is a block grant for state-designed programs that provide time-limited aid to families with children, such as employment assistance and child care. For example, TANF allows states to operate programs designed to aid needy families so that children may be cared for in their homes or the homes of relatives.

[16]Court-appointed special advocates, usually volunteers, are trained to provide assistance to the court and to oversee a child's case.

living arrangements in the community.[17] The Annie E. Casey Foundation recently reported on the experiences of Scott County, Iowa, where an underlying cause of the child welfare crisis was the state's inflexible and uncoordinated system of services for troubled children and their families.[18] In response, a pilot project in Scott County combined several separate state and state/federal funding sources into a single, locally controlled fund. According to the report, this process encouraged the local development of a full range of preventive and treatment services and allowed communities to experiment and innovate. The pilot has since spread to 98 of Iowa's 99 counties, and results were measurable. For example, statewide results include a 21-percent decline in out-of-home placements between 1994 and 1998 and a systemwide shift in child welfare spending, such as a 30-percentage-point increase in spending for in-home services.

Other collaborative efforts focused on improving decision-making on individual cases, intervening at key points to gather and share comprehensive information among participants. For example, Day One Conferences in North Carolina's District 20 are held on the first business day after a child is taken into custody by the child welfare agency. In attendance are the parents, child welfare caseworkers, guardians ad litem,[19] public and mental health liaisons, attorneys, public education liaisons, child support liaisons, and law enforcement officers. These meetings provide a forum to arrange services for the family immediately and provide an opportunity to reach agreement on many aspects of the case outside the courtroom, thus reducing the number of times a case is continued in court.

CONCLUDING OBSERVATIONS

The receiver has been tasked by the District Court to correct the numerous deficiencies outlined in the MFO. However, responsibility for the safety and well-being of the District's children cannot rest solely on an overwhelmed child welfare agency. While progress has been made in addressing certain deficiencies in the agency's infrastructure, improving the child welfare system in the longer term requires a concerted and sustained collaborative effort by all organizations that have a role in protecting and serving the needs of children. Because the receivership is intended to be a temporary vehicle for correcting specific problems in the agency, the Court and the District will at some point need to determine when the receivership should end and governance of the child welfare agency should transfer back to local government. However, unless collaboration among all key stakeholders is embedded in each organization's day-to-day operations, the long-standing cycle of organizational divisiveness will continue to threaten attempts to successfully reform the child welfare system and hinder the ability of the District to keep children safe.

---

[17]The county child welfare agency and the state health care financing agency each agreed to pay a specific monthly rate for services to children. These funds were pooled with a federal grant to pay the costs of residential treatment, group and foster care, and all other services except physical health care.

[18]The Annie E. Casey Foundation, Decat in the Hat: Iowa's Successful First Step Toward Devolving Resources, Responsibility, and Accountability for Child and Family Outcomes (Spring 1999), http://www.aecf.org/publications/advocasey/decat/index.htm (cited Mar. 17, 2000).

[19]Guardians ad litem are attorneys or trained volunteers who represent the child in court, investigate the case, and monitor case progress.

- - - - -

Mr. Chairman, this concludes my prepared statement. I would be pleased to respond to any questions that you or other Members of the Subcommittee may have.

GAO CONTACT AND ACKNOWLEDGMENTS

For further contacts regarding this testimony, please call Cynthia M. Fagnoni at (202) 512-7215. Individuals making key contributions to this testimony included Clarita Mrena, Diana Pietrowiak, and Mark Ward.

EXAMPLES OF MAJOR MFO REQUIREMENTS

Categories of requirements	Selected examples of required actions
Named plaintiffs	• Maintain continual and steady progress toward permanency with regard to the named plaintiffs. • Ensure that plaintiffs' counsels receive quarterly reports concerning the children's status, services provided, and implementation plans for the named plaintiffs.
Protective services	• Establish, staff, and maintain a 24-hour system for receiving and responding to reports of child neglect and abuse that conforms with reasonable professional standards. • Initiate investigations of all reports of abuse or neglect within 48 hours. • Develop policies and procedures to conduct risk assessments and to ensure that investigations and decisions are based on a full and systematic analysis of the family.
Services to children and families	• Develop policies and procedures for determining and ensuring that families are referred to and receive the intensity and level of services necessary to preserve family relationships, prevent additional abuse/neglect, promote better parental care, and ensure good care for the child. • Review and revise children's case plans to determine additional services needed if a foster home placement or adoptive home placement is in danger of disruption. • Develop a range of community services, such as homemaker services, parent education/counseling, mental health services, substance abuse programs, and housing assistance.
Placement, supervision, and review of children in foster care	• Develop policies and procedures for voluntary placement of children, and follow specific guidelines in the MFO regarding its use. • Establish and maintain a placement office with sufficient staff and other resources to ensure all children are placed promptly and appropriately. • Do not place children under age 6 in a group care setting unless the child's exceptional needs cannot be met in

	any other type of care. Do not place children under age 12 in a group care setting for more than 30 days unless the child has special treatment needs that cannot be met in any other way. • Provide a medical screening for each child within 24 hours of the agency taking physical custody and provide a full medical and dental exam within 2 weeks. • Establish a planning process to work intensively with the child's parents and other appropriate family members to allow the child to remain at home, if appropriate; work intensively and collaboratively with the family to return the child home under appropriate circumstances if removal was necessary; and ensure alternative, appropriate, permanent placements as quickly as possible for children who cannot return home. • Follow specific MFO guidance on the assignment of permanency goals for each child. • Visit the child in the foster home no less than once per week during the first 8 weeks of placement. Thereafter, visit the child no less than every 2 weeks. • Develop and implement a case review system that ensures (1) all children in foster care receive timely and meaningful case reviews, and (2) management personnel are able to monitor the compliance with policies and procedures, District law, and the provisions of the MFO.
Adoption	• Begin seeking an adoptive placement as soon as the child's permanency goal becomes adoption, following the specific time frames set forth in the MFO. • Transfer adoption cases to the Adoption Branch within 5 days of when the permanency goal becomes adoption. Prepare a transition plan, developed jointly by the foster care worker and the adoption worker, detailing the individualized procedures to prepare the child and to facilitate and expedite the child's placement. • Begin individual child-specific adoptive home recruitment for any child for whom an adoptive home has not been identified within 90 days after the child was referred to the Adoption Branch.

Caseloads, staffing, and training	• Follow the maximum caseloads outlined in the MFO, such as 1:12 staff to investigations, 1:17 staff to families with children remaining in the home, 1:12 staff to foster children with special needs, 1:20 staff to all other foster children, and 1:12 staff to children for adoption placement. • Develop and implement a plan to ensure sufficient staff for all work are available at all times. • Hire social workers who have a master's degree in social work, unless the requirement is changed with consent of the plaintiffs. • Establish a full-time unit to provide comprehensive child welfare training to staff. • Provide new hires a minimum of 80 hours in class and 80 hours of field preservice training. • Provide all social workers a minimum of 40 hours in-service training each calendar year.
Resource development and contract review	• Determine the need for an adequate number of community-based services to prevent unnecessary placement, re-placement, adoption, and foster home disruption. • Develop decentralized community-based services and ensure the availability of needed resources in each ward of the District. • Develop an annual adoptive home recruitment plan to recruit, train, and retain potential adoptive families. • Approve and monitor all foster homes following the specific time frames and guidelines in the MFO. • Develop policies and procedures to outline and review specific contract performance for each contract with private providers and agencies.
Information system	• Develop a unitary computerized information system that contains mandated data elements and sufficient information to permit social workers and administrators to achieve compliance with all MFO provisions and relevant District law.

Financial development	• Develop and implement policies and procedures to maximize funds available to the agency through titles IV-B and IV-E of the Adoption Assistance and Child Welfare Act of 1980, the Medicaid Act, and the Supplemental Security Income Act.
Special corrective action	• Develop a plan to immediately take all necessary action for children in specific categories, such as those (1) in emergency care more than 90 days, (2) in foster homes or facilities that exceed licensed capacity or that are not licensed, (3) who have had a permanency goal of adoption for more than 90 days, (4) under age 12 with a permanency goal of long-term foster care or independent living, and (5) in facilities more than 100 miles from the District.

Source: LaShawn A. v. Dixon, Modified Final Order (Nov. 18, 1993).

RELATED GAO PRODUCTS

Foster Care: States' Early Experiences Implementing the Adoption and Safe Families Act (GAO/HEHS-00-1, Dec. 22, 1999).

Foster Care: HHS Could Better Facilitate the Interjurisdictional Adoption Process (GAO/HEHS-00-12, Nov. 19, 1999).

Management Reform: Elements of Successful Improvement Initiatives (GAO/T-GGD-00-26, Oct. 15, 1999).

Juvenile Courts: Reforms Aim to Better Serve Maltreated Children (GAO/HEHS-99-13, Jan. 11, 1999).

Child Welfare: Early Experiences Implementing a Managed Care Approach (GAO/HEHS-99-8, Oct. 21, 1998).

Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers (GAO/HEHS-98-182, Sept. 30, 1998).

Child Protective Services: Complex Challenges Require New Strategies (GAO/HEHS-97-115, July 21, 1997).

Child Welfare: States' Progress in Implementing Family Preservation and Support Services (GAO/HEHS-97-34, Feb. 18, 1997).

Child Welfare: Opportunities to Further Enhance Family Preservation and Support Activities (GAO/HEHS-95-112, June 15, 1995).

(116041)

Mr. DAVIS. Ms. Meltzer.

Ms. MELTZER. Good afternoon, Chairman Davis, Representative Norton and other distinguished members of the committee. Thank you for this opportunity to testify today.

I am Judith Meltzer, deputy director of the Center for the Study of Social Policy. Our center serves as the court-appointed monitor of the child welfare system under the *LaShawn A.* v. *Williams* lawsuit. We've been involved as the court appointed monitor since 1992, with a brief hiatus when the agency was first placed in receivership between 1995 and 1997.

The LaShawn remedial order provides a blueprint for necessary reforms to the District's child welfare system. Its requirements are designed to assure the children who are abused and neglected are protected from harm and that children and families are provided appropriate services and supports to ensure children's safety, promote their positive development and assure them loving, stable and permanent homes.

As monitor, the Center is responsible for reviewing the agency's progress in meeting the requirements and expectations of the order. The Center reviews and compiles data provided by the agency monthly, reviews compliance with law, policy and procedures, tracks the progress of individual children's cases and categories of children, including child fatalities, and conducts a variety of independent studies of the system's progress and the quality of case practice.

During 1999, for example, the Center conducted a case review of over 800 case records, randomly selected to represent all areas of practice from investigations to adoption. We also prepare public reports. Both of those last two reports have been attached to my written testimony and were provided to the committee.

The District's child welfare system has received a lot of negative attention in the past few months, attention which has highlighted the significant problems that must be rectified. While many of those who work in and with the child welfare system are impatient, outraged and frequently distressed about the continued noncompliance with the standards incorporated into the LaShawn order, the truth is that the system today, while far from fixed, is indeed substantially improved from the way it operated prior to the time that the lawsuit was heard by the Federal District Court in 1991. This is not to say that practice is acceptable, but merely to acknowledge that some progress has occurred.

I want to spend most of my time commenting on what remains to be done and offer some recommendations for moving forward. However, it is important to understand today's problems in the context of where the system began.

The written testimony describes in greater detail some of the areas that have in fact improved: increased staffing, staff training, foster home licensing and training, management information systems, improved adoption planning, and increased Federal revenue maximization. More children and families have access to help through the Healthy Families/Thriving Communities Collaboratives. Training and social work support, although not enough, are now available to relatives who step in and care for their kin when parents cannot do so. There is a new health care

system for children in foster care called DC KIDS; a unitary hotline is now finally in place so that the District accepts all calls of abuse and neglect through one telephone number.

There were a record number of adoptions of children in foster care in 1999. In fact, the number of finalized adoptions grew by almost 200 percent since 1995. I think it's important to recognize these accomplishments while at the same time insisting that things must continue to improve and must improve more quickly.

Clearly, while the agency is on the road to more acceptable practice, it has not yet achieved compliance with the standards of the remedial order. And I won't go into all of the problems—you've heard them today—but too many children still linger in foster care for too long. Too many children and families are split from their siblings. Too many teenagers live in group homes. There aren't enough placement resources. There is a shortage of social workers. There remains a really untenable split between responsibility for abuse and neglect in this system. There are critical resource shortages, particularly substance abuse services, mental health services and housing services.

The next year must be one in which demonstrable progress is made in improving outcomes for children. From the monitor's perspective, there are five critical recommendations that I wish to make. The first is the Child Welfare Agency must recruit and maintain an adequate number of trained social workers, supervisors and social work aides. Once hired, the agency must take steps to address the communication, supervision, training and other morale problems that contribute to staff leaving too soon.

Second, the agency needs to increase the numbers and types of placement resources available for children with an emphasis on more family foster homes, therapeutic foster homes and adoptive homes. More placements need to be developed in the Districts—in the neighborhoods where children and families now live.

Third, funding must be made available to implement the resource development provisions of the remedial order with particular emphasis on mental health services, substance abuse services, day care services and funding for a range of community-based services and support.

I want to talk a little bit more about the budget issues. A lot of attention of this receiver has been diverted and devoted to fighting a battle to gain the resources necessary to keep the agency afloat. Approved budgets for fiscal 1999 and 2000 have been insufficient to operate the agency properly, and have stymied headway on many of the reforms required under the remedial order. The receiver's fiscal 2001 budget request includes funding for those requirements of the remedial order which need additional resources.

Congress can be helpful in providing the needed resources to implement the LaShawn order. The District government has never provided the funding necessary to achieve the mandates of the remedial order. Arguably, until recently, the agency did not demonstrate the capacity to adequately spend additional resources. But it is my view that they do now have that capacity and must be given the resources that they have requested.

Congress can readily provide some additional Federal funding to the agency by allowing that the District's Title IV-E reimbursement

for foster care and adoption services be established at the Medicaid reimbursement rate. In all other States, the Title IV-E reimbursement rate for foster care payments and adoption subsidies is set at the Medicaid matching rate. However, in the District, although Congress raised the Medicaid matching rate to 70 percent several years ago for health care services, it stipulated in the legislative history that this increase was only applicable to health care benefits. This distinction could be altered by Congress. By my estimate, allowing the District to claim Title IV-E reimbursement at the Medicaid matching rate, as every other State is allowed, would provide an addition of approximately $8 to $10 million in Federal funds annually for child welfare services.

My fourth recommendation is the quality of social work practice with children and families needs continued attention and improvement. This means paying attention to what goes on in those daily contacts between a social worker and a family.

Fifth, there must be accelerated efforts to improve the working relationships between the receivership, the police, the Superior Court, and the Office of Corporation Counsel, as well as efforts to resolve problems with processing interstate compact approvals for the placement of children in Maryland and Virginia.

The receivership must be held accountable for improving results for children and families, but we must recognize that the child welfare system involves complex relationships between the Child Welfare Agency, the police, the courts and the legal system. The receivership must lead the way, but they cannot fix the system by themselves.

The District Office of Corporation Counsel, for example, must be given the resources to adequately provide legal representation to CFSA and its clients. Similarly, the unworkable separation of responsibility for responding to abuse and neglect in the District must end.

Finally, the Mayor must help resolve the interjurisdictional barriers to timely processing of interstate compact approvals for placement of children across State lines in Maryland and Virginia.

CFSA has been in receivership since 1995 and there is justifiably widespread frustration that desired outcomes for children and families have not been achieved. Doing so will require new action by the receiver and her staff, additional financial and human resources, strong leadership from within District government and continued cooperative work between CFSA, the Superior Court, the Office of Corporation Counsel and the Metropolitan Police.

Work needs to begin now to plan the transition of CFSA back to District government. But it cannot begin unless there is a demonstrated commitment to adequately fund the legitimate needs of abused and neglected children and their families in the District, and to work cooperatively with the court-appointed receiver to implement the LaShawn remedial order.

Thank you very much.

[The prepared statement of Ms. Meltzer follows:]

Testimony of
Judith W. Meltzer, Deputy Director
Center for the Study of Social Policy
to the U.S. House of Representatives
Subcommittee on the District of Columbia

Friday - May 5, 2000
2:00 pm
Rayburn House Office Building – Room 2154

Good afternoon Chairman Davis, Representative Norton and other distinguished members of the House of Representatives. Thank you for the opportunity to testify at this oversight hearing today. I am Judith Meltzer, Deputy Director of the Center for the Study of Social Policy. The Center serves as the Court-appointed Monitor of the District of Columbia's child welfare system under the LaShawn A. v. Williams lawsuit. We have been involved as Monitor for this system since 1992, with a brief hiatus when the Agency was first placed into Receivership in 1995. The problems of the District's child welfare system have been longstanding and extremely resistant to change. The provision of child welfare services was placed under Court Receivership in 1995 because of the District's documented failure to implement changes needed to achieve compliance with the LaShawn Remedial Order.

The LaShawn Remedial Order provides a blueprint for necessary reforms to the District's child welfare system. Its requirements are designed to assure that children who are abused and neglected are protected from harm and that children and families are provided appropriate services and supports to insure children's safety, promote their positive development and assure them loving, stable and permanent homes.

As Monitor, the Center is responsible for reviewing the Agency's progress in meeting the requirements and expectations of the LaShawn Remedial Order. The Center reviews and compiles data provided by the Agency monthly; reviews compliance with law, policies and procedures; tracks the progress of individual children's cases and categories of children; and conducts a variety of independent studies of the system's progress and the quality of case practice. For example, during 1999, the Center conducted a case review of over 800 case records randomly selected to represent all areas of practice from investigations to adoption. The Center also prepares periodic monitoring reports for the U.S. District Court and the public, the most recent of which was released on March 7, 2000, covering progress made as of December 31, 1999. Both of these reports are attached to this testimony.

The District's child welfare system has received a lot of negative attention in the past few months—attention which has highlighted the significant problems that must be rectified. While many of those who work in and with the child welfare system and those who read about it in the press are rightly impatient and frequently distressed about continued non-compliance with the standards incorporated in the LaShawn Order—standards which are in fact consistent with the standards of good practice recognized by the field—the truth is that the system today, while far from fixed, is indeed substantially improved from the way it operated prior to the time the lawsuit was heard by the Federal District Court in 1991. This is not to say that practice is acceptable but merely to acknowledge that progress has occurred.

I want to spend most of my time commenting on what remains to be done and offer some recommendations for moving forward. However, it is important to understand today's problems in the context of where the system began. The written testimony includes an insert which describes some of the areas that have in fact improved, including increased staffing; staff training; foster home licensing and training; management information systems; expanded services to families and children including better access to health care and the development of community-based services; improved adoption planning and increased federal revenue maximization. More children and families have access to help to avoid the family breakdowns that lead to abuse and neglect through services that are now available through the Healthy Families/Thriving Communities Collaboratives. Training and social work support, although not enough, are now available to relatives who step in and care for their kin when parents cannot do so.

There is also a new health care system for children in foster care (D.C. KIDS) which provides easier access to necessary medical screening, more timely receipt of comprehensive medical and psychological assessments and the capacity to track data on children's health throughout their tenure in foster care. A unitary Hotline is finally in place in the District that accepts all calls of alleged abuse and neglect. There were also a record number of adoptions of children in foster care in 1999; in fact the number of finalized adoptions has grown by almost 200% since 1995. Also, the board and care rates provided to foster parents were finally raised effective April, 2000, in recognition of the fact that many foster parents have been subsidizing the care they provide foster children with their own family income because of substandard reimbursements. I think it is important to recognize these accomplishments while at the same time insisting that things must continue to improve and must improve more quickly.

Changes in D.C. Child Welfare Services Since 1992

1. Staffing

Although many more social workers are still needed and providing an adequate and stable workforce remains an urgent problem, staffing of the Child and Family Services Agency (CFSA) has improved dramatically since the LaShawn Order. The number of social workers has grown from 95 social workers in 1992 to 259 social workers by December 31, 1999. The number of case aides assisting social workers has also grown from just a few in 1992 to over 80 in 1999. The number of supervisors has increased from about 40 in 1993 to 57 in 1999 and supervisors no longer routinely carry cases as they did prior to the LaShawn Order.

2. Staff Training

At the time of the LaShawn Order, there was no organized training for staff social workers or supervisors. Now, all new staff receive CORE pre-service training and in-service training opportunities are increasingly available to social workers, supervisors, clerical staff and management. The Receiver has established a Title IV-E Training Institute through a local public university which enables the District to be reimbursed by the federal government for 75 percent of the costs of training staff. Virginia Commonwealth University (VCU) was selected by the District as the coordinator of the Title IV-E Training Institute because, in order to receive the 75 percent match, the federal government requires that the Training Institute be related to a *public* education institution that has a Master's Degree in Social Work (M.S.W.) program. (There is no such public institution in the District.) Creation of a Training Institute to address the individual skill needs and professional development goals of staff was required in the original LaShawn Implementation Plan.

3. Foster Home Licensing and Training

At the time of the LaShawn Order, there was no organized process for licensing all foster homes. The Agency did not know which of its foster homes were licensed and which were not; there was no centralized file for each approved foster home and little ability to assess the capabilities and skills of foster parents. Overplacements were routine. At present, there is a licensing process, files exist on each foster home and homes are routinely monitored by Agency staff. The number of children in each foster home has also been reduced, enabling foster parents to give more focused attention to the children in their care.

4. Management Information Systems

At the time the lawsuit was decided, the child welfare system had almost no capacity to produce any reliable data. The Agency did not have a reliable count of the number of children in foster care, nor could the Agency identify which worker was carrying which case or where children were placed. Overpayments and underpayments to foster parents and providers were routine due to inaccurate data. Reliable information on Agency budgets and expenditures was almost non-existent.

While the Agency still has some data and payment problems, program and financial management have improved. The Receivership has developed and implemented a new state-of-the-art management information system, FACES. The new system is an automated case management and financial system which, when fully functional, will provide the Agency with immediate access to accurate data about clients' needs, services, placements and costs.

5. Revenue Maximization

Prior to LaShawn, the District was notorious for its inability to take advantage of federal funding available for the provision of child welfare services. Pre-LaShawn, the District claimed and received federal reimbursement for about 22 percent of its foster care population; currently, the city is reimbursed for about 70 percent of the foster care population. Federal revenue under Title IV-E has increased from about $8 million in 1992 to almost $50 million in 1999 and should increase to almost $60 million in FY 2000.

6. Services to Families and Children

Prior to the LaShawn Order, the Agency had no capacity to provide intensive family preservation services or prevention services to assist families with children at risk of entering foster care. Although not sufficient, CFSA supports a limited amount of intensive family preservation services and has supported the development of eight neighborhood collaboratives. The Healthy Families/Thriving Communities Collaboratives provide preventive and family preservation services to families in their neighborhoods and assist CFSA social workers with kinship care and family services (in-home protective services) cases. Again, family needs far outstrip available resources, but the current Receiver has demonstrated a commitment to establish a base of supports for families in their communities.

Prior to the LaShawn Order, there was little capacity to assess health and mental health needs of children in foster care and to routinely provide access to services to meet those needs. In 1999, the Receiver established the D.C. KIDS Program which will provide a coordinated system of health care assessment and services for children in foster care.

7. Permanency Planning and Adoption

Prior to the LaShawn Order, the most prevalent reason for children leaving the foster care system was aging out—that is, children grew up in foster care and stayed in the system until they were discharged to independence at age 18 or 21.

Children still spend too long in foster care and there remains a substantial portion of the foster care caseload who need permanent homes through adoption, but the Agency is now vastly increasing its efforts to move children toward permanency more quickly. The Agency's adoption services have improved in the past few years. The number of finalized adoptions has grown from approximately 60 per year pre-LaShawn, to 86 in 1995, to 250 in 1999. The Receiver projects finalizing 350 adoptions in Calendar Year 2000—which would be a record for the District of Columbia.

Clearly, while the Agency is on the road toward more acceptable practice, it has not yet achieved compliance with many of the expectations of the Remedial Order. Too many children still linger in foster care for too long. Children are too often split from their siblings when they enter care and they experience multiple placements because of the shortage of appropriate resources to meet their needs. Too many teenagers are living in group homes because there are not enough foster families trained and willing to care for this difficult population. There are not enough adoptive homes for all of the children whose permanency goal is adoption. Social workers, lawyers and judges have not worked well enough together to assure timely decision-making for children. The shortage of social workers means that children and parents and foster parents are not visited as often as they should be and are not provided the range of services and supports that they need. There are critical resource shortages, particularly substance abuse services, mental health services and housing services—shortages that make it difficult for children and families to solve the problems that bring them to the attention of the child welfare system. None of these problems can wait much longer to be solved.

This next year must be the year in which demonstrable progress is made in improving outcomes for children and families. From the Monitor's perspective, there are five critical areas that need immediate attention if tangible progress toward improving the children's futures is to be made. They include:

- ***The Child Welfare Agency must recruit and maintain an adequate number of trained social workers, supervisors and social work aides.***

Based on current caseloads, the Agency needs to hire over 60 social workers to meet the caseload standards in the LaShawn Remedial Order. A highly visible and creative recruitment campaign for staff must be launched immediately, hopefully enlisting help from Executive branch leadership, the professional community and others who can assist in attracting new workers. The Agency must begin to think more creatively about how to employ Bachelor of Social Work (B.S.W.) trained social workers in conjunction with workers with Masters Degrees (M.S.W.). Once hired, the Agency must take steps to address the communication, supervision, training and other morale problems that contribute to staff leaving too soon.

- ***The Agency needs to increase the numbers and types of placement resources available for children, with an emphasis on more family foster homes, therapeutic foster homes and adoptive homes.***

The Agency's approach to foster home and adoptive home recruitment must be re-energized and more broadly conceived. Partnerships must be created with the private agencies, the faith community, and the neighborhood Collaboratives to expand the numbers and types of recruitment efforts underway. More placements need to be developed in the District—in the neighborhoods where children and families now live. More resources need to be made available to support caregivers through ongoing training, access to services and other kinds of support mechanisms.

- ***Funding must be made available to implement the resource development provisions of the Remedial Order, with particular emphasis on mental health services, substance abuse services, day care services and funding for a range of community based services and supports for children and families.***

A lot of the attention of the Receivership was diverted and continues to be devoted to fighting a battle to gain the resources necessary to keep the Agency afloat. Approved budgets for both 1999 and 2000 have been insufficient to operate the Agency properly and have stymied headway on many of the reforms required under the Remedial Order. The Receiver's FY 2001 budget request includes funding proposals for those requirements of the Remedial Order which will need additional resources to achieve compliance. Principal among these are the Resource Development requirements—for substance abuse services, mental health services and community supports for families and children. In addition, the FY 2001 budget includes funding for the remainder of the foster parent rate increase and additional staff positions to achieve full compliance with the Remedial Order staffing provisions. It is the Monitor's hope that the Receiver's FY 2001 budget request will be substantially funded so that the attention of the Receiver and her staff can turn from finding the funds to spending them in the most effective ways to improve outcomes for children and families.

Congress can be helpful in providing the needed resources to implement the LaShawn Order. The District government has never provided the funding necessary to achieve the mandates of the Remedial Order. Arguably, until recently, the Agency did not have the capacity to adequately spend additional resources, but it is my view that they do now have that capacity and must be given the resources that they have requested. Congress can readily provide some additional funding to the Agency by allowing that the District's Title IV-E reimbursement for foster care and adoption services be established at the Medicaid reimbursement rate. In all other States, the Title IV-E reimbursement rate for foster care payments, adoption subsidies and child welfare administration is set at the Medicaid matching rate. However, in the District, Congress raised the Medicaid matching rate to 70% several years ago for health care services, but determined in the legislative history that this increase was only applicable to health care benefits. This distinction is not in law and could be altered by Congress. By my estimate, allowing the District to claim Title IV-E reimbursement at the Medicaid rate—as every other State is allowed—would provide an addition of approximately $8-$10 million in federal funds annually for child welfare services.

- ***The quality of social work practice with children and families needs continued improvement.***

While resource shortages have a significant impact on the Agency's problems, it is also true that much more must be done to improve results for children and families by improving the quality of social work practice. Workers need better training and supervision to help them improve their abilities to engage families with whom they must work; to better assess the full range of child and family problems and the causes, rather than just the symptoms of those problems; to understand and assess risks to child safety

whenever they occur in the life of a case; to involve family members in developing a case plan and form a team with community supports and professionals to implement that plan; and to make appropriate and timely decisions about permanency for children. Workers need to know how to develop an individualized course of action for each child and family with whom they work and must have the flexibility to use resources creatively to implement that plan. Caseloads must be organized on a geographic basis so that workers can partner more effectively with the Collaboratives and other community-based supports. All of this means that much more attention must be paid to what goes on between workers and the families with whom they work. The Receiver may have to secure the help of additional skilled practitioners/managers who are knowledgeable about the development of community-based and family supportive services and can spearhead the direct practice reforms. Supervision and performance monitoring must be more closely tied to assessing and improving the quality of case practice.

- ***There must be accelerated efforts to improve the working relationships between the Receivership, the Police, the Superior Court and the Office of Corporation Counsel, as well as efforts to resolve problems with processing Interstate Compact Approvals for Placement of children in Maryland and Virginia.***

Recent efforts to reform the Superior Court and to implement new permanency planning protocols and timelines must become routine practice and expanded to the child abuse caseload. The District's Office of Corporation Counsel (OCC) must be given the resources to adequately provide legal representation to CFSA and its clients. CFSA must insure that its workers are knowledgeable about the children and families in their caseload; share information with GALs, families and attorneys, and make clear, comprehensive and timely presentations to the Court. The unworkable separation of responsibility for responding to child abuse and neglect in the District of Columbia must end. Finally, the Mayor must help the Receiver resolve the interjurisdictional barriers to timely processing of interstate compact approvals for placement of children across State lines, in Maryland and Virginia. The Receivership must be held accountable for improving results for children and families, but we must recognize that child welfare systems involve complex relationships between the child welfare agency, the police, the courts and the legal system. The Receivership must lead the way but they cannot fix the system by themselves.

CFSA has been in receivership since 1995 and there is justifiably widespread frustration that desired outcomes for children and families have not been achieved. Doing so will require new action by the Receiver and her staff; additional financial and human resources; strong leadership from within the District government and continued cooperative work between CFSA, the Superior Court, the Office of Corporation Counsel and the Metropolitan Police. Work needs to begin now to plan the transition of CFSA back to District government, but it cannot begin unless there is a demonstrated commitment to adequately fund the legitimate needs of abused and neglected children and their families in the District and to work cooperatively with the Court-appointed Receiver to implement the LaShawn Remedial Order.

The problems in the District's child welfare system are urgent but solvable. Doing so, however, will require that the Receivership have adequate resources, both fiscal and human, and that they be utilized efficiently and effectively. Inter-agency blaming and buck-passing will not resolve the problems. The District's children and families deserve a child welfare system that brings together the District's political leadership, child welfare professionals (whether they be social workers, lawyers or Judges), and neighborhood and community leaders toward the common goals of child protection and permanency.

Mr. DAVIS. Ms. Jones.

Ms. JONES. Chairman Davis, and members of the subcommittee, thank you for this opportunity to provide you with information regarding the reforms that are being made to improve services to children and families in the District. I'm going to do a shortened version of my testimony because the version submitted provides a lot of the background and detail.

We are making progress in our efforts to achieve compliance, but I would be the first to admit that this job is much tougher than I expected. There were some big surprises with respect to the work conditions and the level of dysfunction in the day-to-day operations that make the challenge a lot more difficult to overcome. However, I am confident that we can achieve the goals that have been set.

In a prior statement I received, there were several issues that the committee had asked that I consider addressing. So I will try to make a brief comment on each of those areas.

The first area had to do with identifying risk—at-risk children and families and making services and supports available to them. The most effective way to make critical services available to at-risk children and families is through the development of a system of preventive and support services. We have done this in the District through the development of the Healthy Families/Thriving Community Collaboratives. Services through the collaboratives are tailored to the unique needs of each community and include case management, preventive and support services, parent education, substance abuse education and treatment, foster home recruitment, respite care, father support groups, emergency and transitional housing, and support services for teens.

To make it easier for the public to report instances of suspected abuse and neglect, we have put in place a single reporting hotline, 202–671–SAFE.

For many children, the most appropriate caregiver is a relative. This is our fastest growing service. While this program is not a requirement of the MFO, it is one that we will have to address because of the need. As a result, we were selected to meet a kinship care demonstrationsite by the Department of Health and Human Services in supporting the children with out-of-home care.

In this effort, we have increased support to children requiring out-of-home care in the following ways: We've increased our board rate by $4.40 per day, a 28 percent increase. We've implemented a foster parents support unit to improve foster parents' access to support services. We've established the Teen Life Options program for youth in independent living that includes educational and life skills development.

We've implemented the comprehensive health care system for children in out-of-home care, DC KIDS. This system is a time-sensitive process to ensure that every child entering care is given a full health screening and good followup care.

We have requested funding in the fiscal year 2001 budget to develop a Kinship Care subsidy program for relatives who become legal guardians.

We've implemented a system of regular staffing of cases to ensure that permanency plans are developed for all children.

And we've established a special unit, which we call the Abscondence Unit, to quickly locate children who have run away. This unit also includes a mentoring program to reduce recidivism.

We've implemented the Adoption and Safe Families Act. And while the legislation was delayed in being implemented, we proceeded to put in place the processes and regulations necessary to begin to implement that goal.

We're attempting to meet the needs of—special physical and emotional needs of children who need special attention. This is an area where we have made the least amount of progress. Our ability to make progress in this area is directly tied to the ability to secure additional resources to either stimulate new development or to expand the current capacity. This is our highest priority in the budget for fiscal year 2001.

We are particularly short of services for parents and children who require substance abuse and mental health treatment. We are projecting that more than 1,700 families will need treatment and services for substance abuse or mental health. This is particularly true and particularly inadequate for adolescents, pregnant women or women with young children who have dual diagnosis, such as having mental health and substance abuse problems collectively.

We are required by the MFO to assure that children and their families receive mental health services to prevent neglect and abuse and to avoid placement disruptions and to provide for child safety. We believe that there is a need for these kinds of services for at least 200 additional children, especially victims of sexual abuse who require more intensive therapy.

With respect to improving our services for improvement of the quality of social work practice, this agency has in the District one of the highest educated work forces in child welfare in the Nation. All of our social workers are required to have Masters level degrees. We provide an additional 80 hours of initial training to all new social workers before they are assigned caseload responsibilities, as well as ongoing in-service training to improve their skills and knowledge about practice.

With the assistance of a professional consultant, we are developing performance standards for all positions in the agency. These standards will become the benchmarks for performance evaluation.

We have a Quality Assurance office with staff that are responsible for reviewing cases to determine the level of compliance with Federal and local policies and procedures.

Caseload size is dictated by the requirements of the MFO and it is a major factor in the quality of practice. Unfortunately, because of the high turnover of the Masters level social workers, we are not meeting this requirement at this time.

I am pleased to report to you, however, that as of last week we have interviewed, selected, made offers and sufficient employees or—prospective employees have now accepted positions which will enable us to fill all of our vacancies by the first week in June, most of whom will begin work during the month of May.

We have taken steps to improve the quality and to help stabilize our work force by instituting a career ladder for our social workers, making it possible for experienced social workers to be compensated at a level commensurate with their experience.

In the District of Columbia child abuse and neglect are not under a single State agency, as is the case elsewhere. There is a fine line that separates child abuse and neglect in many situations with the distinction often resulting from the special judgment that is made by a social worker or, as in the District of Columbia, by a police officer. This situation is further exacerbated by the fact that a CFSA social worker does not have the authority to remove a child from an immediate danger, only the law enforcement authority may take this action.

Legislation is to be introduced in the City Council in the near future to end this fragmentation of child protection services, thereby allowing for greater uniformity in policies and procedures.

With respect to the interstate compact, there are no substantive issues regarding the interstate compact with the State of Virginia. These placements are handled through a private agency, Lutheran Social Services, that is licensed in the State of Virginia. In the State of Maryland, we have encountered some difficulties, primarily due to the large number of children that are placed there, especially those that are placed with the relatives. We are in the process of attempting to develop a border agreement between the District and the State of Maryland which will allow us to develop a more workable process that can accommodate the volume of cases that are located in Maryland.

We have submitted a budget this year that will become our attempt to indeed fulfill meeting the remaining requirements or at least initiating services to address the remaining requirements in the modified final order. This budget request includes funding required not only to implement the remaining requirements, but also to meet the needs of the families and children in the District of Columbia.

We have instituted a system for monitoring of the performance of all of our contractors. We have children placed both in State and out of State in group facilities.

All of our contracts are monitored by a monitoring unit. They are reviewed and may be visited day or night, weekends or at any point during a day. The intent is to allow us to ensure that contractors are indeed performing.

While I cannot say to you today that we are in compliance with all of the requirements of the MFO, I can say that we have made substantial progress. I am confident that we now have the infrastructure in place that will allow us to make steady progress toward compliance. We have an administrative organization that allows responsibility and accountability to be maintained. We have a personnel system in place that ensures that all jobs are clearly defined and roles and responsibilities are clear. We are in the process of developing performance standards.

We now have the capacity to provide initial and ongoing training. We have a fully automated work environment that tracks cases as well as fiscal operation. We have a new chief financial officer who has made progress in shoring up all of our fiscal operations. I am confident that we can manage the funds and ensure accurate and prompt payments of bills for services rendered.

Our working relationship with the other District government agencies is improving as well as our work with the court. We will continue our close coordination in working with the deputy mayor.

It is my opinion that we will be able to make substantial progress during the remainder of fiscal year 2000, and with approval of the budget requests for fiscal year 2001, we can make substantial progress toward meeting the remaining requirements of the modified final order.

Thank you again for the opportunity to address this committee. We hope you will support our efforts to achieve compliance.

Mr. DAVIS. Thank you very much.

[The prepared statement of Ms. Jones follows:]

Child and Family Services Agency

Testimony before the House of Representatives

Committee on Government Reform

Subcommittee on the District of Columbia

May 5, 2000

Chairperson, Tom Davis and members of the Subcommittee on the District of Columbia, my name is Ernestine F. Jones and I am the court appointed General Receiver for the Child and Family Services Agency. Thank you for the opportunity to present to you information on the current reforms being undertaken by the Child and Family Services Agency. These reforms were made to improve services to children and families and to bring the Agency into compliance with the requirements of the Modified Final Order (MFO). The Child and Family Services Agency continues to operate under the mandates of the MFO issued by U.S. District Court Judge Thomas F. Hogan on January 28, 1994 in the LaShawn vs. Williams Federal Court Order.

I am pleased to share with you specific information about the work that we have completed thus far and to provide you with my assessment of the remaining work that needs to be completed. I cannot, in the time allotted to me, provide you with full details about each of the areas for which there was an expressed interest. I will, however, highlight some of the most critical areas of work to date. If there is interest in further detail, I will be happy to make additional information available to you.

We are making progress in our efforts to achieve compliance, but I would be the first to admit that this job is much tougher than I expected. There were some big surprises with respect to the work conditions and the levels of dysfunction in the day-to-day operations that make the challenges a lot more difficult to overcome. However, I am confident that we can achieve the goals that have been set forth.

Facts about the agency

To put in perspective my comments to your concerns, let me give you some facts about the clients we serve and the agency. These statistics are based on fiscal year 1999 data.

- We received an average of 1826 calls per month on the hotline. Seven percent were reports of abuse and twenty four percent were reports of neglect. The remaining sixty nine percent were for community resources and general information. While the investigations are usually initiated within the prescribed time on the reports, we have regularly had backlogs in this unit due to the volume of reports and the time that it takes to complete the work. The shortage of social workers and the increased numbers of reports has made this more problematic this year.
- There are 3225 children in-out-of home care.
- Of the children in out-of-home care 664 are in group care and 128 are in residential placements (primarily outside of the District).
- There are 350 CFSA licensed foster homes and 731 licensed foster homes under the supervision of private agencies.

- There are 69 contracts with private agencies who provide services to CFSA children and families 35 personal service contracts for specialized services for individual children.
- There are 1102 children in the adoptions program. Two hundred fifty were adopted in fiscal year 1999 for an increase of forty nine percent.
- There are 2108 children placed with relatives receiving services through the Kinship Care program that was established in June 1998.
- There are 1453 birth families with 2220 children under agency supervision in their own homes receiving services through our Family Services program.
- There are eight neighborhood service centers (Healthy Families\Thriving Communities Collaboratives) that provide preventive and support services to 987 families with 2200 children.
- There is a comprehensive health care system (DC KIDS) which was implemented on October 1, 1999, that has more than 800 children enrolled.
- The child welfare information system (FACES) which was implemented on October 1, 1999 tracks case and payment data and provides information for the required reports.
- The staff has been consolidated into a single office site with improved physical work conditions.

Identifying at-risk children and families, and making services and supports available to them

The most effective way to make critical services available to at-risk children and families is through the development of a system of preventive services.

We have done this in the District through the development of the Healthy Families\Thriving Communities Collaboratives. The Collaboratives are developing the capacity to become the gatekeepers to the child welfare system. On numerous occasions they have been the difference in our being able to keep a family together or having to remove the children. Services through the Collaboratives are tailored to the unique needs of each community and include case management, preventive and support services, parent education, substance abuse education and treatment, foster home recruitment, respite care, fathers' support groups, emergency and transitional housing, and support services for teens.

Even though this community support system is now in place, there will always be situations that require agency involvement. To make it easier for the public to report instances of suspected abuse and neglect we have put in place a single reporting hotline (202-671-SAFE). After reports are made, CFSA is responsible for investigating child neglect. The Metropolitan Police investigate child abuse in the District. The splitting of this responsibility is a major area of concern in developing a well-managed child welfare intake system. In the District of Columbia the authority and responsibility for child abuse and neglect investigations is not under the single state agency as it is in other states.

At the time we receive a supported report of neglect our first efforts are directed at keeping children and families together whenever possible. This is also a mandate of the federal and local Adoptions and Safe Families Act (ASFA). We have established two agency operated programs directed toward this end: Intensive Family Services and Family Services. These

programs are required by the MFO and enable us to meet the federal expectation to make reasonable efforts to prevent the out-of-home placement of children. In the Intensive Family Service program, social workers provide services to families who have serious problems through the intensive use of support services, such as home-management and parental skills services, day care, close supervision with increased visitation, and counseling. The social workers in this program maintain lower caseloads so that they can give these families the attention and services they need.

For many children the most appropriate caregiver is a relative. This is our fastest growing service. While this program is not a requirement of the MFO specifically, it is one that we have had to address because of the need. As a result we were selected to be a kinship care demonstration site by the Department of Health and Human Services. This five-year demonstration uses a family group model for service delivery that involves work with the kinship caretakers, the natural parents and the children in a team approach. We believe that this method will allow us to maintain family relationships while building a support system for the entire family. In using this approach, we hope to be able to stabilize the family in a more timely manner, thereby ending our direct involvement in their lives. A service team that includes an agency social worker, the family advocate from one of the Collaboratives, and other representatives from the community will provide the support services needed by the families. Four Collaboratives will participate initially in the demonstration project. The remaining four will be added at a later time.

Developing and supporting out-of-home care

In an effort to increase support for children requiring out-of-home care we have focused our efforts on increasing and improving our foster care and kinship care programs. To do this we have taken the following actions:

- Increased our foster care board rates by $4.40 per day – a twenty eight percent increase.
- Implemented a Foster Parent Support Unit to improve foster parent access to supportive services.
- Established a Teen Life Options program for youth in independent living that includes educational and life skills development. In FY 99, fifty three youth received their diplomas or GEDs, and twenty two were on the honor roll.
- Implemented a comprehensive health care program for children in out-of-home care (DC KIDS). This system is a time-sensitive process to ensure that every child entering care is given a full health screening and good follow-up care.
- Requested funding in the FY 2001 budget to develop a kinship care subsidy program for relatives who become legal guardians.
- Implemented a system of regular staffing of cases to ensure that permanency plans are developed for all children in care.
- Established a special unit (Abscondence Unit) to quickly locate children who have runaway. This unit also includes a mentoring program to reduce recidivism.

Meeting the Adoptions and Safe Families Act requirements

The permanent legislation enacting ASFA was passed and signed by the Mayor and City Council on March 31, 2000. We have developed a Memorandum of Understanding between the four agencies responsible for implementing the legislation that was effective February 2000. We have held joint training sessions with the judges, lawyers, guardian ad litems, and social workers. This training is ongoing. Although implementation of the legislation was delayed, we proceeded to put into place the changes needed to improve our adoption program. The number of finalized adoptions increased from 168 in FY 98 to 250 in FY 99. Building on this success we have established a goal of 350 adoptions for FY 2000.

Meeting these goals is important for children. Children need to grow up in loving, nurturing, and caring families and this will always be our priority. We must be aggressive in finding new ways to recruit foster and adoptive parents. Last year we established a single recruitment hotline number for prospective adoptive and foster parents (202/671-LOVE). We have also expanded the Diligent Search Unit to include additional investigators to locate parents for reunification or to terminate parental rights.

Meeting the needs of children with special physical and emotional needs

This is the area where we have made the least amount of progress. While we have certainly provided services for some children and families, we are not meeting the needs of all of our children in this area. Our ability to make progress in this area is directly tied to the ability to secure additional

resources to either stimulate new development or to expand the current capacity. This is our highest priority for fiscal year 2001. I will briefly highlight for you some of the key areas where we have made requests for additional funding in order to increase services.

While we are providing services to some children and families in all of the areas listed below, we cannot meet the needs of the majority of our clients with our current resources. We are particularly short of services for parents and children who require substance abuse and mental health treatment. We are projecting that more than 1700 families will need treatment and services.

We are required by the MFO to assure that children and their families receive mental health services to prevent neglect and abuse, to avoid placement disruptions, and to provide for the child's safety. These services are very intensive and require clinicians with specialized training. We believe that these services are needed for 200 additional children, especially victims of sexual abuse who require intensive therapy.

Substance abuse treatment services are particularly inadequate for adolescents, pregnant women or women with young children who have dual diagnosis such as mental health and substance abuse. There are virtually no treatment beds for adolescents. The current waiting period for inpatient treatment is eight months or longer. There are only two detoxification centers in the District. We need funds to develop and expand programs that are already experienced in serving these populations. These funds would cover testing, start up costs for new programs, additional treatment, and follow-up services.

We also need to develop resources to bring children who are in out-of-state residential treatment facilities back to DC homes. There are over 100 children that have been placed in residential facilities more than 100 miles from the District. We are proposing to target these children for return to therapeutic foster homes and other specialized placements in the District.

Agency's progress on improving the quality of social work practice

The Child and Family Service Agency has one of the highest educated workforces of any child welfare agency. All of our social workers are required to be licensed Masters level social workers. Because of the high turnover we have a relatively inexperienced workforce. We provide an additional 80 hours of initial training to all new social workers before they are assigned caseload responsibilities as well as ongoing in-service training to improve their skills and knowledge about practice. Since February 1999, we have provided training to more 1000 social workers.

With the assistance of a professional consultant we are developing performance standards for all positions in the agency. These standards will become the benchmarks for performance evaluations.

We have a Quality Assurance office with staff that is responsible for reviewing cases to determine the level of compliance with federal and local policies and procedures. This office also conducts special reviews of cases to ensure that practice requirements are being met and identifies corrective actions necessary to improve practice.

Caseload size is dictated by the requirements of the MFO and is a major factor impacting the quality of practice. These caseload requirements are based on national standards set by the Child Welfare League of America. Unfortunately because of the high turnover of the Masters level social workers we are not meeting the requirement at this time. We do expect to meet the caseload requirements through our current recruitment efforts and by early summer 2000.

We are putting more emphasis on supervisory training this year in order to provide more support for our social workers. We have updated our policy manual and are in the process of preparing it to be computerized thereby allowing staff to access it through their desktop computers.

Agency's ability to support a stable and qualified workforce

One of the most difficult problems that we have had to deal with has been the recruitment and retention of social work staff. We have been hampered in our recruitment and retention efforts for a variety of reasons, including the decreasing labor market for social workers, the continuous negative publicity that damages the image of the agency, and competition with agencies that can offer better benefits (such as the school system and the federal government). We have launched an aggressive campaign to level the competitive field by implementing such actions as: offering a referral bonus to staff who recruit new social workers, offering a signing bonus for social workers that commit to remain for a fixed time period, paying relocation expenses for up to 50 social workers in one year, and paying a hardship

differential for staff who work in Intake because of the risk and stress of the job.

We have implemented a career ladder for our social workers making it possible for experienced social workers to be compensated at the level commensurate with their experience.

Effectiveness of the current inter-agency system to investigate child abuse and neglect cases

In the District of Columbia child abuse and neglect are not under the single state agency as is the case elsewhere. The Youth Division of the Metropolitan Police Department handle all reports of suspected child abuse; there is a special unit within the MPD that handles all reports of suspected sexual abuse; the Corporation Counsel makes decisions about what cases to take into court; the Court Services Division of the District Court handles services to abused children as long as they remain in their homes; and CFSA receives and assesses all reports of child neglect and provides the necessary services for neglected children and abused children who are removed from their families. There is a fine line between child abuse and neglect in many instances with the distinction often resulting from the professional judgement that is made by a social worker or police officer. This situation is further exacerbated by the fact that a CFSA social worker does not have the authority to remove a child from immediate danger--only the law enforcement authority may take this action.

This situation is even worse when children who are being supervised by Court Social Services end up in placement by CFSA without any family or child history. Placing children in this way is almost a guaranteed failure. There is no question that we need to work toward developing a single, unified system that, at a minimum, has the single state agency as the lead agency with the police assisting with investigations of child abuse (conducting only the criminal investigation). Legislation is being prepared for introduction in the City Council in the near future to end this fragmentation of child protection services.

Status of the inter-state compact between the District of Columbia, Virginia, and Maryland for child welfare services.

There are no substantive issues regarding the inter-state compact with the State of Virginia. These placements are handled through a private agency (Lutheran Social Services) that is licensed in the State of Virginia. In the State of Maryland, we have encountered some difficulties due primarily to the large number of children that are placed there, especially those placed with relatives. The urgency of the need for placement resources as well as the advance notice required by the interstate compact makes it extremely difficult to use the current process. We are, therefore, in the process of attempting to develop a border agreement between the District and the State of Maryland which will allow us to develop a more workable process that can accommodate the volume of cases that are located in Maryland.

Status of agency's neighborhood-based service collaborative to strengthen and preserve families

The Collaboratives have become the gatekeepers to the child welfare system. They are the means by which families can get help without having to fall completely apart. The Collaboratives have faced many challenges but I can say that on numerous occasions they have been the difference in our being able to keep a family together or having to remove the children. For example, the Collaboratives recently assisted 15 families with 29 children who were living in a shelter by getting them settled into more stable living arrangements, thereby avoiding the need to place their children. Those 29 children would have cost the District government over a quarter of a million dollars ($198,645 for board and care alone) if we had to place these children for one year.

In FY 99 the eight Collaboratives performed well, having served 987 families and 2220 children. Thus far in FY 2000 they have served 637 families and 1798 children. They are truly making a difference in the lives of the children and families in the District. The value of having preventive services immediately available is that we can preserve families, not pull them apart. An independent evaluation of the Collaboratives is being conducted to assess both the quantitative and qualitative outcomes. Once this assessment is completed we will review the recommendations and make any necessary adjustments to assure ongoing success.

Budget requirements of the agency

Last month I presented the third operating budget during my tenure as the General Receiver. It was constructed by using the Agency's spending experience in FY 99 ($149,547,368) and the expected spending level in FY 2000 of $147,414,512 which is the amount required to maintain current operations and services. The budget being requested for FY 2001 ($184,581,643) includes the funding required to initiate the remaining requirements of the MFO, but more importantly to meet the needs of the families and children of the District of Columbia. This FY 2001 budget request is a twenty five percent increase over the FY 2000 maintenance budget. We are pleased to note that Mayor Williams has indicated his support of the FY 2001 budget request. In preparing this budget we have identified revenue sources to fund the request, including federal funding through Title IV-E, Title XIX (Medicaid) and TANF. In the past three years we have increased federal revenues by more than one hundred seven percent in Title IV-E. We are now working to increase the federal revenue in Title XIX. We have a newly appointed Chief Financial Officer who has made great inroads in improving our overall fiscal operations ensuring that payments are being made for services in a timely and accurate manner.

Agency's contract monitoring and development of performance-based contracts

Of the children in out-of-home care, 664 children are in group care and 128 children are in residential treatment facilities. All contracts, with the exception of very specialized and unique services (35 personal service agreements), are competitively procured. During this current fiscal year we developed three performance-based contracts for adoption services. We also

established the Healthy Families\Thriving Communities contracts as modified performance-based contracts. An assessment of the private agencies, under contract to this agency, is being conducted by an outside entity to determine their current capacity as well as capability to meet the expanded need for services. We are beginning to define the performance requirements for other contracts and plan to implement these changes, where appropriate, during our next contract cycle. The information that we obtain through the assessment will help us to better target the type of services that will be included in the contracts.

We have established a Contract Monitoring unit that is responsible for review and assessment of the performance of all contractors. Site visits (announced and unannounced) are regularly made to all vendors to ensure compliance. These visits may be done anytime of the day or night and on weekends. When deficiencies are cited follow up visits are made until corrections are made or a notice of contract suspension is issued. A written report is prepared annually on all vendors.

Summary

While I cannot say to you today that we are in compliance with all of the requirements of the MFO, I can say that we have made substantial progress. I am confident that we now have the infrastructure in place that will allow us to make steady progress toward compliance. We have an administrative organization that allows responsibility and accountability to be maintained. We have a personnel system in place that ensures that all jobs are clearly defined and roles and responsibilities are clear for all jobs. We are in the

process of developing performance standards for each position classification. We now have the capacity to provide initial and ongoing training for all staff. We have a fully automated work environment that not only supports the work but will also track casework and fiscal actions. We have a new Chief Financial Officer in the Agency who has made progress in shoring up our fiscal operations. I am confident that we can manage the funds and ensure accurate and prompt payment of bills for services rendered and strict accountability for all revenue and expenditures.

Furthermore our working relationships with the other District government agencies are improving as well as our work with the Court. We will continue our close coordination and cooperation with the Deputy Mayor for Children, Youth, and Families.

It is my opinion that we will be able to make substantial progress during the remainder of FY 2000 and with approval of the budget request for FY 2001 we can make substantial progress towards meeting the remaining requirements of the MFO.

Thank you again for the opportunity to address this committee. We hope you will support our efforts to achieve compliance and the FY 2001 budget request, thereby allowing the return of the Agency to the District government as quickly as possible.

Mr. DAVIS. What I think I'm going to do, with the permission of the committee, is have the next panel come up and testify so we can have everyone up here together. If you want to take a break for 15 minutes, you're welcome to do that and come back, or you're welcome to sit there through everyone else's testimony. But we have Carolyn Graham, Grace Lopes and Kimberley Shellman, if they'd like to come up.

It's the tradition of the committee that we swear in our witnesses. I just ask you to stand and raise your right hands before you proceed.

Carolyn Graham is the deputy mayor for children, youth and families. Grace Lopes is the special counsel for the receivership and institutional litigation, and Kimberley Shellman, as Tom DeLay noted earlier, the executive director of the District of Columbia Children's Advocacy Center.

I understand you're going to address the areas of reform that need to be enacted by the Child and Family Service Agency in efforts to return the agency to the District. So raise your right hands.

[Witnesses sworn.]

Mr. DAVIS. Ms. Graham, why don't you go first, followed by Ms. Lopes and then Ms. Shellman. Like I said to the others, feel free to stay, but if you want to get up—because we're probably then going to have a series of questions for all six of you at the conclusion of that, so if you want to get up during their testimony, it should take about 15 minutes.

Try to stay to 5 minutes. We've read the testimony. We have questions ready, I think, based on that, but highlight what you would like to highlight. Thank you.

STATEMENTS OF CAROLYN GRAHAM, DEPUTY MAYOR FOR CHILDREN, YOUTH AND FAMILIES, DISTRICT OF COLUMBIA; GRACE LOPES, SPECIAL COUNSEL, RECEIVERSHIP AND INSTITUTIONAL LITIGATION; AND KIMBERLEY A. SHELLMAN, EXECUTIVE DIRECTOR, THE DISTRICT OF COLUMBIA CHILDREN'S ADVOCACY CENTER

Ms. GRAHAM. Good afternoon, Congressman Davis, Congresswoman Norton and other members of the subcommittee. I am Carolyn Graham, deputy mayor for children, youth and families, and on behalf of Mayor Anthony A. Williams, I welcome this opportunity to come before you today as we begin in earnest the dialog about the imminent return of the Child and Family Service Agency back to the District of Columbia's governing structure.

Mr. Davis, Ms. Norton and members of the committee, Mayor Williams has asked me to convey to you today his willingness to work with you and other members of this committee and Congress to ensure a speedy and efficient return of these most crucial services to the District of Columbia.

The Williams administration applauds the work that the current receiver Ms. Ernestine Jones has sought to accomplish over her 2½ year tenure, often in the face of extreme odds ranging from the lack of appropriate levels of funding to meet the basic court requirements, to agency isolation from other significant governmental bodies simply because of the court-imposed status of receivership.

The administration has closely examined this receivership and became intentionally involved with it soon after assuming office. Mayor Williams' general concern about children and youth and his personal commitment to children in the child welfare system, particularly foster care, led in October 1999 to the development of a white paper on the District of Columbia's child welfare system. The white paper was the result of a collaborative effort involving members of the Mayor's immediate staff, members of the mayoral-appointed Advisory Council on Permanent Homes for Children, the receiver, the court-appointed LaShawn Monitor, the presiding judge of the D.C. Superior Court Family Division and other child welfare advocates from throughout the District of Columbia.

The District of Columbia in this paper found that the Department of Health, for example, which is responsible for approving foster care and adoption homes for children in the District, had over 100 applications for foster care yet to be processed by the licensure and regulatory division of the Department of Health. Likewise, in the Department of Fire and Emergency Medical Services, which provides fire inspections for potential adoptive and foster homes, we found an additional 100 applications awaiting processing. In both instances, homes could not be approved for the placement of children because of the backlog in critical partner agencies and a lack of coordination between these agencies and the Child and Family Services Agency.

Given these and other mitigating circumstances outlined in the report, it soon became evident to the administration why well over 60 percent of the District's children in foster care no doubt live in Maryland.

I might add here also that as you heard, child abuse and neglect services are bifurcated here in the District of Columbia. We're one of the few jurisdictions that have such a system. The Metropolitan Police Department has responsibility for investigative work associated with crimes against children. The Child and Family Services Agency, on the other hand, has responsibility for managing issues of neglect. These are not coordinated services aimed at supporting the needs of children. We recognize that we must bring these services back together. We cannot do so as long as the Child and Family Services Agency is under the management of the courts.

Based on the findings of the white paper, the Mayor launched an ambitious and aggressive campaign to promote permanency for children in the District and reinvigorated efforts to improve coordination and cooperation between the receiver and critical partner agencies within the District of Columbia. Other important developments such as the Mayor's support of the use of TANF funds for the agency's work in strengthening families this fiscal year, and his support of full funding for the fiscal year 2001 budget to allow the agency for the first time, to fulfill the requirements of the modified final order, an indication of the mayor's commitment to supporting the child welfare agency as it prepares to return to the District. The Mayor has also entered into a memorandum of understanding, which is designed to help expedite efforts to make permanency determinations for children in foster care.

A joint outreach and recruitment effort between the administration and the receiver is in effect intended to encourage District

residents to consider becoming adoptive and foster parents. On May 10 the Mayor's Safe Passage to Permanency: Bring Our Children Home, initiative will be the subject of the 10th annual Peirce Warwick symposium. The symposium is being done in collaboration with the receiver and one of our community partners, the Family and Child Services Agency here in Washington.

For fiscal year 2001, we have proposed that tobacco funds be used to create an intergenerational community, particularly for large sibling groups, special needs children and teen parents in foster care. Our vision is that this community will be modeled after the SOS villages, which, by the way, is conducting a feasibility study here in the District of Columbia, which is funded by Freddie Mac Foundation. One of our community-based partners also, the Law Project, has drafted guardianship legislation that we will be advancing to the council prior to its summer recess. We've also exempted social work positions from any buyout or early out options and savings opportunities designed to ensure budget compliance. This has been done in order to ensure that the agency will not lose essential personnel.

We are also working with the receiver on the interstate compact issue that she currently has with Maryland, and are developing legislation that is aimed at the consolidation of the child abuse and neglect services here in the District.

As is apparent from our ongoing efforts, the District is actively engaged in efforts to improve efficiency and effectiveness within the receivership, as well as in efforts to ensure a smooth transition of the agency back into the governmental fold. This hearing is indeed a welcome opportunity for discussions, debate and cooperation to ensure a successful reintegration of these services.

Last, I might add here that I recently joined a group of individuals on a trip to Texas to observe first-hand several communities' work in effectively coordinating the child welfare system's child abuse and neglect programs. I came away from that experience, Mr. Davis and Ms. Norton and Mr. DeLay, convinced that when the services are returned to the District of Columbia, that the child assessment model must certainly be done here so that we realize greater and better outcomes for our children who are often victims of adult predators.

In conclusion, let me say I thank you for this opportunity to speak to you as distinguished members of this committee today on the D.C. Child and Family Services Agency receivership and will be delighted to answer any questions that you might have.

Mr. DAVIS. Thank you very much.

[The prepared statement of Ms. Graham follows:]

TESTIMONY
OF

CAROLYN N. GRAHAM
DEPUTY MAYOR FOR CHILDREN, YOUTH AND FAMILIES
DISTRICT OF COLUMBIA GOVERNMENT
Washington, D. C.

BEFORE THE COMMITTEE ON GOVERNMENT REFORM/SUBCOMMITTEE ON THE DISTRICT OF COLUMBIA

REGARDING THE D. C. CHILD AND FAMILY SERVICES AGENCY RECEIVERSHIP

May 5, 2000

Testimony of Carolyn N. Graham, Deputy Mayor for Children, Youth and Families
Before the Committee on Government Reform/Subcommittee on the District of Columbia
Regarding the D. C. Child and Family Services Agency Receivership

Good afternoon Congressman Davis, Congresswoman Norton, and members of the Congressional Subcommittee on the District of Columbia. I am Carolyn N. Graham, Deputy Mayor for Children, Youth, and Families in the District of Columbia. On behalf of Mayor Anthony A. Williams I welcome this opportunity to come before you today as we begin, in earnest, the dialogue about the imminent return of the Child and Family Services Agency back to the District of Columbia's governance structure.

Mr. Davis, Ms. Norton, and committee members, Mayor Williams has asked me to convey to you today his willingness to work with you and other members of this committee and Congress to ensure a speedy and efficient return of these most crucial services to the District of Columbia.

The Williams' administration applauds the work that the current Receiver, Ms. Ernestine Jones, has sought to accomplish over her two and a half year tenure -- often in the face of extreme odds, ranging from a lack of appropriate levels of funding to meet basic court requirements, to agency isolation from other significant governmental bodies simply because of the court imposed status of 'receivership.'

The administration has closely examined this receivership and became intentionally involved with it soon after assuming office. Mayor Williams' general concern about children and youth, and his personal commitment to children in the child welfare system, particularly foster care, led in October 1999 to the development of a White Paper on the District of Columbia's child welfare system. The White Paper was a result of a collaborative efforts involving members of the Mayor's immediate staff, members of the mayorally-appointed Advisory Council on Permanent Homes for

Presiding Judge of the DC Superior Court – Family Division, and other child welfare advocates from throughout the District.

In an effort to identify barriers to adoption and foster care for children in the District of Columbia, the paper examined the relationships that the receivership had with other District government agencies, and found them to be sorely lacking. The Child and Family Services Agency Receivership essentially existed in isolation from other significant governmental entities.

For example, the Department of Health is responsible for approving foster care and adoption homes for children in the District. Our research uncovered a backlog of well over 100 applications for foster care yet to be processed by the licensure and regulatory division of the Health Department. Likewise, in the Department of Fire and Emergency Medical Services, which provides fire inspections for potential adoptive and foster homes,

both instances, homes could not be approved for the placement of children because of the backlogs in critical partner agencies and a lack of coordination between these agencies and the Child and Family Services Agency. Given these and other mitigating circumstances outlined in the report, it soon became evident to the administration why well over 60% of the District's children in foster care were resident in Maryland.

Based on the findings of the White Paper, the Mayor launched an ambitious and aggressive campaign to promote permanency for children in the District, and reinvigorated efforts to improve coordination and cooperation between the Receivership and critical partner agencies within District government, and private placement agencies throughout the District.

Important developments such as the Mayor's support of the use of TANF funds for the agency's work in strengthening families this

to allow the agency, for the first time, to fulfill the requirements of the Modified Final Order. The Mayor has also entered into a Memorandum of Understanding which is designed to help expedite efforts to make permanency determinations for children in foster care.

A joint outreach and recruitment effort between the administration and the Receivers is in effect to encourage District residents to consider becoming adoptive and foster parents. On May 10, the Mayor's *Safe Passage to Permanency: Bring Our Children Home* Initiative will be the subject of the Tenth Annual Peirce Warwick Symposium. The Symposium is being done in collaboration with the Receiver and one of our community partners, the Family and Child Services Agency of Washington.

Furthermore, the General Receiver is an active participant in the twice-monthly Human Services Cluster meetings which serve as a

collaborations among Human Services agencies. And lastly, I recently joined a group of individuals on a trip to Texas to observe first-hand several communities' work in effectively coordinating the child welfare system's child abuse and neglect programs. I came away from that experience convinced that when the services are returned to the District of Columbia that the child assessment model must certainly be done here so that we realize better outcomes for our children who are often the victims of adult predators.

As is apparent from our ongoing efforts, the District is actively engaged in the efforts to improve efficiency and effectiveness within the Receivership, as well as in efforts to ensure a smooth transition of the agency back into the governmental fold. This hearing is indeed a welcome opportunity for discussion, debate and cooperation to ensure a successful reintegration. Again, I thank you for the opportunity to speak to the distinguished members of

Receivership and I will be delighted to answer any questions you may have.

Mr. DAVIS. Ms. Lopes.

Ms. LOPES. Good afternoon, Chairman Davis, Ms. Norton, members of the committee, Mr. DeLay. My name is Grace Lopes, and I am the Mayor's special counsel for institutional reform litigation and receiverships. This is a position that was created by Mayor Williams proactively in response to the proliferation of litigation implicating the operation of D.C. agencies.

My testimony today will focus on three areas. First, I will describe the role of special counsel, what the function is, how it works. Second, I'll describe the progress I have made in my 3 months, just about 3-month tenure on the job. And third, I'll describe the scope of my responsibilities as those responsibilities translate into the LaShawn A. litigation.

So, first, with respect to my role as special counsel, it is a multidimensional role. I'm responsible for developing and implementing the legal strategies or the legal architecture for successfully resolving the institutional reform litigation in the District, including the litigation related to the receiverships and developing the transition plan for transition back to District of Columbia control. I'm responsible for coordinating legal strategies in all of the institutional reform cases and to coordinate those strategies with policy objectives and agency operations.

I'm also responsible for conducting ongoing risk assessments with respect to all our institutional litigation, so that we can act proactively where risks are identified in order to avert further court intrusion into the operations of our government in the future.

I'm responsible for monitoring and, if appropriate, supporting the work of the receivers to facilitate their compliance with the orders and ultimately accelerate the transition back to District of Columbia control.

I'm also responsible for intervening as necessary with all District of Columbia agencies and agency heads to ensure there is an appropriate structure to support the compliance effort and to resolve issues as they are identified.

And finally, I serve as the Mayor's liaison with the court monitors, with the special masters, with the receivers, plaintiff's counsel, judges and community members vis-a-vis the court orders.

I thought it would be helpful to explain the current status of these receiverships. There are five lawsuits in the District of Columbia which culminated in courts imposing receiverships. They've been imposed by the Federal court as well as our local superior court, and they implicate the following agency operations: the Commission on Mental Health Services, the Child and Family Services Agency, the Department Of Public and Assisted Housing, general and special education at the District's juvenile detention facility at Oak Hill, and medical and mental health services at the District of Columbia jail.

We anticipate that with respect to two of the receiverships, they will be terminating this year: the receivership regarding public and assisted housing and the receivership at the D.C. Jail. Both of those receiverships will terminate according to court-ordered schedules, which require their termination this year upon certain findings. We anticipate those findings will be made and those receiverships will be timely resolved.

A third receivership involves a Superior Court order imposing the receivership that was reversed by the D.C. Court of Appeals on the District of Columbia's motion. The receivership remains in effect only because the plaintiffs in that case have pursued the appellate process, and the review process hasn't been exhausted. In all likelihood, we believe that the reversal will be affirmed and that education at the Oak Hill facility will be returned to the operation of the District of Columbia government in short order.

With respect to the remaining receiverships, and there are two, they have been the two most problematic. There have been multiple receivers and those receiverships are not scheduled to terminate this calendar year.

The first is the Dixon case, which is the case that implicates all operations of the Commission on Mental Health Services. Shortly after I began working for the Mayor in February, I conducted an assessment of all of the receiverships. I made a decision to focus on the Dixon case as a result of the assessment. I initiated negotiations with plaintiffs, and with the existing receiver. I obtained their agreement to transition out of the receivership. We presented an order to the court and have a transition plan that has been ordered by the court. Pursuant to that order, operations of the Commission on Mental Health Services will be returned to the control of the District of Columbia government by as early as January 1, 2001, or as late as April 1, 2001, but no later. That order is in effect, and we are currently supporting the work of the transitional receiver and developing the infrastructure to transition back to the D.C. Control Board as seamlessly as possible.

With respect to the final receivership, that is the LaShawn receiver and the subject matter, of course, of today's proceedings. I am currently involved in evaluating the LaShawn receivership, and on the basis of that evaluation, I will be developing a strategy to transition that receivership back to District of Columbia government control. I expect that evaluation to be completed within 60 days, and at the conclusion of that time period, I expect to initiate a transition strategy and to attempt to do that as cooperatively as possible with all stakeholders.

With respect to my other responsibilities beyond receivership cases, I have and continue to intervene in the nonreceivership institutional reform cases. I am currently participating in negotiations to develop disengagement plans in several nonreceivership cases, and we're beginning to work on corrective action/compliance monitoring infrastructures that we hope to embed in all of the District's agencies in order to prevent further court involvement in the future.

The intrusion by the courts into the operation of local government in the District represents the culmination of decades of noncompliance with court orders. We hope that as we demonstrate our ability to comply with the law and remedy many long-standing deficits in management and resources, that we can return the operation of these agencies to the District of Columbia government. We expect to accomplish this productivity in an appropriate and methodologically sound fashion.

I am delighted to testify before you today and look forward to answering any of your questions or concerns.

Mr. DAVIS. Thank you very much.

[The prepared statement of Ms. Lopes follows:]

GOVERNMENT OF THE DISTRICT OF COLUMBIA
EXECUTIVE OFFICE OF THE MAYOR

GRACE M. LOPES
Special Counsel for Receiverships
and Institutional Reform Litigation

Testimony of Grace M. Lopes
Special Counsel to the Mayor for Receiverships and Institutional Reform Litigation

Subcommittee on the District of Columbia
Committee on Government Reform and Oversight
U.S. House of Representatives

May 5, 2000

Chairman Davis, Congresswoman Norton, and members of the Committee: thank you for the opportunity to testify before you today.

My testimony will explain my role as the Mayor's Special Counsel for Institutional Reform Litigation, briefly describe the work I have conducted during my three month tenure on the job, and address the scope of my responsibility in *LaShawn A. v. Williams,* C.A. No. 89-1754 (D.D.C.) (TFH) - - the lawsuit pending in the United States District Court which resulted in a receivership of the District of Columbia's Child and Family Services Agency (CFSA).

Role of Special Counsel

I began my work as the Mayor's Special Counsel on February 7, 2000. The position was newly created as part of the Williams' administration's response to the proliferation of federal and local court intervention into the operation of District of Columbia agencies. My responsibilities as Special Counsel are as follows:

- developing and implementing legal strategies for successfully resolving institutional reform litigation, including receiverships, and transitioning back to the control of the District of Columbia government;
- coordinating the legal strategies in institutional reform cases with policy objectives and agency operations;
- conducting on-going risk assessments to determine whether any cases are at risk of receivership or other forms of increased court intervention;

- monitoring, and if appropriate, supporting the work of the receivers in order to facilitate compliance with court orders and ultimately accelerate the termination of those orders;

- intervening, as necessary, with all impacted District of Columbia agencies, to ensure there is an appropriate structure to support the compliance effort and resolving compliance issues as they are identified; and

- serving as a liaison for the Mayor with court monitors, receivers, plaintiffs' counsel, judges, community stakeholders, and agency staff.

Current Status of Receiverships

Five lawsuits culminated in courts imposing receiverships between 1994 and 1997. The receiverships implicate the following agency operations: the Commission on Mental Health Services; the Child and Family Services Agency; the Department of Public and Assisted Housing; the general and special education program at the District's juvenile detention facility; and medical and mental health services at the D.C. Jail.[1] It is anticipated that three of these receiverships will terminate during the current calendar year. The receiverships involving both the Department of Public and Assisted Housing and health services at the D.C. Jail will be vacated this year pursuant to court ordered termination schedules. Because the District of Columbia government's challenge in the District of Columbia Court of Appeals resulted in an order vacating the juvenile detention facility receivership, we expect that the educational receivership imposed in that case will terminate shortly following exhaustion of the appellate process.[2]

---

[1] The cases are *Dixon, et al. v. Williams*, et al., C.A. No. 74-285 (D.D.C.) (NHJ) (Commission on Mental Health Services); *LaShawn A., et al. v. Williams, et al.*, C.A. No. 89-1754 (D.D.C.) (TFH) (Child and Family Services Agency); *Pearson v. Williams*, C.A. No. 92-14030 (Super. Ct.) (Department of Public and Assisted Housing); *Jerry M., et al. v. District of Columbia, et al., C.A. No. 98-1571* (Super Ct.) (Youth Services Administration: general and special education at the Oak Hill facility) ; and *Campbell, et al. v. McGruder*, et al., C.A. No. 1462-71 (D.D.C.) (WBB) (pre-trial detainees), *consolidated with Inmates of D.C. Jail v. Jackson, et al., C.A. No. 75-1668* (D.D.C.) (WBB) (all other detainees and sentenced prisoners) (medical and mental health care at the D.C. Jail) . Because of my prior role in the D.C. Jail litigation, (I was appointed Special Master in those case by the United States District Court and served from 1993 to 1997), my work for the Mayor does not include the Jail cases which are handled exclusively by the Office of the Corporation Counsel.

[2] A panel of the District of Columbia Court of Appeals reversed the Superior Court's order imposing the receivership in the *Jerry M.* Case. The plaintiffs' petition for rehearing *en*

The two remaining cases, *Dixon* and *LaShawn A.*, have had multiple receivers and are not currently scheduled to terminate during this calendar year.

Shortly after I began my work as the Mayor's Special Counsel, I conducted an initial assessment of each of the receiverships. After weighing the preliminary evidence, I made a decision to focus on the *Dixon* receivership. Following my investigation, I initiated negotiations with plaintiffs' counsel and the Receiver. The negotiations culminated in an agreement to transition out of the mental health system receivership by as early as January 1, 2001.[3] This agreement, which structures the transition back to District of Columbia government control, was approved by the United States District Court in March 2000.

I am currently evaluating the *LaShawn A.* receivership in order to craft a strategy for transition of the Child and Family Services Agency back to the control of the District of Columbia government. The evaluation has included a review of the court record and other relevant documents as well as interviews with receivership staff, members of the advocacy community, judges and attorneys who work in the abuse and neglect system, staff from some of the community collaboratives, counsel in the *LaShawn A.* litigation, and other stakeholders. I expect to complete my evaluation and initiate a transition strategy within sixty days.

Other Responsibilities

Beyond implementing transition strategies, I am working on budget matters related to the *LaShawn A.* and *Dixon* receiverships. In addition, I have resolved, and continue to resolve, compliance issues concerning the receiverships and other District of Columbia agencies. I also intervene on an on-going basis to resolve compliance issues in certain non-receivership institutional reform cases. I am currently participating in negotiations, and the development of plans related to disengagement from court intervention, in several non-receivership institutional reform cases. In one of those cases, I am also contributing to the development of a corrective action/compliance monitoring infrastructure -- a function I hope will be embedded in the operation of all agencies subject to Court intervention.

---

banc was denied on March 16, 2000. A petition for review is currently pending in the United States Supreme Court. Notwithstanding the Court of Appeals' order, the receivership remains in operation because the petition for review was filed before the Court of Appeals issued a mandate reversing the Superior Court. We do, however, expect that the Court of Appeals decision vacating the receivership will stand and that the receivership will ultimately terminate this year.

[3] The agreement specifies that the transitional receivership may terminate as early as January 1, 2001 and no later than April 1, 2001.

Conclusion

The unprecedented intrusion by the courts into operations of the District of Columbia government represents the culmination of decades of non-compliance with court orders. As we demonstrate the capacity and ability to comply with the law, and ameliorate long-standing management and resource deficits, we are confident that we can work proactively and constructively to resolve these lawsuits and return operation of all District government agencies back to government control.

I appreciate this opportunity to testify about my work and welcome the discussion of your questions and concerns.

Mr. DAVIS. Ms. Shellman, thanks.

Ms. SHELLMAN. Good afternoon. I am Kimberly Shellman, and I'm the executive director of the D.C. Children's Advocacy Center, known as Safe Shores to the children we serve, and obviously to Mr. DeLay as well. Thank you for your kind remarks about our center. We are delighted that so many Congress Members have come down and visited this center. We are still working on some of our District officials, but the deputy mayor's been really helpful with that.

I come here today, first of all, as a child advocate. So I'm in a very different role than the other people here today. So I hope to speak very frank and very forward and deal with the consequences of what I'm going to say today when I go back to the office.

I am here today with several board members in support of my testimony, several staff members—I always have a lot of staff support—as well as Nancy Chandler from the National Children's Alliance, so—who is in support of our testimony. We are the front-line people, and I'm going to talk to you briefly, and I have shortened my remarks about what we see the problems are at the front line at the lower level, which is the impact of the children. So I won't be able to speak as much to the broader overall issues of what I've heard today as I will be able to speak to the actual impact on the children.

The Children's Advocacy Center, as many of you know, is a nonprofit organization in private-public partnership with the D.C. government and the Federal Government. The center facilitates and coordinates the work of an interagency, multidisciplinary team which investigates allegations of physical and sexual abuse of children. When utilized, and not always utilized in the District, the center is the Metropolitan Police Department's primary resource for all investigations involving child victims and child witnesses, including cases of domestic violence and homicide.

The creation of our multidisciplinary team is one that's done through the Children's Advocacy Center based on the Children's National Alliance model. Many of you have those in your jurisdiction, and I visited 5 in Texas, and I have visited over 30 centers in my 5-year tenure at the center. In the District of Colombia, the interagency team includes law enforcement, social services, prosecution, mental health workers, medical personnel and victim advocates.

Safe Shores was created in 1995 as the result of a mayoral order and a lot of hard work and vision of a small group of District residents and professionals who saw the crying need to better serve child victims of abuse. We've been working very hard over the 5 years to build this support, and with all of the changes and turnovers within the government, it has been quite a struggle.

The CAC is primarily responsible for coordinating initial investigations of child sexual abuse allegations in the District. This role has afforded us a very unique opportunity to view this systemic response to our children from a close-up perspective, a view that we are not often asked to share or inquired about, and so we are very grateful that you have considered our role as one which is worthy of giving you what we see. The view that we have is not a pleasant one.

As a center and as a multidisciplinary team coordinator, we can clearly identify six problems that negatively impact our children's care and treatment, and they often result in further victimization or sheer neglect by the system itself. I will tell you that I have attached an exhibit A, which is what I have tried to draw the system for you, and I think the main thrust of what we like to say here today is I'm not sure how much progress any of us can make within this system design, and that is what needs to be looked at. The individual agencies cannot function within the system. I have checked with everybody on the details. Everybody says this is correct of what I've drawn, but this is it, and it's pretty sad.

First, the current structure of the MPD for investigating child sexual abuse and physical abuse cases, there is no centralization of child abuse cases, and you will see how that impacts when you look at that chart on the first page, but you will see that in the case example that I have provided for you.

Second, the long-standing statutory bifurcation of social services between Court Social Services and the Child and Family Services Agency, it is very difficult for the Child and Family Services Agency to do the monitoring of foster care on a case that they did not start, that Court Social Services started, and then once they decide that there's going to be a removal, CFSA gets involved. It's very difficult for Court Social Services to start a case and then have another worker in a totally different agency with a different agency head deal with responding and carrying into a followup, and often these two social workers don't even speak to each other because they're in separate agencies and have separate roles.

Third, the long-standing statutory—I'm sorry, third, the current reporting system through the Child Abuse Hotline and what we consider to be shameful practices for how these reports are dispatched to the investigators. I am tired of seeing cases being faxed over to the MPD and being thrown in boxes. We need to make sure that we are treating our Child Abuse Hotline dispatches as we are treating 911 calls that are coming in with adult victims, and I cannot stress that enough.

Fourth, the disjointed leadership structure, and this is something that I've made up. This is nothing official in the way that I'm putting this forward to you, but I'm trying to explain to you that we don't have a Governor that says, we're going to do this, and gets the community and all the agencies behind this. In the last 5 years, the leadership structure has resulted in the Corporation Counsel supervised by the Mayor; the MPD under the management of the Control Board; the D.C. Courts, including Court Social Services, under Federal arm as well as the United States attorneys that does the criminal prosecution. The Child and Family Services Agency has obviously been under a receiver.

All of this creates great conflict and great turf wars that have hampered most of our attempts at multidisciplinary approaches to child abuse cases, and what you do not realize at the upper levels and you do on the front lines is that our children and families are hearing this and seeing this and getting caught in the middle of this on a day-to-day basis.

Fifth, we are greatly concerned about the severity of the mental health problems of our children and youth in the District of Colom-

bia today and the access to quality and available treatment for them. It is severe. We are working with children who are walking through the door on a sexual abuse allegation, and the therapist is saying that that is not the biggest impact of trauma on them that they are experiencing. It is a small piece of what is going on with our children. It is very scary, and as a community we are going to have to be prepared to recognize this, and I'm afraid that at this point we all really don't want to really look at what is going on. These children are young parents as well and they are raising children, and they have these problems.

And finally, there is a lack of a—historical lack of a citywide strategic funding plan for child victims of maltreatment that has adversely impacted the prevention of future and further abuse of our children. It causes too much competition among the service providers. We are letting the funders tell us what they want to fund rather than us telling them what the needs of the children and families are, and because we're trying to survive as service providers, we're making up and creating trainings that we don't know that much about in order to ensure that we get some type of funding so we can survive, and there is something wrong with that.

To address these issues, we are working closely with Carolyn Graham, the deputy mayor for children and youth, and we have never had this type of leadership or this type of interest or this level of understanding of these problems since Ms. Graham came on board in—early on in the year. So we're really excited about that.

We are working in recommending a Crimes Against Children Unit within the Metropolitan Police Department, and I will be very frank in saying that I received a call 30 minutes before coming to this hearing from Assistant Chief Gainer that on Sunday there will be the beginnings of a centralization of child sex abuse and physical abuse cases within the Metropolitan Police Department. And I would like to thank everyone at this hearing for assisting in building up to this this week, and also the efforts of Carolyn Graham in this as well. She has been fighting with us. We have been advocating for this for a year, and I'm just glad that it has come to fruition, and we are looking for that follow-through by the police department.

Second, we recommend that the bifurcation of social services end. We recommend that the receivership of Child and Family Services end, and that the agency be turned back over to the Mayor.

I have heard a lot of conversation today. What we're seeing on the front lines is a lot of good workers leaving. We are seeing a lot of workers feeling that they're not supported, and a lot of people in social services looking to the Children's Advocacy Center for backup on cases, and we are not there to back them up on cases. Their supervisors need to be backing them up on cases.

Finally and perhaps what we are most importantly recommending at this point is that the government of the District of Columbia, the U.S. Attorney's Office jointly collaborate with the Children's Advocacy Center and the National Children's Alliance to create a citywide child victim center that will house all of the interagency partners under one roof. The National Children's Alliance has made an offer to the District government and the Children's Advo-

cacy Center that I and the center believe—and all of our board of directors—should not be ignored by the government. We need to follow through on these private funds that have stepped forward to assist us. It is a national organization that has stepped forward, and that is very rare in the District that a national organization would assist at the local level.

The new child victim center will house the National Children's Alliance headquarters, the Children's Advocacy Center, as well as the new Crimes Against Children Unit for the MPF, Corporation Counsel prosecutors, U.S. Attorney's Office prosecutors, U.S. Attorney's Office child advocate, the Child Protection Services Intake Unit, whatever form that is going to take between ending this bifurcation, and medical personnel under one roof, as is being done all across the country, and it's being done successfully.

The proposed site for the center is the Gales School, located in less than five blocks from D.C. Superior Court. It seems that every time we identify a building in this city, we are told that that building is far more valuable than the children we are trying to serve. We are told that that building is too expensive to give to us. We are working closely with Carolyn Graham to secure the Gales School. I cannot impress enough that the less longer we hold off on getting this building, the quicker we can go forward and get this center built. It is a square brick building sitting on a corner that has not been utilized as a school since the 1940's. We need to move forward on that project.

In addition, the center is going to serve all child victims and witnesses of physical abuse, sexual abuse, exploitation, neglect, homicide, and we want to take on the youth-on-youth violence as well. We want to have the identifying fact not be where did the event occur, what is the relationship of the perpetrator, but we want it to be it's a child victim, it goes to the new victims' center. It goes to the trauma assessment team. It goes to the Crimes Against Children Unit.

We want to have the Crimes Against Children Unit and CPS located together and the hotline onsite so we do not have any more faxing problems.

The center's going to house an expert forensic interview program, trauma assessment and treatment center, supervised visitation program that the courts have been crying for, and the medical exam program, as well as a child victim training center that we will share with the National Children's Alliance.

In closing, I say that the ultimate goal of this center will be to ensure that all child victims, not just those that are chosen to come through the Children's Advocacy Center by a line detective, but all child victims will receive an immediate and appropriate response in order to facilitate the past that they have to navigate through this system following a report, whether that path is family and victim support, removal and foster care, reunification with caretakers or therapeutic treatment and healing. No matter what the path is, we will put them on the right path with the right support.

As I stated before, I've provided with you a true case summary that the CAC has tracked during the past 2 years. You can imagine the impact that releasing this case is going to have in the District. This truly points out the problems that we are seeing, and it's ab-

solutely obscene that track that those three children in the X case have been through in the system, and I encourage you to take time to read that. I've taken all the identifying stuff out, even more than I think we had to, but I still hope that it helps to show you what the problems are. We think that this case factually supports our concerns today.

We strongly urge this committee to support our recommendations as well as the efforts of Carolyn Graham, deputy mayor for children and youth. We have great confidence in her efforts for our children.

Thank you for this opportunity.

Mr. DAVIS. Well, thank you very much.

[The prepared statement of Ms. Shellman follows:]

Testimony Provided by
Safe Shores – The D.C. Children's Advocacy Center
Before the Congress of the United States,
House of Representatives
Committee on Government Reform
Subcommittee on the District of Columbia
Friday, May 5, 2000 at 2:00 pm
Rayburn House Office Building, Room 2154

Good afternoon, my name is Kimberley Shellman and I am the Executive Director of the D.C. Children's Advocacy Center (CAC), known as "Safe Shores" to the child victims that we serve. The Children's Advocacy Center is a non-profit organization in private public partnership with the D.C. Government and the Federal Government. The Center facilitates and coordinates the work of an inter-agency multidisciplinary team (MDT), which investigates allegations of physical and sexual abuse of children. When utilized, the center is the Metropolitan Police Department's (MPD) primary resource for all investigations involving child victims and child witnesses including cases of domestic violence and homicide.

The creation of *our* multidisciplinary team (MDT) through the Children's Advocacy Center is based on the National Children's Alliance model. In the District of Columbia, the inter-agency team includes: law enforcement, social services, prosecution, mental health workers, medical personnel and victim advocates. Safe Shores was created in 1995 as a result of the hard work and vision of a small group of DC residents and professionals who saw the crying need to better serve child victims of abuse.

The CAC is primarily responsible for coordinating initial investigations of child sexual abuse allegations in the District. This role has afforded us the unique opportunity to view the systemic response to our children from a close up perspective. The view we have is <u>not</u> a pleasant one. As a Center and the multidisciplinary team coordinator, we can clearly identify six recurring problems

that negatively impact our children's care and treatment – often resulting in further victimization or sheer neglect by the system itself. These problems include:

- First, the current structure of the MPD for investigating child sexual abuse and physical abuse cases. There is no centralization for Child Abuse Cases (see attached document Exhibit A: *"The D.C. Response System to Child Maltreatment*, page 1).

- Second, the long standing statutory bifurcation of Social Services between Court Social Services and Child & Family Services Agency (see attached document Exhibit A: *"The D.C. Response System to Child Maltreatment*, page 2).

- Third, the current reporting system through the Child Abuse Hotline and the shameful practices for how these reports are dispatched to investigators (see attached document Exhibit A: *"The D.C. Response System to Child Maltreatment*, page 2).

- Fourth, the disjointed leadership structure for Child Welfare that has created a lack of accountability for the system as a whole. In the past five years, the leadership structure has resulted in the Office of the Corporation Counsel supervised by the Mayor, the MPD under the management of the Control Board, the D.C. Courts (including Court Social Services) under Federal arm as well as the United States Attorney's Office (USAO) and the Child & Family Services Agency (CFSA) under a Receiver. All of this has created great conflict and greater turf wars that have hampered most attempts for a multidisciplinary team approach to child abuse cases.

- Fifth, we are greatly concerned about the severity of the mental health problems of our children and youth and the access to quality and available treatment for them, and

- Finally, the historical lack of a city-wide strategic funding plan for child victims of maltreatment has adversely impacted the prevention of future and further abuse *of* our children. This lack of a strategic funding plan has created an intolerable atmosphere of "competition" amongst service providers and has allowed funding streams to determine programming rather than permitting the needs of the community and children to drive *our response*. This lack of planning has also encouraged community providers to become more fragmented in their service delivery.

To address these issues, the D.C. Children's Advocacy Center is working closely with Carolyn Graham, Deputy Mayor for Children and Youth. We strongly recommend the following:

- Creation of a **Crimes Against Children Unit within the MPD** to investigate all crimes committed against children. To date the MPD Police Chief has rejected this proposal. The creation of this unit will simplify the reporting process for the community and the Child Abuse Hotline and result in swifter and more appropriate response to calls for help. The creation of such a unit will prioritize child victim investigations in the MPD and foster an expertise in the field among investigators that currently does not exist. The creation of such a unit will simplify efforts for joint investigations with social services and foster greater communication and cross-training by these professionals. The creation of a crimes against children unit will also reduce the number of investigators working on cases to one detective who will be assigned to the civil and criminal case rather than two. Improved investigations will ultimately impact the work and response of CFSA.

- Second, we recommend that the **bifurcation of social services end**. To date, the D.C. Courts have rejected such a proposal. It is not cost effective to have a Court Social Services Worker assigned to a case as well as a Child & Family Services Worker assigned for placement and foster care services. Additionally, children and families are subjected to repeated questioning and home visits. Workers from these agencies have different leadership and often do not agree in cases. Families are subjected to such conflict by these two agencies at a time when they are already in crisis.

- Third, we recommend that the receivership of Child & Family Services end and the agency be turned back over to the Mayor. To date, the plaintiff's in the LaShawn case oppose the ending of the receivership. However, the current receivership has created a gap in communication and teamwork with other agencies. As a result, the receivership has created an agency in which workers are leaving in droves because they do not feel supported or safe in their practice.

- Finally and perhaps most importantly, we recommend that the Government of the District of Columbia and the United States Attorney's Office collaborate jointly with the Children's Advocacy Center and

National Children's Alliance to **create a city-wide Child Victim Center** that will house all of the inter-agency partners under on roof. The National Children's Alliance has made an offer to the CAC and District and Federal Governments to assist in the development of such a Center. The new child-victim Center will house the National Alliance ,and the CAC, as well as the new MPD Crimes Against Children Unit, OCC prosecutors, USAO prosecutors, USAO Child Advocates, Child Protection Services Intake Unit, and medical personnel under one roof. The proposed site for the new Center is the Gales School located less than five blocks from D.C. Superior Court. The CAC and National Children's Alliance will build *the* new facility on the Gales School Site. The new Center will serve ALL child victims and witnesses of physical abuse, sexual abuse, exploitation, neglect, homicide and youth on youth violence. The center will house an expert forensic interviewing program, trauma assessment and treatment center, supervised visitation program, medical exam program and Child Victim Training Center. The goals of the new center will be:

- to centralize child victim investigations, prosecutions, assessments and treatment;

- to increase victim services for children and adolescents as well as increase family and caretaker support for keeping families together and/or educating and assisting foster parents in how to care for post abused children;

- to implement a city-wide prevention program for child abuse and youth on youth violence;

- to assess the impact of a victimization event(s) and trauma experienced by child victims and their non-offending family members to provide appropriate and necessary treatment and/or referrals for treatment;

- to provide social workers and law enforcement front line workers with the resources, experts and support they need to respond more effectively to child victims; such support and training will reduce turnover rates within the agencies and create a workforce that is experienced and seasoned;

- To create an environment and professional culture among the inter-agency team members that fosters a desire to work as a team and

specialize in child victim investigations, prosecutions, service provision, and treatment and healing. To create a place where professionals choose to work with child victims rather than just being assigned to these cases as ordered.

- To leverage community resources for assisting children and families and to provide a centralized network for community providers and funding.

- To provide specialized training in Child & Adolescent Forensic Interviewing, joint investigations of child victim cases, and working with children and families who have been victimized.

- to ensure that ALL child victims receive an immediate and appropriate response in order to facilitate the paths they will navigate following a report, whether that path is simply family and victim support, removal and foster care, reunification with caretakers, or therapeutic treatment and healing.

I have also provided you with a copy of a **true** case summary that the CAC has tracked during the past two years (see attached document Exhibit B: *"Case Example of How our Current System is Failing Child Abuse Victims"*). This case factually supports our stated concerns today. Therefore, we strongly encourage this committee to support our recommendations as well as the efforts of Carolyn Graham, Deputy Mayor for Children and Youth. We have great confidence in her efforts for our children.

EXHIBIT A

The D.C. Response System to Child Maltreatment

In child abuses cases, when we refer to ***"The System"*** in the District of Columbia, we are referring to the design that mandates each agency's responsibilities for responding to child victims of maltreatment. The design, known as ***"The System"*** is so chaotic in the District that no federal receiver, agency head, front-line professional, judge, community advocate or government official can navigate through it without serious questions, barriers, or blame. It is a system design that perpetuates a lack of understanding amongst professionals and citizens who struggle within it. The design is as follows:

Law Enforcement

Four Law Enforcement Tracks that a case may follow in the District
Note: More than one track may occur in a single case.

1. **If a family member/caretaker is the offender or failed to protect in a physical abuse case**, The Youth & Preventive Services Division of the MPD investigates the criminal allegations. This same MPD unit will conduct any necessary removals and present the civil protection case to the Corporation Counsel .
2. **If a family member/caretaker is the offender or failed to protect in a sexual abuse case**, The Violent Crimes Unit of the MPD located in each of the seven MPD Districts investigates the criminal allegations. The location of the abuse incident determines which District investigates the allegations.[1] Also, if a removal is warranted, the Youth & Preventative Services Division of the MPD is responsible for conducting the removal and presenting the civil protection case to the Corporation Counsel.
3. **If a family member/caretaker is the offender or failed to protect in a neglect case**, the Child & Family Services Agency investigates the neglect allegations. However, if a removal is warranted, the Youth & Preventative Services Division of the MPD is responsible for conducting the removal and presenting the civil protection case to the Corporation Counsel.
4. **If the offender is a stranger/non-familial in a physical abuse case or sexual abuse case**, the Violent Crimes Unit of the MPD located in each of the seven MPD Districts investigates the criminal allegations. These cases will not be screened or tracked through the Youth & Preventive Services Division of the MPD.

[1] The determining factor which identifies which District Violent Crimes Unit (VCU) will investigate the child sexual abuse report is where the incident occurred – not where the child lives. This is difficult when young children disclose abuse and can not explain where the house is located where it occurred or in cases where there are medical findings to support abuse but no disclosure. This also can be a barrier or delay an investigation in cases where more than one incident occurred. As a result, cases will often transfer from District to District as more information is disclosed over time.

NOTE: It should also be noted that by working independently, if the MPD Violent Crimes Unit detective screens out a sexual abuse case because they can not meet a criminal standard, the child victim will most likely at that point be disconnected from opportunities for receiving social service support and/or other treatment and referrals for assistance.

Prosecution

Three Prosecution Tracks that a case may follow in the District
Note: More than one track may occur in a single case.

1. **Civil Case with an adult offender or a juvenile offender**
   Prosecuting Agency = Office of the Corporation Counsel (OCC) Abuse & Neglect Section
   Victim Witness Unit = None existing within OCC or MPD
2. **Criminal Case with a juvenile offender**
   Prosecuting Agency = Office of the Corporation Counsel (OCC) Juvenile Section
   Victim Witness Unit = None existing within OCC or MPD
3. **Criminal Case with an adult offender**
   Prosecuting Agency = United States Attorney's Office (USAO) Sex Offense Unit and Domestic Violence Unit
   Victim Witness Unit = United States Attorney's Office Victim Witness Unit (if case is accepted by USAO)

Social Service Response
Note: Social Services will respond in cases where a family member/caretaker is the offender or failed to protect a child

1. **If a physical or sexual abuse allegation is made and the family has had no prior contact with Child & Family Services Agency**, then Court Social Services will open the case and a worker from that Division will be assigned to the case. However, if the child is placed into shelter care, Child & Family Services Agency will also assign a worker for placement and monitoring.
2. **If a physical or sexual abuse allegation is made and the family has had prior contact with the Child & Family Services Agency**, the Child & Family Services Agency will retain the case and Court Social Services will not be involved in the case.
3. **If a neglect allegation is made**, the Child & Family Services Agency will assign a worker to the case.

NOTE: In cases that involve neglect and abuse issues in families not known to Child & Family Services Agency, difficulties arise as to whether the Court Social Services Division or Child & Family Services Agency takes the lead on the case. This is a common occurrence and not clearly defined for the courts or professionals.

Reports of Suspected Child Maltreatment are made to the Child & Family Services Agency Child Abuse Hotline (671-SAFE). The hotline staff are located at Child & Family Services Agency. All reports of physical abuse and sexual abuse are sent to the MPD Youth & Preventive Services Division. Those reports involving sexual abuse or non-familial/stranger physical abuse are dispatched by the Youth Division to the appropriate Violent Crimes Units located within the seven districts. As a result, a report of child sexual assault called into the hotline will first be sent over to the Youth Division. The Youth Division will then send the report over to the appropriate MPD District Violent Crimes Unit for investigation. This may cause a delay in the commencement of an investigation. Currently, there is no priority system for categorizing reports of child abuse that come to the hotline or to the Youth Division.

EXHIBIT B

Case Example of
How our Current System is Failing Child Abuse Victims

Below is a current case within the system and therefore, to ensure confidentiality we have eliminated any information or facts that may identify the family. The purpose of this case autopsy is to examine the systemic problems encountered when reporting and investigating child sexual abuse cases in D.C. This case clearly demonstrates why child victims could benefit from one specialized unit within the MPD working in tandem with a multidisciplinary team to respond to crimes against children. This case also clearly shows why the specialized unit should not be limited to cases only involving intra-familial offenses. Often cases that do not appear to have intra-familial issues will present such issues at a later date. Such issues include a disclosure of an intra-familial sex offense or an incident of failure to protect. In the alternative, cases that are reported as presenting intra-familial offense may later disclose non-familial offences as well. By separating the units that respond to intra-familial and non-familial cases, the following problems may arise:

- More than one detective working on separate offenses
- Poor communication between units involving the same victim
- Cases falling through the cracks
- Confusion regarding where to report offenses and who investigates what allegations
- Transfer of cases back and forth between units when new allegations are disclosed or new information is discovered regarding the "classification" of the offense and/or relationship between the victim and alleged offender

The X Case

November, 1997:
The *X* case originally came to the attention of the D.C. Children's Advocacy Center (CAC) when the Office of Corporation Counsel - Abuse and Neglect Division (OCC/A&N), and the D.C. MPD- Sex Offense Branch (SOB) requested a joint forensic interview of three siblings: following allegations that the three young siblings were sexually acting out with each other. The forensic interviews were conducted **on November 25, 1997, December 5, 1997 and December 17, 1997.**

During the forensic interviews, all three children denied the allegations. Since no disclosures of sexual abuse were made, the criminal case was closed by the MPD-SOB. The children continued to have civil involvement, and they were placed by the Child & Family Services Agency (CFSA) in November 1997. There were multiple placements of these children by CFSA . While in placement with a third party caregiver, she observed the children engaging in sexual activity. This was reported to the CFSA worker, who responded by referring the children to the CAC therapist for sexual abuse assessments.

January 26th – March 2, 1998:
The three children continued in sexual abuse assessments with the CAC therapist. During that period of time, the therapist made two mandated reports, regarding sexual abuse, to the MPD-SOB:

1. **February 6, 1998**: It is not known whether or not this was investigated by MPD.
2. **February 10, 1998,** another report was made regarding a Prince George's County investigation. This was being investigated by PG County CAC. AT that time a report of an incident in DC was made. This information was forwarded to MPD-SOB. (A copy of this report was also sent to the CFSA worker).

March 9, 1998: The CAC therapist made another report to MPD-SOB, with copy sent to CFSA worker, after completion of the sexual abuse assessment of Child A concerning a further allegation of anal penetration by a relative's friend. It is not known whether or not this allegation was investigated by MPD-SOB.

January 26, 1998 – November 15, 1999: Sexual abuse assessments at the CAC were completed. The CAC therapist continued to see the X family in individual therapy and for family support. The three children were informally returned/reunited with their caretakers in mid-February, 1999, following a weekend visit and their articulated desire to the CFSA worker that they provide the three children with long term care.

August 12, 1999: Child A disclosed to CAC therapist during session that he had been engaged in sexual activity with sibling. CAC therapist contacted the children's caretaker who reported that she had also been aware of disclosures made by the children of sexual abuse and planned to address these disclosures and allegations at a civil hearing regarding a review of their neglect case scheduled for the following day.

August 18, 1999: CAC therapist made a report to the CFSA hotline, 671-SAFE, regarding Child A's allegation after the following activities were documented:

- Consultation with caretaker/grandmother about disclosures made, on August 12, 1999
- Review hearing, and purported report made by caretaker regarding disclosures made by the children on August 13, 1999
- Telephone conversation with the children's Guardian Ad Litem regarding the case and Child A's disclosures made in therapy and as a follow-up to information shared during review hearing, on August 16, 1999
- Telephone notification to MPD-SOB, regarding disclosure made by Child A, on August 17, 1999

August 31, 1999: The CAC therapist called the 671-SAFE hotline to make a mandated report of sexual abuse disclosed by Child B during therapy. Incidents including anal and vaginal penetration, and physical abuse (ie., hitting) by her former foster mother's boyfriend. Child B reported that these incidents occurred while she was in a D.C. foster care placement. Child B informed the CAC Therapist that she told the foster mother about the abuse but the foster mother did not believe her. Additionally, child B disclosed abuse by a former babysitter (this incident reportedly occurred prior to civil system involvement).

October 5, 1999: Five weeks later, an MPD – Violent Crimes Unit (VCU) detective from the First District (1D) contacted CAC therapist regarding the report made to CFSA on August 31, 1999, in order to clarify this new disclosure by Child B. This was a different detective from the former SOB detective who received the last four reports. The CAC therapist sent a

memorandum to the 1D detective, detailing a history of the case from her records, and including the notification memorandums sent to the former SOB detective.

October 12, 1999: One Week Later, the 1D detective requested a forensic interview of Child B to take place at the CAC to investigate the new allegation. The interview was scheduled for October 20, 1999 at the detective's request.

November 18, 1999: A Joint Forensic interview was rescheduled for this day and took place at the CAC. The forensic interview was rescheduled for one month, six days later because of communication difficulties and scheduling conflicts between the children's caretakers and the VCU 1D detective. On that day, Child B disclosed sexual abuse by two different perpetrators – She disclosed vaginal and anal penetration by both perpetrators. This was consistent with prior disclosures made to the therapist. A different 1D detective (from the referring detective) was present for this interview.

December 2, 1999: During a biweekly team review of cases, the referring 1D detective reported that the detective, who was present at the 11-18-99 forensic interview, would be taking over the investigation of the case. In addition, the new 1D detective reported that they would follow up with the former SOB detective (currently assigned to VCU in the Fifth District) to gather more information.

December 8, 1999: At the request of the Multidisciplinary Team (MDT) members of the CAC Team Case review program, the CAC Interview Program Coordinator notified a CFSA Intake supervisor by telephone of the concerns regarding Child B's disclosure of her last foster home placement. MDT members requested that CFSA follow-up with MPD Youth and Preventive Services Division (YPSD) to investigate the following:

- Whether CFSA is concerned that allegations have been made by child that the foster mother was informed of sexual abuse incidents and she told Child B that she did not believe her;
- Whether the foster mother currently has any other children placed in her care,
- whether the identified foster mother's boyfriend has contact with the children and
- whether CFSA is concerned about the safety and protection of any children residing with this foster mother pending the outcome of a criminal investigation against the alleged foster mother's boyfriend (at the time of Child B's placement).

December 16, 1999: During the biweekly team case review, the 1D detective reported that the investigation indicated that the crime disclosed by Child B took place outside of the jurisdiction of the First District and within the boundaries of the Fourth District. It was reported that it would be necessary to transfer the case to a detective in 4D. The 1D detective did not provide the address at the team review. This information was provided by a 1D representative not the actual detective assigned to the case.

It was further requested by the MDT team, during this team review, that YPSD contact the 1D detective, in order to get the address of the foster home so they could investigate the foster home.

January 6, 2000: At the team case review, it was reported that although it had been one month since 1D reported that the case would be transferred to 4D, the case had not yet been transferred. YPSD's investigation was reported as still pending, due to the fact that they needed the address

of the foster home from the lead detective. CFSA did not provide YPSD with the address. It is unknown why this information had not been exchanged between these agencies to date.

January 18, 2000: The 4D detective finally picked up the jackets regarding Child B's case from the First District.

January 20, 2000: During case review, it was reported that the investigation was pending the 4D detective's review of the case jacket. The CAC therapist discussed the case with the new CFSA Intake worker (co-located and recently assigned to the CAC) on that date. She was informed of (brought up to speed) concerns regarding the foster mother and asked to find out what CFSA had done regarding notification to the Monitoring Unit of the original report by the CAC Therapist to the hot-line on August 31, 1999.

January 24, 2000: The CAC Interview Program Coordinator, as a representative of the MDT team attempted to follow-up with the 1D detective, in order to facilitate the flow of information to YPSD. The 1D detective informed the CAC Interview Program Coordinator that the foster home address was noted within the case jacket currently in the possession of a 4D detective. The detective provided a vague address and the foster mother's first name from his own notebook of case notes regarding investigations.

January 27, 2000: In a meeting and conference call with OCC/A&N and CAC Interview Program Coordinator, the CFSA co-located intake worker reported that she had conducted a search on the CFSA computer system based on her knowledge of the facts of the case, and information obtained during team case review. The CFSA Intake worker reported that she had spoken with the ongoing CFSA worker that was indicated in CFSA computer files, who reported that no children had been placed in the foster home at issue.

February 2, 2000: The CFSA Intake worker reported to CAC Interview Program Coordinator and CAC therapist that her search indicated only one hotline report made regarding the X case in August 1999, and this report was concerning disclosures made by Child A on August 12, 1999. She could not locate any record of hotline call made on August 31, 1999 by the CAC Therapist regarding Child B's disclosure.

February 3, 2000: During the team case review, the CFSA co-located Intake worker was able to provide additional information obtained regarding this case and the address of the foster home, as well as report on her communication with CFSA monitoring unit Supervisor. It was ***confirmed, contrary to information previously reported by CFSA, that a child was currently residing in that foster home (5 year old female)***. On that day, at the recommendation of the Office of the Corporation Counsel, the YPSD co-located detective, and CFSA co-located intake worker, made arrangements for removal of the foster child to take place immediately as the beginning of a joint investigation.

At the same team case review, a 4D detective, present during the review, also recognized upon reviewing the foster mother's address, that the home where the reported incident occurred was not in fact in 4D, but rather in the third district (3D).

At this time, **February 8, 2000,** a criminal investigation of the sexual abuse disclosure made by Child B on **August 31, 1999**, as to her foster mother's boyfriend (with whom she resided in the

spring of 1999, while in the care and custody of CFSA) is pending. **A THIRD TRANSFER OF THIS CASE**, now to the MPD Third District is pending. The status of the allegation against her babysitter is unknown. The status of the investigation of Child B's former foster home is not known at this time. The five-year-old girl residing in the foster mother's home was in fact removed from that placement pending the outcome of the criminal investigation
It should be emphasized that today the X children are safe and protected. They continued therapy with the CAC Therapist for over 18 months through all of these events. The children remain with their caretaker.

This is only one of many cases that suffers at the hands of too many well-meaning professionals trying to navigate a system that is fragmented, inefficient and under resourced. This case raises the following concerns with our system:

- **Fragmented police response**
- **Lack of communication within agencies and between agencies causing undue delays**
- **Documentation by the Hotline – 671-SAFE**
- **Training of professionals**
- **Fragmented Social service response**
- **Lack of communication between social workers and Monitoring Unit of Foster Homes**

Case Documented as of February 8, 2000.

Final Update as of May 1, 20000:
Current Follow up notation: This case summary, in greater detail, was provided to all team agencies, including CFSA and the MPD on February 10, 2000. No response or inquiries were received by the CAC. The CAC has continued to attempt to track these investigations within the MPD. However, as of May 1, 2000 the CAC Case Review Coordinator reports that the X Case has been on bi-weekly team review four times since the completion of this case documentation, over a period of eight weeks and no information was been provided by the VCU at the third District until April 27, 2000 following a series of written requests to the lead detective and a memo to the Lieutenant. The investigation is "still pending" according to the lead detective.

Mr. DAVIS. Now we have all six of you here, and we are going to go through a line of questions. I'm going to start with our whip Mr. DeLay. Tom, thank you for being here.

Mr. DELAY. Thank you, Mr. Chairman. I appreciate your consideration of my time. I do have to leave, and I appreciate all your testimony, and there's so many questions, but I'm going to center around a couple.

Ms. Meltzer, the thing that struck me about your testimony was the fact that unlike Ms. Shellman's testimony, most of your recommendation is more government, more funding, no changes. Are you looking at outside the box?

Mr. MELTZER. Absolutely. I'm sorry if you come away with that impression from my testimony. The child welfare system will not be fixed unless the agency develops partnerships with the community in very different kinds of ways, and that is why as monitor, we have pushed so heavily for the development of community-based services and the work with the collaboratives in the neighborhoods. No matter how many social workers this agency gets, unless they change what is really going on at the level of interaction between children and families, it will not get better.

I was trying in the recommendations to address things that I thought Congress could have some impact on rather than my feelings about what's necessary to change the system.

Mr. DELAY. I'm hoping this committee can have impact on those other things through the dollar. It makes people listen.

Ms. Jones, I noticed in your testimony, too, that there was very little—and I don't want to just focus on community—but it is so vitally important to make the things work that there was little mention of using community organizations, even faith-based institutions. Have you used community organizations other faith-based or any community help, and how have you?

Ms. JONES. Well, I was trying to keep my testimony as short as possible, so I didn't go into a lot of detail. Yes. One of the areas that I've concentrated probably more of my time on that than anything else has been helping to develop the whole system of neighborhood-based service. What's unique about those services here in the District is those services are evolving from the community. In each of those eight collaboratives, the constituent groups that make up those collaboratives are neighborhood organizations, private agencies there, churches, other neighborhood-based groups. So that network, it's different in different wards. Each one—they pretty much follow the ward, but each one has its own organization.

We have a contractual relationship with those neighborhood services to do a large part of our preventive services. One of the things, in my belief, needed to help strengthen and build the District child welfare is that you have to have a good preventive service system that helps families before they reach the point of needing us to intervene to remove children. That did not exist here. There was not a place where a family could get help until the situation resorted to neglect. Now, I'm sure years ago there were, but over the years those programs didn't continue. What we have done is rebuild that, and I'm very proud of the fact that what we're seeing is the impact of how this is beginning to help us stabilize the front door.

In the agency right now among our contractual agencies we use a number of faith-based organizations, particularly with the adoptions. One church/one child is one of the programs that we have—that helps us with our adoptions. So yes, community services is a major part of the reform that we've made.

Mr. DELAY. I appreciate that.

Mr. DeLay, I really appreciate the work that you're doing and the Mayor's doing, but I want to ask you and Ms. Shellman the same question. I noticed in neither one of your recommendations did you address the courts in D.C. It has been my experience that unless you have judges that understand this and are professional and very well trained in child abuse and neglect law and family law, none of this can work because that's where it starts, it's with the judge when they take these kids out of homes.

It also is the problem with Brianna was that—and I don't want to criticize the judge, but the judge failed on behalf of Brianna. Rotating judges don't work. You have to have a judge that believes in the best interests of the child and makes sure that all the other agencies, all the other services, everything else is being provided in the best interest of the child.

What is being done in D.C. and how are—do you see changing what's going on, both you and——

Ms. GRAHAM. Thank you, Mr. DeLay. We certainly do agree with you that the courts, are a major element in this whole system reformation that must be made here. We're talking massive system reform, which would also include the courts. I think that Judge Hamilton, who has provided supreme leadership to this court here in the District, however we begin to prepare for his exit, we must begin to look at how we can begin to influence the new structure of the new court that comes into being.

There is great desire among members of the bench to, in fact, to put in place a family court, and I think before long we will begin to see some real active movement in that area.

Ms. SHELLMAN. I will speak a little bit differently to that from our experience. I guess it's almost as if we see the courts as unable to change. We are unable to move them or change them, and I think a lot of it stems from the fact that I don't believe in your jurisdiction you have 59 judges that are appointed for a 15-year term and are not elected or have any accountability. Really, they get their 15 years, and as child advocates in the community, we have talked about that and found that as a concern. So we've also felt that there's not a lot we can do about that.

Second, we had an open house after we opened the Children's Advocacy Center that was specially scheduled for the judges, and Chief Hamilton helped me put out the invitations and the e-mails, and not one judge came. So I think that we have—you know, that's just one example—in many ways tried to reach out.

I think that we as a community have also felt—when I say people working in child abuse, and I'm not sure that the people at CFSA and Corporation Counsel have felt this way—we have tried to offer some training to judges, and they don't want it unless it's by other judges, and then that's even difficult. So I do think this is something that we need to look at very, very closely because we

do have a lot of concerns in that area. I don't think I have the answer to that, but perhaps you do.

Mr. DELAY. Mr. Chairman, I have got one little answer, and I'll finish with this. It does speak—I know a lot of judges hate to be elected, but if you look at the history of child advocacies centers, and most importantly CASA, and CASA's not here, I don't think, unfortunately, but the chapters of CASAs that were created were created because political pressure was put on the judges, and the judges made them part of the court. And if you have appointed judges, just as you have tenure in teaching, and they have no accountability, they don't go and learn, they don't want to have family, these are very, very difficult cases, and it takes professionalism to handle them, and that may be a suggestion that the Mayor should look at and we ought to look at for D.C. in that regard.

And the opposite is also true. When you have a judge that's shirking, there ain't nothing like child advocates putting political pressure to force them to do their job.

Thank you, Mr. Chairman. I appreciate your courtesies.

Mr. DAVIS. Mr. Horn.

Mr. HORN. Thank you very much, Mr. Chairman. I have enjoyed reading all of your background here and your statements. Let me followup on the judge situation. To whom in the court system of the District of Columbia does the family court report?

Ms. SHELLMAN. There is a presiding judge of the Family Division which is under the chief judge.

Mr. HORN. Chief judge of the whole District court system?

Ms. SHELLMAN. The chief judge of D.C. Superior Court, and then under that is the presiding judge of Family Division where judges are rotated in and out of that judge's division.

Mr. HORN. How many judges serve in family court and over what period? Do they try to get out of that into some other part? Is that considered worthwhile by judges?

Ms. SHELLMAN. I can answer from my experience when I clerked for the presiding judge of the Family Division in 1994, but perhaps it has changed since then and someone else would like to comment on that.

Ms. MELTZER. There is no family court. There is a Family Division, and judges rotate in and out. It used to be that the rotation was every 6 months. They have recently, in an attempt to deal with some of these problems, tried to extend that rotation to 2 years, but there are many of us who think that even this is inadequate.

Mr. HORN. Did the General Accounting Office look at the transition of judges in how long they stay in a place, and where do they go after they have served in family court, this type of thing?

Ms. FAGNONI. We didn't look at that specifically here in the District, but we did issue a report a year ago where we looked at the juvenile courts and some of the problems encountered. And as Mr. DeLay pointed out, the courts really drive a lot of what happens in the child welfare system. Our report focused on the problems the courts face, and part of that had to do with the judges rotating in and out, one judge making some initial decisions on a child and then a different judge being there when another decision had to be

made. That wasn't in the best interest of the child to have that kind of rotation.

So there have been some jurisdictions around the country that have tried to have, you know, one child/one judge sorts of approaches so the judge can carry through with a child as that case progresses. So there are some examples where jurisdictions have tried to deal with this problem.

Mr. HORN. What would you say is the average months or years a judge sits in a family court situation?

[The information referred to follows:]

According to experts in juvenile dependency court processes, no organization has conducted a study to determine the judicial rotation policies of dependency courts across the country. Such a study would need to be done at the local, individual trial court level since rotation policies are often developed at that level rather than by the state judicial branch. We previously reported that child welfare proceedings can be long and complex. To complete the demanding work of the court, there must be enough judicial officers who possess sufficient expertise to ensure that children are protected and placed in a permanent home in a timely fashion. Turnover among judges impairs the building of this expertise, according to experts such as those at the National Center for Juvenile Justice and the American Bar Association (ABA). For example, ABA testified before the Congress in 1997 that juvenile dependency courts are confronted with frequent rotation of judges who may or may not have expertise or an interest in child welfare law.

Officials in three of the five states we previously reviewed echoed these concerns about judicial rotation. For instance, a Florida official told us that some judges may be rotated after only 6 months, with the result that many dependency cases are heard by judges who are unfamiliar with dependency law. California officials stated that judicial officers change constantly—for example, interested and dedicated judges may be rotated out after 1 year on the bench. The frequent rotation of judges can contribute to decisions that are not based on a thorough knowledge of the individual child and family and can result in unnecessary delays in reaching decisions about permanent homes. Experts believe that a succession of judges unfamiliar with the family and the child increased the potential that key facts about the case will be overlooked.

Below are specific examples of how other organizations have addressed the topic of rotation in their research.

- The ABA reported in 1992 and 1995 on the key elements of two "successful" dependency courts—one in Hamilton County, Ohio, and another in Grand Rapids, Michigan. In Hamilton County, for example, the selection and retention of highly qualified referees to hear cases served as the means to achieve stable judicial assignments to the juvenile court. ABA stated the same can be achieved through administrative changes in courts by only selecting judges that have an interest and expertise in child welfare law. To build this skill base, the juvenile court cannot be the bottom step of a judicial career track. Grand Rapids' juvenile court uses specialized judges who do not rotate into and out of the different court divisions.

- Judge Leonard P. Edwards, in an paper on improving juvenile courts, lists several steps to ensure that the courts operate effectively and efficiently without further abusing the children and families they are meant to serve. For example, Judge Edwards states that state legislatures, supreme courts, and judicial councils should ensure that juvenile court judges have equal status within the judicial hierarchy as judges of the highest ranked trial court. This status is necessary to attract qualified jurists who are willing to spend a substantial part of their careers working in the juvenile court. Likewise, Judge Edwards believes that presiding judges should assign judges to the juvenile court for a minimum of three and preferably for five years. Additionally, presiding judges should assign child welfare cases to the same judicial officer from start to finish. Only with assignments of this length can judges

monitor cases from beginning to end and understand the special issues such as service delivery within the community and child development.

- An official at the National Council for Juvenile and Family Court Judges (NCJFCJ) reported that frequent judicial turnover and rotation is a nationwide problem in juvenile courts. NCJFCJ advocates judges choosing juvenile dependency assignments as a career choice rather than as a stepping stone to other assignments. Newly rotated judges face a large learning curve that affects the quality of the decisions they make while gaining some experience. For example, the judge may delay decisionmaking until other information is brought to his or her attention. Experienced judges know the value of holding collaborative meetings to obtain new resources for a family.

  NCJFCJ recently designated the District of Columbia as a participant in its model court program. This program was established to help states and localities improve their implementation of reasonable efforts to reunite children with their families and to improve the judicial process in child abuse and neglect cases.

- Chief Justice James Exum of North Carolina created a Commission for the Future of Justice and the Courts in 1994. The Commission found numerous problems in the way North Carolina's courts handled abuse and neglect cases. Among the Commission's recommendations were (1) establish a specialized family court and (2) develop judicial stability and expertise by assigning judges for at least three year terms and by providing substantive training on family law issues, child development, family-based services, and social work.

Ms. FAGNONI. I think it really varies. I don't think it's that surprising to hear of a 6-month rotation, and I think something like 2 years is more what other jurisdictions may be striving for at a minimum, but it is very tough to keep judges in that kind of position.

Mr. HORN. Well, I think GAO ought to look at this and just give us a report—my management committee would like to know it also—give us a report on where do these judges want to really go, and if you're not going to have people that really care about children, we shouldn't have this type of situation. We either should set up a particular court that is the family court, and you know that you're going to expend at least 5 years of your career, maybe 15 years, and get somebody that really cares about children, and I think that's what we need to focus on.

And I think my instincts are probably right that they all want to go off to the more classy things that they can then go into a major law firm about, and I'd be curious if any judges have ever gone with anybody to the houses that house these poor kids. You ever know of any judge that showed up at the door?

Ms. LOPES. Yes, Mr. Horn, there are judges who have. In fact, corporation counsel is here, I know, but I know that the presiding judge of the Family Division is known for doing just that sort of thing. So there are judges who do.

The other thing, just one distinction, is that after an adjudication, many judges take the cases with them as they rotate through the other divisions of the court so that they're responsibilities vis-a-vis the cases do not cease when they move to another rotation in the court. They actually take those cases with them, which puts a tremendous administrative burden on the Office of Corporation Counsel and other agencies which have to deploy attorneys and other staff throughout the whole court.

Mr. HORN. Well, along this line, I think, if I might suggest, Mayor Graham, that the Mayor of the city of Washington should talk to the chief judge and see if in the training—and lawyers, I realize, and lots of professionals say, don't tell me what to do, I went to law school, and blah, blah, blah, for whatever it is. That's nonsense. I happen to have been one of the founders of the National Institute of Corrections, and the Chief Justice of the United States called us in and said, look, you've got to do something to clean up State corrections in America. And over 20 years we did make major improvements, and we involved judges, we involved the DAs in a lot of these things, the probation officers, all aspects, because they were all blaming each other, and we got them in the same room to at least get it out on the table. And I think the chief judge should take a real interest in that and have them exposed to every single one of you in your particular agencies. That's the only way they're going to learn something and be sensitized to something.

So let me move from that to, I guess, how often does—I assume most of these are wards of the Court, are they not, most of the children?

Ms. JONES. Yes.

Mr. HORN. All right. How often does a ward of the court have a visit from a social worker?

Ms. JONES. That is one of the areas that has been problematic for us primarily because of the shortage of workers that I've had. But under normal circumstances we would expect that a worker would be visiting a child, depending on the importance of the case—new cases should be visited not less than every 2 weeks. A case that is problematic, we have a program-intensive family service where they may visit two to three times a week. It really depends on the case, but not less than one a month they should see and/or talk, and those visits may be in the home, may be collateral with the schools, with the child—taking the child to a health—for a health visit. So it can take different shapes and forms.

We have not been able to meet that requirement on all of our cases, and I'd be the first to admit, because I have been short workers for most of this past year. What we've tried to do is to spread the workers we have and with our supervisors to at least get in a minimum number of visits wherever we can, but hopefully that will improve with the fact that we are now going to be pretty close to full staff.

Mr. HORN. Let me ask a followup here. Does the person running the home in which the ward of the court lives, do you announce when you're coming, or do you just knock on the door and say, hi, we'd like to look around?

Ms. JONES. It depends. For all of our children placed in group and residential facilities, we visit with or without planned appointments. There are regular appointments, but we do unannounced and announced visits, but most of our foster homes, most of them are announced, and one of the reasons is that many of our foster parents today work. We have very few foster parents who are at home. They work so that we generally have to schedule our visits around their availability or plan it with them because most work. It's one of the things that's changed in child welfare today that makes managing the system a lot different, because we aren't dealing with people who are at home for the most part.

Mr. HORN. Anybody else like to comment on this business of home visits, should they be announced or unannounced, so forth?

Ms. SHELLMAN. I would like to comment on one thing that is not uncommon in the District of Colombia, and that is that the social workers, as was stated earlier, are handing their reports in that are due by statute 10 days ahead of time—they're handing them in either the day of the hearing—some judges will require them to do it 2 days in advance, but what they're doing is they're handing it in the day of the hearing, and they are visiting the home the day before the hearing, and that's not uncommon. And it's difficult when they're trying to cover 59 courtrooms with these things to get out. A lot of the families will say that they know when they're coming because they know when the hearing date is, and they are coming on that day, and a lot of them just gear up for that day. That's the word on the street.

Mr. HORN. Yes, Mayor Graham.

Ms. GRAHAM. Mr. Horn, I think that we're going to have to recognize that some of the requirements imposed on this system by the attorneys handling this case are highly inappropriate. I think that we have got to look at the whole staffing design of this child welfare agency. There is no reason why you cannot have other kinds

of professionals and supporters of children and their needs and families visiting and making these home visits in support of the work that these social workers do. The requirement that you have got to have an MSW doing a home visit is absolutely ludicrous.

Mr. HORN. That's what I was going to get to next, so you're clairvoyant here, and I put together when I was a university president a very fine MSW program, but I'd like to hear from you on the problem that do we really need MSWs to go and do this work, and if not, what would you suggest?

Ms. MELTZER. May I speak to that? The remedial order requires that social workers be MSWs. That provision was actually put in there at the request of the District government, because the District licensing statute currently requires that you have to be a licensed MSW in order to perform social work. We have explored this issue with the receiver and with plaintiffs, and there is nothing in the remedial order at this time that would bar the receiver from using non-MSWs for these positions.

So it is really a red herring. They ought to be hiring PSWs. One of the recommendations that we have pushed is that they move to creatively redesign the job descriptions and the work so that they can use non-MSW positions where they're appropriate.

Mr. HORN. What I would say, and go ahead, but I just want to get one more thing into the brew, and that is, it's true, I think, of all professions, you can have a wonderful master's degree, you can even have a community experience and internship which decides whether you really want to do this or don't want to do with it, and if you decide you don't want to do with it, you ought to get out of there, because if you're not happy helping people that are in misery, you shouldn't be a social worker.

And I might say my mother was director of county welfare, head of the—chief probation officer before that and head of the county hospital. So I grew up with the problems of social welfare, and my question would be, how do you check for a heart in terms of social workers? You can get an MSW, you can get people with As. How do you know they have got a heart? Sort of like the Wizard of Oz, but, you know, what kind of experiences have you had? I mean, do you get qualified people regardless of whether they have the degree or not? Some offer a bachelor of science undergraduate degree. OK. Who are the best types of people with what experiences that help children in this kind of situation?

Ms. JONES. Well, let me take a stab at responding to that. I described that—I think I would put that in the language of what we call the old traditional social worker, the person went into this field because you cared about children, you cared about what others—that others did not have what you may have been able to acquire. And we wrestled with this for quite some time trying to figure out why workers turn over, and I think one of the things we are wrestling with in this country is that people now go into fields such as teaching, social work: it's a job, it's not a profession.

And the difference—the way you begin to sort that out is how they begin to take on the responsibility of their job, when they are in training, when they begin to look at the various things that go on in their caseload, when you hear folks who are more concerned about whether or not I have a parking space or my office has a

window or I have—can leave promptly at 4:45. That, to me, is an indication of someone who's wanting a job.

Now I say that, but I also want to make clear that there are substantial number of workers in that agency who are professionals. Many of them have stuck with me for this past year when we've been short and have run around and got those last-minute reports done because we didn't have other workers. But we have a large number in the past, and we'll probably have some more for whom it is a job and that's what we have to sort out.

But let me also, while I'm—I have the microphone, respond to the issue of workers, or whether or not we can use the BA or MSW. Clearly I come from a background where I believe you can do a lot of the work we do with non-MSWs, but I had to deal with the hand I was dealt. Now, once that was changed and we were given flexibility, we have begun to look at it, and we have changed some. Our licensing workers, for example, no longer have to be MSWs, but that's also an issue I have had to battle in the newspapers because I was challenged on that, critiqued on that. A lot of the negative publicity began because I was seen as someone who was changing the standards of the profession. I have had to live with that, but that's a choice we had to make, and we are indeed looking to move where we can, where it does not denigrate the work, because there's work there that has to be done and should be done by professionally trained people.

Children who come by way of the advocacy center more often than not do need professionally trained workers, but at the casework level, taking a child for an appointment, completing paperwork to do with interstate compact, that doesn't require an MSW, and we are taking steps. But I also have to juxtapose that with the dollars I have for how many staff can I hire because it will take more of those kind than it does MSWs.

I think we're on the right road of getting a good balance on that, but it is going to take a few more months.

Mr. HORN. Thank you for the passion with which you replied to that question. I can tell you care.

Any other comments here? Mayor Graham.

Ms. GRAHAM. I think that it is—this work in the area of human service where we are dealing with the frailty of human life is a work that comes, I think, out of a context of the heart. It is a passion. Ms. Jones clearly has impressed me during my time and my interaction with her as having that passion. So does Ms. Shellman. It came out all over the table here today as we listened to them. This is—and this is not something that is acquired by a degree, you're absolutely right, and when it comes to nurturing and caring for and ensuring the safety of children, you don't have to be degreed to do that. And we are willing to work with Ms. Jones and Ms. Meltzer to make certain that we can modify these requirements in such a way as to support the children, and if it means taking on the unions, the union of social workers, we are prepared to do that.

Mr. HORN. Congratulations.

Thank you, Mr. Chairman.

Mr. DAVIS. Thank you, Mr. Horn.

Ms. Norton.

Ms. NORTON. Thank you very much, Mr. Chairman. First, let me say I am very impressed with the commitment of everyone at the table, and thank you for that commitment. And I want to say that I recognize from your testimony and from the problems that you've encountered in the city what a complicated issue we're dealing with.

I want to ask about what I see as the two major problems that have come out of this testimony. One relates to caseload, which I see as fundamentally related, as well to what my colleague asked in his questions about the MSW degree; and the other relates to the kind of coordination it takes to even begin to do a satisfactory job for these children.

Let me just say that I've been in Congress for 10 years, and I have seen a lot of black hole funding of the District government, so that even when we are faced with a very serious problem, I look very deeply before I believe that the answer to that problem is funding.

Let me say to you right now one of you testified that an equal proportion of the Medicaid funding needs to go here as is the case in other jurisdictions.

This would be the kind of thing this Member would be pleased to put into the Congress. I have to tell you that based on some of the questions I am going to have to ask you, I am not prepared to put an amendment before the Congress to that effect, because I have not heard testimony today that convinces me that the complicated issues underlying this function are being well managed. I don't think that anything as complicated as this will submit to anything but the most skillful management.

Now, let me give you an example of what I mean. If, in fact, more money is needed, as your testimony indicated, for substance abuse services, day care, mental health, foster parent rate increases, you are talking children. That is the kind of thing, it seems to me, that increases ought to go for. But let me go to the MSW degree. Nothing has been more frustrating and to hear your answer, "Well, the D.C. government is who required that." that ought to be a presumption against it right there. The D.C. government had to take this entire function from it. Here we live in a, not only a city but in a country where we can't get enough people to teach our children how to read and write, and so the Mayor rightfully has come forward and said in order to be able to recruit teachers to come to an inner city school, we have got to be able to raise their salaries, and I am absolutely with him. He hasn't said the first thing we need to do is make them all get masters in teaching and then somehow they will teach our children to read and write. If ever I have heard of a non-job related qualification—my colleague asked about whether or not having a heart is a qualification. Of course not. Having an MSW is a qualification.

Let me tell you why that frustrates me. If, in fact, it is difficult to get people to go into social work today and get them to graduate from social work school—remember all the things a young woman can be today—that is who usually becomes a social worker. Then, to put another hurdle up there that says that, by the way, we want only people with MSW degrees and after you get your MSW degree you come into a system that then uses money—and here I am

quoting from the testimony of the GAO—that provides new hires a minimum of 80 hours. That is somebody with an MSW degree; 80 hours of classroom and 80 hours of field pre-service training.

What in the world were they getting with their bachelor's and their MSW? This is like going to school for another year. Then provide all social workers a minimum of 40 hours in-service training each calendar year. That all might sound very well, but to say that that can only happen after you have got your MSW degree and then to come in and say, we can't hire social workers, and then on top of that to say we are doing all of these things to keep social workers which, of course, won't keep social workers.

Anybody with an MSW degree who just gets out is coming in here to get some kind of training, the way you do if you are going to be a resident at Howard University Hospital or at your public hospital here, and then you are going with that MSW degree, because you have your family to support. This is not rocket science.

So when I hear, well, we are going to recommend, and they already have training, I don't think you should get a dime until that is not a requirement or until you go to the city and say that shouldn't be a requirement anymore; rather, maybe these hours should be a requirement. I don't know and nor did any of your testimony tell me what an MSW degree brings you except shortages in people to hire and complaints about their competence.

So I want to ask you whether or not you will go to the city council right now if you need to, or otherwise break down the requirements right away and begin hiring some people to be social workers so that you will not pile a caseload which, on your own testimony, is twice what it should be on the social workers you have.

I mean, I just see this as one commonsense approach to it and I don't know why the taxpayers of the District of Columbia should pay the receiver more to hire MSWs doing the kind of job to which Brianna fell victim. I want to know whether or not I can get your promise. If not, then I want to know why I shouldn't have your promise to immediately say you are going to recruit master's of social work people tomorrow as they get out and try to flag down as many of them as you can. Because whether they are master's or whether they are bachelor's, they are coming here for a reason, to get hard core experience hopefully, with hearts in hand, to get hard core experience so you are not going to keep them forever. They are young people and they have lots of opportunities.

The first thing I want to ask, to clear away some of your caseload, is are you willing to hire competent people who have bachelor's degrees, who are getting out of Howard University, out of Catholic University, out of GW, out of Trinity this year, to come work in the District of Columbia and help us immediately make a cut in the caseload that these social workers are hampered with?

Ms. JONES. Let me answer that, Congresswoman Norton. We have already recruited, and I made a statement earlier in my testimony that we have now identified staff with a selected date and with offers. They have accepted the workers to fill the vacancies that we have. Among some of the workers that we have recruited are bachelor level workers for some of the jobs that we have already moved over to——

Ms. NORTON. I am asking you, can the requirement to come work here, given what you know is going to be the turnover—1989 is when I guess it all started, then 1995 you went under receivership. Do you really think that you are going to keep these folks? Given this enormous amount of in-service training, why do you need an MSW in the first place rather than looking at true job-related qualifications for the job?

Ms. JONES. We already submitted such a request at an earlier point.

Ms. NORTON. Let me just pin this down. Is it a matter of law or is it at the discretion of the Mayor or the agency or the receiver?

Ms. GRAHAM. Ms. Norton, we issued a memorandum, we issued a Mayor's order about 6 months ago that changed the requirement, which allowed the receiver to recruit non-MSWs for certain positions. We are prepared to work with her more aggressively in eliminating any outstanding requirements associated with advanced degrees to do basic work.

Ms. NORTON. Say that again, I am sorry.

Ms. GRAHAM. We, about 6 months ago——

Ms. NORTON. The last statement. I heard that. You are prepared to work with her to do what?

Ms. GRAHAM. To move more aggressively in making any further changes where job restructuring is necessary.

Ms. NORTON. Ms. Graham, do they advertise for the MSW or not? Do they advertise that you have to have an MSW and if you don't, we may take some of you who have——

Ms. JONES. We advertise for both, both MSW and BSW. We have hired recently both MSWs and BSWs. We have done that already. And we intend to indeed continue to hire because we know normal turnover means you are going to lose some people. So we have already instituted that.

Ms. NORTON. You have hired MSWs who cost the city more and don't get us any more. Given what you have told us yourselves about the quality of work you receive which is very uneven, I don't see what MSWs have gotten you.

Ms. LOPES. Ms. Norton, if I may, with respect to the legal requirements in the case—and I think this is emblematic of some of the problems those requirements have posed—our position is that we are working aggressively and will work aggressively with the plaintiffs, the court monitor and the receiver to identify those requirements that don't make sense, that haven't been practical, that have been difficult to implement, and attempt in the first instance to reach agreement on moving the court for a modification.

Ms. NORTON. Ms. Meltzer, I don't need what you have to say. They now say that they have reached that agreement. I just want to make sure—this doesn't need any kind of coordination. All I want to know is that if you come here, you look at somebody's qualifications, whether or not this person has looked like they are willing to go into tough neighborhoods—work—give more than is required to the job—as opposed to let me see your MSW degree and you get some kind of preference for showing me a piece of paper.

I don't need to hear about coordination. It doesn't take coordination. Ms. Graham and Ms. Jones have said that they are willing to hire people—I just want to make sure that you don't advertise

that you have to have it. That will discourage a whole set of folks who might be willing—precisely because it is their first job. Let's get some folks who don't cost us an arm and a leg, but are willing to get in there and do the grunt work of helping these children because, for all that, your MSWs, up until now, have cost the city—and there is not a lot of evidence that they have brought the city any added value—for that piece of paper.

Ms. GRAHAM. Ms. Norton, may I just address that for a moment? You are absolutely on point and that was one of the frustrations that Mayor Williams identified when we began to explore issues with this agency that caused it not to be as successful as it could have been. And certainly the staffing piece was one. We dealt with that immediately with the issuance of a Mayor's order. We did get pushed back from the union and will continue to get——

Ms. NORTON. What do they care? They represent whoever comes in.

Ms. GRAHAM. No, they do not. They feel—it is my understanding and those who are social workers can speak more eloquently to this than I no doubt—but it seems that there is a lessening of the profession if you begin to open up other jobs. The job structure of social workers over the years has become fairly stratified. And so as you look at restructuring, you will get push back from the unions; but, as I said, we are prepared to deal with that.

Ms. NORTON. That is all I need. If I have your commitment to hire people who can do the job as opposed to people who put in a piece of paper that will automatically cost us more money without knowing that they can do the job, then I am quite satisfied.

The other problem that seems to me to be a frustration is the coordination problem. I understand why that is at least a real problem. Ms. Meltzer, you said we must understand that, after all, they have all these agencies. Well, I do not understand. Your job is to take the system as you find it and fix it. So I don't have any sympathy for the notion that, well, you have got to understand, there are a whole lot of agencies out there and it is real hard to coordinate that. The whole point of putting it under receivership is that the District didn't do it and that is what the receiver is there for and so I don't understand.

This is what I do understand. The Superior Court, as I understand it, or its court services, handles abuse cases when a child remains at the home. The MPD Youth Division handles child abuse and another section of the MPD handles sex abuse. The corporation counsel litigates the issues in court, terminating rights, adoptions, and so forth. Child neglect cases are handled by the receiver and the services to abused children. I understand that to be very complicated.

What I don't understand is why some of the systems discussed in the GAO report, some of which are so obvious you would think that they would occur to anybody, given this awesome complexity, that looking to other jurisdictions, GAO looked at a few other jurisdictions. You all have had this agency for a long time, because you are not unique at all in having a large number of actors. And some of the things that they suggested, you don't need an MSW degree to come upon. Like a multidisciplinary advisory committee that just sits together, around one table, instead of shuffling paper back

among agencies. Or Chicago. I get this straight out of the GAO report. In Chicago, another big city, it must be a whole lot more complicated than D.C.

You get nothing from me when you are talking complication. I spent 12 of the best years of my life in New York City. I know complication. Chicago, a city four times the size of D.C., what do they do? They get a group of 32 individuals—I get this out of the GAO report—and then they divide into subcommittees so that all those 32 don't have to be called together at one time. In other words, a kind of simple committee system to sort out all this complexity.

Some of these jurisdictions have begun to figure it out. Why is it that we come forward and say, well, you have to understand it takes a lot of work to get all these agencies together. Why aren't we using some of these, what I would call, management devices, that I think you should be required to produce before you get more money for anything except very direct services to children? Like this money—80 percent of it must go to a mother and a child in child care or to a person who is in the child care center, or 90 percent of this money must go to the drug abuse problem and to the person working with the drug abuse problem, the doctor.

Other than that kind of funding, it seems to me that the receiver deserves extra money only when the receiver can show that the receiver has implemented the kind of commonsense, simple management devices, like getting everybody in the same room and using committees to all work on one child so that you don't have a Brianna—kind of situation develop where they don't all sit down in the same room. Have a conference on the child before they do something like give the child back to a retarded mother who obviously needs to be taken care of herself. So I would like to know why devices like that aren't used in the District.

Ms. GRAHAM. Ms. Norton, one of the startling things for me when I started this work about a year and a half ago with the administration was the isolation that this agency experienced. I think one of the travesties of taking an agency out of the governance structure is it gives other entities within the governance structure permission to do whatever they want to do. One of the first things is to ignore the needs of the agency. We found backlogs of applications for foster care homes, backlogs for fire inspections, backlogs, backlogs. The receiver was not even permitted to engage in meetings or generally was not expected to come to meetings with other government agencies.

All of that has changed now. She works actively with the other clusters that are under the human service rubric that I am responsible for. We have eliminated all of the backlogs and systematically have gone through looking at ways that we can reintegrate this agency and the needs of these individuals it serves with the other agencies. One of the requests in the budget or one of the requirements of the remedial order is substance abuse treatment services for the families. I think it is absurd that that has to come out of the agency's budget. That receivership ought to be able to refer individuals over to the Department of Health's alcohol and substance abuse treatment services. Without question. They should be a priority. Not so. As I said, and you will find this as you look at each of these receiverships.

You have not done the governance structure or the residents of the city a favor in extracting these agencies out of the governance structure. It simply gives the permission to treat them as separate entities.

Ms. NORTON. I agree with you, but the agency had to be extracted. The District of Columbia was criminal, that is the only word for it, in the way they treated these children.

Ms. GRAHAM. We agree.

Ms. NORTON. But what the government before you could have done would have been what you have done. To say, well, they may be out of the structure, but there is nothing that keeps us from sitting around the table with them.

Ms. MELTZER. Congresswoman Norton, I want to just comment. My discussion of the complexity was in no way meant to suggest that the fact that it is complex means that it should not or could not be resolved. I hope you understand that.

Ms. NORTON. But you didn't suggest what can be done about it. My problem is, I wouldn't accuse you of bad faith there, but when I read in the GAO report the kinds of things that a college student might think of to do—why don't we all get a committee and try to deal with this one child—I lose patience.

Ms. MELTZER. The problem in the District is that there are multiple committees with overlapping responsibilities.

Ms. NORTON. Where was that committee on Brianna? What committee had charge of Brianna? Name me the committee that had charge of Brianna. There was a lot of paper that went back and forth on Brianna. In fact, I want to ask about Brianna. It is not so much Brianna. I want to focus on the mother. I didn't know until this confidential report came out that the mother was a borderline retarded woman. I knew she had eight children and is now pregnant with another child. This may be somebody who believes, and I don't know, I have no other information about it, that the only way she can live is to have babies.

So you are talking committees. All I have heard from Ms. Graham is that they know they must do this, but I haven't heard anyone say that there are any such groups that work on the individual child.

Ms. GRAHAM. Ms. Norton, we are in the process of reconstructing government here in the District of Columbia.

Ms. NORTON. Tell me about it.

Ms. GRAHAM. I make no excuses for the dysfunctionality that we found. We are actively engaging. Yes, we do have work groups. I think that the learning that the Child and Family Service Agency—and Ms. Jones can speak to that—had from Brianna and the other children who are dying, Brianna is just symbolic of life in the District for so many children, far too many. They have put in place systems that allow for better coordination. But more importantly, the work that I am doing in trying to bring agencies together to begin to look at how we function cross-functionally is the work of this structure that the Mayor has put in place, and I have been charged to achieve some pretty monumental goals around better agency coordination over the next year. This is not an easy task, especially where you have got agencies who have grown accustomed to working in silos.

Ms. NORTON. Ms. Fagnoni, did you find any evidence that these kinds of simple, almost simple-minded mechanisms that other States and cities have put in place are beginning to blossom in the District?

Ms. FAGNONI. Our hope is that by citing these examples, these will help some of the people in this room and others think about where they might move forward. Our purpose in talking about the whole section is how do we move forward from here? There has been some amount of progress, there is a lot more to be done, but all of these sorts of approaches that other jurisdictions have used were all borne out of crises, whether there was a child's death or some other kind of crisis. There are any number of jurisdictions, as you yourself said in your opening statement, that have the same sorts of problems. What we have seen is other jurisdictions moving ahead over some period of years to really try to figure out some new approaches that are less traditional that draw from the full range of stakeholders who are involved in decisions about the child and their family, and this is something that we hope people in the District who are overseeing this system can think about and learn more about and look at what might work best for the District as they move forward.

Ms. NORTON. Obviously the death of this child makes us very impatient to get that under way. I can only ask, Ms. Graham and Ms. Jones, if you might be in communication with those jurisdictions. I don't know which one fits here. It seems to me we do not need to reinvent the wheel here. I understand that both of you have found this system in a mess, and I am certainly not trying to assess blame, but I really do think that this has gone on so long. And I know about the New York system. I know about how pervasive this is across the United States.

I just think we can't use that as a reason for saying we have got to take more time. I don't think we have more time with these children. I would like to know, what is happening with Brianna Blackmond's mother now, this mother who may be as incapable of taking care of herself as she is of taking care of more children? Has there been any attempt—her children were already taken from her—what is happening to this mother so that this cycle gets broken, she gets some help, and we, perhaps, at least do away with that problem?

Ms. JONES. We have a social worker that is working with her and also with the children. One of the things that we have had to do with that family is the children have been particularly traumatized by the continuing reference to them in the media. The older children read the paper and see the television. We have put in a lot of additional special therapy and treatment for the children, all the ones that require it. But we do have a social worker that is working with the mom to try and help stabilize her and to figure out what we are going to do.

Ms. NORTON. She was certainly left out there on her own. I almost feel as sorry for her as I do for her children. She was left out there by the District of Columbia. When we focus in on the children, I ask also that we focus in on really incapacitated parents like this.

Finally, I have found your testimony very frustrating. It has great urgency. You are people who come in as kind of the final act. I recognize that it is frustrating for you as well. I don't see the kind of innovation, though, I don't see the kind of, as Mr. DeLay said, "thinking outside the box." I don't think you can break through this unless you get totally outside of the box. The "inside the box" is very confused and very messed up.

I was discouraged to hear about the declining capacity for foster homes, the decline in 6 months' time in the number of beds, when the number of children continues to go up, and that you find this declining capacity across all your agencies. The testimony cited several reasons for this: that there were parents retiring from the system, that there was improved recordkeeping so that if there was a parent who had three children, that wasn't counted; that was counted as one child, and adoption.

Suppose we take adoption out of the picture. How much of the problem of capacity would be left? Most of it? Half of it? Let's take adoption, which is the best way to get a reduction in placements. I wouldn't have put it in there in the first place. How much of the declining capacity in beds comes from other causes?

Ms. JONES. There are a couple of things that I think are creating problems for us in terms of capacity. Within the District government, itself, the District boundaries, one of the problems is what we see, and I can't substantiate this factually, but I know from our work is that there are fewer individuals who are indeed electing to do this because they are in the work force. The general population of available people who normally want to do this kind of work are not going to come from young, single individuals.

Ms. NORTON. This, I take it is a nationwide problem, this decline?

Ms. JONES. Yes, it is not just unique to the District. The other thing that is happening, Congresswoman Norton, is more of our children are being placed with relatives. What we have not had in the past is a way to provide some type of support system for relatives who step up and are willing to take on the responsibility of——

Ms. NORTON. How is that related to declining capacity, more of the people who are taken to relatives?

Ms. JONES. In terms of capacity it is at least our perception that many of the people who would have been the kind of individuals who would be taking in children in foster care now are taking care of their own. But they too need a support system. We are up against that issue.

And also in the District, there has been historically the issue of getting the homes through the kind of inspections that are required. And lead paint has been one of the issues here. It is true nationally that that is a problem in urban areas. Not as much in the more rural areas but in urban areas, a lot of your housing stock is old and the housing stock has paint that if you go below level three, you get down to level three in the paint, you are going to hit lead. It is a very expensive process to remove lead. We in some circumstance can use that home, but not for young children. You can only use that home for an older child. We use that also as an opportunity to try and help families get the lead out of their homes.

Even for their own children, they shouldn't have it. Those are some of the factors.

Ms. NORTON. This is such a national problem—could I just finally ask, this will be my last question, if ever there was a problem that needed "thinking outside the box," since this is the pervasive problem of foster care in the United States, it is the fact that there are not people at home to take care of children.

I wonder if either Ms. Fagnoni, from the GAO, or any of you as professionals have any out-of-the-box thinking, including whether or not dealing with groups of children—and I know there is some of that—would be preferable to what we are going through now? Perhaps the only way to start thinking, or one of the only ways—I am sure what I am asking you is are there other ways to begin to think through? It scares me to death to see that if in 6 months time you went from 1,929 beds to 1,568 beds, we are going to be going, going, gone pretty soon. Somebody had better start thinking fast about what you do about this rate of decline.

Ms. JONES. This is one option we certainly are looking at and beginning to do something about. I think you have to consider going to professionally paid caretakers as one way to begin to build a core of individuals who would be available to take children, and especially when you look at the kind of needs that the children come to us with.

Ms. NORTON. Professionally paid caretakers would be whom?

Ms. JONES. Individuals for whom this becomes a vocation as opposed to being done on a volunteer basis. There are a couple of things that I think make that an option that needs to be looked at. These children have many serious problems. Using paid providers would allow you to be able to use them as a way to provide treatment. You would not have to then resort to having someone else to have to take the children to do followup treatment.

Ms. NORTON. Is there a pool of people—I also want any answers from the rest of you, but is there a pool of people who, if they were paid enough, would be satisfactory surrogates for children? Given what has happened to these children, I think we have to look at everything that is put on the table.

Ms. GRAHAM. I would say that there aren't, Ms. Norton. We have looked at several communities in the country. We have looked especially at the SOS village model. They are undertaking right now a feasibility study right here in the District. What happens is the community is actually created for these children. Families are actually created for these children. It is social construction, if you will.

In the two experiments that we have looked at, one in Illinois and one in Florida, they both are working very well. And actually we have asked, actually in the fiscal year 2001 tobacco money, for funds to be set aside for the creation of such a community here in Washington exactly.

Ms. MELTZER. Part of the answer is that none of these solutions by itself is going to work. All across the country as States deal with these problems, they are trying a little of this and a little of that to deal with the problems. The other more general point is that people are understanding that no matter what you do, we have got to keep families safe before they come to the attention of the child welfare agency; that the investment has to be in community part-

nerships, making sure that there are community-based organizations, faith communities, neighbors, all out there supporting families so that you don't get to the situation where we need to be removing as many children from their families permanently.

Ms. NORTON. I couldn't agree more. I do think a little of this and a little of that is more of what we need to do. We need to experiment with what works. I couldn't agree more that no one thing will work. But these declining numbers should scare all of you very much.

Ms. FAGNONI. You are correct that adoption has to be a piece of that. There has to be a whole package of efforts to make sure that only those kids that really truly have to be out of home for some period of time are in those placements. But then are also needs to aggressive moves to put those kids in more permanent settings, whether it is returned to their home or to an adoptive family.

Ms. NORTON. There was strong bipartisan support over here. First there was strong support for family reunification. But in, I guess it was 1997, we passed a law that said, OK. Meanwhile, for families there has been a great presumption in favor of whoever can speak, who can speak as some adult saying, don't take my child.

I must tell you I have come slowly to the conclusion that a child has but one life to give, and most of the people on my side of the aisle strongly supported, the notion that says you can keep this child in foster care for a limited period of time and then if there is somebody that wants this child, let them have that child.

That is where I have finally come down. Please do all you can to keep a family from being in trouble. But the way in which the presumption has been in favor of somebody who is a dope addict, in favor of somebody who is hanging out with criminals or having some thug sleep in alleys every night, the presumption in favor of those people over the child, I have had it. We have just lost too many of our children.

Let me ask if you think that the new adoption requirements of the Federal law are being implemented in accordance with the mandate? We have the number of months, 12 months and then 15.

Ms. JONES. Yes. We have implemented the adoption and Safe Families Act in the District. This is the one area even prior to implementation, I think, where we have demonstrated that in spite of the system that we have made progress has been in adoptions. That is the one area where we have seen steady progress. It has to get better, but clearly even with all the problems we have talked about, our adoption stats are going up. We are getting children adopted.

But once again, I think another area that will help us help a lot of children exit the system is to have a way to provide some type of financial support to relatives who are willing to take guardianship of their children. That is not federally funded now. What we have to do at this point is to fund it with local money. I have requested it. It will allow us to move a lot of children out of the system, with guardianship, with protections, but those families need some type of support.

Ms. NORTON. Mr. Chairman, I am going to ask you if you will consider with me—and perhaps you and I can speak to Mr.

DeLay—I don't know if this is feasible, but Ms. Jones has just testified these declining numbers are—we are just not going to have anyone in a few years in the work force and all, and that is not just D.C.—on a pilot basis if we could fund on some limited basis—relatives who would otherwise—you know what the problem is and I have this problem, too, you see. I have a problem that if it is your child, you ought to be willing to—that is where I have got a 30-year-old child with Down's Syndrome.

So I come to this: Who is supposed to take care of her as long as I can? But I am trying not to put people in the position that I am and to think of whether or not if there were certain kinds of need that could be established on the part of a close relative—and one would have to draw the legislation very carefully—and on a pilot basis, whether or not we might relieve what looks like a nationwide crisis developing with just nobody to take these children. They have suggested that what the cities are looking for now are actually paying people. That is like paying a social worker, full-time person, to be a parent. You might pay somebody a whole lot less if it were an aunt who makes $20,000 a year, couldn't be expected to take in another person. I wonder if there is something we might talk about with Mr. DeLay who has a deep interest in this.

Mr. DAVIS. We have got a lot of issues to talk about that have been raised here today, Ms. Norton, but we will certainly take that into consideration. Any other questions?

Ms. NORTON. Thank you very much, Mr. Chairman.

Mr. DAVIS. Let me ask a question. Let me start with Ms. Fagnoni. You have been sitting over there quietly and did the GAO audit. Could a Brianna Blackmond tragedy occur again today under the current system? Is there any reason it couldn't still occur?

Ms. FAGNONI. Unfortunately, it is probably a situation that could still occur just about anywhere in this country. What one hopes for, though, is that there is a system in place where it is much less likely to happen. I think that is what they need to strive for.

Mr. DAVIS. Have you seen any measurable strides since that in terms of change?

Ms. FAGNONI. As we reported, there has been some progress that has been made toward some of the issues under the court order. But to really make the significant strides that will really keep kids from falling through the cracks, I believe the kind of collaboration and coordination we talk about is really something that needs to be pursued as it has been in some other jurisdictions facing some of the same problems.

Mr. DAVIS. Do you know what the national average length of service for service workers is? Does anybody know?

Ms. JONES. I know what it used to be. An average of around 2 years. In terms of how long the average social worker would stay?

Mr. DAVIS. In D.C. or nationally?

Ms. JONES. In D.C. right now, I don't want to give you bad numbers, but looking at our work force in the last year, I would say the average worker is staying a little less than 2 years. About a year and a half overall.

Mr. DAVIS. Let me start with Ms. Shellman, I am interested in your perspective on this, and then I will let you, Ms. Jones, re-

spond and anyone else who wants to. Is the kinship care program utilized nationally as a best practice option for placing abused and neglected children?

Ms. SHELLMAN. I am not sure I am the best person to answer that question because I don't have the expertise in the foster care area. It is certainly something that as a child advocate that we would advocate for.

Ms. JONES. It is a phenomenon that is happening all over the country. But I think in all reality, it has happened by default. It has happened because more and more children, we have found families who find themselves with a relative who in fact has gotten involved in some type of activities, usually substance abuse, cocaine. It is a phenomenon that pretty much you can almost synchronize with the introduction of crack cocaine, where suddenly you had large numbers of young parents getting caught up in the drug scene. They are a parent, however, not having been involved in it. Therefore, being faced with a situation with a grandchild or a niece or a nephew suddenly left out there, not being able to be cared for. So I think it has really been a result of there just not being other type of caretakers available and the sudden surge in children who were left without a parent.

Mr. DAVIS. Let me then, Ms. Shellman, see if you can help with this. Do you think the collaboratives operate effectively? Are they on an equal footing in terms of training and resources they bring to the community?

Ms. SHELLMAN. I have the gossip on the street, I have the limited experience that we have had with the collaboratives and we expressed concern over them. We expressed concern over the level—as one of the things I said, we are dealing with children with a lot of mental health problems who need a lot of specialized care, and we are concerned about the level of training and the level of expertise in dealing with the children in the collaboratives. We have also had some concerns where we have had reports that have been delayed because they haven't come through the collaboratives; they have tried to handle them themselves when they are in fact cases that need to be reported.

Finally I would say that we have also encountered a few cases where there has been cases that have come through where there has been questions, where we have had sexual abuse cases where they have occurred through relationships made through collaboratives, as in baby-sitting care and things like that.

Mr. DAVIS. It is not data, it is more this is kind of your instinct and your experience?

Ms. SHELLMAN. It is my instinct and it is what is on the street with talking to the people who are working in this effort that there is just concern, not that they could not work but that they are not receiving the appropriate support and monitoring. I don't say that against Ms. Jones, but I just say that is what we are hearing.

Mr. DAVIS. That is why we are just trying to collect information. Ms. Jones.

Ms. JONES. I think in fairness to the whole collaborative movement, it is new. It is a new thing that is evolving. We have been working with them to begin to develop some of those kinds of standards. In fact we are in the process of doing an evaluation and

assessment both qualitatively and quantitatively of what they have been doing. But I think in general the collaboratives were never envisioned to be a vehicle for taking on the more severe type of case situations; but that is not to say that in a community, this is the known place where you can go and get help that people will start there. What we have done by connecting them to us through a contractual relationship, is that it provides a way for them to move those cases over to us.

Now, that requires training, that requires supervision and monitoring. And we are and do have a structure to monitor them. We are assessing now do we need to increase that? Or do we need to expand that? Really we are looking at the whole structure to see if there are other changes that need to be made. We want to ensure that children are safe.

Ms. SHELLMAN. May I make one more comment?

Mr. DAVIS. Sure, please.

Ms. SHELLMAN. I think another concern, too, is the capacity of the community. So certain collaboratives, depending on the capacity of the community, are going to have a different effect than other collaboratives in different communities. When we are recommending this child victim center with the National Children's Alliance, what we are saying is that we are going to centralize all of the expertise and all of the services and all of the resources so then maybe when you are having these community collaboratives, they have that resource to also refer to; because right now everything is so fragmented and disjointed, it is hard for people in the community who want to help to know how to help or how to correctly help.

Mr. DAVIS. Let me ask either Ms. Meltzer or Ms. Fagnoni, how much time passes from the time a case is reported to the hotline and a detective is assigned through, to when the first joint forensic interview is completed? Any idea?

Ms. MELTZER. We have very poor information about that transfer. We looked at a small sample of cases that were reported to the police department for investigation of abuse, and based on that small sample the children were seen within 48 hours in only 45 percent of the cases that were investigated by the police. However, out of our even small sample, there were some number of records that the police department was unable to provide us. I suspect that those are the records that are going into the boxes that Kim Shellman talked about. So we don't have a lot of confidence that there is quick uptake.

Mr. DAVIS. Thank you.

Ms. FAGNONI. We also heard concerns that the calls aren't always being answered and that questions about how effectively those who are answering the calls are able to make the right decisions on what to do about the calls.

Mr. DAVIS. Ms. Graham, do you concur with that basically?

Ms. GRAHAM. I would concur with that. I too received a phone call from Chief Gainer just before we came this afternoon, because we have made it very clear that this is serious business and it will not be tolerated. The the continued neglect, I guess, of issues of crimes against children, we cannot continue to tolerate; and will not. And as we move aggressively to support the development of this CAC model here in the District, we have got to have a system

in place that ensures that children will be protected and the chief assured me that they were going to work with us in making this happen here.

Mr. DAVIS. Ms. Lopes, let me ask you a couple of questions. We talked briefly about the plaintiffs in the LaShawn A. case. Have they been cooperative in working toward coming to an agreement to end the receivership?

Ms. LOPES. They have indicated a willingness to discuss a cooperative agreement, yes. We have been dealing with some emergency issues in the case. Following the resolution of those issues, we will turn to substantive negotiations with respect to a transition plan.

Mr. DAVIS. Certainly that is the fastest way to get this resolved?

Ms. LOPES. Absolutely.

Mr. DAVIS. We are dealing with a system that despite anybody here can be doing their job 100 percent, we are dealing right now with a system that is just—we have people stumbling, it is just not going to work. That is the bottom line. Despite the best intentions of everybody—we could throw as much money as we wanted into it—we are dealing with a system that is just unworkable. I am sure the plaintiffs realize this. I know they have a lot of other things to go, but in the meantime we are exposing every kid in this city to something that could fall through the cracks. That is the concern.

I know the plaintiffs have a lot to say about this because of where the court suit is and how this came into being. That is why I asked the question.

Ms. LOPES. There is an extremely collaborative spirit amongst the parties and with the court. The judge has actually taken tremendous leadership in terms of bringing all of us together informally to have discussions to resolve a series of disputes that have occurred in the case. My expectation based on preliminary discussions is that we will be able to negotiate successfully and collaboratively a very constructive transition out.

Mr. DAVIS. I just don't think that we are going to do a lot in terms of funding and stuff with this structure, for good reason. We have got to get a structure. The court suit is the best way out of it, the fastest way and the cleanest way out of it. There are other ways we may be able to deal with legislatively, but they all may entail litigation down the road and everything else. That is why I am asking. What is the state of the Child and Family Service Agency budget?

Ms. LOPES. The budget request——

Mr. DAVIS. Whoever wants to take it.

Ms. LOPES. The budget request, as I recall, was $184 million. Last year's baseline in terms of spending was $150 million as I recall, and Ms. Jones can correct me if I am off a bit. The Mayor recommended for fiscal year 2001, up to $184 million in local funds and projected Federal revenue. The proposed budget is going through the consensus process now with the Mayor, the council and the Financial Authority.

Mr. DAVIS. Let me ask a question. Couldn't we all agree that there is a more efficient way of doing this? If we had a better structure this money could be better spent and we could just handle

these issues in a safer way and a better way for the kids and in a more cost-effective way?

Ms. GRAHAM. We could agree to that.

Mr. DAVIS. I am not saying what it is. I am not going to try to get that. That is where we would probably break down.

Ms. GRAHAM. We could agree to that. But one of the things we have to acknowledge here is that there has been a disinvestment in the service for the past 5 years since it was in receivership. So not only did you not have full funding of the modified final order, you didn't have basic services for this agency funded at an appropriate level. And then add to that the piece that Ms. Norton raised, the excessive design of the staffing patterns in the agency which further complicated matters.

And so one issue on top of another created a very complex, almost unworkable system. And then you have got all of these other services spread in all of these other agencies and you have got dollars following those services. You are absolutely right. Reconstructing the service, redesigning it in such a way as to maximize its efficiency would result probably in less failure.

Mr. DAVIS. What we would call "business process redesign" back in my days as a county executive. You would sit down, I am sure that money could be spent much more efficiently, we could have better safeguards. And with this court order hanging out there, it just makes it very difficult for anybody to act. We all do our best but we are dealing in a framework.

Ms. LOPES. One of the points I wanted to make earlier is that as we transition out of this receivership, we are also going to review quite aggressively the requirements in the order. Because once the receivership terminates, the order continues until we come into compliance and can demonstrate sustained compliance. So that part of our approach in this administration is to really review the order, review it constructively and collaboratively at the onset but attempt to pare it down, streamline it, make it something workable, make it something that is practical and can be readily implemented.

Ms. NORTON. Will the gentleman yield?

Mr. DAVIS. I would be happy to.

Ms. NORTON. The chairman and I were discussing earlier the confusion that arose from discussions we had heard over the years from the District government that it had to fund whatever the court said fund, and that the District often came and said that there were difficulties with requiring it simply to give a blank check. Now you are saying that the services weren't fully funded. Would you clarify that? Hasn't the court ordered what the funding should be? How is that done?

Ms. MELTZER. The agency has—never have any of their budget requests fully funded. Part of that was because for a long time, we did not have enough confidence that the agency knew how to spend the money. That was your question about the wisdom of throwing good money after bad. The court was very reluctant to just go in and order more money even though the budget requests weren't being met. It is only at this point, I think, that all of the parties are comfortable that the agency is sufficiently well managed that they could really spend the money.

Ms. JONES. One of the things I wanted to point out, too, and I think this goes back to an issue you raised, Congresswoman Norton, is the the money we are asking for this year is almost all directed at services, not at operational things. And much of it is in my budget because I am charged by the order that if the District government does not make those services available through its other services, I am charged to make it happen. That is why my request is higher than what it would have to be. If substance abuse services were available through that agency, prioritized for the children we have, I wouldn't need to request it in my budget. That is why I am requesting the additional $34 million, because I have to meet the requirement for services that aren't being met in other District government agencies.

Mr. DAVIS. Let me ask—I will try to get everybody, you have been here a long time, I want to get you going—just a couple of other pretty quick questions. Ms. Jones, I will ask you. In the kinship care program, I am not clear if the relatives of the children go through a background check, any kind of program to train them to be foster parents, and are they monitored regularly by social workers?

Ms. JONES. Yes. The requirements are——

Mr. DAVIS. At least in theory that is the way it is.

Ms. JONES. No, in actual practice. They are reviewed, licensed, they have to have background clearance, the registry clearance, of both Federal, FBI and local police clearances. The requirements are the same.

Mr. DAVIS. Are you now identifying ways to ensure that children are going to experience consistency of service from the time they enter the system until they leave?

Ms. JONES. We are making every effort to. Part of our ability to do that is being able to have the staff that allows us to do that. We are focused right now, our main focus is on trying to get our intake services working properly and avoid any shortage there. In the other program areas, we are working on those, too, but a lot of our ability to bring all of the qualitative aspects is tied directly to our being able to cover our workload and, of course, training and supervision.

Mr. DAVIS. Anything else anybody wants to add before we conclude the hearing?

Ms. SHELLMAN. Ms. Norton, would you like an answer to that why only 10 percent of our cases for CAC have appointments?

Ms. NORTON. I was going to ask that that question be directed to you and to the courts and put in the record. But yes, I would appreciate an answer.

Ms. SHELLMAN. I can only speculate on that. But I do know that I am very concerned about the fact that our CAC in the District of Columbia only participates postdisposition. So, therefore, what they were talking about earlier about in other jurisdictions where CACs are appointed during the investigative phase to assist children and families, ours do not come in until disposition and postdisposition. The judge, the presiding judge will issue an order if it is requested but I believe that is the answer.

Ms. NORTON. You think it should be changed, then.

Ms. SHELLMAN. Yes.

Ms. NORTON. Mr. Chairman, there is one more question I would like to ask. That is, one of the most scandalous things we heard in testimony today is that the judges rotate in and out and leave these children where they find them or have to take them with them and cause great confusion in the process. Should the District of Columbia have a separate family court?

Ms. SHELLMAN. Yes.

Ms. GRAHAM. Absolutely.

Mr. DAVIS. Could we get that unanimous yes on the record?

Let me thank each and every one of you. It has been a long session. We have tried to get a lot of facts collected. I am not sure of what we will do with everything. If you want to supplement anything, the record will remain open for 14 days. If you want to supplement anything you have said or something else occurs to you, we will put it in the public record. Again, thank you for your time. We appreciate it. We are all working toward the same goal. These proceedings are adjourned.

[Whereupon, at 4:55 p.m., the subcommittee proceeded to other business.]

[Additional information submitted for the hearing record follows:]

Center for the Study of Social Policy

EXECUTIVE SUMMARY

FINDINGS FROM A CASE RECORD REVIEW OF

- ASSESSMENT/INVESTIGATION OF CHILD ABUSE AND NEGLECT
- FAMILY SERVICES (IN-HOME PROTECTIVE SERVICES CASES)
- CHILDREN IN FOSTER CARE
- CHILDREN IN FOSTER CARE WITH A GOAL OF ADOPTION

1998 ASSESSMENT OF THE PROGRESS OF THE DISTRICT OF COLUMBIA'S CHILD AND FAMILY SERVICES AGENCY IN MEETING REQUIREMENTS OF LaSHAWN A. v. WILLIAMS

July 15, 1999

EXECUTIVE SUMMARY

FINDINGS FROM A CASE RECORD REVIEW OF

- ASSESSMENT/INVESTIGATION OF CHILD ABUSE AND NEGLECT
- FAMILY SERVICES (IN-HOME PROTECTIVE SERVICES CASES)
- CHILDREN IN FOSTER CARE
- CHILDREN IN FOSTER CARE WITH A GOAL OF ADOPTION

1998 ASSESSMENT OF THE PROGRESS OF
THE DISTRICT OF COLUMBIA'S
CHILD AND FAMILY SERVICES AGENCY
IN MEETING REQUIREMENTS OF
LaSHAWN A. v. Williams

Center for the Study of Social Policy
1250 Eye Street, NW, #503
Washington, DC 20005

July 15, 1999

EXECUTIVE SUMMARY

A Case Record Review of the Progress of the District of Columbia in meeting the requirements of LaShawn A. v. Williams

I. INTRODUCTION

This document summarizes the key findings and recommendations from a case record review conducted by the Center for the Study of Social Policy (CSSP), the Court-appointed Monitor for the District of Columbia's child welfare system under LaShawn A. v. Williams. CSSP is required to regularly assess the progress of the District in meeting the mandates of the LaShawn Order which requires the District to reform its child welfare system and improve services, case management and outcomes for abused and neglected children and their families. One of the ways CSSP assesses compliance with the LaShawn Order is through periodic case record reviews. This review focused primarily on case practice within the Child and Family Services Agency (CFSA), but also examined the role of the Metropolitan Police Department (MPD) in conducting investigations of abuse allegations as well as the performance of private agencies under contract with CFSA to provide foster care and adoption services.[1] The Monitor began this assessment in the Fall of 1998, recognizing that the Agency was in the midst of a process of major reform during the time period covered by the study (June - December, 1998). Thus, CSSP did not expect to find full compliance with LaShawn requirements, but hoped that the case record review findings would be useful to the Agency as it identified areas for intensive remedial action.

The case record review assessed the performance of the child welfare system during 1998 in four major areas of case practice: (1) Assessment/Investigation of Allegations of Child Abuse and Neglect; (2) Family Services cases (in-home protective services cases); (3) Children in Foster

[1]It should be noted that this review did not include cases managed by the "other side" of the District's child welfare system, the Social Services Division of the D.C. Superior Court, which provides case management and services to families in which there has been substantiated **abuse**, but a decision has been made that the child(ren) can remain at home safely with services and supervision.

Care; and (4) Children in Foster Care with a Permanency Goal of Adoption.[2] Volumes 1-4 provide the detailed information on the findings and recommendations in each program area. A total of approximately 800 cases were randomly selected and reviewed for this study.[3] The review team included CSSP staff and CFSA Quality Assurance Specialists. CSSP staff managed and supervised all the work, providing daily on-site supervision of the case readers and quality control on all of the reviewers' judgments.

After analyzing the data from the case record review, the Monitor met with CFSA staff from each of the program areas to review the findings and get input on recommendations which are included in each volume of the review and summarized in this Executive Summary. It should be noted that actions to address some of the findings from the review have already been taken by the Receiver. Other recommendations will require additional review by the Receiver and the development of more specific task plans.

II. SUMMARY OF FINDINGS

As expected, there were common findings across program areas which are generally reflective of the status of the implementation of practice reforms at CFSA. The twelve cross-cutting findings from the review are discussed below.

(1) ***The District's child welfare system is improving but still has far to go to adequately meet the needs of children and families.*** Some improvements in case practice have been made over the last five years. More children in foster care have current case plans, administrative reviews and judicial reviews. Fewer children are experiencing multiple placements while in foster care. Most children with a goal of adoption are living with

[2]The Assessment sample was selected from assessments conducted in June, 1998. The Family Services and Foster Care samples covered case practice during the time period between March 1 and August 31, 1998. The sample of Children with a Goal of Adoption covered case practice during the time period between July 1 and December 31, 1998.

[3]Each sample was selected to insure a margin of error of plus or minus 7 percent with a 95 percent confidence level.

families that wish to adopt them (in pre-adoptive homes). The availability of some services, such as parenting education, family preservation services and substance abuse treatment, has improved although service gaps remain. Housing and education specialists at CFSA are providing needed assistance to social work staff and helping to access services for children and families. The Healthy Families/Thriving Communities Collaboratives are providing supportive assistance to CFSA staff in working with children and families and are identifying neighborhood-based resources in a growing number of cases. Case readers saw evidence of the potential of neighborhood-based services in the case files although implementation is clearly still in the early stages of development and acceptance by the Agency as a whole. Staff stability has also improved, with more children and families having one social worker assigned to their case. The majority of children are placed in settings that case readers judged to be appropriate to their needs. All of these are basic elements that must be part of an effective child welfare system, but have been long lacking in the District.

(2) ***Children are not moving quickly enough to permanency.*** This has been a longstanding problem in the District and indeed, in child welfare systems across the nation. CFSA recognizes this problem and has begun working more aggressively on achieving permanent outcomes for children in foster care. A new practice of conducting "permanency staffings" has been implemented in which a team reviews cases with the purpose of moving children with a goal of adoption more quickly toward a final adoption. This, along with efforts to improve the administrative review process, is a start, however, the permanency staffings must also move to address those children who have remained in care for years with an unrealistic goal of reunification.

The case record review provides hard data on the magnitude of these problems. In the foster care sample (which included children with all permanency goals), the average length of time spent in care was 3½ years and more than one-third (36%) of children were in foster care for more than 4 years. For children awaiting adoption, the average length of time in care was almost 5 years. In the sample of children who were adopted during the seven-month period from July 1, 1998 to February 5, 1999, the average length of time in foster care before being adopted was 4½ years and almost one-third (31%) of children

were in care for more than 5 years before getting adopted. Clearly, too many children remain in foster care with a goal of reunification for too long. Children who were ultimately adopted spent an average of 21 months in care before the goal of adoption was even established. The good news is that three-quarters of the children (78%) with a goal of adoption are living in families that want to adopt them; the remaining hurdle is to do the necessary social and legal work to make those adoptions a reality for the children.

With the passage of the federal Adoption and Safe Families Act (ASFA) and the recent passage of District legislation to incorporate ASFA requirements, decisions about permanency for children in foster care will need to be made within 14 months of a child entering foster care. This will produce significant new demands on CFSA, the Office of Corporation Counsel and the Superior Courts—each of which have had great difficulty in meeting the existing challenges of achieving permanency for children.

(3) ***Many children need permanency through adoption and identified barriers must be eliminated.*** Barriers which emerged from the case record review and were confirmed by CFSA staff include: maintaining reunification goals for too long; failure to terminate parental rights in a timely fashion; court delays in processing abuse and neglect cases, termination of parental rights petitions and adoption petitions; the need for more adoptive resources; and failure to complete the Interstate Compact for the Placement of Children (ICPC) when children first enter care.

(4) ***Documentation of casework and case progress needs improvement.*** In many cases, case file documentation is extremely disorganized and/or sparse, making it difficult to determine what if any services were being provided and what progress, if any, was being made, let alone to assess the quality of case practice. For example, case readers were unable to determine the quality of the investigation (due to lack of documentation) in 11 percent of CFSA assessments and 37 percent of MPD abuse investigations. In 15 percent of Family Services cases, reviewers were unable to determine if any progress has been made in the case.

Failure to record activities in the case files is a problem not only because it affects agency evaluations such as this one, but more importantly because this information is used by social workers, attorneys and judges to make significant decisions about children and families' lives. Sometimes, a case file can become the only source of longitudinal information on a child and his/her history. In addition, the accuracy and currency of the information in a child and family's case file is crucial given the reality of staff turnover—ideally, a new caseworker should be able to pick up a case file and know everything they need to know about a child and family. Indeed, CFSA policy and child welfare practice standards demand that all activities be recorded in a timely manner. The development and implementation of FACES, CFSA's new computerized information system, should improve the quality of documentation. However, a computer system is only as good as the data entered into it; thus, staff need to be well-trained about how and where to enter key information about case progress.

(5) ***Social workers do not spend enough time doing what they want and need to do—working directly with children and families.*** High caseloads, lack of adequate supervision and support; time spent in Court waiting for hearings and time spent searching for foster care placements; discomfort with working with families in their homes and neighborhoods, and other factors contribute to workers not spending enough time visiting and working directly with children and families. Indeed, required bi-weekly visits between social workers and children in foster care were documented in only 4 percent of cases. Monthly visits in Family Services cases were documented in only 9 percent of cases. Clearly, it is not possible to assure that children are safe and secure or to work intensively with families on developing and implementing case plans if face-to-face contacts are not being made.

(6) ***Supervision needs improvement across all program areas.*** In general, there was minimal evidence in the case files of routine supervision of case practice. Discussions with CFSA staff revealed that more supervision occurs than may be recorded but that it is inconsistent across and within program areas and is frequently inadequate. The Receiver has taken steps to address this problem, including the development of a Supervisory Review System (SRS) to be implemented in September, 1999, which will involve monthly reviews by

supervisors of randomly selected cases and quarterly reviews by CFSA's Quality Assurance Office of those same cases to assess the supervisory oversight being provided. However, this is also a staffing and training issue. There are several unfilled supervisory positions throughout the Agency, placing extra burden on existing supervisors (and making CFSA out of compliance with LaShawn mandates for supervisor/worker ratio). Additionally, although the Receiver has placed emphasis and has begun mandating supervisory training, much more training is needed to improve the quality and consistency of supervisory practice.

(7) ***More foster care placement resources are needed.*** Although fewer children are experiencing multiple foster care placements now than in 1994, many children still move from place to place, are placed far from their homes and communities, and/or grow up in placements that do not meet their needs. CFSA staff confirm that an adequate pool of available foster care homes simply does not exist and that it is generally a struggle to find a placement, particularly for sibling groups, children with special needs, or those who need therapeutic foster care. Indeed, because of placement shortages, there is reportedly very little ability to match individual children's characteristics and needs with foster parents' expressed preferences and skills.

(8) ***An abundance of training needs became evident from the case record review and from discussions with CFSA staff.*** Training is needed on: agency policies and procedures, particularly those related to the setting of an adoption goal and the adoption process; engagement of families in case planning and developing service agreements with families; the requirements of the Adoption and Safe Families Act (ASFA) regarding concurrent permanency planning (working simultaneously toward reunification and adoption) and required time frames; methods of supervision; principles of neighborhood-based service delivery; and information about the Healthy Families/Thriving Communities Collaboratives, how they work and what they have to offer.

In addition, there is a significant need for training on effective methods of supervision and on team-building within and across the program areas in CFSA. The case review and

discussions with staff made it clear that the program areas—and even units within each program area—are extremely isolated from one another. For example, case transfers from Intake to Family Services and assignment of Family Services workers rarely occurred within the required five-day time frame. Indeed, staff from different units or programs often do not understand what each is doing and fail to view one another as partners working toward the same goals.

(9) ***Significant interagency issues remain unresolved.*** The District's child welfare system continues to exist in its fragmented form with CFSA responsible for investigating neglect cases and MPD responsible for investigating abuse cases. Responsibility splits again if cases are opened, with CFSA handling in-home cases resulting from neglect and out-of-home cases resulting from both abuse or neglect, and the Court Social Services Division of the DC Superior Court handling in-home cases resulting from abuse. Communication among CFSA, MPD and Court Social Services is relatively minimal and cooperation on behalf of cases even more infrequent. Recently, communication between CFSA and MPD has improved at the administrative level but this does not appear to have seeped down to front-line staff. Indeed, CFSA generally has little knowledge of what happens in abuse investigations conducted by MPD and believe some abuse allegations are never actually investigated.[4]

Relationships between CFSA, the Office of Corporation Counsel, and the Superior Court also remain problematic; each agency is highly critical of the other's failings. OCC currently is understaffed to meet the need for timely processing of abuse and neglect and termination of parental rights petitions and CFSA's staffing and practice problems contribute to friction between the agencies. The structure and resources available in the Family Division of the Superior Court make it difficult for the court to provide timely legal action for children and families. In addition, CFSA's relationship with the District of Columbia's public schools needs improvement—despite policy directives to the contrary, some schools still refuse to allow social workers to interview or have access to

[4]In fact, MPD was unable to produce any records for 20% of the abuse investigation files requested by CSSP for this review.

information about children who are alleged victims of maltreatment and reporting of suspected abuse and neglect by school personnel is inconsistent.

Table 1 (attached) lists the detailed findings from each of the four program areas reviewed. Additional discussion of these findings is provided in each of the program reports (Volumes 1-4).

TABLE 1:
KEY FINDINGS FROM CSSP's 1998 CASE RECORD REVIEW OF THE DISTRICT OF COLUMBIA CHILD WELFARE SYSTEM

Data Item	Performance (percent of cases unless otherwise noted)	
Assessment/Investigation (Child Abuse and Neglect reports made in June, 1998)		
	CFSA	**MPD**
Case records for case review were provided	100%	80%
All children in the household seen *out of the presence of the alleged perpetrator* within 48 hours	30%	45%
All children in the household seen within 48 hours	55%	63%
Investigation completed (based on supervisory review and sign-off) within 30 days	47%	66%
Prior reports of abuse or neglect checked	88%	61%
Case readers agreed with whether the maltreatment report was supported	79%	63%
Case readers agreed with the decision about whether or not to open a case for services	71%	57%
Case readers agreed with the decision to remove a child from his/her home	84%	61%
Case readers judged the overall quality of the assessment to be adequate or excellent	50% (5% excellent, 45% adequate)	49% (10% excellent, 39% adequate)
Family Services (Case practice between March 1 and August 31, 1998)		
Case transfer from Intake to Family Services and assignment of Family Services worker within 5 days	6%	
Current case plan	49%	
Case plans with supervisor's signature	35%	
Monthly face-to-face contact between social worker and family	9%	

TABLE 1:
KEY FINDINGS FROM CSSP's 1998 CASE RECORD REVIEW OF THE DISTRICT OF COLUMBIA CHILD WELFARE SYSTEM (Continued)

Data Item	Performance (percent of cases unless otherwise noted)
Cases in which needed parenting education was provide	33%
Cases in which needed substance abuse treatment was provided	64%
Cases in which needed counseling was provided	64%
Cases in which readers judged that some progress was being made	62%
Cases with a previous history in the child welfare system	35%
Cases with additional reports made to the hotline since the opening of the most recent case	16%
Foster Care (Case practice between March 1 and August 31, 1998)	
Percent of children in foster care for more than 4 years	36%
Progress toward permanency judged good or adequate by case readers	66% (25% good, 41% adequate)
Progress toward permanency judged inadequate by case readers	28%
Current case plan	70%
Family involved in case plan development	39%
Current administrative review	55%
Current judicial review	88%
Judicial commitment within 60 days of removal	11%
Bi-weekly visits between social worker and child in foster care	4%
Cases in which foster care placement was judged to be minimally appropriate	86%
Children who experienced only one foster care placement since entering care	32%
Weekly visits between children in foster care and their biological parents (analysis includes only cases in which goal was reunification and visits were appropriate)	11%
Families needing substance abuse treatment who received it	81%
Families needing parenting education who received it	48%
Families needing counseling who received it	79%
Children needing counseling who received it	94%

Data Item	Performance (percent of cases unless otherwise noted)
Children who received health screen within 24 hours of entering foster care (analysis includes only children who entered care in 1996 or later)	71%
Children who received a full medical and dental evaluation within 2 weeks of entering foster care (analysis includes only children who entered care in 1996 or later)	48%
Teenagers referred to Keys For Life Independent Living Program	58%
Teenagers considered to be developing necessary independent living skills	58%
Children with a Goal of Adoption (Case practice between July 1 and December 31, 1998)	
Children with identified disabilities or special needs	64%
Children living in pre-adoptive homes	78%
Children legally free for adoption	40%
Average length of time in foster care	5 years
Average length of time with goal of adoption	2.2 years
Children Who Were Adopted Between July 1, 1998 and February 5, 1999	
Average length of time before adoption goal established	21 months
Average length of time before being legally free for adoption	38 months
Average length of time in foster care before being adopted	4.5 years
Adopted with one or more siblings	44%
Families receiving Post-Adoption Services	4%

III. RECOMMENDATIONS

Discussed below are major recommendations that cut across program areas within CFSA.

(1) ***Adequately staff the agency to meet LaShawn caseload standards and enable staff to spend quality time working with families.*** Though staffing is not the only barrier to adequate child welfare service provision in the District, it remains an issue. Family Services caseloads are reportedly in compliance with LaShawn caseload standards; however Adoption, Foster Care and Intake caseloads are not, due to staff vacancies and

turnover. The impact of being understaffed is clearly reflected in agency practice with overdue assessments, infrequent home visits and outdated case plans. All program areas should be fully staffed with social workers and supervisors. More Social Service Assistant (SSA) positions also need to be allocated and deployed based on an assessment of each unit's needs. In addition, CFSA needs to hire staff to function as a floater unit which would consist of trained workers who can move around the Agency to fill in when workers leave the Agency or go on extended leave. CFSA also needs to structure the personnel process so that hiring and training is done on a consistent basis to make sure that qualified and trained staff are "waiting in the wings" when positions become available, rather than waiting for an opening to arise and then advertising, hiring and training for the position. Finally, an assessment and adjustment should be made of MPD staffing levels, which are reportedly too low to adequately manage abuse investigations.

(2) ***Fully implement neighborhood-based service delivery.*** Over the last three years, CFSA has taken some important steps to develop relationships with people and resources in the neighborhoods and communities where children and families live. The Agency's work with the Healthy Families/Thriving Communities Collaboratives is growing and joint work on cases is now occurring. However, it is time to take the Agency's investment in neighborhood-based work to scale. CFSA should begin to take steps organize and assign its own cases based on geographical location, allowing social workers to have at least most of their cases in one neighborhood. This will enable social workers to become intimately familiar with that particular community and its formal and informal resources and to spend less time traveling across the city. In addition, Intake units should be partnered with Family Services and Foster Care units and Foster Care units should be partnered with Adoption units so case transfers occur more quickly and smoothly and so that connections between the work of different parts of the Agency are understood and are supportive of achieving goals for children and families. Joint work with the Collaboratives should become more a matter of course within the Agency. In order to accomplish this, all staff need to be trained on the principles of neighborhood-based service delivery and on the role, function and capacity of the Collaboratives as well as on referral and joint casework processes. Intake staff should seek help from the Collaboratives in making contact with and engaging families in services. Foster Care and Family Services staff should work with the Collaboratives to identify services and resources for children and families, to

increase the frequency of home visits made and the level of protective supervision provided and to recruit and provide support to foster and adoptive parents. Adoptions staff should partner with the Collaboratives to recruit adoptive parents, to provide extra support and supervision in pre-adoptive placements and to provide post-adoption family support services.

(3) ***Implement the principles of family-centered, strengths-based and community-based principles in casework practice throughout the Agency.*** While important, physically moving services out into the neighborhoods is not enough. CFSA also needs to develop a new *way* of working with families to include full engagement of nuclear and extended families and creative utilization of neighborhood resources in planning for children in terms of both safety and permanency. Family Team Meetings--in which all the stakeholders in a case meet to discuss the issues and develop and implement a safety and permanency plan for the child--should become regular practice and should involve the Collaboratives (several of whom already use Family Team Meetings in their regular casework). Also, staff must be trained on how to develop case plans with families, to do this work in families' own homes and communities and to utilize the resources and expertise of the Collaboratives. In addition, the skills of Families Together staff should be used to help engage families in intensive family preservation services instead of families being automatically screened out before Families Together staff even meets them.

(4) ***Improve supervision across all program areas.*** The case record review and discussions with CFSA staff indicated supervision to be a major weakness within the Agency. Supervisors must be trained on methods and strategies for effective supervision. Clear and consistent expectations for supervisory practice must be developed and then closely monitored. Supervisors should be required to check that home visits are being made and compliance with visitation should be a component of worker and supervisor performance evaluations. (The planned Supervisory Review System [SRS] should begin to address some of these issues when implemented in September, 1999.) Supervisors within and across program areas within CFSA should meet regularly to discuss challenges and share strategies. A peer mentor program should be developed among supervisors, perhaps even with supervisors in other jurisdictions. Finally, team-building training should be provided

to each unit within the Agency in order to develop the relationships and cohesiveness among staff that is necessary to serving children and families well.

(5) ***Eliminate barriers to permanency.*** The case record review demonstrated that children are not moving to permanency quickly enough. The administrative review process and the new "permanency staffings" must be used to identify children who realistically will not be able to be reunified with their parents and begin to identify other permanent placement options for them, within the time frames required by the Adoption and Safe Families Act (ASFA). In addition, supervisors should be monitoring their caseloads to determine when goal changes are warranted. As noted above, progress toward permanency should be a component of worker and supervisor performance reviews. Clear procedures must be developed governing how the ICPC process is initiated when a child is first placed in foster care. A clear expectation must be set that the length of time from setting the goal of adoption to finalization should not exceed one year. CFSA must move quickly to work with the Mayor's Advisory Committee on Adoption to launch a highly visible region-wide adoption recruitment campaign. This will require making sure that the Agency is prepared and has the resources to quickly respond to all inquiries and to study applicant families in an efficient and expeditious way. CFSA must work with the Office of Corporation Counsel (OCC) and the Superior Court to develop a plan for assuring more coordinated and timely processing of child abuse and neglect cases, including expedited legal activity related to adjudication, termination of parental rights and adoption. This planning work has begun but must conclude with agreement on an action plan and the allocation of additional resources to implement the plan.

(6) ***All staff need to be trained and/or retrained to enhance their skills in child welfare practice.*** The Agency is fortunate to have professional social workers as its core staff; however, staff need additional on-the-job training. The Agency now has a Title IV-E training contract with Virginia Commonwealth University (VCU) which brings with it an on-site training capacity. A comprehensive training plan is needed for the next year and should minimally include staff training in the following areas:

- agency policies and procedures, particularly those related to the setting of an adoption goal and the adoption process;

- assessing child safety and risk;
- engagement of families in case planning and developing service agreements with families;
- the requirements of the Adoption and Safe Families Act (ASFA) regarding concurrent permanency planning (working simultaneously toward reunification and adoption) and required time frames;
- methods of supervision;
- principles of neighborhood-based service delivery; and
- information about the Healthy Families/Thriving Communities Collaboratives, how they work and what they have to offer.

(7) ***The Receiver, working with the Mayor and other key stakeholders must take steps to resolve significant interagency issues which inhibit effective casework with children and families.*** The Receiver has drafted legislation to end the bifurcated child welfare system and needs support and leadership from the Mayor to move this work forward. In addition, the Mayor must provide leadership in addressing other interagency issues including the relationships between the child welfare system and the city's mental health, substance abuse, juvenile justice, school and public housing systems. The Receiver and the child welfare system do not exist in isolation. Indeed, functional relationships with these other systems are critical to positive results for children and families yet communication and the sharing of resources is not regular practice among them.

Table 2 provides a detailed list of specific recommendations that are included in each program report.

TABLE 2: SUMMARY OF RECOMMENDATIONS IN EACH VOLUME

RECOMMENDATIONS
VOLUME 1: Investigation and Assessment of Child Maltreatment (Abuse and Neglect)
STAFFING:
• Hire contract staff or detail "extra help" staff to eliminate current backlog of overdue investigations.
• Fully staff Intake by no later than August 30, 1999, and assure that there are sufficient numbers of trained social worker and supervisory staff available to fill vacancies as they occur.
• Develop Intake staff retention plan, including staff appreciation activities.
• Organize Family Services staff according to geographic catchment areas so that they can better relate to Intake staff.
POLICY:
• Send staff policy reminder that all children are to be seen and interviewed out of the presence of the alleged perpetrator. Instruct staff that they are to document this in their narrative summaries, explaining the circumstances in which the child was seen alone.
• Develop protocol with OCC on proper procedures and time frames for initiating court action when children are unable to be located during an assessment.
• Re-issue policy on the steps an Intake worker must complete before declaring a case "unable to locate." In cases in which a child cannot be located, a search by investigators in Diligent Search Unit should occur.
• Develop Memorandum of Understanding (MOU) with DC Public Schools to share information about children who are the subjects of maltreatment reports.
• Clearly define in policy that "initiation" of an assessment occurs only when children are first seen by a trained social worker. Train staff on this policy and report data on initiation under new definition.
TRAINING:
• Train staff to make at least one collateral contact to verify that the child is safe (i.e., contact the school if the child is school age) in cases where the initial decision is to "unsupport" the complaint and not open a case.
• Implement and train staff on risk assessment (structured decision-making).
COLLABORATION:
• Encourage Intake staff to seek help from Collaborative staff in making contact with and engaging families as well as for gathering information in assessing a child's safety.
• Arrange "meet and greets" between Intake line staff, school staff, MPD personnel and Collaborative staff in respective geographic areas.

TABLE 2: SUMMARY OF RECOMMENDATIONS IN EACH VOLUME (Continued)

ELIMINATE DIFFERENTIAL RESPONSE TO ABUSE AND NEGLECT:
• CFSA should initiate and support a city-wide process to develop legislation to end the bifurcated system and take the steps necessary to move toward enactment.
• MPD should provide monthly reports to CFSA on the initiation and completion of required assessments in response to abuse complaints. CFSA needs to track what happens in response to abuse calls to the Hotline.
• The Receiver needs to convene high level discussions with MPD on the adequacy of Youth Division staffing to conduct required physical and sexual abuse investigations in accordance with mandated time frames.
VOLUME 2: Family Services
STAFFING:
• Achieve supervisor/social worker ratio (1/5) required by the LaShawn Order.
• Move toward geographic caseload distribution of Family Services cases to facilitate improved relationships between Intake staff (who are already geographically organized) and Family Services staff.
POLICY:
• Implement new timeline for case transfer from Intake and timely assignment to new worker. Proposed maximum time frames are: Day 1: Investigation/Assessment complete by Intake worker. Supervisor reviews and approves decision. If case is to be opened, Supervisor assigns case number from list of approved numbers, prepares routing forms to inform Central Files and to transfer case. Day 2: Case received by new unit, logged in, assigned to and reviewed by Supervisor. Routing forms received by Central Files and logged in to system. Day 3: Case assigned to Family Services worker. Form sent to Central Files indicating worker assignment. Day 5: New worker contacts Intake worker to arrange joint staffing/home visit with family. Day 7: Joint home visit with family occurs.
• Assess the role of the Central Files Unit in assigning case numbers. Explore possibility of Central Files assigning case numbers ahead of time to Intake so Intake does not have to wait for a case number to transfer a case. Eliminate intervening steps of cases going to Central Files prior to case transfer and of Central Files independently reviewing case transfer decision.
• Clarify with supervisors and staff the policy that cases must be assigned to a worker within 24 hours of a supervisor receiving it.
• Develop a system to "red flag" cases that require immediate Family Services social worker attention (quicker than 5-7 days) because of safety issues.
• Develop and implement policy on investigations of new complaints on currently open cases. When conducting a new investigation on an already open case, the Intake Worker and the Family Services Worker should make joint visits to the family.

TABLE 2: SUMMARY OF RECOMMENDATIONS IN EACH VOLUME (Continued)

•	Clarify and enforce policy on making a home visit prior to case closure.
•	Establish clear expectations with workers about the required frequency of home visits and the expected social work outcomes of home visits.
SUPERVISION:	
•	Clarify and standardize supervisory expectations and practice.
•	Conduct training for supervisors on methods and strategies for effective supervision.
•	Convene supervisors within Family Services and also with Intake supervisors on a regular basis to discuss challenges and share strategies/expectations.
•	Provide team-building training for each Family Services unit.
•	Develop a peer mentor program among supervisors, perhaps even with supervisors in other jurisdictions.
•	Require supervisors to check that home visits are being made; include compliance with visitation as a component of worker and supervisor performance evaluations.
TRAINING:	
•	Provide skill-based training on case planning.
•	Provide skill-based training to staff on engaging clients and working with resistant clients.
•	Identify in-house or consultant mentors to provide ongoing training through modeling client engagement skills.
•	Provide training to workers and supervisors on developing written service agreements with families.
•	Develop plan for training and implementation of Family Team Meetings as a regular part of CFSA case practice and with HFTC Collaboratives.
•	Train staff to link families to Collaboratives and other ongoing family support services before closing a case.
•	Train CFSA social workers to provide in-home family counseling. Make expectations clear to staff about their responsibility as professional social workers to provide in-home family counseling.
COLLABORATION:	
•	Create more opportunities for Family Service workers to increase their connections and relationship with the Collaboratives.
•	Reassess process and criteria for referral to Families Together. Develop process which uses the Families Together worker with Family Services staff to try to engage the family in accepting the Families Together intervention.
•	Train social workers and supervisors to consider the appropriate use of Families Together prior to making a placement referral.
•	Encourage Families Together staff to work more collaboratively with Intake, Family Services and Foster Care staff.

TABLE 2: SUMMARY OF RECOMMENDATIONS IN EACH VOLUME (Continued)

•	Conduct case staffings with the family and all relevant workers and supervisors within 48 hours of a new placement to review appropriateness of placement decisions and explore alternatives. Families Together and Collaborative staff should participate in these case staffings, as appropriate.
•	Ensure that all staff meet and become acquainted with education, housing and substance abuse resource specialists and that there are clear policies and procedures for accessing help from these individuals.
VOLUME 3: Foster Care	
STAFFING:	
•	The Agency needs to launch a visible recruitment effort and hire the necessary staff to reduce caseloads to LaShawn mandated levels. In addition, even when caseload ratios are achieved, CFSA needs to hire additional staff to function as a floater unit which would consist of trained workers who can move around the Agency to fill in when workers leave the Agency or go on extended leave. CFSA needs to structure the personnel process so that hiring and training is done on a consistent basis to make sure that qualified and trained staff are "waiting in the wings" when positions become available, rather than waiting for an opening to arise and then advertising and hiring for the position.
•	Organize caseload by geographic catchment areas, to the extent possible.
•	Allocate and deploy additional SSA positions to units based on assessment of unit needs.
•	Establish routine hiring start dates so that hiring can be better synchronized with the training schedule.
POLICY:	
•	Require and train Intake staff to begin working on case plan as soon as a family becomes involved with the Agency.
•	Institutionalize permanency staffing process on a larger scale by hiring/assigning additional staff team leaders; scheduling more cases; putting in place a data system for follow up; and following up with workers on required actions. The initial focus should be on remedial cases for ASFA compliance (all children in foster care 15 of last 22 months). However, as soon as feasible, CFSA should begin scheduling staffings for all cases when children have been in foster care for six or nine months.
•	Reinforce with staff the purpose and importance of visiting children in their foster care placements and documenting all contacts.
•	Develop and standardize across all units a form on which to document contacts with children in foster care and parent and sibling visitation.
SUPERVISION:	
•	Develop clear expectations for all supervisors and track performance on a regular basis.
•	Establish and implement consistent standards across supervisory units.
TRAINING:	
•	Provide staff with in-depth training on how to develop a case plan and how to engage families in developing a case plan. Training should emphasize that case planning should be viewed and approached as an integral part of the process of working with a family.
•	Train supervisors on how to develop "work agreements" with their social workers so that expectations for workers are clear.

TABLE 2: SUMMARY OF RECOMMENDATIONS IN EACH VOLUME (Continued)

•	Offer CORE training more frequently (at least monthly) so new staff can always be immediately trained and begin to carry cases more quickly.
•	In light of current plans to transfer the Placement Information and Referral Office (PIRO) back to CFSA (from the Consortium) in July 1999, CFSA should take this opportunity to clarify and train staff on the functions and responsibilities of the Placement Office and of social workers in placing children.
•	Develop curriculum on Collaboratives and neighborhood-based service delivery to include in CORE training for new staff.
PLACEMENT AND SERVICE RESOURCES:	
•	Increase number of placement resources overall and particularly in the District of Columbia. Work with the Collaboratives on intensifying neighborhood-based recruitment strategies.
•	Implement Family-to-Family neighborhood-based foster care concept (Neighborhood-based foster homes, foster parents working with biological parents, Collaboratives providing intensive support to foster parents, etc.).
•	Assess current foster parent training curriculum to insure that foster parents have appropriate expectations of what is required of them in their role as foster parents.
•	Work with the Mayor's Office and the Department of Health to reform the licensing process so that it is not a barrier to recruiting and maintaining foster parents.
•	Provide sufficient resources to staff and fund the parenting education programs, either through reducing the caseloads of the Intensive Reunification Unit who are currently providing classes or by hiring specific staff or contracting for parenting education services.
•	Develop more substance abuse treatment resources that allow parents to have their children with them.
•	Improve working relationships with private providers and develop joint confidentiality protocols.
•	Assess the need to hire another education specialist to assist in working on children's educational needs.
•	Work with Collaboratives to identify and hire dedicated staff and develop more services for deaf and Spanish-speaking clients.
COLLABORATION:	
•	Develop partnerships with Collaboratives around cases and make joint home visits with Collaborative staff, where feasible.
•	Educate all staff about the Collaboratives, what they are, how they are staffed, what services they provide, how to contact them, what types of cases they accept for supportive services and case transfer, etc.
•	Involve Collaboratives in working with a family before a child is returned home; arrange for Collaboratives to continue working with family for a period of time after case in closed in CFSA.
•	Detail more staff to the Collaboratives to improve linkages between Collaboratives and CFSA.

TABLE 2: SUMMARY OF RECOMMENDATIONS IN EACH VOLUME (Continued)

ICPC:	
•	Develop clear policies and procedures governing how the ICPC process is initiated when a child is first placed in foster care. This will require actions to seek ICPC approval by Intake and/or the Placement Office prior to placing a child in Maryland or Virginia.
•	Given the large backlog of cases now requiring ICPC approvals, consideration should be given to assigning temporary help staff to the Adoptions and/or Foster Care units to assemble and complete ICPC paperwork.
•	CFSA should quickly reach agreement with Maryland's Department of Social Services and provide funds for a staff person in Maryland specifically designated to conduct ICPC studies and approvals for District children.
•	CFSA should hire a legal consultant or seek pro bono assistance to negotiate a Boarder State agreement with Maryland and Virginia which would allow District workers to conduct ICPC home studies themselves.
VOLUME 4: Children in Foster Care with a Permanency Goal of Adoption	
STAFFING:	
•	Foster Care units should be paired with specified Adoption units so that they work together as a team from the time a child enters foster care. This will facilitate concurrent permanency planning for children.
•	Additional staff need to be assigned/hired for the Adoptions program.
•	Given the large backlog of cases now requiring ICPC approvals, consideration should be given to assigning temporary help staff to the Adoptions and/or Foster Care units to assemble and complete ICPC paperwork.
POLICY:	
•	Review/revise policy handbook on adoption to assure uniform and streamlined practice across adoption units.
•	CFSA should develop and use a checklist for documentation/actions to be completed in order for a case to be transferred to the Adoptions Program. Program managers must establish and enforce time frames for case transfer. Given the large numbers of cases that are currently back-logged in foster care while workers complete needed documentation (e.g., ICPC approvals), consideration should be given to hiring contract staff to facilitate case staffings, remedial activities and documentation and transfer of cases to Adoptions.
•	In order to reduce the demands on existing Adoption staff and focus resources on children in the District's custody, CFSA should contract out independent adoption home studies to private agencies. These agencies should be allowed to set a sliding fee scale for performing home studies for independent adoptions.
•	CFSA must develop clear policies and procedures governing how the ICPC process is initiated when a child is first placed in foster care. This will require actions to seek ICPC approval by Intake and/or the Placement Office prior to placing a child in Maryland or Virginia.

TABLE 2: SUMMARY OF RECOMMENDATIONS IN EACH VOLUME (Continued)

SUPERVISION:	
•	Clarify and standardize supervisory expectations and practice.
•	Regularly convene supervisors jointly from Adoptions and Foster Care program units to assure continuity in services and expectations across program units.
•	Provide team-building training for each Adoptions unit.
•	Develop a peer mentor program among supervisors, perhaps even with supervisors in other jurisdictions.
TRAINING:	
•	Foster parents need to be fully informed about the processing of adopting children in their care if the child's goal becomes adoption. This should be discussed during in-service training. In addition, an article should be prepared for the foster parent newsletter with information about adoption, e.g., how and when the adoption goal is set; what concurrent permanency planning means; how foster parents can file for adoption; and what assistance is available to them.
•	Add a specific module on adoption to CORE training provided to all CFSA staff.
PERMANENCY PLANNING:	
•	Set clear performance expectations for staff that the length of time from setting the goal of adoption to finalization should not exceed one year. Meeting this expectation will require diligent work by CFSA but will also entail reaching agreement with OCC and the Superior Court on ways of expediting adoptions including providing additional resources to OCC and the Court. Consider legislative change or a policy decision that requires a special case review by the agency head of all cases that fail to meet this time line.
•	Institutionalize permanency staffing process on a larger scale by hiring/assigning additional staffing team leaders; scheduling more cases; putting in place a data system for follow up; and following up with workers on required actions. The initial focus should be on remedial cases for ASFA compliance (all children in foster care 15 of last 22 months). However, as soon as feasible, CFSA should begin scheduling staffings for all cases when children have been in foster care for 6 or 9 months and are not scheduled to return home.
•	CFSA, with the Office of Corporation Counsel and the Family Division of the Superior Court, must develop a plan for assuring more coordinated and timely processing of child abuse and neglect cases, including expedited legal activity related to adjudication, disposition of TPR and adoption. This planning work has begun but must conclude with agreement on an action plan and the allocation of additional resources to implement the plan.

TABLE 2: SUMMARY OF RECOMMENDATIONS IN EACH VOLUME (Continued)

ADOPTION RESOURCES:	
•	Develop with the Collaboratives and other community-based resources a concrete and robust post-adoption services program which includes family support and counseling services in order to facilitate a smooth transition in the family after a child is adopted and to reduce the chance of a disrupted adoption.
•	CFSA must move quickly to work with the Mayor's Advisory Committee on Adoption to launch a highly visible region-wide adoption recruitment campaign. This will require making sure that the Agency is prepared and has the resources to quickly respond to all inquiries and to study applicant families in an efficient and expeditious way.
•	CFSA should work with Collaboratives and other community partners to recruit specifically for the children currently identified who need adoptive homes. Another focus of the recruitment must be to find homes for sibling groups, older children and children with specialized needs. CFSA should expand the use of private contractors to conduct home studies and ensure timely and intensive follow-up with families who come forward during the recruitment campaign.
•	Provide intensive training to all staff and supervisors on the requirements of ASFA and concurrent permanency planning.

Center for the Study of Social Policy

LaShawn A. v. Williams

Progress Report as of December 31, 1999

March 7, 2000

LaSHAWN A. v. Williams

Progress Report as of

December 31, 1999

Prepared by

The Center for the Study of Social Policy

March 7, 2000

LaShawn A. v. Williams

Progress Report as of December 31, 1999
Prepared by
The Center for the Study of Social Policy

Table of Contents

I. INTRODUCTION AND OVERALL ASSESSMENT OF PROGRESS 1

II. ISTATUS OF COMPLIANCE WITH CRITICAL INFRA-STRUCTURE AND SERVICE DELIVERY EXPECTSATIONS 6

- A. Staffing and Caseloads 6
- B. Training 12
- C. Management Information Systems 15
- D. Corrective Action 17
- E. Financial Management 20
- F. Resource Development 22
- G. Administrative Review 32
- H Court/Legal Relationships 34
- I. Intake and Assessment 35
- J. Family Services 37
- K. Kinship Care 39
- L. Community Services 41
- M. Out-of-Home Care 43
- N. Adoptions 46
- O. Child Fatalities 49
- P. Named Plaintiffs 60

List of Tables and Figures

Table

1. CFSA Staffing, December 1998 – December 1999.....6

2. Resignations/Terminations & New Hires
- Quarters Ending December 1998 – December 1999.....7

3. Staffing Projections as of January 31, 2000
– CFSA Social Workers and Supervisory Social Workers.....10

4. CFSA Social Worker Caseloads as of January 31, 2000.....11

5. Foster Care and Pre-Service Training and Approval
– January 1, 1999 – December 31, 1999.....15

6. Corrective Action – Selected Months
December 1998 – December 1999.....19

7. Revenue Maximization – FY 1998 and FY 1999.....22

8. Placement Capacity: Number of Foster Homes and Group
Care Facilities – March, June, September, December 1999.....26

9. Compliance with Requirements for Administrative Review
of Case Progress Every 180 Days for Children in Foster Care
Selected Months – December 1998 – June 1999.....33

10. Completion of Administrative Reviews – Selected Months
March 1999 – December 1999.....33

11. Child Maltreatment Assessments (Protective Services
Intake and Investigations) – Selected Months
March, June, September and December 1999.....36

12. Family Services Caseload – Selected Months
March, June, September, December, 1999..... 38

13. Kinship Care Caseload –
March, June, September, December, 1999.....40

14. Number of Children in Foster Care –
March, June, September, December 1999.....43

15. Permanency Planning Goals of Children in
Foster Care as of December 31, 1999.....44

16. Children Six Years of Age and Under Placed in Congregate Care as of December 31, 1999.....45

17. Adoption Activity (March, June, September, and December 1999).....48

18. Child Fatalities of Children Known to the Child and Family Services Agency (January 1, 1999 – December 31, 1999).....50

Figure

1. CFSA Social Worker and Social Work Supervisor Staffing Levels December 31, 1998 – December 31, 1999.....7

2. Number of Finalized Adoptions – Fiscal Years 1995 – 1999.....46

3. Summary of Recommendations of the CFSA Child Fatality Review Team.....57

LaShawn A. v. Williams

Progress Report as of December 31, 1999
Prepared by
The Center for the Study of Social Policy

I. INTRODUCTION AND OVERALL ASSESSMENT OF PROGRESS

This report assesses the progress of the District's Child and Family Services Agency in moving toward compliance with the requirements of the Court Order resulting from LaShawn A. v. Williams. It covers the period between January 1, 1999 and December 31, 1999.

The LaShawn Remedial Order is the blueprint for necessary reforms to the District's child welfare system. Its requirements are designed to assure that children who are abused and neglected are protected from harm and that children and families are provided appropriate services and supports to insure children's safety, promote their positive development and assure them loving, stable and permanent homes. The problems of the District's child welfare system have been longstanding and extremely resistant to change. In 1995, the provision of child welfare services was placed under Court Receivership because of documented failure to implement changes needed to achieve compliance with the Remedial Order.

The report which follows, highlights both the things that have changed for the better and the daunting problems that remain in fixing the District's child welfare system. The current Receiver and her staff have been hard at work, in partnership with other District agencies, the private sector and neighborhood and community leaders, to address the many problems that children, parents, foster parents and adoptive parents experience as they navigate the complex and sometimes incomprehensible child welfare system. They have had some important successes but there are also many areas where progress has been stalled, where the supports necessary to make things happen have not been put in place and where problems that have been long identified have not yet been solved. There have also been setbacks, particularly with regard to retaining adequate numbers of social work staff who are the cornerstone of any successful child welfare system.

If one keeps the focus on children and families, there are some things to celebrate. More children and families have access to help to avoid the family breakdowns that lead to abuse and neglect through services that are now available through the Healthy Families/Thriving Communities Collaboratives. Training and social work support, although not enough, are now available to relatives

who step in and care for their kin when parents cannot do so. There is also a new health care system for children in foster care (D.C. KIDS) which provides quick access to necessary medical screening, more timely receipt of comprehensive medical and psychological assessments and the capacity to track data on children's health throughout their tenure in foster care. A unitary Hotline is finally in place in the District that accepts all calls of alleged abuse and neglect. There were also a record number of adoptions of children in foster care in 1999; in fact the number of finalized adoptions has grown by almost 200% since 1995. Also, the board and care rates provided to foster parents will be raised effective April, 2000, in recognition of the fact that many foster parents are now subsidizing the care they provide foster children with their own family income because of substandard reimbursements.

It is sometimes difficult however, to recognize these real accomplishments in the face of all the things that remain to be done. Clearly, while the Agency is on the road toward more acceptable practice, it has not yet achieved compliance with many of the expectations of the Remedial Order. Too many children still linger in foster care for too long. Children are too often split from their siblings when they enter care and they experience multiple placements because of the shortage of appropriate resources to meet their needs. Too many teenagers are living in group homes because there are not enough foster families trained and willing to care for this difficult population. There are not enough adoptive homes for all of the children whose permanency goal is adoption. Social workers, lawyers and judges have not worked well enough together to assure timely decision-making for children. The shortage of social workers means that children and parents and foster parents are not visited as often as they should be and are not provided the range of services and supports that they need. There are critical resource shortages, particularly in the areas of substance abuse services, mental health services and housing services—shortages that make it difficult for children and families to solve the problems that bring them to the attention of the child welfare system. None of these problems can wait much longer to be solved.

This next year must be the year in which demonstrable progress is made in improving outcomes for children and families. The Agency has invested in critical infrastructure; for example, there is now a functional personnel system, a Training Institute and a new computerized management information system which can pay bills accurately and track children's progress. However, these are just the building blocks; attention must now be turned in full force to assuring a stable and well-trained workforce and to improving their skills. Social work practice with children and families must be modified so that every child who comes to the attention of the child welfare agency is safe, secure

and moving toward permanency with a family. A neighborhood-based delivery system that integrates the work of the public agency with neighborhood Collaboratives must be fully developed.

The report that follows provides a lot of information on different aspects of the child welfare system and the status of the many initiatives that have been started and/or completed. It also provides a host of recommendations within each section representing the Monitor's views of additional steps that ought to be taken. In stepping back, however, there are five critical areas that need immediate attention if tangible progress toward improving children's futures is to be made. They include:

- ***Assuring an adequate number of trained social workers, supervisors and social work aides.***

Based on current caseloads, the Agency needs to hire over 60 social workers to meet the caseload standards in the LaShawn Remedial Order. The shortage of workers in the Agency has reached crisis proportions and a range of steps must be taken to deal with the shortages immediately and to implement a longer-term strategy to assure a stable workforce. A highly visible and creative recruitment campaign for staff must be launched immediately, hopefully enlisting help from Executive branch leadership, the professional community and others who can assist in attracting new workers. The Agency must begin to think more creatively about how to employ Bachelor of Social Work (B.S.W.) trained social workers in conjunction with workers with Masters Degrees (M.S.W.). Once hired, the Agency must take steps to address the communication, supervision, training and other morale problems that contribute to staff leaving too soon.

- ***Increasing dramatically the numbers and types of placement resources available for children, with an emphasis on more family foster homes, therapeutic foster homes and adoptive homes.***

The Agency's approach to foster home and adoptive home recruitment must be re-energized and more broadly conceived. Partnerships must be created with the private agencies, the faith community, and the neighborhood Collaboratives to expand the numbers and types of recruitment efforts underway. A thorough review of why families drop out after initiating training must be conducted so that the process can be reengineered to produce better results.

More resources need to be made available to support caregivers through ongoing training, access to services and other kinds of support mechanisms.

- ***Securing the necessary budget authorization to implement the resource development provisions of the Remedial Order, with particular emphasis on mental health services, substance abuse services, day care services and funding for a range of community based services and supports for children and families.***

A lot of the attention of the Receivership was diverted in 1999 to fighting a battle to gain the resources necessary to keep the Agency afloat. The approved budget was not sufficient to operate the Agency properly while simultaneously making any headway on the reforms required under the Remedial Order. A recent agreement on the FY 2000 budget means that the Agency should have the resources to maintain services at the level they were provided in 1999. The Receiver has prepared a budget for FY 2001 which includes funding proposals for those requirements of the Remedial Order which will need additional resources to achieve compliance. Principal among these are the Resource Development requirements—for substance abuse services, mental health services and community supports for families and children. In addition, the FY 2001 budget proposal includes funding for the remainder of the foster parent rate increase and additional staff positions needed to achieve full compliance with the Remedial Order staffing provisions. It is the Monitor's hope that the Receiver's FY 2001 budget request will be substantially funded and that outstanding budget issues can be expeditiously resolved, so that the attention of the Receiver and her staff can turn from finding the funds to spending them in the most effective ways to improve outcomes for children and families.

- ***Intensifying the focus on improving the quality of social work practice with children and families.***

While resource shortages have a significant impact on the Agency's problems, it is also true that much more can be done to improve results for children and families by improving the quality of social work practice. Workers need training and supervision to help them improve their abilities to (1) engage families with whom they must work; (2) better assess the full range of child and family problems and the causes, rather than the only symptoms of those problems; (3) understand and assess risks to child safety whenever they occur in the life of a

case; (4) involve family members in developing a case plan and form a team with community supports and professionals to implement that plan; and (5) make appropriate and timely decisions about permanency for children. Workers need to know how to develop an individualized course of action for each child and family with whom they work and must have the flexibility to use resources creatively to implement that plan. Caseloads must be organized on a geographic basis so that workers can partner more effectively with the Collaboratives and other community-based supports. All of this means that much more attention must be paid to what goes on between workers and the families with whom they work. The Receiver may have to secure the help of additional skilled practitioners/managers who are knowledgeable about the development of community-based and family supportive services and can spearhead the direct practice reforms. Supervision and performance monitoring must be more closely tied to assessing and improving the quality of case practice.

- ***The improvements that have begun in building better working arrangements with the Police, the Superior Court and the Office of Corporation Counsel must continue at an even quicker pace.***

The recent efforts of the Superior Court to implement new ASFA protocols and timelines must become routine practice and be expanded to the child abuse caseload. OCC must be given the resources to adequately provide legal representation to CFSA and its clients. CFSA must insure that its workers are knowledgeable about the children and families in their caseload; share information with GALs, families and attorneys; and make clear, comprehensive and timely presentations to the Court.

The problems in the District's child welfare system are urgent but solvable. Doing so, however, will require that the Receiver have adequate fiscal and human resources and that they be utilized efficiently and effectively. The time for inter-agency blaming and failure to work together toward a common goal is past. The District's children and families deserve a child welfare system that brings together the District's political leadership, child welfare professionals (whether they be social workers, lawyers or judges), and neighborhood and community leaders toward the common goals of child protection and permanency.

II. STATUS OF COMPLIANCE WITH CRITICAL INFRA-STRUCTURE AND SERVICE DELIVERY EXPECTATIONS

A. Staffing and Caseloads

Tables 1 and 2 below provide data on CFSA staff levels for supervisory social workers, social workers and case aides during 1999 and the rate of turnover in those positions. Assuring an adequate and stable workforce continues to be a major problem for the Child and Family Services Administration. After making some headway in stabilizing the workforce prior to June, 1999, a large exodus of workers in the summer of 1999 and continuing through the Fall, has created a staffing crisis with 62 social worker vacancies as of the end of January 2000 (see Figure 1). It is important to note that the hiring and retention of line social workers is the most critical need; the Agency has, in fact, made progress in increasing the number of supervisory social workers from 46 in December, 1998 to 57 as of the end of December, 1999.

Table 1: CFSA Staffing, December 1998 – December 1999

	Dec. 1998	March 1999	June 1999	Sept. 1999	Dec. 1999
Supervisory Social Workers	46	48	49	50	57***
Social Workers*	278	278	281	250	259***
Case Aides**	83	85	83	82	83
Total	**407**	**411**	**413**	**382**	**399**

*Social Worker category includes Social Workers as well as Social Service Technicians. Social Service Technicians are MSW new hires pending licensure, who are in training and not carrying cases.

**Case Aides category includes Social Service Assistants and Social Service Representatives. Both positions assist case carrying social workers in providing services to families. Social Service Representatives are BSWs while Social Service Assistants do not have degree requirements.

***Beginning December 31, 1999, CFSA has begun reporting separately on case carrying social workers and social workers performing non-case carrying functions (i.e., quality assurance, administrative review). As of December 31, 1999, there were 239 social workers with caseloads and 54 supervisors for those workers. These are the numbers used to assess compliance with LaShawn caseload standards.

SOURCE: CFSA, Office of Human Resources.

Table 2: Resignations/Terminations & New Hires*
Quarters Ending December 1998 – December 1999

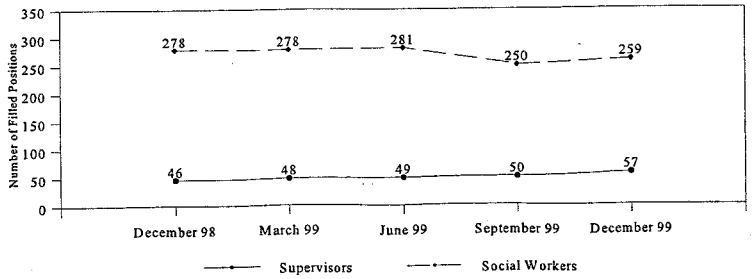
	Quarter ending Dec. 98	Quarter ending March 99	Quarter ending June 99	Quarter ending Sept. 99	Quarter ending Dec. 99	Annual Totals – Jan 1 - Dec. 1, 99
Resignations & Terminations						
Social Workers**	11	14	10	45	21	90
Supervisory Social Workers	2	-	4	-	-	4
Case Aides	1	5	3	3	1	12
Other	5	18	15	11	17	61
Total	19	37	32	59	39	167
New Hires						
Social Workers**	4	15	13	14	21	63
Supervisory Social Workers	-	2	5	-	6	13
Case Aides	1	-	4	-	8	12
Other	13	24	26	6	21	77
Total	17	41	48	20	66	165
Overall Change	-8	+4	+16	-39	+27	-2

*Numbers do not include transfers from LaShawn to DC payroll which are officially recorded as resignations and new hires.

**Social Worker category includes Social Workers as well as Social Service Technicians. Social Service Technicians are new M.S.W. hires pending licensure who are in training and not carrying cases. Social workers who are promoted to supervisors are counted as resignations on the social worker line and new hires on the supervisory social worker line.

SOURCE: CFSA, Office of Human Resources.

Figure 1: CFSA Social Worker and Social Work Supervisor Staffing Levels
December 31, 1998 - December 31, 1999



External factors that have impeded the Agency's ability to maintain a stable workforce include a general shortage of MSWs in the region and financial incentives that have been provided by other District agencies to meet their hiring goals for social workers. During the summer, the District of Columbia Public Schools launched a hiring initiative for social workers in the schools and offered a $3000 signing bonus and a comparable salary for a 10-month as compared with CFSA's 12-month work year. Recently, the Commission on Mental Health and the Department of Corrections moved their social work positions to the federal pay scale, which is higher than the District pay scale. The Receiver has included a proposal in her FY 2001 budget request to raise CFSA social work positions to the federal pay scale so that they can compete in this environment. While external factors have clearly contributed to the difficulties that the Agency has had in recruiting and retaining workers, the low morale within the Agency itself and the high pressures and demands of the workload are also major factors in the turnover.

In order to deal with the staffing crisis that developed over the summer, the Receiver intensified her prior requests for Mayoral approval of plans to allow the CFSA to process their own personnel actions and to grant licensing reciprocity to workers from surrounding jurisdictions. On October 1, 1999, the Mayor granted the Agency the ability to process their own personnel actions, without the intermediary of the central Office of Personnel. This has cut down the time from application to employment commitment from 6-8 weeks to 5-10 days. The District has also agreed to allow for the temporary licensure of social workers licensed in another jurisdiction, and social work graduates who possess a Masters degree, pending review and approval of the permanent licensure application and examination process, where applicable. The permanent licensure process currently takes approximately 4-6 months. Granting temporary licenses to these two categories of individuals will allow these workers to practice social work in the District of Columbia immediately upon completion of the Board of Social Work's submission requirements for temporary licensure and issuance of a temporary license. The specific submission requirements will be included in all social work vacancy announcements and referenced in newspaper advertisements for CFSA social work vacancies.

As is shown in Table 2, the Agency has continued to hire new social workers, but also continues to lose as many workers as they bring on. In order to make headway with staffing, the Agency must be successful in hiring a very large number of workers from the newly graduating classes of social workers this spring. CFSA reports that they currently have 50 approved and qualified workers who have applied for jobs and are being interviewed by managers. Not all 50 of these candidates will in

fact convert to new hires, but it is hoped that a substantial number of them will be hired. In addition, beginning in February and March, the Agency will be conducting an extensive recruitment campaign at regional social work colleges and universities. A well-publicized job fair is planned for the spring and will be designed to allow for interviewing and recruitment on the spot.

The Receiver has included proposals in the FY 2001 budget to provide financial and other incentives to assist in the recruitment, hiring and retention of staff. These include such things as:

- raising salaries to competitive levels;
- providing a signing bonus to workers who come and stay for a year or more at the Agency;
- providing financial incentives to current workers to assist in the recruitment of new staff; and
- re-instituting programs with graduate schools so that stipends are paid to MSW candidates in return for field placements at the Agency and a commitment to work at the Agency post-graduation.

The Receiver is also reviewing all positions to determine what functions currently carried out by MSW staff can be performed by BSW staff under supervision, in recognition of the generic difficulties of recruiting and retaining MSW workers in this field. The Monitor fully supports identifying those positions and jobs that can be performed by BSWs under the supervision of an MSW and taking steps to recruit, hire and train BSW staff for some Agency functions. The Monitor has also encouraged the Receiver to consider engaging a public relations firm to assist in the worker recruitment campaign and to move ahead this year with some of the incentive plans included in the FY 20001 budget proposal. Special attention must be paid to the hiring of Spanish-speaking social workers during the recruitment efforts. Finally, the Monitor hopes that the Mayor and other members of his Administration can join with the Receiver in publicly recruiting workers for the CFSA.

As shown in Table 3, the hiring challenge for the Agency is a significant one. In order to meet the required LaShawn caseload standards, assuming the caseloads remain at current levels, the Agency needs to add 62 social workers and 3 supervisors. Currently, caseloads are at unacceptably high

levels in almost every unit of the Agency and with two exceptions, fail to meet the requirements of the LaShawn Order. Table 4 provides data as of January 31, 2000 on the average caseload by program area and the caseload range (meaning the lowest to highest average caseloads within each supervisory unit). As seen in Table 4, with the exception of the Families Together program and the In-Home Services (Family Services) units, caseloads are unacceptably high. Particularly troubling are Intake where the average caseload is 21 current investigations/assessments per worker compared with a standard of 12; traditional foster care, where workers are, on average, carrying caseloads of 32 children, which is double the required standard of 16 children; and kinship foster care where workers carry an average of 26 families, compared to a standard of 17 caregivers.[1]

Table 3: Staffing Projections as of January 31, 2000
-CFSA Social Workers and Supervisory Social Workers*

Function/ Activity	LaShawn Social Worker Caseload Ratio	# of Social Workers Needed to Meet Caseload Standards	# of Social Workers on Board	# of Social Workers to be Hired	# of Supervisors Needed to Meet Standard	# of Supervisors on Board	# of Supervisors to be Hired
Intake & Investigation	1:12 Families	45	33	**12**	9	8	1
In-Home Services (Family Services)	1:17 Families	40	36	**4**	8	7	1
Intensive Family Services (Families Together)	1:4 Families	10	9	**1**	2	2	**0**
Out-of-Home Care**	1:12 Children (Special needs) 1:20 Children (Non-Special Needs) Average = 1:16 children	78	59	**19**	16	16	**0**
Kinship Care	1:17 Families	50	33	**17**	10	9	**1**
Adoption	1:12 Children	46	40	**6**	9	9	**0**
Foster/Adoption Home Studies	1:30 Studies	10	8	**2**	2	2	**0**
TOTALS		279	218	**61**	56	53	**3**

*Staffing projections are based on caseload levels as of January 31, 2000. [Not included in the chart are the following projections for social work-related functions: 15 staff for Foster Home Monitoring and Support and 3 staff for Monitoring Care to children in Residential Treatment Facilities.

**Out-of-Home Care includes Therapeutic Foster Care, Traditional Foster Care and Teen Services.

SOURCE: CFSA, Office of Human Resources.

[1] CFSA reports that the number of additional workers needed to meet a standard of 17 caregivers is the same as that needed when it is based on families.

Table 4: CFSA Social Worker Caseloads as of January 31, 2000

Function/Activity	LaShawn Caseload Ratio	Average Caseload Ratio*	Caseload Range**
Intake and Investigations	1:12 families	1:21	10 – 28
In-Home Services	1:17 families	1:12	9 – 17
Families Together	1:4 families	1:4	3 – 4
Out-of-Home Care			
▪ Traditional Foster Care	1:16 children	1:30	27 – 36
▪ Therapeutic Foster Care	1:12 children	1:16	19 – 20
▪ Teen Services	1:16 children	1:22	19 – 23
Kinship Care	1:17 families	1:28	20 – 33
Adoption	1:12 children	1:17	11 – 25

*Average caseload ratio is derived from the average of each unit's caseload.

**Caseload range reflects the range between the units with the lowest average caseload and the unit with the highest average caseload.

SOURCE: CFSA, Office of Human Resources.

The high caseloads have important ramifications for almost every area of case practice within the Agency and are a major reason why the Agency is having such difficulty achieving demonstrable progress and success with children and families. While hiring more workers and keeping them is the obvious answer, some steps need to be taken in the short-term to alleviate the current crisis. All non-case carrying social workers who are not performing essential Agency activities need to be redeployed to caseloads in the interim. Additional cases should be transferred to workers at those Healthy Families/Thriving Communities Collaboratives which have trained workers available to serve additional families. Consideration should also be given to expanding contracts with some Consortium and other private agencies to provide additional foster care and adoption services. In addition, the Receiver should look to hire part-time and/or consultant workers who can assist existing workers with their work so that they can better manage the demands of their high caseloads. Also, the Agency should consider hiring additional aides on a temporary basis to again assist current workers in managing their responsibilities. The Collaboratives should also be actively enlisted as team members in more cases. Further, there continues to be a large variation in caseloads by worker, with some workers completely overloaded while others have significantly lesser burdens. Management should continually review each worker's caseload, taking into account the complexity of the cases, and should reassign work to equalize workload.

The paucity of workers has made it very difficult for the Agency to move forward aggressively with the implementation and enforcement of worker performance standards. It is extremely difficult to

hold workers to performance expectations regarding such things as worker/client visitation or timeliness in completing case recordings when caseloads are so out of sync with standards. While employees have been rated on their performance in the past year, there have been no agency-wide standards. A contractor is being chosen in January 2000 to write the standards and the Agency expects standards for supervisory social workers and front line social workers to be in place by April 2000.

B. Training

1. Staff Training

The Training Project, operated for CFSA by Virginia Commonwealth University (VCU) in association with Howard and Catholic Universities, began offering courses starting in February, 1999 for CFSA staff as well as staff from the Consortium agencies and the Collaboratives. The number and variety of courses has significantly increased, from six courses in February to fifteen different courses in October, 1999. The CFSA Office of Training and Staff Development continued to provide the CORE training to new social workers in 1999, although there is a plan to transfer that responsibility to the VCU training as well.

Training in the Adoption and Safe Families Act (ASFA) was offered several times in the Fall in an effort to train all social workers and supervisory social workers in the new requirements of the Act. The Agency set a goal of training all workers in ASFA by the end of December but did not meet that goal. Demands on worker time related to the training and startup of the new information system (FACES) in October and the pressures of high caseloads have meant that very few workers have participated in the mandatory ASFA training. At the October 15 ASFA training, there were 35 attendees, but at the November 5 and November 15 training, only 10 social workers attended in total. In December, 22 staff were trained on ASFA. In order to insure that all staff are properly trained about the new law and its implications for social work practice, the training will continue in 2000 until all workers have met this requirement. The Adoption and Safe Families Act training is the most important training the Agency will offer its experienced social workers and it is crucial that all social workers receive this specific training in order to comply with the strict mandates of the Act.

The Training Project and other CFSA staff are also working with an interagency public/private committee to plan for and conduct multiple cross-disciplinary ASFA trainings. The co-sponsors of

the training include CFSA, the Council for Court Excellence, the DC Superior Court, the Office of Corporation Counsel, the Children's Law Center and the Virginia Commonwealth University Training Project in association with Catholic and Howard Universities. The first all day session occurred February 25, 2000 and brought together social workers, judges, court-appointed attorneys and Office of Corporation Counsel attorneys to review joint protocols developed to implement the law and to address issues such as concurrent planning and expedited work to achieve permanence for children. It is expected that some CFSA social workers will attend each of the three ASFA cross trainings.

Based on the Monitor's case record review of child welfare practice in all areas of the Agency in May, 1999, numerous recommendations were made about skill deficiencies of workers and supervisors and the need for immediate and continuous training. Workers need training in risk assessment, both in the early stages of assessing a family and throughout their work on a case; in engaging families; on case planning; and in working as a team with families and other service providers. Supervisors need training in how to supervise and how to help workers manage the demands of their caseloads as well as how to teach workers the skills needed to work with families and children from a strengths-based, family-centered philosophy of practice. All workers need training in permanency planning. Finally, ongoing training in the use of the new FACES system will be essential during this next year. While it is clear that the Agency is better positioned that it has ever been to develop appropriate curricula and to offer the required competency based training to all members of the staff, and that many more staff now have access to training on an ongoing basis, the Agency still does not track the compliance of individual workers with the LaShawn in-service training requirements. This must be done in each worker's personnel record.

The bottom line is that achieving the practice level improvements required by the Remedial Order will require the Agency to fully utilize all of the potential training resources it has built within the Training Project and with all of its university partners. In addition, consideration should be given to using some of the resources within the Training Project to provide skilled mentoring to new supervisors and workers, as well as ongoing consultation on complex cases.

2. *Foster Parent Training*

During 1999, 42 families were approved as new foster parents.[2] A total of 75 families completed the training program in 1999; however, the approvals for the additional 33 families were still pending as of the end of 1999 due to delays in securing clearances, lead paint and fire inspections and the issuance of a license by the Department of Health. A more complete discussion of foster parent licensing issues and the solutions that have now been put in place is included in Section F, Resource Development, on page 22.

Although in the fall of 1998, the Agency decided to revise its foster parent training curricula and instead utilize the Child Welfare League of America's (CWLA) model of foster/adoptive training called Parent Resources for Information, Development and Education (PRIDE), the change was never made. All of the trainers were trained in the PRIDE model, but concluded that they did not like the curricula as much as the one they were previously using, the MAPS program. After a full examination of its strengths and weaknesses, the trainers have decided to continue to use the MAPS training but have added pieces of the PRIDE curriculum where it was stronger. In addition, the Agency has begun to use foster parents as co-trainers when they are available.

Separate training is offered for foster parents, adoptive parents, and kinship parents. Starting in January 2000, there will be a separate orientation for kinship families as well. There are currently seven trainers for foster and kinship parents and five trainers for adoptive families.

Table 5 provides data on the numbers of individuals attending foster parent pre-service training, the completion of training and approval as foster parents. These data are only for the non-kinship foster families. It is of concern to the Monitor that, although 262 families began the training process and applied to be foster parents during 1999, only 29 percent of them actually completed training and an even smaller percent (16%) were approved by the end of the year. These data suggest the need to review the approach taken during foster parent training and to go back to those who dropped out to determine why they did not complete the training and what could have been done to keep them involved and committed. The need to revamp the Agency's approach to foster parent recruitment, support and training and to enlist the help of private agencies, the Collaboratives, and other neighborhood partners, is essential if the Agency is to be successful in recruiting a sufficient number

[2] An additional 75 families were approved as kinship foster families during this period.

of foster families for all of the children who need care. As will be discussed later in this report, there are serious shortages in placement resources for children and the absence of trained and available foster families causes many more children to remain in emergency facilities and in congregate care than is desirable.

Table 5: Foster Care Pre-Service Training and Approval
January 1, 1999 – December 31, 1999

	Quarter ending March 31, 1999	Quarter ending June 30, 1999	Quarter ending Sept. 30, 1999	Quarter ending Dec. 31, 1999	Total Activity Jan. 1, 1999 – Dec. 31,1999
Orientation sessions held	9	9	13	9	40
Prospective families applying to be foster parents	64	58	76	64	262
Prospective families completing foster parent training	17	18	7	33	75
Number of new foster families approved	19	9	4	10	42

SOURCE: CFSA data; does not include the review and approval of 75 kinship foster homes during 1999.

C. Management Information Systems

A major accomplishment of the Child and Family Services Agency has been the development and implementation of a new computerized child welfare information system which is compliant with federal requirements and is capable of providing the Agency with timely and reliable information on children and families in its care. The development of this system was long overdue and had taken a circuitous path over the past five years. However, under the current Receiver, the process was reconceived and re-energized. Instead of developing a new system from scratch, a decision was made to transfer the West Virginia Automated Child Welfare Information System and a contract was let with Deloitte-Touche to manage the conversion process. A very tight timeframe was necessary because the outdated and notoriously inaccurate FOCUS system was not Y2K complaint. Through intensive effort, the new system was developed and became operational in October, 1999. The FACES system is both an automated case management system and a financial system and should insure that the Agency's ability to track both programs and fiscal operations is significantly improved.

During the last quarter of 1999, much work was focussed on training all staff in the new system, getting workers to enter their cases into the new system and insuring that the hardware and technical support needed for the system to function were in place. The conversion has not been without glitches, but problems are to be expected in an undertaking of this sort. It is the Monitor's hope that over the next few months, many of the systems problems will be resolved. Ongoing training of workers in how to use the system efficiently will be necessary for a longer period of time, and continued modification of the system will need to occur as new problems are identified through use. The Agency reports that as of January 2000, Phase 1 of the system implementation is complete in that all staff are now on-line and nine of the biggest provider agencies have direct access to the system. Phase II involves providing direct access to the Collaboratives and Phase III, which should take the Agency until May, 2000 will result in all of the agencies with whom CFSA routinely works having access to the system for billing and payment. The Receiver's FY 2001 budget request includes funding to also provide access to FACES for the Office of Corporation Counsel (OCC), the Superior Court and the Metropolitan Police Department.

In the first few months of FACES implementation, some provider agencies have had payment problems because information which triggers payment had not been entered into the system promptly by social workers. CFSA has now worked out a procedure with vendors to hopefully correct this problem.

Another hopefully temporary problem attributable to the conversion to the new information system is the Agency's inability to provide some monitoring data, which requires that historical information on children's history (e.g., the date they entered foster care; cumulative number of placements etc.) be entered into the new system. Many workers entered enough information in order to continue working on their cases but omitted some important historical data. An effort is now underway to insure that this information is appropriately and accurately input into the system. The conversion has also allowed the Agency to identify some cases which were in the old FOCUS system but were either closed but never taken out of the system or are duplicates of currently open cases. Quality Assurance staff are now reviewing each of those cases to insure that they were appropriately closed or are properly assigned to workers for service.

D. Corrective Action

Data was provided to the Monitor only on the numbers of children in Corrective Action categories through the end of September, 1999. This is due to the transition problems with the conversion to the new FACES automated data and case tracking system. This problem needs to be corrected as soon as possible because the identification of children whose case status requires corrective action is critically important. Prior to the September conversion, the Agency had in fact improved in its ability to accurately identify children requiring corrective actions. Thus the fact that the number of children shown in each category is not significantly declining, while troubling, also reflects the fact that the data are more accurate than ever before.

As shown in Table 6, the Agency continues to be in compliance with the requirement of the Remedial Order that children not be placed in foster care for more than 21 days under voluntary placement agreements (Corrective Action Category 1) and with assuring that no children under the age of 12 have a permanency planning goal of independent living (Corrective Action Category 8b). Corrective Action Category 3, the number of children in unlicensed traditional foster homes, remained at 102 children as of September 1999. This number reflects the difficulties the Agency has had in timely renewals of foster home licenses. This problem could be corrected in the next few months if the terms of the MOU with the Department of Health are adhered to and if the Agency is successful in getting the Fire Department to perform required fire inspections on a timely basis. The number of children in foster homes exceeding their licensed capacity increased to 56 in September 1999. This increase is troubling; it reflects the sluggishness of the Agency's foster home recruitment efforts and the failure to develop enough placements for all the children in its care. This needs to be immediately corrected.

The large numbers of children identified in the remaining corrective action categories reflect the difficulties that the Agency has had in moving more children to permanency in a timely way. Although there are some clear improvements in terms of adoption planning and a significant increase in finalized adoptions, it is also true that too many children are stuck in the foster care system without real permanence for too long. Aggressive implementation of the Agency's plans for permanency staffings will help. The Monitor has recommended that those meetings be opened up to include GALs and others involved with the family to promote joint decision-making. In addition, implementation of the District's Adoption and Safe Families Act by the Agency, the Courts and the Office of Corporation Counsel should also have a positive impact on Corrective Action data. The

Superior Court has just hired a special master whose job will be to review the cases of children whose movement toward permanence appears stuck. The Special Master will convene an interdisciplinary team—involving CFSA, OCC, children's GALs and others—to identify those actions that are required to achieve permanency for these children. The Commissioner will begin in February to review cases identified by CFSA as candidates for case closure and cases of children who have been in foster care for 15 of the last 22 months. Many of these cases are the same children who show up month after month in the Corrective Action categories. Hopefully, quick, decisive and coordinated decisions on these children's lives will begin to move these children toward more compliant and positive situations.

The other unresolved problem area that is reflected in the Corrective Action data concerns adoptive home recruitment. As of the end of September, 1999, there were 230 children identified who have had a goal of adoption beyond 90 days but who are not in an approved adoptive home. Adoptive home recruitment must be expanded exponentially—by creative efforts within CFSA and by stronger partnerships with private providers and community organizations that can assist in recruitment work. Finally, the numbers of children in facilities more than 100 miles form the District of Columbia has remained at about 75 for the past two years. Moving these children back closer to the District requires the development of new resources that often combine a stable living arrangement with specialized treatment and educational services. The Receiver has begun discussion with the Casey Family Program (which is a foundation-funded program which provides foster care and independent living services to youth in many parts of the country), to bring their expertise and programs to the District of Columbia. This joint work would focus on the development of foster families and services who can meet the needs of children currently placed far from the District of Columbia. It is expected that work with the Casey Family program will begin this year. The Casey Family Program has now completed an initial assessment of feasibility and is moving toward active planning with District partners.

Table 6: Corrective Action - Selected Months
September 1998 –September 1999

	Sept. 98	March 99	June 99	Sept. 99	Net change – Jan. 1, 99 – Sept. 30, 99
1. Children in emergency care more than 21 days	0	0	0	0	0
2. Children in Emergency Facilities more than 90 days	44	22	26	23	-21
3a. Children in unlicensed traditional foster homes	97	78	145	102	+5
3b. Children in excess of foster home capacity (over placements)	39	31	39	56	+17
4a. Children with goal of return home more than 18 months	204	149	166	204	0
4b. Children with goal of place-ment with relative for more than 18 months	42	52	57	42	0
5. Children with goal of adoption more than 30 days—no legal action	337	406	342	482	+145**
6. Children with adoption goal more than 30 days—not referred to Adoption Branch	201	253	251	238	+37**
7. Children with adoption goal more than 90 days—not in approved adoptive home	136	202	235	230	+94**
8a. Children under 12 with goal of long-term foster care	47	42	42	47	0
8b. Children under 12 with goal of independent living	0	0	0	0	0
9. Children in facilities more than 100 miles from D.C.	73	77	77	NA	+4

*Data are not available for December 1999 due to conversion to FACES system and remedial action to input historical data into that system.

**Increases in numbers of children in the adoption-related categories do not reflect a worsening of problems; the data reported each quarter has been progressively more complete in capturing the true dimensions of the problem.

SOURCE: CFSA.

E. Financial Management

CFSA's fiscal and budgetary problems have been the source of much controversy throughout the year and have received considerable scrutiny and attention from the Mayor, the CFO, the Control Board and the media. The Receiver initially submitted a FY 1999 budget of $150 million, reflecting the Agency's assessment of the essential activities that needed to occur to move the Agency toward compliance with the LaShawn Remedial Order. The budget that was eventually approved by the Mayor and subsequently by Congress was substantially lower ($120.5 million) and was not sufficient to operate the Agency in a minimally compliant manner with existing mandates of child protection.

Throughout the year, the Receiver tried to alert the City administration that CFSA did not have sufficient budget authority to meet its legal responsibilities to children and families. On several occasions, CFSA was provided verbal assurance that budgetary modifications could be made later in the fiscal year to address these problems. However, by early summer, no decisions had been made and the fiscal problems quickly escalated. Although there was some recognition by the Chief Financial Officer and others in the administration of the inadequacy of the CFSA budget, there was also widespread concern that the Agency's fiscal practices were contributing to the cost pressures. It is clear from the many audits and reviews of the Agency's fiscal operations commissioned by both the Receiver and the CFO that there is room for improvement. Some of these problems are longstanding and were exacerbated by the antiquated data system that tracked children and payments. Other problems derive from the lack of staff capacity within the fiscal operation of the Receivership and in the CFO's office. (The Receiver hired a new Financial Officer in December, 1999 in an effort to improve all aspects of the fiscal operations.) However, the Monitor firmly believes that the problems within the Receiver's fiscal operation is not the primary source of the Agency's budget shortfall nor does it contribute in a significant way to the difference between the allocated budget and the total needs of the Agency.

By late summer, the Agency's budget problems contributed to a delay of payments to providers. Tensions between the Agency and the CFO escalated and in August, an agreement was reached with the District that funds would be made available to pay outstanding bills, but only on the condition that the payments would be made by the Office of the Chief Financial Officer. Unfortunately, instead of solving the problems, this arrangement escalated the tensions and many providers remained unpaid until a public outcry developed.

Against this backdrop of tension and controversy, a lot of positive work was done to increase federal revenue available to the Agency under Title IV-E of the Social Security Act. With help from an outside contractor, the Agency did significantly increase its Title IV-E revenue, making up some of the difference between its authorized budget and its expenditures. FY 1999 ended with the Agency expenditures totaling $149.5 million, close to the amount originally estimated in the Receiver's proposed budget. Federal revenue enhancements made up some of the difference, but in the end, the District government met the $16 million deficit in the Agency's budget.

During this entire process, the Receiver had made clear that she would not let a similar situation develop for FY 2000. The authorized CFSA budget for FY 2000 is $120.5 million, $30 million below what the Receiver again estimated was needed and $29 million below what was expended in FY 1999. Negotiations between the Receiver, the Mayor's Office, the Control Board and the CFO have been ongoing throughout the first quarter of FY 2000. Agreement has recently been reached so that CFSA will be provided the needed additional funds through a combination of enhanced federal revenue maximization and an intra-district fund transfer. It is the Monitor's hope that this agreement will allow the Receiver to focus attention on the programmatic aspects of reform—attention that has been continually diverted because of the inadequacy of the base budget provided to the Agency.

It is important to note that there have been improvements in the Agency's fiscal operations over the past year. Despite the setback in bill paying during the last quarter of the year, the Agency had made progress in insuring timely processing and payments of invoices. Internal controls have been strengthened to reduce the number and frequency of overpayments and duplicate payments that require correction. Contract monitoring has been increased and work is proceeding toward the development of performance-based contracts. With the start of the new fiscal year, the Receiver hired a new Fiscal Officer who is working closely with staff from the Office of the CFO to continue to improve fiscal operations in conformance with District policy and procedure.

The Agency has continued to make significant strides in improving its collections of federal revenue. As shown in Table 7, Title IV-E revenue rose to $47 million in FY 1999, up 19% from FY 1998 and up 161% from FY 1995 when it was only $18 million.

Table 7: Revenue Maximization
FY 1998 and FY 1999

	FY98	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	FY 99 Totals
Current Title IV-E:						
Maintenance	$ 17,578,722	$ 4,001,111	$ 5,851,832	$ 5,716,354	$ 4,683,984	$ 20,253,281
Administration	$ 17,424,457	$ 4,646,349	$ 4,581,479	$ 5,626,129	$ 7,087,020	$ 21,940,977
Lapsing Quarter	$ 4,715,777	$ (110,225)	$ (189,475)	$ (321,831)	$ 5,498,989	$ 4,877,458
Total IV-E:	***$ 39,718,954***	***$ 8,537,235***	***$ 10,243,836***	***$ 11,020,652***	***$ 17,269,993***	***$ 47,071,716***
Foster Care Eligibility Rate	76.7% (average)	70.7%	69.8%	71.4%	74.5%	71.6% (average)
Adoption Eligibility Rate	56.4% (average)	57.7%	44.4%	44.3%	44.1%	47.6% (average)
SSI Revenue	$ 358,065					$ 593,854
Medicaid Administration	$ 432,347	$ 103,524	$ 87,297	$ 64,854	$ 145,405	$ 401,080
Refugee	$ 609,547	$ 103,489	$ 114,580	128,899	$ 41,693	$ 388,661

Additional work on federal revenue maximization is expected to continue this year. Maximus, the consultant working with the Agency, is continuing to assist in efforts to increase revenue. These efforts include ongoing work to raise the Title IV-E eligibility rate; a specialized effort to review reimbursement for adoption subsidy cases; and expanded work to claim Medicaid funds under the targeted case management and rehabilitation options.

F. Resource Development

The Resource Development Administration is responsible for foster and adoptive parent recruitment, training and support; supervision of the Placement Information and Referral Office (PIRO); monitoring the placement and other services provided to children under contract with private agencies; Volunteer Services and the Residential Treatment Unit. The Resource Development Administration is also responsible for expanding the range of services and supports available to children and families served by CFSA, including housing services, substance abuse services and educational services. Over the past year, the Agency has undertaken efforts to expand the range of

treatment, placement and other resources available and accessible to children and families in several key areas of need.

- *Health Care Services*

Beginning October 1, 1999, CFSA launched the D.C. KIDS Initiative which is a health care case management system and provider network for children in foster care, developed in cooperation with the District's Public Benefit Corporation. With D.C. KIDS, all children entering foster care will receive prompt medical screening and follow-up assessments, comprehensive exams and treatment will be scheduled and tracked. This new network should provide expanded access to health, mental health and developmental services for children and assist the Agency in properly managing acute and chronic medical needs of children in its care.

- *Therapeutic Foster Care*

In November, 1998, CFSA issued a Request for Proposals for therapeutic services for up to 100 older youth (ages 12 to 20). This RFP differed from previous Agency solicitations in that prospective vendors are required to document successful outcomes for children with similar needs as part of their proposal. Three contracts with foster home agencies have been signed and two more are currently being negotiated for group therapeutic homes. This is part of the Agency's effort to replace Court-ordered individual purchase of service agreements with contracted private providers. Negotiated contracts for services offer the Agency greater program and fiscal accountability.

- *Child Care*

Child care has been cited as one of the more difficult issues for foster parents. For those District families who can get day care through the Office of Early Childhood Development (OECD), payment issues do not frequently arise. However, for those District families who use CFSA to pay for day care, the Agency's day care rates did not increase when DHS raised their rates in 1999 to encourage more providers to participate in subsidized day care. Therefore, many providers will not accept children at CFSA's lower rates. For Maryland foster parents, CFSA's day care rates are also lower than the rates Maryland pays for subsidized day care. Therefore, Maryland foster parents usually must pay the difference. The problems with day care payment escalated during the summer when payments to Maryland day care providers were unnecessarily delayed. Although that

immediate problem has been solved, the longer term issue of establishing an adequate and equitable way of paying for day care services for working foster parents remains unsolved. It is an issue that has both programmatic and budgetary implications. Clearly, raising rates to a level that most foster parents want is expensive. However, under any cost scenario, establishing a workable system where either day care providers can be paid directly or where foster parents can expect prompt and certain reimbursement of their expenses is a must. It is one of the most important recruitment and retention issues raised by prospective and current foster parents.

- *Housing Services*

CFSA has been effective in securing access to and using Section 8 housing certificates for an increasing number of families. During 1999, the Housing Review Committee within CFSA approved 119 families with a total of 420 children to receive Section 8 Housing Certificates under the HUD Family Unification Program. These housing certificates prevent out-of-home placement and support reunification of children with families. The District has been given 100 new Section 8 Certificates under this HUD program for Fiscal Year 2000.

- *Foster Home Placements*

Licensing

Throughout most of 1999, CFSA struggled with problems in getting foster homes approved because of interagency bickering with the Department of Health on the approval process and because of the lack of resources to perform lead paint inspections and fire inspections. Although the Department of Health is technically responsible for conducting lead paint inspections, they have always lacked the resources to do so. Consequently, CFSA decided to contract for this work; one contractor is currently working and a second may shortly be hired in order to do timely inspections. Similarly, delays in getting fire inspections have been routine because the Fire Department has only two inspectors responsible for all fire inspections in the city. After some negotiation, the Fire Department has agreed to schedule their two inspectors to inspect prospective foster homes one afternoon a week. But as of *mid-December,* this had not yet begun. Since December 10, 1999, CFSA has requested that the Fire Department inspect 55 homes for approval. As of the beginning of March 2000, only 21 approvals have been received; the remaining 34 inspections have either not been done or the paperwork has not been completed and forwarded to CFSA.

The third reason for delay was limited staff within the Department of Health to issue licenses promptly and continuing disagreements about the extent of re-review that was required when a licensing package was forwarded from the Agency to the Department of Health. This problem took dates back several years, but with recent assistance from the Deputy Mayor for Children and Families, has finally been resolved. Based on a Memorandum of Understanding signed in January 2000, the Department of Health will issue the foster home license after CFSA has submitted a certification that all of the approval requirements have been met. Previously, when the Department of Health separately reviewed the packet and found something missing, they had to go through the Agency to the family to fix the problem. Now that the Agency will take full responsibility to review the packet for completeness, they can easily correct omissions with the family and avoid an extra layer of bureaucracy. Under this new agreement, the Department of Health will issue a foster home license within three business days of receiving a notarized certification from the Agency. This will not only help with the approval rate for new foster homes, it should help eliminate the backlog of existing homes whose renewal licenses were continually held up because of bureaucratic disagreement.

Although the number of foster homes has remained fairly constant over the past year, the approved capacity has declined from 1,921 beds in March 1999 to 1,568 beds in December1999 (see Table 8). Both CFSA and the private Consortium agencies report lesser capacity over the course of the year. CFSA has acknowledged that some of the reduced capacity is due to foster parents retiring from the system. Other losses reflect the increase in foster parents who have become adoptive parents and are choosing not to provide foster care to other children. A third reason is that CFSA has improved its record keeping to better reflect real capacity. Foster parents who may be licensed for two or three children but consistently only accept one child are now classified as having a capacity of one.

Nevertheless, more resources are urgently needed. The Recruitment Unit was understaffed for much of the year, although managers state that it is it close to being fully staffed in January 2000. The Agency wishes to recruit an additional 75 foster homes in 2000. This is an absolutely necessary minimum number to avoid inappropriate placements of children and in the Monitor's view, the recruitment goal probably needs to be higher.

Table 8: Placement Capacity:
Number of Foster Homes* and Group Care Facilities**
March, June, September, December 1999

Foster Homes	Homes				Capacity (No. of Children)			
	March 1999	June 1999	Sept 1999	Dec. 1999	March 1999	June 1999	Sept. 1999	Dec. 1999
CFSA Traditional Foster Homes	408	394	354	339	942	910	765	724
Private Agency Traditional Foster Homes	287	311	314	314	500	500	372	372
CFSA Therapeutic Foster Homes	3	3	3	3	6	6	6	6
Private Agency Therapeutic Foster Homes*	289	298	315	315	405	410	397	397
CFSA Specialized Foster Homes	3	3	3	3	5	5	5	5
Private Agency Specialized Foster Homes	41	40	45	45	63	61	64	64
Subtotal:	***1,031***	***1,049***	***1,034***	***1,019***	***1,921***	***1,892***	***1,609***	***1,568***
Group Care Facilities	**Capacity Under Contract**				**Actual Capacity**			
	March 1999	June 1999	Sept. 1999	Dec. 1999	March 1999	June 1999	Sept. 1999	Dec. 1999
Emergency Group Homes	48	48	48	48	48	48	48	48
Traditional Group Homes	118	148	148	148	118	148	148	148
Therapeutic Group Homes	0	0	0	0	0	0	0	0
Infant Care Facilities	50	50	50	50	50	50	50	50
Facilities for Medically-Fragile Children	78	78	78	78	78	78	78	78
Teen Mother/Baby Programs	45	76	76	76	40	71	71	71
Independent Living	145	145	145	145	137	137	137	137
Subtotal:	***484***	***545***	***545***	***545***	***471***	***532***	***532***	***532***
TOTAL:					**2,392**	**2,424**	**2,141**	**2,100**

*The number of places actually available in these homes is fluid since some of these providers provide services to children placed by CFSA and also by the State of Maryland. Also, the private provider's reports do not capture capacity and reflect the number of actual children placed.

**Excludes residential treatment facility placements and approved Kinship foster placements.

SOURCE: CFSA; Office of Resource Development.

Foster and Adoptive Home Recruitment

In an effort to expand its recruitment capacity, the Agency issued an RFP in August for assistance in foster and adoptive home recruitment. Two agencies will be under contract by February 2000, a third is in negotiation, and three national exchanges are being used to recruit for adoptive homes for teens, for HIV positive children, and to identify single parents willing and able to adopt. The Agency hopes to negotiate a total of five recruitment contracts during FY 2000.

There are two training units in Resources Development and one training unit in the Adoption Branch, which all provide the pre-service training for interested families. All of the initial orientation is provided jointly and then parents interested in becoming foster parents, kinship providers or adoptive parents are referred to separate training. All the units offer the same training curricula; therefore foster parents can become adoptive parents without additional training. In fact, the majority of children's adoptive placements are with foster parents who decide to adopt; thus, the ability to approve families for both will cut down on time and duplication of effort. The Agency is presently preparing a certificate that parents would receive at the completion of either training.

The two negotiated contracts are performance-based contracts for adoption recruitment and placement under which the two providers together will find, study and place up to 35 children in adoptive homes. Efforts are also underway to expand community-based recruitment through some of the Collaboratives. While these are all welcome resources, the amount of adoption recruitment planned still falls short of what is needed to find homes for all children currently awaiting placement, as well as for children newly identified in accordance with timelines for permanency in the Adoption and Safe Families Act. The law requires permanency at 14 months after removal; this is in contrast to the over three year average time children now spend in foster care. In order to comply fully with ASFA, the Agency will need many more adoptive placements, whether recruited in-house, through the Collaboratives, or privately.

Another important undertaking related to the recruitment of foster homes and achieving permanency for children is CFSA's plans to launch the *"Family to Family"* initiative. With support and technical assistance from the Annie E. Casey Foundation, *Family to Family* programs have been implemented in several cities and states, including Los Angeles, Cleveland, Ohio, Cincinnati, Ohio, Atlanta, Georgia, Pennsylvania and Alabama. *Family to Family* emphasizes principles of collaboration and community partnership and seeks to help public child welfare agencies reorient their work to serve

children in their neighborhoods and communities. Foster home recruitment efforts are focussed on the development of neighborhood-based foster care families who will work with birth families and neighborhood institutions to bring stability to children's lives. CFSA has launched the work in this area just recently; it is hoped that the principles and practices of *Family to Family* will help guide new recruitment and foster family support initiatives in this next year.

A specific placement shortage has been non-institutional emergency placements. The Agency had been working to recruit foster homes who will agree to provide short-term emergency placement for children. Under this model, families will be paid to maintain a place for a child that can be filled on an emergency basis—any time of the night or day. Foster parents will be specially trained to deal with issues of grief and separation for children coming into care on an emergency basis, and will be available to work intensively with children from day one to secure necessary diagnostic assessments. The intent is to use these homes for children who are expected to return home shortly; for children who are awaiting home studies and clearance before going to relative homes; or for those children where a diagnostic assessment is necessary to make an appropriate placement. Children will stay in these homes for no more than 45 days. CFSA has identified 8 foster homes willing to serve in this emergency capacity. Unfortunately, they are all current foster homes and thus will not be available for this new function until the children currently placed in their homes return home or are moved to a permanent placement.

In an effort to retain qualified foster parents, CFSA has improved its capacity to support foster parents through the work of its foster parent support workers. The foster parent support workers are supposed to see each foster family every month, although staff shortages have meant that workers are usually following a bi-monthly schedule. The purpose of their visits is to answer foster parents' questions and concerns and to monitor the homes to assure that the placements remain appropriate for children. If deficiencies are found, the support workers first try to work with families to correct problems. While the intent is to move away from a punitive approach with foster parents, some line workers complain that this has diluted the monitoring function too much. Clearly, training, supervision and communication between line workers and foster parent support workers is needed to ensure that the right balance is struck between quality control on foster homes and providing legitimate support to foster parents. In addition, the foster parent support workers are convening monthly support groups for foster parents. It is not known how well attended or how effective these are.

Another way in which CFSA is attempting to strengthen its placement capacity is through the development of *proctor homes*. Proctor homes are foster homes where one parent is paid a stipend in addition to the foster board and care rate, with the requirement that the parent will not work but will devote as much time as is necessary to a child with special needs. The Agency presently has one proctor home, and six more families in basic foster care training who are interested in becoming proctor homes. In addition to the basic training, there is an immediate need to develop specialized proctor home training for these six families so that can be ready to receive special needs children by April. The Agency has identified a contractor who can do this training but has not yet funded it. This must be done as soon as possible. There is also a need to devote one foster support worker to these proctor families and to appoint a manager to oversee the entire proctor family program.

The Placement Office is often overwhelmed by the number of placements needed, especially because so many placements are re-placements. In most months, the largest number of children needing placement are from "disrupted placements," defined as a situation where a child must leave a placement prior to an anticipated discharge date or goal attainment. The Consortium for Child Welfare, which managed the Placement Office for the Agency from mid-February 1997 through June 1999, has analyzed the disruption statistics. Over a ten-month period (July 1998 – April 1999), their data show that the largest source of disruption was coming from children placed in third party status (with relatives) (47%), followed by CFSA foster homes (20%), and then children who have returned home (10%).

The placement staff noted that the following issues were identified when children had to leave third party placements—difficult behaviors of the children; insufficient financial resources of the third party; and day care problems. There was a general lack of support for these disrupted placements prior to disruption. Clearly, a connection to the neighborhood Collaboratives and/or to designated support services could be very effective for these families and children.

According to the Final Report of the Placement Identification and Referral Office (part of the Consortium on Child Welfare) dated June 30, 1999, the successful placement of any child is dependent on three factors:

- communication to the placement specialist of accurate and complete information regarding a child's behaviors and needs;

- a timely response by the placement specialist to refer the information to all appropriate contracted facilities; and
- the availability of appropriate placement resources to meet the child's needs.

Because these factors are not always present, and because the data show a high number of disrupted placements, the report made the following recommendations:

- Develop additional placement resources of all kinds, but especially emergency foster homes, therapeutic foster homes, and therapeutic group homes.
- Establish a policy which emphasizes the matching of children to appropriate foster homes, through an integration of the CFSA Foster Parent Support Unit and the CFSA Placement Unit.
- Establish a protocol between the CFSA Placement Unit and the Foster Parent Support Unit that will provide for the immediate sharing of information with the Placement Unit regarding change in foster home status, so that new homes are utilized quickly and homes are removed from active status as necessary.
- Write a policy and procedure regarding purchase of service agreements.
- Set a policy and related training for referring social workers which states the importance of choosing the least restrictive setting for a child.
- Set a policy and related training for referring social workers to make referrals as early as possible and to provide complete and accurate diagnostic and behavioral information.
- Include training for all social workers on supporting foster care placements, preventing disruptions, and understanding when replacement is necessary.

Special Education Services

A significant number of children in foster care, (over 1,000) also receive special education services. While there have been ongoing efforts to improve communication and working relationships with the District of Columbia Public Schools and with special education providers, there are still many breakdowns. Most significant this year have been problems with transportation, timely payment, timely development of Individual Education Plans (IEPs), and securing appropriate educational

placements when children are being released from a residential treatment or another institutional program. In order to deal with these issues, CFSA has hired one educational specialist who is reported by staff to be extremely helpful in working on some of these issues. Given the volume of children involved, however, the Agency is now seeking another qualified person to serve as a second educational specialist. This position should be filled without delay. In addition, work must continue to improve the relationships and communication with DCPS so that bureaucratic problems do not effect children's lives. There is no reason that children should remain home from school while transportation arrangements are delayed, or that children should be denied entry to school because of late payments from the public school system.

Substance Abuse Services

CFSA has hired a substance abuse coordinator who has been working to identify existing resources in the community, to make individual workers knowledgeable about existing resources and to help them gain access to help for clients. While this function is acknowledged by staff to be helpful, it does not address the basic resource constraints in finding appropriate treatment resources for families and teens in the District. The Receiver's FY 2001 budget includes a request for funds to significantly increase resource capacity in this area, hopefully by working in concert with the Medicaid and Substance Abuse programs.

Standards for Foster Homes/Group Homes

Although CFSA has standards that it uses for the approval of foster family homes, there are still no formally promulgated licensing standards for foster homes. CFSA has been working with the Department of Health to develop those standards and to finalize the requirements of a licensing process in District policy. This process has taken interminably long and is still not complete.

The situation with group home standards is even further from completion. CFSA is only one of several District agencies which place children in group care facilities, yet there are no licensing standards for group care. Draft regulations have recently been developed. In the Monitor's view, however, the draft standards need considerably more work and as currently written, fail to provide adequate protections for children in group care. Particularly troublesome are the absence of standards regarding qualifications and training of group home staff. Without clear, strong and enforceable licensing standards, it is difficult for CFSA to close facilities in which children are

receiving substandard care. At the current time, their only recourse is to develop an alternative placement for the child, remove the child from the deficient facility and decline to place additional children there. The Agency and children would be better served if there were clear standards of care and a process to revoke licenses of facilities with substandard care. It would also help providers take steps to achieve compliance if they knew the standards against which they were to be measured.

G. Administrative Review

Federal law requires an independent review every six months of the progress toward permanency and the accomplishment of case plan goals for every child in foster care. The purpose of these reviews is to insure that the physical, social, and emotional needs of children in care are being met and that there is timely progress toward permanency. Data on compliance with Administrative review requirements has not been provided to the Monitor since July, 1999. This is due to the fact that the FOCUS system became incapable of producing this data during the summer and the new FACES system does not yet have the historical data entered so that it can provide data. These are not acceptable reasons. It is the Monitor's view that this data must be tracked manually if not available through the computerized systems. There is no other way to assure compliance with a requirement of federal law and with an important protection for children in foster care.

A review of the data from the period between December, 1998 to July, 1999 shows some progress in reducing the numbers of children who were out-of-compliance for a timely administrative review. The number of children in care who had never had a review dropped by more than 50 percent from 490 in December, 1998 to 212 in July, 1999. Similarly, the numbers of children whose latest review was overdue dropped from 852 in December, 1998 to 578 in July, 1999 (see Table 9).

Problems still remain with the scheduling, notification and quality of reviews. Under revised policy, individual workers are required to notify all of the parties (children's parents, foster care providers, foster parents, Guardian ad Litems, children over age 12, etc.) of the time and place of the review. This notification should be done in writing at least 14 days in advance of a review. According to most stakeholders however, the notification process rarely works. It is almost never done in writing or enough in advance unless it is a review that was scheduled at the prior six-month review and the date has not changed. The frequent need for rescheduling (approximately 20% or reviews scheduled each month are rescheduled and approximately 10% are cancelled) means that there is still a very haphazard quality to the review process which must be immediately corrected (see Table 10). CFSA

reports that as of April 2000, they will be instituting a centralized notification process through the Office of Administrative Review.

Table 9: Compliance with Requirement for Administrative Review of Case Progress Every 180 Days for Children in Foster Care - Selected Months - December 1998 – June 1999

	Dec. 1998	June 1999	July 1999
Total number of cases out-of-compliance	852	627	578
A. Untimely Reviews: TOTAL:	362	361	366
▪ Child has not had a review in 180-360 days	193	188	177
▪ Child has not had a review in 360-540 days	104	128	142
▪ Child has not had a review in 540-720 days	44	27	35
▪ Child has not had a review in over 720 days	21	18	12
B. No Reviews: TOTAL:	490	266	212
▪ Child has been in care 180-360 days, no review	347	109	64
▪ Child has been in care 360-540 days, no review	84	77	63
▪ Child has been in care 540-720 days, no review	26	47	46
▪ Child has been in care 720 days, no review	33	33	39

SOURCE: CFSA data. Not independently verified by the Monitor. Data beginning September 1999 is not available due to conversion to FACES and remedial work needed to input historical data.

Table 10: Completion of Administrative Reviews Selected Months – March 1999 - December 1999

	February 99		March 99		June 99		September 99	
Number of reviews scheduled	573		744		609		602	
Number of reviews held	398	(68%)	544	(73%)	381	(63%)	389	(65%)
Number of reviews removed/rescheduled	117	(20%)	118	(16%)	111	(18%)	125	(21%)
Number of reviews cancelled	50	(9%)	39	(5%)	40	(7%)	63	(10%)

SOURCE: CFSA data. Not independently verified by the Monitor. December 1999 data not available due to conversion to FACES and remedial work needed to input historical data.

H. Court/Legal Relationships

Much work has occurred over the past six months to improve the working relationships between the Superior Court, CFSA, the Office of Corporation Counsel and the Metropolitan Police Department. The impetus for this work was the recognition by all parties that improved working relationships were a pre-requisite to the joint implementation of the Adoption and Safe Families Act (ASFA). Work has proceeded at several levels. A working group composed of the Child Welfare Receiver, the Presiding Judge and the Deputy Presiding Judge of the Family Division of the Superior Court, the Chief of the Child Abuse and Neglect Section of the Office of Corporation Counsel and the Chief of the Youth Division of the Metropolitan Police Department have been meeting monthly to discuss issues and design solutions to identified problems. The Council for Court Excellence has facilitated this work with financial support form the Annie E. Casey Foundation, the Freddie Mac Foundation and the Trellis Fund.

One of the results has been the completion of joint protocols for the implementation of ASFA. Implementation of the protocols with new cases began on February 1, 2000. Joint training of social workers, attorneys and court personnel on the new protocols occurred on February 25, 2000 and will be repeated several times over the next few months.

In addition, with support from the Council for Court Excellence and additional funding available through the federal Court Improvement Project, the Superior Court has launched a remedial project to expedite the review of cases of children who have been in foster care for 15 of the last 22 months. The Superior Court has hired a knowledgeable Special Master to spearhead this process. The Special Master will convene interdisciplinary reviews of children's cases and monitor the implementation of remedial actions to achieve permanency for this group of children. The Special Master began work in early February.

Further, with support from the Freddie Mac Foundation, the ABA Center for the Children and the Law has been engaged to draft court rules to implement the ASFA legislation and the new protocols. This work should begin in February 2000.

Finally, the Office of Corporation Counsel has made some initial internal changes to better meet the needs of children and families in the child welfare system. All existing vacancies have been filled and Assistant Corporation Counsels have been assigned to groups of Superior Court Judges so that

they can better coordinate their schedules with those Judges' calendars and be better able to provide legal counsel for CFSA staff at initial hearings. The overall shortage of ACC staff, however, continues to make it impossible for OCC to consistently cover review hearings. OCC has made a commitment to hire additional staff to meet the demand and the Mayor's Office had committed to assuring that funds would be immediately available to do this. However, as of the end of January, the full amount of funds necessary to hire the 20 additional attorneys whom OCC needs has not been provided. These attorneys are absolutely essential if OCC is to provide necessary legal services to the abuse and neglect caseload. Ten additional attorneys are needed to handle post-adjudication hearings and 10 attorneys are needed to handle Termination of Parental Rights proceedings.

The provision of adequate legal resources for the child welfare system is essential to AFSA implementation and is a longstanding requirement of the LaShawn Remedial Order as well. The Monitor strongly urges that the needed attorneys be hired immediately and that some number of them be out-stationed at CFSA so that they can provide immediate training and legal advice to workers. In addition, CFSA must take steps to insure that all workers know how to write Court reports, and how to present comprehensive and clear information to the Court. Further, all Court reports must be submitted on time and to all parties—at least 10 days before any scheduled hearing. High level OCC staff and the Receiver must continue to work together to coordinate the legal policy and practices of the two agencies.

I. Intake and Assessment

As noted earlier in this report, inadequate staffing of the Intake Unit has made it very difficult for the Agency to achieve compliance with mandated timeframes for initiation and completion of investigations and for the timely provision of follow-up interventions with children and families during the assessment period. The situation is now urgent, with intake staff responsible for, on average, 21 cases, compared with the accepted standard of 12.

- *Initiation of Assessments Within 24-48 Hours*

The LaShawn Order requires that assessments be initiated—i.e., children seen and interviewed out of the presence of the alleged perpetrator—within 48 hours of the hotline report. District law and CFSA policy is more stringent, requiring children to be seen and interviewed within 24 hours. Data provided by CFSA for 1999 (as shown in Table 11) indicate that agency performance in initiating

investigations within 24 hours has declined since March, 1999. As of the end of December, the assessments of 64 percent of new reports to the Hotline were initiated within 24 hours. The Agency has implemented a risk assessment system through which the information collected by Hotline workers is used to rate cases as urgent or non-urgent and recommended response times are indicated. Nevertheless, adequate child protection requires that the Intake Division have sufficient staff so that all cases are initiated and all children reported are seen within 24 hours.

Table 11: Child Maltreatment Assessments
(Protective Services Intake and Investigations)
Selected Months – March, June, September and December 1999

	March 99	June 99	Sept. 99	Dec. 99
Total number of assessments in process during month	**624**	**764**	**560**	**540**
Assessments carried forward from previous month	290	515	267	270
New reports received during month*	334	249	293	270
Number of new reports received during the month**	**283 (100%)**	**222 (100%)**	**266 (100%)**	**225 (100%)**
Number initiated within 24 hours	266 (94%)	103 (46%)	203 (76%)	145 (64%)
Number not initiated within 24 hours	17 (6%)	119 (54%)	63 (24%)	80 (36%)
Number of assessments completed during month	**271 (100%)**	**297 (100%)**	**312 (100%)**	**235 (100%)**
Number supported	128 (47%)	86 (29%)	119 (38%)	96 (40%)
Number unsupported	128 (47%)	207 (70%)	203 (65%)	140 (59%)
Number closed due to unable to locate	15 (6%)	4 (1%)	2 (1%)	6 (2%)
Number of assessments completed during the month	**271 (100%)**	**297 (100%)**	**312 (100%)**	**235 (100%)**
Number completed within 30 days	131 (48%)	91 (31%)	167 (54%)	115 (49%)
Number not completed within 30 days	140 (52%)	206 (69%)	145 (46%)	120 (51%)
Number of assessments supported during the month	**128 (100%)**	**86 (100%)**	**119 (100%)**	**96 (100%)**
Number of cases transferred to the In-Home Services	50 (39%)	28 (33%)	51 (43%)	29 (30%)
Number of cases transferred to the Out-of-Home Services	32 (25%)	25 (29%)	29 (24%)	28 (29%)
Number of cases transferred to Kinship Care	23 (18%)	22 (26%)	19 (16%)	30 (31%)
Number of Cases transferred to the Collaboratives***	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Number of cases supported and closed at Intake	23 (18%)	11 (18%)	20 (17%)	9 (9%)

*This includes total referrals for investigation including new reports as well as additional reports on previously open investigations or open protective services cases.

**This includes new referrals where there is no previous case.

***While no "supported" cases were transferred to the Collaboratives, 12 unsupported cases were referred from Intake to Collaboratives for services to families.

SOURCE: CFSA, Monthly Caseflow Data Status Report. This data has not been independently verified by the Monitor.

- *Completion of Assessments within 30 Days*

As shown in Table 12, the backlog of cases not completed within 30 days was 115 as of December, 1999. This was a slight improvement from September, 1999 when Intake staffing (due to the summer exodus of workers to the Public Schools) was at an all-time low. Nevertheless, this level of performance is not acceptable and indicates again the importance of hiring and retaining staff to perform these vital functions.

- *Findings from CFSA's Assessments*

Compared to other jurisdictions, the District of Columbia continues to have a relatively high substantiation rate for neglect reports. CFSA administrative data over 1999 indicate that 39 percent of assessments are supported, compared to about one-third in other jurisdictions. In the Monitor's case record review, in July 1999, 52 percent of CFSA's assessments in the sample were supported. Between 25-30 percent of supported cases result in removal of a child or children to foster care.

- *Implementation of the Single Reporting Line and Joint Assessment with MPD*

Two areas of accomplishment related to intake have been the implementation of a single Child Abuse and Neglect reporting line for the District of Columbia (202-671-SAFE), effective April 1, 1999 and implementation of a new protocol with the Metropolitan Police Youth Division to provide joint assessment of cases involving physical and sexual abuse. The reporting line is fully operational. The joint assessment is occurring, but not on all cases because of staff shortages in both MPD and CFSA.

J. Family Services

As of the end of December 1999, the Agency reported 443 families with 1,283 children active in the Agency's Family Services units. Family Services cases are those in which there has been a substantiated report of child neglect but a judgment has been made that some or all of the children can remain safely at home with protective oversight from CFSA. Family Services is one of two areas in the Agency in which caseloads are within or below the Remedial Order standards. The Agency had committed to assigning its family services caseload by geographic area so that workers can serve families within neighborhood boundaries consistent with the Collaborative boundaries. This

direction is consistent with what many child welfare agencies across the country are implementing in an effort to better link families to neighborhood-based services and supports. It should also make it easier for social workers to maintain close contact with families on their caseloads. Unfortunately, although a decision was made to do this, it has moved very slowly. Effective February 2000, all new cases are being assigned geographically. In the Monitor's view, accelerating this change should receive high priority in the next few months.

Table 12: Family Services* Caseload
Selected Months -March, June, September, December, 1999

	March 99	June 99	Sept. 99	Dec. 99
Cases carried (families) forward from previous month	680	535	493	437
New cases received	**41**	**67**	**30**	**25***
Total cases closed	**51**	**37**	**34**	**16**
▪ Service needs met	26	22	26	13
▪ Aged out of system	0	2	0	0
▪ Other	25	13	8	3
Cases Transferred**	34	46	20	3
End of month Caseload	**636**	**519**	**469**	**443**

*Includes two cases separately opened because of births to members or families with already open cases on other family members.

**Cases are transferred to Permanency and Planning (Foster Care), Kinship Care, Adoptions or to the Collaboratives for services.

SOURCE: CFSA, FOCUS and FACES Data Systems.

- *Family Preservation*

For some families with open Family Services cases, the Agency offers a more intensive service designed to assure child safety and prevent out-of-home placement. Family Preservation refers to intensive home-based services provided to families that are at imminent risk of having their children placed in foster care. The LaShawn Remedial Order requires the District to operate a minimum of five intensive family preservation units with the capacity to serve a total of 50-100 families at a time. (Each worker serves 2-4 families at any given time and spends up to 20 hours per week in the family's home.) Cases for Family Preservation Services are accepted from all program areas in CFSSA as well as from Court Social Services in the Superior Court.

As of December, 1999, the Agency reported that it had two staffed units of the Families Together program and had negotiated contracts with two private providers to double the internal staff capacity. The two internal units served 38 families with 78 children in December, 1999. Recent increases in the numbers of children for whom placement in foster care is being recommended has meant that the family preservation units are now operating at full capacity. However, one of the two contracted providers has not yet staffed up and is not providing services. There is a real and urgent need to expand family preservation services as soon as possible, both to stem the tide of increased foster care placement and to enable and ensure safe reunification for some families.

K. Kinship Care

The Receiver has established a Kinship Care Division which provides services to (1) children who are committed wards of the District and placed with kin; and (2) children who are in families in which there has been a substantiated report of neglect and who are informally living with kin. This Division was created in order to specifically focus on developing the services and supports necessary to maintain children in family situations with their relatives and other kin. As of December 31, 1999, the Kinship Division was serving families caring for a total of 2,128 children, 669 of who are committed to the District's custody for foster care (see Table 13). There has been a steady growth in the number of children in kinship care placements over the past year, from a total of 2020 children in March, 1999 to 2128 by the end of December, 1999. This is another area in which cases should be assigned geographically as soon as possible.

Table 13: Kinship Care Caseload
March, June, September, December, 1999

	March 98		June 98		September 98		December 1999	
	Foster Care Children	Non-Foster Care Children	Foster Care Children	Non-Foster Care Children	Foster Care Children	Non-Foster Care Children	Foster Care Children	Non-Foster Care Children
Cases (families) carried forward from previous month	**556**	**1405**	**673**	**1,435**	**659**	**1,422**	**646**	**1,431**
New cases received this month	**53**	**79**	**60**	**101**	**33**	**48**	**51**	**90**
Cases closed								
Custody returned to parents	1	2	4	1	0	9	4	6
Custody returned to relatives/others	0	5	1	1	2	2	0	16
Independence achieved	0	5	0	0	0	0	0	0
Commitment terminated	0	0	0	0	1	0	0	0
Child died	0	0	0	0	0	0	0	0
Family case closed	0	13	1	13	0	19	0	0
Other/Correction	4	12	6	21	9	7	0	0
Total Cases Closed	5	37	12	36	12	37	4	22
Cases transferred	**19**	**12**	**30**	**62**	**8**	**22**	**24**	**40**
Cases carried forward to next month	**585**	**1,435**	**691**	**1,438**	**672**	**1,411**	**669**	**1,459**

*Cases are transferred to Family Services, Foster Care Consortium Agencies or the Collaboratives for Services.

SOURCE: CFSA

Although the Receiver had previously submitted legislation to formally authorize a kinship care program for the District of Columbia, that legislation was withdrawn when it became clear that there was insufficient consensus within the stakeholder community for its approval. While there is considerable consensus on the program's goals and objectives, the legislation had raised concerns by some child advocates, the Superior Court and others that it reduced legal protections for children and families. In the absence of legislation, the Receiver has moved forward to implement a training program for kinship caregivers and is attempting to expand the range of supports provided, even when they do not become formal foster parents. In addition, there is growing recognition in the community of the need to structure a cash benefit for kinship caregivers that can be provided to some families who elect permanent guardianship as opposed to adoption as a permanent plan for their relative children. The Receiver is working with other stakeholders to redraft the legislation for a kinship care program which addresses the issues and concerns raised, with the expectation that a consensus can be built around a legislative proposal and that it can be resubmitted to the District Council sometime in 2000.

In February 1999, the District was notified by the federal government that it was approved as a site for a five-year federal kinship care demonstration project. This program, called *Connecting Families* will allow the District to use Title IV-E monies to provide a new level of financial assistance and support to children placed with kin. The plan for the kinship care demonstration project has been completed and an RFP for the federally required evaluation has been developed and distributed. Responses are expected by March so that an evaluator can be selected and families enrolled in the demonstration program. Under the demonstration program, CFSA workers will team with Collaborative staff to provide more intensive assistance and support to kin caregivers. A conference is planned for early June to highlight the Kinship Program and the *Connecting Families* demonstration program.

L. Community Services

As described in the Monitor's last progress report to the Court, the Agency has established a Community Services Administration (CSA) which is charged with developing community-based services for children and families. CSA oversees and supports the Agency's *Ferebee Hope Community Services Center* as well as the work of the eight *Healthy Families/Thriving Communities Collaboratives.*

- *Ferebee Hope*

The Ferebee Hope Community Services Center is a decentralized, community-based unit of CFSA located in far southeast DC. It was established in 1996 and generally serves about 65 families monthly, the vast majority of whom have open CFSA protective services cases. As of the end of December 1999, Ferebee Hope reported serving 52 CFSA cases with a total of 175 children.

- *Healthy Families/Thriving Communities Collaboratives*

CFSA has continued to work closely with the Collaboratives on the development of neighborhood-based child welfare services. The Monitor believes that this work is critically important for families and children and for the Agency's long-term achievement of system reform. During FY 1999, Agency contracted with the eight Healthy Families/Thriving Communities Collaboratives to provide for a range of services to families at risk of child abuse and neglect who have been identified by community outreach workers, are self-referred, or a referred from the CFSA Hotline or other community agencies. The Collaboratives also provide services to families in which there is supported child abuse and neglect, either by assuming responsibility for the provision of family services or by working as a team member with an assigned CFSA worker. In addition, the Collaboratives are engaged in a range of other family support and community building activities including providing financing for family support centers, funding "mini-grants" which build capacity of neighborhood informal and formal providers, and pioneering practice innovations such as work in Family Group Decision-Making.

During the past year, the Agency has worked closely with the Collaboratives and the citywide Collaborative Council to chart a partnership that is focussed on clear goals and accountability for results. In addition, with support from DC Agenda, a multi-faceted evaluation of the Collaboratives' work is now underway. The evaluation includes historical documentation, an organizational assessment and a qualitative review of case practice in each of the eight collaboratives. Finally, an RFQ for the development of a longitudinal evaluation of the results of the Collaboratives' work with families has been developed and is about to be sent to potential evaluators.

Results of the organizational assessment, the documentation effort and the qualitative case review are expected to be available by the end of March 2000. The Collaboratives and the Collaborative Council are committed to using the evaluative information to guide technical assistance and to

strengthen practice. The Agency and Collaboratives must together use this information to develop a strategic plan for the next stage of the development of a neighborhood-based child welfare system.

M. Out-of-Home Care

In this section, data are presented on the population of children in Foster Care—children removed from their homes because of child abuse or neglect and placed in a traditional foster home, a therapeutic foster home, a group home, or with kin. Foster care cases are served in a number of divisions within the Child and Family Services Agency, although they are concentrated in the Permanency and Placement Administration which operates four divisions: (1) traditional foster care; (2) teen services; (3) therapeutic foster care; and (4) adoptions. The Kinship Care Division, located within the Family Services Administration, also serves a number of foster care cases. As of the end of December, 1999, there were approximately 3,132 children in foster care; 45 percent of the children were served in the traditional foster care, teen services, and therapeutic foster care divisions; 21 percent were in the Kinship Care Division; 13 percent were in Adoption Services; 17 percent were being served by private Consortium agencies; and 3 percent were in the Family Stabilization Division (see Table 14).

Table 14: Number of Children in Foster Care - March, June, September, December 1999

Foster Care Children	March 99		June 99		Sept. 99		Dec. 99	
	Manual	FOCUS	Manual	FOCUS	Manual	FOCUS	Manual	FACES
▪ Permanency & Placement	1385 (44%)	NA	1415 (44%)	1306 (41%)	1391 (43%)	NA	1421 (45%)	NA
▪ Kinship Care	585 (19%)	NA	638 (20%)	647 (19%)	672 (21%)	NA	669 (21%)	NA
▪ Family Services	90 (3%)	NA	76 (2%)	178 (5%)	59 (2%)	NA	85 (3%)	NA
▪ Adoption	558 (18%)	NA	552 (12%)	536 (14%)	544 (17%)	NA	416 (13%)	NA
▪ Consortium	513 (16%)	NA	553 (17%)	512 (15%)	534 (17%)	NA	538 (17%)	NA
▪ Intake	0 (0%)	NA	0 (0%)	0 (0%)	0 (0%)	NA	0 (0%)	NA
▪ Ferebee Hope	0 (0%)	NA	3 (0%)	3 (0%)	0	NA	3 (0%)	NA
TOTAL:	3,131	NA	3,246	3,183	3,200	NA	3,132	NA

SOURCE: CFSA. Data not independently verified by the Monitor.

Table 15 below provides data on the permanency goals of children in foster care. Almost one-third of the children in care have a permanency goal of adoption.

Table 15: Permanency Planning Goals of Children in Foster Care as of February 28, 2000*

Permanency Goal	Number of Children	%
Return Home	653	21%
Placement with Relative (legal custody)	202	6%
Adoption	967	31%
Continued Long-Term Foster Care	274	9%
Independence	420	13%
Guardianship/Legal Custody	23	< 1%
Family Stabilization**	70	2%
No permanency goal established***	555	18%
Total Children	3,164	(100%)

*Data was not available for December, 1999, due to FACES conversion.

**Family Stabilization covers children who had been in foster care but have been subsequently returned to birth family or relatives.

***Includes some children whose permanency goals have not been entered into FACES system.

SOURCE: CFSA FACES System. Data not independently verified by the Monitor.

As mentioned previously, the Agency has placed renewed emphasis on decision-making to move children toward permanency in a timely way. Legislation was submitted to implement the federal Adoption and Safe Families Act and passed the District Council as both emergency and temporary measures. Final and permanent legislation had a first reading by the Council in February and is expected to be finally approved in March. In addition, the Agency has been working closely with staff from the Office of Corporation Council and Superior Court to develop protocols for the implementation of the new legislation and to assure compliance with ASFA guidelines on more timely permanence for children in foster care.

An area of foster care practice that continues to be a problem for the Agency concerns the multiple placements that children experience while in foster care. Multiple placements exacerbate the detrimental effects of instability and lack of permanency for children in foster care, as well as increase the strain on placement and referral resources. The Monitor had previously asked the

Receiver to undertake a special review of all children who had experienced four or more placements since their entry into foster care. CFSA has determined that over 1000 children fit that profile; quality assurance staff are currently reviewing all of those cases and will make recommendations to address the causes and consequences of the multiple placements. Clearly, implementation of the *Family to Family* initiative is designed to reduce the number of children who experience that trajectory in the future.

Another placement issue that raises concern, and should be given priority by the Receivership, is the number of children six years of age and younger who are spending extended time in congregate care facilities. The LaShawn Order prohibits any child aged 6 or under to be placed in a congregate care facility unless it is on an emergency basis (not to exceed 30 days) or there are special needs which are impossible to meet in any other setting. The Monitor has been provided only limited data on the total number of children age 6 and younger in congregate care facilities and their length of stay. CFSA reports a total of 58 children under the age of six in congregate care as of February, 2000. One facility which is designed to provide emergency care to young children accounts for the vast majority of congregate care placements for young children under the age of 6. Table 16 shows the data on the length of time in placement for children *at that facility*. Over half of the children had been in that facility more than months as of December 31, 1999. Thirteen percent had been placed there for 6 to 12 months and one child had been there for over a year. Many of the children who are in congregate care beyond thirty days are waiting for other placements to be developed or to be approved. Delays in getting Interstate Compact approval sometimes cause unnecessary delays in removing children from congregate care. Placements for sibling groups also resent a huge problem and result in some children staying in congregate facilities even though a family foster home is the desirable and appropriate placement.

Table 16: Children Six Years of Age and Under Placed in Congregate Care as of December 31, 1999*

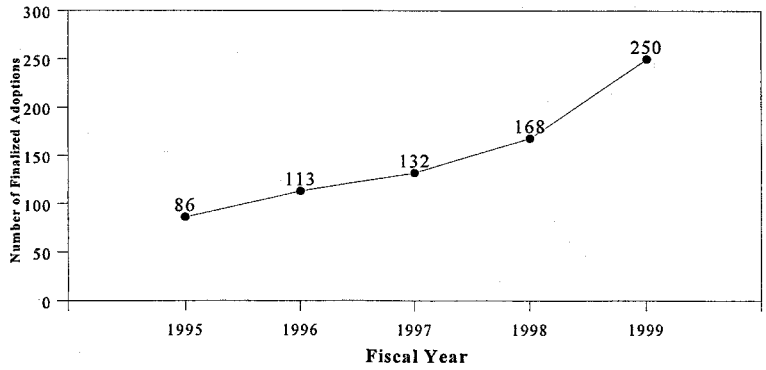
Length of Time in Placement	Number of Children	
30 Days or Less	3	(6%)
1 - 3 Months	18	(38%)
4 - 6 Months	19	(41%)
6 - 12 Months	6	(13%)
More than 1 Year	1	(1%)
Total	47	(100%)

*Data are incomplete. Congregate care facilities include St. Ann's, Terrific, Inc., Chi Child Care, Boarder Baby Project, Ward & Ward although data represented here is only for St. Ann's.

N. Adoptions

Almost 1,000 children, almost one-third of all the children in foster care in the District, have a permanency-planning goal of adoption. Some of these children are placed in pre-adoptive or relative placements, however the vast majority are placed in foster care settings, sometimes with foster parents who are willing to adopt but frequently in placements that can not become these children's permanent home. The Agency has projected finalizing 350 adoptions in calendar year 2000; this would be a record number of adoptions for the District of Columbia. Two hundred and fifty adoptions were finalized in calendar year 1999, also a record number and a considerable jump increase from prior years. Figure 2 shows the increased number of finalized adoptions since the start of the Receivership. In calendar year 1995, there were 86 finalized adoptions; adoption performance in 1999 represents an almost a 200 percent increase from 1995. This is indeed good news for children and for adoptive parents.

Figure 2: Number of Finalized Adoptions
Fiscal Years 1995 - 1999



The challenge however is to double that number and find enough adoptive resources for all of the District's children who need permanent homes. As noted in the Monitor's last two reports to the Court, the Agency began in 1998 to conduct special case staffings for children with a goal of adoption whose cases seem stalled. The goal of these staffings is to review case progress, make decisions about the appropriateness of the permanency goal and identify specific actions to move these children to permanence. There is anecdotal evidence that these staffings have resulted in additional children being placed in pre-adoptive homes. The Monitor has recommended that these staffings become more inclusive, by inviting children's guardians (GALs) and others involved with the case, in the hopes that reaching early consensus will accelerate permanency for many children.

Table 17 shows data on the numbers of children now being served by the Agency's adoption program. While progress is evident, there are still over 500 children with a goal of adoption who do not appear to be receiving active recruitment, legal activity to make them free for adoption, and/or adoption case planning.

Table 17: Adoption Activity (March, June, September, and December 1999)

	Mar. 1999	June 1999	Sept. 1999	Dec. 1999
Aggregate Caseload				
Number of children with goal of adoption	1067	NA	1102	NA
Total number of children in CFSA's Adoption Resources Branch (ARB) on first day of month	556	568	544	411
Number children newly referred to the ARB during month	28	18	12	13
Number cases closed during month	26	25	91	8
Number of children in ARB on last day of month	558	561	465	416
Placement of Children in ARB Awaiting Adoption				
Pre-adoptive placement	123	116	82	70
Traditional Foster Home	322	332	290	256
Therapeutic Foster Home	7	11	12	9
Relative Placement	93	97	77	70
Group Home (CFSA & Consortium)	5	1	0	7
Other	8	4	4	4
Data not provided (children not in Adoptions Resource Branch)	509	NA	637	NA
Legal Status of Children Awaiting Adoption (in ARB)				
Children Legally Free	160	235	219	223
Children Not Legally Free – Total	398	326	246	193
■ Both parents' rights intact	248	185	116	85
■ One parent's rights intact	98	141	130	108
■ Other	52	-	-	-
Unable to determine legal status	509	NA	637	NA

*Data are not provided on the placement of children awaiting adoption and the legal status of children awaiting adoption for those children with a goal of adoption who are not in the Adoptions Resources Branch of CFSA (approximately 600 children as of December 1999).

SOURCE: Adoptions Monthly Statistics. Data has not been verified independently by the Monitor.

Although the steps that have been taken over the last year to improve adoption practice encourage the Monitor, the challenges ahead remain significant. There are clearly not yet enough families identified to adopt all of the waiting children and the preferences of many of the waiting parents don't easily match the characteristics of the children for whom the Agency must find families. The preferences of the 41 approved adoptive families, who were awaiting children in December 1999, point to some of the challenges to recruitment. Thirty-six of the families want to adopt a child under the age of six. Only five families will adopt a 6 – 10-year-old and only one family will adopt an 11 – 13-year-old. Twenty families want to adopt one child, while six will take two siblings and three will take three siblings. Only one family is willing to take a child with a physical disability while 17 will take a child with a learning disability only. Twenty-four families want children with no disabilities; none want a child with a mental disability. These preferences do not match large numbers of children by age, sibling status or disability of those awaiting adoption. The Agency must intensify its efforts to do child-specific recruitment if it is to achieve adoption for many of their children.

O. Child Fatalities

Due to the tragic homicide of a young child who had been returned home from foster care at the end of December, 1999, there has been a lot of media and public attention to the Agency's fatality review process and the standards of confidentiality that apply in cases when a child dies. Under the terms of the LaShawn Order, child fatalities are reviewed by an internal CFSA Child Fatality Committee and then again by the District-wide Interagency Child Fatality Review Committee. The purposes of the internal reviews are to assess the reasons for the child's death; review case status and case practice prior to the child's death; identify whether internal policy and procedures had been followed; assess whether actions could have been taken to prevent the child's death, assess the safety of any remaining children in the household and make policy, practice and resource recommendations for the future. The Citywide Committee reviews the case after completion of the internal review and focuses on broader systems issues and recommendations. Both the internal review process and the citywide review require confidentiality of records and specific information about the child and his or her family. Aggregate data on child fatality reviews are reported by CFSA to the Monitor and are also reported annually in the citywide Child Fatality Report to the Mayor. The LaShawn Court Monitor also attends the CFSA internal reviews and the citywide reviews.

The LaShawn Remedial Order requires a very expansive definition for determining the numbers and kinds of child deaths subject to a fatality review. CFSA is required to review the cases of child deaths if the child was a current client of the Agency or was known to the Agency through a hotline report (substantiated or unsubstantiated) or if the child or family was a client of the Agency ***in the past ten years***. This means that the CFSA internal review includes cases that are currently open in foster care or family services or were previously open up to ten years ago. Table 18 provides data on the children who died in 1999 who met the broad criteria just described of having been "known to the Child and Family Services Agency." There were 28 such deaths identified in 1999; it should be noted that there may have been additional deaths of children or youth in the "previously known" category that have not yet been identified by or to the Agency. When identified, those cases will also be reviewed.

Table 18: Child Fatalities of Children Known to the Child and Family Services Agency (January 1, 1999 - December 31, 1999)

Number of child fatalities:	28
Age of Child at Death:	
• 0 - 11 months	12
• 12 months – 3 years	6
• 4 - 6 years	0
• 7 - 9 years	2
• 10 - 12 years	0
• 13 and over	8
Sex of Child:	
• Male	20
• Female	5
• Unable to Determine	3
Case Status at Time of Death:	
• Open Family Service Case	6
• Open Kinship Care	1
• Open Foster Care Case (child who died)	3
• Open Foster Care Case (other children in family)	4

*Partial Listing (Data are believed to be incomplete in that not all deaths of children who were *previously* known to CFSA have been identified and reviewed.)

Table 18: Child Fatalities of Children Known to the Child and Family Services Agency (January 1, 1999 - December 31, 1999) (Continued)

Case Status at Time of Death: (Continued)	
• Closed Family Service Case	6
• Closed Kinship Care	1
• Closed Foster Care Case	2
• Case Never Opened (unsupported report)	3
• Open YSA case (closed CFSA case)	1
• Unable to Determine	1
Reason Case was Known to CFSA:	
• Call to Hotline: Unsupported Assessment	3
• Child Neglect Supported	18
• Physical Abuse Supported	5
• Sexual Abuse Supported	0
• Unable to Determine	2
Child's Living Arrangements Immediately Prior to Death:	
• Living at Home*	13
• Living with Relative	5
• Foster Care	2
• Group Home	2
• Institution	1
• Independent Living Program (CFSA or YSA)	1
• Hospital	3
• Unable to Determine	1
Manner of Death:	
• Natural**	12
• Homicide/Child Abuse	2
• Homicide/Gunshot	7
• Accident	3
• Suicide	0
• Undetermined	0
• Pending	4

*Includes infants who died at birth in hospital.

**Includes one child who died from medical complications from prior abuse.

SOURCE: CFSA Fatality Review Reports, 1999.

Notes (Descriptions of 1999 Child Fatalities):

Case 1:

- Eighteen year old teen killed by gun violence in neighborhood.
- Family involved with CFSA since 1995 due to parental drug abuse and neglect.
- Other siblings still in home; family is receiving services.

Case 2 and Case 3:

- Twins died at 1 day old.
- Extreme prematurity due to maternal substance abuse.
- Prior Hotline report in 1995; unsupported for neglect.
- No CFSA involvement at time of children's birth/death.

Case 4:

- Baby died on day of birth due to prematurity.
- Two other children in home in foster care; one child with relative.
- Mother's whereabouts unknown to CFSA during pregnancy and birth.
- Issues raised about agency's work with entire family, not just children in foster care.

Case 5:

- Baby died at 20 days old.
- Prior cases on family due to neglect in 1988.
- Two siblings placed with maternal grandmother in 1990.
- Case closed in 1991.

Case 6:

- Three year old died from child abuse; perpetrator is either mother or boyfriend.
- Family reported to CFSA for absenteeism of older sister in late 1998.
- Intake could not locate family and case closed as "unable to locate."
- Sibling currently in foster care as a result of sexual abuse and trauma from child's death.
- Issues about diligent search for family/child during an investigation.

Case 7:

- Six month old who was released from hospital on apnea monitor; child was found dead by mother in morning; apnea monitor was not on.
- Family had been referred to CFSA by hospital at birth of twins with respiratory problems; children tested positive for cocaine at birth.
- CFSA investigated and closed case after several visits because worker did not find child neglect.
- Two prior reports for neglect on this family in 1991 and 1993; both were unsupported.
- Issues about ability to assess safety risks, engage families and closely monitor and assist families with at-risk infants.

Case 8:

- Eighteen year old died from gunshot wound during gang dispute.
- Family first referred to agency in 1993 and was served by agency from 1993 until 1997.

Case 9:

- Nine year old who died of respiratory arrest.
- Child was severely handicapped and had multiple congenital problems (non-ambulatory; required feeding tube and total care) stemming from premature birth to substance abusing parent.
- Child was neglected/abandoned by mother at birth and resided at a group home for medically fragile and retarded children at the time of death.
- Questions raised about quality of care at group home for this medically fragile child.

Case 10:

- Child entered foster care at age of 13 months due to neglect by mother.
- Child was residing at emergency institution pending a foster home placement at time of death.
- Child developed a high fever about 10 days after being treated for a staph infection. Two days after onset of fever, he was transported to hospital where he subsequently stopped breathing and died.
- Raises issues about clear policy and decision-making about when to take a child to the hospital for children in foster care.

Case 11:

- Seventeen year old residing in a kinship foster home.
- Death from an automobile accident; youth was driving 80 mph in stolen car and lost control.
- Family had been involved with CFSA since 1988 due to abuse of sibling by mother and child neglect.
- Child had history of multiple placements and serious emotional and behavior problems.

Case 12 and Case 13:

- Twins who died at birth.
- Family involved with CFSA but worker was unaware of mother's pregnancy.
- Mother has had nine pregnancies with four children surviving and a history of STD's.

Case 14:

- Three year old died of complications from severe physical abuse by father when child was two months old.
- Father is incarcerated for abuse.

Case 15:

- Child in foster care due to prior severe physical abuse (Shaken Baby Syndrome) by family friend.
- As result of prior abuse, child had severe brain damage and was deaf and blind.
- Child was found unconscious in crib; cause of death not determined at time of review.
- Child reportedly was well cared for in foster home.

Case 16:

- Twenty year old who died of gunshot wounds.
- Child had been in foster care due to neglect and substance abuse of mother from 1990 to 1998.
- Child left foster care at age 19 in 1998 at his request and went to live with paternal grandfather.
- Child had been in multiple foster home and group home placements between 1990 and 1998.

Case 17:

- Eighteen month old who died of medical complications from having bacterial meningitis at 3 months old.
- Family served by CFSA for nine months prior to child's death due to family's difficulty caring for severely disabled child.
- Child in hospital at time of death awaiting a foster care placement.

Case 18:

- Infant died at 10 days old due to prematurity, herpes and STD's.
- Teen mother was in foster care since 1997 due to physical abuse by father and stepmother.
- Teen mother had multiple placements and is in need of residential treatment.

Case 19:

- Three and a half year old who died from being hit by a car while playing unattended.
- Family Services case open in CFSA from 1996 to 1997 due to parental neglect and substance abuse.
- Case closed after mother remained sober, found housing, enrolled in GED and completed job training.

Case 20:

- Two month old who was found unconscious in parent's bed, wedged between the bed and a plastic bag filled with clothing.
- Family had history of involvement with agency dating from 1991 due to reports of abuse and neglect.
- At time of infant's death, a new case had been recently opened on 14 year old sibling for not attending school for one year and not having clothes to attend school.
- Since 1990, family had five complaints, four unsupported.

Case 21:

- Nineteen year old who died from gunshot wounds.
- Youth lived in YSA group home at time of death.
- Family involved with CFSA from 1987 to 1993 due to neglect and parental substance abuse.

Case 22:

- Eighteen year old died from gunshot wounds.
- Family involved with CFSA since 1988 due to physical abuse by mother.
- Total of 10 children in family, all of whom were placed with relatives or in foster care. Eight children are moving toward adoption; one child is in residential placement.

- Youth who died had been in YSA group home due to delinquent activity and then placed in residential program. He was discharged from residential program several months before his death.

Case 23:

- Seventeen year old died from gunshot wounds.
- Case opened in CFSA in 1994 due to abandonment of three children by mother.
- Child cared for by maternal grandmother who obtained custody in 1996; services were provided until 1996.

Case 24:

- Child died at birth.
- Family had been known to CFSA since 1994 due to child neglect on 3 siblings; mother has substance abuse problem.
- Multiple reports of neglect since 1994 with some supported and others not supported; periodic intervention by agency to address family problems.
- Last case opened in 1998 was focused on 14 year old who was subsequently placed with relative.

Case 25:

- Two and a half month old who died of severe meningitis and malnutrition.
- Open foster care case since 1997 with five siblings in foster care with goal of reunification.
- Worker did not know about child who died since mother's whereabouts were unknown to agency.

Case 26:

- Eight year old who ran away from foster home to home of respite caretakers.
- Dashed into the street and was hit by a car as he was being returned to foster parent.
- Brother had a supported abuse case; case was subsequently closed.
- Case was reopened shortly thereafter when this child and two siblings were left alone.

Case 27:

- Eighteen year old died of gunshot while rooming with a suspected drug dealer in an independent Living Program run by Youth Services Administration.
- Mother had grown up in foster care.
- Youth had juvenile delinquency charges.

Case 28:

- Three month old died of a severe infection while living with his aunt.
- The mother (age 39) did not want the child and informally gave him to her sister.
- Child had been born 5 weeks premature and tested positive for cocaine.
- MPD records have a previous report on the family, but no records were found at CFSA.

As the data indicate, very few of the deaths involve child abuse homicides like the child's death that has received so much recent publicity. The majority of child deaths fit two profiles:

- Youth, age 17 and older, who had previously been in foster care and/or whose families had previously been known to the child welfare agency because of abuse or neglect. At the time of their deaths, these youths were typically also involved with the juvenile justice system and died from gunshot wounds or other forms of street violence.

- Babies who die natural deaths at the hospital or shortly thereafter. These infants are typically born prematurely and are severely medically fragile; often their parents have a history of substance abuse and they may be born drug-exposed. There may have been a previously open neglect case on their family. They may have other siblings in foster care and their parent's whereabouts and/or their birth is not frequently known to the Agency.

The infant deaths expose the absence of a program in the District of Columbia to provide home visitation to all families with newborns and particularly to those with babies who are drug-exposed or drug addicted at birth and who are medically fragile. The District also lacks a statutory basis to accept a Hotline call on every baby who is born with drugs in his blood. Proposed comprehensive child welfare legislation which is presently in draft form, will include this change. These deaths also point to a problem in CFSA case practice which sometimes narrowly focuses on one child or several who are in foster care and ignores the entire family situation.

As is clear from the deaths and the attached case descriptions, the child death reviews raise a series of systemic issues regarding the nature and effectiveness of interventions with some families and children. The Receiver has recently issued a report on the death of Brianna Blackmond. The Monitor fully endorses all of the recommendations in that report and will closely monitor the Agency's progress in implementing those changes over the next few months. Over the past year, the CFSA Child Fatality Review Team has also made numerous recommendations following a review of children's deaths. Some of the most important of those recommendations are summarized in Figure 3 below.

However, it is important to note that many of these recommendations have been made in past years by the Citywide Child Fatality Review Committee (CFRC). Until the CFRC is moved to the Office of the Mayor and the Mayor holds the departments accountable for implementing the recommendations, these statements are only words on paper. The CFRC is presently adrift in DHS and should be promptly moved under the Deputy Mayor for Children and Families.

Figure 3:
Summary of Recommendations of the CFSA Child Fatality Review Team

Reporting Child Abuse and Neglect:

- More community education is needed on the importance of mandatory and prompt reporting of child abuse and neglect.
- Sexual abuse must be reported in a timely manner. Social Workers, guardian ad-litems and judges need to know that they have a legal obligation to report child abuse and neglect whenever they learn of it. This recommendation was made because allegations of sexual abuse in a case reviewed by CFRT were ignored. The thinking seemed to be that the allegations occurred prior to the involvement of the past and current workers; therefore no one, including the Judge, the worker or the GAL, addressed the issue.

Assessment/Investigation of Child Abuse and Neglect:

- There should be cross checking with other public services, such as the Income Maintenance Administration, police department and the school system in locating the whereabouts of a family or child before an investigation is closed as "unable to locate."
- There needs to be a uniform medical assessment protocol used by MPD and CFSA for investigation of child abuse.
- In child abuse cases, the police should interview all children in the family separately and away from the family.
- All new complaints to the Intake Hotline should be cleared on the CPS register.
- CFSA needs to develop brochures for clients and the public to explain the Agency social worker's role in the investigation process.
- CFSA social workers need better training in handling investigations and a protocol to guide them in the investigation process.
- Children who are medically fragile or who are born to substance abusing parents, should be monitored for a period of time and offered services by the Agency or Healthy Families/Thriving Communities Collaboratives prior to closing any cases that are brought to their attention.

Assuring Family-Centered Case Practice:

- After a child who has previously been in the care of CFSA and then dies, the safety of his/her siblings and family must be promptly assessed. Policy needs to require that these family's cases are referred to the Hotline.

Continued

Figure 3:
Summary of Recommendations of the CFSA Child Fatality Review Team (Continued)

- When a case is opened at Intake, **all children** in the family under 18 years of age should be included in the case plan for service in order that the whole family is worked with, not just the child in the maltreatment report. Casework in the Agency needs to have a holistic and comprehensive approach to working with all of the children in the family under the age of 18.

- Family history must be documented, included in the case record of each child, and exchanged between workers when cases belonging to the same family are split between workers.

Improving Interagency Feedback and Accountability:

- MR/DDA needs to be held accountable for assisting mentally retarded citizens.

- The Child Fatality Review Team (CFRT) recommendations must be promptly sent to social workers when follow-up is recommended by the team and their implementation must be monitored by supervisors and managers.

- Program administrators need to ensure that program staff attend CFRT meetings, as attendance is mandatory. Program administrators should also attend the meetings with assigned staff and any other relevant professionals in a case.

Training needs for social workers and CFSA staff:

- Workers need training in how to make persuasive recommendations to the Court, particularly when social workers are requesting the removal of children. A coordinated approach from social workers, supervisors, GALs is needed so that Judges can make informed decisions.

- Training needs to focus on risk factors and signs of substance abuse in families.

Services to Children and Families:

- There needs to be prompt access for comprehensive medical exams for children entering foster care, especially medically fragile children.

- There is a need to use targeted community based supports and prevention programs, such as the Healthy Families/Thriving Communities Collaboratives, which might have been able to reach out to these families and have prevented the tragic deaths of several children reviewed by the CFRT.

- Agency policy should require that cases in which substance abuse is a factor cannot be closed unless the parent or caretaker has been substance-free for a year. Substance abuse treatment must be made available.

Continued

Figure 3:
Summary of Recommendations of the CFSA Child Fatality Review Team (Continued)

Resource Development:

- There is a need for emergency therapeutic foster homes for children/youth who have suffered severe trauma. Also needed are respite providers to assist and support foster families working with traumatized children.
- There should be greater attention to appropriateness of placement and making more effective matches for children coming into foster care, starting with initial placement.

Enhanced Documentation and Record-keeping:

- There should be a clear explanation in the case record as to why a case is closed. Also documentation of an unsupported case should be placed in the family record and in the Child Protection Register and made available for required reviews.

Policy Recommendations:

- A protocol is needed for the care of medically fragile children.
- Private agencies need a protocol for quarantining children who get a contagious illness. Protocols for infants who get sick need to be clear and concise so that staff can follow it precisely.

Other:

- The Agency must address the large caseloads for Intake social workers and other social work staff.
- OCC attorneys need to be accessible to Agency social workers; they should notify social workers promptly when they plan to bring cases to Court.

O. Named Plaintiffs

Appendix A provides the Court with a confidential report on the current status of the two remaining named plaintiff children. One child is finally in a stable placement with an out-of-state relative caregiver who is pursuing adoption. The Monitor has expressed frustration about the ongoing delays in terminating parental rights and bringing this case to closure through adoption. The second child is nearing adulthood with a very uncertain future and prognosis for independence. In his behalf, the Agency is working closely with a range of service providers and his foster parent to continue to support this very vulnerable and troubled adolescent. Coordination with MR/DDA in his behalf is essential and must occur as soon as possible.