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IMPROVED MONITORING OF VULNERABLE CHILDREN

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN RESOURCES

OF THE

COMMITTEE ON WAYS AND MEANS
U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTH CONGRESS

FIRST SESSION

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IMPROVED MONITORING OF VULNERABLE CHILDREN

WEDNESDAY, NOVEMBER 19, 2003

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
SUBCOMMITTEE ON HUMAN RESOURCES,
Washington, DC.

The Subcommittee met, pursuant to notice, at 2:15 p.m., in room B–318, Rayburn House Office Building, Hon. Wally Herger (Chairman of the Subcommittee) presiding.

[The advisory and the revised advisory announcing the hearing follow:]

ADVISORY

FROM THE COMMITTEE ON WAYS AND MEANS

SUBCOMMITTEE ON HUMAN RESOURCES

FOR IMMEDIATE RELEASE
November 06, 2003
HR–6

CONTACT: (202) 225–1025

Herger Announces Hearing on Improved Monitoring of Vulnerable Children

Congressman Wally Herger (R–CA), Chairman, Subcommittee on Human Resources of the Committee on Ways and Means, today announced that the Subcommittee will hold a hearing in an effort to improve the monitoring of vulnerable children. **The hearing will take place on Thursday, November 13, 2003, in room B–318 Rayburn House Office Building, beginning at 10:00 a.m.**

In view of the limited time available to hear witnesses, oral testimony at this hearing will be from invited witnesses only. Witnesses will include Federal, State, and local officials and outside experts familiar with ongoing efforts to monitor and collect information on children in foster care and adoptive settings. However, any individual or organization not scheduled for an oral appearance may submit a written statement for consideration by the Committee and for inclusion in the printed record of the hearing.

BACKGROUND:

The Federal Government provides approximately $7 billion to the States to operate foster care and adoption assistance programs. As a condition of receiving these funds, States must collect and report data on children in their care. The Subcommittee held a hearing on November 6, 2003, to receive testimony about a recent New Jersey caseinvolving four boys who were apparently starved while in the care of their adoptive parents—even as caseworkers made numerous visits to the home—and has raised questions about the effectiveness ofcurrent monitoring. This case has highlighted gaps in current monitoring and data reporting, including for children whose foster and adoptive parents received Federal funds or other services and supports.

"We have learned that, absent basic information on the well being of children, horrific situations—like the neglect of the four Jackson boys—can occur. It is critical that child welfare agencies are capable of gathering and using the necessary information in order to ensure the safety of children," said Herger. "This hearing is another step towards making sure other children do not suffer similar fates."

FOCUS OF THE HEARING:

The hearing will focus on: (1) what data States collect to monitor the care and supervision of children in foster care and children for whom adoption subsidies are paid; (2) how that data is used today; and (3) what additional data or applications of these data might better ensure the safety, permanency, and well-being of children.

DETAILS FOR SUBMISSION OF WRITTEN COMMENTS:

Please Note: Due to the change in House mail policy, any person or organization wishing to submit a written statement for the printed record of the hearing should send it electronically to *hearingclerks.waysandmeans@mail.house.gov,* along with a

fax copy to (202) 225–2610, by the close of business, Friday, November 28, 2003. Those filing written statements who wish to have their statements distributed to the press and interested public at the hearing should deliver their 200 copies to the new Congressional Courier Acceptance Site at the location of 2nd and D Streets, N.E., at least 48 hours prior to the hearing date. **Please ensure that you have the address of the Subcommittee on Human Resources, room B–317 Rayburn House Office Building, on your package, and contact the staff of the Subcommittee at (202) 225–1025 of its impending arrival.** Due to new House mailing procedures, please avoid using mail couriers such as the U.S. Postal Service, UPS, and FedEx. When a couriered item arrives at this facility, it will be opened, screened and then delivered to the Subcommittee office, within one of the following time frames: (1) expected or confirmed deliveries will be delivered in approximately 2 to 3 hours, or (2) unexpected items, or items not approved by the Subcommittee office, will be delivered the morning of the next business day. The U.S. Capitol Police will refuse all non-governmental courier deliveries to all House Office Buildings.

FORMATTING REQUIREMENTS:

Each statement presented for printing to the Committee by a witness, any written statement or exhibit submitted for the printed record or any written comments in response to a request for written comments must conform to the guidelines listed below. Any statement or exhibit not in compliance with these guidelines will not be printed, but will be maintained in the Committee files for review and use by the Committee.

1. Due to the change in House mail policy, all statements and any accompanying exhibits for printing must be submitted electronically to *hearingclerks.waysandmeans@mail.house.gov,* along with a fax copy to (202) 225–2610, in WordPerfect or MS Word format and MUST NOT exceed a total of 10 pages including attachments. Witnesses are advised that the Committee will rely on electronic submissions for printing the official hearing record.

2. Copies of whole documents submitted as exhibit material will not be accepted for printing. Instead, exhibit material should be referenced and quoted or paraphrased. All exhibit material not meeting these specifications will be maintained in the Committee files for review and use by the Committee.

3. Any statements must include a list of all clients, persons, or organizations on whose behalf the witness appears. A supplemental sheet must accompany each statement listing the name, company, address, telephone and fax numbers of each witness.

Note: All Committee advisories and news releases are available on the World Wide Web at *http://waysandmeans.house.gov*.

The Committee seeks to make its facilities accessible to persons with disabilities. If you are in need of special accommodations, please call 202–225–1721 or 202–226–3411 TTD/TTY in advance of the event (four business days notice is requested). Questions with regard to special accommodation needs in general (including availability of Committee materials in alternative formats) may be directed to the Committee as noted above.

* * * CHANGE IN DATE AND TIME * * *

ADVISORY

FROM THE COMMITTEE ON WAYS AND MEANS

SUBCOMMITTEE ON HUMAN RESOURCES

FOR IMMEDIATE RELEASE
November 10, 2003
HR–6–Revised

CONTACT: (202) 225–1025

Change in Date and Time for Hearing on Improved Monitoring of Vulnerable Children

Congressman Wally Herger (R–CA), Chairman, Subcommittee on Human Resources of the Committee on Ways and Means, today announced that the Subcommittee hearing to examine efforts to improve monitoring of vulnerable children, previously scheduled for 10:00 a.m. on Thursday, November 13, 2003, in room B-318 Rayburn House Office Building, **will now take place on Wednesday, November 19, 2003, at 2:00 p.m.**

Witnesses who are scheduled to appear before the Committee are required to deliver their testimony to the to the new Congressional Courier Acceptance Site, at the location of 2nd and D Streets, N.E., no later than 5:00 p.m., Monday, November 17, 2003. Please ensure the address of the Subcommittee office, room B–317 Rayburn House Office Building, is included. Refer to the Human Resources Advisory No. HR–6 for more details.

WRITTEN STATEMENTS IN LIEU OF PERSONAL APPEARANCE:

Please Note: Due to the change in House mail policy, any person or organization that is not scheduled to appear before the Committee and wishes to submit a written statement for the printed record of the hearing should send it electronically to *hearingclerks.waysandmeans@mail.house.gov,* along with a fax copy to (202) 225–2610, by the close of business, Wednesday, December 3, 2003.

All other details for the hearing remain the same. (See Human Resources Advisory No. HR–6, dated November 6, 2003.)

FORMATTING REQUIREMENTS:

Each statement presented for printing to the Committee by a witness, any written statement or exhibit submitted for the printed record or any written comments in response to a request for written comments must conform to the guidelines listed below. Any statement or exhibit not in compliance with these guidelines will not be printed, but will be maintained in the Committee files for review and use by the Committee.

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Note: All Committee advisories and news releases are available on the World Wide Web at *http://waysandmeans.house.gov*.

Chairman HERGER. Good afternoon. I would like to welcome our guests here with us today. Today's hearing follows our hearing on November 6th that reviewed the New Jersey child welfare tragedy, in which four boys suffered from apparent starvation while under the care of their adoptive parents. Thankfully, we have received some good news about the health of these boys. I am very pleased to report that all four children are gaining weight and improving in health due to the care they have received since being removed from their adoptive home.

Aside from this silver lining, the hearing allowed us to gain greater insight into the circumstances of that horrific situation. We continue to be troubled by the fact that the child welfare system failed to notice the boys' conditions for so long, despite repeated visits to the home. Our next step is to make a more informed assessment of how the system failed to protect the four Jackson boys. As we will discuss today, we will use this case and others as background when considering whether changes are needed to prevent the reoccurrence of such awful events.

Today's hearing will review seemingly routine but critical questions about the information available to States regarding children in their care. Our questions will be simple but critical. What do we know about the safety and well-being of children in foster care? What do caseworkers and their supervisors do with that information? Should more information be collected and used to ensure that children are being protected? There are too many cases of children who are lost, abused, or sometimes killed while in States' care, and this has prompted our review. In too many places, and in too many States, we continue to see evidence that these systems, designed to monitor the well-being of children, fail to ensure that children are in a safe environment. In the case of the Jackson boys, thousands of taxpayer dollars were provided for the care of youngsters who needed medical attention. Yet, for years, such medical attention was not provided; why?

In other cases, such as in the Rilya Wilson case in Florida, a child disappeared—she was more or less lost without a trace. Today, sadly, she is now presumed dead. It is unfortunate that the post office does a better job tracking packages than some States have done monitoring children. As I have stated before, our goal is to ask what happened in the New Jersey case and to use the answers we get to better protect children in the future. Today's hearing marks a continuation of that pursuit, which will require more work in the weeks ahead.

We have received many comments from concerned parents and individuals involved in the child welfare system around the country—including my district in California. I want to encourage people to be in touch with us as we conduct our review. The best way is to follow the guidelines for the submission of testimony for the record, as outlined in our hearing advisory. That way, people's stories will be included in the files. These files are kept by the Committee, and also will be available to policymakers in the future. We

greatly appreciate all the interest and feedback that we have gotten from so many people. I would also like to thank my Democratic colleague, Mr. Cardin, for his outstanding and continued support of our efforts. Once again, we come here today with no Republican or Democrat witnesses before us. Rather, we are here today to review efforts in all States to monitor foster and adoptive children.

Joining us today are representatives of the U.S. General Accounting Office (GAO), the State of Florida, national child welfare advocates, and experts in child welfare data management, the lifeblood of any effective child welfare program. We are pleased to have a caseworker with us to provide a first-hand perspective on these issues, as well as a witness who has piloted technology to help workers better monitor, and thus better protect, children's well-being. We are also pleased to welcome the distinguished Majority Leader, Mr. DeLay, who has a longstanding interest in these issues. Without objection, each Member will have the opportunity to submit a written statement and have it included in the record at this point. Mr. Cardin, would you like to make an opening statement?

[The opening statement of Chairman Herger follows:]

Opening Statement of the Honorable Wally Herger, Chairman, Subcommittee on Human Resources, and a Representative in Congress from the State of California

Today's hearing follows our hearing on November 6 that reviewed the New Jersey child welfare tragedy in which four boys suffered from apparent starvation while under the care of their adoptive parents. Thankfully, we've received some good news about the health of these boys. I'm very pleased to report all four children are gaining weight and improving in health due to the care they have received since being removed from their adoptive home.

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There are too many cases of children who are lost, abused, or sometimes killed while in States' care and this has prompted our review. In too many places, and in too many States, we continue to see evidence that these systems—designed to monitor the well being of children—fail to ensure that children are in a safe environment. In the case of the Jackson boys, thousands of taxpayer dollars were provided for the care of youngsters who needed medical attention. Yet for years, such medical attention was not provided. Why?

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We also are pleased to welcome the distinguished Majority Leader, Mr. DeLay who has a longstanding interest in these issues.

Mr. CARDIN. Thank you very much, Mr. Chairman. On behalf of the Democratic Members, we accept your leadership here to work together as Democrats and Republicans, as Members of Congress, to deal with America's most vulnerable children. We agree with you that the current monitoring system needs to be improved. We look forward to the witnesses' testimony, so that we can develop a common strategy to better monitor the children that are in our system.

Let me just make a few observations, if I may. About 10 years ago, we developed a plan where we gave enhanced Federal matching funds to our States to develop a statewide automated child welfare information system. In addition to that, whether the States had a uniform system or not, they were required to make information available to the national Adoption and Foster Care Analysis and Reporting System (AFCARS). So, we had a system in place, but it has not worked as well as I think most of us expected it to work. There are too many examples of children literally being lost in the system. There is the reported case in Florida where officials are unable to locate a Miami girl under the supervision of the State and who was missing for 15 months before officials even discovered she was missing. It may well be that the caseworker filed false reports, but the truth is that there is, somewhere, around 463 children in Florida's child welfare system that cannot be located. That number needs to be explored, and I expect it will be challenged. So, let's challenge it and find out why we are unable to give the most accurate information about the children within the system. I do look forward to listening to the recommendations.

As the Chairman indicated, the GAO has highlighted some specific areas of concern, such as insufficient caseworker training, accurately recorded data, and the need for more technical guidance from the U.S. Department of Health and Human Services. I must tell you, though, if we are to effectively monitor children in our foster care system, there are still problems, and I think we need to take a look at the total picture. We must make sure that the children are provided the necessary services and assistance to ensure that they find safe and permanent homes. Mr. Chairman, you have heard me mention many times my concern as to whether we are adequately providing the resources necessary to train caseworkers—so we have less turnover among caseworkers. That still is a major problem. With caseloads three times larger than the rec-

ommended number, that makes it difficult, even with the best tracking system, to do the work to take care of America's children. So, I look forward to working with you to develop a strategy that can deal with the monitoring issues, and the other issues, so that we can have the best possible services for these vulnerable children. Thank you very much, Mr. Chairman.

[The opening statements of Mr. Cardin and Mr. Foley follow:]

Opening Statement of the Honorable Benjamin L. Cardin, a Representative in Congress from the State of Maryland

Mr. Chairman, I agree with you that we should explore ways to improve the monitoring and supervision of children in our foster care system. These very vulnerable children need and deserve our constant vigilance.

Congress has taken steps in the past to help States track the progress of children in the child welfare system. For example, about ten years ago, we provided enhanced Federal matching funds for the development of Statewide Automated Child Welfare Information Systems (SACWIS).

These case management systems provide an electronic case file for every child served by a State child welfare agency. Even if a State does not establish this specific type of monitoring system, they are still required to provide information on children under their care to the national Adoption and Foster Care Analysis and Reporting System (AFCARS).

Nevertheless, continued reports of children getting lost in the system suggest that additional steps are necessary to better protect children.

One recent case raising concern occurred in Florida where officials are unable to locate a Miami girl who was under the supervision of the State and who has been missing for 15 months. While the caseworker apparently filed false reports in this specific case, a recent follow-up review discovered that 463 children in Florida's child welfare system could not be located.

I look forward to hearing recommendations from our witnesses on how to improve our monitoring of children in the child welfare system. I understand the GAO has highlighted some specific areas of concern, such as insufficient caseworker training on accurately recording data and the need for more technical guidance from HHS.

Mr. Chairman, improving the monitoring of vulnerable children is vitally important, but it is only part of a solution that will lead to safer outcomes. If we effectively monitor children in foster care, but do not provide the necessary services and assistance to ensure they find safe and permanent homes, we will not make much progress.

If we track kids on a computer, but caseworkers on the scene do not have the necessary experience or training to make the right judgment call, we will have failed to adequately protect children.

And if we ask caseworkers to spend more time entering data, but still leave them grappling with caseloads three times larger than recommended, the end result will not improve much for children. Therefore, I hope we will look at the whole picture to find a way to better way to ensure the safety and well being of our most vulnerable children. Thank you.

Opening Statement of the Honorable Mark Foley, a Representative in Congress from the State of Florida

Good Morning Mr. Chairman:

I want to once again thank you for your efforts to bring the troubling issue of examining our nation's child welfare system to light. As you know, I have been working on child protection issues throughout my career and the story we heard about the four boys in New Jersey two weeks ago at your last hearing was the most shocking I have ever heard.

The complete catastrophic failure of New Jersey's system is endemic of a nationwide child protection system in disarray. As you know, the Federal Government provides over $7 billion a year to operate foster care and adoption assistance programs. However, we heard two weeks ago that it wasn't enough. Well, I certainly don't think more money is the answer. I will not support a bill giving one more dollar that will go to a system putting our children at risk. It is clear that new direction, ideas, management, and oversight is what will move us toward a program not working against children—but for them.

Over a year ago in Florida, we were rocked by the horrible news that our Department of Children and Families (DCF) could not locate several hundred children in

its custody. Immediately after this story came to light, Governor Bush ordered a Blue Ribbon commission to investigate DCF's failures and to recommend ways to improve the system. Soon after the report was released DCF, under its new Secretary Jerry Regier, made acclaimed changes to his agency—now making it the model for all other states to follow.

After our terrible time a last year, you would think that other states would have "woken up to smell the coffee." That states would have done a thorough review of their own systems to prevent this tragedy from ever happening again. However, we still find ourselves with states asleep at the wheel—and children as their passengers.

Mr. Chairman, the time to act is now before we hear another horror story of a child starved to death or found to be missing by state authorities. To that end, I intend to introduce shortly a bill that will give state social service agencies access to the NCIC criminal data base so they can review out-of-state criminal records and outstanding warrant information. As those who have worked in this area know, this resource will give field staff the ability to quickly get a full picture of the possible risks at a certain home.

Though this is a first step towards strengthening our states ability to further protect our children, there is much more work we need to do. In 1996, when others criticized us, we had the courage to change the Welfare system from one of providing government dependence to one that gave people independence.

Mr. Chairman, the challenge ahead of us is no less daunting, but in my opinion even more necessary. These at-risk children, with the challenges of facing new environments and new family lives do not need the added fear of being placed in a home where their lives are in jeopardy. I believe that Congress can wait no longer to change this broken system.

I am very grateful that this issue is being placed on the front-burner and I look forward to working with you, Chairman Thomas and Leader DeLay to ensure—once and for all—that our nation's children are safe and sound.

Thank you.

Chairman HERGER. Thank you. Before we move on to our testimony, I want to remind our witnesses to limit their oral statements to 5 minutes. However, without objection, all of the written testimony will be made a part of the permanent hearing record. As you will note from the witness list, we were expecting Majority Leader DeLay to testify today. Unfortunately, it appears he is tied up right now, so we will proceed with our second panel at this time.

Mr. CARDIN. I hope he is not trying to lobby people on the Medicare bill (P.L. 108–173). I would rather have Majority Leader Tom DeLay here.

Chairman HERGER. The Majority Leader may very well get here at a slightly later point, at which time we will allow him to proceed with his testimony. Right now, if our second panel would step forward, please. Cornelia Ashby, Director of Education, Workforce, and Income Security Issues with the GAO; Jill Baker, Program Manager of Child Protective Services for the Norfolk Department of Human Services, who I would note is accompanied by a former staff member of the Subcommittee, Katie Kitchen; Robert McKeagney, Vice President for Program Operations, Child Welfare League of America; Mike Watkins, Deputy District Administrator for District 2, Florida Department of Children and Families; David Springett, President of the Community College Foundation; and Fred Wulczyn, Research Fellow with the Chapin Hall Center for Children. With that, Ms. Ashby, please.

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

Ms. ASHBY. Mr. Chairman and Members of the Subcommittee, thank you for inviting me here today to discuss the development of the statewide Automated Child Welfare Information Systems (SACWIS). Since 1994, Federal matching funds have been available to States to develop and implement SACWIS, manage their child welfare cases, and report child abuse and neglect, foster care, and adoption information to the Federal Government. As you know, States have the option to implement a SACWIS, or develop different information systems without SACWIS funds to support their child welfare agencies and collect information on their child welfare cases. My testimony today will focus on States' experiences in developing SACWIS, the Department of Health and Human Services' role in assisting in their development, factors affecting the reliability of States' welfare data, the Department of Health and Human Services' role in assuring their reliability, and the practices of child welfare agencies to overcome SACWIS development and reliability challenges. My comments are based on our July 2003 report on State child welfare information systems. For that report, we surveyed all 50 States and the District of Columbia, and visited 5 States.

Forty-seven States are developing or operating a SACWIS. Although State officials recognize the benefits of having a uniform system that enhances the State's ability to monitor the services provided and the outcomes for children in their care, many States continue to face challenges developing their systems. Thirty-one State agencies lag behind the timeframes they set for completion, with 26 States reporting delays ranging from 2 months to 8 years, and a median delay of 2.5 years. Challenges include developing a system that meets the child welfare agency's needs statewide, receiving State funding approval, reaching internal agreement on system development, creating a system that reflects child welfare processes and is user friendly, and securing contractors with the knowledge of child welfare policies. Forty-four States report in our survey that they used approximately $1.3 billion in Federal funds, and approximately $1.1 billion in State and local funds for their SACWIS. To assist States in developing SACWIS, the Department of Health and Human Services monitors States' development plans, conducts formal on-site SACWIS assessment reviews—which include technical assistance—maintains an automated system users' group and electronic mailing list, and holds a monthly conference call with State information technology directors that allows State and Federal officials to exchange information. The Department of Health and Human Services also provides technical assistance for SACWIS development through the National Resource Center for Information Technology in Child Welfare.

Several factors affect the reliability of States' child welfare data. These include insufficient caseworker training, inaccurate and incomplete data entry, and technical challenges, such as matching State data element definitions to the Department of Health and Human Services' data categories, and balancing State policy with Federal data reporting requirements. Inaccurate and incomplete

data entry can result from insufficient training as well as other factors, such as caseworkers' hesitation to ask families for sensitive information, difficulty balancing timely data entry, time spent with families and children, and caseworker turnover. The Department of Health and Human Services tests State data quality and provides the results, as well as the data testing software, to States to help them identify and correct inaccurate and incomplete data. In addition, the Department of Health and Human Services provides technical assistance to States through its central office, contractor, and resource center staff to help States address abuse and neglect, foster care, adoption, and other reporting problems. Despite the Department of Health and Human Services' assistance, States report ongoing challenges in receiving clear and documented guidance, and obtaining timely technical assistance. Further, although States were mandated to begin reporting data on foster care placements and adoption to the Federal Government in 1995, few comprehensive reviews of State information systems' ability to collect and report foster care and adoption data have been conducted to assist States in resolving some of their reporting challenges.

States are using a variety of practices to address the challenges associated with developing SACWIS and improving data reliability. For example, States are reviewing their data to identify data entry errors; including input from caseworkers, supervisors, external public agency users, and representatives from other State agencies that serve children; including training contractors in child welfare practices; and including Federal data reporting requirements and caseworker training. In conclusion, challenges in data reliability remain. Without better-documented, clearer guidance, and the completion of more comprehensive reviews of States' foster care and adoption reporting capabilities, States are limited in overcoming the challenges that affect data reliability. Since these challenges remain, the Department of Health and Human Services may be using some questionable data as the foundation for national reports, and may not have a clear picture of how States meet the needs of children in their care. We recommended in our July 2003 report that the Secretary of the Department of Health and Human Services consider ways to enhance the guidance and assistance offered to States. Mr. Chairman, this concludes my statement. I would be pleased to answer any questions.

[The prepared statement of Ms. Ashby follows:]

Statement of Cornelia M. Ashby, Director, Education, Workforce, and Income Security Issues, U.S. General Accounting Office

Mr. Chairman and Members of the Subcommittee:

Thank you for inviting me here today to discuss states' development of automated child welfare information systems. As you are aware, the Congress required that the Department of Health and Human Services (HHS) compile information on the children served by state agencies and authorized federal funds to match those of states for use in the development of state child welfare information systems. Since 1994, designated federal matching funds have been available to states to develop and implement comprehensive case management systems—statewide automated child welfare information systems (SACWIS)—to manage their child welfare cases as well as to report child abuse and neglect, foster care, and adoption information to the Federal Government. States have the option to implement a SACWIS or develop different information systems without using SACWIS funds to support their child welfare agencies and collect information on their child welfare cases. Regardless of the type of system a state develops, child welfare caseworkers at the county or local

level are the key personnel who collect and document information on children and families served by child welfare agencies, in addition to performing a wide range of services to protect children—such as investigating child abuse or neglect reports or providing support services to maintain the children in their homes.

Currently, HHS compiles state-reported child welfare data in two databases: the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). HHS relies on the information available in its databases to analyze and track children's experiences in the child welfare system, to determine states' performance on federal child welfare outcome measures, and to report to Congress on children's well being and child welfare experiences.

My testimony today will focus on three key issues: (1) states' experiences in developing child welfare information systems and HHS's role in assisting in their development; (2) factors that affect the reliability of data that states collect and report on children served by their child welfare agencies, and HHS's role in ensuring the reliability of those data; and (3) practices that child welfare agencies use to overcome challenges associated with SACWIS development and data reliability. My comments are based on the findings from our July 2003 report, *Child Welfare: Most States Are Developing Statewide Information Systems, but the Reliability of Child Welfare Data Could Be Improved* (GAO–03–809, July 31, 2003). Those findings were based on our survey of all 50 states and the District of Columbia regarding their experiences in developing and using information systems and their ability to report data to HHS. We received responses from 49 states and the District of Columbia,[1] although some states did not respond to every question. We also reviewed a variety of HHS documents, including the protocol and reports for its reviews of SACWIS systems and states' AFCARS reporting capabilities and visited five states—Colorado, Iowa, New York, North Carolina, and Oklahoma—to obtain firsthand information on their experiences developing SACWIS and reporting data to HHS. We selected these states to represent geographic diversity and different stages of SACWIS implementation. Finally, we interviewed HHS officials and child welfare and data experts and reviewed relevant literature.

In summary, HHS reported that 47 states were developing or operating a SACWIS, but many states continue to face challenges developing their systems. Most state officials said they recognize the benefit their state will achieve by developing SACWIS, but added that they have encountered difficulties in receiving state funding and in creating a system that reflected their work processes. Despite the availability of federal funds since 1994, states reported a median delay of 2½ years beyond the time frames they set for completion. Several factors affect the states' ability to collect and report reliable adoption, foster care, and child abuse and neglect data. For example, insufficient caseworker training and inaccurate and incomplete data entry affect the quality of data reported to HHS. States also reported technical challenges reporting data. Despite HHS's assistance, many states reported ongoing challenges, such as the lack of clear and documented guidance from HHS on how to report child welfare data. In addition, although states were mandated to begin reporting data to AFCARS in 1995, few reviews of states' AFCARS reporting capabilities have been conducted. Some states are using a variety of practices to address the challenges they face in developing SACWIS and improving data reliability. For example, 28 states reported using approaches to help caseworkers identify and better understand the data elements that are required for federal reporting. To improve the reliability of state-reported child welfare data, we recommended in our July 2003 report that the Secretary of HHS consider ways to enhance the guidance and assistance offered to states to help them overcome the key challenges in collecting and reporting child welfare data.

Background

ACF's Children's Bureau is responsible for the administration and oversight of federal funding to states for child welfare services under Titles IV–B and IV–E of the Social Security Act. However, the monitoring of children served by state child welfare agencies is the responsibility of the state agencies that provide the services to these children and their families. Child welfare caseworkers at the county or local level are the key personnel responsible for documenting the wide range of services offered to children and families, such as investigations of abuse and neglect, treatment services offered to keep families intact and prevent the need for foster care, and arrangements made for permanent or adoptive placements when children must

[1] Throughout this testimony, references to state survey responses include the District of Columbia. Forty-six of these states reported that they are developing or operating a SACWIS. Nevada, which HHS reported has an operational SACWIS, did not respond to our survey.

be removed from their homes. Caseworkers are supported by supervisors, who typically assign new cases to workers and monitor caseworkers' progress in achieving desired outcomes, analyzing and addressing problems and making decisions about cases.

To qualify for federal funding for SACWIS, states must prepare and submit an advance planning document (APD) to the Children's Bureau, in which they describe the state's plan for managing the design, development, implementation, and operation of a SACWIS that meets federal requirements and state needs in an efficient, comprehensive, and cost-effective manner. In addition, the state must establish SACWIS and program performance goals in terms of projected costs and benefits in the APD. States are required to submit separate APDs for the planning and development phases, in addition to periodic updates.

Since the administration and structure of state child welfare agencies vary across the nation, states can design their SACWIS to meet their state needs, as long as states meet certain federal requirements. Federal funding is available to states for SACWIS that

- meet the requirements for reporting AFCARS data to HHS;
- to the extent practicable, are capable of linking with the state data collection system that collects information on child abuse and neglect;
- to the extent practicable, are capable of linking with, and retrieving information from, the state data collection system that collects information on the eligibility of individuals under Title IV–A—Temporary Assistance for Needy Families; and
- provides for more efficient, economical, and effective administration of the programs carried out under a state's plans approved under Titles IV–B and IV–E of the Social Security Act.

A SACWIS must operate uniformly as a single system in each state and must encompass all entities that administer programs provided under Titles IV–B and IV–E. In some cases, HHS will allow the statewide system to link to another state system to perform required functions, such as linking to financial systems to issue and reconcile payments to child welfare service providers. The state's APD must describe how its SACWIS will link to other systems to meet the requirements in the SACWIS regulations.

In addition to monitoring the APDs of the states that are developing SACWIS, HHS reviews state information systems through formal SACWIS assessment reviews and the Child and Family Services Reviews (CFSR)—a federal review process to monitor states' compliance with child welfare laws and federal outcome measures. The formal SACWIS reviews are conducted by the Children's Bureau to determine if a state has developed and implemented all components detailed in the state's APD and if the system adheres to federal requirements. The CFSR assesses statewide information systems, along with other systemic factors, to determine if the state is operating a system that can readily identify the status, demographic characteristics, location, and goals for placement of every child who is in foster care. This systemic factor is reviewed in all states, regardless of whether the state is developing a SACWIS or the stage of system development. For the 40 CFSR reports that are available, HHS found that four states were not in substantial conformity on the statewide information system indicator.[2] These four states must address how they will come into conformity with this factor in a program improvement plan. HHS has also conducted SACWIS reviews in two of these states.

Most States Are Developing SACWIS, But Challenges Remain Despite HHS's Oversight and Technical Assistance

While 47 states are developing or operating a SACWIS, many challenges remain despite HHS's oversight and technical assistance. Since 1994, states reported that they have spent approximately $2.4 billion in federal, state, and local funding on SACWIS. While most state officials we interviewed and those responding to our survey said that they recognize the benefits their state will achieve by developing a statewide system, many states reported that the development of their SACWIS is delayed between 2 months and 8 years beyond the time frames the states set for completion, with a median delay of 2½ years. Most states responding to our survey faced challenges, such as obtaining state funding and developing a system that met the child welfare agency's needs statewide. In response to some of these challenges, HHS has provided technical assistance to help states develop their systems and conducted on-site SACWIS reviews to verify that the systems meet all federal requirements.

[2] We are currently conducting an engagement on states' and HHS's experiences in conducting the CFSRs.

States Are Using Federal and State Funds and Various Participants to Develop Multicomponent SACWIS

Currently, 47 states are developing or operating a SACWIS and are in various stages of development—ranging from planning to complete. The states responding to our survey reported using approximately $1.3 billion in federal funds[3] and approximately $1.1 billion in state and local funds[4] for their SACWIS. However, HHS estimated that it allocated approximately $821 million between fiscal years 1994 and 2001 in SACWIS developmental funds[5] and $173 million between fiscal years 1999 and 2001 in SACWIS operational funds.[6] The total amount of federal funding provided to states for SACWIS is unknown because states claimed operational costs as a part of their Title IV–E administrative expenses prior to 1999.[7] Although the Federal Government matched state funding at an enhanced rate of 75 percent beginning in 1994, many states did not apply for federal funding or begin SACWIS development until 1996 or 1997, when more than $467 million—the bulk of federal funds—were allocated. Most states were still developing their SACWIS by the time enhanced funding expired in 1997, after which states could receive a 50 percent federal financial participation for SACWIS development and operation. Although 47 states are currently developing or operating a SACWIS, all states except Hawaii received some federal SACWIS funds. For example, according to figures provided by HHS, North Carolina and North Dakota received some developmental funds but encountered difficulties that prevented them from completing their systems.

In order to track states' SACWIS development, HHS places them in six categories that identify their stage of development (see table 1). HHS sometimes recategorizes states into a lower stage of development when problems are encountered. In addition, while HHS may classify a state system as complete following an assessment of the state's SACWIS, a state may make additional changes to the system since SACWIS, like other computer systems, continually evolve as technology and child welfare practices change. States can claim federal funding for these changes as operational expenses. An HHS official reported that such changes do not need prior approval unless they are in excess of $5 million.

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[3] Forty-four states provided information on the total amount of federal funds they received to develop and operate SACWIS. Alaska, Hawaii, Missouri, North Carolina, Texas, and Vermont did not report federal funding information. Nevada did not respond to our survey. State-reported figures may include some funding allocated in fiscal year 2003, since the survey was issued in October 2002 and completed as late as December 2002.

[4] Forty-four states provided information on the total amount of state funds used to develop and operate SACWIS. Arkansas, Hawaii, Missouri, North Carolina, Texas, and Vermont did not report state funding information. Nevada did not respond to our survey. State-reported figures may include some funding allocated in fiscal year 2003 since the survey was issued in October 2002 and completed as late as December 2002.

[5] This figure includes developmental funds allocated by HHS to 49 states and the District of Columbia. Hawaii did not take any federal money for SACWIS development.

[6] This figure includes operational funds allocated to 35 states. States begin claiming operational costs when some or all components of their SACWIS are operating in local offices. Operational activities include routine maintenance, minor enhancements, and other changes that do not significantly increase or modify the functionality of the system.

[7] According to HHS officials, prior to fiscal year 2000, states reported SACWIS operational expenses as part of their Title IV-E administrative expenses because the claims sheet states used for reporting did not have a separate column for SACWIS operational expenditures. In fiscal year 2000, states were required to use a claims sheet that was reformatted to provide space for SACWIS operational expenditures. In addition, an HHS official explained that the difference between the state-reported figures and the federal figures may be due to states claiming some SACWIS expenses under different programs, such as Title IV–E administrative funds, rather than separately as SACWIS expenses.

Table 1: Number of States in Various Stages of SACWIS Development

Stage	Number of states
Complete [a]	5
Operational [b]	24
Partially operational [c]	9
Implementation [d]	2
Planning [e]	7
No SACWIS [f]	4

Source: HHS.
Note: Status is as of October 13, 2003.
[a] The SACWIS assessment process is completed, and all functional requirements and specifications set forth in the APD are either included in the system or in an accepted corrective action plan.
[b] All functional requirements and specifications in the APD are included in the system, and the system is functional statewide, but state has not completed a SACWIS assessment or is working on other issues.
[c] The state is still rolling out a system to field sites or still adding functions to systems that are operational statewide.
[d] In active design and development, even if delayed while waiting to resolve problems such as funding.
[e] Working through options for a SACWIS.
[f] Have never pursued SACWIS funding or have abandoned plans to develop a system.

States have considerable flexibility in the design of their SACWIS. According to HHS officials, a state should be using its SACWIS as a case management tool that uses automation to support the various aspects of state child welfare programs, such as recording child protection, out-of-home care, and foster care and adoption services. To further assist child welfare practice, states have designed their systems to follow the natural flow of child welfare practice in their state and have added design features to help track key events during a case. For example, in Iowa child welfare work is divided between child abuse and neglect investigations and ongoing case management for children brought into the care of the child welfare agency. As a result, Iowa designed a SACWIS to reflect this work process by linking two databases—one to record child abuse and neglect information and one to record ongoing case records—that share information with each other.[8]

Since many states are in different phases of SACWIS development, their systems currently support to varying degrees a variety of child welfare and administrative components (see table 2). According to HHS, while the components listed in table 2 are required for a state's SACWIS to be considered compliant with federal guidance—either through an interface or built within the system—some of the subcomponents, such as a function that helps caseworkers manage their caseloads, are optional. HHS has encouraged states to automate as many functions as possible in the SACWIS in an effort to cut down on the additional paperwork or duplicative steps inherent in manual data collection.

[8] Although the Iowa state officials described their SACWIS as including the child abuse and neglect system, HHS commented on a draft of the July 2003 report that it does not view the child abuse and neglect system as part of the state's SACWIS. However, HHS said that the state has met the SACWIS requirement in this area by building an interface between the two systems.

Table 2: Selected SACWIS Child Welfare and Administrative Services

Service	Fully or partially operational in SACWIS	Planned for SACWIS
Child welfare services		
Child protection [a]	38	5
Out-of-home care [b]	35	8
Adoption	34	9
Independent living	27	14
Intensive home-based services [c]	27	13
Administrative services		
Workload management	32	8
IV–E eligibility [d]	29	14
Foster care maintenance payments	28	14
Adoption assistance payments	25	17
Contract provider payment	24	15

Source: GAO survey.

Note: This table is based on responses from 46 states developing or operating a SACWIS. The rows for the columns "fully or partially operational" and "planned" do not add to 46 because the respondents may have answered "not supported," "don't know," or "no answer."

[a] Child protection includes services such as intake and screening, investigation, and disposition.

[b] Out-of-home care includes things such as foster care, group homes, and residential placement.

[c] Intensive home-based services include efforts to avoid placing a child in foster care.

[d] IV–E funding is available for foster care, adoption, and independent living services.

To assist with the design of their SACWIS, states relied on a number of different participants, including internal users, such as caseworkers and managers, information technology (IT) staff, and contractors. In Oklahoma, for example, 150 child welfare staff from the field worked closely with the contractor in intensive work group sessions to design and test the system. To complement the caseworkers' knowledge of child welfare practice, 43 states relied on IT staff. Finally, 42 states reported that they hired private contractors to conduct a large part of SACWIS design and development.

At the time of our review, HHS reported that four states were not pursuing SACWIS development, and most of these states reported various reasons in our survey for not developing a system. In Hawaii, for example, the child welfare agency chose not to pursue SACWIS because it already had a statewide system in place that it believed was adequately meeting its needs and which was collecting and reporting federal child welfare data.

States Accrue Benefits from Using SACWIS, but Several Issues Create Delays in Completing States' Systems

While most state child welfare agency officials said they recognize the benefits the state will achieve by developing SACWIS, such as enhancing their ability to track the whereabouts of foster children, 31 state agencies lag behind the time frames they set for completion, with 26 states reporting delays ranging from 2 months to 8 years. According to survey results, automated systems provided easier access to data and allowed caseworkers to better monitor children in their care, a fact that may contribute to additional child welfare and administrative benefits, such as decreased incidences of child abuse and neglect, shortened length of time to achieve adoption, timeliness of payments to foster families, and timeliness of payments to foster facilities. New Jersey, which is in the planning stage, reported in our survey

that its goal in developing a SACWIS is to integrate the more than 40 stand-alone systems that currently capture information on the children served by their child welfare agency.[9] By pulling all of these systems together into a uniform SACWIS, the state hopes to improve the recording of casework activities in a timely manner and to develop a tool to better target resources and services. Effectively integrating these systems will require the state to use a disciplined IT management approach that includes (1) detailed analyses of users' needs and requirements, (2) a clearly defined strategy for addressing information needs, and (3) sufficient technical expertise and resources to support the effort.

Despite the benefits that many states have accrued with SACWIS, 31 states reported in our survey that they have been delayed in system completion beyond their initial deadline and identified a number of challenges that have led to the delay (see table 3).[10] Some of the common difficulties states reported in developing SACWIS included receiving state funding approval, reaching internal agreement on system development, and creating a system that reflects child welfare work processes and is user-friendly. Vermont officials, for example, reported that the state legislature declined to provide the matching state funds needed to secure federal funding for SACWIS. As a result, the state could not pursue development.

[9] New Jersey reported in our survey that it had spent approximately $9 million in federal funds and $4 million in state and local funds on system development. According to HHS, New Jersey first received federal funds in 1996.

[10] Twelve of the 46 states reporting that they are developing or operating a SACWIS reported that they have not experienced delays in developing their systems. In response to the length of the delays reported by 26 states in our survey, ACF commented on a draft of the July 2003 report that these states may be using different definitions in defining their delays. However, ACF did not provide further information on how the delays represented in that report differ from its perception of states' experiences. In our survey, we asked states to report on the delays that exceeded the time line outlined in their initial APD.

Table 3: Number of Months States Delayed in SACWIS Development

State	Length of delay in months [a]
Alabama	36
Arkansas	6
California	36
Colorado	26
Connecticut	96
District of Columbia	36
Georgia	25
Idaho	21
Illinois	79
Indiana	6
Kansas	72
Louisiana	12
Maryland	12
Michigan	26
Minnesota	12
Mississippi	12
New Jersey	42
New Mexico	3
Ohio	36
Oregon	70
Rhode Island	14
South Carolina	47
Tennessee	36
Utah	48
Virginia	2
Washington	36

Source: GAO survey.

Note: While 31 states reported in the survey that theyhave experienced a delay in SACWIS development, only 26 states reported thelength of their delay. The survey was issued in October 2002 and completed bystates as late as December 2002.

[a] States were asked to report the number ofmonths the delays exceeded the time line outlined in their APD.

Despite user involvement in system design, some states still faced challenges trying to reach internal agreement among agency officials and caseworkers on the design of a system, resulting in a delay in development. In New York—a state where the counties are responsible for administering child welfare services—the development of SACWIS was stalled when significant frustration with the system's design led commissioners from five large counties and New York City to request that the

state stop SACWIS development until a reassessment of the design of and plans for the implementation of the system was completed.

Similarly, despite states' heavy reliance on contractors, many reported that securing contractors with knowledge of child welfare practice was a challenge for timely SACWIS development. Contractors are hired by the state for their system development knowledge but often are unfamiliar with child welfare policies and practices, especially since they vary from state to state. A contractor who has worked with seven states to develop their SACWIS reported that contractors are asked to learn the child welfare business practices of a state in a short amount of time and that states cannot devote many resources, such as caseworkers, to help in the design process because caseworkers need to devote their time to providing services to children and families.

Many states reported that creating a system that reflects child welfare work processes and is user-friendly was a challenge in developing SACWIS. These issues were also identified in the federal reviews of states' SACWIS. For example, one state explained in the SACWIS review that it had designed a system to meet the caseworkers' needs and reflect the nature of the child welfare work processes by developing a system that required events to be documented as they occurred. However, this design limited the SACWIS's functionality because it did not allow the caseworkers to go back and enter information after an event happened. The state explained that caseworkers do not use the system in real time, but provide services to the children and families and then record the information in the system. The state had to redesign the system to correct for this design flaw.

HHS Provides Some Assistance to Help States Meet SACWIS Requirements

HHS has assisted states in a variety of ways in developing and completing their SACWIS.[11] As a part of its regulatory responsibilities, HHS must review, assess, and inspect the planning, design, development, installation, and operation of SACWIS. In addition to reviewing and monitoring states' APDs, HHS conducts on-site SACWIS reviews to comply with these responsibilities. HHS officials told us that these reviews are a detailed and thorough assessment of state systems to ensure the systems' compliance with SACWIS requirements. In addition, officials reported that they provide technical assistance during the on-site review to help states that do not fully conform with the applicable regulations and policies. As of October 2003, HHS had reviewed 27 SACWIS—5 of which were determined as meeting all the requirements and classified as complete. HHS officials told us that since states have the flexibility to build a SACWIS that meets their needs, a large portion of the formal reviews concentrate on ensuring that the systems conform to state business practices. For example, while SACWIS regulations require that a state report all AFCARS data from their SACWIS, one state HHS reviewed relied on a separate state system to report data on the children served by the juvenile justice agency who are eligible for IV–E foster care funds. The state proved it had developed an automated process to merge data from both systems to compile a single AFCARS report that included children captured in both their SACWIS and juvenile justice systems. Therefore, HHS recognized that this process best met the state's needs and determined the SACWIS to be complete and meeting all requirements.

Few systems have been determined complete after an on-site review because of unresolved issues, such as not being able to build links to other state information systems or not implementing certain eligibility determination functions. To help states address some of these development challenges, the SACWIS review team provides the state with recommendations for complying with SACWIS requirements. In addition, HHS officials reported that once the draft report with the results of the SACWIS review is completed, federal staff schedule a conference call with the state officials to walk through the system's deficiencies and offer guidance on how the state can move forward.

HHS facilitates the sharing of information between states developing SACWIS through an automated system users' group that allows state and federal officials to exchange information, ideas, and concerns. In addition to the users' group, HHS officials also sponsor a Listserv—an electronic mailing list—that allows state officials to exchange information and a monthly conference call with state information tech-

[11] With regard to the budget difficulties that states reported facing, since 1994 the Federal Government has made a commitment to help states develop and maintain their SACWIS by matching 75 percent of states' development funds through 1997 and providing an ongoing match of 50 percent of state funding for the development and maintenance of their systems. However, since the states' legislatures must make the initial commitment to fund SACWIS, the Federal Government cannot assist state child welfare agencies with this challenge.

nology directors.[12] Technical assistance for SACWIS development is also available to states through the National Resource Center for Information Technology in Child Welfare (Resource Center), which opened in 1999. According to survey results, 9 states said they used the Resource Center for assistance in developing SACWIS and 14 states reported using it for help with SACWIS maintenance and improvements. According to Resource Center officials, they assist states with SACWIS development by helping states understand the technology that is available for use, providing information on the automation of child welfare work and converting data, and reviewing the APD documentation.

Several Factors Affect the States' Ability to Ensure Reliable Data on Children's Experiences, and Some of HHS's Oversight and Assistance Is Problematic

Several factors affect states' ability to collect and report reliable[13] data on children served by state child welfare agencies, and some problems exist, such as a lack of clear and documented guidance, with HHS's oversight and technical assistance. Almost all of the states responding to our survey reported that insufficient caseworker training and inaccurate and incomplete data entry affect the quality of the data reported to HHS.[14] In addition, 36 of the 50[15] states that responded to our survey reported that technical challenges, such as matching their state data element definitions to HHS's data categories, affected the quality of the data that they report to the Federal Government. Despite the assistance that HHS offers to states, such as testing state data quality and providing the results to states to aid them in resubmitting data, states report ongoing challenges receiving clear and documented guidance and obtaining technical assistance.

Insufficient Caseworker Training and Inaccurate and Incomplete Data Entry Are the Most Common Factors That Affect Data Reliability

Almost every state responding to our survey and all the states we visited reported that insufficient training for caseworkers and inaccurate and incomplete data entry affect the quality of the data reported to AFCARS and NCANDS (see fig. 1). Although most states reported these as separate factors, HHS and the states we visited found that insufficient training and inaccurate and incomplete data entry are often linked. In official reviews of states' information systems' capability to capture data and report them to AFCARS, HHS advised states to offer additional training to caseworkers on several AFCARS data elements, such as recording the reasons for a child leaving foster care, to improve the accuracy of the data submitted. However, state officials told us that training is typically one of the first programs cut when states face tight budget restrictions. For example, Iowa officials told us that training has been significantly reduced in recent years because of budget cuts and new workers may wait 2 to 3 months before being trained how to enter data appropriately into their SACWIS.

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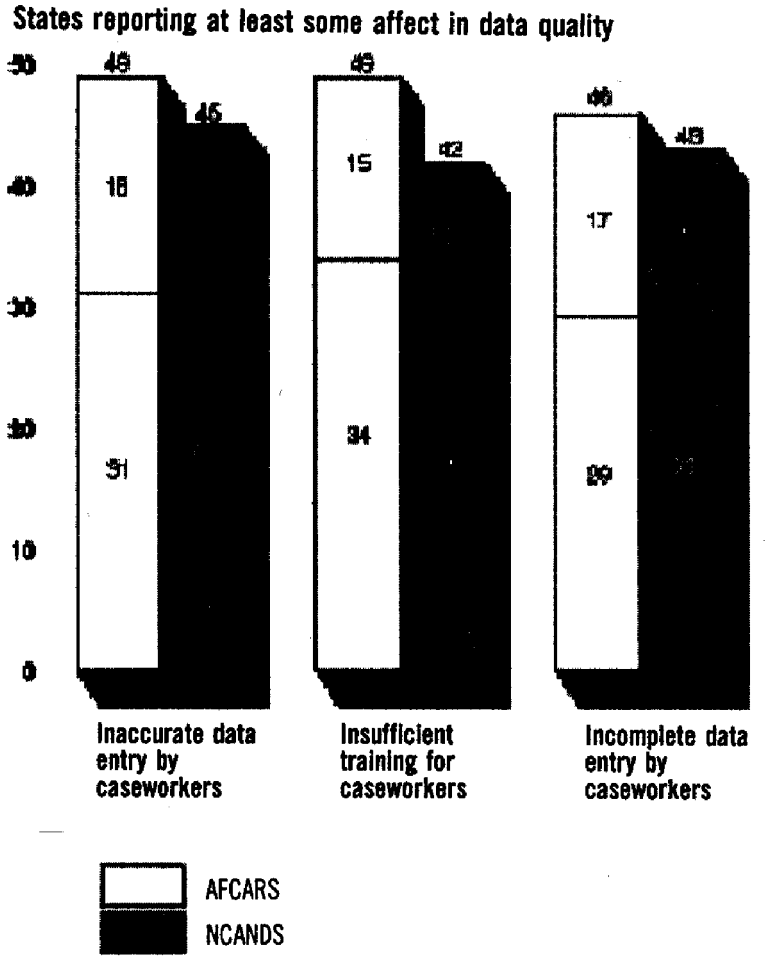
[12] In commenting on a draft of the July 2003 report, HHS indicated that a Web resource is available to states interested in learning about other states' efforts to develop human services—child welfare, food stamps, Temporary Assistance to Needy Families, child care, and child support enforcement—information systems at http://www.acf.hhs.gov/nhsitrc.

[13] Data are reliable when they are complete and accurate. A subcategory of accuracy is consistency. Consistency refers to the need to obtain and use data that are clear and well defined enough to yield similar results in similar analysis. See U.S. General Accounting Office, Assessing the Reliability of Computer-Processed Data, GAO–02–15G (Washington, D.C.: Sept. 2002).

[14] States were asked the extent to which certain problems may decrease the quality of the data submitted to AFCARS and NCANDS using the following scale: very great, great, moderate, some, and no affect.

[15] The analysis of survey responses about reporting data to HHS is based on responses from 49 states and the District of Columbia. All states, regardless of SACWIS development, were asked to complete these questions.

Figure 1: Most Common Caseworker Issues That Affect Data Quality



Source: GAO survey.

Notes: Based on responses from 50 states.

The results reported in the figure are a sum of the states that reported the issue had a very great affect, great affect, moderate affect, or some affect on the quality of state data submitted to HHS. Very great and great affect responses are represented in the top section of each bar. Moderate and some affect responses are represented in the bottom section of each bar. States not included answered "no affect," "don't know," or "no answer."

Inaccurate and incomplete data entry can also result from a number of other factors, such as caseworkers' hesitation to ask families for sensitive information. For example, caseworkers in Oklahoma reported that they did not feel comfortable asking if a child's mother was married at the time of birth or if a child is of Hispanic origin—both of which are required AFCARS data elements. In commenting on a draft of this report, Oklahoma added that caseworkers did not understand why the data elements were required and how the Federal Government used the informa-

tion. HHS noted similar issues in five states that have had an AFCARS review.[16] Caseworkers were inaccurately recording a child's race as "unable to determine" even though this option should be selected only if the child's parents or relatives cannot provide the information, such as when a child is abandoned.[17]

Caseworkers, supervisors, and managers in the 5 states we visited reported that additional factors, such as difficulties balancing data entry with the time that they spend with the families and children, contributed to inaccurate or incomplete data entry. Supervisors in Iowa explained that since caseworkers are responsible for ensuring that children and their families receive the services they need, the caseworkers tend to initially limit data entry to the information that is necessary to ensure timely payment to foster care providers and complete all other data elements when they have time. In addition, caseworkers in Colorado said that they are between 30 and 60 days behind in their data entry, so the information in the automated system may not accurately reflect the current circumstances of children in care. HHS's Inspector General recently issued a report in which more than two-thirds of the states reported that caseworkers' workloads, turnover, a lack of training, and untimely and incomplete data entry affected the reporting of AFCARS data.[18]

Technical Challenges, such as Matching State Definitions to Federal Definitions, Affect Data Reliability

In addition to data quality being affected by caseworker issues, many states experienced technical challenges reporting their data to HHS. The problems reported by states are typically a result of challenges associated with data "mapping"—matching state data elements to the federal data elements. For example, 36 states reported in our survey that matching their state-defined data to HHS's definitions affected the quality of the data reported to NCANDS and AFCARS. Similarly, 24 states reported that matching the more detailed data options available in their states' information systems to the federal data elements affected the quality of the data reported to NCANDS. Twenty-nine states reported that this issue created challenges in reporting data to AFCARS. For example, following an AFCARS assessment, HHS instructed a state that collects detailed information on children's disabilities, such as attention deficit disorder and eating disorders, to map the information to the more limited options in AFCARS, such as mental retardation and emotionally disturbed.

In many cases, states have to balance state policy with federal requirements to ensure that they are reporting accurate data to AFCARS and NCANDS, but are not contradicting their state policies. For example, Texas officials reported that although the findings of their AFCARS review instructed them to modify their SACWIS to collect, map, and extract data on guardianship placements, the state does not support guardianship arrangements.[19] In addition, a recent report from the Child Welfare League of America (CWLA) found that when reporting the number of times children move from one foster care placement to another, states varied in the type of placements included in that count.[20] For example, 29 percent of the states responding to CWLA's survey included respite,[21] 25 percent included runaways, and 16 percent included trial home visits when reporting the number of placements a child had during the AFCARS report period. According to federal guidance, the "number of placements" element is meant to gather information on the number of times the child welfare agency found it necessary to move a child while in foster

[16] For the July 2003 report, we reviewed AFCARS reports from six of the eight states that had been assessed by HHS—Arkansas, Connecticut, New Mexico, Texas, Vermont, and Wyoming. HHS conducted reviews in Delaware and West Virginia after we completed our analysis. As of October 2003, HHS had completed three additional reviews for North Dakota, Rhode Island, and Washington.

[17] In commenting on a draft of the July 2003 report, ACF said that the finding from the AFCARS reviews indicates that information is often defaulted to the response "unable to determine" in order for the element not to fail the missing data standard, not that workers are recording "unknown"; however, the report findings we used in this analysis instruct states to fix the defaults and address caseworker practice by enhancing training on the correct use of "unable to determine" when noting a child's race.

[18] Department of Health and Human Services, Office of Inspector General, Adoption and Foster Care Analysis and Reporting System (AFCARS): Challenges and Limitations, OEI–07–01–00660 (Washington, D.C.: Mar. 2003).

[19] Guardianship arrangements occur when permanent legal custody of a child is awarded to an individual, such as a relative, but the child is not legally adopted.

[20] Child Welfare League of America. National Working Group Highlights, "Placement Stability Measure and Diverse Out-of-Home Care Populations" (Washington, D.C., Apr. 2002).

[21] Respite care provides temporary child care for children away from their caretakers.

care and that by including runaways or trial home visits, a state is inflating the number of moves a child experienced.

Although HHS Has Taken Steps to Help States Improve Their Data, Some Problems with Its Efforts Exist

HHS provides technical assistance for AFCARS and NCANDS reporting through a number of resources. HHS officials in the central office and NCANDS contractor staff serve as the points of contact for states to ask questions and seek guidance on reporting child welfare data. The officials in three of the five states that we visited said that the one-on-one focused technical assistance was useful when provided in a timely fashion. Most state officials found the NCANDS data easier to report, in part because more people were available for consultation and they were more accessible and responsive. For example, states have access to four NCANDS specialists and staff in the contractor's central office when they need assistance reporting child abuse and neglect information. However, some of the states we visited reported that only one or two staff in HHS's central office are available to assist with AFCARS reporting.

In addition, the Resource Center offers states assistance with improving data quality. However, Resource Center staff reported that the assistance is geared more toward improving the limited data used in the federal review process to monitor states' compliance with child welfare laws and federal outcome measures—CFSR—rather than all the data reported to HHS. The Resource Center also sponsors an annual information technology conference during which sessions covering all data-related issues are held, including practices for ensuring data quality and outcome evaluation in child welfare. In conjunction with this conference, the HHS officials and the contractors that operate NCANDS hold an annual technical assistance meeting for states to share ideas with one another, discuss data elements that pose difficulties, and explore ways to address these problems. In addition, an NCANDS state advisory group meets annually to talk with HHS officials about NCANDS data and their experiences reporting data. From these meetings, the state advisory group proposes changes or improvements to NCANDS. HHS and state officials reported that this partnership has helped ease some of the challenges in reporting child abuse and neglect data.

HHS has also made available to states the software it uses to examine states' AFCARS and NCANDS submissions for inconsistencies and invalid data. Officials in all the states we visited said that they regularly use this software, and an HHS official said that nearly every state has used the software at least once. When the data are submitted to HHS, they are run through the same software, and HHS notifies the states of areas where data are missing or inconsistent and allows the states to resubmit the data after errors are corrected. HHS officials reported that these tests help them to identify some data quality errors, such as missing data, and said that they believe that, in general, data have improved in recent years. However, they indicated that the tests cannot pinpoint the underlying problems contributing to these errors. Furthermore, one official reported that no specific efforts have been conducted to track the individual data elements, and therefore HHS cannot report on how data quality has changed over time.

In an attempt to help states comply with the reporting standards and address some of the factors that contribute to data quality problems, HHS performs comprehensive reviews of state information systems' ability to capture AFCARS data to identify problems associated with data collection and reporting and to ensure that the information in the automated system correctly reflects children's experiences in care. The assessments include a technical review of the states' computer code, a comparison of the data from selected cases available in the information system to the case files, and an improvement plan to resolve any errors. In addition, HHS officials offer guidance to the states on improvements that can be made to the information system and changes to program code used to report the AFCARS data. HHS conducted pilot reviews in eight states between 1996 and 2000. By October 2003, HHS had conducted 11 official reviews—even though states began reporting to AFCARS in 1995. According to results from 6 of the 11 official AFCARS assessments we reviewed, no state met the reporting requirements for all AFCARS data elements. The problems noted in the reviews are similar to those of states responding to our survey and those we visited. For example, most states received ratings of 2 or 3, indicating technical and/or data entry errors that affect the AFCARS data

quality.[22] For the current placement setting data element,[23] for instance, 4 states received a rating of 2, 1 state received a rating of 3, and 1 state received a rating of 4. In Connecticut, which received a rating of 2, HHS found that, among other things, workers were not consistently entering placement information in a timely way. It also found that workers entered placement data only into a narrative field, which resulted in placement history gaps and incomplete AFCARS reports.

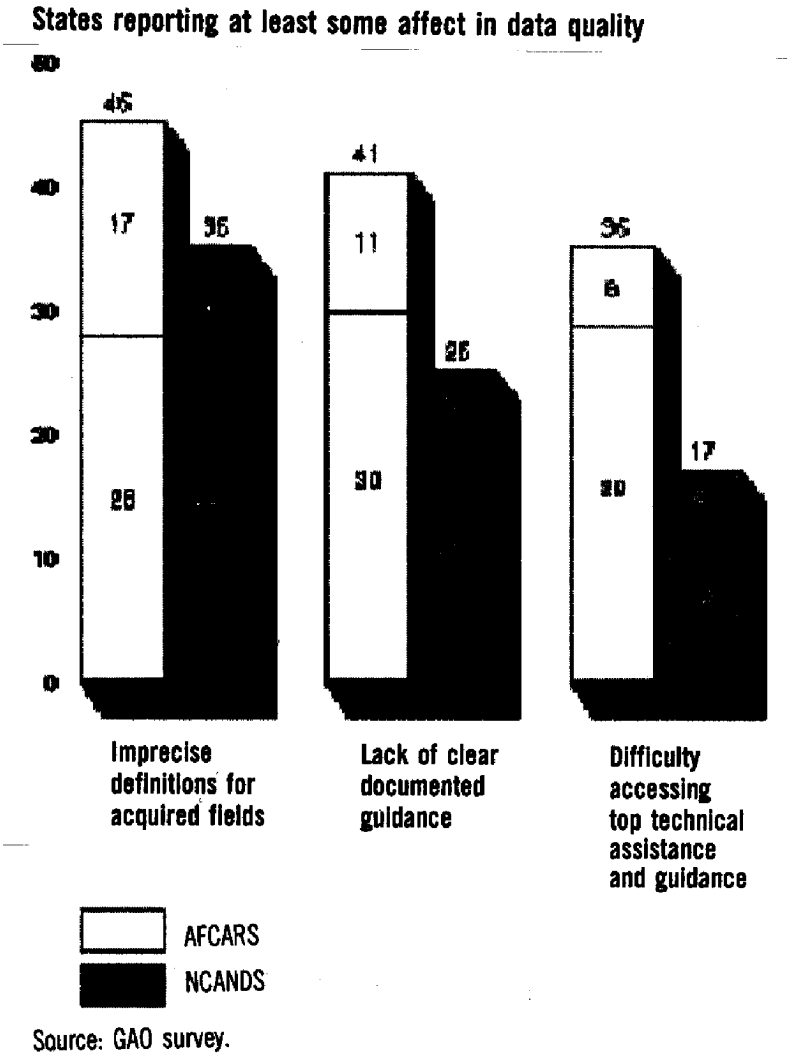
State officials in the six states for which we reviewed the HHS AFCARS assessments reported that they found the reviews useful for improving their AFCARS data submissions. In particular, they valued the thorough review by HHS officials of the computer code states use to report the data. Some of these officials reported that if all states were reviewed, the quality of data available in AFCARS would improve tremendously. However, HHS officials reported that they are not mandated to conduct the AFCARS reviews and that priority is placed on other reviews, such as the CFSR and SACWIS reviews. In addition, officials explained that the AFCARS reviews are not conducted in states developing SACWIS until the systems are operational. HHS expects to complete approximately four reviews each year, depending on available resources, and has scheduled states through 2006. Similar to the SACWIS reviews, HHS officials offer recommendations and technical assistance to states during the review on how they can improve the quality of the data reported to AFCARS.

Although the states we visited appreciated some of HHS's efforts to assist with improving state data quality, they and most states responding to our survey agreed that the assistance is not always consistent or easily accessible (see fig. 2). States reported similar information to the Inspector General—AFCARS data elements were not clearly and consistently defined and technical assistance is effective but difficult to access.

[22] HHS rates each data element using a four-point scale: (1) the AFCARS requirement(s) has not been implemented in the information system; (2) the technical system requirements for AFCARS reporting do not fully meet the standards; (3) the technical system requirements for AFCARS reporting are in place, but there are data entry problems affecting the quality of the data; (4) all of the AFCARS requirements have been met. According to an HHS official, data elements that have a combination of technical and data entry problems are rated as 2 until the technical issues are resolved. HHS will then rate the element as a 3 until the data entry practices are changed.

[23] Current placement setting refers to a pre-adoptive home, foster family home-relative, foster family home-nonrelative, group home, institution, supervised independent living, runaway, or trial home visit.

Figure 2: Federal Practices That Affect Data Quality



Source: GAO survey.

Notes: Based on responses from 50 states.

The results reported in the figure are a sum of the states that reported the issue had a very great affect, great affect, moderate affect, or some affect on the quality of state data submitted to HHS. Very great and great affect responses are represented in the top section of each bar. Moderate and some affect responses are represented in the bottom section of each bar. States not included answered "no affect," "don't know," or "no answer."

The primary concerns reported by the states we visited were delays in receiving clear written guidance on defining and reporting certain data elements and the lack of state input in suggesting changes to AFCARS. Despite the written guidance available to states in the form of regulations and an online policy manual, states re-

ported that the variation in state policies and practices makes it difficult to interpret how to apply the general guidance. As a result, states consult with HHS to ensure they are applying the regulations appropriately. However, in commenting on a draft of this report, officials in Oklahoma told us that a common concern among the states is the lack of timely response from HHS when seeking guidance on how to report data. In addition, officials in New York explained they have made it a practice to check the HHS Web site on a regular basis for current guidance but have not found it a useful tool, and may turn to other states for guidance on AFCARS reporting. In commenting on a draft of this report, HHS explained that it first refers states to its Web site for information and believes that the available guidance addresses states' concerns in most instances. In addition, the states that have had an AFCARS review experienced delays in obtaining guidance on how to proceed following the on-site review. For example, Texas officials reported that the state sought clarification on its improvement plan and submitted additional questions to HHS following the review. However, when we spoke with the state officials, they said that they had been waiting 3 months for a response on how to proceed. An HHS official told us that since the review process is relatively new, the agency is still developing a process to respond to the states and recognizes that it has not been responsive to the states already reviewed. In addition, HHS is taking steps to gather feedback from states and other users of AFCARS data to determine how to improve the system to make the data more accurate and usable. As a part of these efforts, HHS has published a Federal Register notice soliciting comments and held focus group meetings at national conferences. The difficulties states face in receiving federal guidance and assistance, as well as the other challenges they face in reporting data, may negatively affect the reliability of the data available in AFCARS and NCANDS.

States Are Using Various Practices to Overcome System Development Challenges and Improve Data on Children's Experiences

Some states are using a variety of practices to address the challenges associated with developing SACWIS and improving data reliability, although no formal evaluations of their effectiveness are available. To address the challenge of developing a system to meet statewide needs, states relied on caseworkers and supervisors from local offices to assist in the design and testing of the system. Few states reported in our survey strategies to overcome the other key challenges, such as limited funding and the difficulty of securing knowledgeable contractors, but some states we visited have devised some useful approaches. To improve data reliability, the five states we visited routinely review their data to identify data entry errors so that managers can ensure that the missing data are entered appropriately.

States Are Primarily Relying on SACWIS Users to Overcome Some of the Challenges to Completing Their Systems

To overcome development challenges, survey respondents emphasized the importance of including system users in the various phases of completing SACWIS—planning, design, development, testing, and implementation. Past GAO work and other research efforts have determined similar approaches as best practices in building information systems.[24] Forty-four of the 46 states responding to our survey that they are developing or operating a SACWIS indicated that they relied on internal users, such as caseworkers and supervisors, in the development of their systems and 34 of these states said that they were extremely helpful participants. The extent to which the users were involved in development differed across the states. For example, in Texas, caseworkers from all of their child welfare regions were recruited to provide input on design and development, as well as during initial testing, pilot testing, and implementation of the system. Arkansas reported establishing a committee made up of users to review the work plan and sign off on recommended changes.

Ten states noted that user input should not be limited to frontline workers, such as caseworkers, but should include representatives from other areas of the agency, such as the financial staff, and other agencies that serve children, such as child support enforcement.[25] While not one of the most common challenges reported in our

[24] See U.S. General Accounting Office, Executive Guide: Improving Mission Performance Through Strategic Information Management and Technology, GAO/AIMD–94–115 (Washington, D.C.: May 1, 1994); Center for Technology in Government, University of Albany, SUNY. Tying a Sensible Knot: A Practical Guide to State-Local Information Systems. Albany, N.Y., June 1997.

[25] The Child Support Enforcement Program is a joint federal, state, and local partnership that was established in 1975 under Title IV-D of the Social Security Act. Each state runs a child support program, which provides four major services: locating noncustodial parents, establishing paternity, establishing child support obligations, and collecting child support for families.

survey, New Hampshire reported that one of its challenges with meeting its SACWIS timeframe was not working collaboratively with other agencies, such as Temporary Assistance for Needy Families (TANF)[26] and child support enforcement, to develop the payment component of SACWIS. To attempt to overcome this challenge, 26 of the 46 states responding to our survey that they are developing or operating a SACWIS indicated that they included external public agency users, and 23 reported using representatives from other state agencies that serve children in developing their SACWIS.

In addition to seeking input from caseworkers and other system users while developing SACWIS, many states continue to include users as a part of the implementation teams, to serve as contacts in the field and provide ongoing assistance, and to provide input on system enhancements. Alabama responded in our survey that the state had "mentors" in each county to help caseworkers adjust to the new system. These mentors continue to provide ongoing support now that the system is implemented. Oklahoma recruits experienced child welfare field staff for its SACWIS help desk because of their knowledge of the system and child welfare policy and practice.

Although states faced other challenges in completing their SACWIS, few reported implementing approaches to overcome the barriers. According to survey results, a common problem states faced in developing SACWIS was receiving insufficient state funding for development. States did not report in our survey, however, approaches for obtaining more funding for developing SACWIS, and few states reported developing strategies in an attempt to overcome the challenges associated with tight budgets for maintaining their systems. For example, Iowa officials engaged in careful planning with system users to ensure that they addressed the highest priorities when enhancing the system. In particular, the officials reported that maintaining tight control over the development and maintenance processes helps them avoid investing inordinate amounts of resources to make corrections to the system. Similarly, few states reported on approaches to overcome the challenge of finding contractors with knowledge of child welfare practice. However, Iowa officials explained that once the contract staff are hired, they are required to attend the same training as new caseworkers to ensure that they are familiar with the state's child welfare policies and to familiarize themselves with casework practices.

States Use Strategies, such as Producing Reports That Identify Missing Data, in an Attempt to Improve the Reliability of the Data Reported to HHS

Twenty-eight states reported using approaches to help caseworkers identify the data elements that are required for federal reporting and to help them better understand the importance of entering timely and accurate data. Ten states responding to our survey reported reviewing the federal reporting requirements in training sessions as a way to improve data quality. For example, Tennessee reported that the state added a component about AFCARS to the initial and ongoing training workers receive about using SACWIS. The curriculum addresses the AFCARS report in general and the individual data elements to help the caseworkers better understand the purpose of collecting the information. In Nebraska, a "desk aid" that explains the data elements and where and why to enter them in the system is available on the caseworkers' computer desktops. In addition, New York has developed a step-by-step guide explaining to workers how NCANDS data should be entered, with references to the policy or statute requiring the information.

To improve data reliability, some states have designed their information systems with special features to encourage caseworkers to enter the information. Four states responding to our survey and three states we visited designed their SACWIS with color-coded fields to draw attention to the data elements that caseworkers are required to enter. Colorado, Iowa, New York, and Oklahoma have built into their systems alerts—also known as "ticklers"—to remind caseworkers and supervisors of tasks that they need to complete. For example, in Oklahoma, a stoplight icon on the caseworker's computer desktop reminds the worker when tasks are due. A green light indicates that nothing is due within 5 days; a yellow light means that something is due within 5 days; and a red light means that something is overdue. Caseworkers and supervisors in the states we visited had mixed responses about the usefulness and effectiveness of the alerts. Some caseworkers found them to be a nuisance, while other caseworkers and supervisors found them to be useful tools in managing workloads and prioritizing daily tasks.

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[25] In 1996, the Congress created the block grant Temporary Assistance for Needy Families program replacing the Aid to Families with Dependent Children (AFDC) and related welfare programs. States were given increased flexibility in designing the eligibility criteria and benefit rules, which require work in exchange for time-limited benefits.

Six states reported that the best way to improve data quality was to use the data in published reports and hold the caseworkers and supervisors accountable for the outcomes of the children in their care. In addition, six states responding to our survey reported using the data available in their information systems to measure state outcomes similar to the CFSR. State officials reported that this approach is an effective way to get local offices invested in the quality of the data. For example, North Carolina publishes monthly reports for each county comparing their performance on state data indicators, such as the length of time children spend in care, to counties of similar size and the state as a whole. County officials reported that these reports encourage workers to improve the quality of the data collected and entered into the state system since their performance is being widely published and compared with that of other counties.

In addition, all the states we visited reported that frequent review of their data, such as using software from HHS to test their AFCARS and NCANDS data to pinpoint data entry errors prior to submitting them to HHS, has helped improve data quality. When the states identify poor data, they alert the caseworkers and supervisors of needed corrections and data entry improvements. For example, Colorado runs these reports about four to five times a year, with one run occurring approximately 6 weeks before each AFCARS submission. When the data specialists find errors, they notify the caseworker to clean up the data.

Concluding Observations

While most states are developing statewide information systems, challenges with data reliability remain. Although SACWIS development is delayed in many states, state officials recognize the benefits of having a uniform system that enhances the states' ability to monitor the services provided and the outcomes for children in their care. Although states began reporting to NCANDS in 1990 and were mandated to begin reporting to AFCARS in 1995, most states continue to face challenges providing complete, accurate, and consistent data to HHS. In addition, the results of more recent HHS efforts, such as conducting AFCARS-related focus groups, are unknown. Reliable data are essential to the Federal Government's development of policies that address the needs of the children served by state child welfare agencies and its ability to assist states in improving child welfare system deficiencies. Without well-documented, clearer guidance and the completion of more comprehensive reviews of states' AFCARS reporting capabilities, states are limited in overcoming challenges that affect data reliability. Because these challenges still remain, HHS may be using some questionable data as the foundation for national reports and may not have a clear picture of how states meet the needs of children in their care.

To improve the reliability of state-reported child welfare data, we recommended in our July 2003 report that the Secretary of HHS consider, in addition to HHS's recent efforts to improve AFCARS data, ways to enhance the guidance and assistance offered to states to help them overcome the key challenges in collecting and reporting child welfare data. These efforts could include a stronger emphasis placed on conducting AFCARS reviews and more timely follow-up to help states implement their improvement plans or identifying a useful method to provide clear and consistent guidance on AFCARS and NCANDS reporting. ACF generally agreed with our findings and commented that the report provides a useful perspective of the problems states face in collecting data and of ACF's effort to provide ongoing technical assistance to improve the quality of child welfare data. In response to our recommendation, ACF said that we categorized its efforts as "recent" and did not recognize the long-term efforts to provide AFCARS- and NCANDS- related guidance to the states. Although we did not discuss each effort in depth, we did mention the agency's ongoing efforts in our report. ACF also noted in its comments that the data definitions need to be updated and revised and said it is currently in the process of revising the AFCARS regulations to further standardize the information states are to report—which we acknowledged in our report. ACF also commented that it is firmly committed to continue to support the states and to provide technical assistance and other guidance as its resources will permit. ACF commented that it provided increased funding to the National Resource Centers in fiscal year 2003, and it believed that this increase will improve ACF's ability to provide assistance to the states. After receiving the draft report for comment, HHS separately provided information on an additional service the National Resource Center for Information Technology in Child Welfare provides to states. More recently, HHS said that it would be creating policy guidance that will delineate what will happen if a state fails to complete its SACWIS within a reasonable time frame.

For example, funding may become contingent on successful completion of specific milestones.

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 Cornelia M. Ashby at (202) 512–8403. Individuals making key contributions to this testimony include Diana Pietrowiak and Sara Schibanoff.

Related GAO Products

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Child Welfare: Most States Are Developing Statewide Information Systems, but the Reliability of Child Welfare Data Could Be Improved. GAO–03–809. Washington, D.C.: July 31, 2003.

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Chairman HERGER. Thank you. We will now hear from Ms. Jill Baker, Program Manager of Child Protective Services for the Norfolk Department of Human Services.

STATEMENT OF JILL BAKER, PROGRAM MANAGER, CHILD PROTECTIVE SERVICES, NORFOLK DEPARTMENT OF HUMAN SERVICES, NORFOLK, VIRGINIA

Ms. BAKER. Thank you. Good afternoon, Mr. Chairman, Ranking Member Cardin, Members of the Subcommittee. My name is Jill Baker. I manage the Child Protection and Family Preservation programs for the Department of Human Services in the City of Norfolk, Virginia. I have been involved in the investigation of child abuse and neglect since 1978, first as a worker, then as a supervisor, and now as program manager.

My testimony today will focus on three key areas. First, the improvements SACWIS has brought to social work practices; second, how SACWIS can sometimes hinder innovation; and, third, how vast improvements can be achieved if SACWIS rules were more flexible. The use of information technology has been a welcome additional resource to our toolbox in protecting children from abuse and neglect. These systems have moved us from a requirement that social workers complete their paperwork within 90 days, to an expectation that information will be within the system within 24 hours. We still have great distances to go.

In Virginia, the State operates a program known as Online Automated Services Information System (OASIS). I would like to share an example of how OASIS has helped us protect children. Recently, we received a call from a local hospital about a child who was born exposed to cocaine. The mother also tested positive. Through OASIS, we were able to immediately identify that this mother had four other children who had been removed from her care by Virginia Beach child protective workers, and placed with relatives due to the mother's substance abuse and subsequent neglect of her children.

Prior to OASIS, we would have had to make a call to Richmond to identify whether there were any records of past child welfare involvement in the State. Richmond would provide us with responses to some of our questions, and we would then have to call another locality, asking them to pull the old case file and send us the information. This process usually took weeks. With OASIS, we had access to the information instantly; and the child was placed in our custody before the infant left the hospital. Unfortunately, OASIS is limited, and what it does provide requires intensive data entry time. A worker will enter information into an average of 53 screens for a child protective services investigation, and more than 65 screens for a placement in foster care.

Please take a look at the graphics attached to my prepared testimony, developed by the City of Arlington. The first graphic shows a typical family that we encounter—a mother with three children and five grandchildren. The next few charts show all the different systems that collect information about these family members. In this case, the family had to give the same basic information to at least 14 different people operating in different programs, sometimes within the same agency. Although the information should be shared, it is not consistently provided between programs, and requires substantial, redundant efforts on behalf of service providers.

Other issues that prevent us from fully benefiting from the intent of the SACWIS programs are a lack of interaction with local payment systems, the inability to produce management reports, prevention of system improvements, information that is not accessible in real time, and information that is unavailable to other relevant systems. The system only allows social workers involved in child protective services and foster care to enter information. It excludes family prevention services, benefits programs, daycare services, court-ordered services, juvenile justice services, adult protective services, and the schools. These partners need the ability to report their involvement in a single, shared database to more effectively serve our families.

The City of Norfolk is working on mechanisms to provide patches to a troubled system, so we can improve our ability to planning the child welfare program. To address the real time and access reporting issues, we have adopted the KIDSLINE, which tells us within 2 hours of accuracy the precise location of all children in our custody as well as generates a variety of reports. The KIDSLINE and its staff will automatically update the benefits, payment, and OASIS systems to ensure accurate payments and appropriate support to children's families.

We are also seeking a unified case management system that would allow workers from various programs and partner agencies to enter demographic information just one time—and the system would automatically populate additional systems as required. It would work with OASIS to report the exact same data elements to the State and Federal Government, but without having to enter information into separate systems. We respectfully request that this Committee work with the Department of Health and Human Services, States, and localities to make certain changes to SACWIS rules that will enable local governments to develop a holistic system for serving families without harming statewide reporting needs. These recommendations are described in detail in the second attachment to my prepared statement.

As has been made clear by recent tragic events in New Jersey and Florida, we know that you have to be asking the question: how come nobody knew this was going on? The answer in too many cases is, the true picture was like a jigsaw puzzle. There were many different people holding separate pieces of the puzzle, without knowing how to put the whole picture together. Our information systems are the solution to this problem, and we need your help to implement them. Thank you for your time and attention to this important issue. I am happy to answer any questions you might have.

[The prepared statement of Ms. Baker follows:]

Statement of Jill Baker, Program Manager, Child Protective Services, Norfolk Department of Human Services, Norfolk, Virginia

Good afternoon, Mr. Chairman, Ranking Member Cardin, Members of the Subcommittee. My name is Jill Baker. I manage the Child Protection and Family Preservation programs for the Department of Human Services in the City of Norfolk, Virginia. I have been involved in the investigation of child abuse and neglect since 1978; first as a worker, later as a supervisor, and now as Program Manager.

My testimony today will focus on three key areas: 1) The improvements SACWIS (Statewide Automated Child Welfare Information System) has brought to social work practice; 2) how SACWIS can sometimes hinder innovation; and 3) how vast improvements can be achieved if SACWIS rules were made more flexible.

1) SACWIS Has Brought Positive Changes to Social Work Practice

By way of background, Virginia operates a locally-administered, state-supervised human services system. The City of Norfolk is a medium sized urban city of 230,000 with a poverty rate of 19%. We are closely connected to several other localities in the Southeast corner of Virginia known as Hampton Roads with a population of 1.5 million.

The use of information technology has been a welcome additional resource to our toolbox in protecting children from abuse and neglect. These systems have moved us from a requirement that social workers complete their paperwork within 90 days to an expectation that information will be "in the system" within 24 hours of the social worker taking any action on behalf of a child or family. But, we still have great distances to go.

In Virginia, the State operates a system known as "OASIS," or Online Automated Services Information System. This system came to us in 1998, taken from Oklahoma's SACWIS system, called KIDS.

I'd like to share an example of how OASIS has helped us in protecting children. Recently, we received a call from the local hospital about a child who was born exposed to cocaine. The mother also tested positive. Through OASIS we were able to immediately identify that this mother had four other children who had been removed from her care by Virginia Beach child protective workers and placed with relatives due to the mother's substance abuse and subsequent neglect of her children. Prior to OASIS, we would have to make a call to Richmond to identify whether there were any records of past child welfare involvement in the State. Richmond would provide us responses to certain questions, and we would then have to call the other locality, ask them to pull the old case files (usually in closed case storage) and mail or fax us the information. This process usually took weeks. With OASIS, we had access to the information instantly and the child was placed in our custody before the infant left the hospital. We were able to develop a treatment plan immediately and used OASIS to document and review all actions taken to protect this child.

2) Some Systems Hinder Innovation

Unfortunately, OASIS is very limited and what it does provide requires intensive data entry time. A worker will enter information into an average of 53 screens in a child protective services investigation and more than 65 screens for a placement in foster care.

If this mother had not been referred to child protective services, but had been provided treatment for substance abuse, referred to truancy programs for her older child, or been involved in other non-CPS programs, we would not have had a way to access this information.

Please take a look at the attached graphic developed by the City of Arlington. The first graphic shows a typical family that we encounter—a mother with three children and five grandchildren. The next graphic shows all the different systems that collect information about these family members that would be important for our social workers to know. On the following page, you see the different information systems that we largely do not have access to that would have to be queried in order for us to understand the whole picture of the family. This is also a burden on the family members and on children who may have to revisit painful events multiple times. In this case, the family had to give the same basic information to at least 14 different people operating in different programs, sometimes even within the same agency. Although the information should be shared, it is not consistently provided between programs and requires substantial redundant efforts on behalf of service providers.

Other issues that prevent us from fully benefiting from the intent of the SACWIS program are:

- *Lack of interaction with local payment systems:* As children move between foster homes or back to their biological parents, information has to be separately entered to make sure that the right caretakers receive payments. Unfortunately, this doesn't always happen promptly leading to payment errors and fraud.
- *Inability to produce management reports:* For a locality to run searches about trends in child abuse and neglect and foster care, we have to request a report from the State. Basically, what we put in, we can't get out without asking nicely.
- *Prevention of system improvements:* The State of Virginia is currently seeking to adopt the Structured Decision Making model (SDM) in our child welfare programs. This is a research-based tool to uniformly identify risk levels by caseworkers in the field. We have been notified that SACWIS rules prevent us from implementing this proven best practice as it cannot be entered into OASIS and would require us to operate a separate "stand alone" system.
- *Information is not "real time":* We have to wait for two months past the most recent quarter to receive generic reports. The most recent data available to us is from June. This prevents us from quickly identifying and responding to any changing trends.
- *Information is unavailable from other relevant systems:* OASIS does not link to our local TANF, Food Stamps, and Medicaid systems, or provide us with information on IV-E eligibility. These systems must be searched separately in order to ensure that the child has or maintains access to important benefits. These systems can also provide important information about family history, potential relatives that might care for a child, and basic information such as most recent address.

- *Limited program inclusion:* The system only allows social workers involved in child protective services and foster care to enter information. It excludes family prevention services, benefits programs, day care, court-ordered services, juvenile justice services, adult protective services, and the schools. All of these partners need the ability to report their involvement in a single, shared database in order to more effectively serve families.

3) Local and State Governments Can Develop Solutions If Empowered to Do So

The City of Norfolk is working on mechanisms to provide "patches" to a troubled system so that we can improve our ability to manage the child welfare program. In order to address the "real time" and access to reporting issues, we've adopted the KIDSLINE—which tells us within two hours of accuracy, the precise location of all children in our custody, as well as generates a variety of reports. The KIDSLINE and its staff will automatically update the benefits, payment and OASIS systems to ensure accurate payments and appropriate support to children and families.

We are also actively seeking a unified case management system that would allow workers from various programs and partner agencies to enter demographic information just one time and the system would automatically "populate" additional systems as required. It would work in concert with OASIS to report the exact same data elements to the State and Federal Government but without having to enter information into separate systems.

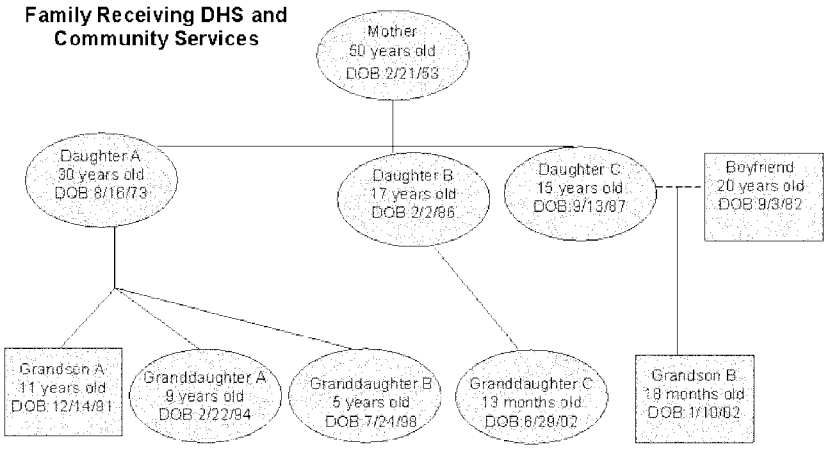
This case management system would improve caseworker efficiency, save administrative costs, and vastly improve service delivery to families. The technology is currently available, and we are prepared to fund its development and implementation, alone if necessary. However, we have been instructed by the State and HHS regional officials that again, this would constitute a violation of SACWIS rules and would result in the State having to repay the entire Federal investment in OASIS. The State routinely invests millions in making incremental adjustments to OASIS but will readily admit that it is years away from reaching basic SACWIS requirements such as connectivity to TANF, Medicaid, and Food Stamps programs, not to mention the local payment systems.

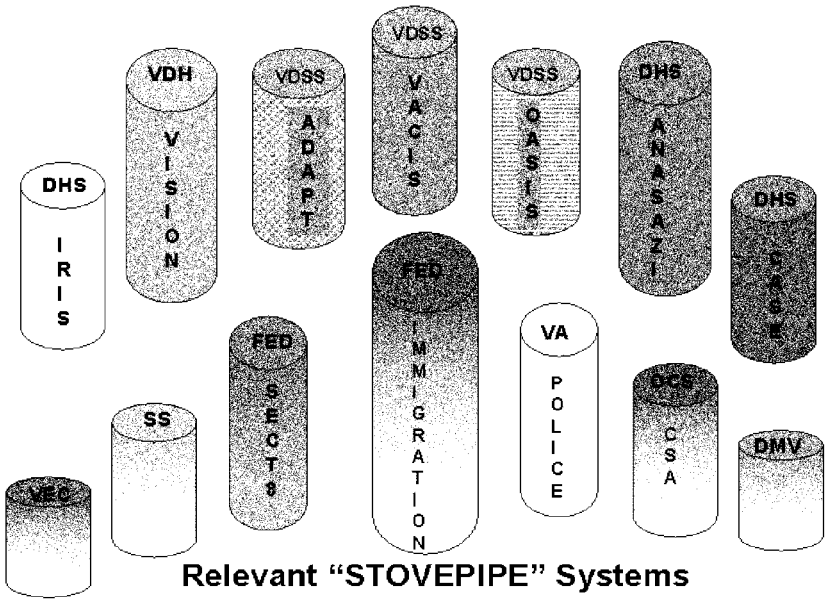
We believe that both the State and HHS would like to see this type of approach adopted as it is obviously beneficial to all parties. However, both the State and HHS have indicated they believe their hands are tied by the SACWIS rules. We respectfully request that this Committee work with HHS, the States and localities to make certain changes to SACWIS rules that will enable local governments to develop a holistic system for serving families without harming statewide reporting needs. These recommendations are described in detail in Attachment 2. As has been made clear by recent tragic events in New Jersey and Florida, we know that you have asked the question "how come nobody knew this was going on?" The answer in too many cases is that the true picture was like a jigsaw puzzle—there were many different people holding separate pieces of the puzzle without knowing how to put the whole picture together. Our information systems are the solution to this problem and we need your help to make them the answer.

Thank you for your time and attention to this important issue. I am happy to answer any questions that you may have.

ATTACHMENT 1

Courtesy of the City of Arlington, Department of Human Services

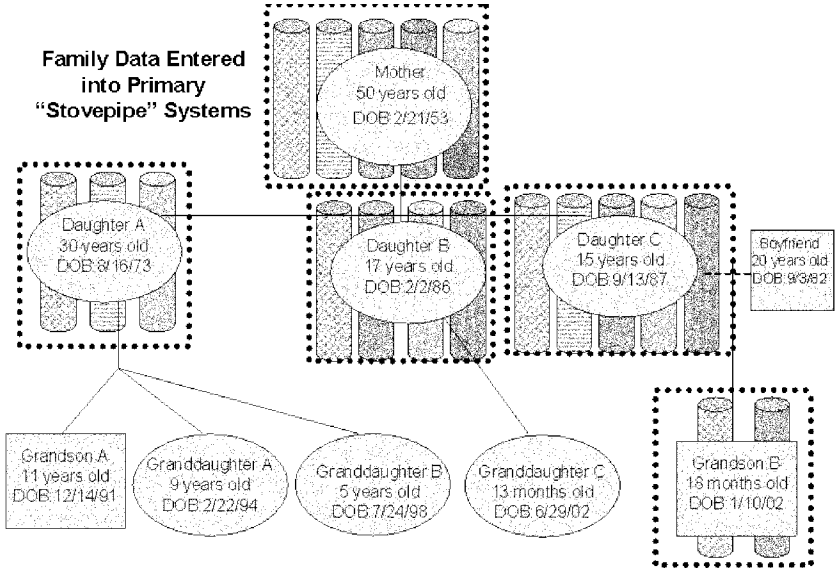




Relevant "STOVEPIPE" Systems

Summary of DHS Services By Family Member

Primary Stovepipe	Mother	Daughter A	Daughter B	Daughter C	Grandson B
[illegible]	TANF Food Stamps Housing Medicaid	TANF Food Stamps	TANF Food Stamps	TANF Food Stamps Housing Medicaid	TANF Food Stamps
[illegible]	Child Protective Services	Closed – Child Protective Services		Child Protective Services and Foster Care	
[illegible]	Childcare		Childcare	Childcare	Childcare
[illegible]		WIC Closed – Child Protective Services, [illegible]	[illegible]	[illegible]	
DHS – ANASAO	Outpatient Mental Health Treatment		Outpatient Mental Health Treatment	Inpatient Mental Health Treatment	



Community Partners

ATTACHMENT 2

DETAILED RECOMMENDATIONS

Norfolk Department of Human Services

1) Congress or HHS should clarify under SACWIS that a "single statewide system" refers only to the infrastructure for reporting by localities to the State and Federal Government. "Statewideness" is not impaired if a locality adopts differing user interfaces, so long as the reporting continues to operate through the single statewide system.

2) AFCARS and other data captured through the SACWIS system must allow localities (those entering the data) to access and generate reports using technical tools available to the locality.

3) Financial penalties should not be levied against a State if it elects to allow local governments to pilot modifications to its system before developing statewide approaches.

4) Congress should provide HHS with regulatory flexibility to waive certain SACWIS requirements in order to promote demonstration projects that integrate reporting/data systems while protecting the basic infrastructure of the statewide system.

Chairman HERGER. Thank you, Ms. Baker. Now, Mr. Robert McKeagney, Vice President for Program Operations for the Child Welfare League of America.

STATEMENT OF ROBERT MCKEAGNEY, VICE PRESIDENT, PROGRAM OPERATIONS, CHILD WELFARE LEAGUE OF AMERICA

Mr. MCKEAGNEY. Thank you, Chairman Herger, Mr. Cardin, Members of the Subcommittee. I am pleased to be here today to talk with you about this important issue. I bring four distinct perspectives to my comments this afternoon. Over the last decade, I have had the privilege to work as a national consultant in one way or another, and have worked with virtually all of the 50 States on the meshing of information systems and direct practice. Prior to that, I worked for 20 years in the Main Department of Human Services—in the State of Main—for many of those years as the Deputy Commissioner for Programs. Prior to that, I was a regional program manager, beginning my career as a caseworker investigating abuse and neglect cases, and placing children in foster care.

To understand these systems and how they work, I think you need to blend all of those perspectives. Unlike a number of other human service information systems we have built over the years, the SACWIS and its predecessor systems are really intended not only to support Federal reporting—which they have done, if not perfectly, then substantially well, and increasingly better over the years—but also, to drive internal accountability systems that are used by program managers within systems. Most importantly, and I think most confoundingly to most of us, they also support the basic case management process within States.

We have 50 different information systems in this country, because we have 50 different sets of laws. We have 50 different organizational configurations, and 50 different work processes in place. The reason it takes so long to design a SACWIS is because the people who are operating that system need to understand in detail what it takes to protect children. The Child Welfare League is

deeply engaged every day with people in States. Under a contract with the Children's Bureau, we operate the National Resource Center for Information Technology, where we provide technical assistance to the States in terms of their use of SACWIS information, including how they report out their performance in regard to the Child and Family Service Reviews.

Our National Data Analysis System engages all 50 States in ongoing discussions of data quality. You would not want to sit around the table while those discussions are being conducted by some of those folks, but it is important work they are doing. Most recently, we have also initiated a project, which you have funded through the Children's Bureau, to review the causes behind this problem of children missing from foster care. Early next year, we will be bringing together a group of representatives of the States to begin that discussion. The State of Florida is a partner with us in that process, as is the National Center for Missing and Exploited Children.

We expect to hear problems about the technology, and the types of things that are being reported. We expect to hear a lot about definitions of terms—as to what actually is a "missing child." Is it a child who has run away; is it a child whose identification number is lost, for whatever reason, and is confused with another identification number; or is it, in some cases, a child who has actually dropped off the radar screen or been abducted by a relative? Depending on what the answers to some of those questions are, there are very different solutions that need to be worked out. This brings me ultimately to what I think is a fundamental point from the perspective of the Child Welfare League of America. No matter what kind of system we put in place, it is not going to be any stronger than the skills and the resources of the people who are driving that system.

The most important part of our national child welfare system is the people who are out there actually seeing children. Children who are missing within our information systems often are simply miscoded within our system—or there is delayed data entry because the folks who are doing most of this work do not have enough time to do it. Training, of course, is needed. Yet, more than anything else, we need to give them enough time to make the basic observations that need to be made. They need an opportunity to put those observations in the electronic systems, so their managers can indeed verify that they are out there doing the work that needs to be done. Ultimately, they need to be able to hold them accountable. We can't do that unless we give them enough time, tools, and the resources they need to do that job.

We think there is a lot of improvement that is needed in the current national information system. However, each of the 50 States is heavily invested in working within that system. We would like to encourage the Children's Bureau to continue its efforts to improve the quality of that data, and to continue to provide additional assistance to the States as they move forward. I would be happy to answer any questions. Thank you very much for your time.

[The prepared statement of Mr. McKeagney follows:]

Statement of Robert McKeagney, Vice President, Program Operations, Child Welfare League of America

My name is Robert McKeagney, I am the Vice President for Program Operations for the Child Welfare League of America (CWLA). CWLA welcomes this opportunity to testify on behalf of our 1,000 public and private nonprofit child-serving member agencies nationwide for the hearing on "Improved Monitoring of Vulnerable Children." We appreciate the interest this Subcommittee and other members of Congress have demonstrated to better ensure the safety of children. As underscored by the recent case in New Jersey, as well as other instances of abuse and deprivation that have come to public attention, we have not yet implemented a national child welfare system that offers sufficient assurance that all children will be protected.

The focus of today's hearing is on the capacity of state child welfare agencies to effectively monitor the status of children in their care through the use of data within automated information systems, and to consider necessary improvements.

I am going to speak to you today from the combined perspectives of four vantage points. I have been fortunate during my career to have worked as a:

- National consultant during which time I have had in-depth working relationships with a substantial number of state child welfare programs and have been engaged in numerous reviews of national data quality;
- State administrator with responsibility for a broad range of federally funded programs;
- Child welfare program manager and supervisor at a local level; and
- Caseworker who investigated abuse and neglect complaints and managed foster care cases.

Within the context of each of these roles, I have had the opportunity to be involved with the design and use of child welfare information systems. These experiences have led me to believe that the most useful and accurate understanding of the challenges we face in this area must be based on these multiple perspectives.

CWLA is engaged on a daily basis with states in efforts to improve data management in support of a standard of direct service practice that will lead us to a consistently high level of safety and care for all children. Under contract to the Children's Bureau, CWLA hosts the National Resource Center for Information Technology in Child Welfare (NRCITCW). This national resource center works with states around the implementation of SACWIS systems and their preparation for the federal Child and Family Service Reviews (CFSR). CWLA's National Data Analysis System (NDAS) works with states in cooperation with the U.S. Children's Bureau to create better understanding of the information that is already being reported on an annual basis. All fifty states (plus the District of Columbia) have been involved in an NDAS National Working Group that has conducted intensive reviews of federal reporting requirements and the comparability of information being reported by the states.

Most recently, CWLA has begun work on a federal grant to examine questions that have been generated by cases of children reported missing from foster care. In cooperation with the National Center for Missing and Exploited Children, the state of Florida, and representatives of other states, we will examine policies and practices to develop models that will aid states in maintaining more effective tracking systems. This will include strategies to ensure adequate tracking of the location of children and youth in care and that regular visits occur. We will examine the use of SACWIS systems, the effectiveness of state reporting procedures, and the roles of casework staff and foster parents in overseeing the well-being of children.

Our work in this area will attempt to address a number of issues. As part of this project, we are examining definitions such as when a child is considered "missing" or "runaway"; looking at cases of children missing from foster care; parental abductions; and situations where a child's location may be unknown to the child welfare agency but may be known by the local law enforcement agency. Prevention issues will also be examined, including a child's risk for abduction, the stresses that may cause a child in foster care to leave, and the supports that may help these children at risk. Workforce issues will also be reviewed to ensure that caseworkers can monitor children and are properly trained so that incidents of runaways can be prevented.

Influences on the Information Systems

State child welfare information systems are largely defined by two major factors.

- Federal reporting requirements that include the broad framework within which specific data elements are defined and the overall functional capacity of an acceptable system. In relationship to these requirements, the implementation of the Child and Family Services Reviews (CFSR) as part of a heightened national

effort at measurement and accountability, has reinforced the already powerful influence of this mandate.

- The unique needs of individual states, particularly as they apply to the demands of case management and individual financial record keeping.

This results in a national child welfare information system that is actually a collection of fifty-one different systems bound together principally by the need to report a core set of data elements to the Federal Government. Otherwise, the systems have evolved to be responsive to such things as unique state case practice standards; differing levels of authority between state and local jurisdictions; varying roles among state agencies; and the demands of well-established state finance and management systems. This has certainly reflected a sound strategy, given the differences among states. However, it has increased the overall complexity associated with the design and implementation of improved systems.

This degree of difficulty is reflected by the current status of state implementation of federally mandated SACWIS systems. Only five states have completed their SACWIS systems, despite the availability of federal funding at 75% of costs in 1993–1997, and the ongoing availability of 50% cost sharing. Another twenty-one states have achieved operational status but are at various stages within the assessment process. An additional twenty-one states are in planning, implementation, or pre-assessment status. Four states have not initiated any SACWIS activity.

Current Requirements of a State Information System

A quick review of the specific requirements that states must meet highlight the inherent complexities they face. Each system must incorporate at least eight different categories or "modules". Within each of these categories or modules there is additional information that is gathered or recorded.

The eight areas of data include: intake such as the initial screening, investigation and assessment; eligibility, which also includes future re-determination of eligibility; case management, including a service plan, a review and on-going monitoring of the case; resource management which includes support for facilities, foster homes, and adoptive homes; court processing requirements which includes court documents notifications, tracking in the courts, and interaction with the Indian Child Welfare Act (ICWA); financial management of funds being spent; administration of the program; and interfaces with other systems and programs such as TANF, child support, Medicaid, and the child abuse and neglect data system. There are also optional features or systems that may be linked, such as state licensing, the state education system, and juvenile justice systems.

When all of this is put into practice, a system must have an effective operational capacity to do three principal things. It must support:

1. State compliance with federal reporting requirements, including documentation of the states ability to meet federal outcome standards under Adoption and Safe Families Act (ASFA).
2. Program management and decisionmaking, including provision of data necessary to track and analyze both short and long term indicators of individual and system performance.
3. Case management on an ongoing daily basis.

The requirement to perform case management functions is perhaps the most important thing to appreciate about state information systems, particularly those designed to comply with SACWIS requirements. These systems are not simply for reporting purposes. They also must be fully integrated into the daily work of thousands of direct service staff as tracking and decisionmaking tools. Complete, accurate, and timely information about the status of individual children is essential to the process of providing supervision and care to children. The need to bring this capacity to life places a much higher demand on states at both the design and maintenance levels than would be the case if their information systems were simply reporting tools.

This level of information is exactly what an effective system of care demands, whether it is provided electronically or otherwise. A principal benefit of automated information systems, however, is to make it far more difficult to overlook a missing data element or step in a process. Consequently, the real cost of securing and maintaining this information becomes much clearer as the systems begin to generate long lists of missing information. This has heightened our awareness of the need to get beyond the admittedly complex technological aspects of the systems and to meet the even greater challenge of integrating these mandated information components into the ongoing casework process.

Each system is ultimately dependent on the skill and sophistication of the thousands of front-line caseworkers and supervisors, who are their principal users. This

essential fact is at the root of both the effective use and the misuse of state information systems as tools in ensuring the safety and well-being of children. Individual children are protected through the actions of responsible adults, including child welfare caseworkers. Therefore, responsible and competent use of the data is the critical element in all information systems.

State tracking and case management systems are only as good as the information entered by caseworkers. The quality of this information is, in turn, a product of two key variables:

- capability of the caseworker, with support from a supervisor, to observe, gather, and evaluate pertinent information.
- investment of sufficient time, with complementary skill, to enter accurate and complete information into the automated system.

An information system becomes an effective tool when high quality information is produced and applied to future decision-making, both in terms of children's needs and system accountability. Through a lens of child safety, this means that caseworkers must refer to prior records and place their current observations in the informed context of past patterns. Supervisors must do the same, but apply the same principles to the conduct of their staff as well as to children in their care. Finally, state administrators need to review timely reports of key system activities and events. They need to supplement this with solid longitudinal outcomes information in order to assure themselves that ongoing performance is consistent with both state and federal policy standards. Most importantly, everyone from caseworker to department head should be seeing comparable information and be fully aware that they are all managing to the same outcomes. This requires considerable skill at all levels, investments of time in analysis and communication, and a reasonably sophisticated institutional ability to package and present information. However, it also serves to transform data to increased knowledge and accountability.

I would like to share just a few examples of all too common SACWIS issues that negatively impact the ability of the case manager to make well informed decisions about the safety of children in out of home care and their needs for services and supports.

In many states (because definitions are state-specific), relatives are not licensed foster care providers and as such do not receive provider payments for the care of a child. Placements needing provider payments are entered into the computer in a more timely fashion that those placements not receiving payments. When caseloads are high, workers are forced to triage their time and children placed with relatives can, frequently, receive less attention from the case manager than is given to the paid providers resulting in service needs not being met and, possibly, unaddressed safety issues.

Data entry also occurs to support the generation of a payment to doctors and psychologists who provide services to a child. Again, when a worker prioritizes his/her time, a note about a visitation with a child may be delayed, as it does not directly affect a payment. Delayed entry could endanger the safety of a child if patterns of caretaker behavior are not promptly recorded and viewed in conjunction with prior notations.

All systems, regardless how well planned, developed and implemented, rely on the input provided by the human case manager. "Garbage in, garbage out" is an issue in the use of any automation system, but is proportionally increased when a system is not completely and fully utilized to its designed capabilities. When a child death, for example, is reported for a Child Protective Services investigation there are detailed procedures for the steps to take in the investigation of the death. Most procedures, however, do not include specific direction to make certain data entry notations in the automated computer system. Data entry can easily be neglected entirely or entered days, weeks, or even months later which calls into question the quality of the information. Incorrect, delayed or non-entry of information could endanger the life of other children in a family if an alleged perpetrator is not properly identified with the computer.

Due to the high level of case manager turnover, more reliance is put on the "memory" capacity of the computer system. When a child who is removed from home reenters care the decision-making about placement options, services, and treatment is enhanced by the information about the prior experience in care. A properly trained case manager with a well designed computer system and time can find the prior record on a child and link the information, thus creating an accurate historical record to use in decision-making. A case manager with a poorly designed system, with little or no training and time, may not properly search within the computer records Or not search at all and create a new record, making it appear as this is the first time the child has entered care. The history trail of a child is lost when

a duplicate record is created, and needed medical, social, psychological, and educational records are not available to support the case manager's worker efforts.

The practical challenges facing state child welfare systems are well represented by the dynamics behind the well-publicized issue of children missing from foster care.[1] In the spring of 2002, the issue of children missing from care received national attention as a result of a case in Florida. After that, additional states began to survey their systems and also concluded that not all their children in care were accounted for. Michigan determined that 302 children were missing. In California over 700 children were unaccounted for. In the fall of 2002, the 393 children under the supervision of the Florida Department of Children and Families who were unaccounted for and classified as missing were separated into two major categories: 86% were identified as runaway (voluntary) and 14% were identified as endangered/parental abductions/involuntary. These represent two very different types of practice challenges. However, the information management needs are similar.

Unfortunately, current administrative data on foster care does not answer many questions about children missing from care. First, is the issue of *definitional clarity.* Different definitions result in different conclusions about the scope of the problem. These definitions vary by type of absence, type of out-of-home care, duration of the absence from care, and avenues of exiting care. With attainment of greater definitional clarity, agencies could develop the capacity and methodology to capture, analyze and share the individual, environmental, and systemic factors that increase and diminish the risks of children missing from care. This would lead to greater clarity about the practice responses that would be effective.

Research highlights the need for detailed recording and monitoring of all unauthorized absences and for improved coordination between child welfare and law enforcement to develop more effective reporting, response, and tracking procedures. The development of formal protocols at the local level may help to establish clear procedures, including explicit criteria for risk assessment; assist the development of an integrated practice framework consistent with child protection principles; and provide a basis for monitoring and reviewing patterns of absences. This is a significant challenge, not only in regard to design of information systems, but also in terms of interagency and inter-jurisdictional coordination, development of effective intervention strategies, and in staff training.

States, even those with currently approved SACWIS systems, have a great deal more to accomplish in fully implementing information systems that meet all of the demands of federal reporting, agency management and accountability, and case management. There are still significant technological challenges, both for those states still designing systems and others who are in need of upgrades for existing systems. The most daunting challenges, however, remain with the "human factor." Caseworkers are the most important ingredient in achieving success with these systems. Additional investments in reducing workloads and improving the capacity of frontline staff to integrate information management methods into sound case practice are necessary.

Given the complexity of these systems, it will be necessary to maintain strong federal leadership for years to come. States will continue to require support in the form of funding, technical assistance, training, and development of clear standards for both practice and data management.

Recommendations for Improving the Monitoring of the Safety and Well-Being of Children in the Child Welfare System

The many efforts in which CWLA engages with the states and the private child welfare agencies have led us to draw several primary conclusions about actions that can be taken to strengthen the national approach to monitoring the safety and well-being of children in foster care.

1. The U.S. Children's Bureau should be encouraged in its continuing efforts to improve the quality and consistency of federal child welfare reporting. It should continue its consultation with CWLA's National Working Group and other groups representing the states.
2. The U.S. Children's Bureau should continue its work with states through the CFSR and Program Improvement Plan process to improve the quality of child welfare services. It should continue to examine current outcome indicators and

[1] According to the U.S. Department of Health and Human Services (2003), of the 542,000 children in foster care on September 30, 2001, 9,112 children in care or 2% were identified as runaway. Of the 263,000 children who exited foster care during FY 2001, 5,219 children (2%) exited the system as runaways, and 437 of the 126,000 children classified as waiting to be adopted on September 30, 2001 were runaways.

standards to further strengthen the connection between the CFSRs and child outcomes.

3. States should be provided with additional support in their development of practical management reports and integration of SACWIS data into their operational management and quality assurance systems. Enhanced resources should be provided to support training in the use of various data analysis methods and the application of data-driven decisionmaking techniques.
4. Front-line staff should have access to ongoing training and enhanced resources to support the integration of case reporting into the casework process. This should include:
   - basic and advanced use of automated systems;
   - caseworker and supervisor case and caseload management reporting functions;
   - development of policies and skills to support integration of data-driven techniques into casework process; and
   - access to new technology (PDAs; voice recognition recording equipment, etc.)
5. Caseloads should be reduced to acceptable standards. Caseworkers and their supervisors must have sufficient time to do rigorous, high quality work. Data quality and the effective application of information to case management and decisionmaking depend on thoughtful, thorough work. Too many caseworkers are still forced to cut too many corners. In general, the quality of case data is the first victim of an overburdened staff. The U.S. Children's Bureau should work with the states to develop a clear set of standards to serve as reference points for quality work and acceptable caseloads.

Additional Systems Improvements Needed

The child welfare system, as currently constructed, cannot protect all children adequately. Failures occur. They are not limited to any single state. These failures to protect children will continue to occur until we put into place a comprehensive child protection system.

In addition to improving the ability of child welfare agencies to keep reliable data on the children they serve, the national child welfare system continues to be in need of:

- A reliable, responsive, and predictable method of guaranteed funding, for a full range of essential services, as well as placement and treatment services.
- A means of maintaining consistent focus on safety, permanency, and well-being as outcomes for children.
- Rigorous standards combined with strong federal and state accountability mechanisms.
- Recruitment and support of adequately trained child welfare professionals, foster and adoptive parents, mentors, and community volunteers.
- Resources that enable parents to provide adequate protection and care for their own children.

New Resources are Needed for an Array of Services

Child welfare agencies need to be able to provide a broad range of services to children who have been abused or neglected and to help ensure stability for them while they are in foster care and after they leave foster care.

- Increased support for primary prevention services can prevent many families from ever reaching the point where is child is removed from the home.
- Support for reunification services is needed. Forty-three percent (239,552) of children in care on September 30, 2000 had a case plan goal of reunification with their parents or other principal caretaker while 57% (157,712) of the children who exited care during FY 2000 returned to their parent's or caretaker's home.
- A federally funded guardianship permanency option should be available to allow states to provide assistance payments on behalf of children to grandparents and other relatives who have assumed legal guardianship of the children for whom they have committed to care for on a permanent basis.
- Post permanency services are needed to support permanency when children have been reunified with their families, adopted, or when relatives have assumed legal guardianship and permanent care. To accomplish this for all children and families requires a system of service delivery which will ensure that sufficient funding is available to ensure that services will be available as the needs of the families and children change; and that an appropriate range of services are developed to meet the varying needs of adoptive families, birth fam-

ilies, and adopted children. The provision of these services would support reunification, prevent recidivism of children reentering foster care, and maintain permanency for adopted children and those in guardianship arrangements.

- Families in the child welfare system need access to appropriate substance abuse treatment. A common thread in child protection and foster care cases is the high percentage of children, their parents, or both who have a substance abuse problem. Up to 80% of the children in the child welfare system have families with substance abuse problems.
- Children in the in the child welfare system need better access to mental health services. It is estimated that 20%, or 13.7 million American children have a diagnosable mental or emotional disorder. Nearly half of these children have severe disorders, but only one-fifth receive appropriate services. For children living in foster care today, the problem is even more serious. Eighty-five percent of the 547,000 children living in foster care have a developmental, emotional, or behavioral problem. Most of these children have experienced abuse and/or neglect and are at high risk of emotional, behavioral, and psychiatric problems. Upon entering foster care some children already have a diagnosed serious emotional disturbance and require significant services.
- Native American children need better access to services. Allowing Native American tribes and tribal consortia to apply to the U.S. Department of Health and Human Services to directly administer the Title IV–E foster care and adoption assistance program would increase opportunities for Native American children to find permanent families and receive the supports they need.

Workforce Supports are a Fundamental Building Block to an Improved Child Welfare System

Supports to improve the child welfare workforce are greatly needed. Successful outcomes for children and families in child welfare depend heavily on the quality of services received, and in turn, on the ability of the workforce delivering them. Yet, child welfare agencies across the country are facing a workforce crisis on many fronts. Attracting, training, and retaining qualified staff at all levels has become increasingly challenging.

Conclusion

CWLA believes that important and necessary reforms must be enacted to ensure a consistent level of safety and care for all of America's children. We look forward to working with this subcommittee to develop a comprehensive child welfare reform proposal that meets all the needs of America's the most vulnerable children and families and ensures that every child is protected. A part of that reform must include improvements to systems designed to monitor the status of children.

Chairman HERGER. Thank you very much, Mr. McKeagney. Now, to testify, Mr. Mike Watkins, Deputy District Administrator for District 2 of the Florida Department of Children and Families.

STATEMENT OF MICHAEL A. WATKINS, DEPUTY DISTRICT ADMINISTRATOR, DISTRICT 2, FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES, TALLAHASSEE, FLORIDA

Mr. WATKINS. Chairman Herger, Congressman Cardin, and Members of the Subcommittee, thank you for the opportunity to appear in order to discuss improvements in the monitoring of vulnerable children. Monitoring is an important and critical component of protecting children, and I commend the Subcommittee for this review. As the Deputy District Administrator for the Florida Department of Children and Families, I have the responsibility for child welfare in 14 of Florida's 67 counties. As you know, Florida is a large and diverse State, with a census of more than 16 million people, and almost 4 million children ages 0 to 17. Over the past 10 years, I have enjoyed a rich experience, employed first as a protective services counselor, a child abuse investigator, a supervisor, a multi-county administrator, and ultimately, as statewide policy di-

rector. It has been my privilege to hold those positions within the State of Florida.

On April 25, 2002, the Florida Department of Children and Families revealed that a child, 5-year-old Rilya Wilson, had disappeared 15 months earlier from her custodial home in Miami, and had not been seen since. Governor Jeb Bush immediately called for a full accounting of all children in our custody and under our supervision. The task, seemingly simple, was not. The complexity of aggregating the records of 48,000 children regarding their respective placement and visitation information was immense. We had children across 67 counties—Florida is one of the largest States in this country.

We had recently converted all of our child records to SACWIS, known as HomeSafenet in Florida—our local solution. As a new system, the utilization of HomeSafenet varied across the State, and therefore could not be relied upon to accurately depict the performance of our current system. This would be a major turning point in the history of our department. Faced with a growing public expectation, we would struggle to answer demands on the status of the children under our care, and the status of Rilya Wilson. This would be the last time the department relied on manual tallies to report on the status of more than 40,000 children in our care. Again, the task was immense.

Today, little more than 1 year later, every case manager, supervisor, and manager can determine with the touch of a button which children have been seen, by whom, and the outcome of that contact. More important may be the children who have not been seen during that period. Tragically, this functionality was made available just weeks before the realization that the assigned case manager failed, for more than a year, to visit Rilya Wilson. Had this type of data collection and management been available and utilized, perhaps the tragedy of Rilya Wilson could have been avoided.

Historically, data routinely collected in child protection was collected primarily to satisfy required submissions to AFCARS and the National Child Abuse and Neglect Data System, our Federal reporting data systems. This data largely includes aggregate demographic information and outputs. It does little to characterize the experience of children in our care and the quality of our work. It does nothing to facilitate the management of a caseload, or the supervision of multiple workers in a unit. On May 6, 2002, Governor Bush appointed a blue ribbon panel on child protection to examine Florida's child protection system. Many hearings were held, and on May 28, 2002, the panel presented its final report to the Governor. This same report, which was submitted by Representative Mark Foley, was presented to this Subcommittee on November 6, 2003.

The panel found that the case manager and supervisor responsible for the case management of Rilya Wilson were derelict in their duties, and that a system to assure that case managers are visiting their charges was absent. On November 6, 2003, Representative Robert Andrews asked in this very Committee, "Who is watching the watcher?" The blue ribbon panel in Florida asked, "How do you know what is really happening in the field?" The questions are the same, and the answer for almost our entire history has rested on the diligence of case managers, supervisory over-

sight of hard copy files and workers, and quality assurance reviews on a minuscule number of cases.

I have likened that very scenario to—given our quality assurance assets—taking Polaroids in the Grand Canyon. You just cannot know exactly what is going on. It was apparent to me in my own experience as a frontline supervisor that under the best conditions, fully staffed, with manageable caseloads, I would not be able to follow hundreds of hard copy files and workers, or the thousands of decisions that they make every day. Our solution is multi-pronged. We are raising the visibility of key casework activities via information systems to all levels of the organization, while engaging community partners to serve as a system of checks and balances.

The Children and Family Services Review is an important opportunity and first step to evaluating quality in child protection. Imagine if qualitative elements of child protection were gathered in SACWIS projects across all States. Program improvement plans would become manageable in real time, and analysis of performance would be based on 100 percent of children's experience, not on the sampling of a few files. However, this matters little if case managers and supervisors are not provided the tools to guide them through structured decisionmaking, facilitate supervisory review and feedback, increase accountability, increase access to other data sources, increase mobility of the workforce, and manage their own destiny by preventing mistakes in the first place.

Now, more than ever, we will rely on tools to monitor outcomes, identify high performance, and protect Florida's children. In the past year, 95 percent of the children in our custody or under supervision were visited monthly. The number of investigations open for more than 60 days have been reduced from 32,000 to less than 500. It is my opinion that child protection work ranks among the most difficult in this country. It is not dissimilar to the work environments faced by fire, police, and military personnel—men and women forged by their experiences, and driven by their commitment to the mission. This is true enough in my own experience. Yet child protection generally faces incredibly high turnover rates, a lack of fraternity, and a lack of the necessary tools widely enjoyed by other responders. We recognize that parents have to be responsible for their children. However, we believe that through increased community ownership we have an opportunity to prevent children from removal, stabilize families without lowering the bar for safety, and improve both the delivery and accountability of services. I thank you for the opportunity to comment on this most important subject.

[The prepared statement of Mr. Watkins follows:]

Statement of Michael A. Watkins, Deputy District Administrator, District 2, Florida Department of Children and Families, Tallahassee, Florida

Chairman Herger, Congressman Cardin and members, thank you for the opportunity to appear before this subcommittee of the Ways and Means Committee in order to discuss improvements on the monitoring of vulnerable children. Monitoring is an important and critical component of protecting children, and I commend the committee for this review. I submit the following written testimony for your consideration.

As the Deputy District Administrator for the Florida Department of Children and Families, I have responsibility for the administration and supervision of multiple programs, including child welfare, for fourteen of Florida's sixty-seven counties. As

you know, Florida is a large and diverse state with a census of more than 16 million people of which 3.8 million are age 0–17 years. Over the past ten years, I have enjoyed a rich experience employed as a protective services counselor, child abuse investigator, front-line supervisor, multi-county administrator and statewide policy director. It has been my privilege to hold each of these positions within the State of Florida and I believe this experience provides me a unique perspective of the children and families of Florida that are most needy and the people that serve them.

On April 25, 2002 the Florida Department of Children and Families revealed that a child, 5 year old Rilya Wilson, had disappeared 15 months earlier from her custodial home in Miami and had not been seen since.

Governor Jeb Bush immediately called for a full accounting of all children in our custody or under our supervision as well as the means to positively identify each and every child under state supervision.

The task, seemingly simple, was not. The complexity of aggregating the records of 48,000 children regarding their respective placement and visitation information was immense. We had recently converted all child records to a statewide-automated child welfare information system (SACWIS) known as HomeSafenet in Florida. As a new system, the utilization of HomeSafenet varied across the state and therefore could not be relied upon to accurately depict performance. This would be a major turning point in the history of our Department. Faced with a growing public expectation, we would struggle to answer demands on the status of the children under our care and the status of Rilya Wilson. We were dependent on hard copy documentation and the diligence of more than three thousand case managers and their respective supervisors. This would be the last time the Department relied on manual tallies to report on the status of more than 40,000 children in our care.

Today, little more than one year later, every case manager, supervisor and manager can determine with a touch of a button when children have been visited, by whom and the outcome of that contact. Supervisors and managers can determine effortlessly caseload distribution, how long each child has been in care, the number of placements the child has experienced, pending court dates, and more.

Tragically this functionality was made available just weeks before the realization that the assigned case manager failed, for more than a year, to visit Rilya Wilson. Had this type of data collection and management been available and utilized, perhaps the tragedy of Rilya Wilson could have been avoided.

Historically, the only data routinely collected was done so to satisfy required submissions to the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). This data largely includes aggregate demographic data and outputs. For example, the number of children served by race, age, gender, etc. and did not characterize the experience of children in our care or the quality of our work.

The Governor knew that the details of Rilya's case and the "system" needed more scrutiny. On May 6, 2002, Governor Bush appointed a Blue Ribbon Panel on Child Protection to examine Florida's child protection system. Many hearings were held and on May 28, 2002 the panel presented its final report to the Governor. The same report Rep. Mark Foley (R-FL) presented to this subcommittee on November 6, 2003.

The panel found that the case manager and supervisor responsible for the case management of Rilya Wilson were derelict in their duties and that a system to assure that case managers were visiting their charges was absent.

On November 6, 2003, Rep. Robert E. Andrews (D-NJ) asked the question, "Who's watching the watcher?" The Blue Ribbon Panel asked, "How do you know what is really happening in the field?" The questions are the same and the answer for almost our entire history has solely rested on supervisory oversight of hard copy files and quality assurance reviews on a miniscule number of cases.

It was apparent to me as a front line supervisor that under the best conditions, fully staffed with manageable caseloads, I would not be able to follow behind hundreds of hard copy files on a daily basis and was less likely to recognize or detect any trends of performance. This scenario has been and remains the status quo in social service agencies across the nation. Almost all data collected are for federal reporting purposes with little to no return on effort for case managers and supervisors.

Child protection supervisors and managers generally have not been given the necessary tools to manage cases and unfortunately, the consequences are grave. Those unacceptable consequences are why Governor Bush and the Florida Legislature have invested time and resources toward developing the quality and integrity of the systems we use in ensuring that the children in our care are tracked.

Our solution is multi-prong. We are raising the visibility of key casework activities via information systems to all levels of the organization while engaging commu-

nity partners such as service providers, education, Guardians ad Litem, foster care review boards, and other organizations. to serve as a system of checks and balances.

The Department of Health and Human Services' Children and Family Services Review (CFSR) is an important opportunity and first step to evaluating quality in child protection. In Florida, our progress in development of information systems was recognized as a strength during this review process. We agree and have identified every performance element that can be measured via HomeSafenet in order to achieve continuous improvement in child safety, permanency and well being.

Imagine if qualitative elements of child protection were gathered in SACWIS projects across all states. Program Improvement Plans would become manageable in "real-time" and analysis of performance would be based on 100% percent of the children served versus a sampling of as few as 50 file reviews every 2–5 years.

Today we continue to develop HomeSafenet in order to guide casemanagers through structured decision-making processes, facilitate supervisory review and feedback, increase accountability, increase access to other data sources and mobilize the workforce.

In August 2002, Jerry Regier was appointed Secretary of the Department of Children and Families and he began his duties on September 3. His first progress report to the Blue Ribbon Panel was made on September 23, 2002. There would be no honeymoon period. Secretary Regier immediately focused the department on identifying systemic changes that would advance four principles:

Ensuring Safety of the Most Vulnerable
Stabilizing the Department's Workforce
Increasing Accountability
Prevention of Crises Before They Happen

These changes—important overall and also necessary for the transition to Community Based Care—rely on the development of local service delivery systems built on natural community supports, a holistic approach to child welfare, and major emphasis on Substance Abuse and Mental Health. This fundamental change, directed by the Governor and the Florida Legislature, rejects the premise that government alone can meet the needs of children and their families. This change requires a strong community ownership. This statewide transition is scheduled to be complete in 2004. Now more than ever we will rely on tools to monitor outcomes, identify high performance and protect Florida's children.

In the past year,

- 95% of the children in our custody or under supervision were visited monthly with improvement in the quality and interaction between the counselor and child. For those children not seen each month, we identify and prioritize them for verification of safety and well being.
- 90% of fingerprints and birth verifications have been obtained for children.
- Runaway episodes and recovery of runaways has improved significantly, largely attributable to the improved relationships with law enforcement agencies. The partnership forged during the past year between the DCF and the Florida Department of Law Enforcement continues to produce results which benefit not only current runaways, but troubled children on the brink of leaving.
- Investigations open longer than the state legislated 60 days were reduced from 32,000 to less than 500, dramatically reducing caseloads for child abuse investigators.
- HomeSafenet was improved to better support the needs of front line workers and supervisors.
- HomeSafenet functionality was supplemented by the statewide deployment of the Child Safety Assessment decision support tool. (*This on-line safety assessment is a structured decision support tool that guides investigators in gathering and documenting all information needed for key decisions. It also facilitates the supervisory review of investigator activities and management of key performance standards.*)
- A Program Improvement Plan (PIP) was developed and accepted by the Department of Health and Human Services as a result of our Child and Family Services Review (CFSR). (*Workgroups throughout the state are implementing the PIP locally with a great deal of statewide oversight and support.*)

The Department remains committed to its approach to reform child protection in Florida. We are actively pursuing these goals.

- Prevention of Child Maltreatment
- Reduction in the Number of Children in Out of Home Care
- Increase Number of Adoptions

- Successful Implementation of the Program Improvement Plan
- Successful Transition of Services to Community Based Care
- Successful Completion of SACWIS

It is my opinion that child protection work ranks amongst the most difficult in our country. It is not dissimilar to work environments faced by fire, police and military personnel—men and women, forged by their experiences and driven by their commitment to the mission. This is true enough in my own experience. Yet, child protection generally faces incredibly high turnover rates, a lack of fraternity and necessary tools widely enjoyed by other first responders. Our more recent experiences with smaller community working groups are creating a shared commitment for these difficult jobs.

However, we recognize that all of our tools will never replace the individual responsibility of parents to act within the guidelines of law, within the laws of morality, and within the morals of human relationships.

We believe that Florida is well on the road to true reform of the child welfare system. Through this increased community ownership we have a unique window of opportunity to prevent children from removal from their families without lowering the bar of safety, and to improve both the delivery of services and the accountability for those services.

It is important to remember that the improvements Florida has made—and continues to make—are elements with but one purpose in mind: to ensure the future of Florida's vulnerable children.

I thank you for the opportunity to comment on this most important subject.

Chairman HERGER. Thank you, Mr. Watkins. We will now hear from Mr. David Springett, President of the Community College Foundation.

STATEMENT OF DAVID R. SPRINGETT, PH.D., PRESIDENT, THE COMMUNITY COLLEGE FOUNDATION, SACRAMENTO, CALIFORNIA

Mr. SPRINGETT. Thank you very much, Mr. Herger, Mr. Cardin, and Members. The Community College Foundation is a nonprofit foundation with its headquarters in Sacramento, California. The Foundation has served education and the community for more than 20 years. We provide a wide variety of education and public service programs distinguished by the effective and innovative use of technology and program management. I will discuss solutions to a problem that impacts thousands of foster youth, and costs the government an estimated $1.5 billion per year. I would like to set the scene by quoting from an article that was recently posted on the Connect for Kids website.

"Nickie, a 15-year-old in Silver Spring, Maryland, didn't start her new school on time this year. Administrators wouldn't let her enroll because her health and academic records were not up to date. When she started a few days after her peers, she had already missed out on introductions and assignments. She didn't have her textbooks and her name had not been added to the free lunch program. Hungry and too embarrassed to bring attention to herself, she skipped a meal, and spent her first schoolday feeling sad and alienated. Like many of the estimated 500,000 children in foster care in the United States, Nickie has moved from home to home, and school to school, all her life. Her academics and her health have suffered; she runs the risk of dropping out of school, which kids in foster care do at twice the rate of other children."

On average, foster youth move three times per year, and their critical health and education records do not follow. The ePassport

links foster youth to their critical life data as they move through the foster care system. We have created a youth-centered system, as opposed to an organization-centered system. The ePassport system empowers the foster youth and their care givers by providing them with a secure, portable link into their personal records. We have done this through a blending of three technologies: smart cards, computer databases, and the Internet. The ePassport contains critical contact information, school course records, and immunization and summary medical history—including medication and allergy information. Also included is a record of the readiness of the youth to leave care and start a useful and productive life. Examples of the records are seen on pages 6, 7, and 8 of my written testimony.

While we wish to empower the foster youth and their care givers, precautions must be taken to ensure the confidentiality and security of their critical life data. The ePassport is a secure system based on the smart card technology. The data on the smart card and the data on the local computer are automatically synchronized over the Internet to a main server, so you never lose the data. Smart cards have a unique identifier and are password protected. There are added security elements, including a photograph in the cards, and biometric capabilities. All of the data files are encrypted. The smart card system is superior to Internet-only systems because the card stays with the youth at all points of care, regardless of the Internet connection being available or not. Since a smart card is in the form of a credit card, it can act as a monetary instrument, as well as a data storage and security device.

To avoid duplicative efforts, ePassport has the capability to import and export data between existing systems, such as SACWIS. The ePassport is complimentary and additive to the SACWIS system. Some additional benefits of ePassport are that the youth do not have to stay out of school for lack of immunization data or school records; there are no unnecessary re-immunizations, and no accidental allergic reactions because of unknown preexisting conditions or medication interactions. It also aids the adoption process by timely provision of key life data. After leaving care, the records could be maintained indefinitely for emancipated youth, so that they can use those records for job seeking and other requirements.

We plan to provide a 24/7, 1–800 number, call-in access for emergencies. We currently have deployed the ePassport system in several locations in California, and we are seeking support to extend its use to other localities. In summary, ePassport is a secure, portable, Internet-based health and education data system based upon the smart card. It provides foster youth and their care givers a secure, portable link to the critical data that they need to better their chances of becoming productive citizens. The smart card system empowers the youth for life, with their own data in and out of care. Currently, because of the lack of timely and complete data, duplicative services cost governments an estimated $1.5 billion annually. Thank you very much; I appreciate the opportunity.

[The prepared statement of Mr. Springett follows:]

Statement of David R. Springett, Ph.D., President, The Community College Foundation, Sacramento, California

The Community College Foundation's
Foster Youth ePassport

EXECUTIVE SUMMARY

Improving the chances of success for America's foster youth.

The Problem

Foster youth records are incomplete, lost or disbursed among the various agencies that serve our nation's foster children

- Estimated $1.5 billion is spent annually on duplicative services
- Foster youth move an average of three times annually, records do not follow at the same pace
- Incomplete records result in over immunization, poor follow-up for health conditions, delayed enrollment in school and missed opportunities to address educational needs

The Solution

Foster Youth ePassport ***is a secure, portable Internet-based health and education data tracking system delivered via Smart Card. ePassport simultaneously updates and manages records in real-time format through our secure patented synchronization technology. Youth data from other database systems is securely exchanged through a Data Exchange Server.***

- Compatible and complimentary to Statewide Automated Child Welfare Information Systems (SACWIS)
- Maintain critical youth information
- Information is accessible 24/7
- Prevents over immunization, medication interactions and misdiagnosis
- Allows educational testing, placement & achievement data to accompany student from school to school
- Data from existing systems can be securely exchanged through a Data Exchange Server
- Allows database updates at any time

Current Activities

- **Amador County:** Successfully operating since October 2002 with support from Child Protective Services, Foster Youth Services and the Probation Department.
- **TCCF Los Angeles:** Operating since May 1998. Foster youth are enrolled in ePassport, tracking their participation in ESTEP and ILP programs.
- Antelope Valley: Operating since November 2002 with support from Murrell's Community Service Agency, UCAN, Inc and Macro Group Home, Inc.

Benefits

- **Foster Youth—**Reduce delays in school enrollment, complete accessible documentation for enrolling in school or applying for work, improved medical care; no over immunization; provides smooth transition to emancipation. Plus, improved outcome tracking.
- **Government (Federal, State, County)—**Records available to appropriate entities; reduction in duplicated efforts; consistent information across organizational boundaries; allows incentive disbursements via ePurse.
- **Medical Community—**Provides summarized medical records to medical care providers to improve health care for foster children.
- **Educational System—**Allows immediate, accurate placement.
- **Service Agencies—**Provides multiple agencies accurate information on eligibility and services provided.

Supporters

- The Child Welfare League of America, National Foster Care Coalition, Amador County Child Protective Services, Amador County Probation Department, San Joaquin County Foster Youth Services, Amador County Independent Living Program

The Community College Foundation is the nation's leader in foster youth training and education. The Foundation has over 15 years of experience in foster youth programs.

PROGRAM DESCRIPTION

Purpose: Implement *ePassport*™, The Community College Foundation's foster youth record tracking system. *ePassport* is a secure, portable Internet based health and education data tracking system delivered via Smart Card. It will significantly increase the quality of life for foster youth and save millions of dollars in duplicative services and manual processes, meanwhile collecting meaningful outcome data to evaluate the plight of these youth.

Vision: The Community College Foundation envisions *ePassport* complementing Statewide Automated Child Welfare Information Systems (SACWIS) and other existing databases to become the national repository for foster youth records. We currently have several successful pilots in counties throughout California. Each year an estimated $1.5 billion is spent on duplicative services for foster youth including over-immunization, redundant medical treatment, manual record retrieval by health care practitioners, judiciary officials, school administrators, and other foster youth caregivers. *ePassport* eliminates these unnecessary expenditures by empowering the youth with the key to his or her complete, confidential and current information that employs a Smart Card. Currently, statistical information regarding foster youth is outdated and incomplete. The Community College Foundation would be the national databank of this information using *ePassport*.

Key Points

- *ePassport* will save millions of Federal and State dollars in duplicative services, over-immunization, manual record retrievals.
- *ePassport* will complement existing databases and SACWIS to become the most complete and up to date national databank for foster youth statistics.
- The Community College Foundation has worked to improve the quality of life for foster children since 1983. We have served more than 100,000 foster youth in California.
- Caregivers, advisors, school administrators, government officials, and health care providers will have necessary and current information available immediately.
- Foster youth will no longer have incomplete records resulting in over immunization, poor follow-up for health conditions, delayed enrollment in school and missed opportunities to address educational needs.

FACT SHEET

Scope: The Community College Foundation uses *ePassport* to track medical, education and contact information for foster youth, thus empowering government officials, caseworkers, and foster youth with the ability to manage records instantaneously in a portable, secure format via Smart Card. The types of foster youth data that is collected includes:

- Contact Information
- Immunization history
- Emergency medical information
- Basic medical history
- Allergies & medication
- Educational records
- Outcome Measurements
- Insurance information
- Services provided
- Demographic detail
- Care providers
- Current photo of the youth

ePassport assigns levels of access rights to individuals that would only allow them to access or update relevant information. For instance, medical providers would add and update medical information, but they would not have access to update or view education records. The database administrator controls access to the specific information tabs.

Present Initiative: The Community College Foundation has invested over $750,000 to develop and implement *ePassport*. New pilots will be chosen to participate in this initiative will provide the most comprehensive testing of the system in the varied and dense populations. Each of the projects will take two to three years to implement and evaluate.

Implementation: Our efforts began in California where The Community College Foundation is the leader in providing foster youth services. We have relied upon our thorough knowledge of the foster youth community to develop *ePassport*. With addi-

tional funding we would be able to expand our efforts. Future pilots would focus on three to five urban areas with dense foster youth populations in order to take advantage of existing infrastructure and economies of scale. In the first year of the program, we would lay the groundwork for future large scale pilots by conducting smaller pilots, training, developing a relationship with the foster care communities, and presenting *ePassport* to relevant parties.

Outcomes: A primary goal of *ePassport* is to provide meaningful outcome data on foster youth as directed by the Chafee Foster Care Independence Act of 1999. The type of outcomes we collect are: Self-sufficiency, Knowledge and Skills, Social supports, High risk behaviors, Physical and Mental Health, Self Perceptions.

Partnerships: To provide a holistic approach to foster care, the Community College Foundation must partner with the entities that are important in the lives of foster youth. These entities hold crucial information for the foster youth such as education and medical records, the status of their benefits and what services they receive, who their care provider is, court records, and basic personal information (i.e., birth date, social security number).

Partners include: schools, hospitals, physicians, and government agencies (i.e., courts and social services), and foster youth and their caregivers.

Listed below is the data that each group records and tracks:

Schools—course work, Individual Educational Plan (IEP), grades, GPA and contact information, and school/teacher notes.

Hospitals/Physicians—emergency medical, type of medical coverage (insurance), basic medical history (i.e., prescribed drugs, medical treatment, physician notes, and allergies).

Dentist—medical coverage (insurance), medication, allergies, and dental notes/history.

Government Agencies—case worker, care provider, court information, general information (i.e., birth date, Social Security number, and photo), caseworker's notes, courses completed, case number, medical doctor, allergies, medications, disabilities, type of medical coverage, and services offered and/or provided.

Current projects in California:

Amador County: Successfully operating *ePassport* since October 2002 with support from Child Protective Services, Foster Youth Services and the Probation Department.

The Community College Foundation, Los Angeles: Operating since June 1998, Foster youth are enrolled in *ePassport*, tracking their participation in ESTEP and ILP programs.

Antelope Valley: Operating since November 2002 with participation from Murrell's Community Service Agency, UCAN, Inc and Macro Group Home, Inc.

COST BENEFIT ANALYSIS

This document outlines the facts and basic assumptions used in order to extrapolate an estimated cost benefit of $1.5 billion of implementing ePassport This estimate covers savings on duplicative services and labor, and lost state and federal funding sources.

Cost Impact

The numbers listed below (conservative estimates) illustrate the magnitude of the educational, medical and social impact as a result of the problems encountered by public service agencies due to incomplete and missing records.

Cost Benefit Analysis Table
Annual Cost of Lost/Incomplete Foster Youth Data
Statistical Justification Data

ANNUAL COST SAVINGS OF ePASSPORT™ IMPLEMENTATION IS AN ESTIMATED $1.5 BILLION EACH YEAR

Description of Cost	Annual Cost *Estimated*
Educational System Facts Total estimated U.S. foster youth population is 545,097.[1] 12% of foster youth population may have delays in enrollment of 2 or more weeks.[2] 33% of foster youth experience 3 or more placements with a 5.9 mean average.[3, 4] Average Daily Attendance is $20 per day per student.	$118,564,300 Lost ADA
Medical System Facts Foster youth population 545,097.[1] Average doctor visit is $48.[5] Immunization shot is $9.[6] (youth needs 20 shots by the time they enroll in school & 24–26 by age 18)[7]	$42,692,748 Repetitive Immunization
Welfare System Fact 33% of emancipated foster youth receive public assistance.[8] TANF/Cal WORKS pays $521.00 (adult plus child) per month.[9] TANF/Cal WORKS issues an average of $205 in food stamps per family.[10] TANF/Cal WORKS subsidizes housing at an estimated average $400.00 per month.[11] TANF/Cal WORKS participants receive $60 per month for transportation.[12]	$682,680,576 Cost of Public Assistance
Correctional System Facts 25% of emancipated foster youth are incarcerated within 12 months of emancipation.[14] $28,502 per year to incarcerate in the correctional system.[15]	$683,599,606 Cost of Incarceration
Lost Productivity Facts 50% of emancipated youth are unemployed because of dead-end low paying jobs.[16] The annual earnings for a foster youth are $6,000.00 per year/$1,500 per quarter.[17] The national poverty level is $7,890 per year.[17]	$11,512,320 Cost of Lost Productivity
TOTAL Annual Cost	$1,539,049,550

For a complete analysis with footnotes contact The Community College Foundation (916) 418–5100.

The following are selected screen shots from *ePassport*:

Figure 1. General information screen

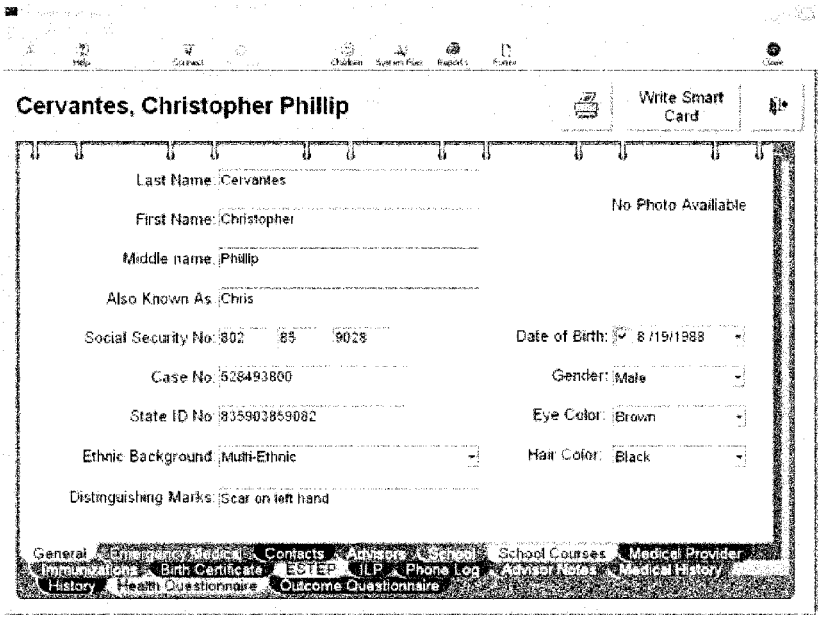


Figure 2. Immunization Records

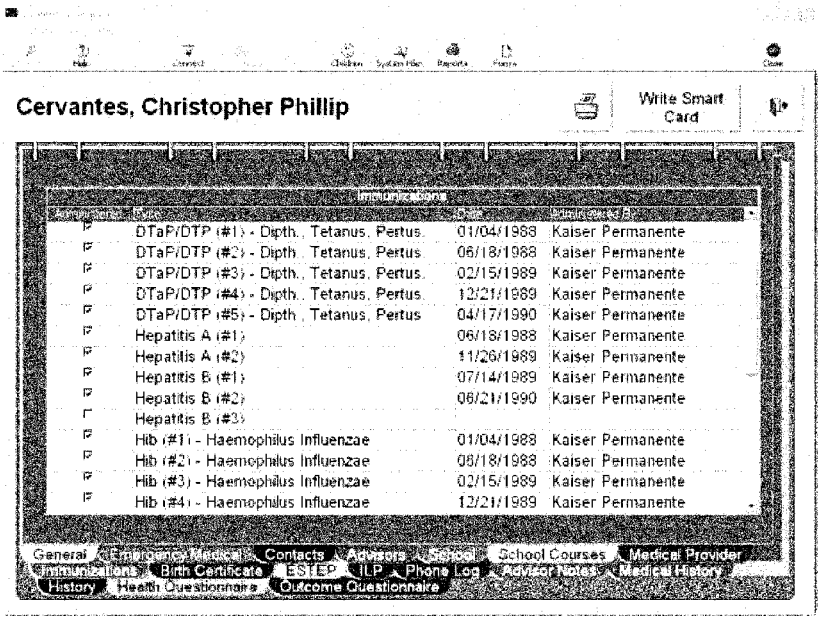


Figure 3. Educational Records

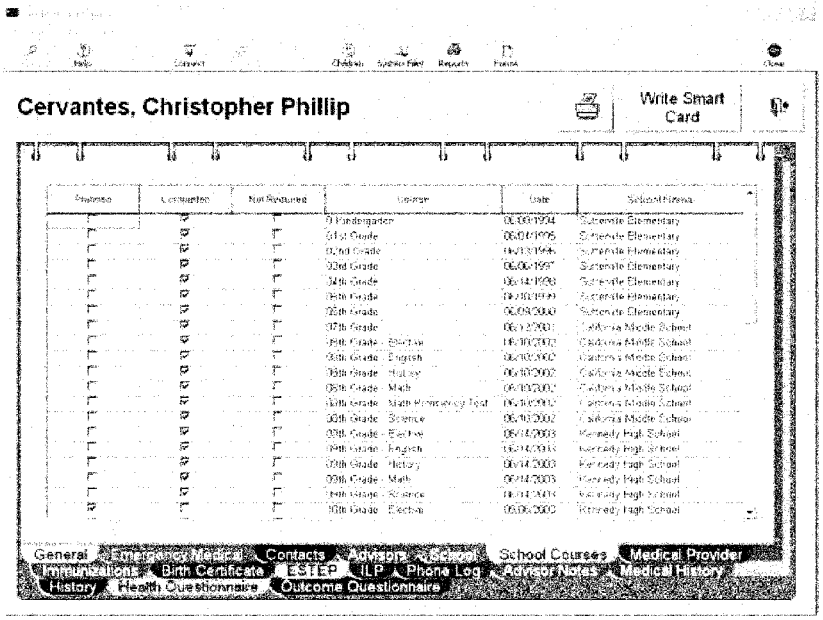


Figure 4. Contact Information

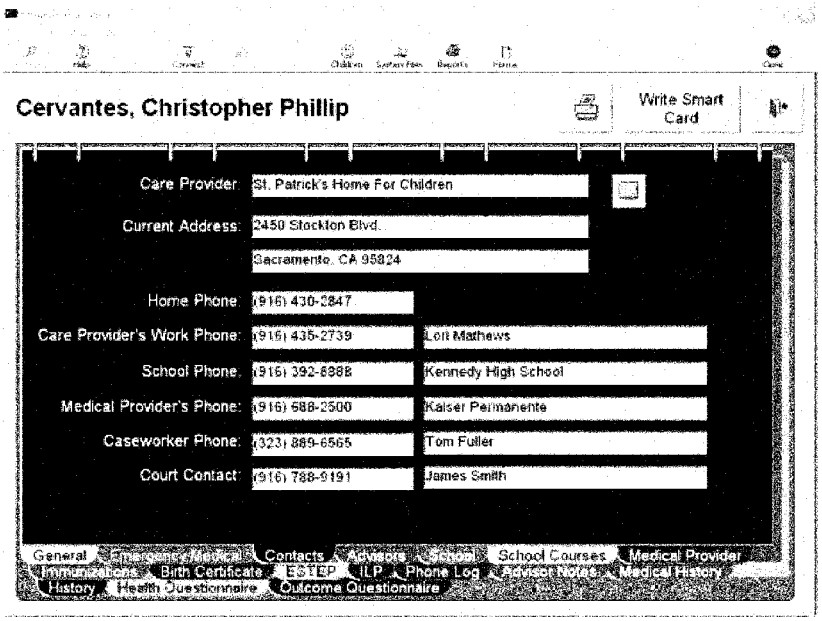
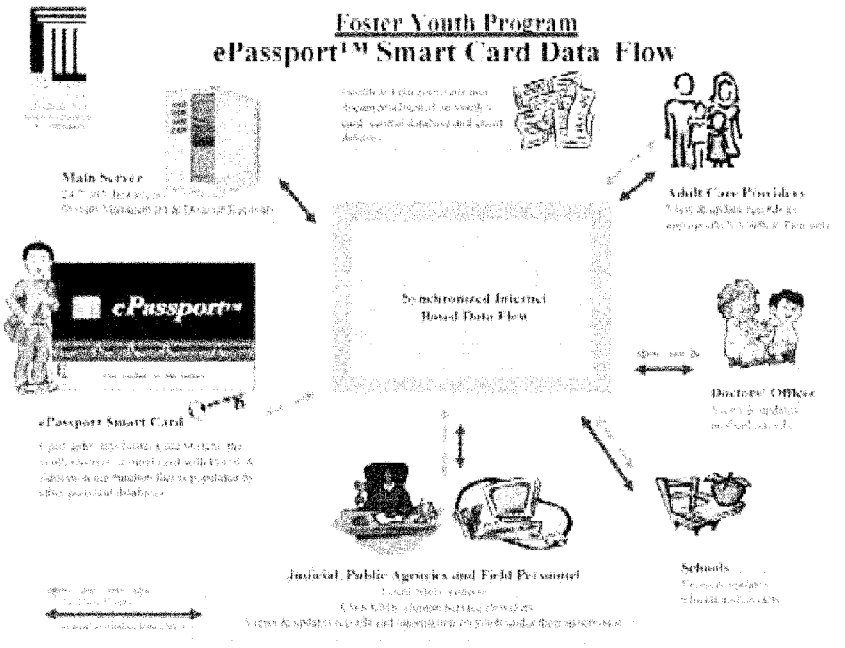


Figure 5. Outcomes Measurement Form

OUTCOMES MEASUREMENT

Youth	State ID	Age	Name	Date Form Filed
Christopher Phillip	835903859082	15 Yrs. 3 Mos.	Barbara Walters	6/2/2003 2:50:00

			YES	NO
		1. I have demonstrated that I know how to open a personal bank checking and savings account & am able to write a check.		X
		2. I have identified a caring adult in my life who can be a trusted advisor.		X
		3. I have submitted the name & contact information of at least 1 adult who has agreed to assist & advise me regarding educational opportunities, employment, and/or vocational/career decisions.		X
		4. I have completed and received results from my: Vocational Assessment/Personality Inventory and Ansell Casey Prescription for Emancipation Readiness.		X
		5. I (a senior in high school or equivalent) have attended a workshop on Financial Aid; completed a FAFSA form, and heard about available college resources from an EOPS staff person.		X
		6. I have completed an ILP Housing Plan and have identified an adult to assist me with housing options.	X	
		7. I have provided evidence of having the following documents:		X
YES	NO	.		
X		Social Security Card.		
X		Certified Birth Certificate.		
	X	DMV Identification Card (with picture).		
X		Educational Records (transcripts).		
	X	Green Card/Proof of Citizenship or Residence (if appropriate).		
	X	Death Certificate of Parent(s) (if appropriate).		
X		Medical Insurance.		
	X	I have received Vital Document Resource Information & I know where and how to obtain missing documents..		
		8. I have completed a tour of a community college campus and am able to name and describe two new resources from the following list:	X	
X		Recreational and Social Activities.		
	X	Vocational Education Services and Career Development.		
X		Student Services and Special Programs.		
	X	Health and Counseling.		
		9. I have shown proof of my registration at the local One Stop Center.	X	
		10. I have submitted the contact information for an adult advisor who has assisted me in accessing the following computer/Internet sites: vocational training/career opportunities, available housing, college costs, and job/employment.		X



Chairman HERGER. Thank you very much, Mr. Springett. I see that the Majority Leader, the Honorable Tom DeLay, has now joined us. Mr. DeLay, we want to thank you for your longtime work in this area. I would like to recognize you for your testimony.

STATEMENT OF THE HONORABLE TOM DELAY, HOUSE MAJORITY LEADER, AND A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Mr. DELAY. Thank you, Mr. Chairman, Mr. Cardin, Mr. McCrery—and Mr. Foley is way down there at the end. I am sorry—I am a little bit winded. I thank you, Mr. Chairman and other Members. It is a privilege to come before you today and discuss improved monitoring of vulnerable children. In the wake of the recent revelations about starving and abused children in New Jersey, the Nation's attention has once again focused on our child protective system. It is a shame that it takes something like that to get us focused again—but it should get us focused. Since, for all of our Nation's unparalleled wealth, strength, freedom, and compassion, hundreds of thousands of America's foster children live their lives today in the cold shadows of neglect—without support, without stability, and, in many cases, without even love.

Mr. Chairman, this is not an intractable problem. There are things we can do on the Federal level that make sense and have worked before, if only we have the will, on every level of government, to do them. In 1993, as you know, Congress started to have an effect. The Federal Government made a significant investment

to encourage States to develop standardized electronic systems to track the whereabouts and well-being of foster children. This included the following: the reasons each child first came into foster care; the child's case plan; the State services to be provided to the children and their families; the length of time the child is to stay in foster care; and the number of placements and incidents of reabuse.

The Congress felt that integrated data collection systems would help child welfare workers to better monitor foster children and to address problems as they emerge rather than after we hear about them in the media. Between 1993 and 1997, the Congress spent at least $1.3 billion to encourage States to develop these systems; and now States receive open-ended matching funds from the Federal Government at 50 percent. In other words, whatever States have needed to spend over the last decade to bring integrated data collection systems online and up-to-date, the Federal Government has helped defray those costs, and continues to do so. With only anecdotal evidence about the success of these information collection systems, last year Senator Grassley and I suggested to GAO that they empirically examine the systems' reliability in the 50 States and the District of Columbia.

The results, Mr. Chairman, were encouraging—but also, frustrating. Encouraging, because, as we had hoped, Congress' idea was a good one. According to the GAO report, State child welfare officials admit that operational information systems can help protect abused children, shorten the time to adoption or reunification, and prevent and investigate child maltreatment. Yet, unfortunately, the report also showed that only 29 States—29 States—were found to have operational data collections, with 22 only partially operational or not operational at all. Four States are not even pursuing a system, 31 States are behind schedule, and 26 States report delays ranging from 2 months to 8 years.

Further, it is worth bringing to the Subcommittee's attention the situation in New Jersey, where a recent abuse tragedy has been made public. There, the data collection system is 4 years behind schedule—4 years—and child welfare services maintain a preposterous 40 stand-alone, independent data collection systems. To state the frustratingly obvious, Mr. Chairman, our Nation's foster children are simply not being served by the States obligated to care for them. Therefore, I want to thank the entire Committee on Ways and Means, and Congressman Camp, along with you, Chairman Herger, and Mr. Cardin, for including in the recently passed Adoption Promotion Act of 2003 (P.L. 108–145) a provision to penalize States that do not report timely and accurate data to the Federal Government.

No one can doubt the commitment of the American people and their government to the welfare of our Nation's foster children, but that commitment must be backed up by continued vigilance here in Congress. So, I thank you, Mr. Chairman, Mr. Cardin, and the Subcommittee, for holding this hearing today. It is vitally important that you do so. I thank you for your continued commitment to America's most vulnerable children.

[The prepared statement of Mr. DeLay follows:]

Statement of the Honorable Tom DeLay, a Representative in Congress from the State of Texas, and House Majority Leader

Thank you, Mr. Chairman and members of the subcommittee.

It's a privilege to come before you today and discuss "Improved Monitoring of Vulnerable Children."

In the wake of recent revelations about starving and abused children in New Jersey's, the nation's attention has once again focused on our nation's child protection system.

And so it should.

For all our nation's unparalleled wealth, strength, freedom, and compassion, hundreds of thousands of America's foster children live their lives today in the cold shadows of neglect—without support, without stability, and in many cases, without even love.

But Mr. Chairman, this is not an intractable problem.

There are things we can do that make sense and have worked before, if only we have the will at every level of government to do them.

In 1993, Congress started to.

We created financial incentives for states to develop standardized, electronic systems to track the whereabouts and well-being of foster children, including the following:

- Reasons each child first came into foster care;
- The state's plan for them;
- The state services to be provided the children and their families;
- How long the child is to stay in foster care; and,
- The number of placements and incidents of re-abuse.

The idea behind this action was that integrated data collection systems would help child-welfare-workers better monitor foster children and address problems as they emerge rather than after the damage had been done.

Between 1993 and 1997, Congress spent at least $1.3 billion to encourage states to develop these systems, and now states receive open-ended matching funds from the Federal Government at 50 percent.

In other words, whatever states have needed to spend over the last decade to bring integrated data collection systems on-line and up-to-date, the Federal Government has helped defray those costs.

With only anecdotal evidence about the project's success, last year Senator Grassley and I requested the GAO to empirically examine the reliability of the child welfare data collection system in the 50 states and the District of Columbia.

The results, Mr. Chairman, were both encouraging and frustrating.

Encouraging because, as we hoped, Congress's idea was a good one.

According to the GAO report, state child welfare officials admit that operational information systems could help prevent abuse, shorten the time to adoption or reunification, and prevent and investigate child maltreatment.

But unfortunately, the report also showed that only 29 states were found to have operational data collection systems, with 22 only partially operational or not operational at all.

Four states are not even pursuing such a system.

Thirty-one states are behind schedule, and 26 states report delays ranging from 2 months to 8 years.

Further, it's worth bringing to the Subcommittee's attention the situation in New Jersey, where a recent abuse tragedy has been made public.

There, the data collection system is four years behind schedule, and child welfare services maintain a preposterous forty stand-alone, independent data-collection systems.

To state the frustrating obvious, Mr. Chairman, our nation's foster children are simply not being served by the states sworn to care for them.

Therefore I want to thank the entire Ways and Means Committee—and Congressman Camp and Chairman Herger especially - for including in the recently passed Adoption and Promotion Act of 2003 a provision to penalize states that do not keep their child welfare records up to date.

No one can doubt the commitment the American people and their government have to the welfare of our nation's foster children, but that commitment must be backed up by further action.

I thank the Chairman and the Subcommittee for holding this hearing today, and for their continued commitment to America's foster children.

Chairman HERGER. I thank the Majority Leader for taking the time to appear before our Subcommittee this afternoon. I understand that time constraints limit your ability to remain for questions. However, Members are advised that they may submit written questions for the record.

Mr. CARDIN. If I might, let me just take a moment to thank the Majority Leader. He has been one of the real leaders in this country on keeping us focused on helping our most vulnerable children. If it were not for Tom DeLay, I don't think we would have been successful in the foster care legislation, and on the adoption legislation. I thank you very much for using your office to help foster children, and children being brought up for adoption. Now on this issue we are going to need your help again in order to move the system along.

Mr. DELAY. I will be there for you, Mr. Cardin. Thank you for your comments.

Chairman HERGER. Thank you, Mr. DeLay. Now to continue with our other witnesses, Mr. Fred Wulczyn, Research Fellow with the Chapin Hall Center for Children.

STATEMENT OF FRED H. WULCZYN, RESEARCH FELLOW, CHAPIN HALL CENTER FOR CHILDREN, UNIVERSITY OF CHICAGO, CHICAGO, ILLINOIS

Mr. WULCZYN. Thank you, Chairman Herger, Congressman Cardin, and Members of the Committee. Thank you very much for inviting me to speak with you today. My name is Fred Wulczyn. I am a Research Fellow at the Chapin Hall Center for Children at the University of Chicago, where I direct the Multistate Foster Care Data Archive, the Nation's oldest source of multi-state data that tracks the placement experiences of children in foster care. All told, the Archive houses data from 15 States, covering in excess of 60 percent of the Nation's foster care population. We have been tracking for the last 10 years, 1.4 million children who have experienced foster care placement in States as diverse as California, New Jersey, New York, Illinois, Ohio, Michigan, Alabama, Wisconsin, Iowa, and Maryland, among others.

Due to our work with the Archive, we have developed a rather thorough understanding of the information systems that States have at their disposal. To give you an idea of the process, we actually get copies of the data set, rather than extracts, which are the usual form of transmitting data to third parties. I think that gives us a firsthand view of the nuts and bolts of how these data systems actually work. I mentioned New Jersey because, following the testimony you heard 2 weeks ago, you may be surprised to hear that New Jersey actually has information assets. One panelist described the information system in New Jersey as something out of the stone age. I reference New Jersey for obvious reasons, but also to tell you that our experience in working with the New Jersey data system is somewhat different, and I would like to use that experience as background for my remarks today.

There are really two points that I think have to be made. First of all, it is very difficult to generalize and say that States do, or do not, collect certain pieces of information without exception. Child welfare programs differ from State to State, and their infor-

mation systems have to reflect that diversity. If there was one best way to serve vulnerable children, then we could minimize program diversity and simplify information gathering, but, unfortunately, that is not the case. Second, the real issue facing child welfare administrators and practitioners has less to do with data than with information and knowledge. To be sure, the foundation of information and knowledge is data. However, in my estimation, progress today is limited by our ability to transform data into information and knowledge. In the States with the most sophisticated information systems, it can be said that they are awash in data with a limited ability to use it. That seems to me to be the problem.

With regard to what data States might collect in the future, one area that has been mentioned has to do with the issue of child well-being. The Federal system of outcome measures adopted for the Child and Family Service Review does not include any direct measures of child well-being; and it is fair to conclude that this reflects the state of affairs in most, if not all, States. It is not because States don't care, or their stakeholders don't care. It is that the issue of well-being is a very complicated one, and it has to be approached with some circumspection. Another area of uneven data collection is in the area of case process. Caseworker visits, court process, service delivery, and administrative function such as case plan reviews, are recorded in some States and not in others; that is an area where improvement could start soon.

How do States use the data? As I have mentioned, the big issue has to do with transforming data into information and knowledge. If you think about what happened with the Jackson family, the issue had less to do with not having any data—in fact, they had quite a bit of data. There were 38 visits by 5 different workers. Not all of that was recorded, but it was direct observation of what was going on in the family. The failure there was a failure of interpretation, not a failure of data collection. What does this tell us? Transforming data into information that guides action is a human activity, and the skills needed to do that are a seriously neglected part of the repertory. The modern SACWIS system is a model of technology for capturing and storing data with extraordinary potential for producing information, but that potential is realized too infrequently.

As I said, the second part of the problem is with the human capital issue. Before the utility of any data system can be realized, whether it is a legacy system or a SACWIS system, the human capital needed to use those systems has to be developed; and, as I said, it has been neglected. There are States with an enlightened leadership. They serve as models, and their activities should be replicated, but there is considerable work that needs to be done. In terms of new data collection, appropriate safeguards and existing sources of information should be linked to the fullest extent possible. That would lift some of the data collection burden. Although well-being is on everyone's mind, the scope of State responsibility regarding well-being from a developmental perspective is yet to be defined, and it is important that we be very deliberative about that.

Fourth, for every new dollar invested by the Federal Government in support of data collection, we ought to invest one more dollar in

the training of the workforce. Finally, what else can the government do? The focus in these hearings has been on State efforts to collect and use data. I think there are some steps that the Federal Government could take right away. With regard to the Child and Family Service Review, you may find it interesting to know that, although permanency is the principal outcome for children placed in foster care, there is no outcome in the Child and Family Service Review that measures the likelihood of leaving foster care for a permanent home. More can be said about these issues. The Child and Family Service Review is a good process, but there are some serious problems that need to be addressed. Thank you very much for the opportunity to speak with you today. I am available for questions.

[The prepared statement of Mr. Wulczyn follows:]

Statement of Fred H. Wulczyn, Research Fellow, Chapin Hall Center for Children, University of Chicago, Chicago, Illinois

Chairman Herger, members of the Subcommittee, thank you very much for inviting me to speak with you today. My name is Fred Wulczyn. I am a Research Fellow at the Chapin Hall Center for Children at the University of Chicago, an independent research and development center devoted to bringing sound information, rigorous analysis, and an independent perspective to the public debate about the needs of children and the ways those needs are being met. I want to thank you for the opportunity to address the issues that are the focus of this hearing.

For more than 20 years, I have been conducting research using state data systems that monitor children who are abused and neglected and those children who are placed in foster care. Today, I direct the Multistate Foster Care Data Archive, the nation's oldest source of multistate data that tracks the placement experiences of children in foster care. The Archive houses data from 15 states, covering more than a decade of information. In some states, we are able to follow admissions to foster care as far back as 1983. All told, the Archive contains the placement histories of 1.4 million children. The states included in the Archive include California, New Jersey, New York, Illinois, Ohio, Michigan, Alabama, Wisconsin, Iowa, among others.

Because of our work with the Archive, we have developed a rather thorough understanding of the information systems states have at their disposal. We have nuts and bolts knowledge of what are called legacy systems as well as the more modern SACWIS systems developed within the past decade. We are able to compare the strengths and weaknesses of state data systems. Our research in recent years has focused on the following: 1) the development of appropriate outcome measures that state and localities can use to monitor performance over time; 2) the development of appropriate statistical methods for understanding the impact of policy changes; 3) the development of projection techniques that permit near real-time performance monitoring; and 4) the development of techniques for integrating information from various sources into a comprehensive record of service involvement.

When our work leads us to direct involvement with states, we work closely with state leaders such as William Bell in New York City, Sylvia Pizzini from California, and Larry Brown from New York State. In California and New York, we have supported the states in efforts to develop the capacity to monitor the performance of county child welfare systems using their existing data systems. In New York City, our work includes the design of information delivery systems that significantly expand access to information across child welfare organizations. Finally, in New Jersey, we are working with the Division of Youth and Family Services, the Settlement Panel, and the Rutgers University School of Social Work to maximize the utility of the information resources that exist in that state.

Following the testimony you heard two weeks ago, you may be surprised to hear that New Jersey has information assets. Newspaper accounts have described the lack of information; the state has only recently moved to develop a SACWIS system and one witness two weeks ago characterized the computer system in New Jersey as something out of the "stone ages." I reference New Jersey for obvious reasons, but also because our experience working with the state's data system is somewhat different and I would like to use our experience in New Jersey as a backdrop for my remarks today.

Before I address the questions that are the subject of today's hearing, I would like to point out the following. First, it is very difficult to generalize and say that states

do or do not without exception collect certain pieces of data. Child welfare programs differ from state to state, and their information systems reflect that diversity. Even when states collect what appears to be the same information, detailed analysis often reveals important differences in the meaning of what is actually recorded. Moreover, to the extent these differences reflect state and local choices regarding the best way to address the needs of abused and neglected children, the Federal Government should assume a somewhat cautious position as it weighs whether to impose data collection requirements because doing so might reduce program diversity. If there were one best way to serve vulnerable children, then minimizing program diversity would be less worrisome. Unfortunately, that is not the case.

Second, the real issue facing child welfare administrators and practitioners has less to do with data than with information and knowledge. To be sure, the foundation of information and knowledge is tied to data. However, in my estimation, progress today is limited by our ability to transform data into information and knowledge. In the states with the most sophisticated information systems, it can be said that they are awash in data with a limited ability to make sense of it all. In the past 10 years, I have met with hundreds of administrators and caseworkers who trying to comprehend the data that is already available. This is difficult work and adding data to the pile will not hasten the day when we can be sure the child welfare system has squeezed every bit of information and knowledge out of the data it already collects.

What data are states collecting to monitor care and supervision?

With regard to the data states collect to monitor the care and supervision of children in foster care and adoption, it is easiest to organize a response using the federal outcomes to profile the current state of affairs. The National Child Abuse and Neglect Data System (NCANDS) is the source of federal data about safety (maltreated children). As of 2002, 42 states provided data for the "child file," the most detailed record available. According to the latest report, those states represent nearly 85 percent of the population of maltreated children reported to state officials. States that provide NCANDS data do so by extracting information from their own information systems. Because the file submitted by states is an extract, it would be reasonable to conclude that the NCANDS data represents some fraction of the information available from their information systems. The NCANDS extracts include child- and report-level data regarding specific allegations, demographic attributes of the victim, information about the perpetrators, data that describes report-to-investigation response times, and the disposition. The detailed child record also includes historical information so that it is possible to identify children with a history of maltreatment. Most recently, the data submitted by the states includes information about services provided to maltreated children, but these data are available only from a subset of the states already providing NCANDS data.

States monitor the permanency outcomes of greatest concern to the Federal Government—reunification, adoption, placement stability, and reentry—using a variety of data systems including SACWIS systems. Again, to understand the information states track in order to monitor permanency, it is useful to consider what states report to the Federal Government. The federal data source is the Adoption and Foster Care Analysis and Reporting System (AFCARS). As with NCANDS, the AFCARS data submitted by states are extracted from a larger database maintained by each state. The AFCARS data can be used to follow entries to and exits from care. To a more limited extent, the AFCARS data can be used to track placement stability and reentry. However, this particular problem is unique to the design of AFCARS and does not necessarily reflect what a state can do to track placement stability and reentry. I will return to this point later. Information about the child includes demographic data, administrative actions such as TPR, and reason for exit. Given that virtually all of the states provide at least some AFCARS data, and that the quality ofAFCARS data has improved over the years, it is fair to conclude that the underlying state capacity to track the experiences of children placed in foster care has improved.

The one area that requires additional development is well-being. The federal system of outcome measures adopted for the Child and Family Service Reviews does not include any direct measures of child well-being and it is fair to conclude that this reflects the state of affairs in most if not all states. This is not because states and other stakeholders are uninterested. Rather, the issue of well-being is a complex one, and deciding which data should be gathered and by whom are questions that remain largely unanswered. Right now, in the states with advanced data systems, tracking whether children attend school or see a physician represents the leading edge of practice in this area. These are not, however, measures of how a

given child is doing in a developmental sense. Again, I want to return to this point a bit later, when I address what additional data might be collected in the future.

Another area of uneven data collection is in the area of case process. Caseworker visits, court processes, service delivery, and administrative functions such as case plan reviews are recorded in some states. Of the improvements in data collection prompted by the SACWIS systems, the case process components are typically superior to those found in the older legacy systems. As a result, practice in this area is improving.

With regard to the question about children in foster care and children who have been adopted, practice differs significantly and for good reason. Most if not all of what I have so far described pertains to children generally or foster children specifically. That is, the data collected about maltreatment pertains to all children. A child's status as an adopted child does not alter the information collected. Once a child has been adopted, how the child is tracked in their information system changes. From an information systems perspective, the historical record of an adopted child is retained. At the time of the adoption, a new record is started, but usually only if there is some type of post-adoption contact with the service system. States do track subsidy payments, but I have little familiarity with how states carry out that function. My impression is that payments are tracked as part of a state's fiscal system. If there is no future involvement with the child protection system, the recorded data will indicate as much. That is to say, there is no record for the child following the adoption, which is as it should be. The presumption when a child is adopted is that the child is in a family similar to other families. The state does not track the whereabouts of my children; adoptive families should have the same expectation. To do otherwise might have a chilling effect on the willingness of families to adopt.

How do states use data?

Of the questions posed by the Committee for this hearing, this one is, I believe, the most important. Return for a moment to the testimony offered two weeks ago. According to witnesses, the Jackson family was visited 38 times by at least 5 different workers over a 4-year period. Although much of the data that was gathered during those visits was not recorded electronically, it would be off-point to conclude that there was a lack of data. On the contrary, there was a great deal of data available to at least a few people. That data was in the form of *direct* observation of the children, their surroundings, and the interaction of family members. In other words, the caseworkers had access to the sights and sounds of family life and for whatever reason did not use the data to formulate an appropriate plan of action. This is a failure of *interpretation,* not a failure of data collection.

What does this tell us? The primary challenge at this moment in time has to with an issue I raised at the outset. In most if not all states with data systems, the challenge facing the child welfare system concerns the use of that data for decision support. Transforming data into information that then guides action is a human activity and the skills needed to do that are a seriously neglected part of the repertoire. We typically refer to SACWIS systems as information systems, but in truth *data system* is a more accurate description. The modern SACWIS system is model of technology for capturing and storing data, with extraordinary potential for producing information. Sadly, that potential is realized too infrequently.

The problem is two-fold. First, there is the problem of structuring data so that information about children served can be distributed throughout the organization. The SACWIS systems are useful for capturing information about individual children, but a given child's history of service has to be understood in a context that relates their particular experience to the experiences of other children. Shaping the information in data systems so that it serves caseworkers is an engineering problem that requires greater attention.

The second part of the problem has to do with human capital. In historical perspective, the child welfare system operated for a long time with little or no systematically collected information. Ten years ago there were relatively few states with information systems. The Foster Care Data Archive that I direct started in 1993 with 3 states. AFCARS data were first compiled less than a decade ago. State data systems are ahead of that curve but not by too much in most cases.

The point is this. The first step is collecting the data; using data is the second step. For the most part, the skills needed to use information have to be acquired. In almost every state, a handful of individuals understand that data well enough to convert it into information. But on the frontlines, those skills are not yet widespread because the demand for those skills has only recently evolved. Before the utility of any data system can be realized—whether it is a legacy systems or SACWIS systems—the human capital needed to use those systems has to be devel-

oped. Technology companies that provide the hardware and software for businesses of all types will tell you that once the computers have been installed, ongoing support focuses on end user training, an investment that often approaches the initial capital investment.

States are making progress. In California, the Department of Social Services working in conjunction with UC Berkeley and Barbara Needell have made significant strides producing information that stakeholders can use. In North Carolina, a group at UNC led by Lynn Usher with the support of the Casey Foundation, has worked closely with a group of states to build local capacity. In Illinois, Mark Testa has used the state's data systems to promote policy reform. Our own work (Chapin Hall) in New York City, New York State, California, Maine, New Jersey, and Tennessee is yet another indicator of the progress the states are making. Other states leading the way include Oklahoma, Kentucky, Kansas, and Washington. Finally, the American Public Human Services Association and the National Association of Public Child Welfare Administrators are working to establish a Center for State Foster Care and Adoption Data. Among other functions, the Center will house the research and development work needed to facilitate the use of information, bringing the latest technology to bear on the problem.

In each of these places, the effort to expand the use of information is shaped by enlightened state leadership. Let me stress, however, that despite the considerable progress that has been made, there is considerable work that needs to be done before the use of information becomes an integral part of the skill set that is applied to decision making, at either the case level or the system level.

What additional data can states collect?

I am somewhat ambivalent about my answer to this question. On the one hand, the long-term interest rests with expanding access to data that is systematically gathered, recorded, and applied to the decision-making process. When data that describe basic casework processes (family visitation, caseworker visits, timeliness of investigations) are not available, steps have to be taken to correct the problem sooner rather than later. On the other hand, states are collecting data today that they do not use, so it is difficult for me to see how collecting more information solves one of the most basic problems. In some of the states where I have worked, the lag between when outcome data were first collected and when the data were used to understand what happens to children in foster case was more than 10 years.

In light of what was known and not known about the Jackson children, I understand the need to evaluate whether additional data would have avoided what transpired. Understandably, attention has turned to whether access to data about the well-being of children would have improved decision making. As I suggested earlier, the question has several parts. The first has to do with the individual pieces of data that might be used to describe the well-being of children served by the child welfare system. The second part of the question has to do with assigning responsibility for collecting the data. When well-being is measured as height and weight, it is easy to imagine any number of people who might be able to accurately collect and record that data. Most other indicators of well-being, however, are much more nuanced, and require the involvement of trained professionals. Doctors and nurses, for example, are the professionals who should be evaluating child health and recording the data. The third question has to do with whether the data already exists in a dataset maintained by another public agency. In the interest of efficiency, too much redundancy (collecting the same piece of information more than once) is often counterproductive in the eyes of those individuals who have to gather the data. It may not be a question of gathering more data. The solution may be tied to better linkage between existing sources of data.

What then about new data collection? I would advise the following. For children in foster care, data that capture whether a child is receiving health care and attending school is a useful place to start. Physician visits expand the circle of adults looking out for children. For children who are adopted, the situation is more difficult, as I mentioned. Without the active participation of the community, public officials may find it hard to know what is taking place in the privacy of a home. Even then, there is no guarantee that the community members will interpret what they see in the same way a professional would.

Second, with appropriate safeguards, existing sources of information should be adapted to the fullest extent possible. Linked data provide a way to extend the data in one system with the data from another. The obvious sources of linked records are health care data and school data because the data in those systems represent health and educational outcomes. Other data sources including TANF and behavioral health can substantially improve our understanding of program utilization and well-

being without adding new data collection responsibilities on the child welfare system.

Third, although well-being is on everyone's mind, the scope of state responsibility has yet to be articulated. As I pointed out previously, there are no federal outcomes that directly measure well-being. Before new data collection requirements are imposed on states, some time should be spent identifying the outcomes, defining the child welfare system's responsibility vis a vis those outcomes, and then deciding what data should be collected. To reverse these steps will only lead to frustration.

Fourth, for every new dollar invested by the Federal Government in support of new data collection, one more dollar has to be spent helping states train their workforce on the use of that information as a decision support because the failure to invest in human capital diminishes the return on the original capital investment. This is especially important as well-being becomes a focus. Compared to safety and permanency related data, data that describe the well-being of children is much more difficult to comprehend in a practice context. Let me be more specific, it is easy to understand that a child lags behind on some measure of development. It is much harder to understand and document how child welfare interventions influence developmental trajectories.

In this context, I would be remiss if I did not mention the need to support research and development. If the Federal Government provides $7 billion to states for their foster care programs, an allocation of 1 percent for research and development would yield $70 million. HHS recently announced discretionary grant awards totaling about $21 million, some of which goes for purposes other than research. These are much needed funds, but the simple truth is that underinvestment in research and development is one impediment to progress.

What else can the Federal Government do?

The focus of these hearings has been state efforts to collect and use data. In closing, I would like to shift the focus and consider whether the Federal Government is doing all that it can to promote the use of data. For the most part, the answer to that question is yes. The Child and Family Service Reviews (CFSR) represent real progress. The emphasis on both outcomes and process is a substantial improvement over the older system that relied almost exclusively on process measures of state compliance with federal mandates. In short, the basic structure of CFSRs has to be preserved.

Having said that, some aspects of the reviews require attention. In the interest of brevity, I will point out a few of those issues. I have already provided a paper to the committee that provides more background.

First, although permanency is the principle outcome for children placed in foster care, there is no outcome in the CFSR that measures the likelihood of leaving foster care for a permanent home.

Second, the permanency measures that are being used cannot be used to measure performance changes over time. The problem has to do with the fact that the measures focus only on the children who leave foster care; the experience of those children still in care is not included in the measures.

Third, the reentry measure does not evaluate the risk of reentry at the individual level.

Fourth, the 50 case sample is too small to draw inferences about the quality of child welfare services, especially in large states.

More can be said about the issues I have raised regarding the national outcomes. I have mentioned them in this context because the underlying issues typify the larger problem. Broad system improvements that benefit individual children depend on data. Having data is, however, one piece of a complex puzzle that includes using the data appropriately. The process of the CFSR is a good and important piece of that puzzle. The outcome domains that are defined by the process are a good and important piece of the puzzle, too. The devil in the details has to do with exactly how the outcomes are measured. If the outcomes as measured do not produce information managers can use to run their system, then the entire process is undermined. The CFSR really is only as good as its weakest link.

My experience over the past 20 or so years tells me that considerable progress has been made on all fronts. There is, however, plenty of room for improvement. The story of the Jackson children is but the latest reminder. As you deliberate, I would ask you to remember that critical task facing the child welfare system has to do with converting data into useful information. Caseworkers, their supervisors, and the administrators who manage these complex systems will not make better decisions if the data in front of them cannot be transformed into information.

Thank you very much for the opportunity to speak with you today. I am encouraged by the interest in and commitment to child welfare the Committee has shown

over the years. Judicious investments in data, information, and knowledge will improve child welfare services to the benefit of vulnerable children and their families, the individuals who need our best thinking most.

Chairman HERGER. Thank you very much. I would like at this time to recognize a Member of the full Committee who, without objection, will sit with us—the gentleman from Florida, Mr. Foley. With that, Mr. McCrery to inquire.

Mr. MCCRERY. Ms. Ashby, we know that some States have not accessed any Federal funds so far for setting up a SACWIS system. Do you have any data or information regarding where those States are in terms of setting up a system that we think would be adequate? Are they behind—what is their situation?

Ms. ASHBY. There are currently four States that are not developing or operating SACWIS. They are Hawaii, North Carolina, North Dakota, and Vermont. Three of those States have had difficulties unconnected with having a system in place that would not require them to need a SACWIS. Hawaii has a system in place that they have determined to be satisfactory for its needs—a system it does use to report to the Federal Government. Of the other three States, two have had trouble getting the funding to allow them to participate in SACWIS. Of course, SACWIS is a matching program, currently 50 percent Federal funds, and 50 percent State and local funds. The third State had difficulty getting an agreement within its borders as to what system would be best for the State—what system would best automate statewide processes. So, that is why that State does not participate in the SACWIS program. Of the four, only one apparently has a system that is adequate.

Mr. MCCRERY. Mr. Watkins, you talked about the many improvements that have been made in Florida since the Wilson case. Looking at the systems you have in place today, and thinking about the New Jersey case, the Jackson boys, do you think that your system today would detect a case like the one which occurred in New Jersey? If so, which parts of your system would do that?

Mr. WATKINS. One of the foundations of SACWIS is that it is statewide. When you have a community that is as diverse as ours—with 67 counties, with so many different providers of services, including law enforcement, who we contract for child abuse investigations in 5 counties—it is absolutely imperative that we have communication systems where every child is in the same database. I do think in this particular scenario, where you had what appears to be—in my limited knowledge of New Jersey's case—different workers at different times working on adoptions in a single home, information would have been more consistent in Florida today if that were to occur, and we would be able to avoid that.

Mr. MCCRERY. Why would information be more consistent?

Mr. WATKINS. For example, we have a very aggressive adoption program in Florida. We have children that have special needs that are adopted throughout the country, not just within Florida—and, of course, all across our 67 counties. Due to that, you may have different agencies working with a single set of parents adopting one child versus another, and, of course, you can see where it becomes

very important to look at the whole picture of what the family dynamics are.

Mr. MCCRERY. So, your new system does that? It links up?

Mr. WATKINS. What I am suggesting is that in the past we would have had that same kind of liability because different counties wouldn't know what the others were doing. In a SACWIS environment, we would have a full picture of what the family constellation looks like.

Mr. MCCRERY. Mr. Wulczyn, you have talked a little bit in your testimony about the difficulty that States have in collecting data that helps them to monitor kids in their care, while at the same time meeting Federal reporting requirements. Is this a big obstacle for States, or is it something that they should be able to accommodate?

Mr. WULCZYN. Well, I can't speak for States directly. I think it is an obstacle. It can be overcome, but there has to be a focused effort to do so. Gathering data is the first part of the problem. The second part of the problem is engineering the data so it fairly represents what is taking place in the State; that it meets a variety of user requirements, such as reporting, local child welfare administration, supervisory caseworker, and decision support. That is an engineering problem that, just as with the data collection, requires focus and emphasis. That is also part of the equation; and thus far, it has been the neglected part of the equation.

Mr. MCCRERY. So, you are in favor of both? You are in favor of the States doing both?

Mr. WULCZYN. I think it is good and appropriate for the Federal Government to have an understanding of what is going on in State child welfare programs. I think to a very large extent, since the States are actually running the programs, their knowledge of what is going on should be supported to the full extent that it can be—but it requires commitment and focus.

Mr. MCCRERY. Thank you, Mr. Chairman.

Chairman HERGER. The gentleman from Maryland, Mr. Cardin to inquire.

Mr. CARDIN. I want to address Mr. McCrery's question, because, Mr. Wulczyn, you have raised a very good point. You can have the best collection monitoring system, but is it useful in providing the tools necessary to assist a family that may be in crisis? Does it give you timely information? Are you able to respond? Does it give you the tools you need in order to properly manage your caseload? I am getting from your testimony that that may not be the case.

Mr. WULCZYN. Well, it is very difficult to understand. Those are judgments and data. Electronic data removes much of the context that is important to those kinds of judgments. That is why I focused very much on the fact that there was data collection taking place in New Jersey—what had happened was a failure to interpret the data properly. The question is, having made that data electronic, would that have facilitated a better outcome? In some instances it will, and in some instances that is expecting an awful lot—and it removes the worker's judgment. I don't think any information strategy that removes or minimizes worker judgment is, in the long run, going to be productive for the system.

Mr. CARDIN. There was a suggestion made at the last hearing that for those families who are getting assistance in adoption, there is a right of Congress to put certain monitoring or expectation requirements on how the States are handling those families. I think this also goes with the general issue. We provided technical assistance to developing and monitoring systems, but we really haven't done much to see how that information is utilized, other than making it available to us. Shouldn't we be looking at additional expectations here in both of those regards? I open it up to anyone who would like to respond to that.

Mr. MCKEAGNEY. I will comment on that. The question about whether or not there should be additional monitoring of adoptive parents, I think, is one that is sensitive to most of us—the idea being that once parents have made a full——

Mr. CARDIN. They are receiving special assistance from the Federal Government.

Mr. MCKEAGNEY. I recognize that. We have always done eligibility reviews for those continuing subsidies of the Federal Government. Eligibility has been broadly interpreted in many programs in the past. I personally believe that it is appropriate to ask some broader questions about the continuing appropriateness of that subsidy. Eligibility should not be strictly a product of financial condition. I do think this is an area that would be extremely difficult to move into. I don't see a reason, however, why there shouldn't be face-to-face contact with adoptive families on a continuing basis. There is no substitute for human interaction in these relationships; and no information system in the world is going to solve that problem.

Mr. CARDIN. Mr. Watkins, the fact that you have almost 500 children that are listed officially as missing—I understand most of these children have been classified as runaways. My question is a follow-up on the last response: how did you make that determination? Has there been a direct interface between the department and the family to verify that these children are runaways, the circumstances in which they have run away, how long they have been missing, and what efforts have been made to locate them, and so forth. Is this an easy way for you to classify children where you don't know where they are?

Mr. WATKINS. No. We have made those face-to-face contacts; and I would agree with the comment that there is no other thing that we can do greater than the actual event that occurs between the frontline worker and the child or parent. As of October 31st, there are 468 children that the State of Florida considers out of their placement. We break that down. Some 425 are on runaway status, where we have information that suggests they have elected to leave their placement. There are 43 additional children who are either endangered or have been abducted by someone.

Mr. CARDIN. I guess my point is, in making that determination, do you have a process in place that requires—was it a year later that you discovered a child was missing, and therefore classified the child as a runaway, or is there a process through which there is consistent responsibility of the caseworker to determine whether a child is at home or not?

Mr. WATKINS. Yes, sir. We have one of the most aggressive contact levels, in terms of the frequency with which we have to contact the children. It is a monthly requirement. Every calendar month, the 48,000 children are to be contacted. Since the Wilson case, where we have been able to aggregate literally, and know exactly on a statewide level which children have been contacted and which have not, we have exceeded a 95 percent contact rate each calendar month. For the other 5 percent who have not been contacted, we have very stringent protocols in which we follow up with those children.

Mr. CARDIN. What do you mean by contact?

Mr. WATKINS. Face-to-face contact between the assigned caseworker and the child that is in the foster care system.

Mr. CARDIN. Thank you, Mr. Chairman; and I would like to thank the witnesses for their testimony.

Chairman HERGER. Now the gentleman from Florida, Mr. Foley to inquire.

Mr. FOLEY. Thank you very much, Mr. Chairman. I welcome all those presenting today. This issue troubles me. It is more difficult to get a Blockbuster card than it is to gain access to a child in some States. Regrettably, we have heard a lot about technology today, but one of the underlying concerns that I have had since the New Jersey case appeared was the fact that in that State there were 38 visits by an agent of the State to the home of the Jacksons. Now, they claim that while they weren't looking at the Jackson boys, they were supposed to observe a girl in that family in the adoptive setting. That belies the problem. If you are there to observe the conditions in which a child is living, and you fail to observe four children starving, then are we inadequately training the people going into these homes?

Some of the homes we asked these caseworkers to go into, you would have a difficulty convincing somebody with a bulletproof vest and two sidearms to enter. So, we have to recognize the stress we put these people under. What are we doing on the human element? We are not talking about training. Money doesn't seem to be a problem. I always hate when we have these problems. All of a sudden, everybody comes, we need more money—we need more this, we need more that. Yet $30,000 went to the Jackson family to watch children starve. The minister last week proclaimed the children were the guilty parties and the family provided a God-fearing, lovely home in which to raise children; and yet 38 visits occurred where no one sounded an alarm bell. Can someone identify what we are doing to improve the human training element, getting these people to observe these cases and provide a more positive response to law enforcement? Michael, if you would like to bat on behalf of the State of Florida.

Mr. WATKINS. I would be glad to. In Florida, we are reexamining our training curriculum. We are going toward a community-based system of care, which means we are going more toward smaller working groups. I mentioned in my testimony about the lack of fraternity amongst the ranks of child protection. We believe that smaller working groups will bring an organizational identity that brings more commitment to their job. We will have a localized training system with a minimum core curriculum that is provided

by the State. We absolutely have to focus people on those very things—the family constellation. You cannot do child protection, child welfare work—whatever name you want to call it—without considering all the elements of a family. If you are in a system that only focuses on child decisions, and does not have a family focus, then you are going to continue to fail.

Mr. FOLEY. You mentioned aggressive placement of children. Does that aggressive placement of children lead to a rush to place rather than securely placing?

Mr. WATKINS. In Florida, I hope that is not the case. Certainly we have been asked, and we have been incentivized by the State, to increase our number of adoptions by the Federal Government. That is something we believe in—something our State legislature has charged us to do. We have protocols, an assessment process to make sure that we are making the proper decision up front, so that in a post-adoption environment, we don't have to worry about the decision going bad. One of the things I would offer, however, is that an adoptive family is no different than any other family that lives next door to you and doesn't involve adoption. We have child protection systems and investigative processes to go out and ensure their safety. We believe that therein lies the assessment process.

Mr. FOLEY. Well, I visited with our agency in Tallahassee, and I must commend the Governor and the agency for recognizing a serious flaw in the program. So, I commend Florida for its aggressive pursuit of getting to the bottom of the problem. Can anybody else comment on the human element involved here—how we can help expedite successful placement?

Ms. BAKER. I would like to say something about that. In Norfolk we have two things: we have a contract with our local university's Master of Social Work (MSW) program, and we are implementing a training academy that focuses on those very core subjects of investigation, child development, and things that we need to be aware of. We want, across the board, all of our workers—from new to our more experienced workers—receiving the same types of training. In addition, we have also recently implemented structured decisionmaking, which is a research-based risk assessment tool. This helps us have consistency across the board in what workers are seeing in homes, and how they are assessing the risk level these children remain at when they are left in the homes. That has just recently been implemented, but across—there are 19 other States who have also implemented this, and there has been some excellent outcomes with structured decisionmaking as well.

Mr. FOLEY. What is the pay level for someone who is willing to risk their life to go into these homes?

Ms. BAKER. Not enough. For an entry-level social worker, $27,000.

Mr. WATKINS. Florida is $30,000 to $34,000.

Mr. FOLEY. Is there an increase if they receive higher degrees of learning, such as an MSW?

Ms. BAKER. Not necessarily with an educational increase, but if they are promoted to social worker two or three level, a lot of that is connected to education.

Mr. WATKINS. The same is true in Florida. We have a competency-based system where you are able to progress.

Mr. FOLEY. I am proposing a bill to allow social agencies to use the National Crime Information Center computer system to determine the fitness of adoptive parents. Would it be helpful to be able to access criminal records of those who would seek to adopt?

Ms. BAKER. We currently do that.

Mr. FOLEY. I understand some States aren't doing that.

Mr. WATKINS. We use it for placement purposes only. We don't use it as an investigative tool. We think that that has some application.

Mr. FOLEY. You will use it in determining the fitness of an applicant to become a foster parent?

Mr. WATKINS. Yes, sir.

Chairman HERGER. I thank the gentleman from Florida, Mr. Foley. Our purpose today is to better understand if States are doing all they can to ensure safety for children in their care. The main point that I have taken from all of your testimony is that while States have come a long way in developing these systems, they still have a considerable way to go. However, it also seems that the problem may not be a lack of data; rather the problem may be that the States are not using the data they currently collect. So, my question here is intended to help us understand what more needs to be done to encourage both the collection of, and the proper use of, these data to monitor kids. Ms. Ashby, can you summarize the core data elements States and local agencies collect, and how is that data related to what they report to the Federal Government?

Ms. ASHBY. Yes, sir. State systems, such as SACWIS, are supposed to be case management systems as well as systems to collect data for the Federal Government. There are certain core data elements, as you alluded to. They concern foster care and adoption characteristics. There are 66 foster care elements, and 37 adoption elements. Now, the other part of the information that goes to the Federal Government has to do with abuse and neglect, and SACWIS should ideally include that information in its system. If it does not, there should be another State system with that information, and the SACWIS system should link to that system so that there can be a common basis of reporting.

Of the required elements, some have to do with the demographic characteristics of the children and their families, such as the race of the child and parent, date of birth, sex, and special needs. Other information has to do with the child's experiences—how long has the child been in care, what type of services have been provided, what type of placements have there been, and that sort of thing. The idea is for States to be able to track, for each child, what has happened to that child since coming into care, and under what circumstances the child came into care. Certainly social worker visits and findings during those visits should be recorded, and any special needs. Basically, it should include demographic data about the child, the parents, and the experiences of the child while in care.

Chairman HERGER. Since it would appear that that data did not help the Jackson children in New Jersey, what should we be doing differently?

Ms. ASHBY. Well, the New Jersey system is in its planning phase, which is the very early phase. So, the SACWIS could not

have been used to record information for that family in New Jersey. As several people have said, no matter what system you have, no matter how good your automated system, it is no better than the data that is put into the system; that is where worker training and some of the other things we mentioned here are very important. So, I can't specifically answer your question with regard to that. Had they had a SACWIS system that was fully developed, it sounds like that may not have resolved the problem here, because the social workers would not have seen a situation with four children starving because that is not what they saw. In this particular situation, it is very difficult. Further investigation perhaps will point out some more lessons to be learned here.

Chairman HERGER. Thank you very much. Now a question for Mr. Springett. Good management of information systems in child welfare would not only provide timely information, but also accountability and safeguards to ensure that kids are being provided with necessary services. Can your technology be used to notify a program administrator in cases where there was no activity reported for a child in, say, 90 days? Could you notify the administrator when 12 months had passed with no doctor visits, for example?

Mr. SPRINGETT. Mr. Chairman, yes, indeed. You could set a flag on whatever period you desired, whether it is 30 days or 60 days, whatever the characteristics, and the system would go through, do a search, and send up a flag to the system administrator if there had been no contact within the 30 days. It would then flag them to do something. By then, the same could happen with the doctor's visit; you could flag that there has been no activity or no record of any medical information passing through the system within that time period. Yes, sir.

Chairman HERGER. Thank you. I would like to thank each member of our panel for taking the time to travel here as we review our efforts to ensure safety and well-being for children in foster care. We will continue to explore these issues to ensure that we are doing all we can to prevent any more horrific cases of abuse or neglect from occurring. I thank our witnesses today for providing us with important information to consider as we seek answers to these critical questions. This legislative session appears to be coming to a close, but these hearings have highlighted that there are still additional issues that we must explore.

A number of our witnesses today have discussed the role of the Department of Health and Human Services in helping States develop their data systems. I intend to follow up on some of these issues with the Department of Health and Human Services, and have these comments submitted for the record. It also is apparent that we must examine Federal and State oversight of child welfare programs. This will be the topic of future hearings. Again, I thank our witnesses, as well as the many parents and program experts who have taken time over the past few weeks to provide comments to assist us in our work. Many questions remain unanswered, but it is my hope that our efforts will result in more permanent, safe, and loving homes for these children who we strive to protect. With that, the hearing stands adjourned.

[Whereupon, at 3:30 p.m., the hearing was adjourned.]

[Questions submitted from Chairman Herger to Ms. Ashby, Ms. Baker, and Mr. Watkins, and their responses follow:]

Questions from Chairman Wally Herger to Ms. Cornelia M. Ashby

Question: You discuss in your testimony that the Child and Family Service Reviews currently underway by the Department of Health and Human Services (HHS) look at statewide information systems. For a State to pass this review on this factor, HHS must determine that the State is operating a system that can readily identify the status, demographic characteristics, location, and goals for placement of every child who is in foster care. To date, we know that none of the States has completely passed these reviews by HHS, but most of the States have managed to be in compliance with their statewide information system. What does this tell us? Does "compliance" simply amount to the State having a system, without ensuring that it actually works to achieve its purpose of protecting kids? Do these reviews examine how the States are using these data to monitor kids in their care?

Answer: Regarding your first question on HHS's Child and Family Service Reviews (CFSR), the CFSR takes a narrow approach to determining the "substantial conformity"[1] of a state's information system. As we mentioned in our July 2003 report[2] and our November 2003 testimony, the CFSR requirement is that a state's information system can readily identify the status, demographic characteristics, location, and goals for placement of every child who is in foster care. The review looks at the state's current information systems, regardless of whether the state is developing a SACWIS or the stage of development.

Although a state may be in "substantial conformity" with the information systems measure in the CFSR, the state may continue to face challenges obtaining accurate and reliable data on the children in their care. For example, HHS noted in one review that a state met the basic standard, but added that although the system is data rich, it is fragmented and local area offices and private partners with whom the department contracts have developed their own individual data systems to meet their needs. As a result, data exchange is difficult and the data available in the state's information system may not accurately reflect case activity and status.

Although HHS does not review additional components of a state's information system during the CFSR, it conducts more thorough reviews of states' information systems through the SACWIS and Adoption and Foster Care Analysis Reporting System (AFCARS) reviews. For those states developing SACWIS, the review covers a wide range of topics to determine the functionality of the SACWIS as a statewide case management tool to monitor the children in the state's care. However, HHS does not conduct these reviews until the SACWIS is operational. As we noted in our report and testimony, 29 of the 47 SACWIS are operational or complete.

All states, regardless of SACWIS development, will have an AFCARS assessment, which reviews the computer system's ability to capture accurate data that reflect children's experiences in care. As we reported, HHS has conducted 11 official reviews—even though states began reporting AFCARS data in 1995.

Question: According to your testimony, in New Jersey there are more than 40 stand-alone systems that capture information on children served by their child welfare agency that they want to integrate. However, New Jersey is still in the planning stage even though they first received Federal funds in 1996. Do we know why it is taking this State so long to develop a child welfare information system? Are there other States facing similar problems and/or delays in implementing child welfare information systems?

Answer: Regarding your question on the challenges New Jersey and other states may be facing in completing their SACWIS, we reported in our report and testimony that most states developing SACWIS encountered challenges during the process. New Jersey reported in our survey, like many other states, significant delays—42 months—beyond the timeline it proposed to HHS for completion. New Jersey was not one of our site visits for our report and, therefore, our knowledge of New Jersey is limited to its survey responses. New Jersey reported that receiving state funding

[1] HHS uses information from the statewide self assessment and stakeholder interviews to determine substantial conformity on this measure.

[2] See U.S. General Accounting Office, *Child Welfare: Most States Are Developing Statewide Information System, but the Reliability of Child Welfare Data Could Be Improved*, GAO–03–809 (Washington, D.C.: July 31, 2003).

approval was a "very great challenge" and that receiving Federal funding approval, securing contractors with child welfare knowledge, and establishing an internal task force to provide recommendations on system design presented "some challenge." Some of these challenges are similar to those other states reported experiencing. The common challenge reported by the states responding to our survey was receiving state funding approval, which is required for the state to draw down Federal SACWIS funds. Additional challenges included reaching internal agreement on system development, creating a system that reflects child welfare work processes, and creating a system that is user friendly.

Questions from Chairman Wally Herger to Ms. Jill Baker

Question: The Human Resources Subcommittee held a hearing on November 6 that highlighted a number of areas where the child welfare system in New Jersey failed to protect four Jackson boys who were apparently starved by their adoptive parents. For example, we learned that this family had been visited over 38 times by social workers who failed to notice and/or document any problems. From your experience working with child welfare data, do you feel that the data currently collected by States is sufficient to help caseworkers assist children in care?

Answer: There is ample data collected by the State and local Departments of Social Services, the State Medicaid office, the school systems, and juvenile justice agencies, among others, to assist case managers in providing optimal care and oversight to children in foster care or adoptive placements. However, this information is not made available to case managers, or shared across agencies. The information collected by the State and local child welfare agency alone would be a helpful management tool if the workers and supervisors had ready access to the data. As I mentioned in my testimony, in Virginia, we do not have the ability to run reports or queries against the system on our own.

In State-supervised, locally administered settings, there are issues over "ownership" of child welfare and other Human Services data. We maintain that the data we enter in the system, for which we are accountable to the Federal and State government and our community, should always be available for us to access. When our workers, supervisors, and program managers cannot access this data, they feel no ownership for it and we'll always be in an uphill battle to improve its integrity and our own performance.

Question: Are there steps that we need to consider to make sure that States collect and use the child welfare data they collect?

Answer: Congress can and should expect that the appropriations it makes generate high performance from State and local governments. The Child and Family Services Reviews, which Virginia recently completed, are a very helpful process in reinforcing the importance of data management and measuring the overall quality of service provision to children and families involved in the child welfare system. It is our hope that these reviews and oversight by Congress will help propel HHS and States to support efforts to develop data management *tools* rather than just systems for satisfying the state and Federal reporting requirements.

Question: Would your child welfare information systems know if a child suffered from fetal alcohol syndrome or was a "crack baby," as has been alleged in the New Jersey child welfare case? Is there any special guidance or monitoring you would provide to or require in the case of families that care for such children?

Answer: In Virginia, hospital physicians are mandated reporters and are required to report to Child Protective Services any infants born substance exposed. However, not all hospitals or physicians comply with this requirement.

Question: In the New Jersey case, the 4 boys needed medical attention but failed to get it for years. Would your child welfare information systems know whether children who have special medical needs and live in families that receive taxpayer support for their care have visited a doctor in recent years?

Answer: If the child is in foster care or has been referred for child protection services, workers are required to maintain the child's medical records and ensure that all special medical and/or educational needs are met. For other children, the Vir-

ginia system would not provide us this information because there is no electronic interface between the State's SACWIS and Medicaid systems.

We have been informed by State officials that they are in the process of seeking an interface with the Medicaid system to provide some of this information. We do not know when this will be accomplished.

Question: How hard would it be for States, for example, to compare their lists of children who have visited a doctor paid by Medicaid and their list of children in families receiving foster care or adoption payments, to determine whether such medical care is being provided?

Answer: Running such a match would not be difficult if there is a common individual identifier such as a Social Security Number in both systems. However, no such match system currently exists in Virginia. The City of Norfolk attempted to develop such a match program more than a year ago. To do the match we requested a monthly electronic report of all Medicaid payments made on behalf of Norfolk residents from the Virginia Department of Medical Assistance. Our request was denied due to confidentiality concerns.

Question: Do you engage in other data comparisons—for example focusing on children who have bounced from school to school, suggesting behavior or other problems—to prioritize your work?

Answer: We have not run data matches against the school data to identify children who bounce from school to school. There is no ability to do this on a statewide basis in Virginia. We have also monitored school attendance for TANF recipients through data matches with the school system for compliance with Learnfare requirements in P.R.W.O.R.A. We have "read only" access to the Norfolk School Board records that can tell us where the child is currently in school but it would not provide a history of the child's attendance.

Questions from Chairman Wally Herger to Mr. Michael A. Watkins

Question: What resources—in terms of time, effort, and money— did Florida have to invest to go from the "hard copy documentation" system you describe in your testimony prior to this year to the current automated system?

Answer: The cost of Florida's statewide Automated Child Welfare Information System (SACWIS), known as HomeSafenet, through December 31, 2003, is $144,256,410. Actual expenditures by state fiscal year are:

1994–1995 $4,248,570
1995–1996 $7,744,187
1996–1997 $8,523,070
1997–1998 $10,622,360
1998–1999 $9,650,851
1999–2000 $20,604,763
2000–2001 $23,074,752
2001–2002 $26,805,682
2002–2003 $26,652,744
2003–2004 $6,329,701 (as of 12/31/03)

HomeSafenet is expected to cost $180–$200 million when complete.

Question: Your testimony states that the caseworker involved in the Rilya Wilson case lied about visiting that family. What steps have you taken to ensure that this can't happen again?

Answer: While we recognize that no safeguard can prevent humans from misrepresenting facts involving the care of children, the State of Florida has actively put into place a broad number of strategies aimed at preventing and reducing the potential for such an occurrence.

The Florida Legislature enacted law to act as a deterrent for any falsification of records involving the care of children. Additionally, childcare providers were called upon to report the absence of any at-risk child from childcare.

The Department of Children and Families has required all care givers of foster children to report (toll free number) any child not seen monthly by their caseworker. HomeSafenet was designated the system of record for documenting all contacts between children and their respective counselors. Thus facilitating oversight and accountability by making key case management activities visible to multiple layers of

supervision including frontline supervisors, managers and administrators. Also, caseworkers were required to date and time stamp photographs of all children under supervision on a routine basis.

Question: Your testimony (page 4) discusses how 95 percent of children in care were visited monthly last year. For the rest, you mention that "we identify and prioritize them for verification of safety and well-being." How do you prioritize? What factors do you consider?

Answer: Each child not visited within the previous calendar month is identified by name at the caseworker, unit and district level. The assigned caseworker accounts for the circumstances that prohibited face-to-face contact with the child. The caseworker then prioritizes any child not seen as the highest priority for contact within the current calendar month. Specific factors for prioritization include: child's age, child's location, perpetrator's access, type of care giver, stability of placement, reason not seen and duration since last contact.

[Additional questions submitted from Chairman Herger and Mr. Cardin to the Honorable Wade F. Horn, Assistant Secretary for Children and Families, U.S. Department of Health and Human Services, to supplement the hearing, and his responses follow:]

Question: According to the U.S. General Accounting Office, as of October 2003, HHS had reviewed SACWIS systems in 27 States. What do these SACWIS reviews entail?

Answer: The Administration for Children and Families (ACF) SACWIS reviews entail determining whether a State's child welfare information system meets criteria laid out in an OMB approved review instrument. The review instrument includes an assessment of State documentation of the system components and interviews with a representative group of State users. The review instrument addresses up to 88 functional areas of a State's child welfare information system, 51 of which are mandatory. A State identifies those optional functionalities that have been included in its system in its request for funding to build a SACWIS. All functionalities included in the State SACWIS plan are reviewed. Therefore, ACF will evaluate all mandatory functional components (e.g., Intake, Screening, Assessment, and Investigations) and all the optional components the State elected to include in the system design (e.g., Court Processing, Contract Monitoring, and optional interfaces).

Question: Approximately how long do these reviews take to complete?

Answer: In preparation for a SACWIS review, the State provides documentation on the system. This documentation includes a prescribed list of 11 items as well as supplemental information provided by the State. ACF reviews the documentation prior to an on site visit. The on-site SACWIS review is a week long activity. The review includes a systems demonstration at a central State location, followed by site visits to multiple offices within the State.

Question: How do you determine which States to review and when?

Answer: A State informs ACF when its SACWIS system has become fully operational through annual status reports. A SACWIS review is scheduled with the State after this determination has been made. The on-site review is conducted at a time that is mutually agreeable to the State and ACF. Usually the reviews take place in the fiscal year following the year that the State informs ACF that its system is operational. The review is scheduled after a discussion with the State project staff.

Question: Do you review all States, or only those States who have received Federal funds for SACWIS?

Answer: Only States that have elected to implement a child welfare information system qualifying for Federal funding are subject to the SACWIS review activity. ACF may conduct other types of monitoring reviews in States that have not elected to build a SACWIS.

Question: How do you categorize States based on these reviews, and what do these categorizations mean? For example, what does it mean that a State's SACWIS is operational? Partially operational?

Answer: ACF employs seven categories to identify the status of a State's SACWIS:

- "Operational & Assessment Process Completed" means that the State has a child welfare information system implemented throughout the State, a SACWIS review has been conducted, and a final report for the review has been completed. In some cases, the State has included in the final report its plans to reach full compliance with SACWIS functional requirements.

- "Operational—Ongoing Assessment Process" means that the State has a SACWIS implemented throughout the State and a SACWIS review has been conducted but the final report has not been completed.
- "Operational—No Assessment" means the State has indicated there is a SACWIS implemented throughout the State and ACF and the State are working to identify a timeframe for conducting the SACWIS review.
- "Partially Operational" means the State has implemented part of the SACWIS in the State but has not completed the implementation yet and is not ready for a SACWIS review. A State is placed in partial operation status when the SACWIS has not been implemented in all jurisdictions within a State, because all functional areas have not been implemented, or a combination of both.
- "Implementation" means that the State is developing its SACWIS.
- "Planning" means the State has not begun the development for a SACWIS, but has indicated its intent to build such a system.
- "No SACWIS Activity" means the State has not opted to implement a SACWIS. The State may have some level of automation supporting their child welfare information needs but not a SACWIS.

Question: In addition to SACWIS reviews, HHS is completing the first round of the Child and Family Service Reviews (CFSR) in all of the States. Thus far, none of the States reviewed have passed on all outcomes examined by the CFSRs. However, the majority of States reviewed have been found in substantial compliance with the factor that examines their State child welfare information systems. What do we know about States that, according to their CFSR, do not have a compliant State child welfare information system? Do these States do worse than other States on child outcomes, particularly those that relate to safety, permanency, and well-being?

Answer: We have completed Child and Family Service Reviews (CFSR) of 47 States to date. Thus far, we have issued final reports for 40 of those States. The final report specifies whether or not the State was found to be in substantial conformity on each of the seven outcomes and seven systemic factors covered under the review. Of the 40 States for which we have issued findings, four States were found not in substantial conformity on the systemic factor statewide Information System. We have not made statistical comparisons of how those four States fared on the outcomes evaluated in the CFSR relative to States that were in substantial conformity on statewide Information System. It is very important to note that the CFSR does not evaluate whether or not States have a compliant SACWIS system. Additionally, the outcomes measures are so interconnected that to pull out one item for comparison would not yield meaningful results. With regard to statewide Information System, the CFSR only evaluates one State plan requirement, that is whether or not the State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding twelve months, has been) in foster care. Thus, some States without operating SACWIS systems are able to meet this requirement, based on information from their legacy systems, and other States with operating SACWIS systems may not meet the requirement if there are problems with the quality and use of the system.

Question: States found out of compliance are required to submit Program Improvements Plans (PIPs) to outline how they intend to improve their programs. What do the PIPs in States that are not in compliance with the factor that measures their State child welfare information system include as steps to come into compliance with their information systems?

Answer: The information below describes the reasons that the four States were not in substantial conformity on the systemic factor, statewide Information System, and how the four States plan to address the issue in their Program Improvement Plans.

- **Connecticut:** Connecticut has an operational SACWIS system, but was determined to be out of substantial conformity on the systemic factor, Statewide Information System, due to the lack of accuracy of the data generated by the system and the lack of use of the system by staff. In its Program Improvement Plan, Connecticut has proposed to implement functional improvements to ensure that the system accurately reports information on children in foster care, including training staff on required data entry, linking the system's data elements to Federal reporting requirements, making reports more accessible to staff, expanding remote data entry capability, and developing reports of missing data in the system to be used as a management tool.

- **District of Columbia:** The District has a statewide information system that has the capability of generating the information required by the CFSR on children in foster care. However, we determined the District to be out of substantial conformity on this systemic factor due to concerns about the accuracy and completeness of the data and the use of the system by staff. In its Program Improvement Plan, the District plans to convene key program and information system staff to generate accurate caseload information by social workers, to reconcile data in the automated listing of cases and in the manual records, to ameliorate data entry backlogs, and to map and upload historical data such as family demographics, family goals, administrative review and legal notations, and reasons for exiting foster care for all open and recently closed cases in the system.
- **New York:** New York has a partially completed SACWIS system which, together with other information systems in the State, provides most, but not all, of the required information to track status, demographics, location, Adoption and Foster Care Analysis and Reporting System (AFCARS) data elements and goals for children in care. In its Program Improvement Plan, the State has agreed to enhance existing reporting and processing of data to meet the Federal statewide information system requirements through the development of its SACWIS system. At best, this system may be partially implemented by the end of the PIP. The existing legacy systems will remain in place pending SACWIS completion.
- **Georgia:** Georgia does not have a SACWIS system, but has legacy systems that are capable of producing information on children in foster care. The State was determined to be out of substantial conformity on this factor due to the inaccuracy and unreliability of data produced by the State's systems. In its Program Improvement Plan, Georgia plans to train staff in order to increase data accuracy in the existing systems, and to improve data accuracy by making corrections to the collection of data, e.g. how they define placement changes. The State plans to take steps toward implementation of a SACWIS system, but does not project the completion of the SACWIS system during the current PIP.

Question: For Federal funds to be allowable for SACWIS, States must have a child welfare information system in place that is administered statewide. However, a number of States including California give their counties authority to operate their child welfare programs. What do we know about SACWIS in place in States that have county-administered child welfare programs? Are they more or less likely to be in compliance with SACWIS rules?

Answer: States with State supervised and county administered child welfare programs face more obstacles to implementing a SACWIS child welfare information system, but these obstacles have been addressed in a number of States. Minnesota has an operational SACWIS and has recently completed the assessment process. Other States such as California, Colorado, and Wisconsin have been implementing or operating a SACWIS while addressing county needs. Implementing SACWIS for a State supervised, county administered child welfare services program requires a greater level of effort to implement the fiscal services component of the system, as the State system needs to interface with numerous county payment systems. For other areas of functionality, SACWIS implementation shares many of the same systems design concerns as those involved in implementing a large statewide information system serving both metropolitan and rural localities.

Question: Once a State begins implementing a SACWIS, if individual counties were to propose changes to the systems in their county but the State does not implement these changes statewide, would this affect the State's ability to draw down Federal funds for their SACWIS?

Answer: It cannot be categorically stated that county system changes will or will not jeopardize a State's SACWIS funding. To the extent that a separate system change supports or provides functionality that is not included in the SACWIS functional requirements, SACWIS funding is generally not jeopardized. If the change is not in the SACWIS, SACWIS funds cannot be used to pay for this function. If the change replaces or usurps functionality built into the SACWIS child welfare information system, SACWIS funds may be in jeopardy depending on a number of factors including whether the change is available to only one jurisdiction, if the change reduces the availability of data to other child welfare jurisdictions, if the change involves software for which Federal funds cannot be spent, and so forth. In some States, the State SACWIS has been developed in such a manner that necessary functionality is provided within the system in a manner that can support differing case practice.

Question: How is HHS working with States that have county-administered programs to implement SACWIS?

Answer: ACF works with all States regardless of there their organizational structure to address specific State needs. Technical and management assistance from ACF is on going through a project's lifecycle. Some of the topics typically covered are: Federal requirements, Federal regulations, training, system security, system administration, system requirements, system design, change management, communications, case assignment and transfer, ownership of the product, enhancements, usability (e.g. navigation, screen design, pick-list values, etc.), disaster recovery and business continuity procedures, along with lessons learned from other States, including county-administered States.

The means by which assistance is provided to the States varies, but includes an e-mail listserv, national meetings, meetings with State representatives at regional and national meetings, organizing national conference calls and inviting State project staff to attend meetings in Washington. ACF also offers an annual training event and on-site technical assistance provided by either State peers, ACF contracted resources or the National Resource Center for Information Technology in Child Welfare. More details about these activities can be found in the ACF action plan developed in response to the GAO report, "Child Welfare: Most States Are Developing statewide Information Systems, but the Reliability of Child Welfare Data Could Be Improved," GAO–03–809. The action plan is also enclosed with this document.

Question: What are the benefits and risks associated with allowing individual counties to make improvements to their State's child welfare information system, especially when these changes may not be implemented statewide?

Answer: A State's SACWIS child welfare information system's usefulness depends upon consistent, reliable, and timely information. The need and reliance upon ancillary systems may create unintended negative effects on the usefulness of the State's SACWIS child welfare information system. Ancillary systems do not allow for this information to be reliably shared beyond the area in which they are in operation. To the extent that other offices within the State could benefit from knowing the information contained within the ancillary system, the lack of this information statewide can jeopardize the quality of child welfare services provided throughout the State.

The use of redundant systems also increases costs to the Federal Government because the State or county must develop, operate, and maintain additional data information systems.

The use of ancillary systems compounds the data collection problems identified in the GAO report 03–809 "Child Welfare: Most States are Developing statewide Information Systems, but the Reliability of Child Welfare Data Could be Improved" by a factor equal to the number of additional systems. The data definition problems identified in the aforementioned GAO report would extend down to the county level.

Question: Once a State begins the design and implementation stage of their SACWIS, what is required for them to make improvements to these systems? For example, suppose after 2 years of administering their SACWIS, a State determined it was not meeting the State's needs and so the State wanted to make improvements. Would the State be able to simply make these improvements and claim associated costs as SACWIS expenditures? Or would the State be required to initiate a new planning and design phase before making any changes to improve their system and claim associated costs as SACWIS expenditures?

Answer: For continued SACWIS funding, States must report annually, through the Annual Advance Planning Document Update (APDU) to HHS on their SACWIS activities. The APDU includes information on the status of the project, the activities that have been conducted, the activities that are planned, the amount of past expenditures and the anticipated budget needs for the next year and the remainder of the project. Should the State identify, over the course of the year, that modifications need to be made or new functionality added, an APDU provides the means to inform HHS of this need and secure Federal funding for the new activity. Depending on the impact of the proposed change to the budget, scope, or timeline, the State may need to communicate more frequently with HHS than the APDU. HHS evaluates the business case presented by the State to determine the appropriateness of the proposed activity. The level of planning and design needed for any change is dependent on the nature and scope of the change proposed. However, if the State has an existing project, it would simply update the applicable Advance Planning Document.

Question: What are examples of SACWIS systems that are in compliance with Federal requirements and help States to monitor kids in their care? What features of these SACWIS systems are most beneficial? Are these features that States are required to have in place in order to be in compliance, or are these optional features that the State included to enhance its systems?

Answer: All 27 states where a SACWIS review has been conducted have at least some components that comply with SACWIS requirements and help the states monitor children in care. Arizona and Oklahoma are examples of States that have implemented SACWIS compliant systems, but continue to enhance them to address State program policy and practice. A State's SACWIS system's usefulness depends upon consistent, reliable, and timely information. As identified below, successful SACWIS systems provide numerous ways in which to monitor children in care.

- When an incident of abuse or neglect is reported, SACWIS must support a search to identify if there is a prior match. SACWIS systems must record the results of investigations of abuse and neglect allegations when foster care providers are the subjects and provide means to inform social workers that an investigation is underway.
- A successful SACWIS should support an assessment of the child and families needs and track these assessments over time. The recording of the assessment and the scheduling of this activity is mandatory. In some states, there is a structured process in place for conducting this assessment. The states may automate this process. States that have chosen to do so find productivity gains from this effort including the benefit of uniform case practice.
- SACWIS systems must support the creation of case plan activities and the recording of case review activities.
- SACWIS systems must support the generation of documents and notices for when case plan activities and reviews are due. States may also include in this functional area the ability to help identify needed services, track when tasks and services are completed, and record the results of those activities.
- While the specifics of what alerts, notices, and management reports are created are determined by the State, SACWIS requires this functionality be provided to support child welfare services. Successful activities include reports based on performance measures for successful completion of critical activities; and alerts to both caseworkers and managers of upcoming and overdue activities, including visits.
- While recording client contacts is an optional item, states that have opted for this have found value in this function, particularly when it can record the type of contact made with additional information including date and narrative on the contact.
- Tracking court activities is an optional component, which when implemented and accepted by the courts, is a very useful tool for tracking the status of children. When State courts accept documents generated by the application, duplicate paper work and data capture is reduced. This allows staff more time to work with the children for whom they are responsible.
- The inclusion of a fiscal component or interface to a fiscal system is a mandatory function that once implemented, encourages consistent use of the system. As a result, states are better able to ensure eligible children receive the appropriate Federal benefits.
- The completion of the required and optional interfaces to other State systems helps states monitor children by providing a complete picture of the different systems with which the family is involved.

Question: GAO's testimony indicates that in a related report they recommended HHS consider ways to enhance the guidance and assistance offered to States to help them overcome the key challenges in collecting and reporting child welfare data. What additional steps have you taken to work with States to address the issues raised in the GAO report, *Child Welfare: Most States Are Developing statewide Information Systems, but the Reliability of Child Welfare Data Could be Improved* (GAO–03–809, July 31, 2003)? What steps is HHS taking to address the differences in data definitions which States highlight as a major reason data that they report is not complete and/or reliable? What is HHS doing in response to the GAO report to ensure that States receive the technical assistance and guidance they need to overcome the challenges in collecting and reporting reliable child welfare data?

Answer: In response to a similar inquiry from Senator Grassley and Congressman DeLay, the Administration for Children and Families (ACF) prepared an action plan

to address the recommendations contained in the GAO report. That action plan addresses the questions raised in this section of your letter and a copy of that plan has been enclosed.

[The information is being retained in the Committee files.]

[Submissions for the record follow:]

Statement of the Honorable Aníbal Acevedo-Vilá, a Representative in Congress from the Commonwealth of Puerto Rico

I applaud Chairman Wally Herger, Ranking Member Ben Cardin, and all the Members of the Sub-Committee for convening this important—and very timely—hearing to explore how the monitoring of our nation's vulnerable children can be improved. I would also like to thank them for this opportunity to share Puerto Rico's situation in this regard, and in particular, the formidable challenges the Commonwealth faces in the area of accessing the resources it needs to implement the kind of information systems that can ensure the level of monitoring and reporting that we believe is required, and which the Federal Government expects of us.

I agree one hundred percent with the Chairman's assessment that, "it is critical that child welfare agencies are capable of gathering and using the necessary information in order to ensure the safety of children." As he pointed out, the recent heartbreaking events in Florida and New Jersey have highlighted the "gaps" in what child welfare agencies are currently doing in terms of data collection and the monitoring of the children in their care.

While it is truly a shame that those children had to suffer like they did before this level of attention was focused on the problem, that is all the more reason to make sure that we do everything in our power to close these holes in the safety net for our vulnerable children so that no child fall through those cracks again. If we don't mend these holes, we risk letting the entire safety net unravel. I think we can all agree that doing everything we can to ensure that all our nation's child welfare agencies have fully functional automated child welfare systems to keep track of vulnerable children is indispensable in repairing this net.

Unfortunately, my district, Puerto Rico, is one place where it is critical that our capacity to more adequately track these vulnerable children needs to be improved dramatically, in order to prevent a recurrence of the experiences of the children in New Jersey and Florida that were mentioned earlier. In 2002, the Commonwealth received around 30,000 complaints of abuse and neglect and approximately 10,000 children went through our foster care system. As I have mentioned on other occasions, when Governor Sila Calderón was sworn into office nearly three years ago, she encountered a child welfare system that was not keeping up with the urgent needs of our abused and neglected children. There was a backlog of over 4,000 complaints that were waiting to be assigned and investigated, the investigations themselves took 2 to 3 months to complete, and social workers where overwhelmed with caseloads of over 50 complaints each.

This was a completely unacceptable situation, in effect, one that could very easily result in exactly the kind of regrettable events that were the inspiration for this hearing. Improving our child protection system became one of our highest priorities, so in just two and a half years, with an investment of an additional $12 million in Commonwealth dollars, we doubled the number of social workers in this program, shrunk the backlog of cases by 88 per cent, and reduced social workers' caseloads down to an average of 28. In addition, last year a pilot program to reduce the turn around of complaint investigations to 48 hours was successfully instituted in one of the Family Department regions, and it was extended the rest of the Island earlier this year. Moreover, last year we inaugurated our first multidisciplinary transitional shelter for children, "Mi Casita Feliz," at an annual operating cost of $2.4 million. This 108 bed shelter, run in cooperation with the Health, Justice, and Police Departments, not only provides immediate shelter for children who have just been removed, but it also offers integrated medical, psychological, social, and educational evaluations and services. Similar shelters are slated to open in two other regions of the Island by next summer.

While the Commonwealth runs a child protection program that has more children in its custody than 30 states, we received less federal foster care funding than 44 states. States with foster care caseloads around the size of ours, which varies between nine and ten thousand children, received from $33 to up to $100 million dollars last year in federal foster care assistance. Children in Puerto Rico were only able to draw down about $13 million. The reason that vulnerable children in Puerto

Rico cannot count on the same federal support during their time of utmost vulnerability is because the law establishes a cap on the amount of IV–E assistance the Commonwealth can claim for its eligible children. And as you can deduce from the situation I just described, it is far below the real needs of our abused and neglected children. There is only enough room under the federal cap to provide maintenance payments to foster families and institutions that care for these children. Everything else that is needed to run an effective foster care system, as well as the essential information systems for monitoring these children, has to be funded by the Commonwealth alone.

Not surprisingly, some our greatest challenges are precisely in information systems. Puerto Rico does, in fact, report for the NCANDS and the AFCARS. We are subject to the same Child and Family Service Reviews as every other jurisdiction, despite being provided only a fraction of the resources available to the states. But I invite you to imagine the incredible challenge it is for the very hard working—I would say heroic—people of our Family Department to be able to meet all the reporting and monitoring requirements the Federal Government expects us to meet when all of the case files are on paper, when offices at the local and regional levels have no data connections with the central office, when there are intake offices that don't have even typewriters or fax machines—let alone computers.

The Commonwealth is committed to remedying this situation, despite the fact that right now there really isn't any way to access any new federal funds to do so. We understand the value of having a functioning State Automated Child Welfare Information System (SACWIS) and we want to do everything we can to implement one, regardless of the obstacles before us and the fact that we cannot receive the enhanced matching funds that states were able to draw upon. We believe that it is imperative to set up this system, not only to ensure the safety of the children in our care, but because we want to make certain that the system is transparent and accountable, and that the federal investment in Puerto Rico's child welfare system is protected.

While right now the chances that the Commonwealth foster care program being able to receive federal matching funds to close these significant gaps in our child protection safety net are marginal, we do have reason to be hopeful that this may change soon. Thanks to the assistance of some of our colleagues in the other body, both Republican and Democrat, the Finance Committee's welfare reform bill includes a provision that would enable Puerto Rico to draw down additional funds for IV–E Foster Care and Adoption Assistance outside of this welfare cap. I invite you, Mr. Chairman, the Ranking Member, and the rest of the committee to support this measure when the time comes to approve a final bill. While the provision does not eliminate the cap on IV–E completely, in order to be responsible about the budgetary impact this change might cause, we do believe that it will provide a much needed increase in federal resources to our program, where right now, federal dollars are spread so thinly. I am confident that together, we can work in a bipartisan way to help Puerto Rico come up to speed in its data systems, close the gaps in our safety net, and ensure that not one vulnerable child get left behind.

Statement of Larry W. Sarner and Jean Mercer, Ph.D., Advocates for Children in Therapy, Loveland, Colorado

Advocates for Children in Therapy thank the chairman and members of the Human Resources Subcommittee for holding this hearing and offering us an opportunity to discuss a major factor in the abuse of the Collingswood children and many other foster and adoptive children. Our organization, ACT, is a non-profit group dedicated to fighting abuse of children in putatively therapeutic care.

Unlike some other witnesses in the present hearing, we believe that the Collingswood case was not primarily a consequence of overburdened caseworkers, poor supervision, or inadequate budgets. Although those problems need to be addressed, a more important factor in this case was a belief system followed by the Jacksons and apparently condoned by caseworkers.

The belief system we refer to is the basis of a form of quasiprofessional mental health intervention called Attachment Therapy (or AT) by its proponents and sometimes termed Coercive Restraint Therapy by its many professional critics. Spreading by means of the Internet and the mass media, this form of intervention targets foster and adoptive children. AT itself is a physically intrusive and potentially dangerous practice. It is often accompanied by a parental approach called "therapeutic

foster parenting" and this appears to have occurred in the Jacksons' case, resulting in serious mistreatment of the four boys.

Attachment Therapy is a pseudoscientific and pseudotherapeutic approach to childhood behavior problems, especially among foster and adopted children. It postulates that the bad behavior of "difficult" children comes from their failure to attach to their current caregivers. Thus, it seeks to "treat" these children by quite literally trying to *force* the children to love and obey their caregivers unquestioningly. It does this by brutalizing the children and trying to break their wills, both in the therapy room and at home. The more children try to hold on to their dignity and individuality, the more severe treatment they receive.

At a time when there is a national demand for evidence-based medical and psychiatric treatment, AT and its adjunctive treatments exist without an evidence basis. Indeed, its practice and the assumptions about child development which underlie it run completely counter to established facts about children's lives. The AT-therapeutic foster parenting approach is mental health quackery at its worst and most disturbing. We urge you and your staff to read a recently published book for a complete discussion of this complex matter, *Attachment Therapy on Trial: The Torture and Death of Candace Newmaker*.

Brutality is brutalizing to its practitioners as much as to its victims. In the case of AT, parents in particular become desensitized to their child's suffering as their brutality continues week after week, year upon year, because good outcomes are forever elusive. Many cases of parents "going too far" using AT parenting techniques have been reported, with growing frequency of late.

As you and your staff investigate this case further, you will see telltale signs of Attachment Therapy and its parenting techniques in this case:

- The control of food to a child is an important AT parenting technique. There have been several instances of starvation or near-starvation associated with AT parenting, most recently in highly publicized cases in Utah and Texas. AT parenting specialists specifically counsel diets of nothing more than peanut butter-and-jelly sandwiches and/or cold oatmeal for weeks or months on end.
- Until relatively recently, locking doors of certain rooms in the home, such as a child's room, has been a common recommendation by AT parenting specialists. Now they recommend putting alarms on them.
- AT parenting directs that parents require children to sit, usually on the floor, unmoving, for long periods of time. They call it "strong sitting," or sometimes "power sitting."
- AT parenting specialists recommend establishing authority over children by requiring children to unquestioningly perform long hours of useless tasks, or do them in time-wasting ways. Cutting a lawn with garden shears, or washing clothes in buckets, would be examples of such. In other settings it has been removing fallen leaves by hand or shoveling manure.
- AT parenting specialists commonly prescribe keeping childrens' rooms bare and devoid of mental stimulation. Children are allowed very few, if any, toys, and playing with the ones they may have is considered a privilege that must be earned. In Catch-22 fashion, such privileges are rarely earned.
- Formal education, too, is considered a privilege and not a right. AT tells adoptive parents that these children are budding sociopaths not fit to be in the company of others, especially at school. Homeschooling is a growing option chosen by parents, which is not to say that they actually schooled.
- Denial of medical care is a frequent occurrence. In the AT world-view, children's physical complaints are considered false, attention-getting, and manipulative. Treating ailments appropriately is regarded as allowing the child to "win" the all-important control battles. Moreover, caregivers following AT fear that medical professionals, after seeing a child, might report them for neglect or abuse.
- AT demonizes children and dismisses any complaints they may express about their caregivers. Thus, it is a common occurrence that parents caught abusing their children with AT techniques call the children liars when they detail the abusive treatment they have received.
- AT universally demonizes birth families of adopted children. AT proponents urge a complete break of contact between children and their birth parents, regardless of circumstances. During "treatment," they demand that children agree with an unfavorable assessment of the birth parents by requiring the child to discard or distort any favorable memories they may still have about their former families.

Unfortunately, the adoption/foster-care agencies of many states and counties around the United States, including those in New Jersey, actively promote this pseudoscientific and pseudoprofessional nonsense. New Jersey, for instance, distrib-

utes a 32-page pamphlet to foster and adoptive parents that teaches foster and adoptive parents to misdiagnose their children with attachment disorder and then tells them what supposedly they can do about it. The pamphlet, part of a home-study course, urges parents to put children into treatment with Attachment Therapists, where the children are not only *mal* treated during their time with the Therapists, but the parents are also taught how to continue treatment at home, with abusive techniques such as you've seen in this case.

Caseworkers, meanwhile, are given the message that AT parenting techniques are acceptable, no matter how abusive they appear on their face. One caseworker in Utah recently investigated a report that a ten-year-old was being kept home from school in a bare bedroom for days at a time and allowed to say only "Yes, Mom," "No, Mom," and "May I go to the bathroom?" The caseworker, after being told these were AT techniques, saw nothing wrong with any of this, and even counseled the mother on how to avoid being reported in the future. It is not surprising, then, that caseworkers in New Jersey had no alarm bells go off about the treatment of the Jackson boys.

It is essential to address the question of what the Federal Government can do about this. We can be sure that there will be calls by other witnesses for additional federal aid to child-welfare agencies to provide more workers for better oversight. Whatever the merit of such calls, there is an even better way for the Federal Government to prevent cases like this: root out AT from the child-welfare system in every state. That is something that the House of Representatives last year endorsed doing with the passage of HCR 435 by a 397–0 vote. And it can be accomplished by doing four simple things:

First, the Federal Government can severely restrict the use of an attachment disorder diagnosis for the classification of children as "special-needs" and thereby entitle adoptive parents to an adoption subsidy. This will remove the financial incentives to misdiagnose and maltreat children, as well as free up scarce federal dollars for the truly needy.

Second, the Federal Government can tighten up its authorizations for medicaid payments and other subsidies to mental-health providers, to assure that payments aren't made for attachment therapists and attachment parenting specialists. For the most part such payments would be in violation of PL 106–310, the Children's Health Act of 2000, but regulators implementing that act should be alert to the subterfuges and non-disclosures that AT practitioners use to prevent detection.

Third, there should be a tightening of controls on federal grant money for the study of therapies and interventions. We have identified several grants to "study" AT and allied practices. Invariably these are not studies to determine safety and efficacy, but rather for identifying means of integrating AT seamlessly into the adoption and foster-care systems. Controls should assure that federal grants are spent wisely, and only on scientifically validated interventions (which AT certainly is not).

Last, but certainly not least, the Federal Government must use its aid to state agencies to assure that caseworkers are not either surreptitiously or negligently ignoring signs of child-abuse just because parents are following the advice and practices of so-called therapists or parenting specialists. Abuse is abuse, regardless of the source of the advice encouraging it, or whether the title "therapy" is attached to it.

It probably does not require additional legislation to achieve these four simple things. The bureaucratic mechanisms are already in place. Perhaps Congress in its oversight function can persuade the executive branch to issue the rules and establish the controls that can save a lot of suffering—and ironically a lot of money, too.

Thank you for your attention.

Sandata Technologies, Inc.
Port Washington, New York, 11050
December 3, 2003

Chairman Herger, Ranking Member Cardin and members of the Subcommittee:

We appreciate the opportunity to offer this statement on behalf of Sandata Technologies, Inc. in connection with the Subcommittee's review of States' child welfare information systems and the November 19, 2003 hearing on "Improved Monitoring of Vulnerable Children."

The Subcommittee's hearing is particularly timely in light of recent, tragic reports of abuse and neglect suffered by children whose well-being was entrusted to the State of New Jersey's child welfare agency. The serious failures of the New Jersey Division of Youth and Family Services underscore the need for significant improve-

ments in the systems designed to track and monitor children and the services delivered by child welfare and foster care programs. This tragedy has thereby focused renewed attention on the broader problems facing such agencies throughout the nation.

A recent review of States' efforts to develop child welfare information systems by the U.S. General Accounting Office (GAO) concluded that inaccurate and incomplete data entry by caseworkers affected the quality of data reported to the U. S. Department of Health and Human Services, which in turn resulted in potentially unreliable information on abused and neglected children available in federal data systems.[1] According to GAO, States also reported technical challenges reporting data.[2]

As GAO's analysis has highlighted, State agencies face significant management challenges in delivering child welfare and foster care social services. However, easy-to-use technology currently exists to assist States in addressing these concerns. Telephony for child welfare and foster care, with its accurate real time data collection capability and management data presentation, can enable improved "visibility" into field operations and improved government oversight.

Through the use of telephony, State agencies can automate case note capture, reporting and the monitoring of field activities. A telephone-based, voice-to-text technology will collect all relevant information from the assessment site. Telephony eliminates the need for laborious paperwork and enables social workers to focus on providing services to children in need. Equally important, it enables supervisors to confirm visits and to ensure that all children are being assessed. This technology delivers all of the collected information from the field and delivers it to the supervisor's desk-top computer in real-time.

In summary, the use of telephony can provide concrete benefits to State agencies, including:

- Detailed tracking of caseworker visits, so children do not "fall through the cracks."
- Real-time management visibility of every case on demand.
- Aggregated data for greater managerial control.
- Significantly decreased administrative costs through elimination of manual data entry of time, attendance, and narrative notes to create a complete meeting record.
- Increased productivity and dramatic reductions in paperwork with voice-to-text functionality.
- Improved retention and recruitment of social workers.
- Quick and easy implementation.

We look forward to working in partnership with you as the Subcommittee considers ways to strengthen States' child welfare and foster care programs and to improve the quality of services provided to children in need. Thank you for your consideration of our views.

Sincerely,

Stephen A. Silverstein
President

Mark C. Baff
Vice President

Statement of the Honorable Dennis A. Cardoza, a Representative in Congress from the State of California

Mr. Chairman, as you well know, despite spending in excess of $7 billion of federal funds annually on foster care services, our nation's foster care system remains a critical failure. As an adoptive parent, I understand first hand the challenges our country's foster care children face as they attempt to move out of the child welfare system and into permanent loving homes.

It is especially disheartening as a parent to hear about cases like the one in New Jersey where it has been alleged that a foster care family was severely neglecting their four foster children, even while caseworkers visited the home on numerous oc-

[1] *Child Welfare: Most States Are Developing Statewide Information Systems, but the Reliability of Child Welfare Data Could Be Improved,* GAO–03–809 (July 2003).
[2] Id.

casions. This case has not only highlighted the problems with the state's ability to properly monitor the children under their care, but it brought the nation's attention to the unfortunate reality that children in foster care are frequently abused by the system not once, but twice. Far too often children are taken out of the home because they are in a dangerous abusive situation, whether it be physical or emotional, and then they are placed in an overburdened system where the abuse persists.

I am encouraged that the House Ways and Means Committee is holding a hearing today to explore the challenges we face as lawmakers to rectify some of these glaring deficiencies in our nations child welfare system. And those deficiencies are many. Many foster children lack access to quality medical care and mental health services. Due to the extreme instability of their living situations, many foster children lag way behind their peers on basic educational levels. Good foster and adoptive parents are extremely difficult to both recruit and retain, especially in tight economic times. There is a lack of quality preventive programs for birth parents as well as drug treatment facilities in order to achieve family reunification. Finally, the United States is facing an overburdened judicial system with a chronic shortage of social workers and case workers.

As a response to these glaring problems, I have created an Adoption and Foster Care Advisory Committee comprised of members of the community who are directly involved with the foster care system. At a recent meeting of my Advisory Committee, the stark realities of the child welfare system were discussed and it was obviously that the Federal Government had much work to do. In fact, one participant stated that it would take double the funding that the states and local agencies currently get just to comply with the law and regulations on the books. As demonstrated by the New Jersey case, the system is working only on the surface. Caseworkers visited the New Jersey house where these children were living numerous times, but after that the system failed them, the data reporting was unclear and the checks and balances required to protect them were not being utilized.

The answer, however, is not to just double the funding we give to states to care for our dependent children, but instead we must look for innovative ways to maximize and streamline the areas that can be improved. I am a cosponsor of a comprehensive child welfare bill sponsored by some members of this Committee which I feel would accomplish many of those goals. H.R. 1534, the Child Protective Services Improvement Act, by Representative Cardin would provide additional funding for all facets of the child welfare system from improving the working conditions of caseworkers to providing for drug and alcohol treatment centers for families while encouraging states to implement safeguards and improved data collection aimed at preventing further cases of abuse.

I strongly believe that our entire child welfare system needs to be analyzed and quite frankly overhauled. Let's keep what is working and fix the rest immediately. Foster children have very few people advocating on their behalf and that is unacceptable. These children deserve better. As this session of Congress draws to a close I would hope that this Committee would make them a priority next year.

Again, Mr. Chairman I thank you for convening this hearing today. As a Member of Congress and an adoptive parent I look forward to working with you and your Committee in the future.

Statement of the Covenant House New Jersey, Newark, New Jersey

Mr. Chairman, members of the Subcommittee, thank you for calling this important hearing.

We urge Federal and State officials to implement official oversight ensuring that foster children's special education and developmental needs are protected. The years of abuse suffered by the Jackson children could not have gone unnoticed if DYFS engaged in interagency collaboration to safeguard the rights of the youth in their care.

Current state policies leave foster children with disabilities especially vulnerable. There are serious gaps in services for children in foster care who have special needs. No child in the DYFS system should be cared for without a coordination of efforts between special educators, health and mental health care providers, substance abuse treatment facilities, children's hospitals, and vocational rehabilitation services. Just as any parent reaches out to doctors, specialists, teachers, and others in the community to help raise a child, so too does the state, in loco parentis, have the responsibility to care for children within a framework of coordinated efforts.

While Bruce Jackson is the impetus for this hearing, Covenant House New Jersey (CHNJ) has seen less tragic but certainly equally compelling cases of children that have left the DYFS system without a plan of service care and coordination. CHNJ experiences firsthand how a disproportionate number of youth seeking shelter are former foster care clients.

CHNJ is a nonprofit agency that has been providing services to homeless and at-risk youth in New Jersey since 1989. Through broad based programs, located in Newark and Atlantic City, CHNJ provides youth between the ages of 18 and 21, with shelter, food, clothing and a full range of services offered to help stabilize them from life on the streets. CHNJ also hosts the Youth Advocacy Center, a legal services and advocacy center. Staffed by four attorneys, the Youth Advocacy Center provides direct representation to at-risk youth in civil matters. Additionally, the Youth Advocacy Center undertakes public policy initiatives around issues concerning homeless and at risk youth. Currently, the Youth Advocacy Center is studying how the lack of transition services for special needs foster children and other at-risk youth, leads to chronic homelessness for this particularly vulnerable population.

Currently, there exists no continuum to move foster youth from the child welfare system into appropriate care within the adult health system. This is true even though transition planning has been part of the New Jersey special education regulations since 1988. Transition planning involves strategizing a plan for adulthood that identifies post school services, programs and supports that will need to be in place after the student exits the school system. These areas include post-school adult living, and daily living skills.

The Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1400 et seq. (20 C.F.R. 300), and Section 504 of the Rehabilitation Act, require states receiving federal funds under the act to provide a free appropriate public education (FAPE) for all children with disabilities between the ages of 3 and 21. New Jersey has special education regulations that implement IDEA and the federal regulations. NJAC 6A:14–11, et seq. As such, under Federal and State law, in addition to a special education program, a disabled child is entitled to related services such as developmental, corrective, and other supportive services. These services can include transportation to and from the school or around the school building, physical therapy, occupational therapy, speech/language therapy, counseling and psychological services, parent counseling and training and school health services. Significantly, each child has a child study team, managed by a case manager who, together with the parent, the child's teachers, and other specialists, assumes responsibility for coordinating the development, monitoring, and evaluation of the child's individualized education plan (IEP), facilities communication between the home and school and assumes responsibility for transition planning.

Despite the Federal and State protections afforded all children, we can tell you about Shanicia, a 19 year old former DYFS client, who has already had one child, and is about to give birth to her second. She has an IQ of 57, and as such, is mentally retarded. After multiple moves and school changes, and no consistent parent or adult to monitor and advocate for a comprehensive and appropriate IEP, Shanicia found herself homeless upon graduating from high school and aging out of the DYFS system. Like many foster youth, Shanicia was eligible for services provided by the New Jersey Department of Vocational Rehabilition. Additionally, like many foster youth, her student IEP should have provided for transition services that promoted movement from school to post-school activities, including post-secondary education, vocational training, integrated employment, adult services, and independent living. By failing to engage in mult-agency collaboration, DYFS allowed Shanicia to fall through the cracks. Currently, Shanicia's children are now involved in the DYFS system.

We can also tell you about Queena, a special needs child, and a former foster client, who came to Covenant House at the age of 18, expecting her first child. Having been in DYFS custody since childhood, Queena was returned to her mother's custody when she was seventeen. When Queena attempted to enroll herself back in school upon returning to her mother's care, she was illegally excluded from school. The local school district informed her that it could not locate her former school records and it offered no other services in the meantime. Under existing education regulations, the local school district should have conducted an immediate review of evaluation information and Queena's IEP. At a minimum, the school should have provided her with a interim IEP. She was entitled to immediate educational services. Instead Queena stopped school just a few months shy of her senior year of high school. Placement in her mother's home did not go well, and Queena came to Covenant House as a homeless client. By not reaching out to the school department so that Queena's return home could have occurred with a seamless plan in place, DYFS failed to safeguard Queena's educational federal and state rights.

When these children come to our door, we ask ourselves: Given that Federal and State education regulations provide for special needs youth up to age 21, how are disabled youth homeless at the age of 18 or 19? So too, we urge the Committee to ask: Given that New Jersey is mandated by Federal and State law to safeguard the education needs of disabled youth, how can a special needs youth, such as Bruce Jackson, be so abused without drawing the attention of a DYFS worker, or *a whole range of service providers*—such as those found in any special education child study team, including a psychologist, a social worker, and a learning disabilities teacher/consultant?

We believe special needs youth find themselves at our door because of a failure by DYFS to engage in multi-agency collaboration. We believe that DYFS must coordinate seamless plans of services, with designated areas of responsibility provided by schools, health care providers and the state vocational rehabilitation agency. DYFS must ensure that a coordinated set of services promote youth's movement into adulthood, including supported employment, adult services, and adult living.

Specifically, in the Jackson case, initial reports indicate that Bruce and the other Jackson siblings were being home-schooled by their adoptive parents. While the Jackson case is an extreme example, it illustrates the urgent need for DYFS to assume official oversight to ensure that a foster child's special education and developmental needs are being met and that their rights are being protected.

Currently DYFS has no official oversight ensuring that anyone will assume responsibility for a foster child's special education needs. What steps did DYFS take to ensure that the Jackson home would safeguard the educational rights of Bruce Jackson, and their other adopted sons? Did the Jackson family demonstrate their capacity to educate special needs children prior to being approved for placement by DYFS? Did DYFS take advantage of the expertise and experience of the Department of Education, and other agencies, such as the Department of Vocational Rehabilitation, to verify whether home schooling was the appropriate mechanism for maximizing these children's potential?

If the Jackson youths' alleged eating disorders were being addressed by a team approach, through a collaboration of DYFS, the New Jersey Department of Education, and other service providers, could such abuse have gone unnoticed for so long? If DYFS believed that the Jackson children suffered from eating disorders, as is alleged, DYFS should have recognized these children as special needs youth, and ensured that special education and all related health and psychological services were in place for these children. These children should have been linked to a full range of service providers.

Similarly, even if DYFS ensured that youth in their care had a continuum of services in place prior to a youth aging out, would these children end up homeless at the age of 18? No disabled foster youth should ever find themselves homeless at Covenant House's door.

The years of abuse suffered by the Jackson children, and the neglect of the children who arrive at Covenant House, would not go unnoticed if DYFS workers received mandatory training in special education and developmental needs, and if DYFS engaged in interagency collaboration to safeguard the rights of the youth in their care. We urge Federal and State officials to implement official oversight ensuring that foster children's special education and developmental needs are protected.

Statement of the Family Alliance to Stop Abuse and Neglect, Teaneck, New Jersey

The Family Alliance to Stop Abuse and Neglect was formed over one year ago to address the horrific abuse of children with disabilities in New Jersey's care systems, including preventable deaths. We are gratified that the House Subcommittee on Human Resources of the Committee on Ways and Means is now taking up this vital issue and is dedicated, in the words of Chairman Herger, to "making sure other children do not suffer similar fates."

To this end, we would like to share with Subcommittee members some key facts that we have gathered from our work toward regulatory and statutory reforms in New Jersey, and from our research into the problems experienced in other states. New Jersey's deficiencies in the administration and monitoring of care systems for vulnerable children, although currently drawing more attention than other states, nevertheless reveal many of the same weaknesses that we have identified across the country.

The most devastating weakness is the unpredictable, uncoordinated patchwork of protections and expectations covering the various settings that provide services to our most vulnerable children. Large numbers of children who enter foster care have disabilities, either from birth or resulting from circumstances in the child's early environment, which precipitated the events leading to foster care or adoption. This is also the population likely to become eligible for Federal adoption subsidies and related services. Foster care and special needs adoption are generally administered by the state agency or division responsible for youth and family services—in New Jersey, DYFS. However, foster care and adoption are not the only settings in which these children are served. They may be placed in privately-run but publicly-funded residential facilities for children with disabilities, in state institutions or "developmental centers" for individuals with mental retardation, or in children's mental health facilities.

For no good reason, protections vary widely among these settings. In New Jersey, DYFS would be expected to intervene in a home in which a child is being routinely subjected to physical or mechanical restraints (immobilizing arms or legs) or to punishments such as slapping, forcing a child to spend hours in a blindfold, withholding food, or forcing a child to inhale or swallow noxious substances. But DYFS is also expected to monitor the well-being of these same children in private and public residential settings where such activities are redefined as "treatment" and incorporated into their Individualized Habilitation Plans (IHPs). This is a clear double standard that is nevertheless sanctioned in the regulations of the state Division of Developmental Disabilities (DDD). Thus it would be perfectly possible for DYFS to remove a child from a home where, for example, he is being disciplined via forced ingestion of noxious substances, and place him in a facility where forced ingestion of noxious substances then becomes part of his habilitation plan.

During the past year DYFS has been required to investigate harm to children with disabilities, including the death of a 14-year old boy left on the floor of a private residential facility in arm restraints and a helmet for 16 months, until he developed severe pneumonia and sepsis. We believe that DYFS' finding of "no neglect" in that case and several others was due to the double standard which sanctions abusive and neglectful "treatment" in select settings. Like the boys recently removed from their Collingswood home, this 14-year old child was neither attending school nor did his situation prompt any intervention from the school district. A precipitous weight loss of 25 pounds in the last weeks of his life went unreported and untreated. While such conditions would create a scandal if discovered in a foster or adoptive home, they do not seem to trigger a response when discovered in a residential facility. In fact, according to its 2003 budget DYFS is still paying for at least one other child under its care to reside in this same facility (which has lost its accreditation from the Commission on Accreditation of Rehabilitation Facilities, or CARF) at a cost to taxpayers of nearly $1000 per day. To add a final twist to this tale of grossly inequitable protections, had this young boy been placed in a children's health care facility covered by the Federal Children's Health Act of 2000, the restraints that led to his decline and death would not have been permitted.

Children who are placed in congregate, facility-based care should be presumed to be in greater danger than children in foster or adoptive care for two critical reasons. First, these children tend to be far more segregated from their communities, making it less likely that caring friends, relatives, or members of the general public will observe and respond to indicators of abuse and neglect. The more a facility relies on restraints and aversive punishers as part of its clients' "habilitation" plans, they less it will be willing or able to take those clients into public places where such activities on the part of staff offend public sensibilities and have been known to trigger calls to the police. A vicious cycle of unobservable mistreatment is set in motion. Second, these facilities are run by profitable corporations that have the means and motive to engage a panoply of lobbyists, public relations staff, attorneys, and others to protect them from an unwanted degree of regulation and scrutiny. Individual families do not have such resources available to keep oversight and accountability at bay (although the recent Collingswood case is notable for the family's attempt to confront its problems as many corporations do).

Our organization has repeatedly tried to introduce regulatory and statutory protections for New Jersey's children with disabilities, hoping to keep them safe wherever they may live. In the name of "protecting the industry" from "too much regulation," a number of private service providers have blocked these efforts. The legislature and the state agency have now decided that they will not move on residential reform until they receive a clear message from the Federal Government, in particular through the new regulations due out this Spring for Intermediate-Care Facilities for the Mentally Retarded (ICFs/MR) which govern many of the state and private facilities in which children with special needs are placed. These regulations,

although significantly improved in their last revision, still contain archaic provisions allowing dangerous physical and mechanical restraints and "the application of painful or noxious stimuli" as "approved interventions" to be applied to facility residents on a "systematic" basis.

The Family Alliance to Stop Abuse and Neglect respectfully requests that the Subcommittee broaden the scope of its investigations beyond family placements to the other federally-funded settings in which this population of children can be found. Across the range of foster care, subsidized adoption, private and state residential facilities for individuals with mental retardation and developmental disabilities, and mental health facilities, we find the same children. Until we develop statutes and regulations that guarantee equal protections to all vulnerable children regardless of the setting in which they reside, mixed messages, segregated and virtually invisible residential populations, and differential tolerances for abuse and neglect will continue to permeate State agencies such as DYFS, and to make monitoring and enforcement efforts confused and problematic.

River Edge, New Jersey 07661
November 9, 2003

Honorable Congressman Wally Herger
And Subcommittee Members
Committee on Ways & Means
Subcommittee on Human Resources
U.S. House of Representatives

Subject: Simple Economics Govern New Jersey's Foster Care/Adoption

Dear Chairman Herger and members of the Subcommittee,

Thank you for caring enough about the Jackson and other vulnerable children to hold hearings to explore the corrupt child welfare system in New Jersey. Exposure, although painful, leads to learning and the opportunity to bring true reform. Knowledge, compassion and integrity are afforded the chance to triumph over corruption, denial and ignorance.

As I have indicated in my November 1st statement, I can only speak from my experience with the New Jersey Child Welfare system, which demonstrates horrifying similarities to the societal reign of the holocaust. This includes the well-intentioned foster care and adoption system, which functions on simplistic laws of supply and demand. The basic flaw in the theoretical application of rudimentary economics to New Jersey's child welfare system is that children are NOT commodities.

In New Jersey, presently there are two pools of children "lucky enough" to attract the attention of the child welfare system. Pool #1 primarily consists of sibling groups, older, minority and behaviorally, psychologically, physically, emotionally and/or mentally challenged children: these are the less desirable, "hard to place" children: High supply, low demand. The financial prognosis of continuing in state custody is dismal. Options: 1. Keep child/children in their present environment (minimize issues requiring child welfare intervention, for to resolve issues will require resources) and if parent is amenable, 2. Remove child/children to foster care. While in foster care, these children are draining expensive resources. In addition to paying for foster care, the state must expend resources for reunification efforts or pay the price to secure adoption by those willing to take a less marketable "product." This is what adoption subsidies were designed for.

Pool #2 consists of young, infant, white, minimally challenged: for the most part, healthy and desirable children: Low supply, high demand. Because of high demand, there is little risk of continuing in state custody. In this supplier's market, the incentives, financially and otherwise, are numerous. Options: #1. Keep child/children in their present environment (require resources), #2 Remove child/children to foster care; take custody [pending adoption]. Providing services or reunification efforts to these children and their families would drain resources. Remember, this is a supplier's market: selected adoptive families are waiting with open arms for their turn to foster/adopt. It circumvents the prohibitive costs of private adoption.

Children from both groups earn reward monies from the Federal Government when they are adopted out. Statistically, all adoptions are positive key performance measures for the state: bonus points/bonus dollars. On the other hand, reunification of children with their families earns no bonus monies. In the case of "hard to place" children, reunification costs are a limited expense which may be financially prudent when subsidies are not sufficient to attract minimally qualified adoptive parents. For children from the "desirable" pool, family reunification is often not an option:

it is an unnecessary expense, drain on resources, costs the state in thousands of dollars in bonuses and is statistically unfavorable.[1]

Although this makes economic sense for commodities, should economics determine the future of a family? Should financial options and incentives govern vulnerable children's welfare? Are we treating our children as we do pork bellies and other commodities?

Unfortunately, I can speak from my family's experience within the system. The foster parents of my two young sons were receiving thousands of dollars in support from my husband and me while also collecting compensation from the state. The Commissioner of Human Services has identified this as against policy".[2] The Bergen County Prosecutor characterized it as criminal and referred the case to the Burlington County Prosecutor's Office for action, where it resides awaiting cooperation from DYFS. Fraudulent? Criminal? Illegal? Certainly unethical. DYFS/Human Services cries of insufficient funding ring hollow in the wake of their support of those foster and adoptive parents who defraud the system and benefit financially from vulnerable children. And, these state—sanctioned parents are the people paid for and charged with raising children to be responsible, virtuous human beings.

In fact, the foster parents have been receiving and are slated to receive support, services, allowances and special subsidies for each until my six and seven year olds reach adulthood. The foster mother, my biological sister, sought and received the state's assistance in her mission to adopt my children after failing in her attempts without the DYFS's involvement. My vulnerable family found itself under attack by New Jersey's Goliath. The foster mother receives monies and services for years and the state receives federal support, bonuses and a few pats on the back. A "win-win situation," right? What about my sons? What about their best interest? Despite the odds, I will continue to raise awareness of what really is happening out here in the trenches, hidden behind the numbers. My first priority is to my family, but I will do all I can to ensure this does not happen to another child or family.

Are all DYFS foster care placements and adoptions bad? Of course not. Are there foster and adoptive parents out there who are truly motivated by compassion, benevolence and love? Thank God many are! Is New Jersey unique? I doubt it.

Is there hope? Yes! These hearings are a source of hope. Are there solutions? Yes! But, handing out hard-earned taxpayer dollars to states without accountability is irresponsible and reprehensible. To use federal funds to finance state-sanctioned kidnapping and support fraud is iniquitous. Most importantly, to not do right by our children when afforded the opportunity to make a difference, individually and/or collectively, is to turn your back on humanity.

Thank you for your time, interest and concern. I look forward to hearing from you.

Sincerely,

Lisa E. Gladwell

Statement of Greg S. Hanson, and Lisa R. Watkins, Hiawatha, Iowa

Child Protection has become an INDUSTRY. The Contract the states entered into for Federal Grant Money was contingent upon states meeting many standards. The threat of cutting off funds if states didn't fulfill all of the requirements has NOT been followed through by the Federal Government however.

Up until recently these agencies used to fend off any correction or any decision unfavorable to them by saying that the politician was "Against Child Protection". A few congressmen have experienced this McCarthy era like demogoguery from the Child Protection Industry. Now things for their INDUSTRY have gotten bad enough that politicians don't have to fear this tactic of demogoguery as in the past.

I basically don't think ANY government agency should remove kids or reimburse states for removing kids unless there is some VERY serious reason in that individual case to override CONSTITUTIONAL RIGHTS of a family to be intact.

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[1] In one county, mothers of young Caucasian children are advised/warned that if DYFS successfully moves to take custody, there will be little chance of reunification: their children will be adopted from a readily-available and eager adoption pool.

[2] Commissioner Harris responses in a September 11, 2002 letter, "I want to assure you that we have taken steps to insure that the case is handled according to DYFS policy." The step that was taken the next month was to issue me a Superior Court summons for Child Support—which was dismissed. Interesting to note, my children's father did not receive a summons—just me. Coincidence or intimidation?

Much like with Enron, Child Protection has been too much motivated by funding streams and "bean counting" at the expense of ethics, fairness and even responsible handling of money. The main data provided to the Federal Government to qualify state Child Protection agencies for federal money is in fact generated by ""judgement calls"" made by the agencies themselves, with an urge to grow endlessly. All they have to do is call every case "Imminent Danger" even where they removed a child from their home for "Clutter" or "messy house". The Federal Government feeds them money for this. Caseworkers are immune from perjury, so they do it a lot.

Hasn't Congress ever noticed that Child Abuse and Neglect is used as one term, CAN, for funding? What most citizens would consider to be real child abuse is about 3% of all child removals. The vast majority of child removals are for neglect, not abuse. Neglect is a large catch all that can range from drug addiction issues to simply "messy house". The percentage of cases where state agencies really DON'T KNOW why the child was removed is the most revealing, a percentage usually higher than the 3%. In other words, statistically, serious child abuse is statistically small enough to hide within the margin of error. Keep in mind that these numbers might be of considerably less utility to the state agencies if the state agencies were not the ones REPORTING these numbers.

Another factor is that if Child Protection were to accuse 1000 parents wrongly, an amazingly large number would find the overbearing corrupt Juvenile Courts just too much to cope with, almost terroristic in their approach, and would surrender completely, seeing the struggle as futile. I personally watched my fiance' get fall prey to what I have dubbed "the stipulation scam" where her own lawyer pushed her to "stipulate" without any serious consultation, just 15 minutes of pressure before court. 90+ % of all cases are "stipulated", a term in Juvenile Courts which is comparable to a guilty plea, even thought the Judas lawyer said it was not, and all of the effects are exactly like a guilty plea. "Stipulations" are generally not signed and rarely involve a document to consider or time to consider it. My fiance' only agreed to CONSIDER one, but her attorney agreed FOR HER. She never saw a document to consider nor signed any.

A Judges Association in one area openly and outright urged local Family Law attorneys to talk most families into stipulation to save on court time. No reference was made to guilt or innocence, which fits my experience.

Child Protection and Juvenile Court tread on a most precious LIBERTY INTEREST, 14th Amendment right to Family Association, yet the standard of evidence and the constitutional protections in Juvenile Court are INFERIOR to those for a petty theft.

Bottom line: The overbearing system cons large numbers of families into being marked guilty when they are not. Americans are "cowed" into "winning through surrender". Once the "stipulation scam" takes place, Caseworkers "own" the family and are quite used to playing god. For the family to asserting Constitutional Rights at that point angers caseworkers and makes the situation adversarial because caseworkers pretend they don't know they are violating the constitution. Even the caseworker with a Bachelors degree in criminology claimed ignorance of the US Constitution.

For the Federal OR State government to invoke PARENS PATRIAE (Child of the State) they SHOULD have to:

1. Prove at least a reasonable ability to parent. So far government has failed MISERABLY, generally doing WORSE than many of the supposedly failing parents that get children removed from them. It's like the Hog in the wallow calling the Horse dirty.
2. Stop calling every little nit-picky thing "Imminent Danger" in order to justify depriving CONSTITUTIONAL RIGHTS to family integrity. Caseworkers act like Chicken Little making big cases out of small issues, while the sky really IS falling for some other kid. Kids should NOT be removed for clutter or messy house which is a SUBJECTIVE call and could probably be used to describe HALF of all homes, according to a 'Nam Vet ambulance driver I talked to. Don't they have more pressing issues than to be whining that a parents "lived in" home is "messy"?
3. True Judicial oversight. Stop allowing Juvenile Courts to be complete Rubber Stamps for caseworkers. This defeats the entire purpose of Juvenile Court. Juvenile Court exists to keep caseworkers from violating the rights of families and kids. This one-sided rubber stamping and even polarized bias has to stop. They ignore motions from parents for reasonable, basic and required fairness and protection of rights.
4. AVENUES OF REDRESS AND CORRECTION that are broken or twisted to be denied in Iowa and other states. These have been required for over ten

years, yet have never been implemented, have been twisted or dead ended. When US DHHS Audited all 50 States I don't think they even investigated these three requirements that would assist protection of basic citizen rights, because there seems to be no action to repair these functions in the works. The only way to force the states to honor their ten year old contract regarding these is to stop their money.

Yes, they are all about money. State Child Protection agencies have become all about the money, Kevin W. Concannon is infamous for being in charge in Maine when Logan Marr was removed for reasons reminiscent of Rube Goldberg devices, only to end up dead in state care. The foster/adopter was a former Child Protection caseworker who didn't believe in spanking, yet duct taped the girl to a high chair in her basement and duct taped over her mouth. Later when DHS director Concannon left Maine, Iowa hired him to Direct DHS here, actually stating the reason was his ability to bring this state more Federal Dollars for DHS programs. The Governor must not have noticed the revolving account repayment obligations and law suit settlements Maine got saddled with thanks to Concannon.

But several avenues of redress are broken all over?

A. Citizens Review Board, required for over TEN YEARS, each state was to have at least one, and in most cases 3 or more, as review boards over Child Protective Services case problems. These could have provided Hope for families dealing with caseworkers telling BIG LIES as in my families' case. Citizens Review Boards are required over CPS case problems. Not just over Foster Care, but over Child Protection malfunction. Iowa DID have a CRB two years ago which was all loaded with Child Protection workers and contractors, which by the way was against regulations. Now there is NO CRB except over Foster Care. (CRB combined with FC Review Board, now ICFCRB)

B. DHHS "PIQ" directive ACYF–CB–PIQ–83–04(10/26/83) directs states to proivide Administrative hearing process to Federal 45 CFR 205.10 standards regarding GRIEVANCES ABOUT SERVICES PROBLEMS Notice the DATE on that DHHS "PIQ" Directive? Kevin W. Concannon, director of Iowa DHS claims that we cannot have access to this process even though we meet the criteria. Concannon clung to some State Law that is inferior to the Federal law, denying us access to this grievance process for reasons which violate the Federal Law. Even though we DID claim to have been denied services in our complaint, he said we could not have access to this process since we were not denied services. Think about this a moment though, This creates a mess where MORE services is better, even if the services are needless, baseless, or in some way malfunctioning or rigged. As he spelled it out, this process could not REMOVE services applied without basis, and of course this process could never address qualitative problems with services, like bias, twisting or misuse. The process as described by Concannon is, effectively, of no use to correct grievous wrongs.

C. The US DHHS holds purse strings and are supposed to require that state Child Protection Agencies comply with regulations to provide FAIRNESS and quality of service. The problem is that this is done on a FISCAL basis and DHHS refuses to investigate complaints from individual families about ABUSES BY STATE AGENCIES. DHHS refuses to investigate reports of agency abuses even where a state fails to provide a required corrective process like the Grievance Process on Services Problems. DHHS does not enforce their own PIQ directives to the states, and when the states get reviewed, the festering bad cases don't come to DHHS attention.

This last summer, after Iowa DHS Child Protection failed an audit (every state failed), the state formed a "stakeholders panel" that was to be representative of both insiders (financial stakeholders) and families with a LIBERTY INTEREST stake in correcting DHS. The panel, as I found out, was completely stacked with people who financially benefit from the system as broken as it is. The state propagandized this as their genius and good intention, not mentioning the failed DHHS audit as a reason. The only person on the stakeholders panel who appeared to be a concerned parent e-mailed me back that she "would have to check with her advisors" and never got back to me. That seemed odd. [sarcastic grin] Open meetings to collect public input were held in several places around the state, and a report on these comments was to be made public on a date set ahead of time. Large crowds of angry parents showed up at most of the open meetings and DHS did not make the report on public comments available on the web as promised. The DHS press release guy failed to answer my e-mail asking where this report is.

D. Administrative Appeal on Child Neglect and Abuse REGISTRY When we turned in our appeal, Iowa took 100 days to even acknowledge receiving it, gave us 10 days to add more, and told us it was in their work stack. Then we heard nothing for over a YEAR. Then when we brought it up they held up the process waiting for the Judicial Process, which has gone on now with my family for almost 3 years.

If ANY government fails to provide these required protections, they are guilty of emotional and psychological abuse of children and parents, and failure to protect citizens rights to due process. Parens Patriae is NOT just about kids. Our governments make LOUSY parents to citizens in general, why would you trust government with kids?

MY OWN FAMILY has been betrayed for almost 3 years by corrupt State officials. The remedy for this bad treatment of citizens probably won't come from the State, and citizens have to beg the Federal Courts to protect them from bad State Government officials. I hear that the Federal Courts are reluctant to protect Citizens Constitutional Rights when it involves reversing bad decisions by state agencies.

The Federal Government needs to take a more active role in correcting bad actions by the state Child Protection agencies in individual cases. Early on in this process, after learning that US DHHS regulations for Child Protection agencies were NOT being followed, my family was thoroughly disgusted to find that US DHHS turned away our inquiries seeking corrective help. The US DHHS does not want to talk to individual families about their case, even when DHHS regulations are being violated badly by the state Child Protection agency.

Privacy laws are being perverted to deny families the CONSTITUTIONAL RIGHT TO CROSS EXAMINE DOCUMENTS USED AGAINST US IN JUVENILE COURT and even into the Iowa Supreme Court. The sophistry used is that we are not CRIMINALLY CHARGED, so we don't get our CONSTITUTIONAL protections! The state only REMOVED A CHILD! Isn't that a LIBERTY INTEREST as serious as a charge of murder?

My fiance discovered that a transcript of a Juvenile Court hearing was "doctored" or altered badly. We had wondered why this short one took an inordinately long time to get to her and was not signed. The Iowa Supreme Court ruled against her request for the original source tape for verification. Imagine being told to proceed into the Iowa Supreme Court with a bogus and unsigned transcript to write the appeal brief from!

The States and the Federal Government have failed to protect their own citizens from bad state state actors, run amok Child Protection caseworkers and Rubber Stamp Juvenile Courts who take caseworker lies as absolute truth.

Many Child Protection caseworkers are living out some "Rescue Fantasy" and carry an anti-spanking political agenda even though it is LEGAL in every one of the 50 states. Many of the anti-spankers like to think of or represent judiciously used spanking as BEATING. This ruse does not generally play well outside of their socialist worker circles. If a caseworker doesn't like what they find out about a family that spanks their kids, they can't use SPANKING in court since it's legal within limits in EVERY state, so they they merely accuse the family of clutter or messy house and order Parent Skills classes. Virtually every parent skills class is anti-spanking. AND 90 percent of the parent skills class itself preaches no-spanking. Caseworkers commonly write down clutter or Messy House as catch-all designations, used when caseworkers are suspicious or don't like a parent but they don't have anything on them to make a case.

The HYSTERIA about Child Abuse has to stop and RIGHTS need to be put back on a pedestal. I charge both Fed and State governments with "failure to protect" Citizens Constitutional Rights in the face of the Child Protection INDUSTRY.

YOU IN CONGRESS have not supervised the US DHHS well enough to discover that the states have failed to truly meet the TEN YEAR OLD obligations to fairness and self-correction (4 A,B and D above).

My family has been trampled on for 2 years and 9 months. Yes, we had clutter, but we did not have filth. A witch hunt ensued, caseworkers got caught at terrible LIES. Juvenile Court refused to correct the lies, despite proof. Caseworkers are IMMUNE, so they LIE all the time to have their way. We were refused required Active Participation in FORMATION of Services Plan. This is the list of "services", mini industries or "hoops" that parents are expected to jump through to get their kids back. Services were corrupted, tainted with gossip, fed with false information and in other words twisted to be against us from before we even started. UNFAIR.

I was to go to a Psychological Evaluation, no apparent basis for assigning this service, just a list of "issues" made up by caseworkers playing at amateur psy-

chology. One issue was my "need to be the victim" which they eventually removed quietly after the guy who assaulted me plead guilty to a simple assault. (charge should have been breaking and entering, but he's an ally to the state in this.) Later after I went to one session and the psychologist didn't find anything, he said he needed more information from Child Protection. I signed a release, and a stack of Child Protection documents an inch thick was sent to him. I began to ask a LOT of questions about how fair my "Psychological Evaluation" was going to be. Too many parents similarly situated have told me that the psychologist reported exactly what the caseworkers WANTED him to report, generally in complete disagreement with the raw data from the standardized tests that they use for this. (Remember Psychology is an ARTS degree.)

My fiance' went to Domestic Violence victim counseling that she was ORDERED into, even though there was never any Domestic Violence between us. It made SOME sense to inoculate her because I had Domestic Violence convictions many years before (I had a severely bi-polar wife years ago). But after Child Protection had their INPUT into this service the counselor became like the grand inquisitor trying to force some deep dark secrets out of her. When my fiance' denied what was in fact false, the counselor though she was "in denial". The counselor told a twisted story that I had pushed the childs "head under water" (was actually a shower spray to rinse off shampoo head that looked like an ice cream swirly) The counselor was trying to guilt and shame my fiance into getting rid of me. Child Protection commonly uses the "divide and conquer" tactic. My fiance' though, had already seen how Child Protection caseworkers LIED, twisted and distorted virtually everything innocent to portray it as EVIL.

So we did not cooperate with "services", asking over and over for them to be repaired, made fair and not RIGGED. We were told, even yelled at to just do the services, and threatened with Termination of Parental Rights.

When we found old documents from the very same Child Protection Agency showing that there was never any sexual abuse even HINTED at, we showed these documents to a contract Social Worker first.

Then I showed them to the caseworker who fabricated the lie that I had a "Sex Abuse History". He verbally acknowledged that they did indeed disprove his sworn-to assertions in his affidavit to court.

But STILL, to this day, nobody has corrected the "Sex Abuse History" fiction.

—Juvenile Court here has refused many MOTIONS to correct the "Sex Abuse History" and refused hearings to correct it The exculpatory old documents were attached as exhibits.

—Iowa Department of Human Services refuses to correct it. (All the way up the chain of command, Director and Governor even)

—You would THINK that Social Workers should have ethical requirements to demand that proven falsehoods harming a family should be corrected, even if the Social Worker has to "bite the hand that feeds them" by urgently requesting that Iowa DHS correct the fictional "Sex Abuse History".

—You would EXPECT contract Social Workers to have a duty to the TRUTH, especially when known falsehood harms a family. Apparently however, pleasing the state agency caseworkers and getting their state contract renewed is more important than demanding that a PROVEN FALSE fabricated "Sex Abuse History" be corrected. Lutheran Social Services is the LARGEST contract provider of Social Workers in the world, yet, even after seeing exculpatory documents their Social Workers refused to ask Iowa DHS to correct the proven false "Sex Abuse History".

—DHHS doesn't take complaints in individual cases of state agency abuses of families. Regardless of circumstances.

The Jackson family starvation case recently caught the attention of Congress, but there have been large numbers of much less sensational cases that have done harm to massive numbers of families, partly because of the problems with OVERSIGHT and CORRECTION processes that are not working properly.

PAYING states to get kids out of Foster Care only enabled them to REMOVE more needlessly and reward their friends who seek to adopt, like the woman who killed Logan Marr. Paying states to get kids adopted out only revved up a meatgrinder that has destroyed healthy families with relatively MINOR problems.

I personally feel that the vast majority of children removed probably should NOT have been removed.

Child Protection Caseworkers have treated my family as criminals, when in fact, no criminal law was broken. The more the caseworkers get proven WRONG in some cases, the more irate and vindictive they become. We had a caseworker who moved a visit into the Child Protection "fishbowl room" for vindictive reasons. Then she looked for any complaints she could make about parenting skills. The complaint she wrote up IN COURT was that the mother was asking her daughter to spell words

that were "too difficult". The words the caseworker actually complained about were "exoskeleton" and "Hubble Space Telescope".

Not only was that caseworkers comments an intrusion into the mother's Constitutional right to direct her child's education, but the child's first grade teacher had assigned the word exoskeleton about a year earlier. The child had previously been tested as reading and spelling at a level YEARS ahead of her age group in school, and was in an Extended Learning Program in school.

That would be a better way to reduce clogged and not functional Foster care systems. Stop FEEDING so many children to Foster Care homes. Stop the STATE's financial incentive to juggle kids in Foster Care, AND the incentives for people to BECOME Foster Care providers for financial reasons. (As with the Jackson family in New Jersey.)

Why are there so many incentives to REMOVE kids, Terminate Parental Rights, and place kids in Foster/Adoptive situations? Where are the financial incentives for Child Protection agencies to REUNITE families?

Please quickly force states to repair the required avenues of redress (4 A, B and D above), and please direct US DHHS to cut the money if states fail the ten year old obligations even one day more. Iowa is still showing no signs of honoring those OLD requirements, much less the new requirements that Congress and the President made law on June 25, 2003. What good will the Protecting Families and Children act (HR14 S.342 HR3839 Keeping Children and Families Safe Act President signed into law June 25, 2003) do when the previous TEN YEAR OLD requirements are still not met? Why wasn't the money cut off BEFORE, if not for the political demogoguery and political fears of smear tactics?

A Federal District Judge in Illinois is angry because Child Protection changes he ordered 12 years ago have still not been implemented. Another one, Federal Judge Rebecca Pallmeyer in the Dupuy case declared the Illinois Child Protection system to be UNCONSTITUTIONAL. The agencies are so corrupt that they refuse to do the right things, drag feet with STUDIES costing millions, and DARE you in Congress to cut their precious funding.

I say stop the flow of "blood money" to Child Protection. Withhold funding to state Child Protection agencies until they fulfill their contractual obligations to provide those safeguards of families, 4 A, B and D above, agreed to ten years ago, in exchange for the money.

Statement of Barbara Harris, Rocky Ridge, Maryland

It is imperative that we implement mandatory investigative guidelines and a national investigation into all agencies and there investigators working with our law enforcement. Agencies such as Child Protective Services, Child Abuse/ Sexual Assault Units and all other civilian investigators that are currently working without guidelines are able to side step an individual's constitutional rights, by paraphrasing interviews, falsifying documents and writing their reports months later solely based on their recall.

There are an increasing number of false allegations being lodged against good and caring fathers, mothers, step parents and grandparents, anyone with a grudge, exspouses, vindictive neighbors, shunned family members can make a false allegation with no fear of reprisal under current laws.

Child Protective Services has a state and federally funded incentive to obscure facts, destroying many innocent families, the very foundation of our country. They do not need evidence, hearsay is sufficient. They are above the law and currently have no solid guidelines in which they must abide by.

According to statistics, Federal taxpayers provided States $3.1 billion in 2002 to supportchildren in foster care and adoptive settings, and $2.8 billion more in administrative fundingfor States and localities to use to ensure the safety of vulnerable children. That is a total of $5.9 billion dollars, a very high price tag for an unsupervised agency. With that kind of funding there is no excuses for errors in the system.

The dramatic increase of children in foster care is alarming. Granted it's true, under extreme circumstances removal of a child or children from their homes is essential, however, it is also essential for there to be compelling evidence to do so. Every federally funded effort must be made to reunify these families. I have spoken with hundreds of parents whose families have unjustly been torn apart by Child Protective Services, these mothers and fathers cries fall on deaf ears.

When I hear the horror stories of children falling victim to foster care and adoptive parents, why is it we never hear of how the children got there? Where did the

mothers, fathers, grandparents, aunts, and uncles go? Were the immediate family members so horrible that these children end up with total strangers? Who determined the fate of these children? At what point do children have a say? What is the extent of psychological harm has been done to these children?

When a claim of abuse arises, the authorities immediately pressure the child or children to substantiate that claim. However, when a child is asked, where do you want to live, does anyone listen? Where is the dividing line for children's rights? Why can we not clearly define the laws? These kids are our future, these agencies are destroying their future. Is this the kind of America we want to leave behind? Of course not, but it wouldn't be our problem then, it would be our children's problem. Out of sight, out of mind.

I know how Child Protective Services works, I know how CASA works, my family has been victimized by these agencies. It was a sick feeling to learn that a CASA investigator, a civilian, could be allowed to verbally abuse my child with profanity in order to illicit a false confession of sexual abuse. I was forced to place a protective order against my husband. After that false confession, Child Protective Services came in with threats to remove my children, literally threats, if I didn't sign a release form allowing them access to my daughters psychologist and her records. There was no taped evidence and no supervision of these interviews. When my daughter recanted her story, and criminal charges were dropped, I filed to remove the protective order, Child Protective Services intervened at the court proceedings.

The same CASA investigator was granted permission by the State's Attorney's office to bypass consensual monitoring equipment in order to obtain an alleged phone confession. This phone confession was only heard by the investigator, subsequent interviews were only monitored by a Child Protective Services worker. Although throughout the initial investigation a law enforcement officer was present, that officer did not monitor the civilian investigators interviews or actions.

In a different case, the same CASA investigator tried to obtain a confession of sexual abuse by having the reporter of the crime wear a wire tap, when no confession was obtained numerous interviews were conducted with the reporters child, at no time during these interviews were any audio or videotapes made to accurately verify the victims statements or how the victims statement was obtained. In both of these cases the investigator was a prior acquaintance of the reporters.

Children and teenagers are highly influenced by both authoritarian figures as well as peer pressure. When a person in a position to uphold the law abuses their power it is impossible to prove without the monitoring of their actions.

By mandating audio and/ or videotaping of such interviews in there entirety, it would assist investigators in providing accurate reports, and hold those accountable for unethical procedures, under current laws these reporters are protected by complete immunity. Often times in court proceedings guilt or innocence lies on State expert witness testimony, without taped interviews erroneous statements are often made thus leading to false convictions. With the current technology available today, there is no reason why any person should be convicted on recall, theory, or opinion.

These kinds of cases are clogging our courts, these innocent convictions are clogging our jails, these cases are costing taxpayers a fortune and I believe a huge portion of this could be prevented if there were mandated and strictly monitored procedures to follow.

Thank you.

Statement of Kandy Helson, Racine, Wisconsin

Here is my statement. I am dismayed. I am an American citizen and I have voted in every election. The system of Child Welfare is out of control. Children are being taken from good families. The states receive adoption bonuses, this bonus system had a place but now it is no longer necessary. It is being abused. Here is why, a high percentage of child abuse cases are some form of neglect. The parents are very poorly represented in court. The child welfare workers have a money incentive to terminate parents rights. A HIGH percentage of these parents are having their rights terminated with no criminal charges. If criminal charges are not being filed a hardly see a reason enough to terminate parents rights. A serious child abuse crime should of been committed for parents to lose all rights. Not only do parents lose their rights but the rest of the extended family do as well. I believe this violates the civil rights of those relatives to see and continue a relationship with their blood relative. Another serious problem is the child welfare system receives more money if they can label the child with a mental disorder. They classify children who throw

tantrums as behavior disorders. The children are being mentally abused by the separation from their families. Then they are drugged because that leads to more funding for the system. What child never throws a tantrum? How is there valid enough reason to terminate parents rights but not valid enough reason to file charges criminally. The funding should provide a way to prevent the neglect that led to the child being in the system. As neglect is the largest single reason children are removed from their families. A free government should not interfere with the family so harshly as what is being done now. A convicted murderer behind bars has more rights to visit, phone calls and letters from their children. The American public would be outraged if they knew exactly what the system that is supposed to protect children has turned into. It is a money making industry. It need a complete overhaul with an investigation and criminal charges brought against any worker at all levels who ripped apart families and abused their power. To continue to let it happen should lead to all government officials who were contacted and or notified of the abuses perpetrated on American families to be investigated who did not take action to investigate and correct this horrible tragedy.

Indiana Civil Rights Council
Whitestown, Indiana 46075
November 20, 2003

Committee on Ways and Means
U.S. House of Representatives
Subcommittee on Human Resources

Dear Honorable Representatives:

The following items are offered as straightforward suggestions to strengthen a fiscally-sound policy of responsible prevention of the majority of all child abuse and neglect in this country:

I. LIMIT TOTAL NUMBER OF ADOPTED/FOSTER CHILDREN PER HOUSEHOLD

No new adoptions or foster placements in a particular residential household should even be considered when doing so would pass the total number of children, 17 years of age or younger, living in said household beyond a reasonable limit of (4–6 children: negotiable). Total number of children to include all sources, whether biological, adopted, foster, and children residing in the same household via any form of guardianship or custodial arrangements, temporary and/or permanent.

Immediate moratoriums, regarding the above substance, should be placed into effect throughout all states/federal agencies involved with placement of children, and maintained until such times as legislatures can pass and implement corresponding law(s).

II. NATURAL PARENTS ARE THE FIRST PREFERENCE FOR CARETAKERS

Instead of the current trends towards increasing the numbers of state removals of children from their natural parents (and, therefore, redistributed via adoption, fostering, and other programs), government must reverse this natural poison to society, and seek to strengthen priority of insuring that families remain intact whenever possible, feasible, and practical.

If, due to documented abuse or neglect serious enough to warrant removal of a child or children from the home of a natural mother or father who does not reside with the other biological parent, then temporary and/or permanent custody should be immediately placed with that other biological parent, whenever possible, feasible, and practical, in mandatory preference to any alternative forms of residential placement of said child or children.

If said abuse/neglect is serious enough to warrant removal from co-habitating biological parents, then temporary placement elsewhere should be only long enough to determine if/when the family can be reunited.

III. DISPROPORTIONAL AWARDS OF SOLE CUSTODY IS BAD BUSINESS FOR AMERICA

To further attack the general national incidence of child abuse/neglect, laws that presume standard full joint custody of children (in separation, divorce, paternity, and similar proceedings) must be passed—quickly—in all remaining states which have not done so yet.

The vast majority of custody awards (90%) rest with single mothers, with only about 5% resting with single fathers, and the remaining 5% being true joint/shared custody.

Yet, while state and federal agencies, i.e., National Clearinghouse on Child Abuse and Neglect Information ("missing kids on milk cartons"), have continually documented the overwhelming consistency (60–62% annually) of single mothers perpetrating all murders, abuse, and neglect of minor children (typically also involving the absence of fathers in the child(rens) lives . . .), and while these same agencies have also studied and confirmed the higher liklihoods of children raised by single mothers to be involved with drugs, homeless, teenage pregnacies, runaways, violent criminals, homosexuals, suicidals, school drop-outs, and etc., (i.e., BIG costs of taxpayer dollars . . .), most state governments have still failed to pass presumed joint custody laws such as were passed in Wisconsin, Louisiana, Kansas, Pennsylvania, and most recently, Ohio. These states have found that such laws inhibit divorce rates, save families, keep fathers in childrens' lives, and, therefore, save children and large amounts of tax dollars.

Respectfully submitted,

Torm L. Howse
President

Statement of E. Pamela Jones, In the Spirit of the Children, Inc., New York, New York

I would like to take this opportunity to respond to a growing issue in the child welfare arena in this country. The unconscionable circumstances of the Jackson children in New Jersey is just one of many cases that have gone undocumented. It is only fair to all concerned to look at the whole picture rather than just look at this particular case when this and other cases have and will continue to surface on the front page of our nation's periodicals. If we as professionals, child welfare advocates, and service providers do not begin to speak out honestly about the real issues that have placed too many of the nations vulnerable children at risk, under the guise of protecting them and providing permanency for children in foster care in a effort to reduce the Child Welfare rolls.

First let us examine the Adoption and Safe Families Act enacted in 1997 (P.L. 105–89). This law when implemented placed an relentless emphasis on the States: Departments of Human Services, County Departments of Child and Family Services, and City Agencies to Identify prospective foster, Pre-adoptive and adoptive homes to its own detriment. This law also places a strong push on the states and its localities to compete feverishly to reduce their foster care placement rolls. The law further attached a monetary incentive of cash bonuses to the states for each child adopted.

The pervasive issue prior to the law is and a remains today is the supply and the quality of prospective/identifiable homes for this population of vulnerable children. The number of children needing permanent loving, and caring homes far outpace the number of people willing to take in these children and youth. The unspoken truth is that all too often those available and willing to take in these children are not always well-intended individuals, who are educated or otherwise positive role models who have qualities that would provide these children with greater life experiences than the environments the children have originated from. Many see the opportunity of opening their home to a child or children in need as a means to secure their mortgage, car note, and as prospective hired hands (servants) etc.

In the case of New York with the implementation of the ASFA law the goal of providing Permanency for children in foster care has become a horse race. The emphasis is on getting the child off the child welfare rolls in the required time line (18mos.) in order to comply with the federal and state laws. The goal is not to ensure that those seeking permanent custody or adoption of a child will receive the needed supportive services upon the finalization of the adoption to ensure that there is successful fit for both the child and the adoptive family holistically.

Rather, the goal becomes ascertaining the numbers needed to illustrate a reduction in the rolls, close the budget gap, i.e. deficit, and obtain the cash bonus. This in it self has created an atmosphere of fear of reprisals for those working in the trenches at the lower levels of the child welfare system, i.e.; Home finders, Case Mangers, Case Workers. The emphasis is finding homes (anyone) will do, in some cases the required background checks are waived, the income test overlooked; psycho-socials should be included in the background checks.

In light of the fact that there are a number of children who enter foster care whom would benefit positively from a permanent home oppose to institutional environment. It would appear that monies allocated for foster care and adoption opportunities be better spent in aiding in the biological families and their children that want assistance and direction, such as family prevention and intervention services. In the cases where the only alternative is for the child/children to be placed in foster care or adoptive homes, provide these families with the supportive tools and monitoring needed to ensure that the child and families are adjusting appropriately.

It is also suggested that the screening process for both prospective foster and adoptive parents be revised to assess the quality of care and nurturing they can actually provide, verses the persona that so many case workers are duped into, until the honeymoon period is over. The development of a concise evaluative tool for identified foster/adoptive homes would be most useful in determining the validity of the foster and adoptive parents. This will aid the system in weeding out those who have hidden agenda's and will reduce the recidivism rate of the number of children who are adopted at early ages and then returned to foster care in their adolescence, which is the unspoken truth that no one in the profession talks about.

The other growing concern is a direct result of ASFA and the Welfare Reform Act; the numbers of Teen Mothers who have entered the foster care system, and are now targets under ASFA while in foster care placement. It is no secret that African-American children/youth are disportionately represented in the foster care system in the United States.

Thus, the increased presence of teen mothers in foster care has created a resource pool and a quagmire. In this instance this particular population often enter foster care, as a direct result of not be eligible for TANF or public aid as many are under the age of 18. And under the Welfare Reform Act these young girls are the responsibility of their biological parents. The circumstances are such that when the biological parent of the young girl discovers that public assistance will not provide aid for the pregnant teen the parent then seeks either Voluntary Placement or a PINS of the young girl, and thus she enters foster care, for prenatal services and ultimately foster care placement. The newborn remains with the teen mother while in care the newborn in these cases is considered an emancipated minor.

There has been a growing trend of this scenario since the inception of Welfare Reform, which has forced an explosion of teen moms in foster care. Understanding that a vast number of these young girls are in many instances discovering foster care and parenting for the first time and are unaware of the laws and circumstances that govern the system. This population has become prey to ASFA as enforced in child welfare. Thus, this circumstance has availed the foster care system use of ASFA to terminate the parental rights of these young mothers, and place the infants / toddlers in foster care and ultimately up for adoption.

The problem that arises from the usage of ASFA and this population is that the youth that have become pregnant in an attempt to find love, nurturing, and the attention, that which was lacking at home from their biological parent. Tend to retaliate, by becoming pregnant again, which is known as replacement pregnancies and thus raises the pregnancy rate amongst this particular community and population. This issues is not isolated to the youth that enter care for the first time but is universal in the foster care system as a whole there are many issues that can and should be addressed, as there are many solutions that can help ameliorate these concerns if we just take the time to have real and honest dialogue about them.

I am a former foster child of this horrendous system and have been a longstanding advocate for the children and youth represented in foster care. I am also an Independent consultant and trainer to child welfare and have been for the last 13 years. Presently, I am the Founder and Executive Director of "In The Spirit Of The Children, Inc" Which provides youth who have exited foster care with a continuum of services to avert homelessness of this population upon discharge.

Thank you, for the opportunity to express my concerns on the current state of child welfare today.

Statement of Joe Kroll, North American Council on Adoptable Children, Saint Paul, Minnesota

The North American Council on Adoptable Children welcomes this opportunity to submit testimony on behalf of the tens of thousands of children adopted from the child welfare system every year, and the families who adopt them.

Horrific cases like that of New Jersey's Jackson family engrave themselves in the public memory and focus attention on needed child welfare reform. At the same time, however, they may inadvertently exclude from public consciousness the crucial—and laudable—role played by hundreds of thousands of adoptive and other families who successfully care for this country's most needy and vulnerable children. We believe that at-risk children do best in well-supported, forever families—with birth families, relatives, or adoptive parents. **Families who parent special needs children need increased support.**

NACAC knows that much work remains to help adoptive families after the adoption is finalized, to reduce the number of children entering child welfare systems in the first place, to increase recognition of relatives as permanency resources for their abused and neglected young kin, and to provide more support and supervision for foster parents.

Who Are the Children?

Because of their early history of serious abuse and neglect, foster children who need permanent families often have debilitating special needs. **More than 85 percent have a physical, mental, or emotional disability.**[1] A child may rage so often that she cannot be in regular child care, be brain damaged from prenatal exposure to alcohol so that she cannot process more than one request at a time, or face life-altering depression that requires professional treatment. These problems do not end when the child returns home or is placed with a new, permanent family; some problems even intensify with age.[2] In spite of these disabilities—and the very real shortage of supportive services—foster, kinship, and adoptive parents are succeeding in caring for children who might otherwise be institutionalized.

How Prevalent is Maltreatment in Out-of-Home Care?

Foster and adopted children are sometimes, tragically, victims of abuse and neglect while they are in out-of-home care. One study of more than 300,000 children in out-of-home care in Illinois in the 1990's found an average substantiated maltreatment rate of two per 100.[3] But a follow-up study reported that one-third of that rate could have been *mistakenly* attributed to out-of-home care providers.[4] By comparison, child maltreatment occurs in the general population at about 1.2 per 100.[5] **Though more research is needed, it is evident that foster and adoptive parents need additional help in caring for special needs children and assuring their safety.**

How Does Congress View Adoption?

Twice Congress has acknowledged that families who adopt children from foster care face a difficult job and need extra assistance. The Adoption Assistance and Child Welfare Act, Public Law 96–272, passed by Congress in 1980, sought to remove the disincentives to special needs adoption and granted adoptive parents monthly stipends, matched with state dollars, that could not exceed the monthly foster care rate. Since the passage of 96–272, adopted children have fared better than children who remained in long-term foster care. Evidence-based research tells us that adopted children have higher levels of emotional security, a greater sense of belonging, and higher levels of well-being compared to children in long-term foster care.[6]

As children's stays in foster care lengthened and foster care rolls grew in the early 90's, Congress again acknowledged the overall success of adoption and passed the Adoption and Safe Families Act of 1997. ASFA provides states with incentives to find adoptive or other homes for foster children and prioritizes safety in all decisions concerning family preservation and reunification. The Act amended critical sections

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[1] Child Welfare League of America. (2003). Testimony submitted to the House Subcommittee on Human Resources of the Committee on Ways and Means for the hearing on the implementation of the Adoption and Safe Families Act. Washington, DC, April 8, 2003.

[2] Rosenthal, J. & Groze, V. (1994). A longitudinal study of special-needs adoptive families. *Child Welfare, 73* (6), 689–706.

[3] Poertner, J., Bussey, M., & Flude, J. (1999). How safe are out-of-home placements? *Children and Youth Services Review, 21*(7), 549–563.

[4] Tittle, G., Poertner, J., & Garnier, P. (2001). *Child maltreatment in out of home care: What do we know now?* Urbana, IL: Children & Family Research Center, School of Social Work, University of IL at Urbana-Champaign. Available on-line at: carehttp://cfrcwww.social.uiuc.edu/pubs/ListResults2.asp.

[5] U.S. Department of Health & Human Services. (2003). News release. *HHS releases 2001 national statistics on child abuse and neglect.* Washington, DC: U.S. D.H.H.S. Available on line at: http://www.hhs.gov/news/press/2003pres/20030401.html.

[6] Triseliotis, J. (2002). Long-term foster care or adoption? The evidence examined. *Child & Family Social Work, 7*(1), 23–33.

of the Adoption Assistance and Child Welfare Act of 1980 by identifying cases in which reunification services are not required; instructed states to file a petition to terminate parental rights when a child has been in foster care for 15 of the most recent 22 months; and entitled children to "reasonable efforts" to an adoptive home if they cannot return to their birth family, among other provisions. ASFA had the intended effect of reducing the backlog of children in foster care who were waiting to be adopted.[7] However, not enough time has passed to ascertain the effects of ASFA on the children who entered the child welfare system in 1997 and after.[8]

Where Do We Go From Here?

The Collingswood, New Jersey case has riveted the public's attention on the alleged neglectful behavior of an adoptive family, the short-comings of the child welfare system, and the need for change. One suggested change is to require a yearly child physical as a part of an adoptive families' adoption subsidy re-certification process, which could be positive if warranted services were also required and funded after the physical. But if the physical serves only as a child protection monitoring devise, adoptive families would be unfairly singled out for observation. No other class of parents would have a similar health monitoring requirement. Perhaps a more constructive change would be the *enhancement* of the widely successful federal adoption assistance program to include support and services for all families after adoption.

Recommendation: **NACAC advocates that services follow children when they move from foster care to adoption. NACAC recommends that the federal adoption incentive funds be targeted for post-adoption services.**

There is proof of a strong relationship between providing routine support and services to adoptive families and positive outcomes in terms of child health, well-being, and family stability, especially when mental health services are provided.[9] Post-adoption services should be tailored to meet the child's and families' needs, and may include: information and referral, case management, respite care, education, therapeutic interventions, advocacy, and birth family mediation when needed.

Initial findings from the Maine Adoption Guide Intervention Project, a post-adoption support program, notes differences between adoptive families that received Guide services, and adoptive families who did not. Guide families report higher levels of attachment to their adopted children, increased levels of family trust, and better "quality of life" scores.[10] The primary focus of the Maine Adoption Guide program is to allow the adoptive family to determine what they need to be healthy and safe. A clinical case manager asks the family, "How can I help?" For example, families ask for and receive child mental health counseling, support from other adoptive parents, and social work assistance when attending their child's special education meetings.

What Else Would Help Keep Vulnerable Children Safe?

NACAC believes that wider system improvement must occur so that fewer children enter the foster care system, and so that those who do will find increased levels of safety and sustenance. At-risk families should receive proven preventive services to avert their entry into the child protection system in the first place. Relatives of abused and neglected children should be more systematically sought and supported when they step forward to care for their young kin. More foster families who care for very troubled children should receive extra attention and supervision.

Recommendation: **create well-designed, universal, nurse home visiting programs for at-risk families in order to halve the number of children entering the U.S. child welfare system**[11]

Home visits by nurses in the first two years of a child's life improves the functioning of at-risk parents & reduces the incidence of child maltreatment. Evidence-based interventions such as well-designed nurse home-visiting programs have been proven to reduce subsequent pregnancies, cut welfare use, and de-

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[7] Wulczyn, F. (2002). *Adoption Dynamics: The Impact of the Adoption and Safe Families Act.* Available online at http://aspe.hhs.gov/hsp/fostercare-issues02/ASFA/index.ht. Washington, DC: U.S. Department of Health and Human Services.

[8] Ibid.

[9] Casey Family Services. (2000). *Strengthening families and communities: An approach to post-adoption services,* A white paper. Shelton, CT: Casey Family Services.

[10] Michael Lahti. (October 8, 2003). Personal communication. Portland, ME: University of Southern Maine, Edmund Muskie School of Public Service.

[11] Wulczyn, F. (June, 2001). *Age as a risk factor in the placement of children in foster care.* Paper delivered at the Annie E. Casey Foundation's child welfare financing briefing.

crease criminal behavior in at-risk parents, and lessen the chance of child abuse and neglect [12]

Recommendation: **Acknowledge kinship care for the stability and well-being it brings to vulnerable children. Make subsidized guardianship eligible for federal financial support without requiring a waiver.**

NACAC supports the Kinship Guardianship Assistance Program (K–GAP) provision contained within the Dodd-Miller Act to Leave No Child Behind—children's legislation that is pending before Congress. The K–GAP provision would allow all states to use federal Title IV–E foster care funding to establish or expand a subsidized guardianship program for children who can safely exit the foster care system into legal guardianship of qualified relatives.[13]

Relatives have emerged as a major source of well-being and permanence for children entering and leaving foster care, and should be uniformly recognized and supported as such. In 1986, 18 percent of foster children lived with relatives who were not their parents; by 2000, 25 percent of foster children lived with kin.[14] Children in quality kinship care programs are safer, more stable, and have greater continuity than children in non-relative foster care.[15]

Today 34 states and the District of Columbia have implemented subsidized guardianship programs as a permanent alternative to adoption for certain foster children leaving the child welfare system.[16] Guardians are usually relatives or close family friends who receive a monthly stipend that is often between the TANF rate and the foster care rate.

Relatives are also choosing to adopt their young, dependent kin in larger numbers than previously. The Multistate Foster Care Data Archive has recorded a significant increase in the probability of adoption over the last 12 years for African American children residing with relatives in urban areas, though these adoptions take a long time to complete.[17]

More than 50 percent of children in relative care families live with a grandparent who is poor and has health problems.[18] A Native-American, disabled grandmother in Minneapolis caring for her abandoned, hyperactive, four-year-old grandson failed to qualify for foster care payments and received only a TANF payment for his care. She also lacked transportation to get him to and from numerous medical appointments. She desperately wanted more social work help than she got. Yet this grandparent regularly sent her grandson to preschool and stabilized his chaotic life. Despite relatives' greater needs, they are offered fewer services than non-kin foster parents, ask for fewer services, and face barriers to receiving [19] And cash-strapped state and county child welfare systems don't have the dollars it takes to staff positions to check in frequently on the grandmother in the example above. Yet the well-being of vulnerable children clearly requires more investment than we are currently providing for relative caregivers.

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[12] Olds, D., et al., (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect. *JAMA, 278*(8), 637–643.

[13] Allen, M.L., Bisell, M., Miller, J. (2003). *Expanding permanency options for children: A guide to subsidized guardianship programs.* Washington, DC: Children's Defense Fund & Cormerstone Consulting Group.

[14] Office of the Inspector General. (1992). *Using relatives for foster care.* (OEI–06–09–02390). Washington, DC: U.S. DHHS; U.S. Department of Health and Human Services. (2001). *AFCARS report #5* (Preliminary estimates published April, 2001). Available on line at: http://www.acf.dhhs.gov/programs/cb/publications/afcars/apr2001.html.

[15] Benedict, M., Zuravin, S., & Stallings, R. (1996). Adult functioning of children who lived in kin versus non-relative family foster homes. *Child Welfare, 75*(5), 529–549; Berrick, J., Barth, R., Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Child and Youth Services Review, 16*(1–2), 33–64; Inglehart, A. (1994). Kinship foster care: Placement, service, and outcome issues. *Children and Youth Services Review, 16*(1–2), 7–32.

[16] Allen, M.L. et al. (2003). Op. Cit.

[17] Wulczyn, F. (2002). *Adoption Dynamics: The Impact of Adoption and Safe Families Act.* Available online at http://aspe.hhs.gov/hsp/fostercare-issues02/ASFA/index.htm. Washington DC: U.S. Department of Health and Human Services.)

[18] Andrews Scarcella, C., Ehrle, J., & Geen, R. (2003). *Identifying and addressing the needs of children in grandparent care.* Washington, DC: The Urban Institute. Assessing the New Federalism, Series B, No. B–55.

[19] Ibid.

Recommendation: **NACAC calls for additional federal and state investment in foster parent training, support, and supervision to increase child safety and quality permanency planning.**

More foster families should receive the attention and supervision that treatment foster families traditionally receive. Treatment foster care has generally been reserved for older, highly troubled foster children as an alternative to group or institutional care. Treatment foster care is one of the most widely used forms of out-of-home placement for children and adolescents with severe emotional and behavioral disorders.[20] Treatment foster parents are trained, supported, and closely supervised to participate as a member of the case planning and treatment team.

Yet over time an increasing number of children have entered foster care with more severe mental health, developmental, and physical health problems[21] meriting a call for *more* foster parents to receive the level of support and supervision that treatment foster parents receive. Levels of safety appear to be higher for children in treatment, or specialized, foster care.[22] Certainly this is another approach that is worth our investment.

Conclusion

Whenever a child is abused it is a tragedy that leads to the question: What could have been done to prevent it? Cases like the Jackson's raise serious questions about child welfare. We believe the solutions can be found in the hundreds of thousands of families who successfully care for special needs children each day. What can we learn from the grandmother living on social security who cares for her two grandchildren? What can we learn from the empty-nester couple who opened their home to four teenage boys? If we are serious about supporting children in families we will look to the mainly competent, real people caring for our most needy children to find the solutions. The real issue is the level of support the state provides to adoptive and other families who step forward to care for the nation's abused and neglected children.

Statement of Darlene G. Sowles, Pueblo, Colorado

Although the New Jersey case was horrible, this more is an indication of lack of funding available to train and retain good workers, and should NOT be used to scapegoat adoptive families. The purpose of subsidies is to get special needs children out of the foster care system and into permanent, loving homes, and there is no question that this is occurring. Although there may be problems with the system, and with selecting some families who are not appropriate, don't penalize the majority of families nationwide who are parenting children who otherwise would remain in long-term foster care (at a much much greater cost to society). I have two adopted children who were prenatally exposed to drugs and alcohol. We have additional therapies each month as well as additional medical needs due to this exposure; such as asthma and intestinal problems due to sensory integration dysfunction as a result of drugs in their system. We could not have adopted had we not had a subsidy for these children. As a former adoptive family advocate I have worked with many families who have the same issues. Please, please do not allow the foster and adoptive families to suffer because of one case that truly is not determined who is to blame (caseworkers or the family, or even the neighbors and community who knew something was wrong.) Also keep in mind that many times children who never got their hunger needs met now suffer from illness and eating disorders that cause problems in the child's health not because they weren't being offered food but because they either aren't eating enough or they can't keep it in. So. . .please do the research before making a decision. Thank you for hearing our prayers.

[20] Chamberlain, P. (2000). What works in treatment foster care, pp. 157–162. In M. Kluger, G. Alexander, & P. Curtis, eds., *What works in child welfare.* Washington, DC:CWLA Press.

[21] U.S. General Accounting Office. (1998). Foster care agencies face challenges securing stable homes for children of substance abusers. Report to the Chairman, Committee on Finance, U.S. Senate. GAO/HEHS–98–182. Washington, DC: Government Printing Office.

[22] Poertner, J., Bussey, M., & Flude, J. (1999). How safe are out-of-home placements? *Children and Youth Services Review, 21*(7), 549–563.

Statement of Jody Wardell, Enon, Ohio

My name is Jody Wardell. I have had extensive dealings with the Department of Public Health and Human Services (DPHHS) as a foster and adoptive parent in Ohio and as a military family stationed in Montana. I have had positive and negative experiences with social workers but the negative experiences left indelible impressions upon me insomuch that I have gone back to school to obtain a social psychology degree.

As you read through my testimony, here are a few things I would like you to remember: 1) I am not testifying to commiserate or complain but to ask that this committee simply begin by asking the right questions about our most vulnerable children; 2) Clearly understand that my views do not represent any group or religious affiliation. 3) What I say and what I do is purely out of love for this country, love for freedom, and love of the legislative process. I alone am responsible for my opinions in my effort to exercise freedom of speech; and 4) my opinions are to express deep concern over possible constitutionally incorrect policies and procedures that are often promoted in legislative efforts under the guise of saving children.

My goal is to re-establish a standard regarding family as the fundamental and essential unit of society. It is my desire to encourage you to search for universal truth, not merely believe "experts" touted by the department; experts who often line their pockets with taxpayer dollars only to conclude that "more studies" are needed.

At my own expense I have been working to expose fraud, waste, and abuse within the Montana DPHHS Child and Family Service Division (**CFSD**) for 3 years. I wrote and produced my own newsletter to keep Montana legislators informed and continue to work out of Ohio to help keep information circulating. I also took more than 10 telephone calls during a 2 and a half hour talk radio show in Kalispell, Montana dealing with issues of abusive social work power.

Current social work abuse and neglect in Montana is undermining family as the fundamental unit of society, not only in terms of the trauma caused to the maltreated parents and children through false allegations, but also in gross abuse of taxpayer dollars. The cost economically includes 1) the funds spent on child welfare services based upon false allegations and 2) the increasingly large sums of money dedicated to addressing issues based upon "precautionary principles" of "possible" consequences of abuse and neglect which in reality, simply do not exist.

Critics of the Montana DPPHS CFSD have begun to turn public attention toward what appears to be a DPPHS systemic problem. A cultural problem that apparently has been ignored by Montana DPHHS bureaucrats for years: Social workers can and do lie due to personal issues of dysfunction which cause maladjusted perceptions of abuse, compassion fatigue and burnout.

To date, there are no in-depth or rigorous financial analyses being conducted to give taxpayers a solid understanding of excessive costs of social workers maltreatingthe falsely accused, (i.e., the costs of not preventing social worker abuse and neglect) let alone a comparative study to the economic savings associated with preventing social worker abuse and neglect.

It is a fact that most social workers would have Anne Sullivan arrested for child abuse by today's standards for what *could* be, *might* be, or *possibly* be abuse. Many would charge her with psychological, emotional, and physical abuse or the potential for abuse regarding the pioneering work she did with Helen Keller. It is a fact that under current state and federal laws parents are often accused of abuse for using a variety of healthy, normal, traditional teaching techniques. Doctors, School Teachers, Therapists, and even Psychologists feel threatened that they could be charged with a Felony for failure to report this same kind of "abuse" if they do not subscribe to a DPHHS social worker theory.

Anyone can be accused anonymously and never face the accuser, even if it was a therapist who heard the information from a second hand source. Whether or not it was true, a child could be removed from school or a home, and then be listed in all "data" as "vulnerable" for years.

What follows are but a few publicly documented problems. I believe this shows just how skewed Montana DPHHS social work data is on "vulnerable" cases. These types of problems are truly the tip of the iceberg when it comes to alleged corruption in current trend of what I believe is a new emergence of a civil religion, one in which there is no separation of church and state because of the combinations of power granted to the executive branch of government:

November 6, 2003

Policeman fired over sex charges http://www.greatfallstribune.com/news/stories/20031106/localnews/589954.html Great Falls police officer Jeffrey Cathel was fired Wednesday amid charges that he had sex with two girls for several years. Court

documents describe on-going relationships with both victims, one of whom was 10 years old when Cathel first had sex with her and the other who gave birth to his son. Both victims are now adults.
http://www.gftribune.com/news/stories/20030803/localnews/1367.html

Woman battles to regain babies confiscated by Alaska, Montana Montana took her newborn son, Joseph, from the Benefis East nursery Monday, just 14 hours after he was born. He is 6 days old. Brown may have a chance to regain custody of the boy in a court hearing Thursday at 11 a.m. before state District Judge Julie Macek. "By that time, my milk's going to be dried up," she said. "They really don't care."

April 9, 2003—Social worker pleads guilty to buying cocaine from client A former social worker admitted Wednesday that she bought cocaine from one of her clients. Rita Watson Bennet, 49, pleaded guilty to possession of dangerous drugs and official misconduct. The Bozeman woman gave curt answers to the questions put to her by District Court Judge Nels Swandal at a change . . .
bozemandailychronicle.com/articles/2003/04/09/news/drugsbzbigs.txt

July 17, 2002—Social worker pleas innocent to buying drugs from client A Bozeman social worker pleaded innocent in district court Monday to charges that she coerced one of her clients to supply her with cocaine. Rita Watson Bennet, 48, faces three drug-related felony charges as well as a misdemeanor charge of official misconduct, for allegedly committing a crime in her . . .
bozemandailychronicle.com/articles/2002/07/17/news828.txt

May 31, 2002—Social worker charged with extorting cocaine from client A case worker employed by a state welfare agency paid a Gallatin County man $300 for a bag of cocaine after telling him she would let him return home to his family if he supplied her with drugs, according to documents filed Thursday in a Bozeman court. Rita Bennet, a 48-year-old Bozeman woman, was a . . .
bozemandailychronicle.com/articles/2002/05/31/news49701.txt

http://www.missoulanews.com/Archives/News.asp?no=942
Who Guards the Guardians?
by RUTH THORNING, Photos by CHAD HARDER
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> . . . This teenager knows what she is talking about. A few years ago, the state's Child Protective Services (CPS, then known as the Department of Family Services) came to her school and swept her and her sisters away from her family. They were apart for three and a half months. She remembers it vividly. The scars run deep. They will always hurt.

Montana State Supreme Court reverses lower court decision

The absence of an adjudication prior to approval of a treatment plan renders the statutory requirements of § 41–3–609(1)(f), MCA, unsatisfied. The District Court failed to comply with statute and provide fundamentally fair procedures at each stage of the termination proceedings, as required by due process, thus erring in terminating R.W.'s parental rights.

How does one expose the level of corruption that appears to exist in the Department of Health and Human Services Division of Child and Family Services?

- Montana DPHHS seems to be a closed, society of opinion and gossip, which has power to self-exempt and justify abuses of power in the name of "saving children."
- The social workers who control the power also control the way information is presented and interpreted, whether or not it is true or correct.
- There seems to be no way to get anyone up the DPHHS chain of command to listen because social workers appear to operate in a closed society of friends so no one really reads all of the documentation in the credible files because they rely on "nutshell" history dictated by groupthink phraseology.
- Therefore data that has been collected for Montana to receive the federal funding it depends upon is and has been skewed and incorrect for years.

Allow me to show you how easily it is to be deceived by "credible" record and file keeping, let alone data collected based upon false reality worlds: (See: *The Social Animal* by Elliot Aronson and *The Color Code*, by Dr. Taylor Hartman)

SOCIAL COGNITION: The ability to select, interpret, remember, and use social information to make judgments and decisions and very often done using subjective opinion based on personal experiences of: "what is bad and what is good?"

The right questions then become:

What is the social workers personal history of "abuse" and what type of personality are they? Addictive? Emotional? Immature? Psycho-sociopath?

If a rape victim or physical abuse victim goes into counseling to "help others," how much baggage is brought to social cognition based upon the trauma? How recovered is the social workers ability to reason and not misinterpret normal behavior as "possible" abuse?

COGNITIVE MISERS: Burned out social workers simplify and reduce information overload. They must be watched for "social cognition patterns" in language as "experts" interact with one another. Because social work lends itself to civil religious belief that "we all are capable of abuse," it becomes important to look at nods, gestures, lack of eye contact or a glance away, and repetitive phrases that are used as information decoys since they are key rituals used in social work communication.

The right questions are:

What happens then in the narrative of the case file? Once a lie is told, like the game of gossip, how does it get repealed from the "credible" files? How does the social worker interpret body language in relationship to herself? What types of manipulations do social workers interject into their writings while editing out their social cognition patterns from the equation?

SOCIAL CONTEXT: Files are colorfully painted with social worker opinion, evident in redundant psycho-freak terminology, steeped in psycho cultural and social babble.

The right questions become: Could it be that too many social work teams are stacked with group-thinkers or like-minded individuals or are teams of "experts" being formed, not rotated frequently enough to challenge opinions or facts?

One of the first things that I teach victims of DPHHS abuse is to learn the psycho-phraseology of the social work community with whom they are forced to work. Social workers have a language all their own, and one must truly pinpoint social worker definitions of what "is" is.

COMPARISON OF ALTERNATIVES: Is the information/data framed or posed to help you compare possibilities by reaching out to you through emotional stimulation or factual evidence? What is the social worker "hook" and is it the only thing that keeps drawing your attention? If the "hook" was a lie or incorrect perception, does that affect the comparison?

CONTEXT ACCESSIBILITY: Does the situation appear to be better or worse than it is, depending upon to what it is compared? What is the decoy? How and when is information placed? What is the first and last thing you remember?

PRIMING: The order of the information to preface and enhance the punch line the social worker wants you to hear. Note the order of information as it graduates to frenzy, and then note the accessible information based on the social workers experience. Are you traumatized by the emotional might be's or is there clear evidence present?

Example: Your Honor, Mother was on time for the visit but, there was no warmth in the visit, and remember the house was dirty and she might be suffering from Munchausen by Proxy therefore, well, draw your own conclusions, because the sky is falling, the sky is falling, and it will hit you on the head if you do not grant me power to save this one child—because I am the only one who cares about this child . . .

If a parent is falsely accused of abuse do you understand the stress in the lives of the family members?

Asking the right questions:

Asking the right questions of DPHHS is paramount to getting the right data if you are to serve the truly vulnerable. Here are few that might be of some value:

- What law or rules state what child abuse is not?
- Are social workers required to advise the accused of their Miranda Rights like the police must do?
- If children are to been "seen, heard, and believed" then what are the administrative rules that define what one is to do with a child who is a pathological liar?

- Do social workers have a personal history of dysfunction that might cloud their judgment? I.e. how many are married, divorced and how many marriages, shack ups, with or without children?
- How many social workers uphold the traditional family, father, mother, and children, as the fundamental unit of society?
- Are they qualified to meet the needs of families with different values from their own life styles and moral standards?
- Is there a break down on the length of time a social worker remains in DFS, from interns to administrators?
- Are they given regular psychological evaluations to rule out compassion fatigue, compassion burnout, or victim-over identification problems?
- What kind of personal mental health training is given to social workers and who qualifies, teaches, and determines adequate training?
- Is there a pattern of personalities and frequented teams of individuals that appear to be a combination not friendly to families? I.e., outside agencies frequented, therapists frequented or does the agency not prefer certain therapists because they are too family oriented?
- Does DPHHS admit or confirm human error in their agency or do they justify wrong doing with "doing the very best" they can do?
- How many quit the department because no one up the chain has done anything to stop rogue social work in the last ten years?
- How often are parents told, "Good luck, cut your losses and run" once the agency is involved?
- Can confidentiality really be maintained by teams of volunteers or treatment teams yet parents are not given the same information as these strangers due to confidentiality or "need" for the child's privacy?
- Why is forcibly removing a child not considered arrest?
- What internal disciplinary procedures are codified or do social workers have more compassion for their own?
- How thick is the wall of silence within the agency?

Anger or Righteous Indignation?

Several years ago a dear friend of mine told me that she never knew she could annoy someone, until she met me. She could tell when I was finished listening to her or tired of her. To say I was surprised at her comment would be an understatement. I know *I* annoy people. How was it she, after 40+ years of living on this earth, just figured out she could annoy someone?

How is it abusive social workers think they are not annoying? Well, simply put, like true abusers do, they sit in this state called "denial."

Because social workers deal daily with "garbage in," because they are steeped in looking for, searching for, and in justifying abuse allegations they very often fail to recognize their own emotional dysfunction or mental instability in producing "garbage out" accusations, suppositions, and rhetoric. True social work abusers fail to or are incapable of sincerely recognizing their own irritating faults, which can and do drive normal people into sore frustrations, and genuinely concerned individuals over the edge. Abusive social worker provocations are then misinterpreted as anger in the falsely accused.

What I'm suggesting is: we each can, have, or will annoy someone in our life span. Social Workers, many who all too often come with excess dysfunctional baggage, might be prone to picking at normal, healthy individuals thereby creating a dysfunctional situation when none initially existed prior to social work "intervention."

It is easy then to see how a DPHHS CFSD superior might ignore, deny, excuse, and belittle legitimate concerns regarding true abuse of social work practices in the CFSD. Dealing with a "team" of social workers might very well be the reason a falsely accused individual is "emotional" or "anxiety ridden" or even "sorely frustrated."

Social Workers do escalate problems with arrogance, rudeness, and lack of compassion toward those they are to be preserving in families. Social Workers do commit abuse or omit meeting the needs of the very souls who come to them for help. Social workers often become the abusers, falsely bearing witness to things as they appear from narrow minded, biased opinions because they think they "know it all." They too often believe their "training" makes them invulnerable. As team members, they can become subject to groupthink hysteria.

The victim of false allegations has nothing to do but worry about clearing his or her name in order to get a child back. It can be emotionally draining. It is absolutely demoralizing. It is physically consuming. The victim of social worker abuse might be broke, broken hearted, and broken somewhat in spirit, especially when no longer knowing in whom to trust.

Who do you trust when the lies and deceits are unveiled? Your therapist? Your neighbor?

When you read your "credible file" with ambiguous language or subjective opinion, no facts, how do you feel? What do you feel when your words are twisted, grossly misrepresented, and even falsely attributed it to you?

Therefore what? Stop ignoring what you hear from the victims of social work abuse! Stop telling victims of multiple character assassinations and emotional rape to calm down. Think about their trauma of having to, *for years*, retell the horrific story to everyone they meet, hoping that one person will have the guts to take them at face value.

Remember: Too many social workers believe that they are above reproach, without guile, somewhat filled with arrogant superiority for having "overcome" their sick, personal and family dysfunctions (all too often worn as a "Red Badge of Courage").

Most victims of DPHHS did not need anger management until they stared into the faces of the dysfunctional social worker with her/his "team" of closed consensus puppets.

Perhaps now, when looked upon in this prudential light, the anger of the victims might be then classified more in the line of righteous indignation. If so, ought not the greater part of compassion be exercised unto the wounded and weary victims of social work abuses, valiantly sacrificing all to save a beloved child from the clutches of such wretched practices?

To summarize information:

1. Current social work abuse and neglect is undermining family as the fundamental unit of society, not only in terms of the trauma caused to the maltreated parents and children through false allegations, but also in gross abuse of taxpayer dollars.
2. The cost economically includes a) the funds spent on child welfare services based upon false allegations and b) the increasingly large sums of money dedicated to addressing issues based upon "precautionary principles" of "possible" consequences of abuse and neglect which in reality, simply do not exist.
3. The problem with launching another study to collect data from an organization comprised of DPHHS maintained and controlled "confidential" files is that data can be manipulated without ever being adequately reviewed or challenged within the social context of DPHHS social work culture.
4. Excessive damage is being done to families and children through false allegations. Children are languishing in the government warehousing process while others are being killed and maimed because too many social workers suffer from misplaced loyalties or cognitive misers suffering from emotional instability.

Therefore asking the right questions becomes imperative to seeking solutions lest the new civil religion of social work become the cultural downfall of society. After all, social worker job security is not the fundamental unit of society. Family is.

Please feel free to call upon me to be of service at any time. I welcome the opportunity to be of help in this process of protecting the most vulnerable citizens in our society.

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