CHILD PROTECTION ISSUES

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN RESOURCES

OF THE

COMMITTEE ON WAYS AND MEANS
HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTH CONGRESS

SECOND SESSION

MARCH 23, 2000

Serial 106–63

Printed for the use of the Committee on Ways and Means

U.S. GOVERNMENT PRINTING OFFICE
66–736 CC WASHINGTON : 2000

COMMITTEE ON WAYS AND MEANS

BILL ARCHER, Texas, *Chairman*

PHILIP M. CRANE, Illinois
BILL THOMAS, California
E. CLAY SHAW, JR., Florida
NANCY L. JOHNSON, Connecticut
AMO HOUGHTON, New York
WALLY HERGER, California
JIM MCCRERY, Louisiana
DAVE CAMP, Michigan
JIM RAMSTAD, Minnesota
JIM NUSSLE, Iowa
SAM JOHNSON, Texas
JENNIFER DUNN, Washington
MAC COLLINS, Georgia
ROB PORTMAN, Ohio
PHILIP S. ENGLISH, Pennsylvania
WES WATKINS, Oklahoma
J.D. HAYWORTH, Arizona
JERRY WELLER, Illinois
KENNY HULSHOF, Missouri
SCOTT MCINNIS, Colorado
RON LEWIS, Kentucky
MARK FOLEY, Florida

CHARLES B. RANGEL, New York
FORTNEY PETE STARK, California
ROBERT T. MATSUI, California
WILLIAM J. COYNE, Pennsylvania
SANDER M. LEVIN, Michigan
BENJAMIN L. CARDIN, Maryland
JIM MCDERMOTT, Washington
GERALD D. KLECZKA, Wisconsin
JOHN LEWIS, Georgia
RICHARD E. NEAL, Massachusetts
MICHAEL R. MCNULTY, New York
WILLIAM J. JEFFERSON, Louisiana
JOHN S. TANNER, Tennessee
XAVIER BECERRA, California
KAREN L. THURMAN, Florida
LLOYD DOGGETT, Texas

A.L. SINGLETON, *Chief of Staff*
JANICE MAYS, *Minority Chief Counsel*

SUBCOMMITTEE ON HUMAN RESOURCES

NANCY L. JOHNSON, Connecticut, *Chairman*

PHILIP S. ENGLISH, Pennsylvania
WES WATKINS, Oklahoma
RON LEWIS, Kentucky
MARK FOLEY, Florida
SCOTT MCINNIS, Colorado
JIM MCCRERY, Louisiana
DAVE CAMP, Michigan

BENJAMIN L. CARDIN, Maryland
FORTNEY PETE STARK, California
ROBERT T. MATSUI, California
WILLIAM J. COYNE, Pennsylvania
WILLIAM J. JEFFERSON, Louisiana

Pursuant to clause 2(e)(4) of Rule XI of the Rules of the House, public hearing records of the Committee on Ways and Means are also published in electronic form. **The printed hearing record remains the official version.** Because electronic submissions are used to prepare both printed and electronic versions of the hearing record, the process of converting between various electronic formats may introduce unintentional errors or omissions. Such occurrences are inherent in the current publication process and should diminish as the process is further refined.

CONTENTS

CHILD PROTECTION ISSUES

THURSDAY, MARCH 23, 2000

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

The Subcommittee met, pursuant to notice, at 1:00 p.m., in room B–318, Rayburn House Office Building, Hon. Nancy L. Johnson (Chairman of the Subcommittee) presiding.

[The advisory announcing the hearing follows:]

ADVISORY

FROM THE COMMITTEE ON WAYS AND MEANS

SUBCOMMITTEE ON HUMAN RESOURCES

FOR IMMEDIATE RELEASE
March 16, 2000
No. HR–19

CONTACT: (202) 225–1025

Johnson Announces Hearing on Child Protection Issues

Congresswoman Nancy L. Johnson (R–CT), Chairman, Subcommittee on Human Resources of the Committee on Ways and Means, today announced that the Subcommittee will hold a hearing on child protection issues related to the training needs of court personnel and the extent of substance abuse in child protection. The hearing will take place on Thursday, March 23, 2000, in room B–318 Rayburn House Office Building, beginning at 1:00 p.m.

Oral testimony at this hearing will be from invited witnesses only. Witnesses will include Members of Congress, representatives of juvenile and family court judges, court administrators, court appointed special advocates, and substance abuse and child protection experts. 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 Adoption and Safe Families Act of 1997 P.L. 105–89) substantially changed the nation's child protection program. The new law requires States to initiate proceedings to terminate parental rights for children who have been in foster care for 15 of the most recent 22 months, and states that efforts to preserve or reunify a family are not required if the court finds that a parent had subjected the child to "aggravated circumstances" such as abandonment, torture, chronic abuse, or sexual abuse. These reforms focus attention on the need for judges and other court personnel to be trained in child and family development to ensure adequate implementation of the new law.

In addition to the need for training of court personnel, researchers have identified substance abuse as a leading factor in many cases of children placed into foster care. There is some concern that treatment for substance abuse is not readily available for many parents with children in the custody of the State. Recovery from drug addiction can take years and parental relapses can result in the re-abuse of children and the re-entry of children into foster care.

In announcing the hearing, Chairman Johnson stated: "Every child deserves a safe and loving home. That's why it's important to have well trained and qualified judges make crucial decisions about children involved in abuse and neglect proceedings. That's also why I'm interested in the impact of parental substance abuse on the placement of children into foster care. It is time to identify promising approaches to help parents overcome substance abuse problems without requiring their children to spend indefinite periods of time in foster care."

FOCUS OF THE HEARING:

The hearing will focus on two issues. First, the Subcommittee will review the quality and availability of training for judges, court personnel, volunteers who participate in court-appointed special advocate programs, and attorneys who represent the children and the parents of children in abuse and neglect proceedings. Second, the Subcommittee will discuss the extent of substance abuse among families in-

volved with the child protection system, the challenge this poses for moving children into permanent living arrangements within the timelines required by the Adoption and Safe Families Act, and the effectiveness of drug treatment interventions.

DETAILS FOR SUBMISSION OF WRITTEN COMMENTS:

Any person or organization wishing to submit a written statement for the printed record of the hearing should submit six (6) single-spaced copies of their statement, along with an IBM compatible 3.5-inch diskette in WordPerfect or MS Word format, with their name, address, and hearing date noted on a label, by the *close of business*, Thursday, April 6, 2000, to A.L. Singleton, Chief of Staff, Committee on Ways and Means, U.S. House of Representatives, 1102 Longworth House Office Building, Washington, D.C. 20515. If those filing written statements wish to have their statements distributed to the press and interested public at the hearing, they may deliver 200 additional copies for this purpose to the Subcommittee on Human Resources office, room B–317 Rayburn House Office Building, by close of business the day before the hearing.

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. All statements and any accompanying exhibits for printing must be submitted on an IBM compatible 3.5-inch diskette WordPerfect or MS Word format, typed in single space and may 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. A witness appearing at a public hearing, or submitting a statement for the record of a public hearing, or submitting written comments in response to a published request for comments by the Committee, must include on his statement or submission a list of all clients, persons, or organizations on whose behalf the witness appears.

4. A supplemental sheet must accompany each statement listing the name, company, address, telephone and fax numbers where the witness or the designated representative may be reached. This supplemental sheet will not be included in the printed record.

The above restrictions and limitations apply only to material being submitted for printing. Statements and exhibits or supplementary material submitted solely for distribution to the Members, the press, and the public during the course of a public hearing may be submitted in other forms.

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.

Chairman JOHNSON of Connecticut. The hearing will come to order. My colleague and ranking member, Ben Cardin, is on his way, but I am going to go ahead and start with my opening statement so we will be able to proceed promptly.

Today we do continue our oversight of the Nation's child protection system. In the past, we have examined a wide variety of child protection issues, and we have originated important legislation like the Foster Care Independence Act, the Adoption and Safe Families Act, and the Multi-Ethnic Placement Act.

Our goals today are more modest. We want to examine two issues that we believe are important in improving our Nation's child protective programs. First, when Congress created the current structure of Federal support for child protection by enacting Public Law 96–272 in 1980, it wisely included open-ended funding at 75 percent Federal match for the training of caseworkers, administrators, and others employed by State and local child protection agencies. For some reason, however, court personnel were not included in the 75 percent funding. Thus, many of the most vital members of the team of people working on child protection cases cannot receive training with Federal funds. Judges, guardians ad litem, court-appointed special advocates, or CASAs, and other court personnel play a central role in child protection. Clearly, training is a must for these central participants in one of the most important phases of our child protection process.

Last year, our subcommittee originated and the House passed a simple change in the Title IV–E statute that made court personnel eligible for the Federal match. The cost of this provision was $55 million over 5 years. The provision now resides over in the Senate. I hope today's hearing will provide additional motivation for the Senate to take action on this important legislation and I encourage all of our witnesses and those in attendance to urge the Senate to act on this provision.

I welcome my esteemed friend and colleague, Congresswoman Deborah Pryce of Ohio, who will provide strong support for this training and, in fact, whose experience and wisdom led to the introduction of the bill that the provision in our earlier legislation reflects.

I would also like to extend a very warm welcome to our noted colleague from the Senate, Senator Mike DeWine, who was elected to Congress the same year I was but has gone on to bigger and better things, so to speak. [Laughter.]

Senator DEWINE. Different.

Chairman JOHNSON of Connecticut. He has worked closely with Congresswoman Pryce on this issue, and he will be our carrier, along with his colleagues interested, in the Senate. So it is a pleasure to have you both here and a very great pleasure to welcome Senator Rockefeller as well, with whom I have worked on many issues of importance to children.

I also want to recognize Ms. Christine DeLay of Texas, who has relatives in high places and has come to testify today. Christine and Tom have a long history of involvement in child protection issues as foster parents, but Christine as a CASA herself. And I am very pleased that she is here today to testify on her experience and on behalf of their national organization.

Our second panel will address another important child protection issue. Based on testimony from Dr. Nancy Young that we will hear later, it seems nearly certain that a minimum of 50 percent of child protection cases involve a parent with an alcohol or drug abuse

problem, and I would have to say, since I was first elected in 1983, the child service agencies in my district, even in the rural areas, right across the board, rural and urban, would tell me that 80 percent of their family cases involve some kind of substance abuse. So the 50 percent I consider to be a very conservative estimate.

Historically, there has been little coordination between State agencies that fund drug treatment programs and State child protection agencies. Our second panel will address both the frequency of drug addiction among child protection cases and the problems encountered in finding drug treatment programs for these parents. Witnesses will focus attention on recent attempts to do the impossible: to coordinate government agencies, in this case, the child protection agency and the drug treatment agency, at the State level. And I am very pleased to say that our own Kristine Ragaglia, the Commissioner of Child and Family Services in Connecticut, will describe a model that she has developed that is a great step in the right direction of effective services for families with substance abuse problems.

But I would also say that really as a member out there just asking at Head Start programs and agencies and across the board, are there enough programs, the answer is almost always yes. Are people getting to them? The answer is almost always no.

So we have planned this hearing for a long time. I consider this an extremely important subject, and I am very pleased to have knowledgeable colleagues to lead us off.

[The opening statement of Mr. Cardin follows:]

Statement of Hon. Benjamin Cardin, a Representative in Congress from the State of Maryland

Madam Chairman, I commend you for holding this hearing on two issues that have a direct impact on the safety and well-being of millions of abused children—the importance of the courts in making critical placement decisions and the devastating connection between substance abuse and child abuse.

These two issues have always been important, but they have become even more so with the passage the bipartisan Adoption and Safe Families Act (ASFA) in 1997.

This measure rightly ensures that a child's need for protection and permanency is the primary focus when any placement decision is made. However, in pursuing this worthy goal, the new law places additional burdens on the child welfare courts, and it accelerates the time-frame for the provision of services to parents with substance abuse problems.

Consider for a moment one of the central requirements of the Adoption and Safe Families Act: States must begin to initiate court proceedings for the termination of parental rights for children who have been in foster care for 15 months unless certain exceptions apply. This mandate will obviously increase the number of cases going through family courts, which are sometimes already overcrowded. Therefore, without adequate resources for the courts, the goals of the Federal law to provide safe and stable homes for children will be undermined.

Under the leadership of the Chairwoman Johnson, this Subcommittee has begun to respond to the challenges now confronting the courts. The Fathers Count Act, which passed the House at the end of last year, includes a provision to provide Federal funds for the training of court personnel involved in child abuse and neglect cases.

These resources will help the courts understand and comply with the requirements imposed by ASFA, as well as appreciate more general issues regarding child development.

In addition to this provision, I hope our Subcommittee will consider adopting other changes proposed by Senators Dewine and Rockefeller to assist our Nation's family courts in making timely and wise placement decisions for at-risk children.

The same 15-month requirement in ASFA now challenging our courts also dramatically shortens the time a parent has to turn their life around to regain the custody of their children. If we believe such a time limit is necessary for the long-term

well-being of children, we must then also ensure that parents have every opportunity to meet this expedited time line.

In short, this means providing them with adequate access to substance abusetreatment.

Regrettably, child welfare workers and judges are not always sufficiently trained in how to detect and cope with substance abuse problems. And of even greater concern, when accurate assessments are made, there is often a lack of available treatment.

In fact, HHS reports that 63 percent of mothers with drug problems do not receive any substance abuse treatment within a year. Furthermore, only 10 percent of child welfare agencies can find substance treatment programs for their clients within 30 days, according to the Child Welfare League of America.

I therefore hope this Subcommittee will consider expanding substance abuse screening, prevention and treatment services for families in the child welfare system. Considering that drug and alcohol problems are a contributing factor to between half and three-fourths of all child welfare cases, such an effort may actually save money as it saves children and families.

Thank you.

Chairmen JOHNSON of Connecticut. With that, I will recognize Congresswoman Pryce.

STATEMENT OF HON. DEBORAH PRYCE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Ms. PRYCE. Well, thank you very much, Madam Chairwoman. It is always an honor and a privilege to work with you and your staff on any given issue, and it is great to be here with you today.

I come wearing several different hats. I am a former prosecutor and judge, a Member of Congress whose district includes the Dave Thomas Center for Adoption Law at Capital University, my alma mater, and I am also an adoptive parent. My experience wearing these different hats has formed my interest and perspective on adoption and child protection issues.

There is nothing sadder to me than the thought of a child who has been abused or neglected, and nothing happier than the thought of a child finding the warmth and love of a permanent adoptive family. Unfortunately, the period of time between these two points during which a child's case is pending before the courts can be a period of interminable delays, bureaucratic snags, and less than thorough and accurate review of a child's case, all of which can have lasting negative effects on the child.

Healing for abused and neglected children can only begin when they are in a safe and permanent environment, but all too often these children languish in the foster care system in a state of emotional limbo.

By and large, I know that the judges, court officials, and social workers involved in our Nation's abuse and neglect courts are extremely dedicated individuals who strive to do their best for the children. However, there is widespread recognition that the system is being stretched far beyond capacity. We all need to work together to examine ways to do this better.

Without a doubt, one of the crowning achievements of the last Congress was the Adoption and Safe Families Act of 1997, and I was very proud to cosponsor that. And I don't need to tell this committee what was in it, so I won't. But while the act's accelerated timelines are essential to the achievement of its important pur-

poses, they have resulted in increased pressure on our Nation's already overburdened abuse and neglect courts.

Having examined and discussed this issue with many of my colleagues at the adoption center and former colleagues in the judicial system, it is clear that the laudable goals have resulted in additional strain on the courts and court personnel. For example, according to the National Center for Juvenile Justice, between 1991 and 1997, in my own home district of Franklin County, Ohio, 38 percent of children who are awaiting permanent adoption because parental rights have been severed have been in the system over 4 years or more, and 43 percent have been waiting between 2 to 4 years. Even in Hamilton County, Ohio, which is widely regarded as having one of the best family and dependency court systems, 33 percent of these children have been awaiting permanent placement 4 or more years.

Nationally, according to the Department of Health and Human Services, children who are adopted from foster care leave the system between 3.5 and 5.5 years after they enter it.

The problem persists because of the court backlogs and caseloads. According to the American Bar Association, a caseload of 40 to 50 active cases for a full-time staff attorney for a child welfare agency is reasonable—40 to 50 cases. However, attorneys, for example, in the Cook County, Illinois, Public Defender's Office have an average of 650 juvenile dependency cases at any given time, while the State's attorneys each have about 1,000 cases on average.

In Santa Clara County, California, it is reported that 13 attorneys in the child welfare agency handle 4,000 child maltreatment cases at any given time. These huge caseloads result in hearings that may not be substantive and may be frequently delayed or continued, ultimately contributing to the courts' inability to meet our statutory deadlines.

The inability to deal effectively with this overload of cases is due in large part to inadequate resources and inadequate training in family law. While there are several issues that contribute to the delays inherent in our family court system today, I believe there are two areas that are particularly troublesome and on which further study of the issue should focus.

First, there is a nationwide lack of computerized case-tracking systems. Such systems are necessary for the efficient identification and elimination of existing case backlogs, moving abuse and neglect caseloads forward in a timely manner, and helping to place children into safe and stable families. For example, in California it is reported that the State lacks statewide standards for information systems, and although there are information systems in place, none are well designed to track dependency cases.

Across the country, in North Carolina, many juvenile courts completely lack automated systems. Fewer than half of the juvenile court clerks in 40 North Carolina counties surveyed reported using a computer for any purpose, and none reported using any court management software. With an effective, automated case-tracking system, courts could more reliably follow the progress of individual cases and meet their deadlines.

Second, there is often inefficient training of court personnel in issues of family law. According to the Department of Health and

Human Services and the National Center for Juvenile Justice, judges, court personnel, agency attorneys, guardians ad litem, volunteers who participate in CASA programs, and attorneys who represent children and the parents of children often lack training specific to child welfare law, as well as to other family-related topics, such as child development and the dynamics of child maltreatment.

Further, there is often a lack of attorney training in the cross-over non-legal social service issues inherent in maltreatment cases. This problem is increased by the frequent turnover of judges and attorneys in these courts, resulting in the constant influx of personnel untrained in these important family law areas. Better training for judges, attorneys, and other court personnel in these basic issues would translate into more substantive and productive hearings, which in turn would lead to more rapid disposition of these cases.

Thank you for the time you have given me today, Madam Chairwoman, and, Mr. Cardin, thank you. I really appreciate your efforts to help the courts help these children move into safe and loving arms.

[The prepared statement follows:]

Statement of Hon. Deborah Pryce, a Representative in Congress from the State of Ohio

Thank you madam Chairwoman, and thank you to the members of the Subcommittee for giving me this opportunity to participate in today's hearing to talk to you about ways Congress can help children by improving the abuse and neglect court system.

Today, I come to you wearing several different hats: I am a former prosecutor and judge, a member of Congress whose district includes the Dave Thomas Center for Adoption Law at Capital University Law School, on whose Board of Advisors I serve, and an adoptive parent. My experience wearing these different hats has formed my interest and perspective on adoption and child protection issues.

There is nothing sadder to me than the thought of a child who has been abused or neglected, and nothing happier to me than the thought of such a child finding the warmth and love of a permanent adoptive family. Unfortunately, the period of time between these two points, during which a child's case is pending before the courts, can be a period of interminable delays, bureaucratic snags, and a less than thorough and accurate review of the child's case—all of which can have lasting negative effects on the child. Healing for abused and neglected children can only begin when they are in a safe and permanent environment—but all to often these children languish in the foster care system in a state of emotional limbo.

By and large, I know that the judges, court officials, and social workers involved in our nation's abuse and neglect courts are extremely dedicated individuals who strive to do their best for the children who they are seeking to help. However, there is widespread recognition that the system is being stretched beyond capacity. We all need to work together to examine ways to do better.

Without a doubt, one of the crowning achievements of the last Congress was the Adoption and Safe Families Act of 1997, which was introduced by Representative Camp, a distinguished member of this subcommittee. I was a proud cosponsor of this Act.

Briefly, this Act seeks to ensure that children, through no fault of their own, do not linger in child welfare bureaucracies, being deprived of the loving and nurturing adoption which they need. The Act requires expedited review of child welfare cases, and promotes stability and permanence for abused and neglected children by requiring timely decision-making in proceedings to determine whether children can safely return to their families or whether they should be moved into safe and stable adoptive homes. While the Act's accelerated timelines are essential to the achievement of its important purposes, they have resulted in increased pressure on the nation's already overburdened abuse and neglect courts.

Having examined and discussed this issue with my colleagues on the Dave Thomas Center for Adoption Law Board of Advisors, as well as with my friends and Ohio Judges David Grossman and Kay Lias, it is clear to me that the laudable goals of

the Adoption and Safe Families Act have resulted in additional strain on the courts and court personnel. For example, according to the National Center for Juvenile Justice, between 1991 −1997, in my home district of Franklin County, Ohio, 38% of children who are awaiting permanent adoption because parental rights have been severed have been in the system over 4 or more years. And 43% have been waiting between 2 to 4 years. Even in Hamilton County, Ohio, which is widely regarded as having one of the best family and dependency court systems, 33% of these children have been awaiting permanent placement 4 or more years. And nationally, according to the Department of Health and Human Services, children who are adopted from foster care leave the system between 3.5 and 5.5 years after they enter. Although the Adoption and Safe Families Act has addressed this to some extent, the problem persists.

The problem persists because of court backlogs and caseloads. According to the American Bar Association, a caseload of 40 to 50 active cases for a full-time staff attorney for a child welfare agency is reasonable. However, attorneys in the Cook County, Illinois, Public Defender's Office have an average of 650 juvenile dependency cases at any given time, while the state's attorney's each have about 1,000 such cases on average. In Santa Clara County, California, it is reported that 13 attorneys in the child welfare agency handle 4,000 child maltreatment cases at any given time. These large caseloads result in hearings that may not be substantive and may be frequently delayed or continued, ultimately contributing to the courts' inability to meet statutory deadlines.

The inability to deal effectively with this overload of cases is due in large part to inadequate resources and inadequate training in family law. While there are several issues that contribute to the delays inherent in our family court system today, I believe these are the two areas that are particularly troublesome, and on which future study of the issue should focus.

First, there is a nationwide lack of computerized case-tracking systems. Such systems are necessary for the efficient identification and elimination of existing case backlogs, moving abuse and neglect caseloads forward in a timely matter, and helping to place children into safe and stable families. For example, in California it is reported that the state lacks statewide standards for information systems. Although there are information systems in place, none are well designed to track dependency cases. Across the country, in North Carolina, many juvenile courts completely lack automated systems. Fewer than half of the juvenile court clerks in 40 North Carolina counties surveyed reported using a computer for any purpose, and none reported using any court management software. With an effective, automated case-tracking system, courts could more reliably follow the progress of individual cases through the system and ensure that deadlines for permanency decisions are met.

Second, there is often insufficient training of court personnel in issues of family law. According to the Department of Health and Human Services and the National Center for Juvenile Justice, judges, court personnel, agency attorneys, guardians ad litem, volunteers who participate in court-appointed special advocate (CASA) programs, and attorneys who represent children and the parents of children in abuse and neglect proceedings often lack training specific to child welfare law, as well as to other family-related topics, such as child development and the dynamics of child maltreatment. Further, there is often a lack of attorney training in the crossover non-legal social service issues inherent in child maltreatment cases. This problem is increased by the frequent turnover of judges and attorneys in these courts, resulting in the consistent influx of personnel untrained in these important family law areas. Better training for judges, attorneys, and other court personnel in these basic issues would translate into more substantive and productive hearings, which in turn would lead to more rapid disposition of cases.

I look forward to working with you, Madame Chairwoman, and the other members of the Subcommittee, to address these and other areas so that we can help our courts help our children move into safe and loving arms.

Chairman JOHNSON of Connecticut. Thank you very much for your work with us last year on this provision and your continued interest in it and your own experience in this area.

Senator DeWine?

STATEMENT OF HON. MIKE DEWINE, A UNITED STATES SENATOR FROM THE STATE OF OHIO

Senator DEWINE. Madam Chairwoman, thank you very much for holding this hearing. Congressman Cardin, thank you. You both have been real leaders in this whole area. Your committee has taken on an awesome responsibility. You have had a very vigorous hearing schedule, and I just want to congratulate you for that.

You were involved, as were all three members of this panel, in 1997 in the passage of really a landmark bill, the Adoption and Safe Families Act. That is a bill I think we all can be very proud of. It is a bill that attempted to change the culture in this country. I am beginning to see its effects in Ohio, and I think we are beginning to see its effects across the country.

We tried in that bill, as I said, to change the culture. We tried to make it very clear that the safety of the child must always be paramount in any of these decisions that are made at the local level. And we also tried in that bill to speed up the process so that, as Congresswoman Pryce said, young children in foster care would not languish in foster care, that they would move on, that they would move through the system, if they couldn't go back to their natural parents, that they would be eligible for adoption so that they could be adopted at a reasonable age so that they could get on with their life and that they would have a shot at life as other children have, and they would have the opportunity to have what every child should have, and that is, parents who love that child and who will care for that child and raise that child.

We did that, and we knew, though, at the time that we had other work to do. And we knew that it was not going to be easy for the local jurisdictions to get this job done. Madam Chairman, you have a bill which you have sent to the Senate which is a very good bill, and we are going to do what we can to move it over there.

I have another bill that I have introduced, along with Senator Rockefeller, which aims to do many of the same things, and that is, to complete the work that we began several years ago. We knew at the time that courts were overburdened. We knew that the timelines that we set for them were going to be very difficult for them to achieve. We also knew from the testimony we received and from our own checking in our home States that many times these courts did not have really the technical help to keep their dockets moving and to get these cases in front of them.

And, frankly, some of the tragedies that we have read about in the paper recently, as this committee is so very familiar with, occurred because judges, good-faith judges, people who were trying to do their job, didn't have information in front of them, didn't have the proper information in front of them.

What the different bills that Senator Rockefeller and I have introduced, the bill that you have referenced, what they will do is to give some assistance to the local courts, either in the form of training for judges, which is very, very important, or in the need of technical assistance.

I look at this hearing today as a very important hearing, and I look at the different pieces of legislation that have been introduced as very important. And I look at them as being really a follow-up to the work that we began together in 1997. We knew it was not

going to be easy. We knew we had a long ways to go. We have made progress, but we have a lot further to go. And so I just thank you for having this hearing today on a topic that I consider just to be paramount to the future of our families and the future of our children.

I do have a written statement. I will submit it for the record. Thank you very much.

Chairman JOHNSON of Connecticut. Thank you very much, Senator DeWine.

Senator Rockefeller?

STATEMENT OF HON. JOHN D. ROCKEFELLER IV, A UNITED STATES SENATOR FROM THE STATE OF WEST VIRGINIA

Senator ROCKEFELLER. Thank you, Madam Chairwoman. I love listening to Mike DeWine talk because he knows whereof he talks so well. I think you were, what, 29 when you started out? [Laughter].

Senator DEWINE. Twenty-five. Back a long time ago.

Senator ROCKEFELLER. Well, be that as it may, that is experience plus more wisdom. The point is he was in the trenches, and it is just something that I enormously admire. And he and I just worked together on a lot of things, and John Chafee, when he was living, would do these same things. We are both worried about the 500,000 foster care kids. Three thousand of those are in my State. That is not very large, but as far as I am concerned, it is very large. And Senator DeWine has talked about the 1997 act and the need to put children's health and permanency, homes, et cetera, as the first priority of public policy, and Mike DeWine is my expert on the role of the courts. I say this, so I won't even get into that.

I want to mention one other thing, though, and that is what you referred to, Madam Chairwoman, and that is the role of alcohol and drug abuse which I think is ferocious. What did we hear yesterday that we in America consume 90 percent of what Colombia produces. You know, it is just staggering. Then you try to put that down to people who are battered and lost in society, and it is a terrible thing.

So the problem is huge. We know that 67 percent of parents in the child welfare system have problems with alcohol and drugs, but only one-third get help. And my math tells me that means that two-thirds don't get help. That is a prescription for disaster. So that is why I am working with Senator DeWine, Senator Snowe, Senator Dodd, and many others in legislation which is instantly becoming easier to pass, I think, in both the House and the Senate as a sense of the next generation increases. It has been quite interesting to watch that over the last several years, and I credit John Chafee and Mike DeWine with a lot of that.

So I think we need a new approach. I think we need a new system that can address the very special concerns of this very fragile population, that is, parents with alcohol problems, and as a result of that they neglect their children. Their children get into trouble. The prevention program that serves a single male with drug problems is not going to work for a mother and a child, probably, so we have to differentiate and be sophisticated in what we do.

I think we have to link child protection workers to these families in ways which we have not done up until this point specifically related to alcohol and drug treatment. And forging these kinds of relationships is very easy to talk about. It takes an awfully long time to do. You know, people are slow to change, and we all know that.

So we are introducing next week a bill which costs a lot of money, and that will be the first reaction to it, $1.9 billion over 5 years, $200 million the first year, ending up with $550 million, I think, in the fifth year, and it is specifically to combat drug and alcohol abuse in families in child welfare. Yes, it is a large sum, but it is a huge problem. And the cost of doing nothing is, I think, apparent to all of us. Kids are just going to be in foster care for much longer.

So we try to promote innovative approaches for both parents and for children. We will cover screening. We will cover assessment to help prevention. We will fund outreach. We will fund retention programs. Actually, I don't know if "recidivism" is the right word, Mike, on this, but it is a pretty good track record on this. You know, one-third come out of it well, one-third come out of it a little less easily but come out of it, and one-third don't and probably end up in horrible trouble. But the point is that two-thirds are helped. We need to support outpatient services, residential treatment, after-care, all of these things.

So let me just conclude, Madam Chairman and Congressman Cardin, by saying that I really have two goals: one is for families to have successful treatment, and, secondly, that kids can return to a safe home. I think those are pretty fundamental.

I think we have to offer treatment first. If it doesn't work, then we can move towards finding a new safe, permanent home for that child. Under the Adoption and Safe Families Act, courts could not move forward on adoption until appropriate services have been provided to a family. That is the law. Our bill, therefore, solves that problem. We have a very strict accountability part in there, and I think that is very important to say. Congress is required to get reports on how the program is progressing, and that happens on an annual basis, and I hope that we can work together.

[The prepared statement follows:]

Statement of Hon. John D. Rockefeller IV, a United States Senator from the State of West Virginia

Congresswoman Johnson, Congressman Cardin, thank you for welcoming me, and my good friend, Mike DeWine today. Your leadership in holding an oversight hearing on child welfare and the role of the courts, as well as the importance of substance abuse is crucial.

We are here because we care deeply about the vulnerable children in our child welfare system, especially the 500,000 children in foster care—3000 of those are West Virginia children.

In 1997, together we passed the Adoption and Safe Families Act. It was a historic law that said a child's health and safety must be paramount. It clearly stated that every child deserves a safe, permanent home and the law imposed strict deadlines to ensure that happens, and children don't get "lost" in the foster care system.

These are crucial goals, but if we really want states to achieve them, we must build on the foundation of the Adoption Act.

In order to move a child into a safe, permanent home, often through adoption, the courts are vital. A judge approves when a child is removed. A judge decides when a child returns home, or when adoption is best for a child. Critical decisions that change a child's life.

Senator DeWine is "my expert" on the role of the courts. He's an experienced prosecutor and tireless advocate so I am proud to work with him on the issue of improving our courts. I agree with his remarks, but don't think I need to echo them again. Let me merely say thank you for previously voting for a provision to train judges and court personnel. Let's work together find the funding required to enact this vital legislation this year

Therefore, I want to talk about the next issue on the Subcommittee's agenda—the role of alcohol and drug abuse among families in the child protection system.

Let's begin the discussion about the enormous program of alcohol and drug abuse for families within the child welfare system. Statistics vary, but all suggest that alcohol and drug abuse is a major factor aggravating child abuse and neglect. One survey estimates that 67% of the families in the child welfare system have problems with alcohol and drugs, but only one-third get help. That means that two-thirds do not get help. Until we address this tragic problem, there will be a gaping hole in our child protection system.

This is why I am working with Senators Snowe, DeWine, Dodd and others to develop a bipartisan bill to invest in alcohol and drug abuse prevention and treatment for this unique population. I want to build on our previous work.

I believe a new program and a new approach are essential. A new system is needed to address the special concerns of this unique population—parents with alcohol and drug problem who neglect their children. A program designed to serve a single male with drug problems doesn't respond to the needs of a mother and her child.

To be effective, we must link child protection workers with those involved in alcohol and drug treatment programs. Forging new partnerships takes time—and it takes money. That is why we will introduce legislation next week to invest $1.9 billion over 5 years to combat the problems of drugs and alcohol abuse in families in child welfare.

I understand this is large sum, but alcohol and drug abuse is a huge problem. But before reacting to the cost of the bill, consider what the costs are, if we doing nothing.

If we do not invest in alcohol and drug abuse prevention and treatment for such families, children will be neglected or abused. More children will be placed in foster care, and perhaps linger there too long. In 1997, this subcommittee received testimony from Professor Richard Barth. Professor Barth, at the time, worked in California. He noted that many newborns in substance abuse cases already had siblings placed in foster care. Barth estimated that if only one-third of the mothers with substance abuse problems got successful, early treatment upon the birth of their first child, instead of waiting until later, many years of foster care placements could be prevented and millions of dollars could be saved.

Our bill is designed to promote innovative approaches that serve both parents and children. It will offer funding for screening and assessment to enhance prevention. It will support outreach to families and retention so that parents stay in treatment. It can support joint training, and educate alcohol and drug counselors about the special needs of children and the importance of a safe, permanent home. It can support out-patient services or residential treatment. It allows investments in after-care to keep families and children safe.

If we do invest in such specialized alcohol and drug treatment programs for families, we can achieve two things. For many families, I hope, treatment will be successful and children will return to a safe and stable home. But for others, we will have tried, and learned the important lesson that some children need an alternate place—some children need adoption. Under the Adoption and Safe Families Act, courts should not move forward on adoption, until appropriate services have been provided to families. That is the law, and we must follow it, and move some children towards adoption.

We want a responsible approach that will include accountability. It requires annual reports to assess how much progress is made each and every year. Reports should measure success in treating parents, but, equally important will be measures of children's safety and family stability.

Over the years, we have worked on child welfare issues in a positive, bipartisan manner and I hope that will continue as we grapple with such tough controversial issues as alcohol and drug abuse.

Chairman JOHNSON of Connecticut. Thank you very much. There is a subtle irony in the discussion that has gone forward to this point. I asked my staff while you were talking what money we had

put into computer systems for the courts, either us or the judiciary system. And when you look at all the money we have put into the child protection agencies to help computerize them to track their cases and didn't include the courts, I mean, what does that tell you about our ability to do agency interrelationship or committee cooperation and to look systemwide?

So agency divisions and lines are part of the problem, and it is interesting that it is part of the problem at the Federal level, too, because if we had done for the court case-tracking system what we did for the agency case-tracking system in what we did—what was the year we did that? Anyway, back there when we started that project, which has taken many years to complete, and we still have some States that really aren't yet up and running, think how much further we would be along and how much more we would have been able to accomplish the goals of the Adoption and Safe Families Act if we had been able to think across agency lines as well.

So it is a very thoughtful piece of legislation that you Senators have brought forward, and I am sorry we didn't distribute summaries of it. But as you listen to the testimony, anyone here is certainly welcome to make comment because this issue of interagency cooperation is to me a very interesting one. We have had some very serious studies done of how welfare reform has in many States and has not in other States been able to stimulate interagency cooperation. And I myself have reservations about whether grants should do that or whether we should require that as a condition of getting any money for child protective services.

So how we need to provoke this and where we need to put our money is really the two issues that your legislation does challenge us to answer, and we really look forward to working with you on that. We simply must do a better job. There are some contradictions as you go around. The families have substance abuse problems, and they don't want to admit it, and neither does the agency want to because they are very afraid that their children will be taken from them. So there are certain ways that we have to accommodate the law in order to allow the very coordination and integration that we can see would be useful.

Senator ROCKEFELLER. Madam Chairwoman?

Chairman JOHNSON of Connecticut. Yes.

Senator ROCKEFELLER. Could I make one additional comment?

Chairman JOHNSON of Connecticut. Absolutely.

Senator ROCKEFELLER. I spent 4 really interesting years in the early 1990s chairing something called the National Commission on Children and Families, and we produced actually a unanimous report, which is unusual in this town. But I will never forget—and I talked about alcohol and drug abuse, and the other two witnesses talked about the court system and the need to train judges. But I will never forget going into the Los Angeles juvenile court and going up in a very large caged elevator with children on one side, criminals on the other, and then they got off. The children went to the left to their family courts and the criminals went to the right to whatever their fate was.

Chairman JOHNSON of Connecticut. How frightening.

Senator ROCKEFELLER. I sat there with the commission members, and the chief judge came over and sat beside me and whispered in

my ear, sort of doing a translation, like a UN translator or something, trying to explain to this non-lawyer what in heaven's name was going on. There were kids incourt whose mother hadn't shown up, the lawyer hadn't shown up, they didn't speak English and they didn't have the documentation. The chief judge said—this is back, you know, almost 10 years ago or 8 years ago. He said, "We can spend about 5 or 6 minutes per case, and that is if we have all the information." And things have gotten worse since then.

That is sort of the searing experience that I always think back to.

Chairman JOHNSON of Connecticut. One worthy of sharing.

Mr. Cardin, welcome.

Mr. CARDIN. Thank you, Madam Chair, and let me apologize for being a few minutes late. Actually, I was on the Senate side. I got a little lost over there. [Laughter.]

I should have gotten my directions straight.

Let me first compliment my three colleagues. This is really a good way to start our hearings. It shows a commitment that this is an ongoing struggle, that no one bill is going to solve the problems, that we have to continue to pay attention to our most vulnerable children. And I do applaud the three of you for your leadership in this area in coming forward with constructive suggestions and proposals in order to deal with this.

You have pointed out, all three of you, the concerns within our court system, training personnel and backlogs, and I agree with that. I just want to spend a moment on substance abuse, because I think substance abuse is a critical problem within our welfare system. Many of the mothers have substance abuse problems, and it is causing serious safety issues for our children and, as Senator Rockefeller pointed out, keeping children in foster care longer.

One of our witnesses later will point out that most of the substance abuse programs in this Nation are directed to males within our criminal justice system and that we don't really have a focus on substance abuse within the welfare system. And I know, Senator Rockefeller, I guess the point that you are making, and Senator DeWine, we need to really concentrate on this population in order that we get programs and infrastructure in place in order to deal with it. Is that pretty much as you see it?

Senator ROCKEFELLER. Yes, it is outreach. You know, we have caseworkers for all kinds of people in our society, and somehow when you get to substance abuse, it becomes somebody else's problem. And that is the interagency question or, you know, whose jurisdiction, who is meant to be doing it.

What I think we are trying to do here—I will just use this alliteration because we are all three from Ohio and West Virginia. What we are trying to do is stitch together a quilt which you can hang up on the wall which will work, because the many parts hold together, outreach and counseling and help and the money for the treatment is all fundamental.

Mr. CARDIN. If you have an episode that brings you into the criminal justice system, you have a chance to get some help—may—but if you are a mother with a problem, it is much more difficult. I think that is what we are trying to really do here.

Again, I applaud you on your bill, and also, as you know, we have some legislation pending in the Senate now that deals with the court personnel. I would just hope that we could figure out a way to move these issues forward, and I understand it may cost a few dollars, but these are certainly investments in children who need our help, and I very much applaud you for your efforts.

Thank you, Madam Chair.

Chairman JOHNSON of Connecticut. Now I'd like to recognize Dave Camp from Michigan. You know, when a committee works, the chairman doesn't necessarily lead the effort on every single bill. And on the Adoption and Safe Families Act, Dave Camp really led the effort. It certainly was a bipartisan bill, but he did all the picking through the details and building the consensus and leading it. And it is a very special pleasure to have him still on this committee, and I recognize Dave if he would like to comment.

Mr. CAMP. Well, thank you. I used to sit next to the Chair, and then after that bill passed, I got sent to the end of the line. [Laughter.]

Mr. CAMP. But I want to thank—

Chairman JOHNSON of Connecticut. It just goes to show you, he is much higher ranking on other subcommittees. You can't have it all.

Mr. CAMP. Well, I want to thank all of you for your testimony and your comments and also your help and efforts on the Adoption and Safe Families Act, and obviously I am looking forward to the hearing today and looking at what else we can do. And I realize, Senator Rockefeller, these are issues that you have cared about very deeply for a long time, as all of you have, and I am glad we didn't delay that bill because there have been some positive things that have occurred in moving kids out of foster care into loving homes.

My own State won almost $1 million in incentive awards under the legislation, so there are some positive changes being done. But this problem of what to do with the system kids find themselves in and trying to ensure that the provisions of the legislation that we worked on are enacted I think is a very real one, and particularly when there is also an interfacing of agencies, both law enforcement and child protection services, and they don't always coordinate. And I just think there is going to be a lot of work ahead to do on this, and I look forward to working with all of you, and thank you all for your leadership on this. It wouldn't have happened without all of your efforts, and I appreciate it very much.

Thank you. Thank you, Madam Chair.

Chairman JOHNSON of Connecticut. This committee has held very extensive oversight hearings on the Adoption and Safe Families Act, and it was very clear that the problem is in the courts. And so this is an opportunity to begin to look at how we can overcome that problem. The provision that was in the bill that passed the House came directly from those hearings and Deborah's legislation in the House. So it is a small start, but this computer issue and then the larger issue of coordination are really work yet to be done. So we thank you for testifying, and we look forward to working with you both and with Deborah.

Senator DEWINE. Thank you very much.

Senator ROCKEFELLER. Thank you.

Chairman JOHNSON of Connecticut. Now let's start with the first panel: the Honorable David Grossmann, the National Council of Juvenile and Family Court Judges, from Reno, Nevada; the Honorable Robert Leuba, Chief Court Administrator, Supreme Court of Connecticut, on behalf of the Conference of State Court Administrators; Mark Hardin, Director of Child Welfare for the American Bar Association Center on Children and the Law; Christine DeLay, volunteer, National Court Appointed Special Advocate Association; and Ron Moorman, Executive Director, Child Care Association.

It is a pleasure to welcome you. Thank you very much for being with us, and please feel free to comment on the preceding testimony if you care to.

Congresswoman Pryce, are you staying? Would you come up and join us up here?

Ms. PRYCE. Well, I cannot stay with the panel long, but thank you very much.

Chairman JOHNSON of Connecticut. Stay as long as you can. We are happy to have you.

We will start with Judge Grossmann.

STATEMENT OF HON. DAVID E. GROSSMANN, HAMILTON COUNTY JUVENILE COURT, CINCINNATI, OHIO, AND PAST PRESIDENT, NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES, RENO, NEVADA

Judge GROSSMANN. Thank you, Madam Chairwoman and Congressman Cardin. I appreciate the opportunity to be here this afternoon to testify on this very important matter. I have spent the good portion of my adult life working in the area of the courts. I have been the presiding judge in Cincinnati, Ohio, for the last 25 years, and before that 16 years as a magistrate, and we have worked through many of the problems that you are now looking at in the area of a struggle to move children into safe, nurturing, permanent homes who otherwise would continue to be stranded in the system.

We all know the problem, the many hundreds of thousands of children that are, in fact, struggling, stranded, as I said, in the system. We know that they come out of dysfunctional families. We also know that the system itself is to some degree dysfunctional. And when you have a dysfunctional system, the problem is that it keeps functioning dysfunctionally. And that presents a very serious challenge.

You know, when your pipes break or your plumbing doesn't work, the first thing you do is turn off the water. When your car is burning oil, the first thing you do is to turn off the engine and go get the head off and grind the valves and replace the rings. With courts, you can't just turn off the system. It keeps going, and the problem is, the challenge is, to fix it while it is going. It is sort of like heart surgery. You have to keep the body living while you try to fix the problem.

Now, it is not only important to know—of course, it is basic to know that you have a problem, but the real challenge is to know why do you have the problem. And I think in the area of the courts, a number of us who have studied this and have been very much

instrumental in preparing documentation on how to manage this are quite well aware of why we have the problem.

First of all, in the courts—and I address them primarily because if the courts don't work, the rest of the system doesn't work either. And that seems to be a reality that has now dawned on many folks, including Congress, that the courts need some real help here to get done what they need to do, both in training and in technical assistance.

But if we look at the courts, we see across the country a number of things that are obvious. The cases are not moving swiftly. They are not given sufficient attention in front-loading, that is, enough information is not presented quickly on to bring the case moving forward in an expeditious way. The courts lack information systems, and I think, Madam Chairwoman, you mentioned that. And, by the way, you have spent a lot of money on SAQUIS and AFGARS. Those are fine computer systems. They do the courts practically no good at all because the courts themselves must have information and computer systems to manage their own processes. It is nice to have aggregate information, but it is very important to know within each individual court how the system is functioning. They can't do that, particularly in the larger courts, if they don't have their own systems. And, of course, you observed that many of them do not; therefore, they are kind of flying blind.

And you are stuck with the fact that you look at statistics and we look back and say, well, in 1997 it was such-and-such or 1996. We are lucky if we can tell what it was in 1998. It is kind of trying to fix a problem, and you are looking at history, but you don't know what the problem looks like right now.

Therefore, one of the things that I would urge the committee to do is to look very carefully at how monies move to the courts to increase their ability to handle their management information systems and to handle their processes.

I brought with me a document called the "Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases." This has become the yellow brick road. This has become kind of the how-to manual across the United States with courts. This volume tells courts exactly how to handle the problem, what to do in a very specific way. This is not a lot of platitudes and nice sayings. It is actually a very detailed how-to manual.

We know what the problems are. We know how to fix them. The challenge is to get the training necessary while the system is running. And, of course, you come to judges and say, look, you got to change how you do business, and their response is: "I am so busy doing what I am doing, I don't have time to look up. I don't have a chance to try to fix it."

Now, we know how that can be done. We have seen it happen. And, by the way, I brought another document along which is called the "Child Victims Act: Model Court's Project Status Report." This is 20 courts across the country that have become very active in the area of trying to address this problem. These are courts that you will recognize. This is New York City, this is Miami, Florida. It is Chicago, Illinois, it is Newark, New Jersey. These are important areas where this problem is highly, highly visible. These courts are now working to solve these problems. I am telling you that we are

making progress, but we need more assistance from the standpoint of funding to improve the training of judges, the training of court personnel, the opportunity to develop the technical assistance that these courts most desperately need. And it is not happening unless we get the kind of financial support that they need.

The courts have been, as you observed Madam Chairwoman, they have been sort of the stepchildren. We have poured a lot of money into the executive branch, into the child welfare systems, but the courts were just sort of standing on the side there, and nobody noticed. But if you don't fix the courts, they are the great accountability agent, they are the people that possess the wherewithal and the power to hold the entire system accountable and can make the thing function. But if they themselves are not functioning properly, it is very, very hard to get home.

Madam Chairman, I think I have talked long enough, but you understand my urgency here.

[The prepared statement follows:]

Statement of Hon. David E. Grossmann, Hamilton County Juvenile Court, Cincinnati, Ohio, and Past President, National Council of Juvenile and Family Court Judges, Reno, Nevada

Chairman Johnson, members of the Subcommittee, the National Council of Juvenile and Family Court Judges (NCJFCJ) is honored to have the opportunity to testify before you today on the court's experience and views on the training needs of court personnel and on the problem of substance abuse in child protection.

I am David E. Grossmann of the Hamilton County Juvenile Court, Cincinnati, Ohio, and a past President of the NCJFCJ. I currently serve as Chair of the Expedited Adoption Committee of the National Council, and regularly serve as faculty for the National Council during judicial and interdisciplinary training seminars and conferences nationwide.

The National Council of Juvenile and Family Court Judges

Founded in 1937, the National Council of Juvenile and Family Court Judges is the nation's oldest judicial membership organization. We are an independent nonprofit organization, and membership is comprised of state judges and other professionals of courts who deal with children and families. The case loads of these courts have grown dramatically, especially in the areas of child abuse and neglect, family and domestic violence, juvenile crime, alcohol and drug abuse, divorce, adoption and non-support of children.

The National Council maintains the National College of Juvenile and Family Justice on the University of Nevada, Reno campus. Last year, the College sponsored or collaborated in implementation of over 191 national, regional, state or local training programs for over 25,000 judges and system professionals. NCJFCJ members serve as faculty and also assist in providing technical assistance to trainees and their courts. Funding for training efforts of the National Council comes from a number of private and federal grants, with substantial funding from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

In 1975, the National Council's research division, the National Center for Juvenile Justice (NCJJ) was established in Pittsburgh, PA. With federal support from the Office of Juvenile Justice and Delinquency Prevention, the National Center collects data from juvenile courts nationwide and analyzes data and trend information on juvenile crime issues. The reports generated by the National Center based on this data provide the primary source of credible information on juvenile delinquency nationwide.

The Permanency Planning for Children Department

Now celebrating its twenty-fifth year of providing judicial training and technical assistance for this nation's juvenile and family court judiciary and others, the Permanency Planning for Children Department leads the National Council of Juvenile and Family Court Judges' effort to improve court practice in handling child abuse and neglect cases.

The history of the Permanency Planning for Children Department dates back to the early 1970's, when juvenile and family court judges who comprised the National Council's membership began to recognize the need for judicial review of children in placement. At that time, children were often being removed unnecessarily from their homes. Once in foster care, children were lingering for years with no permanent resolution to their cases. Children who had been abused or neglected by their birth families were subjected to years of out-of-home placement. They found themselves moved from foster home to foster home, with no clear goals for reunification with their birth families or movement toward alternative permanent placement. Children were reaching adulthood and transitioning out of the foster care system with no sense of family, with low self-esteem, and with no direction for the future.

Public Law 96–272—The Adoption Assistance and Child Welfare Act of 1980

The National Council, recognizing the need for judges to take a leadership role in overseeing dependency cases and in moving cases toward permanency, began a national training effort in 1974 for the education of juvenile and family court judges, child welfare professionals, attorneys, and other court and child welfare system professionals. Training was based on principles which were later encompassed in Public Law 96–272—The Adoption Assistance and Child Welfare Act of l980. An unprecedented piece of legislation, this Act set out principles which are key to child welfare and court practice today. The Act made it clear that courts must take an oversight role to: (1) Avoid unnecessary separation of children and families; (2) If removal is necessary, provide for reunification at the earliest possible time; (3) When reunification is not feasible, provide for a safe, permanent home at the earliest possible time.

Upon passage of the Act, the National Council recognized the continued need for training for judges and interdisciplinary audiences nationwide to inform key players of their new roles in the handling of dependency cases and to map out protocols and plans for changes in practice that implementation of the new law would require. Training nationwide focused on the law and its provisions, and resulted in changes in court rules, child welfare agency practice and in legislation at the state level across the country.

Early training efforts and subsequent national training initiatives were funded by the Edna McConnell Clark Foundation, the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice and the Children's Bureau of the U.S. Department of Health and Human Services. In 1984 Permanency Planning Task Forces were established in all 50 states and the District of Columbia. Focused efforts of judicial leaders at both the appellate and juvenile and family court levels ensured that training was provided to judges and court personnel. Training efforts resulted in changes in practice which improved the handling of child abuse and neglect cases by the courts and by child welfare systems.

Within the limits of funding provided, training continued throughout the 1980's, but it became clear at the close of the decade that in spite of the best efforts of the National Council and its team of volunteer judicial, child welfare and court-related faculty, that much more needed to be done. Although hundreds of training programs had been held, hundreds more were needed. Even as late as the 1990's system practitioners in jurisdictions who had not had the benefit of training around the provisions of the Adoption Assistance and Child Welfare Act were unaware of their new roles as envisioned by the Act.

Conducting "business as usual" in many jurisdictions was meeting with disastrous results. Public outcry was often noted when judges and other key system players who had not had the benefit of training regarding the Act misunderstood the "reasonable efforts" provision of the Act, thinking that "reasonable efforts" was synonymous with making "every effort" to return a child home. In spite of the Act's intent, children were being returned home to unsafe situations and being harmed as a result of misconception and lack of understanding as to what the law intended. Clearly, the desperate need for training on the Act and its provisions had not been met for many members of the judiciary, the child welfare system, or other professionals within the child welfare and court systems. Resources in terms of training dollars were simply not available to meet the nationwide need for training for all members of the judiciary and court systems who made critical decisions regarding the lives of this nation's abused and neglected children.

The Adoption and Safe Families Act of 1997

In 1997, another landmark piece of child welfare legislation was passed by Congress and signed into law. The Adoption and Safe Families Act of 1997, P. L. 105–89 placed additional responsibilities upon courts requiring that they take an even more vigilant role in monitoring the handling of child abuse and neglect cases. Additional judicial oversight, shortened time lines, and increased accountability on the part of child welfare agencies and courts alike were required to ensure that children were moved to permanency at the earliest possible time. Changes in practice on the part of courts, attorneys, child welfare agencies and all other key players within the child welfare and juvenile and family court systems were required to meet the mandates of the law.

The Adoption and Safe Families Act was important in clarifying the roles of the courts and child welfare agencies in the handling of child abuse and neglect cases, and set forth clearly the important considerations in the handling of dependency cases—that each child be provided a safe, permanent and stable home, and that the child's safety and well-being be considered paramount in the decision-making process.

Once again, a new federal law was passed to guide states in improving court practice in child abuse and neglect cases. And once again, adequate resources to ensure the training of every judge handling a dependency docket nationwide were not available. Training dollars since passage of that law have been stretched to the limit. In 1995 The Permanency Planning for Children Department of the National Council conducted 26 judicial and interdisciplinary training programs. In 1999, due to the rising demand in the field for training around the Adoption and Safe Families Act of 1997, the number of training programs provided totaled 114, reaching 8,156 participants, an increase of over 250% in three years' time without additional resources to fully fund such efforts.

Impact of Substance Abuse on Handling of Child Abuse and Neglect Cases

This nation's juvenile and family courts have witnessed an unprecedented rise in cases involving child abuse and neglect over the past decade. Cases are entering the court system which are more complex and more difficult to handle than ever before. According to the U.S. Department of Health and Human Services, in 1997, over three million cases of suspected child abuse and neglect were reported. Over two million of these cases were investigated by child welfare agencies, and over one million of those reported cases were substantiated.[1] A variety of reasons for this rise in caseloads and for the increasing complexity of cases have been cited. These include poverty, homelessness, and most significantly—substance abuse.

A January, 1999 report by the National Center on Addiction and Substance Abuse at Columbia University indicated that "drugs and alcohol abuse causes or exacerbates seven out of ten cases of child abuse or neglect."[2] The study concluded that "substance abuse and addiction dangerously compromise or destroy the ability of parents to provide a safe and nurturing home for children."

In a report released in April, 1999 the U.S. Department of Health and Human Services estimated "that substance abuse is a substantial factor in a third of all child abuse and neglect cases, and up to two-thirds of foster care cases"[3]

Information regarding, how to handle child abuse and neglect where substance abuse is a factor, services necessary for treatment of these cases, establishment of drug courts as a method for handling this caseload, and other critical areas can best be imparted through provision of judicial and interdisciplinary training at the local, state and national level.

Improving Court Practice in Child Abuse and Neglect Cases

In 1992, the National Council of Juvenile and Family Court Judges, following a three-year effort, published the RESOURCE GUIDELINES: Improving Court Practice in Child Abuse and Neglect Cases. This document, written by a committee of judges, child welfare professionals, attorneys, consultants and others identified best practice in handling child abuse and neglect cases. Endorsed by the Conference of Chief Justices and the American Bar Association, the RESOURCE GUIDELINES

---

[1] Administration for Children and Families; U.S. Department of Health and Human Services, 1999.

[2] "No Safe Haven: Children of Substance-Abusing Parents," National Center on Addiction and Substance Abuse at Columbia University, January 11, 1999.

[3] "Blending Perspectives and Building Common Ground," Administration for Children and Families, the Office of the Assistant Secretary for Planning and Evaluation, and the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 1999.

has been used as a blueprint for change by State Court Improvement programs nationwide. Over 19,000 copies of this document have been disseminated to date, and courts and child welfare agencies alike are using the RESOURCE GUIDELINES as a basis for assessing current practice and planning for change.

Upon completion of the RESOURCE GUIDELINES, the National Council established a Model Court Project. The purpose of this project was to identify courts, nationwide, who were willing to examine dependency practice, identify barriers to permanency, implement change and to serve as models to others with similar goals. The Hamilton County Juvenile Court in Cincinnati, Ohio served as the first demonstration Model Court. The Model Court Project currently encompasses 20 courts, including jurisdictions as large as Cook County, Illinois—Chicago; Los Angeles, CA; New York City, NY; Essex County, NJ—Newark; and Dade County, FL—Miami. One third of the nation's children in foster care are served by the Model Court Project.

Model Courts of the National Council have demonstrated remarkable success in improving practice in the handling of child abuse and neglect cases by: (1) shortening time in care from removal to permanency; (2) increasing adoptions; (3) building resources for providing services to children and families through judicial leadership and through collaboration with key system players in each Model Court community. Collaboration between courts, child welfare agencies, attorneys, service providers, the faith community and others has resulted in better outcomes for children and families in each Model Court jurisdiction.

Currently, each of the twenty Model Courts involved in the Model Court Initiative of the National Council is serving as a mentor to other courts around the nation who are attempting to improve dependency practice. Strategies for change as well as programs and principles which have guided the work of Model Courts are being shared and replicated by other courts nationwide.

The work of the Model Courts, their successes, and their challenges is chronicled each year in a written publication entitled the Model Court Status Report. This has proven a useful tool in "getting the word out" to courts nationwide who are attempting court improvement efforts on their own.

However, in addition to the written work being generated as a result of the Model Court initiative, training has been established as the best method of disseminating the work of the Model Courts nationwide. Through national, state, and local conferences, Model Court representatives share their experience, provide guidance regarding how other jurisdictions may overcome barriers to permanency, and provide encouragement to the many inspired judges and others who may wish to undertake a systems change effort. Training is the essential tool for allowing jurisdictions to plan and implement systems change efforts on their own. Resources for this work have been barely able to keep up with the demand.

Currently there are literally dozens of courts beyond the twenty Model Courts at work in developing new models for handling child abuse and neglect cases. The RESOURCE GUIDELINES provides a blueprint for change. The Model Courts and their experiences as laboratories for change provide the essential tools to ready other systems to implement changes without 'remaking the wheel" and stumbling over similar barriers.

Training regarding the need for systems change for judges and other system professionals, the work of the Model Courts and others, emerging issues such as child development and substance abuse, and trends in juvenile and family court dependency practice is critical, and resources for doing so are currently stretched to the limit.

The Importance of Judicial Education

The Adoption Assistance and Child Welfare Act of 1980, the National Council's RESOURCE GUIDELINES and Model Court project, and the Adoption and Safe Families Act of 1997 set policy guidelines for best practice in handling child abuse and neglect cases. However, as pivotal and important as they are, they cannot have a positive impact upon court and systems practice at the grassroots jurisdictional level until resources allow for training in every juvenile and family court jurisdiction across the nation. Judges do not change how they do business unless they are convinced they need to do so. Child welfare agencies, attorneys, service providers and others will not modify their behavior without motivation and the tools to do so. Training can provide the bridge between current practice and improved practice. No law can "go on the books" and be effective unless system practitioners understand the intent and spirit of the law, and the expectations of all parties in carrying out the mandates of the law. Training serves this purpose.

The Adoption and Safe Families Act of 1997 is an excellent piece of legislation, but it will not fully be implemented until every judge in this nation understands

the mandates of the law and his responsibility under the law. As was the experience with Public Law 96–272, the Adoption Assistance and Child Welfare Act of 1980, there may be judges and system practitioners throughout the country who, if not provided training, will proceed with business as usual.

A study conducted by the National Council of Juvenile and Family Court Judges of court representatives across the nation from 1996–1998 indicated that practice varied widely from legislation around adherence to time lines and other statutory guidelines as mandated by P.L. 96–272. In fact, 54% of study respondents indicated that time frames or other statutory guidelines as set by the law were "loosely adhered to" in actual practice. "Composite responses from court improvement specialists across the nation confirm that supporting good practice in statute involves careful articulation the duties and responsibilities of parties, providing guidance with respect to expectations and required procedures for events, improving representation, providing consistency and supporting efforts to monitor case progress effectively.[4] Training can bridge the gap between legislative intent and daily practice.

Making the Adoption and Safe Families Act of 1997 A Reality

The critical need for judicial and interdisciplinary education continues, and must be met. Every judge in the nation handling child abuse and neglect cases must be reached, in order for new twelve-month timelines to be achieved, clear expectations of courts and child welfare agencies under the law to be outlined, and goals for improved handling of child abuse and neglect cases to be developed and implemented.

Resources are currently not available that will allow for this nationwide judicial training and technical assistance effort. However, the mechanism for providing judicial training nationwide is in place. Volunteer faculty, sitting judges who have the knowledge and desire to motivate others on the bench to change practice, have made a commitment to serve as trainers during state, local and national training programs. Information focusing on the requirements of the new federal legislation and topical information on subjects related to dependency court are currently available. Nationally recognized speakers have indicated their willingness to travel and to speak to judicial and interdisciplinary training Conferences. Written materials which can supplement hands-on training are available. The lack of adequate funding for this training is currently the only barrier to providing each of this nation's judges the tools with which to improve court practice in child abuse and neglect cases. Let us make the Adoption and Safe Families Act of 1997 a reality by educating a system for change.

Thank you, Mrs. Chairman, for inviting me here today to speak on behalf of the National Council of Juvenile and Family Court Judges. I am pleased to be available to answer your questions or to provide additional information you may require.

Chairman JOHNSON of Connecticut. We do have a red light system, and I always hate to cut people off because your experience is so terribly valuable to our committee. But we will have more time to question if we can keep our statements within the 5-minute limit, and we do include your entire statement in the record.

Judge Leuba?

STATEMENT OF HON. ROBERT C. LEUBA, CHIEF COURT ADMINISTRATOR, CONNECTICUT SUPREME COURT, ON BEHALF OF THE CONFERENCE OF STATE COURT ADMINISTRATORS

Judge LEUBA. Thank you very much, Madam Chair and members of the committee. It is an honor to be here to address this important issue of child protection.

I am a judge of the Superior Court in Connecticut and the Chief Court Administrator.

---

[4] Gatowski, Ph.D., Sophia, Shirley Dobbin Ph.D., Krista Johns, J.D., Margaret Springgate, J.D., "Child Abuse and Neglect Cases: Examining State Statutes in Everyday Practice" and "Child Abuse and Neglect Cases: A National Analysis of State Statutes."

Chairman JOHNSON of Connecticut. Excuse me, Judge. Could you speak a little closer to the microphone?

Judge LEUBA. I certainly can. Thank you.

For the record, my name is Robert Leuba. I am a judge at the Superior Court in the State of Connecticut and the Chief Court Administrator for the Connecticut court system. I am honored to be here today as a member and representing the Conference of State Court Administrators, which is consisting, as you know, of 50 States, Puerto Rico, and the Territories. The State courts are pleased to be included in the discussion on policy matters relating to the issue before the committee of oversight of the child protection area.

I have submitted written testimony, and I won't review that, just to summarize. But before I do, I want to thank you for last year's passing of the Fathers Count Act with the amendment that included assistance here, and I guess we will just have to work harder with the Senators who were here and others to get that all the way this year, if the committee sees fit.

I have several key points, many of which have been covered by the previous speakers. ASFA, the Adoption and Safe Families Act, is an important program in moving ahead in the child protection area. I have submitted copies of a resolution adopted by the Conference of State Court Administrators and also the Conference of Chief Justices supporting the implementation of ASFA, and I want to wholeheartedly add my voice to that resolution.

As you know—it has been said before—that legislation makes judges a key component of the process. There are many, many steps in the process in which the judge is the necessary ingredient. I have listed them in my testimony. I won't enumerate that here.

It adds responsibilities to the courts without any funding whatever, and, of course, I guess we are all here today to indicate to the committee the need in State courts around the country of financing for training and technical assistance in connection with the implementation of ASFA.

Specifically, we would request the amendment of the Social Security Act, Titles IV–B and IV–E, which provide for training now in the executive branch, but we would need to have the judicial branches of government around the country included as eligible participants in that process.

We appreciate the opportunity to be here today, and just before I conclude, I want to just give you a little idea of what is happening in Connecticut. In Connecticut, which is one of the members of the Conference of State Court Administrators, we have about 3 million people, as you know, Madam Chair, and we use about $285 million to run the court system, $54 million of which is devoted to juvenile courts. We have received from the Federal Government under the Court Improvement Program $75,000 a year for training, which, as you can see, in proportion is a small drop in the bucket for us, and we need more, frankly.

I have given you information in my written testimony about other States, what they are doing, Arizona and Kentucky and Michigan, and I won't elaborate further on that except to say I would be glad to answer any questions you have about what is going on in Connecticut and to provide any information that is

needed by the committee or staff through the National Center for State Courts or the Conference of State Court Administrators, of which I am a member.

Thank you very much.

[The prepared statement follows:]

Statement of Hon. Robert C. Leuba, Chief Court Administrator, Connecticut Supreme Court on behalf of the Conference of State Court Administrators

Introduction

Ms. Chairperson and Members of the Subcommittee, my statement is submitted on behalf of the Conference of State Court Administrators (COSCA). I thank you for the opportunity to appear before you today on the important issue of child protection.

My name is Judge Robert C. Leuba, Chief Court Administrator for the State of Connecticut Judicial Branch. The points that I want to make this afternoon are:

- The Conference of State Court Administrators wants to commend Congress for its efforts to improve the protections available to children through the enactment of the Adoption and Safe Families Act (ASFA).
- It is our belief that the court systems and judges are the key to effective implementation of ASFA, but we need help in meeting our responsibilities.
- ASFA significantly increased the responsibilites of the courts in handling child protection issues, but did not provide the court systems with additional resources to assist them in meeting the new demands.
- State court systems need additional resources to provide training and technical assistance to the local courts and judges so that they can effectively implement ASFA.
- Specifically, we are requesting that the Social Security Act be amended to make judicial training eligible for federal financial participation and that funds be appropriated to provide technical assistance to state court systems.

I have been with the Connecticut Judicial Branch for 13 years, both as an administrator and as a trial judge. Prior to becoming a judge, I served for a number of years in the public sector and as an attorney in private practice. During my prebench public service career I served as Legal Counsel and Executive Assistant to Governor Thomas J. Meskill from 1973–1975; Commissioner of Motor Vehicles from 1971–1973; and Mayor of the Town of Groton from 1967–1969.

Throughout my years with the Judicial Branch, I have had the opportunity to preside over a variety of criminal, civil, and family matters, including those involving the abuse and neglect of children and termination of parental rights. I served as presiding judge of the family division of the New London Judicial District, as well as Chief Administrative Judge of the Judicial Branch's Civil Division.

Conference of State Court Administrators (COSCA)

I appear before you today as a representative of the Conference of State Court Administrators (COSCA). COSCA was organized in 1953 and is dedicated to the improvement of state court systems. Its membership consists of the principal court administrative officer in each of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, and the Territories of American Samoa, Guam, and the Virgin Islands. COSCA is a nonprofit corporation endeavoring to increase the efficiency and fairness of the nation's state court systems. The purposes of COSCA are:

- To encourage the formulation of fundamental policies, principles, and standards for state court administration;
- To facilitate cooperation, consultation, and exchange of information by and among national, state, and local offices and organizations directly concerned with court administration;
- To foster the utilization of the principles and techniques of modern management in the field of judicial administration; and
- To improve administrative practices and procedures and to increase the efficiency and effectiveness of all courts.

Support for the Effective Implementation of ASFA

COSCA and the Conference of Chief Justices (CCJ) have established the effective implementation of ASFA as one of their highest priorities for 2000, as they did in 1999. Attached for your information is a copy of a joint resolution that was adopted

by CCJ and COSCA that supports the goals of ASFA and its effective implementation.

Our interest in this issue grows out of our longstanding involvement with federal efforts to protect children in danger of abuse and neglect. The enactment of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96–272) vested a unique and critical responsibility with the courts to oversee the protection of children in child abuse and neglect situations. For the first time, the 1980 Act required courts to review and evaluate state welfare agencies' actions. Further, courts were required to make judicial determinations that the state agencies had made "reasonable efforts" to prevent the removal of children from their homes, to reunify children with their families after a foster care placement, and to provide permanent homes for children who cannot be reunited with their families. Congress also required courts to hold dispositional hearings no later than eighteen months after a child's original placement and hold a hearing every twelve months thereafter to review progress on the permanency plan. States in which the reasonable efforts findings were not made and properly documented and in which the time frames for hearings were not met could be sanctioned with the loss of federal funding.

In 1997, Congress concluded that the promises of the 1980 Act were not realized. Passage of ASFA holds new promises for children who are vulnerable to abuse and neglect. To realize these promises, however, Congress needs to recognize and provide adequate support for the needs of the institutions critical to ASFA implementation: the courts.

Impact of ASFA on the Courts

The effect of the new mandates on courts has been to increase the workload of the courts because of the added judicial determinations and longer hearings needed to resolve the complex issues required by the Act. The following represents the highlights of the new mandates and their impact on the courts.

- Judges are required to make the child's health and safety the primary standard for determining a state's reasonable efforts to keep the child in the home or reunify the child and the parents.
- Judges are required to make judicial determinations of when reasonable efforts to prevent removal and reunify the family are not required because of egregious circumstances.
- Judges are required to make the difficult decisions pertaining to the termination of parental rights in cases where a child has been in foster care for fifteen consecutive or fifteen of the twenty-two most recent months. In the cases where an exception to the fifteen-month rule is requested, judges must determine whether the compelling reasons are sufficient not to file the petition.
- Judges are required to conduct hearings on the permanency plans that have been developed by state child protection agencies no later than twelve months after a child enters care, six months earlier than had been required in the past.
- Judges are required to insure that the procedural rights of foster parents, preadoptive parents, and relative caretakers are protected and that they are notified of hearings and have the opportunity to be heard at all hearings.
- Judges are required to review the placement of a foster child every twelve months and to determine when the child will be returned to his or her parents or placed for adoption or with a relative or with a legal guardian.

Additionally, ASFA strengthened the courts' oversight authority in reviewing the work of the child protection agency staff. The combined result of the ASFA changes is more complex and significantly longer court hearings.

Congress enacted the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105–89) in response to the concerns that the child protection system was not adequately addressing the needs of abused and neglected children. The Act was designed to address two major concerns (1) the safety of children in all decisions and (2) the need to find permanent homes in a timely manner for children who have been removed from their homes. The changes brought about by ASFA are positive and will bring about better results for children.

Please do not misunderstand, we support implementation of ASFA. Our concern is with ensuring that courts have the resources necessary to implement the Act, not with its provisions. We believe that these changes are necessary to insure better results for children. We share your belief that the health and safety of our children should be given the highest priority when deciding the difficult issues pertaining to the termination of parental rights and the removal of children from their homes and families. As mentioned earlier, in establishing priorities for 1999 and again in 2000, CCJ and COSCA identified the effective implementation of ASFA as one of their highest priorities.

Court Needs for Training and Technical Assistance

To implement ASFA effectively, courts need federal support and assistance. To this end, we want to address two issues. First, courts need to have access to the training funds currently available to executive agencies under Title IV–B and Title IV–E of the Social Security Act. Second, Congress needs to appropriate the $10 million for technical assistance for states authorized by ASFA.

We have strong evidence that training is inadequate and that state court systems are in need of technical assistance to aid them in implementing systemic changes for improving the handling of child protection cases and in implementing the provisions of ASFA. In 1993, Congress created the Court Improvement Project (CIP), a grant program to assist state courts in improving their handling of child abuse and neglect cases. Congress appropriated funds to provide CIP grants to the highest court in each state for judicial improvement efforts. Congress required each state to use their CIP funds in the first year to conduct an assessment, to identify problems in processing child abuse and neglect cases, and to develop strategies for addressing those identified problems. While these assessments pre-dated the adoption of ASFA, they identified clearly the need for more training and technical assistance for courts. The amount of CIP funds each state receives is not large, but states have leveraged the CIP funds with state and local dollars and used the CIP funds to stimulate a synergy among judicial, executive, and private resources.

The availability of federal financial participation dollars for training expenses for judges and non-judicial personnel will significantly increase the availability of needed training programs. Many states have used state and local funding and a portion of their CIP funds for judicial training, but the funding is not adequate to address all of the training needs for judges and non-judicial personnel. To effectively implement ASFA and protect the interest of children, judges and non-judicial personnel need to know more than the child welfare laws and court procedures. Judges need training on such topics as child development (particularly the importance of attachment and bonding), the dynamics of families, the dynamics of domestic violence and child abuse, the impact of substance abuse on the abusers and the family, and the appropriate application of mediation in child protection cases. These topics are just a sampling of the training needs. Judges do not have to be experts on these topics, but they need a good understanding of the subject matter so they can put the testimony of the experts that testify in their courts into perspective. Federal reimbursement dollars would significantly enhance the ability of courts to provide needed training for court personnel.

Federal resources to provide states with technical assistance will allow state court systems to benefit from the court-based initiatives and experimentation that is taking place around the country. In a survey, State Court Administrators and Chief Justices were asked to identify the types of technical assistance that they need to assist them to effectively implement ASFA. The responses fell within the following eight categories.

- development of automated tracking systems;
- development of automated interfaces between court, law enforcement, and social service agency data bases;
- evaluation of case flow and implementation of streamlined procedures;
- development and implementation of new case management models;
- development and implementation of early case resolution programs;
- development and implementation of mechanism for monitoring compliance with terms of court orders;
- development and evaluation of new models for representation of children; and
- development and implementation of court rules that facilitate timely case processing.

Courts have struggled to exploit the resources that have been available to them for improving the handling of abuse and neglect cases. Certainly, the indicators exist to show that courts are committed to systemic improvements. States are experimenting in the development of training programs, case management models, automated tracking systems, and expedited procedures. These state efforts would be all the more effective if additional resources were available to enhance training efforts and to provide technical assistance to the state court systems so they can aid each other and share lessons learned.

Additional federal resources will allow state court systems to go far in effectively implementing ASFA. To provide a broader understanding of some of the identified training needs and the opportunities for technical assistance, a brief summary of activities in Connecticut and other states follow.

Connecticut Experience with Training

The Court Improvement Program funds enable the Connecticut Superior Court for Juvenile Matters to continue its efforts to further enhance the court's response to children and families presented before the court for child protection matters. These funds are used to pay for technological enhancements, to support staff development and to improve the quality of legal representation for children and indigent parents.

As the Committee is particularly interested in the training, I will focus my remarks on how Connecticut uses court improvement program funds to pay the costs associated with providing training to judges and court officials on the complex issues surrounding child protection.

In Connecticut, a standing committee of state and private agency training experts has been convened to identify training needs for child welfare workers, court staff and agency attorneys and staff attorneys in relevant topic areas. A primary goal of the group is to focus on experiential learning for adults that can be applied in daily work. Agency management, social workers, court administrators, court support staff, judges, and other public and private child welfare agency staff will be targeted to receive skill building training and become familiar with innovations in permanency planning.

The first endeavor of the group was to plan a seminar focused on mediation advocacy. This seminar was held in May of 1999 and assisted participants in the mediation process to understand their role and assist them to understand how to maximize their participation. Three hundred participants attended this seminar which proved to be very valuable in providing a better understanding of the mediation process and intervention strategies for mediation participants.

The funds available through the Court Improvement Program have assisted the court in sponsoring multidisciplinary training for court staff, attorneys, CPS agency staff, and judges on the Adoption and Safe Families Act. A state team was sent to the National Grantees Meeting held in Baltimore. The team was comprised of a judge handling juvenile matters, a Department of Children and Families administrator, and the State Court Improvement Program grant manager.

In addition, the Judicial Branch has collaborated with the child welfare agency and the Office of Child Advocate to sponsor multidisciplinary training seminars. One seminar, which was attended by approximately three hundred people, including attorneys, court personnel, and mental health professionals, was held on the Adoption and Safe Families Act and the role of the guardian ad litem. Another such seminar was held on mediation and the last seminar that was conducted provided child advocacy training for attorneys.

A concurrent permanency-planning seminar was held in the Fall of 1999. The National Resource Center for Foster Care and Permanency Planning at Hunter College provided technical assistance and training resources.

We are in the process of developing training initiatives on adoption and attachment issues for staff across agencies and systems. This portion of this year's Court Improvement Program funds will be used to design and implement a core curriculum for attorneys representing children and parents in child protection cases.

The Connecticut Judicial Branch has received $150,000 for the period from August 1, 1999 through July 31, 2001 under the Court Improvement Program which is administered by the U.S. Department of Health and Human Services, Administration for Children and Families. Considering the fact that, in Connecticut, we spend $54.1 million per year on our juvenile efforts, this $150,000 provides us with some much needed additional resources, but does not represent a significant portion of our overall budget for juvenile matters.

If we were given additional resources, we would be able to enhance our efforts. For example, we would be able to provide training to senior judges, judge trial referees, and attorneys who have indicated an interest in serving as mediators. Currently, in Connecticut, we do not have a mediation program for juvenile matters that involves full-scale mediation with family members. We do have, however, a mediation program that typically involves the attorneys in a particular case. We have recognized the need to enhance this program, but have been unable to fund it to-date.

In addition, if funding were made available, we would like to develop an extensive training program for courtroom clerks, office assistants, and caseflow coordinators in the child protection system. It is essential that staff who work in the area of child protection be given on overview of the entire system and an up-to-date training manual.

Finally, it has been brought to our attention by the Chief Administrative Judge for Juvenile Matters that many judges would benefit from an intensive four or five

day seminar on the use of computers, particularly in the area of child protection. We do not have the funds at this time, to provide this intensive training.

Unfortunately, we have not been able to provide all of the training that is so sorely needed in this area due to funding limitations. If additional funding were made available, we would be able to implement this training plan, which would benefit the children and families appearing before the court for child protection matters.

Experience and Experimentation in Other States

Kentucky

Kentucky is typical of most states in the way in which they handle their judicial education programs. States, such as Kentucky and Connecticut, have taken the initiative to develop training programs, but limited resources have restricted the availability of the programs. Federal financial participation dollars would significantly enhance the availability of judicial and non-judicial education programs.

The Kentucky court system is striving to improve the handling of dependency cases. They have initiated innovations, but are in need of additional resources to help them sustain and expand these initiatives.

In most states, many guardian ad litems (GALs) have limited experience in representing children in abuse, neglect, and dependency proceedings. The GALs essentially practice this kind of law as one small part of their overall general practice. Thus far, Kentucky has had the ability to conduct GAL training on ASFA in certain designated pilot sites and family court sites. Kentucky court officials see the need for this training to continue and to be conducted in additional judicial districts and circuits.

In Kentucky, judges attend "Judicial Colleges" every year. At the Colleges, judges receive training regarding the method by which courts should conduct their business. However, more judicial training relating to ASFA is necessary, particularly in those districts and circuits where family courts do not exist. An evaluator reporting to Kentucky court officials concluded that some judges, particularly in rural areas, have been reluctant to order terminations of parental rights. The evaluator concluded, "altering the day to day behavior of courtroom decision makers, not rewriting statutes, has the most promise for systemic, meaningful change." At this year's Circuit Judges' Judicial College, a special "family court track" was developed for the family court judges to attend. At this section, Judge Jim Payne from Indiana conducted an in-depth training on ASFA. All circuit judges were not able to receive this training. Kentucky court officials have identified regional training sessions, in addition to the Judicial Colleges, as a mechanism to insure that all judges receive the training they need to comply with spirit and requirements of ASFA.

Currently Kentucky has a statewide tracking system for children in foster care; however, access to this system is only available to employees at the Administrative Office of the Courts Central Office. The system contains several different variables, including the findings made by Citizen Foster Care Review Boards. This tracking system could be expanded to include real time access in the courtroom to judges during judicial proceedings involving abuse, neglect, and dependency cases. This expansion would perhaps allow judges to make more informed decisions on behalf of children. One essential step in the implementation of ASFA is the identification of those children who have been in foster care for twelve months or more and more importantly those who have been in foster care for fifteen of the last twenty-two months. Currently, Kentucky court officials are able to provide family court judges with statistical reports that identify these populations. Limited resources have prevented them from providing the same reports to circuit court judges.

Arizona

Arizona has developed an on-line training program, available through their state Intranet that would serve as a good model for other states. The availability of technical assistance dollars would increase the ability to replicate this type of training enhancement in other states.

The Arizona court system has been very proactive in addressing the changes needed to improve the handling of dependency cases. Starting January 1, 1999, all Arizona jurisdictions, with the exception of Maricopa County (Phoenix), were required to process dependency petitions in the "Model Court" format. Due to its size, Maricopa County was given an additional time for the conversion and brought their cases into the new process by July 1, 1999.

State Court Improvement funding was made available to assist Superior Courts with the changes in dependency case processing. All fifteen Arizona counties receive funds for Court Improvement implementation.

All counties established a local Court Improvement Implementation team that oversees "Model Court" implementation. The teams may include staff from the Attorney General's office, Department of Employment Security (DES), contract attor-

neys, Clerk's office, behavioral health providers, and tribal representatives. In April of 2000, all teams will go to Phoenix for training and to discuss successes and barriers to Court Improvement implementation. They will also identify future project goals.

Arizona has spent over a year developing the Juvenile On-Line Tracking System (JOLTS), a statewide dependency data collection system. JOLTS has been fully operational in all counties since September 1999. Although the system continues to undergo enhancement it has been designed to collect all dependency case information including hearing dates and outcomes, family problems, placement information, sibling information and case plan details.

In 1999, Arizona Supreme Court Chief Justice Thomas Zlaket signed an Administrative Order mandating that all judges new to the dependency bench (including pro tem judges and commissioners) participate in a Dependency Curriculum Program. The training program is held annually and includes the following topics:

—Dependency Case—From Removal to Permanency,
—Law,
—Mediation and Settlement Conferences,
—Severance and Guardianship,
—Adoption,
—The Role of Other Players in Dependency Cases,
—Drug Addiction and Treatment,
—JOLTS—Dependency Data Collection,
—Introduction to Child Development,
—Child Abuse and Neglect,
—Mental Illness, and
—Services and Programs.

Because Arizona judicial rotation often occurs mid-year and Dependency Judicial Training occurs only once a year, it was necessary to develop an interim training for judicial officers hearing dependency cases. Judicial staff have access to a Distance Learning Program via the state Intranet. The Distance Learning Package focuses on the progress of a dependency case from petition filing through conclusion. This includes possible termination of parental rights, permanent guardianship, and adoption. The training was developed as a tool for judges who have not yet had the opportunity to attend the full Dependency Curriculum as required.

As you can see, Arizona has accomplished a great deal in the dependency arena. They are currently working with a contractor to evaluate the changes in their dependency system over the past year. Although it will be a year before the report is completed, Arizona court officials feel certain that the changes that they have made will have a positive impact on dependent children.

Other states could benefit from the work that Arizona has done if there was a system for transferring the information and products they have developed to those other states. Although they have accomplished much within their own state, Arizona court officials also see the need for additional training and technical assistance. In particular they cited the need for training on the Indian Child Welfare Act (P. L. 96–262) and the Multi-Ethnic Placement Act (P. L. 103–382) and on the new federal rules for implementing ASFA that were published on January 25, 2000. As to the types of technical assistance that may be needed nationally, they cited the need to assist courts with (1) developing standards for attorneys (both private or court appointed counsel) practicing before them, (2) establishing data collection systems, (3) developing judicial benchbooks, and (4) evaluating the progress made by the courts.

Michigan

Michigan is developing a reporting system to assist them in monitoring the ASFA timeframes to insure that the local courts are in compliance. Again, the availability of technical assistance dollars would increase the ability to replicate this reporting system in other states.

The Michigan court system is in the process of designing and implementing a reporting system to gather data on its compliance with the ASFA time frames. The State Court Administrative Office will be publishing an annual report for the State Legislature that includes information and statistics detailing the court's adherence to the ASFA time frames and specific reasons for any failures to meet any of the time frames. On a monthly basis, the State Court Administrative Office will issue a Permanency Indicators Report to each judge that tracks seventeen indicators. The seventeen factors follow:

1. Number of days from removal to hearing;
2. Number of days from placement to commencement of trial or acceptance of plea;
3. Number of days from removal from home to adjudication (petition closed);

4. Number of days from adjudication to commencement of initial dispositional hearing;
5. Number of days from commencement of initial dispositional hearing to entry of Order of Disposition;
6. Number of days from dispositional order or last review hearing to new review hearing;
7. Number of days between permanency planning hearing date and review hearing date;
8. Number of days from original filing to permanency planning hearing;
9. Number of days from trial to termination hearing;
10. Number of days from petition to termination hearing;
11. Number of days from termination hearing to decision;
12. Number of termination hearings (granted, denied on motion, and dismissed/withdrawn);
13. Number of children made permanent wards;
14. Permanency outcomes (return home, kinship care, adoption, permanent foster placement, independent living, and guardianship);
15. Cases with disrupted permanency;
16. Number of days from removal to permanency; and
17. Cases that have not reached permanency.

Michigan is in the process of piloting this tracking and reporting system. The knowledge that they gain in this project will be most helpful to other states. As stated previously, having a mechanism to transfer knowledge and products from one state to another would benefit many states.

COSCA Recommendations

We ask your consideration of two recommendations—(1) modify the Social Security Act to make federal funding available for reimbursing the costs of training for judicial and non-judicial personnel and (2) appropriate technical assistance funds targeted at the needs of courts.

As mentioned previously, I have attached for your information a copy of a resolution that was adopted by the CCJ and the COSCA at their last annual meeting on August 5, 1999. While this resolution goes beyond the scope of our testimony today, it does represent the support of the two Conferences for ASFA and our respective commitments to the effective implementation of ASFA.

Courts have been and will continue to be creative and leverage resources from a variety of sources to assist them in meeting their responsibilities and your expectations for the effective implementation of ASFA. We ask your consideration in making federal resources available to accomplish that end result. Additional federal resources will allow state court systems to go a long way toward effectively implementing ASFA.

Thank you for giving COSCA, and through it the state judges of our country, an opportunity to be heard on this important issue. I would be glad to address questions from the Subcommittee.

Chairman JOHNSON of Connecticut. Thank you very much, Judge.

Mr. Hardin?

STATEMENT OF MARK HARDIN, DIRECTOR, CHILD WELFARE, AMERICAN BAR ASSOCIATION CENTER ON CHILDREN AND THE LAW

Mr. HARDIN. Madam Chair, Congressman Cardin, Congressman Camp, thank you very much for the opportunity to testify, and I want to say first how delighted I am with your remarks and also the testimony previously from Congresswoman Pryce and the Senators which demonstrate your concern and your knowledge of the key role of the courts in foster care improvements and also your commitment to improvements.

I am speaking today specifically on the importance of training for attorneys in achieving safety and permanency for children, and es-

pecially the importance of training to achieve the goals of the Adoption and Safe Families Act. And I will cover four points: first, the critical role of attorneys in protecting children and achieving the goals of ASFA; second, the unique and demanding nature of legal practice in child protection cases; third, current problems in performance of attorneys in these cases and how it is related to training issues; and fourth, how effective attorney training with Federal help, can help protect children, ensure fairness to families, and accomplish the goals of ASFA.

My first point was that attorneys play a vital role in affecting the future of these children. You are already very aware, as your remarks indicate, that courts play a central role in planning and decisionmaking for children in foster care. Well, it is attorneys who largely control the flow of information that reaches the judge. And when attorneys are unaware of vital facts important to children's safety and treatment and, therefore, don't present them to the judge, there is a greater possibility of tragic judicial mistakes.

Effective attorneys are vital to the success of the Adoption and Safe Families Act. Agency attorneys, for example, need to know how to trouble-shoot and move their cases. Agency attorneys need to learn how to pursue the difficult and challenging cases instead of waiting for years to bring them forward when they have become easier in court due to the length of stay of the child in foster care.

Effective attorneys for parents and children are also crucial to the success of ASFA. Because of the tighter ASFA deadlines, basic fairness makes it especially important that the attorneys for parents and children perform well.

Second, I want to point out that child protection law is very specialized and very demanding. Very few attorneys outside our field appreciate the challenges and complexity. Child protection cases involve a unique set of hearings, each with very specific purposes and specific strategies. There are also very many legal issues unique to child protection law, including special issues related to confidentiality, unique constitutional questions, evidentiary issues, administrative law procedure. There are likewise many non-legal areas that attorneys need to know about, like child development. You referred to substance abuse. They need to understand something about that, and they also need to understand about child abuse.

Another challenge for attorneys is the particular severity of child and family problems in child protection cases. One or more parents may well have difficulties with substance abuse, serious psychological disorders, character disorders, and may be involved in criminal behavior. Likewise, children often have serious psychological problems often due to the abuse and neglect, learning disabilities. My point, of course, is that attorneys need to have training in all these subjects, legal and non-legal.

Attorneys also deal with very large and complex organizations including the child protection agency, law enforcement, a wide array of public and private service providers as well as with mental health and medical professionals.

My third point was that the performance of many attorneys in child protection—while we are working on it and making progress—is still deeply flawed due to a lack of systematic training. I am sorry to say that in many courts attorneys still often meet

their clients just a few moments before the beginning of court hearings. And there are places where this is still common practice and even accepted.

My final point is that effective training can make a major difference. Training can explain the special ethical obligations of attorneys. Federal training monies through Title IV–E matching funds can help develop performance standards for attorneys and educational programs to explain those standards. Training materials can summarize law, describe the hearing process and, explain key legal concepts. With more stable funding for training, agencies and courts can set up standard curricula that all attorneys are expected to learn. Attendance can be made mandatory, and attorneys can be held accountable for what they are supposed to learn at those programs.

To sum up, there are many other crucial issues such as performance measurement and computerized performance measurement systems. While improvements in training will not solve all the problems in attorney or court performance, it ultimately will make a major difference in the lives of abused and neglected children and their families.

So, again, I will just say how much we appreciate the opportunity to speak to you today. Thank you very much.

[The prepared statement follows:]

Statement of Mark Hardin, Director, Child Welfare, American Bar Association Center on Children and the Law

Madam Chair, members of the Subcommittee, thank you for the opportunity to testify this afternoon.

I am Mark Hardin, Director of Child Welfare at the American Bar Association Center on Children and the Law. For over 22 years, I have specialized and provided training in legal issues concerning child abuse and neglect, foster care, and adoption. I have also testified here a number of times in the last 20 years. I submit this testimony at the request of the President of the American Bar Association, William G. Paul of Oklahoma City, Oklahoma.

The ABA has supported court reforms and improvements of the system that serves children who have been abused or neglected dating back to the 1970's. We have focused particularly on the role of judges and attorneys in child abuse and neglect and foster care cases in the nation's juvenile and family courts. I am speaking today on the importance of training for attorneys in achieving safety and permanency for foster children and especially in achieving the goals of the federal Adoption and Safe Families Act. I will discuss four points:

- The critical role played by attorneys in protecting children, achieving justice for the parties, and achieving the goals of the federal Adoption and Safe Families Act of 1997 (ASFA).
- The unique and challenging nature of legal practice in child protection cases.
- Current problems in the performance of attorneys in foster care litigation, and how that is related to a lack of training.
- How effective training for attorneys can help protect children, ensure fairness for parties, and achieve the goals of ASFA.

My first point is the critical role played by attorneys in determining the future of abused and neglected children.

You are already aware, I'm sure, that courts play a central role in planning and decision making for children in foster care. Courts must make a whole series of pivotal decisions concerning each child in foster care. Without a well functioning court system, children's safety is compromised, families are needlessly broken up, and children languish for years in foster care instead of permanent homes. Without well functioning courts, the goals of ASFA cannot be achieved.

Judges cannot serve families and children effectively without competent and well-prepared attorneys. Attorneys largely control the flow of information to the judge. Attorneys decide what witnesses, evidence, and arguments to present. When attorneys are unaware of vital facts important to the children's safety and treatment,

these facts may never be brought to the judge's attention. Without complete relevant information, judges' decisions may well be ill informed or even tragically mistaken.

Effective agency attorneys are vital to the success of the Adoption and Safe Families Act. They must be able to troubleshoot and identify problems in advance, such as failure to locate key parties and relatives. They must help prepare findings for the judge that will move the case forward later. They must be willing to pursue the difficult and challenging cases and not wait years for them to because easier because the child has already stayed so long in foster care.

Knowledgeable and trained attorneys for parents and children are equally crucial to filling the goals of ASFA. Given the tighter timeframes for decisions that are required by the Adoption and Safe Families Act, it is particularly important that attorneys for parents and children effectively and diligently represent their clients. If parents' attorneys are unprepared, family relationships more likely will be severed unfairly or needlessly. If children's attorneys or guardians ad litem do not perform well, children's needs may not be met in foster care and the ASFA decision timelines may be frustrated.

Child protection law is a very specialized and demanding area of practice. It remains a little known area of the law, and few attorneys appreciate its challenges and complexity. Child protection cases involve a unique series of hearings each with specific purposes. For attorneys, each hearing requires a special set of strategies and careful preparation. There are no close analogues for child protection hearings in different areas of the law. There are also many legal issues unique to child protection law, including special issues of evidence, constitutional law, administrative law, and procedure. Likewise, there are many non-legal issues attorneys must understand such as child development, substance abuse, and basic principles of child abuse and medicine. Attorneys need to understand the unique way these issues are presented in child protection cases. They need training to gain this understanding.

Another factor adding to the challenges of child protection law for attorneys is the severity of child and family problems in child protection cases. For example, in the majority of child protection cases, one or more parents has difficulties with substance abuse. More often than not, parents often have serious disabilities, psychological disorders, character disorders, or are involved in criminal behavior. We know that a disproportionate number of foster children have psychological problems (often due to the abuse or neglect), learning disabilities, and other critical issues and disabilities.

Still another difficult challenge for attorneys is that they must deal with large and complex bureaucracies, especially the child protection agency. Attorneys must understand how these bureaucracies work in order to represent their clients effectively. In addition to the public child protection agency, attorneys must effectively work with law enforcement, a wide range of public and private treatment providers, schools, and medical and mental health professionals.

Finally, child protection cases present unique legal strategies. An attorney who is familiar only with criminal or civil practice is unlikely to appreciate these strategies. For example, attorneys need to understand that criminal defense strategies in defending a parent in juvenile court usually is counter productive for their client and family, serving only to delay the case. Child protection attorneys also need to understand the unique ongoing oversight role of the court and how to develop strategies for the different steps in the case.

The performance of many attorneys in child protection cases is inadequate. This is directly related to a lack of systematic training. Recently, under the federal court improvement grants, the nation's state court systems evaluated their own performance in child abuse and neglect. The American Bar Association prepared a summary of the findings of these state court self-assessments.

The self-assessments found a very real need for improvement in the performance of attorneys. In many places, low standards of preparation and performance prevail. In many courts, some attorneys meet their clients for the first time only a few moments before the beginning of hearings. No other pre-hearing preparation occurs.

In addition, many attorneys don't understand their special roles in child protection cases. One report described new agency attorneys coming to court and actually asking caseworkers what they, as the workers' attorneys, were supposed to do. Other reports describe attorneys not understanding either law or strategy in these cases.

Many state court self assessment reports said that attorneys handling child protection cases not only are often inexperienced in child protection cases, but often also quickly move on to new areas of law. This fact adds to the need for systematic and early training for all attorneys taking on these cases.

Effective training for attorneys can make a major difference in their performance. Training can explain the special ethical obligations of attorneys in these cases.

Training moneys can help develop performance standards for attorneys and then establish programs where practitioners learn what is expected of them. Training materials can also summarize child protection law, describe the hearing process, and explain key legal concepts and issues.

With more stable funding for training, agencies, bar organizations, and courts can set up standard curricula that all attorneys are expected to learn. Attendance at such training should be required. Attorneys can be more easily held accountable for performing in accordance with their training. They can receive rapid instructions in new legal developments, through materials, face-to-face training, and videotapes. If administrative costs under Title IV–B of the Social Security Act are made available for this purpose, attorney training will realize major advances.

While improvements in training will not solve all the problems in attorney and court performance, it can translate into significant performance improvements, and ultimately will make a major difference in the lives of abused and neglected children and their families.

We appreciate the opportunity to testify and will submit more complete written testimony at a later time.

Thank you very much.

Chairman JOHNSON of Connecticut. Thank you very much, Mr. Hardin.

Ms. DeLay?

STATEMENT OF CHRISTINE DELAY, VOLUNTEER, FT. BEND COUNTY CHILD ADVOCATES PROGRAM, RICHMOND, TEXAS, ON BEHALF OF NATIONAL COURT APPOINTED SPECIAL ADVOCATES ASSOCIATION, SEATTLE, WASHINGTON

Ms. DELAY. I am honored to be invited to speak to you today, Madam Chairwoman and Mr. Cardin and Mr. Camp, about court-appointed special advocates, CASAs, and the role they play by helping courts and the different social services make informed decisions in the best interest of children.

First, I would like to thank you and applaud the subcommittee's leadership for your work last year on the Foster Care Independence Act. I am a CASA volunteer with the Child Advocates of Fort Bend County in Richmond, Texas, and my husband, Tom, and I have been foster parents for a number of years. We are well acquainted with the support and services that older teens need when they are transitioning out of foster care into becoming self-sufficient. I recognize that this legislation will be instrumental in helping young adults transition into independent living.

The committee is considering increasing the training of court personnel, including court-appointed special advocates. Let me tell you why this is important.

CASAs are citizen volunteers appointed by the juvenile and family courts in cases of abuse or neglect. The volunteer is an independent voice focusing exclusively on what is best for the child. The courts and the child protective service agencies are dealing with overwhelming caseloads. CASAs only have one or two cases at a time so they can give each child's case the sustained personal interest it deserves.

The volunteer reviews, records, researches information, and talks to everyone involved in the case before making a recommendation to the court about a particular child's placement and their needed services. The CASA remains on the case until it is resolved, the

same CASA, as the child's tenacious advocate for a safe and permanent home. Sadly, sometimes this takes years.

It is easiest to illustrate the CASA volunteer's unique ability to effectively advocate for children by citing real cases. I want to share one with you. The names and identifying information have been changed to protect the confidentiality of the people involved.

The story takes place in my home county of Fort Bend, Texas. It was in the fall of 1998, and our CASA program entered a courtroom expecting to attend a third and final termination of parental rights hearing for a specific case. The drug-addicted mother of three little boys had relinquished her rights 6 months earlier. The father of the boys was a career criminal that no one could find. Previous hearings had resulted in two 30-day continuances at the request of the court-appointed attorney for the father. Despite a year's worth of work by both CASA and CPS to locate the father, his whereabouts were still unknown.

When the CASA arrived at the courthouse, she heard the same old song and dance. The father's attorney needed more time and the other attorneys in the case, including the children's attorney, were willing to agree to yet one more continuance. However, the CASA would not stand for it. She told the rest of the professionals assigned to the case that enough was enough.

She went on to tell them, "I represent three little boys who deserve a permanent home. They have been waiting for over a year for us to free them for adoption. The foster parents want to adopt, and they have been here three times now hoping the termination would be granted. We can do better than this. I don't want them to go home empty-handed today."

She stated that the father couldn't be found because he didn't want to be found. It was imperative for the parties involved to shift their focus to the welfare of the children. Therefore, she would not agree to a continuance and would ask the judge to go forward. She did, and he did.

That night, Mark, Scott, and Nathan learned that they were going to be adopted by their foster parents and they would have what they had never had in their young lives—a permanent home.

This story illustrates the need for all court personnel to be trained in the requirements of the new Federal laws. Today there are nearly 900 CASA programs throughout the country. In 1998, the courts appointed CASA volunteers to the cases of 183,000 children representing more than one-third of the children in foster care. These volunteers are the eyes and the ears of the court, and they are critical to the implementation of the new adoption laws. But training alone will not change the hearts and minds of a culture. Cultural change will only come when we as a society really believe that children's safety and well-being must be paramount.

In the best interest of our children, I would recommend to this committee that you support training of CASA volunteers as well as the judges and attorneys. I am sure you recognize this, and I do want to thank you the committee for passing H.R. 3073. We were very upset that it was not—that it died in the Senate. But we are hopeful that the training provisions will be reintroduced and passed again.

Thank you.

[The prepared statement follows:]

Statement of Christine DeLay, Volunteer, Ft. Bend County Child Advocates Program, Richmond, Texas, on behalf of the National Court Appointed Special Advocate Association, Seattle, Washington

Madame Chairman and Members of the Subcommittee,

I am honored by your invitation to speak today about the Strengthening Abuse and Neglect Courts Act.

First, I would like to thank and applaud the Subcommittee's leadership for your work last year on the Foster Care Independence Act. I am a CASA volunteer with the Ft. Bend County Child Advocates Program in Richmond, Texas. My husband Tom and I are also foster parents. From my experience as a CASA volunteer, I am very well acquainted with the support and services that older teens need when they age out of foster care and must become self-sufficient.

When Congress approved the Adoption and Safe Families Act [ASFA], it established a national standard that a child's safety is of paramount concern in cases of abuse and neglect. What's more, that foster care should only be a "temporary" situation in the precious short time of childhood. Children should be placed in safe and permanent homes as quickly as possible. The Strengthening Abuse and Neglect Courts Act [SANCA] will bring much-needed resources to our juvenile courts to more effectively manage the backlog of children's cases already in the system, and to move new cases more expeditiously.

Among the resources provided to courts through SANCA is the expansion of Court Appointed Special Advocates (CASAs). CASAs are citizen volunteers appointed by the juvenile and family courts in cases of child abuse, neglect or abandonment. The volunteer is an independent voice, focusing exclusively on **what is best for the child.** CASAs handle just 1 or 2 cases at a time, so that they can give each child's case the sustained, personal attention it deserves. The volunteer reviews records, researches information and talks to everyone involved in the case, before making a recommendation to the court about a particular child's placement and needed services. The CASA remains on the case until it is resolved, as the child's tenacious advocate for a safe and permanent home.

The role of the CASA volunteer becomes even more critical under the shorter timeframes of ASFA. The courts and agencies are still dealing with overwhelming caseloads, yet have less time to devote to an individual child's case. CASAs are an assurance that a child has an advocate who will take the time to thoroughly research the child's situation and that important facts are not overlooked. CASA volunteers are typically appointed to the more complex children's cases—those in which the best solutions for a child's safe placement are difficult to discern. CASA volunteers will delve deep into a child's situation, including locating and speaking with extended family members, and report this information to the court.

Today there are nearly 900 CASA programs throughout the country. In 1998, the courts appointed CASA volunteers to the cases of 183,000 children, representing more than ⅓ of the children in foster care. **More than 30% of all children in foster care live in just ten cities—the country's largest cities. CASA volunteers advocate for** *7,000 children* in these cities. Yet that is just a little more than 4% of the children in care—an estimated total of 162,000 children in the 10 largest cities.

SANCA will expand the capacity of CASA programs in these urban areas to advocate for more children, and to assure that these children do not get lost in systems that are so overwhelmed.

The legislation will also provide for CASA expansion by establishing programs that can serve children across multiple rural jurisdictions. There are already CASA programs throughout the country—from New York, to Indiana, Oklahoma, Texas, New Mexico and California—that are serving children residing in rural areas across two and three counties. SANCA will enable the National CASA Association to promote and support this model in the 387 rural court jurisdictions that are still without CASA advocacy.

In rural Southeast Texas, the Supreme Court Task Force on Adoption has piloted a cluster court in a 10-county area. The judge travels among the 10 counties and specializes in just child protection cases, rather than myriad cases typically handled by rural county courts. The cluster court can serve as another model for rural expansion from a central location.

Thank you for your attention and the opportunity to speak before you today.

Chairman JOHNSON of Connecticut. I would point out, it hasn't died. It is suffering from benign neglect. [Laughter.]

Chairman JOHNSON of Connecticut. And we still have a chance to get the proper focus upon it, and we will appreciate your help and the help of all of you advocates in the room to accomplish that goal.

Mr. Moorman?

STATEMENT OF RONALD H. MOORMAN, EXECUTIVE DIRECTOR, CHILD CARE ASSOCIATION OF ILLINOIS

Mr. MOORMAN. Madam Chairperson and members of the subcommittee, I do want to thank you for the opportunity to testify today and recognize the fact that the testimony that I am going to give is beyond the scope of just talking about court training. It has to do with another whole sector of the child welfare community that is in desperate need of training resources, and that is the private sector, and the link between what we do in the private sector and what we do in the court system is extremely important.

My name is Ron Moorman, and I represent 108 voluntary, not-for-profit child welfare agencies in the State of Illinois, and these are agencies that basically deliver the full range of child welfare services, foster care and adoption and reunification services. The testimony that I am giving is supported fully by our Governor, George Ryan, and also by other organizations in our State such as the Catholic Conference and the Jewish Federation.

I am very, very proud of the role that the private agencies provide in the State of Illinois. Illinois is a two-sector system, and it has a very, very strong base of voluntary not-for-profit child welfare agencies. It is a true public-private partnership that is, I think, a hallmark of our system. This is true, and not just in Illinois, but in many other States as well.

I do need to point out that in the past several years, under the impetus of the Adoption and Safe Families Act, Illinois adoption rates have grown in record-shattering numbers. We had 9,500 wards that moved to adoption in FY 1999. We had 6,600 in the FY 2000. We have 6,100 projected for this year. If we include reunifications in that number, we will move approximately 13,000 children through the court systems in Cook County.

In order to achieve that record, Illinois places priority emphasis on a dual public-private sector approach to the delivery of child welfare services. In fact, Illinois purchases over 80 percent of its foster care services from private child welfare agencies.

As the numbers demonstrate, that process works, and what is critical to that is a dedicated, committed, and well-trained workforce. That is absolutely essential if we are going to meet the performance standards that, in fact, you have set up for the system. Unfortunately, current Federal policies financially penalize Illinois for its reliance on private sector agencies in the delivery of child welfare services. I am testifying here today to urge you to rectify what we perceive to be perhaps an unintended but clearly unfair statutory policy.

As required under Title IV–E of the Social Security Act, training funds for public child welfare programs are reimbursed at a 75 percent matching rate by the Federal Government. This incentive ensures that States do invest in training public child welfare workers for the work that they have to do. However, the current law does not provide States the same financial match incentives to train child welfare workers from private child welfare agencies. Plainly, this structure of the Federal training match unfairly discriminates against States like Illinois that have a strong private sector child welfare base.

As I said, Illinois currently purchases over 80 percent of the foster care services it provides from private agencies, and I simply have a hard time believing that it was ever your intention to exclude private agencies from these critically needed resources. That doesn't correlate with the vision and the wisdom that you recently displayed in passing the Adoption and Safe Families Act.

In closing, I would stress that States such as Illinois which make innovative and successful use of private agencies in the delivery of child welfare services must be able to take advantage of the same incentives and reimbursement opportunities for training that States that rely on a public child welfare system do. So we would urge the members of the subcommittee to take immediate steps to rectify this inequity and pass corrective legislation this year that will ensure the continued success of public-private partnerships to better the lives of children and families in need.

Madam Chairman, in the press release that was put out for this hearing, you had a quote that said, "Every child deserves a safe and loving home," and that is why it is important to have well-trained and qualified judges to make crucial decisions about children involved in abuse and neglect. And while that is certainly true for judges and it is certainly true for CASA, it is equally true for those individual caseworkers, public and private, who on a daily basis hold the lives and futures of countless children and families in their hands.

I thank you for your consideration, and I urge your help with this request. Thank you.

[The prepared statement follows:]

[Attachments are being retained in the Committee files.]

Statement of Ronald H. Moorman, Executive Director, Child Care Association of Illinois

Madame Chairperson, Members of the Subcommittee, thank you for giving me the opportunity to testify today on critical issues related to child welfare. My name is Ronald Moorman and I am the Executive Director of the Child Care Association of Illinois (CCA), which is a voluntary, not-for-profit organization established in 1964, dedicated to improving the delivery of social services to the abused, neglected, and troubled children, youth and families of Illinois. This testimony enjoys the full support of Governor Ryan and many other child welfare organizations in Illinois, such as the Catholic Conference and the Jewish Federation.

I testify here today with great pride in describing the strong private sector base of the child welfare system in Illinois and want to underscore the strong public-private partnership that is a hallmark of our system and those of several other states. Ensuring the safety of Illinois' children, the availability of stable care, and the establishment of permanent placements are of utmost importance to those of us in both the public and private sector who are participants in the delivery of child welfare services to children and families in Illinois. Clearly, successful outcomes for children and families in the child welfare system depend heavily on the availability of a qualified, highly trained workforce in both the public and private sectors. Today

I will focus my remarks on a critical problem facing the child welfare system in America and steps that must be taken to guarantee the continuing availability of such a trained workforce in Illinois and in other states with similar child welfare systems.

In the past few years, under the impetus of the Adoption and Safe Families Act, Illinois' adoption rates have demonstrated the success in child placement—9,514 wards to adoption/guardianship in FY1999, 6,623 in FY2000, and 6,112 projected for FY 2001. Additionally, dedicated efforts have been targeted at ensuring that children's needs within the State's foster and substitute care systems are quickly and appropriately met with the right types and levels of services. In order to achieve such strong and successful results in our child welfare system, including high rates of adoption and a "wrap around" service delivery system, Illinois places priority emphasis on a dual public/private sector approach to delivering child welfare services in the state. In fact, Illinois purchases over 75 percent of the foster care services it provides from private child welfare agencies.

The Governor of Illinois and the Illinois Department of Child and Family Services fully expect our provider agencies to meet high performance and outcome standards. We strongly support that expectation. Also, to meet such a challenge and to guarantee that children and families receive quality care, a high premium is placed on ensuring that both public and private workers are thoroughly trained. We fully support that assumption. As adoption numbers alone clearly demonstrate, such collaborative working relationships help ensure that the vast needs of children are efficiently met throughout the state. Moreover, a dedicated, committed and well-trained workforce is absolutely essential to meet federal performance standards.

Unfortunately, current federal policies financially penalize Illinois for its reliance on private sector agencies in the delivery of child welfare services. I testify here today to urge you to rectify what we perceive to be perhaps an unintended, but clearly unfair, statutory policy. As required under Title IV–E of the Social Security Act, training funds for public child welfare programs are reimbursed at a 75 percent matching rate by the federal government. This incentive ensures that states invest in training public child welfare workers to work effectively with abused and neglected children and their families. The current law does not, however, provide states the same financial match incentives to train child welfare workers from private child welfare agencies. Plainly, the structure of the federal training match unfairly discriminates against states that have a strong private sector welfare base, like Illinois, which as I stated previously, currently purchases over 75 percent of the foster care services it provides from private sector agencies.

States such as Illinois should not be penalized for the private sector commitment of its non-profit child welfare agencies and their creative use of private resources in meeting the needs of children and families. Changing the current federal welfare training match to include training for private welfare agency workers must occur. The investment of federal monies in this training effort would ultimately be to the benefit of all parties involved. In fact, in Illinois, officials at all levels in both public and private sectors believe that extending the incentive to train private agency workers will ultimately result in a less expensive child welfare system.

Finding permanent homes and safe environments for children who enter the child welfare system, whether in foster care or adoptive families, requires a highly trained and committed workforce. The extensive efforts in training the child welfare workforce in Illinois has contributed to Illinois' recent successes—the state is among the nation's leaders in the number of adoptions from foster care. Permanency results will continue to improve and children will spend less time in foster care if the entire system—public and private—is well-trained and focused on similar child protection and permanency goals. An enhanced federal matching rate will help achieve these goals.

In closing, I would like the Members of the Subcommittee to remember that given rapidly changing public policy, service delivery standards, and best clinical practices, it is imperative that ongoing training for welfare workers be available. States with innovative and successful use of private agencies in the delivery of child welfare services, such as Illinois, must be able to take advantage of the same incentives and reimbursement opportunities for training private workers in the best clinical practices as are available to states whose systems are built on public workers. Do we as a nation genuinely want to push states toward a fully public child welfare delivery model as the current statutory language does, or do we want to foster and build the valuable private sector strengths of states like my own?

We urge Members of the Subcommittee to take immediate steps to rectify this inequity and pass corrective legislation this year that will ensure the continued success of public/private partnerships to better the lives of children and families in need. Thank you for your time, and I would be happy to answer any questions.

Chairman JOHNSON of Connecticut. Thank you. As the former chairman of a nonprofit children's agency, I hear exactly what you are saying. It is bizarre, isn't it, that we have—

Mr. MOORMAN. It truly is bizarre. It doesn't make sense.

Chairman JOHNSON of Connecticut. No one in their right mind would imagine that, you know, government agencies are going to do all this work. I personally don't know of a State in which that is the case. Maybe there is one, but certainly Connecticut has also a very developed public-private partnership providing the services to this group of children, and we have already begun getting estimates on that issue.

You raise some very interesting points as a panel. Certainly you all make a compelling case for training of volunteers, of lawyers, of judges, of court personnel, and the training that people need in these areas, that was very helpful, Mr. Hardin, for you to line out not just the complexity of the legal issues but the ethical issues and the child development, the human development information that you really need to have at least some grasp of.

So if you are going to have this level of training and sophistication, it seems to me States should not be allowed to rotate their judges through the children's courts. You know, I just don't see how we do this anymore. You look at some of the big complex mergers and acquisitions, and I certainly would want a judge that would have some experience in that level of complex case. And we are reaching that same level of complexity in family law, and the body of information that you need that is non-legal and the knowledge of the agency network and so on and so forth. So it isn't just a matter of coordination. It is a matter of coordinating well-trained parts, well-informed people.

Judge Leuba, in Connecticut—or, actually, you know, you represent the court administrators across the country. Are courts moving now to letting people specialize in this? Should part of our effort, if we are going to spend money on training, should we also reward States that are willing to get people to specialize in this work?

Judge LEUBA. My own view for Connecticut, we do rotate judges as a general rule, but judges who want to stay working in a particular area do so. And my experience in Connecticut is that a very large percentage of our judges do stay from year to year.

We do find, however, that over the long haul there is what I am going to call, for lack of a better term, burnout. And when you get a judge who has been in a court for a long time and just can't stand to go and listen to one more of these problems, it is my responsibility, I think, to the court that the judge is leaving to find someone else who is appropriately qualified, train that person, and get them in the place where they are needed.

Connecticut is just one of the States. You will notice in my testimony I highlighted what they are doing in Arizona. They are developing online training programs so that judges who are moved into that court are trained before they get there. We haven't had an online system in Connecticut, but we are doing annual training pro-

grams when court judges change assignments. So they will be trained in the areas, and the training funds which you could unleash in this process will assist courts across the country to be sure that any judge that is assigned to a court dealing with child protection issues will be adequately trained. And I hope a lot of that will come from computer programs.

I asked my own chief administrative judge in the juvenile area what their biggest need was, and it was in the training of judges in the computer world and the development of computer programs for training. So I think that is going to be of assistance to courts that do move judges around from time to time.

Chairman JOHNSON of Connecticut. Mr. Hardin, in discussing the really desperate need of lawyers for some better training, it is sort of like post-specialty training in medicine. You suggested that we might even want to require that to practice in this arena that you have completed certain courses as a matter of professional credentials.

That raises the issue of if you are going to offer the level of training that really we need in many ways, you are going to give a lot of people in the court system credentials that should have educational—they should be recognized by the education system, they should be recognized as accomplishments, and they should be rewarded in the pay structure.

Mr. HARDIN. I agree with that. The courts are beginning in some instances to set up mandatory training programs, but they haven't gone as far as they might go in terms of expecting people to actually demonstrate competence. And they haven't gone as far as they need to go in creating really systematic curricula that people are actually expected to master to perform in this field.

Chairman JOHNSON of Connecticut. And, Ms. DeLay, the same kind of question to you. If we put the money into training and you testified that volunteers need it as well, we would certainly have to reward the volunteers for that level of investment in education with certificates and degrees. You know, we have certificate programs for people who work in nursing homes as nurse's aides. And when you look at the level of responsibility that volunteers take in this system, it really not only bespeaks a right and an obligation for training, but some recognition on our part. I hope you will think about that and see how we might do that.

The other question I wanted you to address was: Is it common for CASA volunteers to have as much influence in a case as that really remarkable experience you described?

Ms. DELAY. It is in child advocates of Fort Bend County. Our CASA is very strong, and it goes back to our leadership. We have a wonderful executive director and staff, and—

Chairman JOHNSON of Connecticut. So do you have training for volunteers that is quite extensive—

Ms. DELAY. Oh, yes, we do. You go through a minimum of 30 hours of training before you ever get a first case, and then you have to complete, I don't know, a certain amount of trainings throughout each year in order to keep your ability to be able to volunteer.

Chairman JOHNSON of Connecticut. And you have no problem getting volunteers? This is a pretty demanding volunteer job.

Ms. DELAY. We have a smaller county, so we have enough volunteers for every child that comes into the court system. However, some of the larger counties like Harris County in Texas and Los Angeles County in California, they don't have nearly enough. But they do send a CASA to court with each child even though the CASA doesn't work with that child throughout the year.

Chairman JOHNSON of Connecticut. Doesn't have the personal relationship that is possible in the smaller districts.

Ms. DELAY. Yes.

Chairman JOHNSON of Connecticut. Well, thank you for your dedication to that movement. This makes such a tremendous difference. I appreciate it.

On the other issue of credentialing, would that make it harder to get volunteers or might it be an incentive?

Ms. DELAY. Not in my experience. I mean, we are pretty open for every bit of training they can get. It is a very passionate group of people.

Chairman JOHNSON of Connecticut. How many hours a week do CASA volunteers put in?

Ms. DELAY. Well, it varies a lot. A week before last, I was just assigned a new case, and I probably spent 30 hours the first week I had it and maybe 20 the second. And then we don't go to court again until April the 26th, and I probably won't put in more than 15 hours between now and then.

Chairman JOHNSON of Connecticut. That is very interesting because, you know, both of my daughters are stay-at-home moms after, you know, a number of years of professional working. And, you know, if we gave credentials for completing that kind of training, you set yourself up later on when you want to go back part-time or full-time with a very impressive record as a volunteer and documentable experience. Interesting.

Judge Grossmann, when you look at the variety of—the breadth of training demand and the need for continual training—I mean, you can't just do this once and let it go. Are there already seminars going on in your State on other issues? We passed some pretty complicated legislation in recent years like the Multi-Ethnic Placement Act. Do you have training sessions going on that are looking across agency lines and that would be easy to use to fold this additional burden in?

Judge GROSSMANN. Yes, there are two sources within the State. We have, of course, the Ohio Association of Juvenile and Family Court Judges that cooperate with the supreme court in putting out training sessions and systems that are very useful in bringing on judges as they become new to the bench, and ongoing training for those that have been there for a good while. And then the National Council does a fair amount of training, as is outlined in some of my written testimony, which is also accessible.

But the challenge is great. The turnover, you touched on a very serious point when you said shouldn't there be some tenure in this office. I remember going out to California a number of years ago when they were first trying to struggle with the fact of bringing their juvenile court judges into some kind of status where they could stay on long enough to at least find out where the key to the washroom was.

The problem is very serious when you have fungible judges and they move in for a year or two and move out, and they have no clue as to how this system functions. So that is a very, very serious need.

But, yes, there are tools which, with some funding assistance, could be spread even wider than they are now.

Chairman JOHNSON of Connecticut. Well, I do appreciate the seriousness of the burnout problem, and when you are burned out, I don't care what your profession is, you really need to have the right to move on. But also, if the system works better, we will have a little less burnout.

Judge GROSSMANN. That is right.

Chairman JOHNSON of Connecticut. It is just so terribly frustrating.

Mr. Moorman, would you like to add anything before I turn to Mr. Cardin?

Mr. MOORMAN. Not really.

Chairman JOHNSON of Connecticut. Okay. Thank you.

Mr. Cardin?

Mr. CARDIN. Thank you, Madam Chair.

Let me just jump in a little bit on the rotation or the expertise or the burnout issue because I think it is more than just that. I do think the richness of our court system benefits from judges rotating to different service, so I think it is not just the desire to make sure that a judge is trained in a particular area and knows the agencies that are involved and the community involved, which is true in any part of law that a judge has to deal with.

It is also the fact that traditionally at our circuit court levels we felt that it is important for the administration of justice for judges to have a broad experience and not to just concentrate in one area.

Some legislatures have disagreed with that by setting up family courts, which have worked very well in many parts of the country where they deal with family issues, including children issues.

Regardless of what system is used, the judge needs to be trained, and I think that is the point, and judicial personnel needs to be trained. And I think the point that each of you have made is that there are not adequate resources nor have there been parity in resources in the judicial branch of government for training the court personnel to deal with this. And, obviously, our subcommittee recognized that last year in the fatherhood bill, and the Senators that were here are committed to trying to do something about that. So I think we all can work together to try to deal with that specific issue.

Mr. Hardin, your point about lawyers I thought was very interesting. It is not a very lucrative field of law for attorneys. Many times the lawyer who gets involved in this area may do so for a couple of years or for a very small part of his or her total practice. And it even, I think, cries out more for the courts to be adequately trained because in children's issues, the court can exercise more discretion than it can when dealing with adults. So it points together again the main focus here, and that is to modernize and train—have enough resources to make sure that our court personnel are adequately trained in this area. So I think you all have made an excellent record for us on this, and we certainly hope that

we will be able to move forward on the legislation that passed the House and perhaps broaden it. The legislation introduced by our Senate colleagues is broader than in our bill, and I think there is a lot of interest on our side to see this effort made even more comprehensive.

Ms. DeLay, I have one question for you, and that is—it really follows up on Mrs. Johnson's point, and that is, in your experience, are the courts paying attention to the CASA volunteers' recommendations or information? Is it having the type of impact on the system that you think is correct?

Ms. DELAY. Our family court judge does. It depends on, obviously, the judge. I would say when we disagree with any other part of the case, whether we disagree with CPS or maybe the family's attorney, I would say about 90 percent of the time he goes with CASA because we know the case better than anybody else. We spend more time, and he is interested in the best interest of the child, and these other people, certainly not CPS, but their clients may be somebody else.

Mr. CARDIN. Well, I really do applaud your efforts and the efforts of the volunteers, and I noticed that Congressman Tom DeLay was here for most of our hearing. I am sure it had nothing to do with your presence. [Laughter.]

Mr. CARDIN. But we certainly thank him very much for his leadership on the passage of the Foster Care Independence Act, and we hope that we can get Tom DeLay and President Clinton together on more bills so we can get some more things done. [Laughter.]

Ms. DELAY. No promises. [Laughter.]

Mr. CARDIN. I can understand that.

On the Adoption and Safe Families Act, I would like to get the response particularly from those that have been involved in the administration enforcement of those provisions as to how those requirements are working. Are we having the permanency hearings? Are we dealing with the termination of parental rights? Are we complying with the terms of that act and certainly the intent of that act to have more timely determination hearings? Whoever would like to—Mr. Moorman?

Mr. MOORMAN. Yes, I would just like to speak from the private sector and from the Illinois experience. I can absolutely guarantee you that is happening in the State of Illinois, and the timelines are being met. There has been a very aggressive and I think a very positive response on the part of the court systems in Illinois. And as I said in my testimony—the results are there. I have been in the child welfare system for about 30 years in Illinois, and this is a new experience and a new era, and this piece of legislation definitely pushed that button. It is an entirely different experience. It does, back to my testimony, also accelerate the need for a very well trained staff to be able to meet the court requirements that are now in this bill. So lots of pieces fall together here, but it is having, in Illinois—I can just speak for Illinois—a remarkable effect.

Mr. CARDIN. Good.

Judge LEUBA. In Connecticut, you would see the same result. I am not sure it would be so dramatic. I don't have the statistics. But, really, ASFA has stood the system on its ear because for many years, as you know—and I am sure that is what led to your ac-

tion—the emphasis was on the reunification, so much so that everyone in the system was spending all their efforts on reunification, and now I think the Congress has made it clear to the States that it is necessary to take into consideration the children rather than the reunification as the primary goal in the whole process.

Mr. CARDIN. The timelines of the act in Connecticut are being complied with?

Judge LEUBA. The timelines are moving. The training will help us to do more of that. In Connecticut, we have increased the judges from 9 to 16 in recent years, and the more we can add to it, the more we will add to it because we need more not just judges but courtrooms and staff. It is a multidisciplinary problem, as you know, and everybody has to participate. You just can't throw the judges in. It has to be a team effort.

Mr. HARDIN. Our observation nationally is that ASFA is certainly having a lot of good impact. Its effects are uneven in that they are stronger in some States than others, the impact is much greater in some courts than others, the knowledge of ASFA varies from place to place throughout the country. And I guess also when I say knowledge, I don't just mean knowledge in a very simple sense of a few of the requirements, but knowledge of what it takes to actually make it work.

For example, regarding the permanency hearing, the big difference in an ASFA permanency hearing from what used to exist is that it is supposed to be a very careful, thoughtful, methodical decision about what the permanent home of the child is going to be. In order to have a really meaningful permanency hearing, it takes time. The court has to set aside more time for that hearing, and the people who are participating in the hearing have to be better prepared and they have to really have put more thought into their decision, and they have to be less willing to accept continuation of the status quo.

So I see this as an ongoing process with ASFA. We have seen some dramatic improvements, particularly some of the places that were the most troubled, and it is very gratifying, for example, to see what they have done in Chicago. But there is still considerable room for improvement to truly consistently carry out the requirements of ASFA.

Judge GROSSMANN. I would second what Mark says. There is a substantial improvement in places, but there is a lot of work to be done. And there are a lot of courts that are not meeting those timelines. There are a lot of children that are still languishing. So it is not over yet.

Mr. CARDIN. Thank you.

Chairman JOHNSON of Connecticut. Two very brief questions. Mr. Moorman, you recommend that we reimburse training for nonprofit agencies in the same way we reimburse training for government agencies. In some parts of the country, for-profit agencies play a very big role, and is your recommendation for just nonprofit or all private sector child-caring facilities that contract with the State or something?

Mr. MOORMAN. I think the issue here is that whoever is involved in the life of a child or a family needs to have the training. I think that is a critical piece here. I think that is the issue. If you are

going to be involved, you have to be trained and you have to have the type of experience and background to be able to do it.

Chairman JOHNSON of Connecticut. And let me just ask, one of the other big groups of volunteers in the system are the citizen review boards. How effective are they and do they need to be included in the training network as well? What is your experience with them, if any? I will ask this of the next panel, too. It may have really more direct—

Judge GROSSMANN. Well, the citizen review board system has been useful and continues to be useful, but it is not a substitute for the court doing its own reviews.

Chairman JOHNSON of Connecticut. Members of the citizens review, they get involved at an earlier level of case review. Do they play any role similar to the CASA role in the legal setting?

Judge LEUBA. Not in Connecticut.

Mr. HARDIN. Some States have much stronger foster care review boards than others. They are not similar to CASA programs to the extent that individual members don't go and investigate particular cases. But the boards do sit and review cases carefully, and they also play a role in some States in identifying and advocating for improvements in particular aspects of the system. So if they are seeing something in case after case that is wrong about the adoption process, et cetera, they can sometimes be quite effective in advocating for resources or policy changes.

Also, in States that have particularly strong programs, they can be important in individual cases.

Chairman JOHNSON of Connecticut. Thank you very much, and I thank the panel for your testimony. It has been very, very helpful.

Now let me call Kristine Ragaglia, the commissioner of the Connecticut Department of Children and Families, accompanied by Thomas Kirk, the deputy commissioner of the Connecticut Department of Mental Health and Addiction Services, a partnership that is addressing itself to the substance of the bill introduced by our Senate colleagues; Nancy Young, director of Children and Family Futures, from Irvine, California; Mary Nelson, administrator of the Iowa Division of Adult, Children and Family Services, on behalf of the American Public Human Services Association; and Gale Saler, the deputy director of Second Genesis, Bethesda, Maryland.

Nice to have you with us, too. Frank Horton, our former colleague in the House, highly esteemed and very effective former member. Thank you, Frank.

We will start with Commissioner Ragaglia. Thank you.

STATEMENT OF HON. KRISTINE D. RAGAGLIA, COMMISSIONER, CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, AND THOMAS A. KIRK, JR., PH.D., DEPUTY COMMISSIONER, CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Ms. RAGAGLIA. Thank you very much. Good afternoon, Madam Chair. Thank you very much for the opportunity to testify today on the topic on the relationship between child protection and substance abuse. My name is Kris Ragaglia. I am the commissioner of the Connecticut Department of Children and Families, which is a

multi-service agency in Connecticut which serves child protection, mental health, substance abuse services for children, juvenile justice and prevention activities. I am here today with Dr. Thomas Kirk who is the deputy commissioner of our adult mental health and substance abuse system called DMHAS, Department of Mental Health and Addiction Services. DMHAS is the State's lead agency for substance abuse services, and I understand that we—I just wanted to check the clock. I understood we have 6 minutes for our joint presentation here this morning—this afternoon. We have submitted written testimony. What I would like to do is highlight some of the issues.

We know that when we look at our caseload that drugs and alcohol is a factor in about 60 to 70 percent of all of our cases. It is certainly a greater factor in our cases that are neglect cases as opposed to abuse cases, although it has been identified as a significant factor, 81 percent, in abuse fatalities in a Connecticut study that covered a two-and-a-half-year period from 1995 to 1998.

I can tell you as an attorney who used to represent our child protection agency several years ago that a majority of the cases where kids are in out-of-home care actually involve substance abuse.

Before 1995, child protection cases involving substance abuse followed a basic pattern; we didn't have the expertise to identify and address parental substance abuse as an issue in those cases. We didn't consider ourselves as being in any way responsible as child protection workers for identifying the issue or ensuring that families actually got to treatment or followed through, and what tended to happen was that cases lingered. It didn't really matter if they were in-home or they were out-of-home cases. They lingered within our system. The only time that they did not linger was when kids were injured, either through neglect or through abuse.

Unfortunately in 1995, we had a series of child fatalities in Connecticut, and it was very clear to us when we looked at those cases that substance abuse was the primary factor, and it was not identified, and we didn't know what we were doing in that area. We knew that we needed to better train our workers to recognize the signs of substance abuse. We knew that we needed immediate access to expert evaluations and screenings. We knew that we needed priority access to services. Hence, back in 1995, Project SAFE, which stands for Substance Abuse Family Evaluation, was born in Connecticut, and I think it is probably one of the first statewide programs that links child protection with the adult substance abuse system.

We sat down and we worked with a private provider. At that time DMHAS was not involved. We developed a central intake system for referral from both our investigations and our treatment workers. We developed priority access for evaluations and screenings. All of this was funded through our child protection system to a tune of $1.6 million.

We hired substance abuse specialists in our regional offices. We added pre-service training that was mandatory for workers as well as in-service training, and we felt that we were starting to make a difference because at least it was on our radar screen.

Since 1995, we have made 25,000 unduplicated referrals for evaluation and screening. We have about 5,000 new referrals per year.

Sixty-seven percent of these referrals actually showed for the evaluation, and 56 percent of the people who came for the evaluation actually needed treatment or were recommended for treatment.

We determined we needed to figure out a better way to make sure that people who are in need of treatment on our caseloads get to that treatment. Around that same time, ASFA came in with the 12-month requirement, and we said we really need to get moving here because we need to prove to the court that we have made reasonable efforts to reunify.

Shortcomings of the program were identified. First, was the treatment model. It really wasn't for women, and it certinly wasn't for women with children. We were also concerned that we were missing a good opportunity to have early prevention activities for the kids involved with these families. Treatment didn't really address issues around a cause for the use or misuse of the drug and alcohol. The approach failed to address related issues like housing and drug-free living environments.

So, quickly, because I know that Tom Kirk is watching the clock tick, we said we cannot do this alone, and we turned to our counterpart, our adult mental health system, and asked for their assistance and, hence, Phase II of Project SAFE was born.

Mr. KIRK. Thank you, Chair. It is a privilege to testify before you today on the important issue of children, families, and recovery. I am Dr. Thomas Kirk. I am deputy commissioner of the Connecticut Department of Mental Health and Addiction Services.

Treatment does work. But today's traditional treatment settings work better for some than others. Last year in Connecticut, we treated about 27,000 adult persons in our treatment system. The majority of those persons are what might be called the more typical substance abuse treatment population, 72 percent were men, 28 percent were women, the average age was about 34, the primary substance of abuse, was alcohol, which was about 60 percent, close to 50 percent of cases used heroin, about 45 percent used cocaine. I mention this and emphasize it, and I will emphasize it repeatedly, this is not the profile for the cases that are coming into the system through the Department of Children and Families.

The system in Connecticut, in response to the challenges that we have in terms of providing care, has emphasized access; the adult treatment system has been responsive. As we began forming the partnership with the Department of Children and Families, there were several things that stood out, and simplistic as it may sound, one of the major things we tried to attend to. The question was who was the client? Well, if I am in the adult treatment system, the client is the mother and father sitting before me for treatment. If I am in the DCF system, it is not the same.

How is this population different from the entire treatment population? To be maximally effective, treatment services must be tailored to the individual needs and circumstances of the patients involved.

Let me quickly tell you in the time remaining some of the things we found. One of them was that the 25,000 cases that were referred through the Department of Children and Families, 5,000 each year, they are not the same as the typical adult treatment population. Number one, their use of marijuana is about twice

what it is in the traditional adult population. Fifty percent don't use heroin. It is more like about 10 percent. So what we find is that these 5,000 cases, represent an expansion on the 27,000 that we are doing, and very, very important, it is not just a matter of expanding the treatment population to respond to them, it is providing the right kind of care.

The University of Connecticut has one of the major grants from the Federal Center for Substance Abuse Treatment to work on services for marijuana dependence. Their reports will be out in June. So if I left you with a couple of points, one of them would be: number one, your emphasis on children as part of the system here is critically important, but we also have to understand that the adult treatment system, it doesn't have the capacity to treat those persons; and, furthermore, the type of persons coming in for care are different. When you heard Senator Rockefeller talk about engagement and retention in care, those are not terms that we used 5 or 6 years ago, but they are clearly messages that have to be built into the system of care at this point in time.

My time is up, or it is close to being up. Let me have a couple of additional points. The numbers are higher and the type of care that is being provided is different, so that the kinds of things that DCF and our agency have worked on the last couple of years are geared toward a format that says we are going to add another component to the treatment system, but now we are going to call it the family recovery system. It pays attention to the individual. It pays attention to the child. The type of outcomes that are built in are different. But, furthermore, the kind of care that must be provided is not the same as what we have in our current system.

Thank you.

[The prepared statements follow:]

Statement of Hon. Kristine D. Ragaglia, Commissioner, Connecticut Department of Children and Families

Good afternoon, Madam Chair and Members of the Subcommittee on Human Resources. Thank you for the opportunity to testify before you today on this important topic. My name is Kristine Ragaglia, and I am the Commissioner of the Connecticut Department of Children and Families (DCF). With me today is Dr. Thomas Kirk, Deputy Commissioner of the Connecticut Department of Mental Health and Addiction Services (DMHAS). In our state, DCF is mandated to provide mental health, substance abuse and protective services to children. DMHAS is responsible for the adult population and is the state's lead agency for substance abuse services.

I would like to begin by commenting on the extent of substance abuse among families involved with the child protection system and the challenge this presents for achieving permanency for children within the timelines mandated by the Adoption and Safe Families Act (ASFA). I would then like to highlight and comment on Connecticut's Project SAFE (Substance Abuse Family Evaluation), an innovative and collaborative approach to dealing with these issues. Dr. Kirk will then discuss the specific treatment needs of this population and the importance of developing working partnerships between child welfare agencies and substance abuse providers in the effort towards improving outcomes for children and families.

The rise in substance abuse among many of the parents involved with the child welfare system has complicated the system's efforts to protect children. Substance abuse is extremely destructive and is a major factor leading to the abuse and neglect of children. The impact of substance abuse on children is a critical issue. Over the last 10 years, the number of abused and neglected children has doubled nationwide, from 1.4 million in 1986 to more than 3 million in 1997. Substance abuse was a factor in 70 percent of those cases. The impact of drugs and alcohol abuse in such cases is dramatic and has been identified as a contributing factor in a significant number of child fatalities. It is estimated that 5 children die each day as a result of neglect and abuse. Children whose parents abuse substances are almost three

times more likely to be abused and four times more likely to be neglected than other children.

If substance abuse issues are left unaddressed, many of the system's efforts to protect children and to promote positive change in families will be wasted. We need to break the cycle of the intergenerational transmission of substance abuse and child abuse and neglect. Children with substance abusing parents are more likely than other children to suffer from significant developmental delays and have a higher risk of developing substance abuse problems as adults. In addition, these children are more likely to abuse and neglect their own children when they become parents. Moreover, children of substance abusing parents have an increased likelihood of being placed in out-of-home care.

Given the often difficult task of identifying and securing appropriate and timely substance abuse treatment for parents whose children are in out-of-home care, children have historically remained in placement longer than might otherwise be necessary. As you are aware, the federal government enacted ASFA in 1997 in an effort to address this concern and the need to move children into permanent living arrangements as quickly as possible following placement into foster care. Connecticut supports the goals of ASFA and the emphasis it places on timely permanency for children. More specifically, ASFA set out shortened timelines for seeking terminations of parental rights and requires the states to seek termination of parental rights within 15 months of a child entering foster care unless certain exemptions apply (i.e. the child is placed with a relative, there is a compelling reason that termination is not in the best interests of the child, or appropriate reunification services were not provided). These shortened timelines have increased the urgency and need to target substance abuse prevention and treatment services for parents involved in the child welfare system.

Connecticut has addressed these issues by developing and implementing an innovative program called Project SAFE. The program was initially developed in 1995 to improve the child protection system by screening for substance abuse, and Gov. John G. Rowland provided leadership in making the necessary changes in the child protection system. Project SAFE was one of the first programs to directly link the child protection system with the adult substance abuse treatment system on a statewide basis. The program presently provides centralized intake procedures and priority access to substance abuse evaluations, drug screens, and outpatient treatment services.

As a result of this collaborative program, direct line social work staff in DCF have an ability to secure timely substance abuse evaluations and screenings in cases where substance abuse issues are identified. Since the program began, DCF staff has made over 25,000 unduplicated referrals for substance abuse evaluations and screenings, and there are approximately 5,000 new referrals a year. By tracking clients, we have been able to monitor the show rates for evaluation screening and outpatient treatment as well as retention in treatment. These efforts have assisted us in maximizing resources.

At the time Project SAFE was created, DCF began to hire substance abuse specialists to serve as consultants to social workers in the regional offices. This provided the needed expertise and training for the DCF social workers to make the program work between the two systems and created the necessary infrastructure. The results of Project SAFE have also provided the court system with necessary information regarding access to and availability of substance abuse services in Connecticut.

We found that the Project SAFE client is likely to be new to the adult treatment system and to present with complex and multiple needs. Almost 60% of the referrals from Project SAFE are women. Approximately 67% of clients referred for a substance abuse evaluation keep the appointments, although some areas having show rates of above 75%. More than 56% of those evaluated receive recommendations for substance abuse treatment. Given that a significant number of clients are found to require substance abuse treatment following the initial evaluation, there is a clear need for collaboration with and access to necessary and appropriate treatment programs.

As noted above, ASFA created new challenges for Project SAFE by creating shortened timelines for developing permanency plans for children and by emphasizing the state's responsibility to provide reasonable efforts to reunify children with their parents following placement into foster care. There was a clear need to create a strategic plan for Project SAFE in collaboration with DMHAS that would meet the complex needs of our clients within the timelines mandated by ASFA. We needed to identify and assess the impact these new requirements would have not only on DCF but also on the substance abuse treatment system. The child protection system could not address the issue of substance abuse on its own. The substance abuse system needed to begin addressing issues such as gender, family functioning, trauma

and parenting skills. Similarly, the child protection system needed to gain knowledge about substance abuse screening and treatment.

To address these needs, a new strategic planning partnership was created in 1998 called Project SAFE Phase II. This collaboration has provided an opportunity to improve screening, assessment, bridge the gaps in data and knowledge, develop joint outcome measures, enhance children's services and share in resource development.

Connecticut's Alcohol and Drug Policy Council provided the support and leadership for this interagency collaboration by developing client-based models. One model was developed for women and children that focused on the specific and unique needs of these clients. In addition, in an effort to promote reunification of families when appropriate, Connecticut implemented a program called Supportive Housing for Recovering Families. Based on the client-based model, the program supports and assists clients in finding safe, drug-free housing and provides in-home intensive case management services for parents who have made substantial gains in their substance abuse treatment and plan to be reunified with their children. The early success rate based on the criteria for those entering the program is close to 80%. One reason this program works so well is that the service closely monitors the parent's compliance with adult outpatient substance abuse treatment.

The new partnership between the child protection system and substance abuse providers has created innovative and unique opportunities for research and education regarding substance abuse, child development and prevention. While parental substance abuse may increase the likelihood of out-of-home placement for children, studies show that the overwhelming majority of children affected by parental substance abuse remain in the custody of their parents.

There are a number of projects that we are involved with in collaboration with the academic community to help break the cycle of substance abuse and child abuse and neglect and to assist in maintaining children in their own homes whenever possible. These projects include integrating parenting groups within substance abuse treatment settings. More specifically, the Relational Psychotherapy Mother's Group in New Haven, Connecticut has found that mothers receiving this service were at lower risk for maltreating their children, reported higher levels of involvement with their children and greater parental satisfaction compared to mothers who did not receive this service.

The experience in Connecticut is that substance abuse can and should be identified by the child protection system. The challenge lies in developing and maintaining working partnerships between the child protection system and the substance abuse treatment system and in developing, implementing and funding effective treatment and prevention programs.

To discuss these challenges, I'd like to introduce my colleague, Dr. Thomas Kirk, Deputy Commissioner of DMHAS. Thank you again for giving Connecticut the opportunity to testify before you today on this important and timely topic.

Thomas A. Kirk, Jr., Ph.D., Deputy Commissioner, Connecticut Department of Mental Health and Addiction Services

Thank you. It is a privilege to testify before you today on such an important issue: children, families and recovery. I am Dr. Thomas A. Kirk, Jr., Deputy Commissioner for the Connecticut Department of Mental Health and Addiction Services.

Treatment does work. But today's traditional treatment settings work better for some than others. The traditional treatment system is geared primarily for the "majority" population of drug abusers (male heroin users with criminal justice involvement) and treatment slots and strategies for women (marijuana users with young children) are often not available.

Let me tell you a story about Cathy J. She has had periodic episodes of excessive drinking over the past few years, and especially so in the past six months since separating from her abusive husband. This 32-year-old mother of two now lives with friends who also drink. Depression disturbs her sleep and precipitates episodes of rage, usually directed at her son, Jack. Jack, who used to be a good student, is now failing in school. Cathy is determined to make things better, but she needs help.

We know that approximately 1.84 million American women per year, like Cathy J., are abusing alcohol or drugs (U.S. Public Health Service). We also know the impact of these women's substance use on their children is huge:

Use of substances during pregnancy causes significant problems for the fetus (Brown & Zukerman, 1991).

During childhood, these children are at risk for emotional and behavioral health problems (Hawley et al., 1995).

Women who abuse substances are more likely to abuse and neglect their children (Kelly, 1992).

Women who abuse substances are usually themselves past victims of childhood sexual abuse. Among women in inpatient substance abuse programs, about 75% report childhood sexual abuse (Rosenhow et al., 1988). This history of trauma leaves women more likely to have problems with self-injury, eating disorders, abusive relationships, as well as abusing their own children. To be effective, programs for women must treat trauma. They must focus on nurturing relationships and provide gender-specific group treatment for women who have been victimized by men. They must provide childcare, focus on parenting, and place more attention on other barriers facing mothers who are substance abusers, such as their immediate needs for safe housing and jobs.

In our work with the Connecticut Department of Children and Families around Project SAFE, Phase II, we have learned that we must understand, "Who is the client?" and "How are they different than the entire treatment population?" To be effective, treatment services must be tailored to the individual's needs and circumstances. To answer these questions, we have developed a system of assessment to determine: (1) risk to the child, (2) readiness for treatment and (3) the severity of the substance abuse problem.

Because of the early identification provided through Project SAFE, Connecticut is seeing an expanded treatment population. This expanded population requires a new service mix that our current service system can not fully address. These services fall outside of the parameters of our current funding sources.

Women are entering the treatment system in earlier stages of the addiction cycle. The client is not only the individual with a substance abuse problem, but also her children and family. We need to build a range of service options that fit these circumstances.

Our service system needs to be able to build a *family recovery plan* rather than focusing solely on the individual. We need to look differently at our expectations for outcomes, considering the health and safety for the children, quality of life, and other critical factors for family life. We need to build into that system engagement specialists that may work with a client for weeks or months to develop her readiness for treatment. Once actively engaged, retention specialists can sustain and expand the duration in treatment. This is what Connecticut is doing!

What works for women and their families?

Case management is effective in getting and keeping women in treatment by tailoring programs to their individual needs and addressing barriers to getting to treatment (Erickson et al., 1997; Brindis & Theidon, 1997). Case management is associated with decreases in substance use, increased enrollment in educational and vocational programs, reduced legal involvement, improved child birth weight, and increased social support (Linehart et al., 1996), as well as retention in treatment (Haller, 1991).

Focusing on child welfare can be a helpful, motivating factor in treating women (Coletti, 1980), and permitting substance abusing women to live with their children during treatment is associated with longer stays in treatment (Hughes et al., 1995; Szuster et al., 1996).

Using a family focus for treatment, and especially parenting training, improves self-esteem and parenting attitudes (Camp & Finkelstein, 1997).

Providing attention to trauma issues along with substance abuse treatment results in greater improvements in substance use, and fewer trauma-related symptoms (Najavits et al., 1998).

In Connecticut, we are finding that using women in recovery as engagement specialists, outreach workers, and other peer support roles significantly improves the likelihood of connecting women to treatment and other support services.

The message I would like to leave you with today is that filling this newly identified gap in treatment—services mentioned above using a family-based model—will result in healthier and safer children and families. Filling the gap will provide an opportunity to break a tragic cycle of abuse and addiction that is handed down from generation to generation.

Thank you.

References

Blending Perspectives and Building Common Ground: A report to congress on Substance Abuse and Child Protection, U.S. Department of Health and Human Services (DHHS) 1999.

No SAFE Haven: Children of Substance Abusing Parents by The National Center on Addiction and Substance Abuse (CASA) 1999 Columbia University.

McCurdy, K and Daro D. Current trends in child abuse reporting and fatalities: The results of the 1993 survey annual fifty-state survey. Chicago, National Committee for Prevention of Child Abuse 1994.

Connecticut Department of Children and Families Substance Abuse Study prepared by Tere Foley, 1994.
State of Connecticut Project Safe Phase II 1999, by Dr. Nancy Young, PhD.
Connecticut Alcohol and Drug Policy Reports 1999 and updated report for 2000.
Luthar, S.S. and Suchman, N.E. Relational Mothers' Group: A developmentally informed intervention for at risk mothers. Development and Psychopathology, in press.

Chairman JOHNSON of Connecticut. Thank you very much.
Dr. Young?

STATEMENT OF NANCY K. YOUNG, PH.D., DIRECTOR, CHILDREN AND FAMILY FUTURES, IRVINE, CALIFORNIA

Ms. YOUNG. Good afternoon, and I bring greetings to you from the president of our organization, Sid Gardner, who had fond memories of working with you in Connecticut. He wouldn't let me go home if I didn't start by saying that.

Chairman JOHNSON of Connecticut. First supporter of Anderson as president.

Ms. YOUNG. That is right,

I was asked to talk about the scope and prevalence of the substance abuse problem in child welfare, and there are a couple of things that I'd like to mention about that. First is that there is a range of ways that we have looked at the problem. If we focus first on the larger population in the general population, if we look at an elementary school classroom, say there are 30 kids in that classroom, three of them are living with a parent who is alcoholic or needs treatment for illicit drug use, 11 percent of the kids in our country. So if you are talking about 11 percent of the kids in the country, it sets the context for that more narrow population of almost 550,000 kids who are living in out-of-home care.

Clearly, those 8.3 million that are living in a family where there is an alcoholic or someone who needs treatment for illicit drug abuse, not all of them are abusing or neglecting their children. Many of them are. And if we look at that narrower population of those that have abused or neglected their children, how many of those have alcohol and drug problems, it depends on how you ask the question, it depends on who you ask the question of, and what population you are looking at.

But as you mentioned earlier, generally the range is—if you ask workers, they will say at least half of their caseload. If you do a case review, look at the actual case that comes in, about 60 percent. In Sacramento County that has done some pretty in-depth studies and has an assessment process in place, that has looked for about the last 4 or 5 years and tried to differentiate that population to not just somebody who has a substance abuse problem, but the extent of that problem. They ask, somebody who is using? Is that somebody who has got some negative consequences as a result of that use and is a substance abuser? Or is that somebody who has crossed over the line, that the chemicals in their brain have changed, creating the compulsion to continue to use that substance, regardless of the negative effects that it is having on their family?

And when they differentiate that population, they are able then to make a differential response, so they are using their treatment resources a bit more wisely by being able to say these are the parents who need to have intensive services and these are parents who we can serve in outpatient.

So, again, the estimated prevalence changes. It depends on how you ask it and when you ask it and of what population. All of those estimates are not great data, and I used to—just even up until probably 6 months ago, you would have heard me say we need better data, and I think I have a written point that says we need better data. But the prevalence of is over half of the population—and there hasn't been one of these estimates that has said it is not over half, so where then is the 60 percent response? Where is the response in the child welfare system and in the alcohol and drug treatment system that says it is the majority of the kids?

Someone made a statement in the first panel about these kids—or the families are dysfunctional families. Perhaps it is a dysfunctional coping skill that is being used by families that have been impacted by abuse and neglect for more than one generation. Over three-quarters of the women who come into our publicly funded treatment system have suffered trauma as a child, either abuse or neglect. So I guess part of the point is: How do we turn the system around to keep that from happening in a second generation or a third generation if we look at that larger number of kids who are being affected by substance abuse who also are in the child welfare system? In my written testimony, I have provided a table that gets at some of those estimates trying to extrapolate the estimates into the total numbers of children and families affected.

The numbers point out some big gaps, and a couple gaps that I think we need to emphasize. One is the gap in workers that can work across systems, that understand the other system enough that they are able to look at families in a different way, that look at family recovery, as Dr. Kirk mentioned, how to intervene for those children. At present, I know of only one State that has developed a system that tries to intervene on behalf of the children of substance abusers, regardless of their parents' receiving treatment and recovering or not. So turning that system around I think is a big gap.

The gap in data systems, the gap in treatment resources, we talk about the competition that goes on among women client groups. You heard that women are only about a third of the publicly funded treatment admissions, and among those third, we have different client groups that get different kinds of entry into the system. But it is a real competition to get a woman, and particularly a woman with her children, into the publicly funded treatment system.

This committee has heard me testify before about the clocks that are operating in the lives of these families, the TANF clock, twenty-four months on the TANF clock to be in work participation and 60-month lifetime; the ASFA clock with 12 months for a permanent plan; the recovery clock that says at least an early recovery, one day at a time for the rest of our lives; and the child development clock that is one of those clocks that doesn't stop regardless of what we legislate, and how to pay attention to that.

Recently, I have become aware of a fifth clock, and that is a clock on us. How long do we get? If our clients get 24 months to be in a work activity and they get 60 months in their lifetime, if they get 12 months to have a permanent plan for their child, how long do we get as policymakers? We have known about this problem at least a decade. We need a partnership between the two agencies that are able to work on systems and work on the gaps that we have in the system, to fill those gaps and to work together to make that happen.

Thank you very much for my time today.

[The prepared statement follows:]

Statement of Nancy K. Young, Ph.D., Director, Children and Family Futures, Irvine, California

Thank you for inviting me to testify on the impact of parental substance abuse on the placement of children into foster care. I have been asked to address the issue of the prevalence and scope of substance abuse problems among the population affected by the Adoption and Safe Families Act (ASFA). I'd like to make four primary points on this topic today:

1. the overall number of children affected by parental substance abuse;
2. the estimated prevalence of substance abuse among child welfare cases;
3. the degree of substance-related problems within child welfare services; and,
4. the implications of this information on the implementation of the Adoption and Safe Families Act (ASFA).

Before I talk about ASFA prevalence and scope issues, I think we need to focus for a moment on the prevalence in the larger population that concerns all of us—among the nation's nearly eighty million children and their parents.

If we think of the typical classroom, which these days contains nearly thirty children, the National Household Survey on Drug Abuse tells us that in that classroom there are three children who are affected a great deal by substance abuse. Eleven percent of our children live in a household where at least one parent is dependent on alcohol and/or in need of treatment for illicit drugs. That's more than eight million children in the country, and that is the context for our narrower, but very significant data on the child welfare system.[1]

In that system, the most detailed studies performed have documented percentages of children impacted by alcohol and other drug use by their parents ranging from 60% to over 75%. In dependency courts, anecdotal evidence indicates that over 90% of dependency court cases are affected. The range of estimates depends on which population is under scrutiny and how the problem was estimated.

- In studies that have surveyed workers in public and private agencies, workers state that at least alcohol and/or other drugs significantly affect 50% of families with substantiated child abuse/neglect allegations.[2]
- In multiple sites across the country—Sacramento County, Oregon, Connecticut—when assessments have been conducted or open child welfare cases have been reviewed, the estimates consistently indicate that alcohol or other drugs (AOD) have played a significant role in the abuse and neglect of 60% of those cases.[3]
- Among young children in urban areas of two states (California and Illinois), 78% were estimated to be in out of home care due to parental substance abuse.[4]

---

[1] Huang, L., Cerbone, F. & Gfroerer, J. (1998). Children at risk because of parental substance abuse. In Substance Abuse and Mental Health Administration, Office of Applied Studies, *Analyses of Substance Abuse and Treatment Need Issues* (Analytic Series A–7). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Service Administration.

[2] Child Welfare League of America (1998). *Alcohol and Other Drug Survey of State Child Welfare Agencies.* Washington, DC: Child Welfare League of America.

[3] Young, N.K., Gardner, S.L. & Dennis, K. (1997). *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy.* Washington, DC: Child Welfare League of America and Children and Family Futures (1999). Project SAFE Phase II Strategic Plan. Hartford: Department of Mental Health and Addiction Services and Department of Children and Families.

[4] U.S. General Accounting Office (1994). Foster Care: Prenatal Drug Abuse has an Alarming Impact on Young Children. Washington, DC: U.S. General Accounting Office.

• When cases are reviewed in which the child has been placed in protective custody, estimates are in the 65% to 75% range.[5]

• However, when we ask Dependency Court Judges who see the narrow spectrum of cases who have been placed in out-of-home care, the response is that virtually every case—over 90%—that come into their courtroom has some alcohol and drug problems in the family that affect the well-being of the children.[6]

The following table shows the population of children reported as abused and neglected; the numbers reduce to those who are placed in protective custody. Based on the number of children affected by child abuse and neglect, the estimated number of those children who are also affected by parental substance abuse is shown.

1997 CHILD PROTECTIVE SERVICES[7]

	All Children Affected by Child Abuse/ Neglect	Children Affected by Child Abuse/Neglect ***and*** Parental Substance Abuse
Children Reported	> 3 Million	Unknown
CPS Investigations	Estimated 2 Million	Unknown
Substantiated Cases	984,000	492,000 (50%)[2]
Young Children	~ 490,000*	382,200 (78%)[4]
Placed in Out of Home Care	155,200**	100,800 to 116,400 (65% to 75%)[5]
Population of Children in Out-of-Home Care (3/1998)	~ 520,000	338,000 to 390,000 (65% to 75%)[5]

*Approximately half of substantiated case
**Sixteen percent of victims were removed from the home

Projecting these numbers nationally means that between 300,000 and 400,000 of the children in out-of-home care are from families where AOD problems will determine whether these children can return home to safe, stable families. We must remember, however, that in 1997, there were approximately 905,000 admissions to publicly funded treatment in the entire country. Only 34% of those admissions (306,000) were admissions for women.[8]

Thus in 1997, providing treatment to the mothers of the 155,200 children placed in out-of-home care in a single year would require one-third of all annual women's admissions. Further, providing treatment to the mothers of the entire population of children who are currently in out-of-home care would require virtually 100% of annual admission slots. Finding appropriate substance abuse services for child welfare-referred women and their children is a daily competition among child welfare clients and women who seek treatment on their own, women who are referred by the criminal justice system (particularly drug courts), women referred by primary health care providers (particularly pregnant women), and those referred by the TANF system.

To make the best possible use of these scarce treatment resources, we need to understand better the differences revealed by the data among three kinds of AOD-involved parents:

1. parents who are using a substance,
2. those who are abusing the substance—who are experiencing negative consequences as a result of their use, and
3. those who have crossed over the line to addiction and chemical dependency, in which brain chemistry has been altered in ways, which create a compulsion to continue drug use, despite the negative consequences for the family.

In Sacramento County, which has done detailed studies of these three levels; over 3,000 cases have been assessed for alcohol and drug problems. Among those cases, 7% were determined to not be substance users, one in five (20%) were substance users without substantial negative consequences, another 26% were classified as substance abusers, and 47% were assessed as chemically dependent; 21% were in early stages of recovery at the time of assessment.

---

[5] General Accounting Office (1998). *Foster Care Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers.* Washington, DC: U.S. General Accounting Office.

[6] Personal communications with Judge James Milliken, San Diego Dependency Court; Judge John Parnham, Escambia County Florida Juvenile Court; Judge Robert Hutson, Orange County, California Dependency Court.

[7] U.S. Department of Health and Human Services, Children's Bureau (2000). Highlights of Findings from the 1997 National Child Abuse and Neglect Data System. Http://www.acf.dhhs.gov/programs/cb/stats/ncands97/hl.htm.

[8] National Association of State Alcohol and Drug Abuse Directors (1999). *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Years 1996 and 1997.* Washington, DC: NASADAD.

The State of Connecticut has a well-developed system of screening and assessing for substance abuse problems among caregivers in the Department of Children and Families. In State Fiscal Year 1999, there were over 5,000 substance abuse assessments completed; 56% of clients assessed (2,735) received a recommendation for treatment services.

Despite the differences in studies and resulting prevalence rates, the implications of these numbers in implementing ASFA strongly suggest that we need to address four gaps:

- the gap in workers in both systems who can work across the systems—who have the ability and will to build the bridges that ASFA's timetables now demand;
- the gap in data systems that can document the AOD problems that many states and communities are still failing to capture;
- the gap in treatment for the parents who are willing and able to comply with treatment requirements, especially for women with children in a treatment system that is oriented more to males than to women; and,
- the gap in communications at the worker level and at the top policy levels between CWS and AOD agencies who need to work out agreements on how they will refer and monitor cases so that children can be returned home to stable families where they can be safe.

The good news is that the early innovators across the nation have begun to fill these gaps, using the limited resources now available to them. Some of their experience is captured in the Report to Congress commissioned as part of ASFA that was presented last year and which so powerfully captures the range of policy actions needed to respond to the problem. In addition, we are in the midst of developing case studies of eight of these innovative sites for a monograph that CSAT will publish later this year.

The other good news is that the early innovators have enough experience at this point that they have made changes to their programs and are in a second stage of their initiatives, building on pilot projects and beginning to go to scale. The best examples of this that we are familiar with are Sacramento County and Connecticut's Project SAFE.

Chairman JOHNSON of Connecticut. Thank you, Dr. Young.
Ms. Saler?

STATEMENT OF GALE SALER, DEPUTY EXECUTIVE DIRECTOR, SECOND GENESIS, INC., BETHESDA, MARYLAND

Ms. SALER. Madam Chairman and Mr. Cardin, my name is Gale Saler. I am deputy executive director of Second Genesis, a not-for-profit drug treatment and prevention agency providing residential and outpatient substance abuse treatment and prevention services to adults and children in Maryland, Virginia, and Washington, D.C. One of our programs is Mellwood House for Women and Children. And I am happy to be here today to bring you some good news about the treatment of substance abuse as it relates to child welfare and to offer some opportunities for further improvement.

The women and children's program that we operate was originally funded by a grant from the Center for Substance Abuse Treatment. This past year, as that grant ran out, the Maryland State Legislature at the request of the Governor appropriated the funds to continue that program based on our success and, in fact, worked with us to expand that program.

The treatment program we offer is a modified therapeutic community that allows women to bring up to two of their children up to 10 years of age into treatment with them. The program provided is comprehensive, including substance abuse treatment and education, parenting training, education, work adjustment training, vocational counseling, child care, preschool preparation, children's

therapy, family counseling, family health education, and so on. It is not an easy program. And it is more complex than this brief overview.

The teachers, for example, would be running remedial and GED classes for mothers and a preschool preparation for 4-year-olds in the morning, and in the afternoon operating a study hall for school-aged children, teaching their mothers how to supervise homework and how to advocate for their children in the school system.

We do all of this work with the parents—the mothers and their children for about $152 a day. It is a program that is much better experienced than it is described. We are located only a few miles up Pennsylvania Avenue right outside D.C., and I would welcome you or your staffs to come out anytime and talk to the women and the counselors who are out there doing the work every day.

My written testimony details some of the research and evaluation we and the University of Maryland Center for Substance Abuse Research completed. I just want to highlight a couple of items here, and that has to do with follow-up data that we have gathered on the women at follow-up, which occurred approximately 9 months to a year post-residential treatment. Eighty-eight percent of the women who completed treatment reported no drug use in the days prior to their interview. Fifty-nine percent of the women who had not completed treatment had not used drugs. Eighty-three percent of the completers had negative urinalysis, 47 percent of the non-completers. Fifty-five percent of the completers were employed, 24 percent of the non-completers. Ninety-five percent of the completers had had no further criminal justice involvement after they left treatment, 79 percent of the non-completers. And none of the women who had completed treatment had lost custody of their children. This was true despite the fact that some of the children had come directly from foster care to Second Genesis, and other mothers were in treatment because of pressure from Child Protective Services or the Department of Social Services.

So treatment is having a strong, positive impact and is most effective when mothers complete their treatment. For that reason, we continue to develop interventions directed at increasing the numbers of women who complete their individual treatment programs and remain in ongoing recovery programs.

There are challenges that still exist for us. Even given the availability of treatment dollars, which right now in the State of Maryland we are lucky to have, there continues to be a lack of capital dollars to open additional facilities or expand existing ones. That is a problem that I am dealing with right now in terms of having the treatment funds to expand the program at Mellwood up the street, but not having the capital funds and, in fact, having fundraised the funds to open another facility in Baltimore City, which we have been working on for a number of months, but, again, having difficulty placing and siting and dealing with zoning issues to open that facility.

Another infrastructure problem is finding and training qualified quality staff. In current economic times, counseling, like teaching, is suffering in recruiting and maintaining folks in the field.

The other issue that I would hope this committee would look at is that the monies that we are using to provide the services that

we provide to women and their children are substance abuse monies, and we are, therefore, limited in what services we can provide for the children. We need to be able to access other child-related funding streams to expand the services that are crucial to long-term prevention with these high-risk children. I encourage this committee to provide the needed leadership to ensure that we take those necessary next steps.

Thank you.

[The prepared statement follows:]

Statement of Gale Saler, Deputy Executive Director, Second Genesis, Inc., Bethesda, Maryland

Madam Chairwoman, and Members of the Committee. I appreciate this opportunity to testify on the issue of substance abuse in the child protection system.

For many women with substance abuse problems, the decision to seek, avoid, or refuse treatment centers on their concerns about their children. Recognizing the critical need for residential treatment programs for drug-addicted mothers and their children, Second Genesis, a substance abuse treatment agency serving over 500 clients in the Washington-Baltimore area, applied for and received a 5-year demonstration grant from the Center for Substance Abuse Treatment (CSAT). The primary purpose of the grant was to establish a therapeutic community for women who had severe histories of substance abuse and who wanted to have their children live with them while they were in treatment. In many cases, these were women who had no safe alternative in which to place their children while they were in treatment. With support from CSAT, Second Genesis set up a treatment facility, Mellwood House, so that it could house 21 women and approximately 30 children at any one time.

Studies have shown that chemically dependent women in general have different treatment concerns than do men. Addicted women with children have even greater needs than do others of their gender. According to one study, "In order to manage the drug-dependent woman and her child, it is essential that a comprehensive treatment program be provided. It is necessary to include intensive prenatal management, psychosocial counseling, prenatal/parenting education, [and] psychiatric therapy when necessary" (Finnegan, 1988).

Young children in families suffering from alcohol and/or drug dependency are a high-risk group for various developmental deficiencies and have a greater need for intervention. Risk for behavioral, psychological, social, educational and future drug and alcohol problems can be related to the multiple problems that appear with increased frequency in this population including: lack of communication and social withdrawal; assumption of roles for which a child is not developmentally ready; self-doubt and diminished self-esteem; self-blame; higher rates of anxiety; phobias, insecurity and nightmares; disproportionate symptoms of depression; a higher rate of somatic complaints; centeral nervous system involvement and lower IQ scores and deficient school performance. For the Children, the issues related to intervention are in many ways more complex than for adults. First, it is increasingly recognized that intervention can occur early in childhood before detrimental behaviors—become manifest. Second, intervention for children in chemically dependent families raises issues related to balancing the individual needs of the children, and the reality that they need support in a family environment that is currently dysfunctional (Springer et al, 1992).

The literature demonstrates that providing children and family services in treatment produces many benefits. Drug-affected children can exhibit lasting gains from comprehensive care with early enrichment programs and parental involvement (Smith, 1990). A National Association for Perinatal Addiction Research and Evaluation study showed that infants who are exposed to drugs in utero can catch up the non-drug-exposed children by the age of two if conditions such as motivated mothers and nutritional, medical and developmental assessment and management are provided (Substance Abuse Reports, June 1992).

Perhaps most importantly, bringing children into treatment with their mothers encourages the formation of an appropriate bond between mother and child during developmentally sensitive years.

[Drug-exposed] children, especially, need a safe secure, predictable environment, where medical needs are met and opportunities are provided to compensate for neurodevelopmental immaturities. To maximize the potential for an appropriate attachment, they require a single, loving, consistent interactive caregiver—the body

of evidence that points to the consequences of disrupting an attachment, no matter how tenujous, are compelling reasons for attempting to maintain and strengthen the parent/child bond (Jones, McCullough, DeWoody, 1990). "Keeping families together also lessens the strain on the overwhelmed foster care system, where children of chemically involved parents are the fastest growing population" (Weston et al, 1989).

Second Genesis, Inc., began offering therapeutic community services for women and their children at Mellwood House in June 1994 under the above mentioned CSAT grant. It was immediately recognized that the children who accompanied their mothers into treatment required interventions for delayed development resulting from neglect, abuse, living in violent households and exposure to substances in utero. The unaddressed needs of the children created a significant disruption in the operation of the program. Services for children were not addressed by the CSAT grant so Second Genesis secured an $80,000 grant from the Prince George's County (Maryland) Commission for Children, Youth and Families to contract with the Reginald S. Lourie Center to provide a 12-month study from January through December 1995, to determine the developmental needs of the children at Mellwood House and to provide interventions required to address those needs.

The women who came to Mellwood House for treatment had severe histories of substance abuse and associated problems. On standardized assessment instruments the women filled out at intake, more than half reported beliefs and feelings about parenting that are associated with a risk of child abuse and a need for clinical intervention. At follow-up, six to eight months after leaving the program, the women showed huge increases in holding realistic expectations about children's developmental capabilities and limitations. This was true for both clients who completed residential treatment and for clients who did not. The clients who completed residential treatment also reported dramatic decreases in levels of stress associated with being a parent and also associated with risk for child abuse. Clients who did not complete the program showed no change in parenting stress levels.

Throughout that year, 51 children received developmental testing and 14 mothers and their children attended parent-child groups. The total number of children tested exceeded the projected expectations of the project. All children were evaluated within a month of entry into the program. Assessments focused on sensory processing and reactivity; behavioral and emotional problems as reflected in play and mother-infant interactions and child behaviors; and developmental status.

Eighty-eight percent of the children tested had been exposed to substance in utero, and 12% (6) had not. 15% of the children exposed in utero qualify for developmental services through Maryland Infants and Toddlers Program, the preschool education program, or other school programs because of the nature and degree of their developmental delays. Twenty-seven percent of the exposed children fall into the at-risk category for one or more of the developmental categories listed, placing them at high-risk for developing more serious delays if left untreated. The areas that showed the greatest need for intervention were socialization, daily living skills and communication. Of the non-utero exposed children tested, it is significant that although they represented a statistically insignificant number of the full sample, 25% of them showed developmental problems. That is significant because it indicates that developmental problems point to the impact that socio-environmental variable had on their development. In addition, 23% of the children who were exposed were tested as having significant behavioral problems in at least one area. The children who were so identified were referred for specific interventions including behavior management, play therapy and parental guidance.

Mother-child interactions were evaluated using the Functional Emotional Assessment Scale (FEAS)(Greenspan 1992). This instrument assesses the child's emotional and social functioning in the context of the relationship with his or her caregiver. It also provides a measure of the mother's capacity to support the child's emotional development. The mother is asked to play with her child as she might at home for 14 minutes. These unstructured play observations are videotaped, then the child and caregiver's behaviors are scored for six levels of emotional development:

1. Regulation and interest in the world
2. Forming relationships (attachment)
3. Intentional two-way communication
4. Complex sense of self: (a) behavioral organization of sequential circles of communication; (b) behavioral elaboration of feelings dealing with warmth, pleasure, assertion, exploration, protest and anger
5. Emotional ideas: Representational capacity and elaboration of feelings and ideas that are expressed symbolically
6. Emotional thinking of complex intentions, wishes and feelings in symbolic communication expressed through logically connected ideas

This test is intended for children from 7 months through 5 years of age; therefore, play for children over the age of 5 could not be scored. Based on the results of this test, the mothers and their children showed significant problems in their capacity to self-regulate, to engage in social interactions with others, to demonstrate closeness and attachment for one another, to organize symbolic play, and to represent emotional themes in play. Pre-tests and post-tests measured the functioning of children referred to Mellwood House during 1995. Qualitative observations were made on nine children and their mothers to document changes in functioning after attending the parent-child groups for six months. Some of the changes noted were the following:

For the Mothers:

- Increased trust of staff to meet the mothers' and childrens' needs
- Increased pleasure interacting with their children
- Increased reciprocity in playing with their children
- Emergence of symbolic play with their children
- Controlling anger when confronted with childrens' autonomy
- Tolerating childrens' independence
- Learning that their childrens' needs are separate from their own
- Learning to set appropriate limits
- Increased pleasure sharing with other mothers
- Greater competence with parenting skills

For the Children:

- Diminished signs of depression
- Less crying and fussing
- Increased interest in other children and adults
- Initiated interactions with others
- Increased attachment for mother
- More affectionate to mother and others
- Approach staff to ask for things
- Improved use of language, gestures
- Increased use of symbolic play
- Decreased use of pacifier when developmentally inappropriate
- Improvements in daily living skills
- Better response to limit setting

Based on these results, it was clear that the interventions provided at Mellwood House in 1995 were most helpful to children in improving socialization, daily living skills and self-regulation (e.g. less irritability, greater ability to tolerate transitions). Children with difficulties in the areas of play and sensory processing also showed some progress. The areas that appear least apt to change appeared to be in communication and language, fine and gross motor skills, and attention. Behavior problems may also improve for some children, while others required more intensive intervention than could be provided at Mellwood House.

In 1997, Second Genesis utilized data acquired from the Reginald S. Lourie study to acquire a supplemental grant from the Center for Substance Abuse Treatment that permitted us to enhance children's assessment and treatment services from late 1997 through 1998. Funding to meet the treatment and developmental needs of children has, unfortunately, been sporadic, and is not considered a substance abuse treatment cost. Because childrens' services are not typically "substance abuse treatment," agencies that typically fund substance abuse treatment services for women have been unable to extend funding to provide additional services for the children who accompany their mothers into treatment. And the unmet needs of the children are a serious problem for program that treats women with children.

During the course of the 5-year demonstration grant, CSAT funded an evaluation component designed to evaluate baseline information, client satisfaction, and client outcomes. The Center for Substance Abuse Research (CESAR) of the University of Maryland was contracted by Second Genesis to provide the program evaluation.

Each woman was allowed to bring one or two children under age 11 to live with her at Mellwood House while she was in treatment. Between February 1996 and September 1998, CESAR interviewed 113 clients at intake about the 156 children they brought into Mellwood House. We believe the characteristics of this particular sample of children represent the entire set of children who resided at Mellwood House during the five-year demonstration period. The average age of the children was 4.0 years. Almost half of the children were male, and about 77% of them were African-American. The mothers reported that 45% of the fathers were known to be using drugs.

Many newborns are not tested to see whether drugs are in their blood. Nevertheless, mothers reported that 25% of the children in this sample had tested positive for cocaine, alcohol, and/or other potentially damaging substances at birth. Most of

the children had grown up in poverty. Many had lived in dangerous environments (including crack houses). Twenty-eight of the children (18%) had been homeless at some time in the 2 years preceding treatment. Child Protective Services had previously removed 13% of the children in this sample from the mother's care because of abuse and/or neglect. Twenty-eight percent of the children had not seen their fathers at any time in the year before admission. Another 12% had seen their fathers only once or twice. Interviewers from the Center for Substance Abuse Research (CESAR) at the University of Maryland administered two standardized parenting questionnaires to clients when they entered treatment. The first was the Adult-Adolescent Parenting Inventory (AAPI). The AAPI is an index that measures attentive and nurturing child rearing attitudes as opposed to abusive and neglectful child rearing attitudes. It examines four parenting constructs: (1) Developmental Expectations of Children; (2) Empathetic Awareness of Children's Needs; (3) Belief in Corporal Punishment; and (4) Reversing Parent-Child Roles. The self-report questionnaire includes 32 items to which clients respond with "strongly agree, agree, uncertain, disagree, or strongly disagree."

CESAR summarized AAPI responses from 132 clients who entered treatment during the first 3½ years of the program—from 9/1/94 to 12/31/97. The distribution of scores for empathetic awareness was skewed toward the low end of the scale. Only 7% of the women scored in the high range. Parents who score in the high range tend to create a supportive parenting environment, recognizing their children's needs and accepting their children for who they are. They tend to view disciplining children as a way to foster growth, not as a means of exerting strict control. Thirty-three percent of the women scored in the middle/average range. The majority of the women −59%—had low scores. Low scores indicate that the mother usually views children's wants and needs as irritating and believes that tending to them would spoil the children.

Approximately half (49%) of the women displayed little understanding of appropriate child-parent roles. Their answers indicated that they measured a child's worth by the child's ability to gratify the needs of the parent. Such parents tend to be needy and to display feelings of inadequacy. Forty percent of clients interviewed scored in the average range for this construct and 11% of the clients scored high. Parents who get high scores on this scale tend to recognize the needs of both the child and the parent and to are able to put the child's needs first.

The second parenting questionnaire administered at intake was the Parenting Stress Index (PSI). On the PSI, the mother reports how much stress she is experiencing in her role as a parent in the areas of (1) the child's characteristics, (2) the parent's characteristics, and (3) life stressors associated with the parent-child system. Children's characteristics include adaptability, demandingness, mood, hyperactivity, acceptability according to parental expectations, and children's reinforcement of the parent role. Parent personality and situational variables include depression, parental sense of competence, attachment, role restriction, isolation, and health. The self-report questionnaire includes 120 items to which clients respond with "strongly agree, agree, not sure, disagree, or strongly disagree." High scores are associated with increased risk of child abuse.

CESAR summarized PSI responses from 128 clients who entered treatment during the first 3½ years of the program. (A few women completed the AAPI or the PSI but not both. That is why the sample sizes differ for the two instruments.) A very high percentage of the clients reported levels of stress to the child-parent system that would lead to recommending clinical intervention. Over half (57%) scored in the high stress range (the top 10% of the scale's range) for overall stress to the parenting system. Thirty-two percent of clients scored in the top 10% of the available range for reporting characteristics that indicate feelings of being overwhelmed and inadequate. Similarly, approximately half (46%) of the clients reported that their children's behaviors were in the top 10% of the scale for child behaviors make it difficult to be a parent.

Unfortunately, we had no direct measure of the quality of care a mother gave her children after leaving Second Genesis Mellwood House. However, the AAPI and the PSI have both been standardized and validated as measures associated with quality of care. Furthermore, working with an overlapping but different sample of Mellwood House clients, CESAR did gather data about whether any children had been removed from the mother's physical custody between admission to treatment and the follow-up interview (usually 6 to 8 months after leaving treatment). None of the mothers who completed the residential program had had children removed. This was true despite the fact that some of the children had come directly from foster care to Mellwood House, and other mothers were in treatment because of pressure from Child Protective Services or the Department of Social Services.

CESAR succeeded in locating a high percentage of this set of clients for follow-up interviews. About six to eight months after leaving Mellwood House, 85 of the women from this sample filled out the AAPI (Adult-Adolescent Parenting Inventory) again. Among the 21 clients who completed residential treatment, the number reporting realistic expectations about children's developmental capabilities and limitations increased from 25% to 75%. Among the 64 clients who left against advice or were referred, terminated, or remanded, the number reporting realistic expectations increased from 15% to 61%. From a scientific perspective, these changes were decidedly significant ($p<.01$). Changes on the other AAPI scales—empathy for children's needs, opposition to corporal punishment, and understanding of mother and child roles—were not significant.

71 of these clients completed the Parenting Stress Index (PSI) at follow-up. For the 51 who did not complete treatment, changes in reported stress levels influenced by child characteristics, parent characteristics, and life stressors were all trivial. Both at intake and at follow-up, between 55% and 59% of these women scored in the high stress range, not in the normal range, on each of the PSI scales. The high stress range is associated with increased risk of child abuse.

For the 20 clients who completed residential treatment, the number who scored in the normal range (low risk for child abuse) increased noticeably on each scale. The percentage of these women who scored in the normal range rose from 55% to 90% for stress related to parent characteristics ($p <.05$). It increased on every subscale of the parent characteristics scale: depression, attachment, restrictions associated with the parental role, sense of competence, isolation, and health. The percentages in the normal range for stress levels associated with child characteristics and with life stressors also increased, but the changes were not large enough to be statistically significant.

Unfortunately, we had no direct measure of the quality of care a mother gave her children after leaving Second Genesis. However, the AAPI and the PSI have both been standardized and validated as measures associated with quality of care. Furthermore, working with an overlapping but different large sample of Mellwood clients, CESAR did gather data about whether any children had been removed from the mother's physical custody between admission to treatment and the follow-up interview (usually 6 to 8 months after leaving treatment). None of the mothers who completed the residential program had had children removed. This was true despite the fact that some of the children had come directly from foster care to Mellwood House, and other mothers were in treatment because of pressure from Child Protective Services or the Department of Social Services.

Literature Citations:

Abidin, R.R., *Parenting Stress Index.* Charlottesville, Virginia: University of Virginia, 1986.

Achenbach, T.M., *Child Behavior Checklist.* Burlington, Vermont: University of Vermont, 1989.

DeGangi, G., Ph.D., *Annual Report: Lourie Center-Second Genesis Collaborative Project.* Upper Marlboro, Maryland: The Albert Lourie Center.

DeGangi, G, Poisson, S, Sickel R., & Wiener, A.S. *Infant/Toddler Symptom Checklist.* Tucson, Arizona: Therapy Skill Builders.

Frankenburg, W.K. & Dodds, J.B. (1975). Denver, Colorado: DDM, Inc. *Denver Developmental Screening Test (Revised).* DDM, Inc., Denver, Colorado.

Greenspan, S.I. (1991). *Functional Emotional Assessment Scale. In Infancy and Early Childhood: The Practice of Clinical Assessment and Intervention with Emotional and Developmental Challenges.* Madison, Connecticut: International Universities Press.

Substance Abuse Reports, June 1992, Silver Spring, MD.

Sparrow, S.S., Balla, D.A., & Cicchetti, D.V. (1984). *Vineland Adaptive Behavior Scales.* Circle Pines, Minnesota: American Guidance Service, Inc.

Betty Byers, (1989) *Developmental Disorders of Language,* Whurr Publishers.

CESAR FAX

September 20, 1999
Vol. 8, Issue 38
Distribution: 4,329

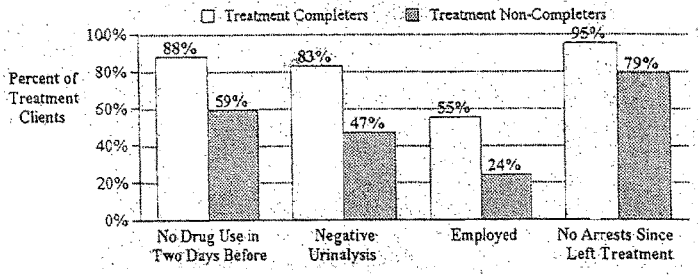
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

CSAT Demonstration Program Shows That Second Genesis Therapeutic Community for Women and Children Has Positive Effects

Second Genesis set up Mellwood House to allow drug-addicted mothers to bring their children to residential treatment. Nearly one-half of Mellwood clients (48%) said that they would not have been interested in treatment if they had not been able to bring their children with them. Mellwood House follows a modified therapeutic community model that includes individual and group therapy, psychiatric/psychosocial evaluation, life skill training, health and nutrition education, adult basic education, and parenting classes. The CESAR evaluation found that women who completed treatment had significantly higher abstinence, employment, and arrest-free rates at follow-up (approximately eight months after leaving residential treatment) than did non-completers (see figure below). These findings suggest that this new treatment model allowing children to live with their mothers at the therapeutic community merits further adoption.

Outcomes of Second Genesis Mellwood House Clients at Follow-Up, by Treatment Completion, 1996-1998



SOURCE: Susanna Nemes, Alicia Herman, Eric D. Wish, Leah Schwartzmann, Kenneth Petronis, and Jenny Piateski, "Mothers in Drug Treatment with Their Children: Evaluation of Second Genesis Mellwood, Executive Summary," July 8, 1999. Copies of the Executive Summary are available from CESAR at 301-403-8329.

CESAR Research on Treatment of Antisocial Personality Disorder Clients Just Published

Nena P. Messina, Eric D. Wish, and Susana Nemes, "Therapeutic Community Treatment for Substance Abusers with Antisocial Personality Disorders," *Journal of Substance Abuse Treatment* 17(1-2):121-128, 1999. Originally summarized in CSAT by Fax, Volume 3, Issue 1 (January 14, 1998).

•• 301-403-8329 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••
CESAR FAX is supported by a grant from the Governor's Office of Crime Control & Prevention.

Chairman JOHNSON of Connecticut. Thank you.
Ms. Nelson?

STATEMENT OF MARY NELSON, ADMINISTRATOR, DIVISION OF ADULT, CHILDREN AND FAMILY SERVICES, IOWA DEPARTMENT OF HUMAN SERVICES, ON BEHALF OF THE AMERICAN PUBLIC HUMAN SERVICES ASSOCIATION

Ms. NELSON. Chairman Johnson and Congressman Cardin, my name is Mary Nelson, and I am the child welfare director in Iowa. I am also here today on behalf of the American Public Human Services Association for which I serve as vice president of the child welfare affiliate. In addition, I co-chair APHSA's joint work group with NASADAD, the National Association of State Alcohol and Drug Abuse Directors.

I am pleased to testify before you today about the urgent need to address the impact of alcohol and drug abuse on children and families in the child welfare system. In my testimony I would like to do three things: first, I would like to describe the magnitude of the problem and its effects on child welfare; second, to talk about some of the exciting efforts that are underway at the national, State, and local levels; and, third, to ask you to consider creating a Federal initiative to develop comprehensive prevention and treatment services for child welfare families with substance abuse problems.

Substance abuse by parents is one of the most pervasive problems facing child welfare. Forty to 80 percent of the children who are involved with the child welfare system have families with alcohol and drug problems. In my own State of Iowa, over 50 percent of our family foster care cases involved parental substance abuse.

Studies indicate that children whose parents abuse alcohol and drugs are almost three times likelier to be abused and more than four times likelier to be neglected. Children from families with AOD problems are more likely to remain in out-of-home care for longer periods of time and have less chance of returning home or being adopted. They are also at greater risk for re-entering care.

While the majority of these families require substance abuse services, as we have heard this afternoon, studies suggest that less than one-third receive treatment. Studies also show a high failure rate for engaging and retaining in treatment women with children in foster care. More must be done to develop and increase the availability and effectiveness of treatment.

Partnership between child welfare and AOD is critical. There are numerous challenges, however, to collaboration between our two systems which I have detailed in my written testimony. None of these challenges are new, but what is new is the Adoption and Safe Families Act and the urgent need to ensure safety and achieve permanency for children in expedited time frames. A redesign of treatment services that engages parents early on and achieves measurable progress in shorter time frames is critical. Without this, children will likely remain in foster care longer because judges will not terminate parental rights if services have not been provided or

families will be broken up when they might otherwise have remained intact.

State agencies have taken a leadership role at both the national level and in their own States and localities to address the problems I have described. Soon after ASFA's enactment, APHSA joined with NASADAD to bring administrators from both the child welfare and AOD systems to the table as problem solvers. My written statement includes a detailed list of issues for joint attention by our work group. All of these activities are directed at the goal of improving the accessibility and effectiveness of substance abuse prevention and treatment services for child welfare and achieving the goals of ASFA.

In Iowa, we have provided AOD training for our child protective staff and developed strategies to better serve this population such as recovery coaches and support groups. Next month we are holding a statewide conference to further develop these partnerships across the State.

Project SAFE, as you heard about in your own State of Connecticut, Madam Chairman, is another good example of a promising collaboration. Also, a handful of States are implementing IV–E waivers for substance abuse services, including your State of Maryland, Congressman Cardin. Individual counties are also taking important steps to forge partnerships to address the AOD service needs of child welfare clients so that safety, permanence, and parental recovery can be addressed.

States and localities, however, are at different places with respect to progress. These efforts need to be expanded statewide and across all States to meet the goals of ASFA. Even with these exciting efforts underway, the extent of the problem far outstrips the current resources of either system. Other Federal funding streams, such as IV–B, the substance abuse block grant, Medicaid, and IV–E, are either tapped out or limited in how they can be used for these purposes. We need additional targeted funding to address the unmet need as well as increased flexibility in current funding.

APHSA and NASADAD have been working with other national organizations—Child Welfare League, Children's Defense Fund, and the Legal Action Center—to develop a general outline of a Federal partnership grant program. If funded, a program like this or like the proposal you heard this afternoon from Senator Rockefeller could support and enhance child welfare and AOD agencies' efforts to address the impact of alcohol and drug abuse on children and families in the child welfare system. We ask for your consideration of such an initiative and would welcome the opportunity to work with you on this.

In closing, I would also like to add my support for enhancing training opportunities and resources for judges and court personnel. The courts and public and private child welfare agencies play critical roles in achieving safety and permanency for children. ASFA imposes new requirements for State courts, and we need to ensure that all partners have the resources and training to handle their additional responsibilities. We appreciate your efforts and look forward to working with you on this issue as well.

Thank you.

[The prepared statement follows:]

Statement of Mary Nelson, Administrator, Division of Adult, Children, and Family Services, Iowa Department of Human Services, on behalf of the American Public Human Services Association

Chairman Johnson, Congressman Cardin, and Members of the Subcommittee. My name is Mary Nelson, and I am the Administrator of the Division of Adult, Children and Family Services in the Iowa Department of Human Services. I am also here today on behalf of the American Public Human Services Association (APHSA), for which I serve as Vice-President of the child welfare affiliate, the National Association of Public Child Welfare Administrators (NAPCWA). In addition, I co-chair APHSA's Joint Workgroup with the National Association of State Alcohol and Drug Abuse Directors (NASADAD). APHSA is a bipartisan organization of state and local human service agencies and individuals whose mission is to develop, promote and implement public human service policies that improve the health and well-being of families, children and adults.

I am pleased to testify before you about the urgent need to address the impact of alcohol and drug abuse on children and families in the child welfare system.

In my testimony today I would like to do three things:

First, to describe for you the importance of responding to the problems of families who come to the attention of the child welfare system with alcohol and drug problems in a timely and comprehensive manner. I also want to describe some of the challenges states face in doing so.

Second, to detail for you some of the exciting efforts that are underway at the national, state and local levels to forge partnerships between child welfare and alcohol and drug prevention and treatment agencies, and related service providers. These partnerships are designed to ensure that the needs of children for safety, permanence, well being and parental recovery can be addressed.

Third, to ask you to consider creating a federal child welfare and substance abuse initiative to develop a comprehensive system of prevention and treatment services for families with substance abuse problems who come into contact with the child welfare system. New targeted funding would promote safety and permanence for children in the child welfare system and recovery from alcohol and drug abuse for their families.

Alcohol and Drug Problems Facing Families in The Child Welfare System

State human service administrators and child welfare directors have identified substance abuse by parents as one of the most pervasive problems affecting the child welfare system today. The facts are staggering. An estimated 40 to 80 percent of the children who are involved with the child welfare system have families with alcohol and drug problems. In my own state of Iowa, over 50% of our family foster care cases involve parental substance abuse, and at least ⅓ of our "in-home" cases involve parental substance abuse. In Polk County, which contains our state's largest city Des Moines, the Youth Law Center reports that 55% of new child welfare referrals to Juvenile Court (in-home supervision and placement cases) involve parental substance abuse.

National studies indicate that children whose parents abuse alcohol and other drugs (AOD) are almost three times likelier to be abused and more than four times likelier to be neglected than children of parents who are not substance abusers.[1] Children from families with alcohol and drug problems are more likely to remain in out of home care for longer periods of time and have less chance of being reunited with their parents or adopted. They also are at greater risk of reentering care once they are returned. While the majority of these families require some kind of substance abuse service, studies suggest that less than one-third are able to be provided with treatment.

These statistics point to the serious lack of alcohol and drug treatment services nationally, a problem which is compounded by a lack of appropriate and effective service interventions tailored to women with children, particularly those who come to the attention of the child welfare system. While there are good examples of treatment programs that have been effective for women and children, most substance abuse services are not designed to meet the specific needs of the child welfare population. Studies show a high failure rate for engaging and retaining in treatment women with children in foster care. More must be done to develop and increase the availability and effectiveness of such programs. A redesign and rethinking of cur-

[1] Kelleher, K., Chaffin, M., Hollenberg, J., & Fischer, E. (1994). Alcohol and drug disorders among physically abusive and neglectful parents in a community-based sample. *American Journal of Public Health, 84*,(10), 1586–1590.

rent service delivery is critical to addressing these challenges as well as an expansion of services to address the unmet need.

The Federal substance abuse confidentiality laws and its implementation add to these challenges. Confidentiality barriers, whether imposed by statute or in practice, can often prevent critical information from being shared across systems. Caseworkers cannot make critical safety and permanency decisions if they do not know how the parent is progressing in treatment or if they are attending. Judges are reluctant to reunify families or terminate parental rights if they do not have the critical information needed to make informed decisions about safety and permanency.

None of these challenges are new to child welfare directors. These issues have confronted the child welfare system from the time of the crack cocaine epidemic and have continued with the rise of methamphetamines and the resurgence of heroin. But what is new is the Adoption and Safe Families Act (ASFA) and the urgent need to achieve permanency for children in expedited timeframes.

The problems of alcohol and drug abuse among families involved with the child welfare system and the inadequacy of resources and appropriate treatment have become especially apparent since the enactment of ASFA. States are committed to ASFA's goals of safety, permanency and well being for children in the child welfare system. The need for closer connections between the child welfare system and the alcohol and drug system is clear—now more than ever. The complex issues facing their common clients call for both systems to work together to find better ways of treating families and addressing the safety, permanency and well being of children.

These problems transcend the availability of sufficient resources. We must do better with what we have. But the extent of these problems far outstrips the current resources of either system and additional funding, including federal funding, is needed. Funding for Title IV–B has competing service demands. The Substance Abuse Block Grant has priorities and set-asides, and there is not enough funding to meet the competing claims on those dollars from other populations such as criminal justice. Medicaid is limited in its ability to pay for the range of comprehensive services that need to be part of substance abuse treatment for parents in the child welfare system, particularly with respect to non-medical supportive services. Medicaid does cover medical treatment, such as inpatient detoxification, but does not cover a wide range of preventive and supportive services that are necessary to ensure successful outcomes. Title IV–E does not cover substance abuse services and child welfare waivers for these services have been limited to date.

Good practice demands that parents be appropriately assessed and engaged in treatment early on, unless of course, risk to the child makes reunification inappropriate. Treatment interventions must be improved to achieve measurable progress in shorter timeframes. Child welfare agencies and family court judges must have the critical information from AOD treatment providers to assess risk and safety, and make informed permanency decisions. Without the above, children will likely remain in foster care because judges will not terminate parental rights if services have not been provided, or families will be broken up when they might otherwise have remained intact with the provision of services. Initial screening and assessment, coupled with early treatment and enhanced engagement and retention strategies, will make it more likely that realistic assessments of the likelihood of reunification or appropriateness of other permanency options can be made within the timetables mandated by the Adoption and Safe Families Act. The states are accountable and committed to meeting these new timetables. However, increased resources are essential to improving the capacity of states to meet the ASFA mandates.

Collaborative Efforts Between Child Welfare and Alcohol and Drug Agencies

There are both philosophical and structural challenges to collaboration across the child welfare and AOD systems. Historically, at all levels of government, Federal, state and local, child welfare and AOD systems have functioned independently of each other, even when administrative responsibilities for both systems are located within the same department, and even though they frequently both work with the same families. Each system operates with different clients (either the abused/neglected child or the substance-abusing parent), goals, frameworks, legal mandates, and desired outcomes.

Recognizing the impact of parental alcohol and drug abuse on children, states have paid increased attention to the need for child welfare and alcohol and drug partnerships at the national, state and local levels. There are some exciting efforts that are underway to forge collaborative efforts between child welfare and alcohol and drug prevention and treatment agencies, so that the needs of children for safety, permanence and well being and for parental recovery can be addressed. However, states and localities are at different places with respect to their progress on

this. These efforts need to be expanded statewide and across all states to meet the goals of safety, permanency and well being embedded in ASFA.

National Partnerships

APHSA and NASADAD Joint Workgroup on Substance Abuse and Child Welfare. With the enactment of the ASFA in November 1997, APHSA and NASADAD members felt it was imperative to bring state agencies from both systems—child welfare and AOD—to the table as problem solvers. Our associations formed a task force in March of 1998 to work together, with the goal of improving the accessibility and effectiveness of appropriate substance abuse prevention and treatment services for families in the child abuse and neglect and foster care systems. APHSA and NASADAD identified the following issues for joint attention by its members and the workgroup:

- Developing shared knowledge and understanding on the part of both systems regarding underlying values and missions of each system, as well as identifying ways to work more collaboratively across systems.
- Developing shared knowledge and understanding on the part of both systems of the impact of AOD issues on families in the child welfare system.
- Need for and development of shared screening tools, training for child welfare (e.g., on assessing need for AOD treatment) and AOD staff (e.g., on risk assessment and permanency planning), joint protocols for collaborative work at the practice level, data collection and performance measures.
- Identifying and developing methods for better engaging families referred by child welfare into AOD treatment, keeping them engaged in treatment, and re-engaging them when necessary; as well as identifying and developing treatment methods that can achieve success with families in shorter time frames.
- Identifying and developing ways to work within existing Federal laws, as well as changes in Federal laws which may serve as barriers to working together (e.g., confidentiality prohibitions, which may limit cooperation and coordination).
- Identifying and disseminating information about successful models of joint child welfare and AOD programs.
- Addressing the need for additional resources for prevention, treatment, and other essential support services; and ways to access and utilize various Federal, State and local funding streams.

APHSA and NASADAD also developed joint recommendations in response to the HHS Report to Congress required by ASFA entitled *Blending Perspectives and Building Common Ground.* APHSA and NASADAD urged HHS to provide leadership and support for a variety of activities including improving and expanding treatment and services, improving state systems and collaboration, identification and dissemination of best practices, support for state-based cross training, addressing confidentiality barriers, increasing Federal funding for prevention, treatment and aftercare, and removal of barriers to current funding streams to make them work more effectively, and enhancing research, data and performance. The ultimate goal is to develop, enhance and sustain an array of comprehensive and timely services including prevention and early intervention that addresses the needs of children and families in the child welfare system.

State Partnerships

Collaborative efforts also are underway at the state level.

- *Iowa.* For example, in my home state of Iowa, we provide AOD training for our child protective staff—including indicators, screening, relationship to abuse, and interventions. In addition, Iowa has used some of the Promoting Safe and Stable Families funding as well as local "decat" funding (flexible state child welfare funding), to develop strategies for serving this population, such as child welfare/AOD liaisons/coaches and support groups (e.g., Moms Off Meth). The Department of Public Health also funds several residential programs for moms and their children, but not near enough.

At the local level, child welfare and AOD practitioners in several communities are developing joint strategies and partnerships.

Next month, my Department of Human Service and Department of Public Health, which contains Iowa's AOD agency, are holding a statewide interactive audio-visual conference which will include all our local offices, local child welfare providers, and substance abuse providers. The goal is to make sure everyone has same baseline information and a shared understanding of the issues, and to foster these types of partnerships and planning for next steps across the state.

- *Connecticut.* A good example, Madam Chairman, is your home state of Connecticut. Last November, I had the opportunity at the HHS Stakeholders Meeting on Substance Abuse and Child Protection to hear about Connecticut's Project SAFE

(Substance Abuse Family Evaluation). In this project, parents or guardians with substance abuse problems who are in the child welfare caseload are given priority access to drug testing, substance abuse evaluations, and outpatient treatment services. In its first four years, Project SAFE made 23,000 referrals for substance abuse evaluations. Approximately two-thirds of the families were evaluated. About 60 percent of the assessments resulted in treatment referrals, but only a smaller percentage of those, 35 percent, kept the treatment appointments. When the alcohol and drug and child welfare agencies examined this further, they discovered that the outpatient treatment traditionally provided was not meeting the needs of the families in the child welfare system. In Phase 2 of the project, just underway, new treatment options including residential treatment are being provided. A related pilot project, Supporting Housing for Recovering Families, offers housing and intensive case management to the families in treatment who are preparing to return to the community.

• *Federal IV–E Waivers.* Four states, Delaware, Illinois Maryland, and New Hampshire, are implementing federal waivers to use their federal Title IV–E foster care funds to hire alcohol and drug counselors, special family support teams, or recovery coaches to assist child protection staff and families so appropriate follow-up and treatment can be provided. It is believed that these supports will help ensure prompt and appropriate treatment, which then speeds the process of determining whether or not children can stay with their families. In Delaware, which began its demonstration in 1996 and is furthest along, the counselors help get families into treatment and also provide counseling throughout the process. Preliminary evaluation results show that to date they have been successful in connecting more families to treatment, and in reducing the length of time that children remain in care by just over one third.

Local Partnerships

In some cases, individual counties also have taken important steps to promote local partnerships between the public child welfare and alcohol and drug agencies.

• In Sacramento County, California, the Alcohol and Other Drug Treatment Initiative (AODTI) has been in place since 1993. It was established by the Sacramento County Department of Health and Human Services to incorporate substance abuse services as an integral part of its service delivery system, including child welfare. It is a good example of how child welfare and AOD service providers can effectively work together to lessen the gap between those that need services, and those who receive services. Training has been an important part of Sacramento County's initiative. It developed a 3-tiered AOD training component that introduced all staff to basic AOD terms and basics around identification; provided staff who carry caseloads training in advanced assessment and intervention, and offered this last group more specialized group treatment skills. An evaluation of the training showed improved staff attitudes in working with AOD clients, greater confidence among staff in the effectiveness of treatment modalities, and increased staff's ability to assess child safety issues, especially in regard to AOD issues.

The initiative yielded a significant increase in the number of child welfare workers who conducted AOD assessments with families. The initiative also spawned the development of pretreatment groups being run by social workers and/or AOD counselors. These groups immediately engaged clients that are believed to be in need of treatment—the antithesis of the typical practice of referring clients with AOD problems to "a waiting list" at a treatment program. In some cases the pretreatment group proved sufficient to address the families' needs; for high-risk families the groups provided an important interim service while waiting for a more intensive treatment slot to open.

• In Cuyahoga County, Ohio, Project S.T.A.R.T. (Sobriety Treatment and Recovery Teams) employs and trains Family Advocates—women who have been in recovery at least five years and often have been previously involved in the child welfare system—to work alongside social workers. Mothers in the program begin treatment within 24 hours of their first meeting with the program staff. S.T.A.R.T. staff work closely with the treatment providers and the families, monitoring the children and the mother's progress in treatment. Child safety is the top priority.

• In Cook County, Illinois, the state Department of Children and Family Services funds a Juvenile Court Assessment Unit on site at the Cook County Juvenile Court. Judges can refer parents appearing at temporary custody hearings and others directly to the unit for an alcohol and drug abuse assessment and an immediate same-day referral to treatment, if warranted. Judges and caseworkers receive feedback on the results of the assessment by the next business day at the latest and are electronically tracked in the assessment unit's data base to keep track of the parents' status and progress.

A Federal Child Protection/AOD Partnership

The examples of partnerships mentioned above demonstrate the commitment by state and local agencies to address these issues. And while states have been creative in leveraging funding for these activities, there nevertheless remains a significant unmet need. As part of APHSA and NASADAD's joint activity related to addressing the need for additional resources at the federal level, our two associations joined together with several other national organizations with long traditions of involvement in child welfare and alcohol and drug reforms, who also provided leadership on the need for partnerships between these two systems. These organizations are the Child Welfare League of America, the Children's Defense Fund, and the Legal Action Center.

• The Child Welfare League of America in 1997 developed a survey to find out what policies, protocols and programs state agencies have in place to support chemically affected children and families involved with the child welfare system. Through this original research, CWLA identified numerous policy and programmatic gaps. CWLA is working to close these gaps by recommending actions that professionals from child welfare, alcohol and other drug prevention and treatment, health, mental health and welfare can take to develop and implement responsive policies and programs. Toward that end, CWLA produced *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy* written by Nancy Young, Sid Gardner and Kimberly Dennis. In addition, CWLA is in the final stages of development of an assessment tool and decision making guidelines that front-line child welfare and substance abuse treatment providers and supervisors can use to determine how alcohol and other drugs are impacting child safety, family functioning and assist workers in determining the most appropriate intervention options for each family. CWLA provides ongoing support to member (and non-member) agencies which includes research and information dissemination, resource referrals, training seminars, and working with agencies, other service institutions and their communities to facilitate communication and enhance service delivery.

• The Children's Defense Fund published *Healing the Whole Family: A look at Family Care Programs* in the Fall of 1998. *Healing the Whole Family* reported on CDF's survey of 50 residential care programs for women and children around the country, half of which served families where substance abuse was the primary problem. The report outlines through examples the key components of comprehensive service programs for families with substance abuse problems whose children come to the attention of the child welfare system. Particular emphasis is given to the programs' services to the mother, the child and the parent and child together. The study laid the foundation for CDF's continuing work to expand attention to and treatment for the needs of families with alcohol and drug problems that come to the attention of the child welfare system.

• The Legal Action Center, the only not-for-profit law and policy organization working at the critical intersection of welfare, addiction and crime, has published two important publications which detail ways to address alcohol and drug problems among women with children who are receiving welfare. *Tools for Confronting Alcohol and Drug Problems Among Welfare Recipients* discusses the extent of the alcohol and drug abuse problems and strategies for responding to them. *Steps to Success: Helping Women with Alcohol and Drug Problems Move from Welfare to Work* profiles a number of treatment programs that effectively address the needs of women on welfare and their families through a comprehensive array of treatment, health, education, employment training and social services. The Legal Action Center also offers training and policy advocacy support to 25 state associations of addiction service providers and provides direct legal assistance to individuals and families with alcohol and drug histories.

Recognizing a shared goal, these organizations together with APHSA and NASADAD have worked to explore and promote opportunities for expanding activities to achieve improved collaboration and cooperation between the child welfare and alcohol and drug systems. In the Spring of 1999, representatives of these organizations, joined by the General Accounting Office, presented a briefing for congressional staff on the problems of alcohol and drug abuse among families in the child welfare system and effective strategies for responding to these problems to ensure safety and permanence for them.

The APHSA/NASADAD Workgroup and the staff from the organizations also developed the general outline of a federal partnership grant program that, if funded, could support and enhance child welfare and alcohol and drug prevention and treatment agencies' efforts to partner to address the impact of alcohol and drug abuse on children and families in the child welfare system.

Last week, APHSA's policy-making body, the National Council of State Human Service Administrators, adopted a policy resolution to address the serious problem of substance abuse and its impact on children and families in the child welfare system. The council's policy asks Congress to consider the creation of a child welfare and substance abuse initiative to enhance state agency capacity to collaborate on the development of a comprehensive system of services to address the prevention and treatment needs of families with substance abuse problems who come into contact with the child welfare system. Such an initiative should be developed in consultation with the states. We support additional federal funding for this critical area, however, we must emphasize that new federal funding for this initiative should not come at the expense of other human service programs. In addition, the resolution urges Congress to maintain core funding for current critical public human service programs.

In recognition that collaboration is a critical component of achieving positive results in this arena, we believe the initiative should promote state child welfare and substance abuse agency partnership in applying for and administering the new program funds. The program should provide states with maximum flexibility to use funding for a full range of joint service and capacity building activities such as 1) screening, assessment and referral to services; 2) comprehensive prevention, early intervention, treatment and after care services in home-based, outpatient, and residential settings; 3) engagement and retention strategies; 4) joint training of child welfare and AOD agency staff, judges and court staff; 5) enhancement of data collection efforts to monitor progress and evaluate outcomes; 6) evaluation strategies to identify effective treatment approaches; and 7) technical assistance.

State human service administrators are committed to accountability in operating these joint programs, and are interested in working to develop performance measures to assess state performance in implementing such an initiative. These measures should be developed in consultation with state and local public officials responsible for administering child welfare and AOD programs. New measures should be consistent with the federal outcome measures developed for ASFA and for the Substance Abuse Prevention and Treatment Block Grant.

Information sharing among substance abuse, child welfare agencies and the courts is critical to making permanency and safety decisions for children and to achieving positive service outcomes. APHSA is committed to examining the barriers that federal confidentiality statute and regulations pose to states, educating key stakeholders on these issues, and to recommending statutory, regulatory and/or practice changes that would better facilitate sharing and disclosure of information between the two systems. We believe sharing of information is especially critical around assessing progress in treatment, assuring safety and making informed decisions regarding permanency.

Furthermore, APHSA urges Congress and the Administration, to the fullest extent possible, to increase the flexibility of IV–E, Medicaid and the Substance Abuse Prevention and Treatment Block Grant. Increased flexibility would enable funding to be used to provide a variety of substance abuse treatment and prevention services to the families who come into contact with the child welfare system.

We believe that realization of these recommendations will provide states with the needed resources and capacity to promote safety, permanency, well being and parental recovery in families who come to the attention of the child welfare system.

Thank you.

Chairman JOHNSON of Connecticut. Thank you very much for your testimony. One of the things that comes through loud and clear in different ways from your testimony is the need to use the money in a way that meets the needs of the child or family.

I think it is fair to say that the evidence shows that recovery from drug addiction can take years, and most of our programs are months or a year. So if we pour a lot of money from the Federal level into substance abuse treatment, as opposed to giving States more money to treat families, you know, you run the risk of focusing those dollars on the months or the year as opposed to a system that supports identification and treatment and support and development thereafter.

So while I see over and over again that need for flexibility, for coordination, for money to follow need, I am a little concerned about spelling out in public law exactly what the nature of the interagency collaboration ought to be and exactly precisely what we are going to fund, because even though it will be on a broader scale, look what we did just a few years ago with great good intent in the Adoption and Safe Families Act. We completely ignored the court system. So here we are with a great system forcing the agencies into these timetables, and we don't have the rest of the system in place.

So I know the waiver that we have in Connecticut, I have read the minutes of these meetings. The barriers to really integrated action are just so systemic and so State- and Federal-based that it does worry me to start a whole new piece of legislation as opposed to new money and pursuing—and this will take a long time to figure out, but we are going to meet with people who have done waivers. We are going to get into that in a seminar setting so we can understand what is happening with the waivers. But, Ms. Saler, you mentioned that your money ends up getting identified and that limits your approach

Ms. SALER. Right, because we have treatment funds, but even when the treatment dollars are available, we have serious infrastructure problems in the whole treatment system in establishing enough services. And as you said, one of our major issues is many of the children who come into our program have serious developmental delays, which we know are a precursor to them following the pattern that their mothers have taken. We don't have the money from the children's service side to actually treat them while they are with us, to begin the treatment for those problems.

Chairman JOHNSON of Connecticut. For instance, educational problems and behavioral problems.

Ms. SALER. Right.

Chairman JOHNSON of Connecticut. Kristine, in your joint effort here, how are you making sure that the full scope of services gets focused on the needs of this family?

Ms. RAGAGLIA. Well, perhaps I should start and let my partner finish the answer because he is more the expert in the actual treatment modalities.

I think the first step has really been identifying the issue that we didn't have the right treatment modalities available in terms of women and their children and trying to address all the numbers of issues and looking at this from a real family-focused approach. One of the things that we have discussed is that we really need to have our Department of Social Services at the table with us because they have some added components, you know, and having our Department of Mental Retardation would give us some of the early childhood developmental delay kind of money at the table as well.

I don't think it is that hard, quite frankly, for commissioners to sit down and work together and figure out how to do it together. But it really takes a commitment on the part of the people who lead the agency to do that.

Now, we can do that legislatively, but the question will be, when we force it that way, will that be effective, either? You know, a marriage—

Chairman JOHNSON of Connecticut. I don't want to pay you to work together. I mean—

Ms. RAGAGLIA. That is what I—

Chairman JOHNSON of Connecticut. You ought to be working together. I don't mind paying you for—

Ms. RAGAGLIA. It is a marriage by consent—

Chairman JOHNSON of Connecticut.—service money out there, but—

Ms. RAGAGLIA. Yes. Well, a marriage by consent I think works better, and I think it was our agency's realization that we needed to partner that led us to where we are today. At the same time, I think that what you heard from Deputy Commissioner Kirk's testimony was that because the client population that we are talking about and that we are identifying through Project SAFE is different from what already exists out there, there are issues about appropriate services being available in terms of marijuana treatment, which is something that is very different from what presently exists out there. And I will actually defer to my colleague on that in particular.

Mr. KIRK. Let me just make a couple points. One of them is—and Kristine mentioned at the time—that the Governor established something known as the Connecticut Alcohol and Drug Policy Council about 5 years ago because he said that he has 15 different agencies that are all somehow involved with substance abuse and they don't necessarily collaborate with one another.

The legislature went ahead and put the council into statute. So each year in Connecticut, we produce a master report. But one of the things that came from that effort was that we came up with the concept of what we call "client-based models," and in my testimony we attached a profile of what we call the client-based model for women and children. Basically what it says is "stop paying so much attention to who is funding the service and give me a picture of what the services are that these women and children need."

I think the second piece that stands out—and Nancy Young has really driven this home to us in her work with us—is joint accountability. Each of us as agencies are involved with the same family, but when we sit with our providers, historically we had different outcomes for each agency. And so that from a system point of view, we as two state agencies holding the provider responsible for the care produced joint accountability. The system historically has been a fragmented kind of system. And that is the world we live in. But the reality is there are clearly mechanisms available in terms of accountability and in terms of a funding system that would make more sense.

Ms. YOUNG. May I respond also? You said something to the effect of not paying the agencies to work together. Well, the reality is that the work that goes on after those collaborative meetings is what the funding—is one of those funding gaps. I mentioned it as the workers who can work across systems. Those workers are those kind of boundary-spanning positions. Who understands the other system enough to be able to look at what they are trying to create

and make it work? And those positions are not in the systems, generally, and they are always the positions that go quick. When there is a funding cut, those are the ones that get cut back.

So someone in the previous panel referred to it as—or I guess the Senators from the quilting bee area referred to it as stitches. We refer to it as the glue. You can't have collaboration unless you have glue that holds it together. The outcomes might be the final thing that is the final glue, but you have got to have some personnel that understand enough of the other system to be able to work together to get there.

So when you say you don't want to fund systems to work together, there has to be the directive, the willingness to make that happen, but there also has to be the personnel power to implement it and to make it happen not just at the administrative level but when we go into States or into counties, there may be the will at the top level. Getting that down to the line is a whole other deal, and you can't do that unless you have dedicated staff to keep that going.

Chairman JOHNSON of Connecticut. I hear what you are saying. We did have a very interesting study done the first round of welfare reform, and what was fascinating was that the States had just bit the bullet and cross-trained the front worker so they could do all the eligibility stuff and all the job training stuff. They were the ones where the success rate was the fastest, where you still had to—as you still do in Connecticut—go from DSS to Department of Labor, even if they are in the same building, it is a different person, there isn't a holistic approach, and there isn't the system knowledge.

My experience with the kind of person you describe is that not only are they the first to go when there is a budget cut, but depending on the character of the commissioners, they may or may not have any influence.

Ms. YOUNG. That is true.

Chairman JOHNSON of Connecticut. So I worry about—I mean, I think we need to give this a lot of thought. How do we leverage this level of collaboration? Do we require a client-based model and you can't do it without this? You know.

Ms. YOUNG. Right.

Chairman JOHNSON of Connecticut. And joint accountability mechanisms, do we look at that kind of thing? Then we recognize that there has to be some cross-training money. We are going to need a lot of help with this one.

Ms. YOUNG. In looking at the resources that are in the system, the only data that I have seen looked at how many of the States actually put some of their TANF money into substance abuse treatment found that 18 States put TANF funds into treatment. That was about in 1997 or so that survey was done.

In my own State, in California, we did allocate TANF dollars to go to substance abuse treatment, and the counties have gotten very creative on how they can use those funds for families that are in the child welfare system. But it counts towards participation in our State, but our State gets nothing out of the Federal work participation rate. We are almost penalized by having looked at that as a support service that needed to be in place in order for women and

their families to get ready to enter work. We can do that within our State, but our State doesn't get anything on the Federal work participation requirements.

Chairman JOHNSON of Connecticut. That is an interesting point. Ben?

Mr. CARDIN. Thank you.

As was pointed out, my State along with others have had waivers in which they tried to provide for substance abuse to the people within the welfare system. I am curious as to—we have been talking a little bit about that during this panel, but whether you could perhaps summarize what you think the do's and don't's we've learned from that experience, if we are going to establish a national funding source for people within the welfare system to deal with substance abuse, what have we learned from the State waivers as to what works and what doesn't work?

Ms. YOUNG. I think HHS would probably have to answer it as far as what they have learned from the waivers. I think there is only one State so far that has evaluation data in, and that was the first State that addressed substance abuse specifically. That was Delaware. The other States, there are three others that have waivers that are specific to substance abuse, and they are just really beginning—Maryland, Illinois—

Ms. NELSON. New Hampshire.

Ms. YOUNG. New Hampshire. Thank you. And there are different models that have been created in each of those, and some—

Mr. CARDIN. That is the concept of waivers so that we can get—

Ms. YOUNG. Right. But I think one of the common threads is to be able to jointly plan for the case. They are doing it in different ways, but there is a partnership that is created between the substance abuse treatment agency and the child welfare agency. It might be that they are carrying the case jointly. It might be that substance abuse specialist is out stationed in a regional office and they provide assistance to the child welfare agency. There are different ways that people across the country, not just in the waiver States, are approaching the issue, but at its core it is how to bring together the professionals in a way that is looking at the family as a whole instead of you do this part and we will do this part and instead are jointly planning together what is going to happen at the service end and what happens at the administrative end.

Ms. NELSON. I think Delaware does have some preliminary results that do show they are, through these partnership efforts and through the joint training and the kinds of things Nancy talked about, where they are being able to get more families connected to treatment so they are successfully accessing the treatment and they are actually reducing length of stay for the kids that are out-of-home.

Mr. CARDIN. Ms. Saler?

Ms. SALER. Yes, with the waiver in Maryland, one of the things that we have been able to do is access multiple sources of funding, including increasing the participation of DSS and child welfare in substance abuse treatment. Right now, if we look at the funding sources that are allowing us to expand our services for women and children in Maryland, they would include the State appropriation that we got, but also the fact that we are able to receive Medicaid

payments for the treatment for the families, and we are receiving what is referred to in this State as 512 money, which is monies that are appropriated for treatment of women whose children test positive at birth for drugs.

So with all of it and the increasing awareness, we have been able to access and use more dollars.

Mr. CARDIN. Dr. Kirk, I am struck by the relationship between substance abuse and domestic abuse. Throughout all of your testimonies, there is a high percentage of individuals who had been abused that will have a substance abuse problem themselves. It is more likely that their children will have suffered from some form of domestic abuse. And, Dr. Kirk, I noticed in your testimony you bring out those high percentages, but it seems like you are implying that the current funding sources do not permit you to deal with the domestic abuse issue. Or maybe I am reading your testimony incorrectly there.

Is this something we should take into consideration? If we are going to be able to provide for comprehensive help, do we also have to have a component here that deals with domestic abuse?

Mr. KIRK. Yes, let me answer that because it ties to something that Madam Chair indicated. One of the things that is unique about this population—and I have worked in this area for 20 years, but I am learning new things the last 5. When you are working with this particular population—Madam Chair, you made the distinction—you talked about recovery. And what I would urge us all to think about is the difference between what I call treatment and recovery, and also pre-treatment.

We will have, because of domestic violence situations, for example, an engagement specialist who will work with a woman for weeks or months before she actually goes into treatment. Why? Because she doesn't trust the system. The precise cases you are talking about from the clinical point of view, one of the after-effects, post-traumatic stress disorder or whatever you want to call it, is a great deal of distrust. The difficulty in getting this woman to come into the system when clinically she distrusts the relationships involved is very, very strong.

That is why you see, when you look at this client-based model—we have a whole range of services we call pre-treatment. Medicaid and general assistance and these other traditional payor sources—they don't pay for pre-treatment services. That is different.

Secondly, what I tell our clients as well as people we are involved with, is the following "you will be in treatment for a defined period of time; you will be in recovery for a longer period of time." And one of the challenges with the relationship with the child welfare agency is to get everybody to accept that while the person is in active treatment, you may not want to go for reunification. You may be very concerned about the risk to the child. Once the person is stable in recovery, then that is perfectly fine because the family stability is likely to be there.

Please distinguish between an intensive treatment phase where the risk relative to the child is far greater than once they go into recovery. But the domestic violence piece, it is not so much the domestic violence itself as much as it is what does that mean in terms of the impact on the individual person.

Mr. CARDIN. And I very much agree with you. Domestic violence causes major trauma scars as well as a challenge to prevent in the future domestic violence. So we have to deal with both aspects of it.

I guess my point is that in developing perhaps a new Federal role in dealing with vulnerable families on substance abuse, should we also include in that the flexibility to deal with domestic violence?

Mr. KIRK. Yes, yes. Let me add one quick point. One of the pieces, the Federal group just came out with something from SAMSHA called "Substance Abuse Treatment for Persons, Child Abuse and Neglect." And one of the interesting things they point out is that if during the substance abuse screening the history reflects history of domestic violence or child sexual abuse in the person's background, one of the things that should occur is a mental health comprehensive evaluation.

Well, our typical substance abuse providers, whether State-operated or private, do not typically have that resource available to them. So when you talk about these additional resources, it is not building on top of a stable base. It is broadening the base so that the kinds of things that are provided are responsive to precisely what you are talking about here.

Mr. CARDIN. Ms. Ragaglia?

Ms. RAGAGLIA. And if I may actually add to that, an additional component that is not necessarily at this point in time available to our adult substance abuse providers is the role of the child, because the impact of a child living in a home where the parent is a substance abuser is a significant one. And if we are not using the opportunity for the parent who is in treatment to also address the impact of all of that on the child, we have lost a major long-term prevention activity which probably isn't going to cost a whole lot more, but if we can figure out a way to do that—and that is one of the things that we have been talking about—that is a key component. If we can hit it at that point in time, then we have made a huge long-term impact on the issue in general.

Mr. CARDIN. Thank you very much, Madam Chair.

Chairman JOHNSON of Connecticut. I hope you will read—we didn't have the details of Senator Rockefeller and Senator DeWine's bill, but I am sure it will be on the Internet at some time. But I am concerned about isolating out a problem, even a problem as big as substance abuse, and treating families with substance abuse through a different program. And certainly, you know, I would rely on your long experience and professional guidance and others out there. I am not in a position to make that judgment, but it does worry me. I have just seen all too often well-intentioned programs become straitjackets in 5, 6, 8, 10 years.

So certainly the more holistic approach to the family and getting some of the barriers out of the way that you brought up, like the work rules and the fact that treatment doesn't fit in, even the timelines in our Adoption and Safe Families Act, if the family is serious about treatment, you know, do we need to recognize that may rightly influence the 15-month line? So I think we need to think through a lot of these issues.

I did want to just ask you if you are running into privacy issues, into data issues as you try to work interagency. And is there a difference between the privacy rules for children and adults?

Ms. YOUNG. My experience has been that people talk about that as being one of the major barriers, and there are some people in the field who feel like it is the major barrier. My experience has been, in working with probably 20 jurisdictions across the country in the last 3 or 4 years, it is something that has to be dealt with, but it is not something that is a barrier that can't be dealt with. It needs the discussion. It needs the work-through. It has to go through their county councils, their State attorneys, and then they get it and have the opportunity to be able to work through it. Others probably don't share that same view.

Mr. CARDIN. If the Chair would yield on that, I take it is different in every State.

Ms. YOUNG. Well, the Federal regulations related to confidentiality are not, but being able to figure out how to make that work at the local level on how they are going to exchange information, it is unique to your own system of how they make it work.

Chairman JOHNSON of Connecticut. Did you want to comment, Ms. Saler? You looked like it. [Laughter.]

Ms. SALER. I was nodding because that is very much our experience. The Federal confidentiality requirements for substance abuse are very strict. On an individual basis, we are very much able to find ways to work with the system, and also, we make it very clear to women who come to us that we will always act first to protect the child. And that is a given. It is told to them. It is given to them in writing. They understand that we will do that and that we intend to, and we ask them to sign releases for us to talk to the child welfare agencies that their children might be involved with. So we do that up front.

Chairman JOHNSON of Connecticut. How do you overcome their fear at that? This is what I hear from my Head Start friends, that they can see there is a problem, they can encourage them, they can quietly try to get them to services, but everybody, including their friends, you know, are hoping that they can work this out because they are terrified. And the irony is that then we can't get them in early.

Ms. SALER. That is right. The women—

Chairman JOHNSON of Connecticut. They need counseling and some more modest approach to that. So I don't know whether there should be some sort of 6-month immunity or something if somebody really gets in there and does it, then—I don't know. This is something you need to help us with.

Mr. CARDIN. Madam Chair, before you adjourn, I just want to ask unanimous consent that my opening statement be put in the appropriate part of the record.

Chairman JOHNSON of Connecticut. Yes, I would be happy to accommodate. I did offer him the opportunity, but it is hard once we get rolling.

I also want to say in closing that it is very nice to have a State as progressive as Maryland nearby and to have a ranking member that is as knowledgeable about the services available in a State and who has worked as closely with as many providers because it

does give us the chance often to have people from the front line in Washington, and that isn't always easy. I appreciate the distance that some of you have come and your willingness to prepare testimony and to take thoughts away about what has gone on that will enable you to give us continued input over the months ahead.

Thank you very much.

[Whereupon, at 3:23 p.m., the hearing was adjourned].

[Submissions for the record follow:]

Statement of Child Welfare League of America

The Child Welfare League of America (CWLA) welcomes this opportunity to submit testimony to the Subcommittee on Human Resources for the hearing on child protection issues.

CWLA is an 80-year-old national association of over 1,100 public and private voluntary agencies that serve more than two million abused and neglected children and their families. CWLA member agencies provide the wide array of services necessary to protect and care for abused and neglected children, including child protective services, family preservation, family foster care, treatment foster care, residential group care, adolescent pregnancy prevention, child day care, emergency shelter care, independent living, youth development, and adoption.

CWLA is pleased that the committee will be hearing from such a distinguished panel on the devastating impact on substance abuse on the children and families involved in the child welfare system. We especially applaud Senator Rockefeller for his leadership on a new initiative to improve our systems of care and to respond more effectively to the needs of children and families. Mary Nelson, Administrator of the Division of Adult, Children and Family Services, Iowa Department of Human Services, is testifying today on the challenges in addressing child protection and permanency issues among families with alcohol and other drug (AOD) problems. Her testimony reflects the concerns and suggestions that CWLA and others have put forth to enhance the capacity of our systems of care to respond more appropriately and effectively and to improve results for the children and families involved.

CWLA takes this opportunity to provide comments on the second subject of the hearing, the challenges for state courts under ASFA and how pending legislation will help address them.

New Demands on State Court Resources

The Adoption and Safe Families Act (ASFA, P.L. 105–89) imposed new requirements for state abuse and neglect courts, but did not provide any new resources for courts to handle the additional responsibilities. Courts are now expected to decide early in the case whether reunification services are required. Courts must conduct a permanency hearing at 12 months, rather than at 18 months, as under previous law. Courts must also process the petitions to terminate parental rights, which states are required to initiate for children who have been in foster care 15 out of the most recent 22 months. Under ASFA, courts must also adopt procedures to ensure the participation of foster parents, preadoptive parents, and relative caretakers of abused and neglected children.

CWLA strongly supports legislation introduced in the Senate by Senator DeWine and others that will provide state abuse and neglect courts with additional resources to be better equipped to handle their new responsibilities. This legislation, (S. 708) the Strengthening Abuse and Neglect Courts Act, supports grants to courts to reduce pending backlogs of abuse and neglect cases so they can hire additional personnel, extend court operating hours or conduct night court sessions so that more cases can be handled in a timely manner. The legislation also authorizes additional training for judges, abuse and neglect attorneys, and court personnel and provides funding for courts to improve their automated data collection system.

The House is already on record in support of a provision of that bill that allows Title IV–E training funds to be used to train court personnel in matters related to the court's role in expediting adoption procedures, implementing reasonable efforts, and providing for timely permanency planning and case reviews. CWLA supported that effort and encourages Congress to take action this year to pass legislation to provide courts with the resources they need to be able to make more timely decisions about permanency options for abused and neglected children so that more children can move to permanent homes.

Enhanced Resources and Options for Child Welfare Training

The focus on these key training issues as they pertain to the courts also allows important consideration of other critical aspects of training that require clarification and enhancement to resolve current and future problems. ASFA's emphasis on better and faster permanency decision making also fundamentally requires well trained caseworkers.

In recent years, some states have experienced significant problems in accessing and utilizing Title IV–E training funds to support appropriate and needed training for staff in private agencies that are state approved and meet federal eligibility criteria as child care institutions. The law outlines that short-or long-term training at educational institutions is reimbursable at the 75 percent match rate for such training of state agency and local public agency staff. The statute also prescribes that short-term training of current or prospective foster or adoptive parents and private agency staff can be reimbursed at a 75 percent federal match. Federal regulations to implement these provisions narrow the focus of allowable activities, limiting the availability and accessibility of these critical training resources.

One commonly confronts differing interpretations of what is allowable, which entities are eligible, and what is the level of reimbursement. Various states, private agencies, and others have reported widespread difficulties in accessing this critical training resource. The difficulties have grown with the continued lack of clarification as well as inconsistency in guidance given to the states. States, as a result, differ considerably on what they do and what they have been told they can or cannot do. In the end, public and private agencies have had to cobble together strategies to support needed training.

As we seek to expand appropriate training opportunities to court personnel and others involved in child welfare decision making and services, the current difficulties will only be compounded in absence of addressing the inconsistencies in current program directives and operations.

CWLA urges you to resolve these problems to permit equitable access to Title IV–E incentives for training parent caregivers; direct care workers, case managers, and others in the broad array of child welfare services in public and approved private child welfare agencies; and, those in critical areas of decision making, including court personnel and special advocates. In addition, reimbursable activities should include full menu of training that can enhance capacity to improve outcomes and are consistent with the state plan to achieve safety, permanency, and well-being.

Outcomes for children and families improve when those involved in making decisions and providing services and supports have been well trained in good practice. Appropriate access to the Title IV–E training resource will help assure that.

In sum, we commend this Subcommittee for continuing to investigate ways we can better address the needs of abused and neglected children and their families. We look forward to continuing to work with you to help protect our most vulnerable children.

Statement of Barbara Bryan, National Child Abuse Defense and Resource Center, Roanoke, VA

Re: "Square One" Training for all in Child Protection Claims

As the only child/family volunteer advocate to regularly attend my state's Social Services State Board meetings (first in 1986), I recognize "training" as part of the child protection lobby's mantra: "More money, more workers, more training." None has, will, or can work unless and until there is training in recognition of false allegations of child abuse and neglect: mistaken, mischievous, and malicious, however they originate.

Training system employees or adjunct volunteers—whether judges, court, CASA or other caseworkers, and alleged experts on child protection—to move children more swiftly through the system per ASFA/CIP and Adoption 2002 provisions, has created a counterproductive effort funded by Congress and operating under color of law.

Failing after the initial allegation to catch OR QUESTION reality of an allegation, "trained" personnel procedurally rush children from natural protectors per labels and "diagnoses" of never scientifically validated theories such as mythical Munchausen Syndrome by Proxy and variant names. That there is NO peer-reviewed professionally published journal article showing MSbP and variants EVER has been subjected to any scientific methodology in replicated research, COURTS are CRUCIBLES for "acceptance."

Using MSbP's attached myths, now that "safety" trumps extended family in ASFA/CIP, children are kept from extended family, "fast track" adopted out in record time, "legally" and tax subsidized. That is hardly an admirable "Adoption Option."

Leader among states in getting training on MISTAKEN CLAIMS OF CHILD ABUSE is Virginia. Official representatives have attended NCADRC's International Conference since 1995. Generally the Governor selects appointed members of the VDSS State Board as his eyes and ears. Anyone whose judgment is valued by a Governor should hear the law and science which those receiving millions of federal dollars may prefer are untold. Too often, "abuse" is the excuse for organizational and "training" funding but NOT for child protection. Too many innocents have "days in CLOSED DOOR courts" where hearsay from third party financially interested witnesses becomes "evidence."

For more information on both September's 9th International Conference and also on MSbP and how its misuse is fracturing families, please see the sites: *www.stop-abuse-org click on Plug, and www.falseallegation.com* (still under construction).

Too little has changed since our participating in an April 4–5, 1990 hearing of this same Subcommittee when similar underlying issues of child removal/foster care were discussed and predicted horrors of crack cocaine babies were offered. Please return to Square One "training" for abuse/neglect allegations with something like SWAP. That is our Social Work Again Proposal vs. unchecked actions of child protection caseworkers.

Thank you, *Barbara Bryan,* volunteer, Communications Dir., National Child Abuse Defense & Resource Center (Toledo-based), at: P.O. Box 8323, Roanoke, VA 24014 Phone: 540/345–1952 Fax: 540/345–1899 Email: "mailto:BHBryan@aol.com *BHBryan@aol.com*

Statement of Voice for Adoption

Voice For Adoption (VFA), a group of more than 70 national and local special needs adoption organizations, welcomes this opportunity to submit testimony on the child protection issues related to the training needs of court personnel and the extent of substance abuse in child protection.

Founded in 1996, VFA participants include professionals, parents, and advocates committed to securing adoptive families for America's waiting children. Our distinguished board of directors is made up of recognized leaders in the field of adoption. Organizations on VFA's board include: the Adoption Exchange Association (AEA) in Colorado, Children Awaiting Parents (CAP) in upstate New York, Child Welfare League of America (CWLA) in the District of Columbia, Institute for Black Parenting in California, National Adoption Center (NAC) in Pennsylvania, North American Council on Adoptable Children (NACAC) in Minnesota, Spaulding for Children in Michigan, Family Builders Adoption Network in California, and The Adoption Exchange (TAE) in Colorado. The mission of VOA is to ensure to ensure permanent, nurturing families for our nation's most vulnerable children and to strengthen support for families who adopt.

Our nation has seen a dramatic increase in child abuse and neglect cases over the past twenty years. The U.S. Department of Health and Human Serivces reported that in 1997 approximately 2,980,000 children were reported to state and local agencies due to someone's concern about their safety. The courts were able to substantiate approximately one third of these cases.

Congress passed the Adoption and Safe Families Act (ASFA, (P.L. 105–89) in 1997 to ensure that all decisions regarding the permanency options for children in the child welfare system be made more swiftly. This law has placed new requirement on our nation's abuse and neglect courts. ASFA requires the courts in abuse and neglect cases to decide whether reunification with the child's birth family is possible or whether the court should terminate parental rights within 15 months. Yet ASFA does not provided additional resources for the courts. Today, there are over one-half million children in the foster care system. In 1998, there were approximately 36,000 adoptions from the foster care system, up from 31,000 in 1997 and 28,000 in 1996. While states have increase their finalized adoptions in the past two years since ASFA, many of these children were legally free and part of a backlog of children that found permanent families.

The Brianna case here in nation's capital illustrates the need for training and increased financial resources. On December 22, 1999, D.C. Superior Court Judge Evelyn E.C. Queen ordered a 22 month old little girl named Brianna Blackmond back to her mother's care. Weeks later the child was dead from blows to the head in the

home of her mother. The Judge had not seen the report from Brianna's caseworker that urged the judge not to send her back. Also, Judge Queen made the decision without holding a hearing on the subject. Due to confidentiality rules, many of the case's facts have not been brought to light. However, it is clear that with more training and resources the court decision might have been different and Brianna still alive today.

VFA endorses legislation introduced by Senator DeWine (S. 708), the Strengthening Abuse and Neglect Courts Act. W e strongly urge Congress to pass this vital legislation this session. The bill will improve training and resources for our nation's court system. Most importantly, the bill will improve the lives of many children by moving them through the court system in a more timely manner, and finding them permanent loving homes more quickly.