

**PROMOTING SAFE AND STABLE FAMILIES PROGRAM**

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**HEARING**  
BEFORE THE  
SUBCOMMITTEE ON HUMAN RESOURCES  
OF THE  
COMMITTEE ON WAYS AND MEANS  
HOUSE OF REPRESENTATIVES  
ONE HUNDRED SEVENTH CONGRESS

FIRST SESSION

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MAY 10, 2001  
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**THURSDAY, MAY 10, 2001**

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

The Subcommittee met, pursuant to notice, at 1:05 p.m., in room B-318 Rayburn House Office Building, Hon. Wally Herger (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,

CONTACT: (202) 225-1025

May 3, 2001

HR-4

### Herger Announces Hearing on the Promoting Safe and Stable Families Program

Congressman Wally Herger (R-CA), Chairman, Subcommittee on Human Resources of the Committee on Ways and Means, today announced that the Subcommittee will hold a hearing on the Promoting Safe and Stable Families program. The hearing will take place on Thursday, May 10, 2001, in room B-318 of the Rayburn House Office Building, beginning at 1:00 p.m.

In view of the limited time available to hear witnesses, oral testimony at this hearing will be from invited witnesses only. Witnesses will include program administrators, researchers, and other experts on child welfare issues. 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 Promoting Safe and Stable Families program was authorized by the Adoption and Safe Families Act of 1997 (ASFA) (P.L. 105-89). This program expires in fiscal year 2001 and funds services designed to prevent child abuse and neglect. ASFA required that a child's health and safety be the paramount consideration in determining the placement and course of action for an abused or neglected child. This important legislation sought to ensure that the system did not put the goal of returning a child to his or her biological parents above the safety of the child. Changes were also made to address concerns that children were kept in the foster care system too long. Thus, among other provisions, ASFA imposed defined time limits on how long attempts to reunify a family can occur before the child must be legally freed for adoption.

Prior to ASFA, States used these child welfare funds for family preservation services for families in crisis, and family support services to promote child and family well-being. ASFA added two new categories of State activities: time-limited family reunification services, and adoption promotion and support services. ASFA authorized funding for these services through the end of FY 2001. (Currently, \$305 million is available each year to States for program purposes, and the President's budget proposes an additional \$200 million or a more than 65 percent annual increase in each of the next five years.) Finally, ASFA renamed Title IV-B, Subpart 2 of the Social Security Act the "Promoting Safe and Stable Families" program.

In announcing the hearing, Chairman Herger stated: "This will be our first hearing in the 107th Congress on issues affecting the most vulnerable children in our society—those in need of protection from abuse and neglect, often at the hands of their own parents. I am encouraged that the President has proposed an additional \$1 billion for these important services to protect children at all times and reunite families whenever possible. In considering this request, we must first evaluate how current funds are being spent, and whether they are serving those in greatest need."

#### FOCUS OF THE HEARING:

The focus of the hearing is to explore how States have used Promoting Safe and Stable Families program funds, to learn which programs are more effective, and to consider issues for further review and action during reauthorization of the program.

**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, May 24, 2001, to Allison Giles, 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.

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.

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Chairman HERGER. Good afternoon, and welcome to today's hearing on the Promoting Safe and Stable Families program.

The purpose of our hearing today is threefold. First, we will explore how States have used Safe and Stable Families funds, for example, to help children at risk of abuse or neglect. Second, we will examine what services make the biggest difference for families at risk or involved with the foster care system. And, third, we will consider what this all means as we head toward reauthorization later this year.

This Subcommittee played a key role in 1997 when, through the Adoption and Safe Families Act, we set the terms of the Safe and Stable Families program. That law sent a strong bipartisan message that children should not languish in foster care for so long that they have little hope of finding a permanent home. Since the Adoption and Safe Families Act was enacted, adoptions are up from 28,000 in 1996 to 48,000 in 1999, and child maltreatment is down nearly 7 percent. So it appears we are heading in the right direc-

tion. I would like to thank Mr. Camp especially for his continuing service on behalf of children in foster care.

We are pleased to have a number of extremely able witnesses with us today who know what happens when Federal dollars leave Washington and reach families in crisis. But in addition to our review of funding and services and the like, I hope we will also focus on what this all means for children.

Consider the story of an infant whom I will call Trina. Trina was the fifth of six children born to a mother addicted to crack cocaine. Trina's mother made her living on the streets. When Trina was born, her older brothers and sisters were already in foster care after being found in a filthy and unattended apartment with no food, a butcher's knife on the floor, and no toilet paper or diapers in the house. But their mother insisted she would be back on her feet soon, she just needed some time. So Trina's older siblings remained in foster care for more than 6 years.

Trina, however, has been adopted by a loving family. In contrast, two of her older siblings, after bouncing around the system, will age out of foster care without ever experiencing the safety and stability of a safe and permanent home.

It is hard to imagine all the ways Trina's life and prospects will be improved by living in a permanent, loving home. Now imagine the heartache and hurdles her older siblings, without that simple advantage, will have to overcome. We surely do not want to give up on any parent, but with the clock ticking on childhood, time is crucial and must not be wasted. So we will be very interested in whether children at risk are benefiting from recent changes and what more can be done to help them.

Without objection, each Member will have the opportunity to submit a written statement and have it included in the record at this point.

Mr. Cardin, would you like to make an opening statement?

[The opening statement of Chairman Herger follows:]

**Statement of the Hon. Wally Herger, M.C., California, and Chairman,  
Subcommittee on Human Resources**

Good afternoon, and welcome to the Subcommittee on Human Resources' hearing on the Promoting Safe and Stable Families program.

The purpose of our hearing today is threefold. First, we will explore how States have used Safe and Stable Families funds, for example to help children at risk of abuse or neglect. Second, we will examine what services make the biggest difference for families at risk or involved with the foster care system. And third, we will consider what this all means as we head towards reauthorization later this year.

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Mr. CARDIN. Thank you, Mr. Chairman; and I, too, want to thank you for holding this hearing today as we look at the Promoting Safe and Stable Families program.

This Committee has a very proud record of trying to help our most vulnerable children. We were successful in the last Congress in working in a very bipartisan way to deal with children aging out of foster care. I think it is a result of the action of this Committee that we now have a stronger partnership with our States in dealing with this vulnerable group of children, and I would hope that we will have the same cooperation on this legislation. I am very encouraged by the President suggesting that we increase the funding by a billion dollars over the next 5 years.

Mr. Chairman, I want you to know, speaking for the Democrats, we want to work with you to pass legislation quickly for this increased funding so it can get out and help the people that need this assistance.

Currently this year, the program will be providing \$305 million to our States to provide programs for family preservation services for children and families that are at risk or in crisis, community-based family support services to help prevent abuse or neglect, time-limited family reunification services and adoption promotion and support activities. So it is a pretty broad availability of programs that can be funded through this Federal program, and we look forward with you to bringing out legislation that will increase the authorizations so that we can make extra money available to these programs.

Mr. Chairman, I just want to mention one other area that I would hope that we would take a look at, and that is the link between substance abuse and child abuse. We have a crisis that we need to deal with, and we need to provide additional help to our States to deal with this issue. We know that somewhere between 50 to 80 percent of the parents of children who enter the child welfare system are substance abusers. We know there is a direct relationship between being a substance abuser and abuse of children. So I would hope that we would also figure out a way to provide additional help and resources in this direction.

So, Mr. Chairman, I look forward to working with you in a bipartisan way so that we can bring legislation to the floor as quickly as possible.

[The opening statement of Mr. Cardin follows:]

**Statement of the Hon. Benjamin L. Cardin, M.C., Maryland**

Mr. Chairman, I am pleased that we are focusing today on the Promoting Safe and Stable Families Program—a key part of the federal commitment to ensuring the well-being of our most vulnerable children. The Safe and Stable Families program will provide \$305 million this year to States to fund four types of services: family preservation services for children and families that are at risk or in crisis; community-based family support services to help prevent abuse or neglect; time-limited family reunification services; and adoption promotion and support activities. This program is essential to improving child safety, stability, and permanence for at-risk and foster children.

I was heartened by the Administration's proposal to increase funding for Safe and Stable Families by \$1 billion over the next five years. I am hopeful this committee will quickly pass legislation to provide those requested resources, as well as new funding for the President's proposal on educational assistance for children aging out of foster care—an issue this committee worked on last year.

But we should not stop there. We also need to examine more carefully the linkages between substance abuse and child abuse, particularly when we know that somewhere between 50 to 80 percent of the parents whose children enter the child welfare system are substance abusers. We must expand the substance abuse screening, prevention and treatment services available for families in the child welfare system, and provide funds to build partnerships at the state and local level between substance abuse and child welfare agencies.

I look forward to hearing from our State witnesses on how they utilize funding from the Safe and Stable Families Program to improve family stability and child safety. Thank you.

Chairman HERGER. Thank you, Mr. Cardin.

Before we move on to our testimony this afternoon I would like to remind witnesses to limit their oral statements to 5 minutes. However, without objection, all the written testimony will be made a part of the permanent record.

Will the witnesses please have a seat at the table. On today's panel we will hear from Betsey Rosenbaum, Director of Children and Family Services for the American Public Human Services Association.

Mr. CARDIN. If you can find your names. Fortunately, we are not videotaping this.

While there is a break I want to welcome Linda Mouzon, if I might, who is the Executive Director of the Social Services Administration for the Maryland Department of Resources. It is a pleasure to have you with us.

Mr. CAMP. If I might also, James Beougher, who is the Director of Child and Family Services Administration for the Michigan Family Independence Agency, I would like to welcome him as well and look forward to his testimony. Thank you.

Chairman HERGER. Thank you, Mr. Camp.

We do welcome you, Mr. Beougher; and we are very pleased to have the former chairman of this Subcommittee, Congressman Shaw. And Mr. Shaw—Congressman Shaw, would you like to introduce one of your constituents?

Mr. SHAW. Yes, I certainly would. It is a constituent that we in Florida and certainly in my own city of Ft. Lauderdale are extremely proud of, and this is Judge Kathleen Kearney, who is no stranger to this Committee. She was very helpful to you in many areas of legislation having to do with adoption, having to do with foster care. She has a very distinguished record and now is the Sec-

retary of the Florida Department of Children and Families, having been appointed in January 1999 by Governor Jeb Bush.

I really got to know Judge Kearney very well during the period of very troubling time in Broward County, Florida, where we found that kids were lingering in foster care for extraordinarily lengths of time. I can tell you this is one lady you do not want to get on the wrong side of. And they got on wrong side of her, and she cleaned that mess up very, very quickly, both in her present position and also as a judge. She has been extraordinary. She has been just a tremendous resource and a spokesman for children.

This particular Committee does wonderful work, and I think it is not known for what we do, the wonderful things we do for families and children in this Committee. I commend you for having this hearing. I compliment you for inviting Ms. Kathleen Kearney back to testify before us.

Mr. CARDIN. Would the gentleman yield for just a minute? I would like to join you in welcoming Judge Kearney. I was going to give her an honorary position in our Committee, she has been here so often testifying.

Mr. SHAW. Well, I would accept that as your introduction. But I can tell you she was a great personal advisor to me when I chaired this Committee, and I am sure she is a wonderful resource for you to have with you here today.

Thank you. Appreciate you giving me the privilege of introducing her.

Chairman HERGER. Thank you very much, Mr. Shaw.

We appreciate having you with us, Judge Kearney. Also very pleased to have Linda Mouzon, Executive Director of the Social Services Administration for the Maryland Department of Human Resources; Dr. Fred Wulczyn of the Chapin Hall Center for Children, Chicago, Illinois.

And, Mrs. Johnson, would you like to introduce—

Mrs. JOHNSON. I would like to welcome Mr. Torres and Ms. Merrill to our hearing today.

First of all, it is a great pleasure to have you here from the Casey Family Services. You have done such a wonderful job of a creative response and a kind of allied relationship to some of our teenagers. It is so important to their growing up to be adults. It was really a pleasure to sit at the—oh, shucks, what is the organization's name about adopted children that gives the dinner every year?

Mr. TORRES. North American Council on Adoptable?

Mrs. JOHNSON. No, I will get it in a minute. But I sat with one of the kids in Connecticut who had come through your program—well, actually, he had been saved by your program. The problem is that he wasn't coming up through the foster care program. And really the opportunity that you give children and the support you give parents, adoptive parents and foster care parents and the independent living program, through those means to these children is really fantastic and has changed the course of life events for our young people in Connecticut.

And, Ms. Merrill, I just am—it is a great pleasure to welcome you, but I really am in awe and admiration of your ability not only as a professional in the mental health area but also as a human

being to be willing to not only provide foster care for older children, yourself adopt, devote yourself to foster care and adoption services to support families. They are very few out there who actually adopt older children from the foster care system. And you have done it with the not only great heart but from a professional—with professional training that has been a tremendous asset to the young lives that you have touched.

Orphan Foundation, that is it. It is a name I hate. But it is true when you talk to these kids that is exactly what they are and what they have to contend with being.

So I really appreciate both of your being here, and I know the Committee will benefit from your input. And, Judge Kearney, it is indeed a pleasure to welcome you. You have been a great service to this Committee.

Chairman HERGER. Thank you very much. With that, we will begin our testimony.

Ms. Rosenbaum first, please.

**STATEMENT OF BETSEY ROSENBAUM, DIRECTOR, CHILDREN AND FAMILY SERVICES DEPARTMENT, AMERICAN PUBLIC HUMAN SERVICES ASSOCIATION**

Ms. ROSENBAUM. Chairman Herger, Congressman Cardin and Subcommittee members, I am Betsey Rosenbaum, Director of the Children and Family Services Department at the American Public Human Services Association. APHSA has a longstanding interest in developing and promoting policies and practices that enable States to help our Nation's most vulnerable children and families.

I want to thank you for the opportunity to testify today. We want to commend the Subcommittee for recognizing the value of the Promoting Safe and Stable Families program and for holding this hearing. We are pleased that the House and Senate and President Bush have included in their budgets an increase of \$1 billion over 5 years for this program.

Today's child welfare system serves some of America's most fragile and troubled children. In 1999, State CPS agencies received an estimated 2.9 million maltreatment reports, with an estimated 826,000 children found to be victims. As well, 568,000 children were in foster care, 118,000 were waiting adoption, and 48,000 were placed for adoption.

The Promoting Safe and Stable Families program is an important source of Federal funding for child welfare services. The 1993 enactment of the Family Preservation and Support Services program, later changed to Promoting Safe and Stable Families, offers States and communities a first-ever opportunity to begin fundamental reform of their child and family service systems. In the 7 years since, it has proven to be a vital source of support for vulnerable families. As you know, the four components of the program are family preservation, community-based family support, time-limited family reunification and adoption promotion and support services.

For example, Mr. Chairman, in Chico, Safe and Stable Families funds a mentoring program that exposes young parents to healthy lifestyles and safe activities. In Gridley, funds provide education on parenting, health and safety issues. In fact, California is the larg-

est recipient of these funds, with an allotment of \$42 million, 15 percent of the total amount.

The Safe and Stable Families program is an important funding source for post-adoption services, including child care, respite care, crisis intervention and educational support. It provides for family support services such as family resource centers, home visiting and parenting classes for teens. The program also supports intensive family preservation services.

But, even with this program services to families remain underfunded. States have historically outspent the Federal government and it is time for a more equitable State and Federal financial partnership.

When the child welfare financing structure was created over 20 years ago, the assumption was that Title IV-B service funding would grow significantly, but it hasn't. Currently, over 6.5 billion Federal dollars are spend on out-of-home care, while \$992 million are spent on prevention and intervention services.

We believe that the following elements are essential for reauthorization:

First, increased funding for the program as included in the House, Senate and President's budget.

Second, additional funding is needed for other child welfare prevention sources, including CAPTA, which is also up for reauthorization, and the Social Services Block Grant.

Finally, the law requires States to spend a significant portion of funds on each of the four service areas which HHS has divided into 20 percent per area. We urge to you change this definition to allow at least 50 percent of the funding to remain flexible.

But, because there is no single comprehensive child welfare program at the Federal level but rather a collection of programs and requirements, the importance of the Safe and Stable Families program needs to be more broadly understood. Clearly, reauthorization of this program is critical, but other fundamental issues need to be addressed. These include the need for flexibility of Title IV-E funds for services other than foster care. We urge Congress to amend Title IV-E to give States the option to redirect Federal revenue for Title IV-E maintenance payments into their Title IV-B programs.

Other priorities include making the child welfare waivers more flexible and addressing the connection between substance abuse and child welfare. These issues are addressed in Crossroads: New Directions in Social Policy, our transition report to Congress and the President, and as well is covered in my testimony.

In conclusion, the current structure of child welfare is disproportionately directed toward out-of-home care and doesn't promote services that encourage child safety and family reunification. The Safe and Stable Families program provides agencies with the opportunity to direct funds to the challenges faced by individual families and fulfill important service system gaps. In summary, we support reauthorization with the needed funding and program flexibility.

Thank you for the opportunity to testify.

[The prepared statement of Ms. Rosenbaum follows:]

**Statement of Betsey Rosenbaum, Director, Children and Family Services  
Department, American Public Human Services Association**

**INTRODUCTION**

Chairman Herger, Congressman Cardin, Members of the Subcommittee, I am Betsey Rosenbaum, Director of the Children and Family Services Department at the American Public Human Services Association (APHSA), a non-profit bipartisan organization representing state and local human service professionals for more than 70 years. Thank you for the opportunity to testify today about the Promoting Safe and Stable Families Program, and the need for reauthorization of this vital program.

As the national organization representing state and local agencies responsible for the operation and administration of public human service programs, including child protection, foster care and adoption, APHSA, and its affiliate association, NAPCWA, the National Association of Public Child Welfare Administrators, have a long standing interest in developing and promoting policies and practices that enable states to help our nation's most vulnerable children and families.

On behalf of public child welfare administrators, I want to take a moment to commend this committee for recognizing the value of this program and for holding this hearing. I would also like to mention how pleased we are that the House, Senate and President Bush have included a significant increase (\$1 billion over five years) for the Safe and Stable Families program in their budgets. Finally, I want to thank you and your staff for your continued willingness to work with APHSA on various issues of concern to our association and members.

**BACKGROUND**

The child welfare system serves some of America's most fragile and troubled citizens—families in crisis and children who have been abused and neglected. Public child welfare agencies provide a broad array of services to children and families, including prevention and family support-services, early intervention and family preservation services, child protective services, foster care, and permanency and post-permanency services. Public child welfare agencies also work closely with other public agencies that often deal with the same population, including TANF and Medicaid agencies, domestic violence programs, substance abuse treatment agencies and mental health programs.

In 1999, state child protective services agencies received an estimated 2.9 million referrals alleging child maltreatment, with an estimated 826,000 found to be victims. As of September 1999, 568,000 children were in foster care, and 118,000 children were awaiting adoption. In recent years, however, states have made great strides toward increasing the safety of children and moving them toward permanence. For example, in 1999, states found permanent homes for 46,000 foster children, a 28% increase over the 36,000 adoptions in 1998 and a 64% increase since 1996, when states found permanent homes for 28,000 children. States have been so successful in increasing adoptions that these numbers have exceeded Congressional budget expectations for the last several years.

**THE PROMOTING SAFE AND STABLE FAMILIES PROGRAM**

The Promoting Safe and Stable Families Program, authorized as Title IV-B, Subpart 2, is an important federal source of service funding for the child welfare system. The enactment in 1993 of the Federal Family Preservation and Support Services Program (FPSSP)—the name was later changed to the Promoting Safe and Stable Families Program in the 1997 reauthorization—offered states and communities a first-ever opportunity to begin fundamental reform of their child and family service systems in order to better protect children and support families. It was intended as a catalyst for building a comprehensive, community-based service system for children and families that is more responsive to individual needs. The program provided funds for the first time for broad-based and ongoing planning to identify resources and needs in states and communities and to implement necessary system improvements, as well as for a range of community-based preventive and supportive services designed to strengthen families, to help prevent crises and to help families cope better when crises occur.

In the seven years since this program was established, it has proven to be a vital source of support for vulnerable families. Since 1993, important reforms have been instituted, including passage of the Adoption and Safe Families Act (ASFA), dramatic increases in adoption and new models for service provision to help achieve safe and permanent placements for children, whether they are with their families, other relatives, or adoptive homes. In short, the Promoting Safe and Stable Families

Program is an important adjunct to the success of ASFA and we fully support reauthorization.

However, even with the Safe and Stable Families Program, services that protect child safety and promote reunification remain underfunded by the federal government. The needs of the state child welfare systems far outstrips the resources that are now provided with federal funding. With states historically outspending the federal government, we believe it is time for a more equitable state-federal financial partnership, particularly in the area of services funded under Title IV–B, including the Safe and Stable Families Program—IV–B, Part 2. When the Title IV–E financing structure was created almost 20 years ago, the assumption was that Title IV–B service funding would grow significantly—an assumption that has been unfulfilled. The reality is that Title IV–B funding has not grown commensurate with practice and service needs. Under the current financing structure, the Congressional Budget Office (CBO) expects spending on removal and placement to average nine times as much as spending on services and prevention between 1999 and 2003. Similarly, over the same period, funding for the removal and placement system will grow from \$4.8 billion to \$6.5 billion, or by 35 percent. By contrast, funding of service and prevention activities will grow by only 9 percent, from \$.57 billion to \$.62 billion.

The four components of the Promoting Safe and Stable Families Program—family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services—provide vital prevention, early intervention, reunification, and post-placement services and support.

In its current form, the law requires states to spend a “significant portion” (which has been defined by HHS as 20 percent) of funds on each of the four service areas. States believe that this interpretation does not provide sufficient flexibility, as states may need to spend more than 20 percent of this limited pot in more than one category to adequately respond to the spectrum of needs of children and families in their particular jurisdiction and to fill the gaps in service delivery systems.

The following are some specific examples of how states are spending Safe and Stable Families funding to target the problems of their particular service populations:

#### *California*

Mr. Chairman, your home state of California has a statewide Promoting Safe and Stable Families allocation of \$42 million—15% of the total allocation—the largest recipient of these funds. This funding allows all of California’s 58 counties to provide a spectrum of services to maintain safety and well being for the state’s children. In smaller counties where resources are scarce, the program provides flexible funding that allows counties to meet the diverse needs of their populations. For example, Mr. Chairman, in your district, in Chico, Butte County targets young parents with a mentoring program that exposes the young parents to healthy lifestyles and safe activities for their families. In addition, the Family Challenge program helps young parents develop communication and conflict resolution skills. Another example in is the Gridley community, where the county offers education and networking on parenting, health, and safety issues. The program provides culturally relevant and informal support systems for the families in the community. The Gridley project also provides direct support services including home-visiting, assistance with qualifying for the Woman, Infants and Children Program, and assistance with immigration, taxes, housing and food. In Shasta County services are provided through an umbrella program called Great Beginnings. Great Beginnings provides a spectrum of services including home-based supportive services to families that have been referred through Child Protective Services. During the first six months of federal fiscal year 2001, 17 families have received services and have been able to maintain their children safely in their homes. This program also provides early home-based prevention services for families with children aged 0 to 5, with an emphasis on 0 to 3 year olds. Referrals come from the major hospital in the county that provides maternity care. In the first six months of federal fiscal year 2001, 28 families have received services. Many other counties throughout California use funding from the Promoting Safe and Stable Families program to achieve safety and well being for children and their families.

#### *Post-Adoption Services*

Money from the Safe and Stable Families Program is also often an important funding source for post-adoption services. According to a recent APHSA publication—*Report on Post-Adoption Services in the States*, services including child care, respite care, crisis intervention, educational support, medical services, individual and family therapy, support groups, residential treatment, day treatment, case man-

agement, in-home services and parent training—all important services for keeping families together—are funded through the Promoting Safe and Stable Families Program. With the tremendous increases in adoptions since the passage of ASFA, post-adoption services will be critical to ensure that these adoptions remain permanent and stable, and that services are provided to address the ongoing needs of some of these children, who often have serious emotional, physical, and behavioral problems.

#### *Family Support*

We know from what states have been reporting for the last few years that a variety of family support services are supported by Promoting Safe and Stable Families funds. Among the types of family support services that are most frequently available are family resource centers, which offer such services as parent education, child care and parent support groups. Also available are home visiting for vulnerable families with children, school-based family services, supportive and intensive services to families, and nurturing programs. The funds are also used to provide structured social time for families, parenting education (such as training on child development), parenting classes for teen mothers, child care and respite care.

#### *Family Preservation*

The Promoting Safe and Stable Families Program also supports family preservation services, including the development or expansion of intensive family preservation services; the expansion and strengthening of family preservation services; the provision of services to families that are not at imminent risk but who need help to prevent more serious family difficulties; the development and expansion of substance abuse treatment services for high-risk families, and the development of crisis hot lines and the provision of one-time help with housing, food, clothing and other basic needs.

These examples illustrate the important role this program plays in keeping families together and children safe. The need for reauthorization is clear.

### **PROPOSALS FOR REAUTHORIZATION**

Child welfare agencies can and do serve an important role in keeping children and families out of the foster care system by providing prevention, services and family support. While we are supportive of the Promoting Safe and Stable Families Program, including resources being used for evaluation, research and training and funding going to Indian Tribes and court improvement, APHSA believes that the following elements are essential for reauthorization if Promoting Safe and Stable Families is to continue to be an effective program:

- We endorse increasing the funding level for the Promoting Safe and Stable Families Program by the \$1 billion over five years included in the President's Budget Blueprint and the House and Senate Budget resolutions.
- While \$1 billion over five years is an important first step toward providing resources to the front end of the child welfare system, additional funding is also needed in other prevention sources, including the Child Abuse Prevention and Treatment Act (also up for reauthorization this year) and Title XX—the Social Services Block Grant, which states often use for child welfare services.
- We believe that the current four service components listed above remain appropriate, however we urge the committee to amend the HHS definition of “significant portion” from 20% to a level where at least 50 percent of the funding remains flexible, allowing states to make decisions on allocation of the funding among the four service areas based on children and family needs.

### **BROAD CHILD WELFARE CONTEXT**

As I stated earlier, the Promoting Safe and Stable Families Program exists within a larger framework of child welfare. Because there is no single, comprehensive child welfare program at the federal level, but rather a collection of programs, grants, funding streams, and legislative and regulatory requirements, the value and importance of Promoting Safe and Stable Families can only be understood within this larger context. While the reauthorization of this program is critical, there are additional fundamental child welfare issues that must be addressed.

#### *The Adoption and Safe Families Act (ASFA)*

The Adoption and Safe Families Act (ASFA), passed by Congress in 1997, which included reauthorization of the Promoting Safe and Stable Families Program, places numerous new requirements on states to move more children to permanence in shortened timeframes. ASFA holds states accountable for achieving outcomes for children with respect to safety, permanence, and well being, and requires an annual report to Congress on state-by-state performance. It also requires a new federal review system with penalties tied to outcomes. This review process has now begun,

with the first six states being Delaware, North Carolina, Vermont, Minnesota, Oregon and New York.

In the three years since ASFA's enactment, states have demonstrated significant progress, not only because of the new law but also because of state initiatives that were in place prior to the law. However, the federal government has not provided any additional resources to support state's efforts to meet these new mandates. These accomplishments have occurred despite the substantive effort required by states to implement the new ASFA requirements.

#### *Flexible Funding*

In our work, particularly in *Crossroads: New Directions in Social Policy*, APHSA's transition report to Congress and the President released in February, we have written about and promoted extensively the need for investments in and increased flexibility for child welfare. We see these approaches (flexibility and increased resources) as interrelated—both are required for effective child welfare practice and to meet the demands of ASFA.

In *Crossroads*, we proposed new approaches for Title IV–E flexibility because we believe the financing structure established in 1980 no longer works. The current structure of federal child welfare funding does not adequately support the outcomes for the children and families that public child welfare agencies, Congress, the federal government, child advocates, and the public seek to achieve. The biggest share of this federal funding is disproportionately directed toward funding out-of-home care—the very part of the system that agencies are seeking to minimize to achieve greater permanence for children.

APHSA's first priority is that Title IV–E be allowed to be used more flexibly for services other than foster care maintenance payments, such as front-end services, reunification, or post-permanency services for children who come to the attention of the child welfare system. Specifically, we urge Congress to amend the Title IV–E statute to give states the option to redirect federal revenue for IV–E maintenance payments into their Title IV–B programs. This transfer option would provide states with flexibility to reinvest federal revenue into other child welfare services that promote safety and permanency, whenever foster care caseloads are reduced, while maintaining accountability for outcomes.

#### *Focus on Outcomes and Agency Capacity Building*

In recent years, public child welfare has increasingly focused on outcomes as a way to measure the achievement of positive results for children and families. The changes to federal law made under ASFA have heightened this attention to outcomes and accountability even more. The child welfare field has agreed upon safety, permanence, and well-being as desired outcomes for children in the child welfare system. The field also has emphasized increasing the number of adoptions, reunifications, and guardianships; decreasing the length of time in foster care and the length of time for achieving permanent placements; and reducing the number of children in foster care and the incidence and recurrence of abuse and neglect.

Even with these substantial strides, the system lacks the full capacity for achieving outcomes. Child welfare practice has become more and more complex, with tremendous demands on the system, with increasingly challenging populations, high caseloads and scarce resources, interstate issues, overrepresentation of children of color, and increased expectations and requirements. In recent years, children and families who come to the attention of child welfare increasingly exhibit multiple problems that require a coordinated response from multiple public agencies and service systems outside of child welfare. It is not unusual for families to have serious substance abuse problems, mental illness, or domestic violence concerns; in fact, it is not unusual for a family entering the system to enter it with all of these problems.

ASFA and the prevailing focus on improving outcomes make the need for comprehensive federal financing even more imperative. To improve outcomes for children and to attain positive results, the child welfare system must have the necessary capacity to achieve those goals and enough of the appropriate resources to conduct the appropriate interventions and best practices that will yield the best possible results for children and families.

#### *Title IV–E Waivers*

Another priority area for APHSA, and an additional way to make federal child welfare funding more flexible, is to expand the Title IV–E Child Welfare Demonstration Waivers authorized under ASFA and to increase their flexibility. According to state child welfare agencies, the current waiver process limits innovation and is not responsive to the sense of urgency to change the child welfare system. Other concerns include current policies prohibiting approval for multiple states to test similar

innovations, such as subsidized guardianship; restrictive research, control groups, and random assignment requirements; cost-neutrality methodology; and limitations on statewide approaches. While the waiver program has enabled some states to reinvest federal foster care funding in services and other activities to improve their systems and promote permanence, in its current mode of HHS implementation, it is a promise unfulfilled and will not meet state's needs for the flexibility necessary to achieve broad systems change.

APHSA strongly supports making substantial modifications to the current Title IV-E waiver process to allow more flexibility and to foster system change, including eliminating the limited number of waivers HHS can approve; eliminating approval criteria that require random assignment and control groups that limit statewide approaches; eliminating the limited number of states that may conduct waivers on the same topic; eliminating the limited number of waivers that may be conducted by a single state; and enabling states to continue their waivers beyond five years.

We plan to work with the Administration on this issue, as many of these limitations can be addressed through administrative policy and implementation changes. We do appreciate the interest this subcommittee showed regarding increasing the flexibility of IV-E waivers in the 106th Congress, and hope that you can address the statutory barriers to successful implementation of the waivers, especially the limitation on the number of waivers HHS may approve.

#### *Child Welfare and Substance Abuse Partnerships*

The connection between substance abuse and child abuse is another issue of concern for state human service administrators and the families they serve. Substance abuse is estimated to be a factor in over one-half of child abuse and neglect cases. In *Crossroads*, APHSA calls for enhanced federal resources to address this critical issue. To ensure safety and permanence for children in the child welfare system and appropriate alcohol and drug treatment and prevention services for their families, new cross-agency partnerships are needed. Child welfare and alcohol and drug prevention and treatment agencies must work together at federal, state and local levels and with other service providers, the courts, communities and families. While there are a growing number of best practice models being developed throughout the country, there are insufficient resources to address the magnitude of the problem. To fulfill ASFA requirements, it is critical that child welfare and substance abuse agencies and providers have the resources they need in order to collaborate and serve these families.

#### **CLOSING COMMENTS**

Finally, let me repeat that the current structure of child welfare is disproportionately directed toward funding out-of-home care, and does not promote services that encourage child safety or promote family reunification. One of the important features of the Promoting Safe and Stable Families Program is that it provides the agencies serving these families with the opportunity to direct funds to challenges faced by the individual families being served.

APHSA's vision for child welfare is a society where children are free from abuse and neglect, and living in safe, stable, permanent families—where children and families have needed supports and can help themselves. When children are at risk and come to the attention of the public agency, the agency can provide services and supports to them and their families to mitigate their problems and prevent them from being removed from their families and communities. When children must come into care, the agency can address children and family needs expeditiously and enable a safe reunification or, where not possible, can find an alternative permanent placement expeditiously, while assuring their well-being in the interim. This is a vision where there is a family-centered, strengths-based approach to serving families; where the safety and protection of children is the shared responsibility of all parts of the human services agency and the larger community. If all parts of the human service system fulfilled their mission, the child welfare caseload could be greatly reduced.

APHSA's vision for the child welfare program is a system that has the capacity to do the above and to improve outcomes for children and families and one in which the federal government and states are equal partners (along with communities) in serving all children in all parts of the system.

In conclusion, APHSA and the public child welfare administrators support reauthorization of the Promoting Safe and Stable Families Program. Funding for this program must be preserved, increased and made more flexible in order to effectively address the needs of our nation's children and families.

Thank you for the opportunity to testify. I would be pleased to respond to any questions you may have.

Chairman HERGER. Thank you, Ms. Rosenbaum. Now we will hear from Mr. Beougher.

**STATEMENT OF JAMES E. BEOUGHER, DIRECTOR, CHILD AND FAMILY SERVICES ADMINISTRATION, MICHIGAN FAMILY INDEPENDENCE AGENCY**

Mr. BEOUGHER. Good afternoon Mr. Chairman and Members of the Subcommittee. I am here representing the Michigan Family Independence Agency.

I want to thank you for the opportunity to share Michigan's experiences and perspective on the reauthorization of Promoting Safe and Stable Families. This legislation enables States to develop programs that focus on the issues that most affect vulnerable children and families, protection from abuse and neglect.

In Michigan, family preservation programs are key in providing an effective spectrum of intensive services to families with complex needs. These families can be birth families, foster families or adoptive parents.

Utilizing family preservation programs comes with the critical responsibility to evaluate their effectiveness. Michigan has identified key design components that must be present if programs are to successfully achieve their goals. They are: The child and family must be active Members in the decisionmaking process and experience ownership in achieving the goals of safety and stability. Programs must be based on sound models working with the family and their community and building upon natural support systems. Uniform training of service providers is critical. Outcomes and expectations must be articulated and monitored. Quality assurance processes must be built into the program, and ongoing technical assistance and training must be mandated and provided.

We have reviewed national studies that claim family preservation models show no significant differences between families who receive these services and those that do not. Michigan's experience casts doubt on that assertion.

Our Families First of Michigan program began in 1988. Families First focuses on providing a broad variety of intensive home-based services for families to ensure child safety. Critical to its success, resources must be available to families 24 hours a day, 7 days a week; and we require comprehensive staff training and monitoring for strict adherence to the model.

Since 1992, Families First has undergone a series of formal evaluations that have concluded the program is effective in reducing out-of-home placement and is cost effective as compared to foster care. The most recent study included only cases where the court had first found probable cause for placement into foster care as well as a rigorous experimental control design including random assignment to the control group or the experimental group. Empirical data established that these intensive services resulted in 93 percent of Families First children living at home, compared to 43 percent of those in the foster care control group 1 year after Families First case closure. Additionally, less than 1 percent of Families First families experienced a subsequent occurrence of substantiated abuse, when compared to 6 percent in the foster care group.

A second program that we have is called our Family Reunification program. It also ensures integrity to the training and monitoring process. Again, an independent evaluation, in this instance funded by a foundation, found significant impact. At 12 months, 85 percent of the children completing the program had returned to and remained safely in their home, compared to 68 percent of the children who were placed in regular foster care. There was an additional savings of \$5,000 per child due to reduced placement cost.

Michigan's commitment to providing a broad spectrum of family preservation services is also evident in our Family Group Decision Making program, which ensures safety and stability within kinship placements and builds upon the family commitment to their children by using a team approach between the children's protective services worker, the Family Group Decision Making provider and the extended family.

Michigan's Lenawee County has been nationally recognized for its success of using this model for Native American children. In 1999, out of 26 children in out-of-home care in this small county, 20 were of Native American decent, even though they were only 2 percent of the population. Currently, only two Indian children remain in foster care, and no new referrals of Indian children have occurred since the pilot began 18 months ago.

Our universal commitment to the principles of assuring children's safety, providing a stable home environment and opportunities for growth and permanency is evident in all of our preservation programs. Though time does not permit an in-depth accounting system, similar options can be found in Lenawee County where wraparound service has reduced the number of children housed in residential care from 24 to 2 and decreased the rate of placement into residential care from 18 per year to 1.

The common thread in the success of these programs is the intensive family-centered design of the service models, clearly defined outcomes and effective monitoring activities. I believe we have provided you some key evidence-based data to consider which presents the success of family preservation programs in achieving the goal of child protection stability. Thank you.

[The prepared statement of Mr. Beougher follows:]

**Statement of James E. Beougher, Director, Child and Family Services Administration, Michigan Family Independence Agency**

I am James E. Beougher, Director of the Child and Family Services Administration, the Michigan Family Independence Agency (MFIA), and I am submitting this statement for the record on behalf of the Michigan Family Independence Agency and the American Public Human Services Association (APHSA) regarding the reauthorization of Title IV-B, Subpart 2 of the Social Security Act, Promoting Safe and Stable Families.

Promoting Safe and Stable Families enabled many states, Michigan among them, to develop programs and initiatives that focus on identifying those important issues most affecting vulnerable children and families; those needing protection from abuse and neglect. It is critical to continue this funding to promote opportunities for states to develop effective service delivery strategies if they are to achieve this overarching goal of child protection.

In Michigan, our Family Preservation programs are a critical component in the state's ability to provide a broad spectrum of intensive services to families with complex needs. These families can be birth parents, foster-parents, or the adoptive families of these children.

With the ability and encouragement to be creative in the development of Family Preservation programs came the responsibility to evaluate the effectiveness of these

services in achieving the goal of protecting children, strengthening all families, and promoting and encouraging permanency for children. We have identified several components that must be present in the design of an intervention if it is to be effective.

In Michigan, we have found that our Family Preservation programs are successful in achieving these goals based on the inherent design philosophy of providing access, voice and ownership to the children and families they are created to serve. Access provides the parent and child with valid options for inclusion in the decision-making process that impacts their family. Voice provides the parent and child with the opportunity to have their concerns heard and to ensure that their needs are addressed at all stages in the case planning. Finally, ownership provides that the parent and child agree with and, most importantly, are committed to the plan that is developed to assist them.

Family Preservation programs focus on meeting the immediate needs of the family to promote stability. Traditionally, where child safety issues are present, parents are often referred to counseling as a primary service. In Family Preservation programs, those factors that result in risk to the child are identified and immediately remedied. For instance, if a family does not have housing, counseling will not make an appreciable difference in the family's ability to provide a safe and stable environment for their children.

Equally as important in the success of these intensive intervention programs is the fundamental design of the service model itself. Services, and those that deliver these services, must view families as partners, as being part of the solution rather than being the problem.

The programs must be based on sound ecological models, working with the family in their natural environment, utilizing their strengths, values, and beliefs and those of their community and natural support systems. Michigan has been aggressive in developing, monitoring, and evaluating programs that comport with these basic family centered philosophies.

Another critical tenet of our Family Preservation continuum is to ensure that the communities in which our families live are active partners with the state, local human service providers, schools, faith community and families. To assure success in achieving the goals of protecting children or reuniting families, several critical operational mandates must be adhered to.

In Michigan, these include:

- Uniform training provided statewide to family preservation service providers;
- Contractual service providers of these intensive services are community based to ensure relevancy of services;
- Defined outcomes and expectations for family preservation programs are clearly articulated and monitored;
- Defined quality assurance processes are built into the family preservation program models and are monitored to ensure adherence to the model; and
- Technical assistance and training is on-going and is provided by state-level collaborative partnerships to ensure relevance and effectiveness.

There are national studies that claim Family Preservation models show no significant differences between families who receive Family Preservation services and those that receive conventional services. I would like to highlight several family preservation programs in Michigan that are particularly effective and that have evidence-based findings which objectively measure those successes.

#### *Families First of Michigan*

The Families First of Michigan program, which is based on the HomeBuilders model, is family-centered and home-based providing a broad variety of intensive services to families in need. Families First service providers are available to the families they serve 24-hours a day, 7-days a week for not more than 6-weeks. Families First of Michigan began in 1988 as a response to the upward trend in rising out-of-home care placements.

In 1988, Michigan's placement data showed that 70–80 percent of all Michigan children placed out-of-home were removed from their families, not because of abuse, but because of chronic neglect related to poverty and drug abuse. The primary goal of Families First has always been to ensure the safety and well being of children, with the secondary goal of decreasing the amount of dollars spent on out-of-home care.

Families First began with a pilot in 1988 in 16 Michigan counties. By 1993, Families First had been expanded to all 83 counties in Michigan, including several federally recognized Indian Tribes, Family Courts, Community Mental Health agencies and Domestic Violence shelters.

Since 1992, Families First has been the subject of a series of formal evaluations that conclude the program is effective in reducing out-of-home placement and is cost effective when compared to foster care. The most recent study utilized the following protocol to determine its findings:

- A rigorous, experimental/control design including random assignment to either a control group (foster care) or the experimental group (treatment at home by Families First); and,
  - Included only cases where the court found cause to order placement in foster care (or other out-of-home setting).
- Data from this study showed:<sup>1</sup>

Families first	Foster care
79% of families were contacted by workers within 24-hours of referral to Families First.	On average, 22-days passed until workers made the initial contact with the family.
2-months after referral, no cases remained open. The average length of intervention was 28-days.	2-months after referral, 88% of the case remained open.
Workers reported spending an average of 41-hours, 17-minutes in face-to-face contact with families during program involvement.	Workers reported spending an average of 4-hours in face-to-face contact with the families over the first 6-weeks of service.
At the 12-month follow-up, 93% of the children were living at home.	At the 12-month follow-up, 43% of the children were living at home.
For those children who did enter out-of-home placement, the average length of stay was 67.3 days.	During the same 12-month period, control group children averaged 182 days in placement.
Less than 1% experienced a subsequent report of substantiated abuse.	6% had subsequent reports of substantiated abuse.

The Families First Effectiveness Study also found that to be effective strict adherence to a model is a critical component. To maintain the integrity of the program model, comprehensive staff training has continued to be a high priority for Families First. Additionally, the program provides family preservation specialists at the state level who support and monitor the work of the provider agencies. These specialists conduct monthly on-site visits to review referrals for appropriate targeting, provide case consultation along with clear guidelines, and monitor service delivery, program utilization rates and outcome data to ensure model integrity. The program also includes a quality assurance coordinator who regularly provides consultation and guidance to the agencies in the program operations.

The Michigan Office of the Auditor General specifically cited what they identified as “noteworthy accomplishments” of the Families First Program in the Performance Audit of Families First released in July of 1998. That audit specifically stated:

The Program has shown that it can be a cost-effective alternative to out-of-home placement for certain eligible children. Intensive efforts to safely maintain a child in the parents’ home when the child is at imminent risk of out-of-home placement can result in significant savings to the state. The program places a high priority on the safety of children. Also, these caseworkers spend, on a daily basis, a significant amount of their time in the families’ homes working with the parents and monitoring the safety of children.

Some of the data reviewed by the Auditor General establishing these findings related to Families First is a twelve-year review as follows:

HISTORICAL DATA ON FAMILIES FIRST

[September 1998—November 2000]

Time period	Children served	Families served	Percent of families intact after 12-months
Fiscal year 1995 .....	9,948	4,218	83.3
Fiscal year 1996 .....	9,453	3,926	86.1
Fiscal year 1997 .....	9,308	3,803	83.9
Fiscal year 1998 .....	10,246	3,979	83.0
Fiscal year 1999 .....	9,642	3,918	84.9
Total since 1988 .....	89,200	36,977	84.0

<sup>1</sup>Michigan Families First Effectiveness Study: A Summary of Findings. Betty J. Blythe, Ph.D., Boston College Graduate School of Social Work and Srinkika Jayaratne, Ph.D., The University of Michigan School of Social Work

### *Family Reunification*

Another key in Michigan's successful continuum of Family Preservation programming is the Family Reunification Program (FRP). The Family Reunification Program was created in response to growing public concern about the increasing numbers of children placed in out-of-home care and the lack of effective family-based alternatives. In an effort to prevent repeated out-of-home placement and safely return children to their families, MFIA initiated the FRP to provide intensive home-based services.

The FRP was implemented from 1992–1996 by MFIA utilizing three contract agencies serving a 12-county area in southeast Michigan. All three sites administered the same model, which offered assessment, case management, 24-hour services, and at least two staff (one Bachelor and one Master degree level) working together to provide direct services to children and their families. Family Reunification Services required families to participate in strength-based assessment, family or individual therapy, parenting skill classes, and family workshops. All services were offered through the providing contract agencies. Staff also conducted on-going assessments of the risk to children throughout the program.

The original pilot of the FRP underwent an evaluation by the Skillman Foundation.<sup>2</sup>

Synopsis of the findings from that evaluation are as follows:

Finding No. 1.—The Family Reunification Program was effective in reunifying families by enabling 85% of the children completing the program to return and remain home safely without evidence of abuse or neglect. After 12-months, 85.4% of the children completing the FRP were able to remain in their homes compared to 68.6% of the statewide foster care children, and 68.5% of the 12-county comparison group who were still in their homes.

Finding No. 2.—The children that experienced an additional out-of-home placement after receiving Family Reunification services returned home in a shorter period of time than those not receiving services.

Finding No. 3.—The FRP was cost effective. It saved the state \$5,283 per child for the 18-month period following the return of the child from out-of-home placement. These savings result from a comparison of the cost associated with the treatment group for the 18-month period following the child's return home (an average cost of \$3,830 per targeted-completed child, which includes the cost of six months of FRP services). With the cost associated with the comparison group for the 18-month period following the child's return home (an average cost of \$9,883 per child).

Human cost was also positive by reducing abuse and neglect after children returned home.

Finding No. 4.—The program was equally effective for families typically considered "hard to serve" (e.g. those with histories of substance abuse, domestic violence, poor health, and disabilities).

As a result of the Skillman findings, we have established Family Reunification Services in fourteen of the largest and most populous counties in Michigan. The program has the capacity to serve 1,152 families each year and the program will expand to other counties in Michigan as funding becomes available.

### *Family Group Decision Making (FGDM)*

Michigan's commitment to providing the broadest spectrum of Family Preservation services possible to address those multiple issues of families with complex needs continues with the Family Group Decision Making Program pilot.

Over the past several years, MFIA has formally recognized that Kinship care provides continuity for abused or neglected children's familial and cultural relationships. Michigan recognized that what is needed, and is oftentimes missing, is a tool that can be utilized to ensure safety and stability within kinship placements that also builds upon the existing family commitment to children. Providing an opportunity for family to invest in and become active participants in ensuring child well-being is a critical piece of the Family Group model.

FGDM acknowledges that families can, in most cases, make the most well informed decisions and find safe solutions to issues of abuse and neglect. It emphasizes that families have the responsibility to care for their children and to provide them with a sense of security and belonging. Family, within the FGDM model, is broadly defined to include blood and legal relatives (adoptive parent, stepparent or guardian), tribal elders, neighbors, a child's friend, godparent, teacher, clergy and anyone who has a significant relationship with the parent and/or child.

<sup>2</sup>An Evaluation of the Michigan Family Reunification Program: 1992–1997; the Skillman Foundation

FGDM utilizes a team approach between children's protective services workers and the FGDM contracted providers to identify concerned members of the child's family and community network. Family meetings are convened to develop a safety plan for the child. This plan becomes the cornerstone of support, assessment and casework services for families by creating a safe environment for the children in the kinship structure.

The program objectives are to:

- Support family decision-making regarding the care and protection of children and create a family support system focused on safety and stability;
- Increase the role of family in the care and protection of children;
- Increase the number of children remaining safely in their homes or with extended family;
- Reduce the number of out-of-home placements; and,
- Decrease the number of children's protective service re-referrals and re-substantiations.

In Michigan, there are currently six counties involved in the FGDM demonstration project. The Michigan model includes an after-care component that provides for a FGDM advocate to continue working with the family for up to one year to assist them in the on-going implementation of their safety plan.

There have been 70 referrals made to FGDM involving 254 high-risk children. Of those referrals, 91% of the families agreed to participate in the process. In 98% of safety plans developed, the MFIA children's protective service worker approved the plan as meeting the needs of the child for continued safety. In the last year, 75% of the cases were closed as having successfully achieved their goal.

One of the greatest successes of the FGDM model has been in Leelanau County in northern Michigan. Leelanau is home to the Grand Traverse Band of Ottawa and Chippewa Indians. In January of 1999, Leelanau County MFIA was supervising 26 children in foster care, 20 of which were Native American. In Leelanau, 77% of their placements into foster care have been historically children of Native American descent while the overall population of Native Americans in the county is less than 2%.

The Grand Traverse Band embraced the concept of empowering families and tribal community members to self-determine a goal and plan to keep their children safely in their local community. As a result of this partnership and implementation of the FGDM model, only two (2) Native American children remain placed out-of-home in Leelanau County and there have been no new referrals for out-of-home placement since the pilot began.

The MFIA Director, Douglas Howard, in his support of FGDM stated, "Family Group Decision Making is a program whose success has been proven time and time again. It is strength based, family driven, culturally appropriate and broadly embraced by families, service providers and the MFIA staff. We are encouraged with these pilot results and hope to continue to build upon these successes through expansion of this model."

In Michigan, we are strongly committed to the principles of ensuring children's safety. We provide them with a safe and stable home environment, opportunities for growth and permanency through the use of community based programming, and empowering them and their families to be partners in those critical decisions that impact them.

#### *Wraparound*

In keeping with this philosophy, one of the most effective Family Preservation interventions available for working with children with Severe Emotional Disturbance (SED) is the Wraparound Process. Wraparound is a home-based inclusive model of service delivery that provides intensive services to families in need.

As with the other Family Preservation programs highlighted here, Wraparound has been successful because the services are determined by the family in collaboration with professionals and support persons of their choice. It is family centered, strength based and community driven. Quality Assurance tools and adherence to the model is a key component of Wraparound's success. Michigan is a pilot site for the field testing of the Wraparound Quality Assurance Process that is being developed by John VanDenBerg and Jim Rast of Vroon—VanDenBerg, Denver, Colorado.

The success of Wraparound is most apparent in counties that have a strong commitment to the provision of Wraparound services as a community philosophy. One such county is Lenawee County in southeast Michigan.

In 1990, there were 200 children in family foster care. Twenty-four children, ages 6–12, were placed in a residential treatment facility and were diagnosed as needing residential services until they reached 18 years of age. Wraparound was introduced

to the community and immediately engendered a strong commitment within the community to implement this intensive service delivery process.

Four conditions were present that inspired this community support:

1. A perceived need for change—county officials noted a crisis in the escalating foster care caseload, a shortage of available foster homes, high costs for out-of-home placements and the harm to children while placed in care.

2. Leadership in the MFIA, Community Mental Health and the Court were successful in convincing staff and the community that a new and better way to protect children and strengthen families could be found through collaborative community-based efforts.

3. Wraparound, as a process, had proved success elsewhere in the nation and was easily replicable in any community.

4. Resources were available to support the project effort. The county commissioners appropriated funds, as did MFIA, the Courts and the community Mental Health Agency. In addition to this funding, these agencies became partners in moving service delivery in the county from system driven, deficit based to family driven, strength based.

As a result of this philosophical shift, out-of-home placements began to drop dramatically. In the first year of implementation, the number of children in care dropped from 200 to 166. This decrease in out of home care continued at a dramatic pace through 1997 when only 64 children were placed in out-of-home care. Placements in the residential setting dropped from a high of 24 to only one child in a residential facility. Wraparound effectively netted a 78% reduction in the use of out-of-home care in only 7 years.

Wraparound was successful in Lenewee County. The success in the County as well as across the State of Michigan continues because:

- It truly meets the needs of children, families and the community for safety, stability and permanency;
- The collaborative nature of Wraparound builds upon the strengths of the community to invest in protecting children and promoting safety;
- Wraparound provides an effective way to identify and address the multi-agency need for services a family may experience (i.e. mental health, substance abuse, child protection, employment and health);
- Funding sources are flexible and responsive permitting the state to target appropriate services as well as maximize dollars available;
- The services work irrespective of the family make-up, i.e. birth families, kinship, foster-parent, and adoptive families; and,
- The intensive nature of the service adapts to the most needy children and families.

As persuasive as statistical information is relative the effectiveness of a treatment model, nothing compares to the power of witnessing the long-term impact an intervention such as Wraparound can have on keeping children safe in stable homes. I have personally followed five children over a period of eight years who were involved with Wraparound as a last alternative. Two of these children aged eleven and twelve at the time, were placed in residential care because no foster family home could keep them. Their combative behaviors, biting, spitting, hitting, sexual acting out and more, could not be controlled or eradicated. They routinely experienced physical restraint in the residential facility and they were predicted to remain in some form of congregate care until they aged out of the system. Their future at that point was uncertain.

Because of the commitment to the philosophies of Wraparound in the community, these two children received the opportunity to return to a family home and received the support they needed to be successful at home from the family and community support system. Two weeks ago, I had the opportunity to meet with these young men, now 19 and 20 years old. Both of them are successfully living in the community, employed and are engaged in supportive relationships. They, and their families, credit Wraparound with their success.

Both of these young men stated Wraparound made a difference because:

- It supported their mothers and listened to her when the caseworker would not;
- They were able to convince the judge to listen to the successes instead of the failures; and,
- Wraparound gave the family, especially their mothers, power over their future.

Each of the Family Preservation models highlighted above focuses on supporting children and families while ensuring that safety concerns are paramount. Significant effort has been expended to ensure program accountability. Universal outcomes and expectations for Family Preservation programming has been developed that meet the needs of the child and family while attaining the overarching programmatic mandates.

Michigan has engaged in a stringent external evaluation of these Family Preservation initiatives in order to determine their effectiveness. These longitudinal studies have included a control group/experimental group design with random assignment protocol. These evaluations do more than assess the satisfaction of the parents and children with the services they receive. They take a critical look at the goals of the intervention, the outcomes achieved, and draw a correlation to those goals and outcomes achieved in the control group. The critical success Michigan has achieved with Families First, Family Reunification, Family Group Decision Making and Wraparound is indisputable.

In 1992, when Michigan first embarked upon Welfare Reform, we achieved significant declines in caseloads immediately. By the mid-point of our efforts, formal evaluation concluded that gains were not due to welfare reform. Despite that, Michigan persisted in its efforts, providing stronger supports, targeted resources, and utilized new and different ways to address issues of education, employability and childcare. As a result, we have continued to decrease the number of citizens dependent on public assistance. In fact, we achieved an approximate 70% reduction in cash assistance caseloads while promoting the formation of strong families who are active participants in determining their future. If Michigan would have listened to those whose studies decried our efforts, we would not have made the significant gains.

On behalf of the Michigan Family Independence Agency and the American Public Human Services Association, I have attempted to provide the Subcommittee with a portrayal of the broad spectrum of intensive services available in Michigan and share our successes. Michigan, over the past twelve years, has committed financial, policy and programmatic resources to develop a range of innovative and effective programs to ensure that children are protected from abuse and neglect. That commitment is born out by the exceptional results we have achieved.

The common thread among these programs that undergird their success is the intensive, strength-based, community driven, and family-centered design of service models. Each program requires intensive contact with the family, strict adherence to and effective monitoring of the model, establishment of clearly defined outcomes, and a quality assurance component that continuously measures the success of the program in relation to the expected outcomes.

Reauthorization of Title IV-B, Subpart 2, Promoting Safe and Stable Families, is critical in all states ability to achieve the overarching goal of protecting children from neglect and abuse, strengthening families and promoting stability and permanency through effective and innovative programming. Michigan strongly believes in and desires the flexibility to address gaps in service and build upon proven successes to meet family needs at the state and local level.

Reauthorization of Promoting Safe and Stable Families will have a significant impact upon not only Michigan's ability to achieve these mandates but on other states in the nation as well.

Thank you for the opportunity to present Michigan's current efforts in these critical areas as well our vision for our continuing work with children and families in need.

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Chairman HERGER. Thank you very much. Now Judge Kearney to testify.

**STATEMENT OF HON. KATHLEEN A. KEARNEY, SECRETARY,  
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES**

Ms. KEARNEY. Good afternoon. It is indeed a pleasure to be back in front of this Committee that has done so much for America's children.

My role today is basically to encourage you to reauthorize the funds within the Safe and Stable Families Act that is designed for court improvement initiatives. I was involved and still am in the dependency court improvement effort in Florida. I chaired the Committee for 3 of its 6 years. Let me tell you what it was like in 1995.

The judiciary—and at the time I was a circuit court judge hearing juvenile cases in Ft. Lauderdale—was at war with social services. The guardian ad litem program was at war with the judiciary

and social services. Law enforcement was not engaged actively in protecting America's children, and no one spoke to one another. At the time that the court improvement initiative came together, it brought all of the stakeholders, all of the players to the table to look in depth at what the real problem was in processing these cases through the courts.

In Florida, we gathered data for over a year. One of the things we found that was so shocking is that for a shelter hearing, the time when the court makes the determination of when a child should be removed from their home, the average shelter hearing in Florida took 4 minutes. Imagine that decision, what information you can actually analyze if you are the judge in that 4-minute period of time.

We published all of the data from our 1-year in-depth analysis at a dependency summit where we pulled together 300 stakeholders, and we gave them an overview of what their system looked like. It wasn't pretty. But that more than anything galvanized stakeholders in the State to join together and to really look in developing at the system. That formed the actual nucleus of the Adoption and Safe Families Act reform which we are so grateful to Congressman Camp for. That formed the nucleus for our reform.

So, in 1997, when you passed APHSA, we had already looked at what we needed. We wove it in with APHSA, and we then changed Florida's statute for child protection.

We would think that that would be enough. But the reality was it was not. Because we had learned then, too, that we had to look in depth at the results of APHSA and whether we could implement them. So we have continued over the years, and the reason I am encouraging you to reauthorize this is I do not believe you can successfully implement APHSA without the engagement of the courts as well as social services in achieving the outcomes that you have set for us and for our children. Let me give you an example.

I asked Florida to be one of the first States to be audited by the Department of Health and Human Services; and they are coming this summer, in August. I did that because I know, frankly, we aren't doing very well; and I wanted the opportunity to look in depth with your help to see what needs to be done.

We have done a preaudit for the last year using the Federal methodology to see where we really are with APHSA. The results of the initial preaudit weren't very encouraging. In Miami for judicial reviews of children that are required every 6 months, they were only reviewing them 39 percent of the time. Permanency hearings that are required at the 12-month period were only being done 30 percent of the time.

Last year, at our fourth annual Dependency Court Improvement Summit, I published all of that data. People weren't very happy with me for making it very open and up front, but I really believe you can't solve problems unless you know what they really are.

We went back this year. We are now at 79 percent of cases being judicially reviewed.

Sometimes it helps to know that you are looking at the information. But when you think of the children whose cases are not being reviewed, that is the concern to me. I think it is important for this Committee to know that the court improvement effort is definitely

used by the courts, and it is an opportunity for us to come together with social services. And, frankly, I think it would be impossible to do my current job without the full engagement of Florida's judiciary there helping to reform Florida's foster care system.

Thank you again for inviting me to come.

[The prepared statement of Ms. Kearney follows:]

**Statement of Hon. Kathleen A. Kearney, Secretary, Florida Department of Children and Families**

Good afternoon, Mr. Chairman and members of the Human Resources Subcommittee. My name is Judge Kathleen A. Kearney. In January 1999 I elected senior judge status to serve as the Secretary of the Florida Department of Children and Families for Governor Jeb Bush. Prior to serving in this capacity, I served as a juvenile dependency court judge for ten and one-half (10½) years for the Seventeenth Judicial Circuit, Fort Lauderdale, Broward County, Florida. I have served as a member of the Florida Dependency Court Improvement Program Committee for six (6) years and chaired the program from 1996 until 1999. It is a pleasure to be asked to testify before this Subcommittee about the achievements of Florida's Court Improvement Program, and the continuing need of the State judiciary for the valuable services provided by this initiative. I would also like to speak in strong support of reauthorization and increased funding for child welfare services under the Promoting Safe and Stable Families Program, Title IV-B, Subpart 2, of the Social Security Act.

First of all, I want to state unequivocally that the success and momentum of Florida's Dependency Court Improvement Project could not have been realized without the commitment of federal grant funding in the amount of \$370,000 annually. Funding has been critical to Florida's success in developing and implementing performance standards for child welfare staff and dependency judges. This funding has aided Florida in designing secure permanent and safe outcomes for children in out-of-home care.

*Overview of Florida's Dependency Court Improvement Program (DCIP)*

The congressional charge, One Year to Permanency calls upon judicial leadership to collaborate with child protection professionals and construct meaningful court reform practices. This project has been deliberately crafted to challenge assumptions about Florida's child protection system by analyzing hard data and using the facts to engage all stakeholders in the need for change.

The Legal Affairs and Education Division of the Office of the State Court Administrator, Supreme Court of Florida, staffs and manages the Court Improvement Program grant. The Chief Justice of the Supreme Court implemented the Dependency Court Improvement Committee, comprised of judges and representative stakeholders, in 1995 with the appointment of its members. The Committee was charged with oversight of the Dependency Court Improvement Program (hereinafter DCIP) and tasked to collect data on the existing juvenile dependency system, analyze the findings, and suggest necessary improvements to Florida statutes and court rules.

In 1995-1996, DCIP staff observed and documented court proceedings; reviewed case files of 1,800 children in out of home care; and interviewed over 500 stakeholders. The data from these observations and interviews was collated and analyzed by workgroups under the auspices of the DCIP oversight committee. The findings were presented at the first annual Dependency Court Summit in 1997 to three hundred (300) invited participants. As a result of this collaborative Summit, the DCIP Committee developed a reform plan for improvement of Florida's child protection system. Proposed statutory changes were presented to the Florida Legislature by DCIP leadership for consideration and passage during the 1998 legislative session. The DCIP Committee recommendations were adopted in total by the Florida Legislature wherein Florida's two main child protection statutes were combined into a single chapter that, in turn, included the federally required mandates of the Adoption and Safe Families Act of 1997.

Subsequent DCIP Summits were convened annually to train all stakeholders on the implementation of ASFA and the DCIP reform plan. Over 1200 judges and child welfare professionals attended the fourth annual Summit, held in August 2000, which was co-sponsored by the Florida Department of Children and Families. DCIP court liaisons have been established in each of the 20 judicial circuits of Florida to monitor court improvement activities throughout the state and share best practices. Each judicial circuit developed an inter-disciplinary plan for implementation of these best practices at the annual Summit. Local DCIP meetings are held monthly

in each judicial circuit to track progress made on the local plans and provide a forum for problem-solving and open communication between all stakeholders at the local level.

The 2001 DCIP Summit is scheduled for August 29–31, 2001 in Orlando with anticipated attendance of 1,600 participants. Over thirty workshops are planned covering a plethora of legal, medical, psychosocial, and clinical issues inherent in the field of child protection. The challenges dependency court judges face are unparalleled in other divisions of the court system. These formidable challenges include: the complexity of the underlying psychosocial dynamics present in all cases appearing before the court; major limitations on the availability of resources to solve these societal problems; the unique needs of parents and their children; and the sorely needed coordination of many professionals who share responsibilities in the outcome of any single case. It is imperative that Congress continue to assist the Courts in bringing all child protection professionals together to develop and implement strategies to carry out the requirements of state and federal law in the protection of children.

Additional Accomplishments of Florida's Dependency Court Improvement Initiative:

- Production of an annual reference guide on statutory and court rule revisions.
- Statewide training and strategic planning events led by the judiciary.
- Evaluation of the use of Foster Care Citizens Review Boards in lieu of judicial review.
- Revisions to the Guardian Ad Litem Program (GALP) training manual.
- Automation of the GALP case and volunteer management system.
- Submission of annual amendments to the Florida Rules of Juvenile Procedure.
- Annual technical statutory revisions for further refinement of dependency laws.
- Development of local court improvement liaisons to lead monthly multi-disciplinary meetings in each of the twenty judicial circuits.
- Compilation of checklists to govern conduct of hearings for judges and advocates.
- Professional development of judges through judicial management meetings.
- Continued collaboration with the Department of Children and Families, local Child Protection Teams, and Children's Medical Services on legislative issues of mutual concern.

#### *2001–2002 Court Improvement Initiatives*

In Florida, the Dependency Court Improvement Project has facilitated or is currently engaged in the following projects in collaboration with the Supreme Court of Florida's Family Courts Steering Committee, the Guardian Ad Litem Management Subcommittee, the Department of Children and Families, and the Judicial Management Council of the Supreme Court:

- *Bench Book for Dependency Judges.*—With sweeping changes to our child protection statutes, resulting in increased review of cases by judges, the production of a guidebook is essential. DCIP has already provided checklists for judges to use at each stage of a dependency case. These checklists will serve as the framework for the bench book. A compliment of relevant case law and tips from experienced juvenile judges will be included. This project will be ready for distribution by the end of this year.
- *Assessment of Appellate Court Processing of Dependency Cases.*—The initial DCIP assessment, which concluded in 1997, provided a comprehensive data-based analysis of dependency cases from the initial stage of a proceeding when the child and family is first involved with the Court to the final permanency outcome at the trial court level. Anecdotal evidence received from DCIP stakeholders suggested the need for in-depth study of the appellate court process and its impact on children when permanency decisions depend on the response time of the appellate court either affirming or overruling the trial court's decision.
- *Standards of Operation for Foster Care Citizens Review Programs.*—DCIP staff undertook a comprehensive evaluation of the role and function of Foster Care Review Board Programs (FCRB) in 1999 at the request of the Florida House of Representatives. Although volunteer review panels, in lieu of judicial review, operate in only ten (10) of Florida's sixty-seven (67) counties, their reported variations in administration and operation prompted the study. Evaluation findings revealed the need for the development of performance standards to establish consistency in volunteer training for this quasi-judicial function. Standards have been developed and will be implemented later this year.
- *Juvenile Justice Court Improvement Initiative.*—The 2000 Florida Legislature authorized the state court system to use Family Court Trust funds to conduct an assessment of Florida's delinquency court system. The study is to be modeled after

the dependency court improvement assessment because of that program's recognized success. The Florida Supreme Court has renamed the Dependency Court Improvement Program the "Children's Court Improvement Program" and has appointed an oversight Committee. The Committee is charged with guiding this study which includes detailed analysis of court files, structured court observation, surveys and interviews of key stakeholders. The assessment is expected to conclude by fall of 2001.

*Additional Court Improvement Activities*

1. Convening court improvement liaisons from every judicial circuit to monitor the statewide implementation of local initiatives; and providing a forum for information sharing.
2. Providing staff support to the Supreme Court Children's Court Improvement Committee, charged with the court-related oversight of children involved with the dependency, delinquency, and children-in-need-of-services systems.
3. Publishing a quarterly bulletin for distribution statewide to all dependency court stakeholders featuring court improvement innovations.
4. Managing a Web site and a Web Conferencing System for various groups to encourage information sharing and collaboration among child protection professionals.
5. Providing on-going technical assistance to the Guardian Ad Litem Program volunteers with an automated case and volunteer management system, revisions to the volunteer training manual, and development of an accompanying instructor' guide.
6. Distributing bi-monthly packets for chief judges and dependency court judges to keep the courts updated on current child protection issues.

*Promoting Safe and Stable Families Program*

With the time I have left, I would like to briefly touch on Florida's utilization of Title IV-B, Part 2, child welfare services funding. In Florida, Promoting Safe and Stable Families Program funding is currently used to provide a wide array of services designed to:

- Help families alleviate crises that might lead to out-of-home placement of children;
- Maintain safety of children in their own homes when possible;
- Support families preparing to reunify or adopt;
- Assist families in obtaining services and other supports necessary to address multiple needs and in a culturally sensitive manner; and
- Support and assist families who have adopted foster children.

Major services currently funded under IV-B include an array of in-home counseling, case management, and support services. As a result of this funding, success rates in several major IV-B programs (defined as meaning no abuse, neglect or threatened harm at case closure) climbed to 98 percent in the year 2000. Through March 2000, several major providers improved their performance for no re-abuse during the one-year follow-up by 85 to 90 percent of their caseloads.

We are very proud to report that the Neighborhood Partnership for Child Protection Program is currently being expanded through the use of IV-B funds. This program is a community partnership located in Jacksonville, Florida and funded with the help of the Edna McConnell Clark Foundation, which has demonstrated the effectiveness of neighborhood and family involvement in keeping children safe. The premise of the Neighborhood Partnership is that protecting children is the collective responsibility of the community—including neighbors, area businesses, churches, schools, other agencies and "grass roots" groups. This project, with support from the Edna McConnell Clark Foundation, and a State investment of \$3 million from the federal Safe and Stable Families Grant, is in the process of replication in eleven (11) sites, as the first phase of statewide implementation.

The Adoption and Safe Families Act of 1997 is the most important federal child welfare legislation since the Adoption Assistance and Child Welfare Act of 1980. The importance of Title IV-B support for the goals and requirements of ASFA cannot be overemphasized. A recent study conducted by the Department of Children and Families, in partnership with the Child Welfare Institute, established a direct correlation between compliance with critical ASFA requirements and the amount of time a child remains in an out-of-home placement.

During the summer of 2000, Governor Jeb Bush and the Department identified the need to address the prolonged length of stay of Florida's children in foster care. Dependent children remain in care too long, exceeding the 12-month timeframe set forth in Florida law. A quality improvement team was deployed to analyze the root causes of this problem and recommend countermeasures for improvement. Team representatives were selected from the Family Safety Program Office staff and from

experienced frontline workers from Tampa, Orlando, Ft. Lauderdale and Miami. These geographic areas were chosen because combined they contain more than 50% of the state's dependent children in care. We charged the team with completing a Quality Improvement and Control (QIC) Story® to address this critical problem. As a point of comparison, the team requested the help of four districts with the best statewide performance in length of stay. Critical ASFA items were detailed along state data reports. The data analysis clearly indicates that there is a strong relationship between length of stay in care and compliance with critical items in the ASFA review: the better a district performed on the ASFA requirements, the shorter the length of stay.

The only funds made available for States to implement the intent of ASFA are the Title IV-B, Part 2, funds under this Program, which were designated for time-limited reunification and adoption promotion and support services. Florida uses this funding source and can only report that more funds are needed to fully implement the intent of ASFA. Without adequate funds to fully implement the intent of ASFA permanency goals, hard-to-place children will languish in the system.

The intent of ASFA is to place each child in a permanent, safe, and stable home within sixty days of termination of parental rights. While Florida is meeting the federal adoption placement outcome, we still have too many children awaiting placement post-termination of parental rights. Additional funding is needed to support recruitment efforts and other services essential to maintain placements once they are made.

Current federal regulations establish inflexible grant reporting requirements for the Promoting Safe and Stable Families Grant. Although the federal law does not require it, the regulations require that States spend a minimum of twenty percent (20%) in each of four (4) service categories: Family Preservation, Community Based Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support Services. This does not allow States any discretion to commit IV-B services funding to state-specific problems. States need funding flexibility in order to serve children and families in the best possible ways. When Title IV-E is taken into consideration, the vast majority of federal funding is dedicated to removal and out-of-home care. States need the ability to transfer IV-E funds to IV-B in order to increase the range of services for families in crisis, for expediting reunification, and for substance abuse, mental health and domestic violence services found in so many of the families which come into contact with the child welfare system.

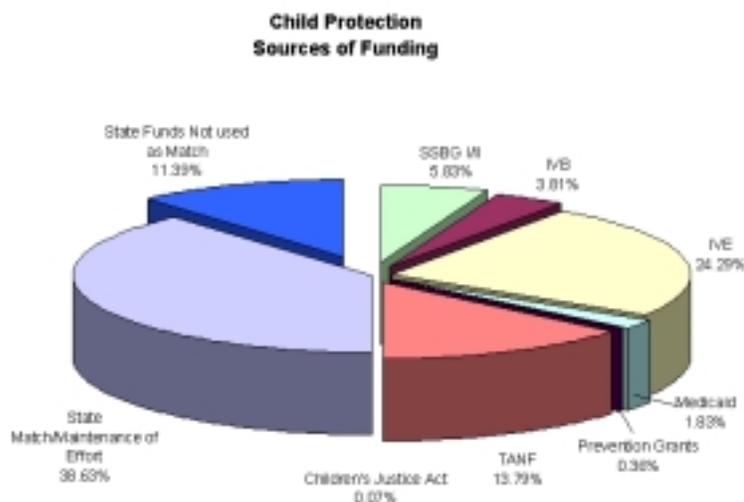
Thank you for the opportunity to offer comments to you on these very important initiatives. All of Florida commends you for your continued efforts to protect the most vulnerable among us—our nation's children.

### EXHIBIT 1

#### A Child's Journey Through the Child Protection System. An Analysis of Multiple Funding Streams.

Child protection action taken	Revenue source
1. Neighbor calls hotline with concerns about Jason, a newborn. Mother has different men coming and going from apartment. There is loud music at night. Mom is young and immature. Hotline refers caller to Healthy Families.	State Tobacco Settlement. Child Abuse Prevention and Treatment Act. Community Based Family Resource Grants. Promoting Safe and Stable Families (Family Support).
2. Hotline receives another call, months later, from relative who is concerned that Jason's mom is using drugs and neglecting Jason. Investigation is initiated.	Temporary Assistance for Needy. Families (TANF). Funded and allocated to all sources by Random Moment Sampling or time study methodology (IV-E Admin. Claim).
3. Some neglect is found, and intensive in-home services are put in place.	Social Services Block Grant. General Revenue-Maintenance of Effort (TANF). General Revenue, Tobacco Settlement. Promoting Safe and Stable Families (Family Preservation).
4. Substance abuse assessment and treatment are arranged.	TANF funding through Alcohol, Drug Abuse and Mental Health. General Revenue. Substance Abuse Block Grant. Medicaid.
5. Mom stops treatment and home situation deteriorates. Jason is removed and placed in emergency shelter. Board Payments. Protective investigator and services counselor working the case. Child Welfare Legal Services.	Title IV-E, Title IV-B, subpart 1, Social Services Block Grant and Title IV-A/Emergency Assistance (the fund source driven by child's eligibility). Funded and allocated to all sources by Random Moment Sampling or time study methodology. Title IV-E General Revenue, Tobacco Settlement and Social Services Block Grant.
6. Jason and family receive special Comprehensive Assessment.	Medicaid.

Child protection action taken	Revenue source
7. Parent referred for substance abuse treatment and mental health services.	TANF funding through Alcohol, Drug Abuse and Mental Health. General Revenue. Substance Abuse Block Grant. Medicaid.
8. Jason placed in foster care, and receives ongoing counseling services. Foster care counselor. Licensure activities. Board and care payments to the foster parent. Child Welfare Legal Services.	Funded and allocated to all sources by Random Moment Sampling or time study methodology. Funded and allocated to all sources by Random Moment Sampling or time study methodology. Title IV-E, IV-B, subpart 1, General Revenue, Tobacco Settlement, Social Services Block Grant, Title IV-A/Emergency Assistance. Title IV-E, General Revenue and Social Services Block Grant.
9. Mom again quits treatment, fails to meet terms of case plan. Termination of parental rights proceeds. Adoption counselor. Child Welfare Legal Services.	Funded and allocated to all sources by Random Moment Sampling or time study methodology. Title IV-E, General Revenue, Tobacco Settlement and Social Services Block Grant.
10. Placement and supervision of Jason in an adoptive home. Adoption finalized. Adoption Counselor. Supportive services to the adoptive parent. Maintenance Adoption Subsidy.	Funded and allocated to all sources by Random Moment Sampling or time study methodology. Promoting Safe and Stable Families (Adoption Support). Title IV-E, General Revenue.



Chairman HERGER. Thank you, Judge Kearney. Now Ms. Mouzon, please.

**STATEMENT OF LINDA E. MOUZON, EXECUTIVE DIRECTOR, SOCIAL SERVICES ADMINISTRATION, MARYLAND DEPARTMENT OF HUMAN RESOURCES**

Ms. MOUZON. Good afternoon, Mr. Chair, Congressman Cardin and Members of the Committee. I am delighted to be here this afternoon.

I particularly wanted to hone in on some of the successes that we have had in Maryland as a result of receiving monies from the Safe and Stable Families program. And we strongly support its re-

authorization. Under our family support programs we have taken our monies and given them to local communities so that they could design services that would meet the needs of the families and children that they see prior to them entering into our system. So, actually, these are prevention dollars.

Through these prevention efforts we have a number of programs which are highlighted in my testimony, but they range from healthy families, which means we are working with mothers who have just given birth, all the way through teen moms, to moms who are under 25, to parents who have been parents longer. We also include our adoptive parents and our foster parents.

One of the things that we have noticed is that the families who are served by these programs are able to stay away from our particular front doors, I would say, from the various systems. This includes not only the Department of Social Services but we also find out that these children are not entering the juvenile justice system, and we are very, very pleased with that.

In addition, we have our family preservation dollars which we have taken and utilized them in such a way that we can get referrals from our State Department of Education through the local school systems, through our Department of Juvenile Justice, through our mental health services as well as through local departments and self-referral. This means that we focus our efforts on family preservation once again prior to a family coming formally into our system.

Through utilizing these dollars this way, we have noticed there has been a decrease within the last year and particularly I would say a continuing decrease in the number of families that are entering into the formal system through our local Departments of Social Services; and you do have these charts in my testimony.

Another thing that we have done is we have utilized the funds to enhance our reunification efforts of children who are placed in foster care, and we use the family to-family model that was promoted by the Casey Foundation in which we use community-based services. By utilizing some of these dollars for substance abuse, some to promote some community supports, we have been able to have an increase in the number of children who are reunited with their families. We have increased that from 39 percent to 42 percent, and we hope to continue that increase because we know this is a positive outcome for the children and for the families.

We have also utilized some of our dollars for our adoption services. We have a Statewide recruitment campaign that includes some of our faith-based congregations, and we also have utilized some private agencies so that we would have support groups for those who are interested in adoptions. And in Maryland we have been a leader in increasing the number of adoptions.

But I do want to address one area that is not covered, and that is the whole issue of substance abuse. Although as a required and mandated service through the ASFA legislation, no monies were sent to the State in order to support this particular service. As a result of that, we have had to do some innovative things in Maryland.

One thing is that we have what we call the Drug-Exposed Infants project in which we work with moms who deliver infants who

are drug exposed at the time of birth. We collaborated with the Health Department, private hospitals, with our sister agency, the Alcohol and Drug Abuse Administration, as well as some of our social service agencies and treatment providers so that when a baby is born drug addicted we can provide services immediately.

One of the challenges is getting service upon demand, though, and that is an issue.

We also have some legislation that was passed in Maryland that indicates that we have to integrate our child welfare services along with our substance abuse services; and, therefore, we have established a protocol in which the courts are a partner and they order assessment and also some kind of comprehensive screening in order to ensure that mothers or fathers who come to our attention receive treatment services if indeed they are in need of those services.

We utilize substance abuse treatment providers also who will work in the local departments, and they make referrals to the appropriate setting so that the parents can receive their services. In addition, we receive the Federal waiver, a demonstration project in which we utilize collaborative teams that includes the parent and includes a caseworker. It includes those who are involved in the substance abuse community. It includes those who are former users of both systems, meaning the while welfare system and the substance abuse system, in a team format so that we can provide services to families who come to our attention and are in need of substance abuse services.

Indeed, I thank you for this opportunity to testify. You have my full testimony before you, and you can look at the results we have had in Maryland at the end.

[The prepared statement of Ms. Mouzon follows:]

**Statement of Linda E. Mouzon, Executive Director, Social Services Administration, Maryland Department of Human Resources**

Good afternoon, Chairman Herger, Congressman Cardin and Members of Congress. My name is Linda E. Mouzon, and I am the Executive Director of the Social Services Administration for the Maryland Department of Human Resources. I serve as Child Welfare Director for the State. Thank you for allowing me the opportunity to speak to you today about the Promoting Safe and Stable Families Program and its reauthorization by Congress this year.

The Maryland Department of Human Resources is a member of the Child Welfare League of America (CWLA), an eighty-one year old association of over eleven hundred public and private non-profit community-based agencies that serve more than three million children, youth, and families each year across the United States.

The mission of the Social Services Administration in Maryland is to employ strategies to prevent child abuse and neglect, protect vulnerable children, support family stability and promote family independence. The Social Services Administration operates on the guiding principle that all children deserve to live in violence-free families where they are safe from physical and mental injury.

There are times when a child's needs cannot be met at home, or we determine that the child is not safe in the home. These children must be removed and placed in foster care. When a child is placed in out-of-home care (foster care) our two primary considerations are: 1) the child's safety, and 2) assurance that the placement meets the child's needs. The Department aggressively pursues concurrent permanency planning for foster children which include services for reunification and/or guardianship/adoption.

The Promoting Safe and Stable Families Program is an important federal source of funding for an array of services for families with children. It is especially critical because it represents one of the few sources of federal funding which states can use to provide needed prevention and support services for families involved with the child welfare system. This program is also central to meeting the goals established

by Congress and this Committee with the passage of the Adoption and Safe Families Act in 1997, giving states additional capacity to provide preventive, reunification, and permanency services.

I am delighted to be here today to discuss the impact of the Promoting Safe and Stable Families Program funds for Maryland's children and families. These dollars enhance our efforts to support troubled families, to preserve families when possible, to provide services to achieve reunification, and to promote adoption. Without federal financial participation, critical gaps in service would exist throughout the child welfare continuum, not just in Maryland but in every state in the nation. The State of Maryland has worked diligently to develop community-based resources that serve children and their families. These initiatives use federal dollars to preserve families and serve needy families before they reach the child welfare system.

### **FAMILY PRESERVATION AND SUPPORT**

Federal dollars fund Family Support and Family Preservation services through Maryland's network of Local Management Boards. These boards represent the community's priorities and are comprised of representatives from education, juvenile justice, health, local government, mental health, social services, and the general public. The unique aspect of board membership is its representation of the private sector. This includes representation by parents, advocacy groups, and private providers of children and family services. Although the programs differ from county to county, the goal remains the same: "Keeping Families Together."

One community's strategy for community support is The Family Junction in Allegany County. The parent education workshops are in their fourth year of operation and have engaged over 439 parents through September 30, 2000. The demographic data suggest that nearly one-half of these participants are at high risk to enter the child welfare system. Eighteen percent of these families already have a child(ren) living in an out-of-home placement setting, while 2% of the families are foster/adoptive parents.

The statistical findings from the Systematic Training for Effective Parenting (STEP) Parent Survey suggest that the parent education workshops are effective at increasing positive parenting skills. By obtaining increased knowledge and practice of positive parenting skills, parents gain a greater competency and empowerment to take on the responsibility of ensuring that their families are safe, healthy, and nurtured. The participants themselves also noted some significant differences in their parenting styles. Listed below are two comments that were gathered from participants after a recent parenting workshop:

"You learn how to understand them more so you listen to each other instead of yelling."

I learned "different ways to discipline my child in a positive way."

Through the family enrichment workshops, partnerships have been developed among the Family Junction and agencies, families, and businesses throughout Allegany County. Together they create and foster a community which supports and enhances parent, youth, and child development.

Safe and Stable Families funding enables Maryland to serve children effectively in their own homes. Our success with these high risk families is demonstrated in Exhibit 1.

### **FAMILY PRESERVATION-KINSHIP CARE SUPPORT GROUPS**

Maryland is one of very few states with an established Kinship Care Program and remains in the forefront of planning and developing resources that sustain and stabilize our kinship care families. There are 5.4 million children living with grandparents or other relatives. Despite the stability and permanence that relatives provide, children living with these families may be denied access to services they need.

Through Safe and Stable Families Program funds, we were able to expand our community-based kinship care support groups. Support services to kinship care families began with a grant from the Brookdale Foundation. Currently there are twelve support groups, including five that operate in community schools. These groups provide stipends for day care and respite care services. Our goal is to expand kinship care groups to all 24 jurisdictions in Maryland.

### **FOSTER CARE: USE OF TIME LIMITED REUNIFICATION FUNDS**

Maryland's child welfare system promotes the "Family to Family Case Management Model" as the best practice of foster care services. This paradigm was developed by the Casey Foundation and is implemented throughout our State.

In the Family to Family model, the foster parent acts as a mentor to the birth parent and remains in contact with the child and parent for three to six months following the closing of a case. The Department involves community agencies and groups in the planning for families and children. A positive working relationship among the agency, the foster family and the birth parent leads to easier permanency planning for children. In our foster care program, birth parents and foster parents have responded positively to this model. Supports for foster parents and birth families include respite care to maintain families and prevent re-entries, home-based family

therapy, crisis nursery clinics, and the use of community family advocates to coordinate services to the family.

Maryland used funds to provide time-limited reunification services in creative ways: for substance abuse services to parents whose children are at-risk of or in out-of-home placements; and addiction recovery groups to work with families. We have instituted community parenting classes and other activities that promote bonding between foster children and their birth parents. The Department has also used vouchers for securing housing and instituted effective absent parent and relative locators.

The Family to Family model has resulted in an increased rate of reunification. From 1999 to 2000 reunification rates increased from 39.1% to 42.3%. This represented a 3.2% overall increase in reunification rates. In addition, Maryland has used gatekeeping practices to reduce the number of children entering out-of-home care by ensuring that all alternatives to placement have been explored.

Time limited reunification services and extensive aftercare services have resulted in a leveling of Maryland's reentry into foster care. For FY 2000, the rate was 18.7%. Maryland expects to achieve our goal of 15% by FY 2004.

Exhibit 2 demonstrates the results of time-limited reunification services on our foster care system. Exhibit 3 shows Maryland's increase in planned reunifications and other permanency outcomes for children.

#### **ADOPTION: USE OF PROMOTION AND SUPPORT FUNDS**

Federal funds are used to support and enhance Maryland's aggressive campaign to find homes for our children who need adoptive families. Local departments receive Promotion and Support funds based on recruitment and other activities for adoption. Examples of the critical supports that federal funding provides include counseling to adoptive families and children, individual and family counseling for adoptive families, adoptive support groups, for children, adoptive family support groups. Maryland uses federal dollars to procure post-adoption support services, sponsor matching conferences, and adoption matching parties. We also use technology to break down geographical barriers to adoptions. The Maryland Adoption Resource Exchange is a web enabled tool that promotes adoption throughout the State.

As a result of our efforts, local department staff increased the number of finalized adoptions by 12% since 1998. The number of adoptions increased from 645 in FY 1998 to 682 in FY 2000. Exhibit 4 demonstrates Maryland's adoption success.

Maryland has also used adoption promotion money to develop partnerships with private sector and faith-based social service agencies. In February 1999 we began to contract with private adoption agencies to recruit and study prospective families. These agencies join with the public sector in the challenge of finding permanent homes for our most needy children.

Local departments use the incentive money for child specific recruitment, respite care and camping opportunities for adopted children, critical transportation to needed services, services that prevent disruption and in many other creative ways that help make adoption work for children.

#### **ADOPTION PROMOTION AND SUPPORT FAITH-BASED ADOPTION SUPPORT GROUPS**

Through Promoting Safe and Stable Families Program funds, the Social Services Administration has forged new partnerships with faith-based organizations in the recruitment of adoptive families for children, particularly African-American children, waiting for a home and a family. Maryland's faith-based organizations have enthusiastically embraced this partnership and have already begun to produce results. Since 1987, Maryland has supported a partnership with faith-based organizations through the One Church One Child adoption recruitment program originated by Father Clements in Chicago in 1980. Faced with the daunting challenge to do something about the burgeoning numbers of black children in foster care without families, Father Clements made a plea to black churches for each to be responsible

for finding a family for just one child. This unique program continues to recruit African-American families through places of worship for the thousands of African-American children in foster care systems across the nation. Many of these children are older, part of a sibling group, and have special medical needs.

Beginning in October 2000, using nominal amounts of Promoting Safe and Stable Families Program funding, Maryland developed partnerships with fourteen places of worship throughout the State for the purpose of establishing adoption support groups within each place of worship. It is recognized that supports are often critical to adoptive and prospective adoptive parents who care for children that have experienced the trauma of abuse, neglect, and the many disruptions of life as a foster child.

Each of the fourteen places of worship provides meeting space within the place of worship to accommodate a support group and monthly informational meetings, a child care area for parents who bring their children to the meeting, and storage space for adoption materials, supplies, and literature. Each officiating officer of the place of worship offers confidential counseling, as requested, to adoptive and prospective adoptive parents. Celebrations for new adoptions and special events are held by each group. Each place of worship appoints an adoption support group coordinator and child care assistant to implement the activities of the group. Since October 2000, over 15 prospective adoptive parents have been recruited through these faith-based adoption support groups.

Maryland's adoption support groups provide: 1) an opportunity for families and individuals interested in adoption to share and support one another at monthly group meetings; 2) an accessible and confidential location for adoptive families and individuals interested in adoption to meet to discuss similar parenting concerns and issues, and strategies to meet the challenges of parenting children with special medical and behavioral needs; 3) collaborations with community resources to supplement the needs of adoptive families; 4) access to information and experts in the area of adoption through informational meetings; and 5) an informal network for adoptive parents to establish buddy systems.

Currently, 14 adoption support groups are located in six jurisdictions of the state. The goal is to serve all 24 jurisdictions. Financial stipends ranging from \$6,000–\$12,000 per year are provided to each place of worship.

#### **SUBSTANCE ABUSE AND CHILD WELFARE**

Although not a specific part of the Safe and Stable Families Program, this issue has recently received national attention. Maryland is taking steps to provide families with an effective array of services when substance abuse issues are present. Part of ensuring the safety of Maryland's children involves partnering with other agencies to provide needed services. One such collaboration is with the Department of Health and Mental Hygiene (DHMH) to ensure an integration of Child Welfare and Substance Abuse Services. A protocol was developed that places substance abuse experts in each local department of social services. The courts are to order substance abuse assessment and treatment services for a parent at the time a child is placed in the agency's custody and concerns of substance abuse are noted.

A waiver under federal Title IV–E funds allows Maryland to purchase foster care services to cover the cost of substance abuse treatment. The project is designed to prevent unnecessary out-of-home placements and to reduce the length-of-stay of children in foster care. The project is conducted in three jurisdictions that experience a high number of foster care placements due to parental substance abuse. Substance abuse treatment services will be provided using three treatment modalities— inpatient treatment for women and their children, intermediate care (28-day residential facility) and intensive outpatient treatment.

Maryland is pleased with the President's budget request that would increase annual funding for this program from its current level of \$305 million to \$505 million this year. We believe that the President's proposal is an important vote of confidence in this program and the vast array of services and programs its supports across the country. It is also an important step in recognizing the need to increase our country's federal commitment to children in the child welfare system in all areas including prevention, supportive services and adoption.

We would like to recommend that Congress significantly increase funding for the Promoting Safe and Stable Families Program and that Congress also provide new federal resources to increase the availability of substance abuse treatment for families involved in the child welfare system.

Exhibit 1

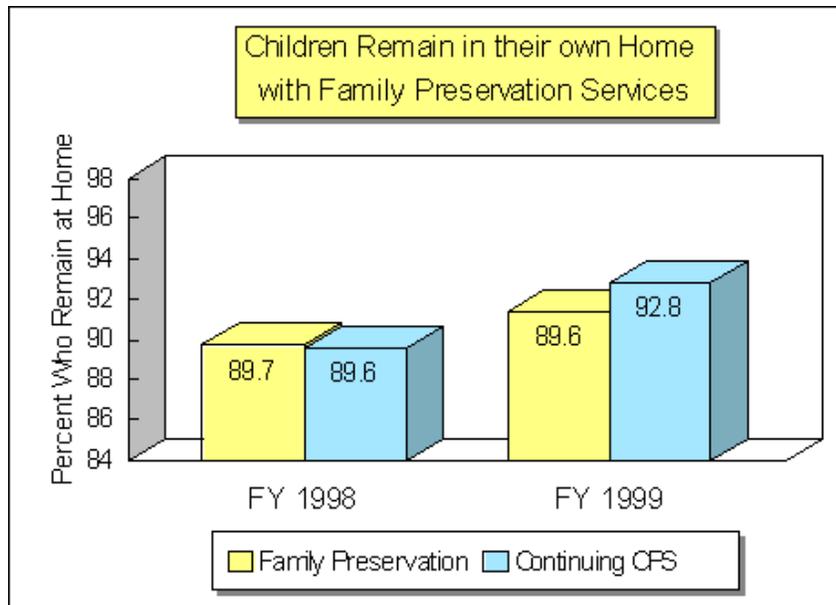


Exhibit 2

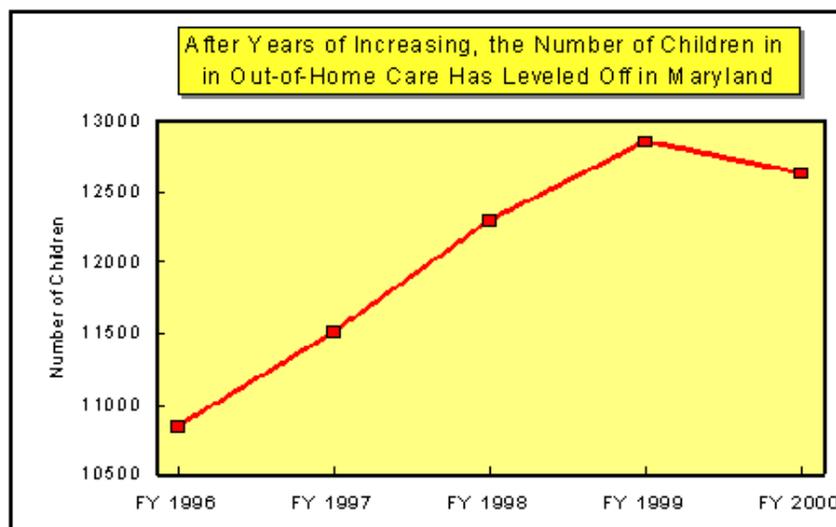


Exhibit 3

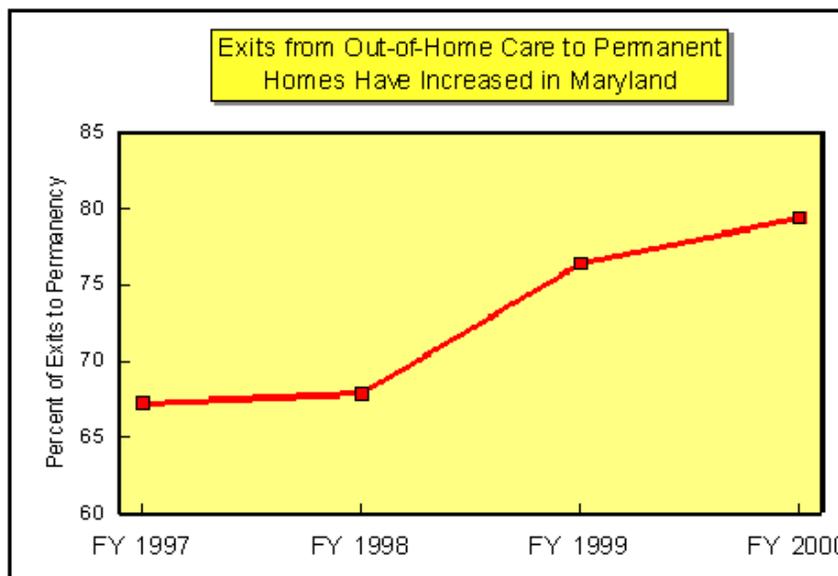
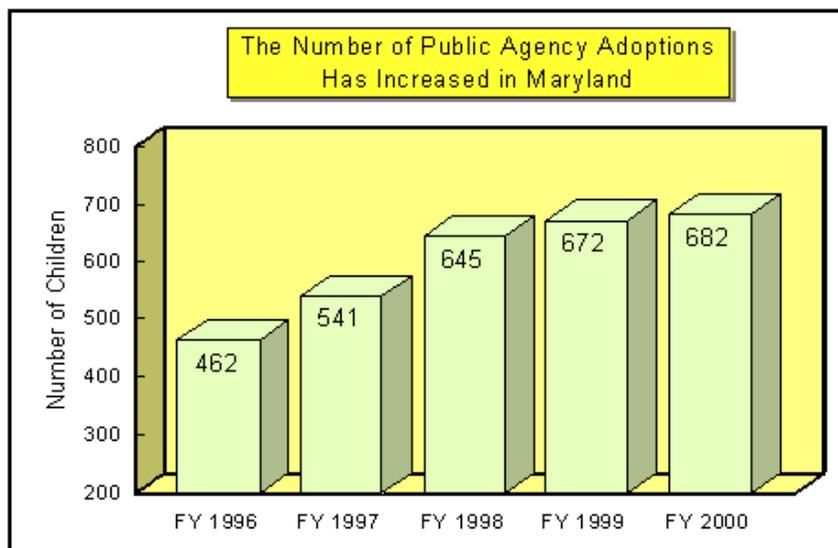


Exhibit 4



Chairman HERGER. Thank you very much, Ms. Mouzon. We have been notified we are expecting to have three votes on the floor. I would like to—if we could maybe begin with Dr. Wulczyn, and as

soon as we finish your testimony we will recess and then return as soon as possible following the third vote. Dr. Wulczyn.

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

Dr. WULCZYN. Thank you, Chairman Herger, members of the Subcommittee. Thanks for inviting me here. It is a pleasure not only to testify but to be joined here in the company of so many people who work day to day with children and families. It is a rare opportunity for an academic such as myself.

I work for the Chapin Hall Center for Children at the University of Chicago. We are an independent research and development center devoted to bringing sound information, rigorous analysis and an independent perspective to the public debate about the needs of children and the ways those can best be met.

I have three points that I would like to make this afternoon.

First, as others have already done, I want to acknowledge that the commitment of 200 million additional dollars in Federal support is certainly a welcome development. A year ago, the future of the Title IV-B, Subpart II, program was not as clear; and I think everybody understands how important these revenues are to the program.

Second, I think it is important that, as you contemplate reauthorization, that you understand a bit about context in relationship to broader social trends. As a nation, we face something of a conundrum in that many of the positive social gains of the last decade have yet to be reflected in the size of our foster care population. For example, it has already been mentioned that child poverty levels have declined, and child maltreatment rates as measured using the NCANDS data are down. Yet the foster care population continues to rise. Since 1990, the number of foster children has grown from 400,000 to 568,000, an average of about 4 percent per year. In my written testimony, I compared the growth of the foster care population to the size of the population of children receiving TANF and AFDC. As you will see, there is a striking contrast in the direction of those two trends.

I don't want to make more of the relationship between cash assistance and foster utilization than is warranted. Clearly, many families on cash assistance are providing adequate care and supervision for their kids. Nevertheless, the connection between poverty and child maltreatment, foster care treatment is one to pay attention to, particularly as time limits begin to come to the States.

But it is clear that, despite welfare reform and the positive economic cycles that we have all enjoyed over the last decade, they have little impact one way or the other on the foster care population; and given the substantial investments in child welfare services since 1993 the snapshot of data tells much about how difficult it is to manage the child welfare system, particularly from Washington.

I would like to point out two questions that you might want to address as you are going forward. The first has to do with the question of flexibility, and the question there is that in many States the local picture is quite different than the national picture.

That is, there are States and localities, New York City and Illinois among them, that have successfully begun to reduce their foster care population. As you contemplate Federal legislation you will want to be careful so as to avoid circumstances that might undermine those positive gains.

Second, the Federal funds received in the form of board and maintenance payments cannot as a rule be redirected. So it is very hard for States to reinvest money in those programs that might reduce the foster care population. That is alleviated somewhat by the 200 million extra dollars, but there is still a structural rigidity in how Title IV-E revenue from HHS reaches States.

The second question I want to call your attention to is the issue of targeting of dollars more wisely. There is a structure for targeting dollars in the current legislation. It is focused around types of services and outcomes. But I would ask that you contemplate whether or not this is a complete picture when it comes to the question you asked, Mr. Chairman, in your announcement: Are we meeting the needs of those children who are most in need? I think the answer to that question is a qualified no. It is qualified in that, every day, there are children in real danger who get the services they need. But it is not as clear that we do all that we can to target services effectively.

Consider, for example, that slightly more than 20 percent of all first admissions in the 12 archive States that we use to track trends involve children under the age of 1—20 percent. Of those, nearly half enter before they are a month old. Other high-risk groups include 15-year-olds. The children most likely to be returned home are between the ages of 1 and 12. The children most likely to be adopted are children admitted as babies. Adolescents are very likely to run away. However, if they spend some portion of their 16th year in placement, half of those children go home. It is actually relatively rare that a child grows up in foster care.

We don't target services in a way that takes full advantage of all that we know about the utilization of care. In June—on the 18th of June, next month, a group of scientists are going to be meeting here in Washington to discuss these issues, what we know about the utilization of foster care and what works; and I am hoping that members of your staff will be able to join us for that.

Also, on the issue of flexibility, I think it is important that the Congress consider creating a permanent structure for taking waiver demonstration projects to scale. I think the transferability proposals that were in the ASFA proposal last year are an ideal mechanism for creating what I indicated was a permanent structure for this notion of flexibility.

Finally, I want to add that going forward, targeting services efficiently and promoting flexibility will require the participation of the scientific community so that we learn more about what works and what doesn't work so that in 5 years these dollars can be accounted for with respect to outcomes for children and families.

Thanks very much for the time.

[The prepared statement of Dr. Wulczyn follows:]

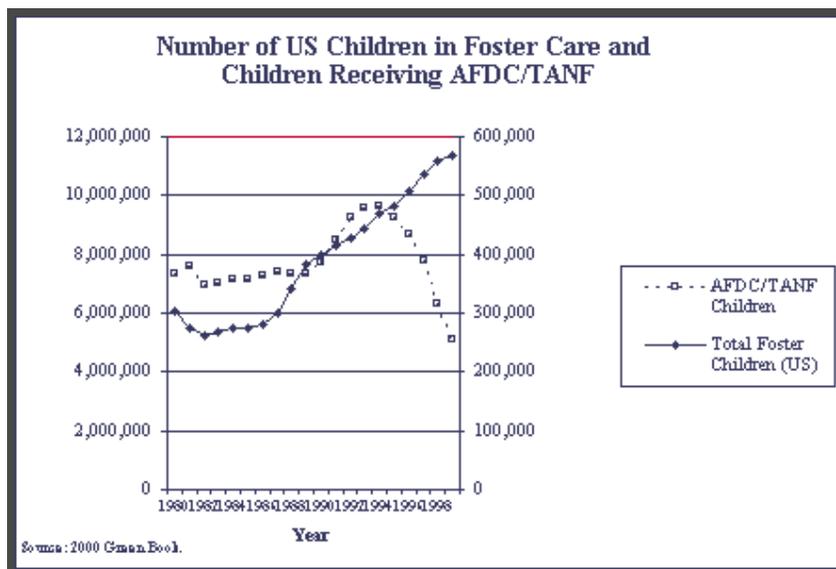
**Statement of Fred H. Wulczyn, Ph.D., Research Fellow, Chapin Hall Center for Children, University of Chicago**

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

I have three points that I would like to make this afternoon. First, as you acknowledged when you announced these hearings, everyone here today has to be encouraged by the Administration's willingness to commit 200 million additional dollars in federal support in each of the next five years for the Safe and Stable Families Program. As recently as one year ago, the future of Title IV-B, Subpart II was not as clear as it now appears. Surely everyone here today understands how important the new revenue is.

Second, I think it is important for you to understand a bit about context. As a nation, we face something of a conundrum in that many of the positive social gains of the last decade have yet to be reflected in the size of our foster care population. For example, child poverty levels have declined, child maltreatment rates as measured using the NCANDS data are down; yet the foster care population continues to rise. Since 1990, the number of foster children has grown from 400,000 to 568,000, an average of about 4 percent per year. To better illustrate my point, I have included a graph in my testimony that shows the number of children living in families receiving cash assistance and the number of children in foster care. Although I do not want to make more of the relationship between cash assistance and foster care utilization than is warranted, the data do suggest that welfare reform and the positive economic cycles that accompanied the federal law have had little impact on foster care, one way or the other. Also, given the substantial investments in child welfare services since 1993, this snapshot of data reveals how difficult it is to manage the child welfare system, especially from Washington.

In my view, the new federal revenue will help states manage, but a host of important questions remain. On that list of questions, two stand out. The first concerns the issue of targeting and is closely connected to the question, Chairman Herger, that you asked in your announcement: "Are we serving those children and families in greatest need?" The second concerns the issue of state flexibility. State flexibility is important because, in contrast to the national picture, a number of states and localities are experiencing positive changes in their child welfare program. New York City and the state of Illinois are two examples that come to mind, there are certainly others. However, as the federal government contemplates policy changes, it is important to keep in mind that the impact of policy changes on states can vary widely and not always in the direction intended, sometimes undermining accomplishments that are "local" in nature. Also, the federal funds states receive in the form of board and maintenance payments cannot as a rule be used for purposes other than foster care. Among other things, this restriction means that states can not use those federal funds to make investments in services that might reduce the need for foster care. It also means, that as states improve their performance, as they presumably will under the Child and Family Service Reviews now underway, a greater share of the much-needed community and family-based services will be shouldered by the states themselves.



With respect to the question of targeting dollars more wisely, I would call your attention to the following. First, it is important to understand that federal funding under Title IV-B, subpart II is in some sense targeted now. Federal policy developments since 1993 have generally stressed investments in family support, family preservation, time-limited reunification services, post-adoption services, and a core set of outcomes: safety, permanency and well-being. In other words, using a variety of mechanisms, HHS directs state spending in those areas that are thought to be related to a fundamental set of purposes.

As a means for structuring federal spending, the connection between the inputs (services) and outcomes is an essential one. Yet as a framework for guiding investment, federal policy as it now stands is incomplete. Missing is the set of answers that comprise the response to the Chairman's question: Are the programs serving those in greatest need? The answer is, I think, a qualified no. The answer is qualified in that everyday children who are in real danger receive essential services and there can be little disagreement with that fact. However, if we think in terms of child development and whether some children belong to high risk categories, and then ask whether federal dollars are efficiently targeted to those groups, then I think the answer is that we are not as judicious as we might be.

- To understand why I think this is true, first consider the following facts developed from the Multistate Foster Care Data Archive, a source of tracking data that social scientists use to describe the placement experiences of roughly 1.25 million children:

- Slightly more than 20 percent of all first admission in the 12 Archive states involve children under the age of 1. There is some variation across the states; however, the pattern is generally quite stable over time.

- Among these infants, nearly half enter care before they are more than three months old. Again, there is some variation across the states that has to be understood, but the findings are generally stable.

- Other high-risk groups include adolescents, with 15 year olds the largest group, typically. This finding is also consistent across the states; however in some rural areas, adolescents make up a much larger share of total foster care admissions.

- The children most likely to be returned home are between the ages of 1 and 12. Infants are much more likely to be adopted than other, older children are. The very youngest children (under 3 months at the time of admission) are the children most likely to be adopted. This is true regardless of race and ethnicity.

- Adolescents are the children most likely to runaway; however, of the children who spent some portion of their 16th year in placement, one-half went home to their families.

Now ask whether the federal dollars are targeted in a manner that is consistent with these data. Moreover, consider whether federal spending reflects what we know about the risk of child maltreatment (highest among young children) or what we know about what happens to children once they leave placement. In each of these instances, I think the answer is no, not to the extent that might be possible, even desirable, if we were to work more diligently on the alignment of policy and these “clinical” realities.

With regard to targeting, then, the challenge facing the Subcommittee has to do with finding the legislative mechanism for adding a new layer of structure to the services and outcome framework already in place; a layer that directs federal spending to these high risk groups. As a step in this process, a group of scientists has been working over the past several months compiling what is known about the children and families who use child welfare services with the hope that these data might be of some use to the Subcommittee as it addresses the targeting question. Presently, we plan to review our findings at a meeting here in Washington on June 18th; we are hopeful that staff from the oversight committees and others will be able to join us.

Turning now to the question of flexibility, I would make the following observations. When considering how to target federal spending more efficiently, Congress will immediately confront the issue of flexibility. To direct state spending in this or that way is the same as telling states that they can not spend it for purposes the state deems important. In other words, state discretion is limited. I believe the best way to handle this targeting issue is through the use of incentives. That is, states should be “invited” or otherwise encouraged to direct federal resources (along with the state and local share) toward critical need areas in their state provided they do so within the context of the federal outcomes. Some portion of the new Title IV-B allocation could be set aside to stimulate such investments and to provide the federal resources for evaluating state efforts.

Also, I think the Congress should return to the legislation proposed by this Subcommittee during the closing weeks of the last session. There is little doubt in my mind that federal funding for foster care forces a structural rigidity into the child welfare system that limits state and local innovation. If that rigidity were to be relieved, the shift would itself lead to better targeting of service dollars, again within the context of the federal outcomes. In the past, the issue of flexibility has been tied to genuine concerns about a federal block grant. However, the flexible funding model contained in last year’s legislation resolved an important policy objective: preserving the federal entitlement to foster care while granting the states greater latitude in their use of Title IV-E funds. In our work with the City of New York, I think we have demonstrated that it is possible to design programs using an approach nearly identical to the model proposed last year.

From a more practical perspective, federal law needs a permanent structure for those states that are reaching the end of their first cycle of waivers. In those instances where a state used the waiver authority to pursue meaningful reform and the evaluation results show bonafide progress, it makes little sense to operate those programs under the same waiver conditions going forward. If the flexible funding proposal were adopted, then the successful waiver demonstration programs could be operated under guidelines that are developed pursuant to the flexible funding provisions. In short, the waiver program provides a unique opportunity for states to test selected approaches while the flexible funding model creates a mechanism for taking successful waiver demonstrations to scale.

Finally, I believe it is important for Congress to realize that operating programs that provide states greater flexibility while stimulating more efficient targeting of services so that children and families are better off in the future requires the active participation of the scientific community. Over the past decade, investments in information and to a lesser extent research and evaluation have been substantial. More importantly, those investments are beginning to pay dividends. For example, I believe that one reason why federal programs today are not more effectively targeted has to do with the fact that the knowledge needed to support appropriate legislative language did not exist in 1993 when the first Family Support and Preservation Funds were authorized. Today that knowledge does exist, albeit in limited areas, and it is up to us all to apply that knowledge wisely. It is also up to us, in our collective stewardship, to make sure investments in knowledge building continue. Going forward, in five years the Congress will want to know whether the targeted dollars it authorized in 2001 had their intended effects. That is, did the services work? Were children and families better off as a result of our efforts? These are serious questions that demand a serious commitment of resources. Without the investment, our evidence base will be shrinking at a time when it needs to grow.

Chairman HERGER. Thank you very much, Dr. Wulczyn. This Committee will recess until three votes have been completed. Then we will convene as soon as possible afterward—thank you very much—and return to our remaining two witnesses and then for questioning.

This Committee stands in recess.

[Recess.]

Chairman HERGER. The Subcommittee will come to order, please. And we will resume testimony with Mr. Torres.

**STATEMENT OF RAYMOND TORRES, EXECUTIVE DIRECTOR,  
CASEY FAMILY SERVICES, BRIDGEPORT, CONNECTICUT**

Mr. TORRES. Thank you, Mr. Chairman and members of the Committee on Ways and Means, Subcommittee on Human Resources. My name is Raymond Torres. I am the executive director of Casey Family Services. Casey Family Services is a private, non-profit agency that has served numerable children and families for 25 years. We have worked primarily with older children and teens who are in foster care and in need of transitioning supports and with children who are adopted from foster care. It is based on that experience that I would like to speak today on the importance of post-adoption services.

Casey Family Services is the direct services arm of the Annie E. Casey Foundation, the largest foundation exclusively assisting disadvantaged children and families in the United States today. We are quite aware of the fact that the number of children in foster care has almost doubled in the last decade while the number of foster families has decreased by one-third. We have had a larger number of kids become eligible for adoption to the tune of 118,000 kids awaiting adoption.

Our experience in the field of foster care has taught us that youngsters who are coming into care today are more traumatized than in the past. They are the victims of abuse, neglect, and sexual abuse. They are the youngsters who have the most difficulty while in the foster care system; and they are the youngsters who remain behind, because they are not prime candidates for adoption, and often these are the very same youngsters who stay in the system because they come from family situations that do not allow them to be reunified with their birth families.

As an agency, we are very committed to doing everything we can to help these youngsters transition out of foster care. But what we also have learned over the years that if you are able to provide a solid array of services and supports to adoptive families, even the most difficult youngster become a candidate for adoption.

This afternoon we will hear from one of our adoptive parents, Sonya Merrill, who took the giant step of adopting a group of siblings, three sisters, who had been in foster care with some significant issues. Her story supports our experience as an agency: If you are interested in moving those 118,000 youngsters now awaiting adoption out of foster care, we all need to do more than simply promote awareness about the need for adoption.

We need to recognize that the needs of these youngsters are often complex, and that these needs do not change automatically by the mere fact of the child becoming adopted. Children who have been

traumatized, who have grown up in the foster care system, have severe needs—and they have the same needs the day after they become adopted. Unless we begin to take active steps to provide a safety net of services for these youngsters and their adoptive families, then it will be very difficult for these youngsters to first, become adopted and second, to stay adopted—a simple premise, but, one that merits a great deal of attention and one that we are very pleased to be able to address.

The way that the foster care system has operated because, of the urgency of abuse and neglect, is that those youngsters waiting to be adopted have received the least attention, not because of any negative sentiment toward them, but because there has been a sense that they are safe. Well, because of that sense there has been a lack of attention given to their need for permanent homes with the kind of supports they need. If we do not take active steps to provide those supports for the families, then many families will remain hesitant to bring older children into their homes, knowing that the following day after they adopt that youngster, all the child's needs become their sole responsibility.

We take pride in the fact that there have been active steps in advancing adoptions of children in care. As it has been stated at this hearing today, more youngsters are being adopted. At the same time, there are 118,000 children still waiting to be adopted. Our interest is for us to do more to provide a safety net, provide services that will allow people considering adoption to be able to step forth and adopt these children, confident that they will receive the support that they deserve.

[The prepared statement of Mr. Torres follows:]

**Statement of Raymond Torres, Executive Director, Casey Family Services, Bridgeport, Connecticut**

Thank you, Mr. Chairman and members of the Committee on Ways and Means, Subcommittee on Human Resources.

My name is Raymond L. Torres, executive director of Casey Family Services. Casey Family Services is the direct service arm of the Annie E. Casey Foundation.

Founded in 1976 in Bridgeport, Connecticut, Casey Family Services operates service programs for vulnerable children and families in each of the New England states and in Baltimore, Maryland. We started as a foster care agency. Today our programs include foster care, treatment foster care, transition services for youth leaving foster care, post-adoption services, family preservation, family advocacy and support, family resource centers, assistance to teen parents and to families affected by HIV/AIDS. Our post-adoption programs currently operate in Connecticut, Maine, New Hampshire, Rhode Island, and Vermont.

I have come here today to share with you what we have learned about the critical need for post-adoption services and its importance as part of a comprehensive approach to strengthening adoptions. The need is especially acute among families who have adopted children from foster care.

In the past decade the number of children in foster care has nearly doubled, while the supply of foster homes has decreased by one-third. For many foster children who cannot return to their birth families, adoption is both a desirable and viable solution. Yet, despite the passage of the Adoption and Safe Families Act with its impetus to speed the passage of children from care into adoptive homes, 118,000 foster children eligible for adoption remain in the foster care system. These children are generally considered "hard to place" because they are older than the infants usually favored by prospective adoptive parents, and after years in care, they are all-too-frequently further burdened with significant emotional, physical and/or psychological challenges. When families have come forward to take these children into their homes, they have come face to face with problems that are insurmountable without outside help.

For more than 10 years, Casey Family Services was at the forefront in the field of child welfare in the identification of the need for continuing services and supports among foster parents who adopted the children in their care. In 1991, Casey instituted one of the nation's first formal post-adoption services programs to assist those families. Over the years, staff from Casey's Divisions in Bridgeport and Hartford, Connecticut, Maine, New Hampshire, Rhode Island and Vermont have engaged in collaborative efforts within their states to share their knowledge and experience. Today they offer technical assistance and training to colleagues in private and public agencies, and are reaching out to the communities in which adoptive families live.

In December, Casey Family Services hosted the first National Post-Adoption Services conference in Washington, D.C. The conference drew more than 500 administrators, state adoption managers, practitioners, policy-makers, advocates, attorneys and judges, mental health professionals and educators from all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

The event marked a pivotal point in efforts to draw upon experience and innovation across professional disciplines previously not accustomed to conferring on issues affecting the children and families in their care or under their jurisdiction.

Casey's Post-Adoption Services program grew out of the agency's experience providing assistance to our foster families who adopted the children in their care. Recognizing that the emotional and psychiatric difficulties of foster children did not end when they were adopted, we concluded that adoptive families needed continued contact with social workers and access to services to be able to stay together. Because very few public or private agencies offered services to families after their adoptions were finalized, Casey also began extending post-adoption services in 1992 to adoptive families in communities in which we are located. Without these services, I am convinced that many families would not have been able to maintain the adoption or would have maintained the adoption at the cost of the marriage.

Over the years we have come to appreciate the strengths and resiliency of families who adopt children with very challenging behaviors and very complex emotional problems. We have also seen the stress, frustration and desperation of families who have struggled to obtain help for their adopted children, when no help was available. The primary focus of child welfare agencies has been on placing children with adoptive families and finalizing their adoption. The longer term needs of these children and families has not been an equal priority. Without such ongoing support, however, many adoptions are at risk of failure.

Let me offer you just one example of the benefit of post-adoption services to families with special needs children.

Sonya Merrill, who is here with us today, is a licensed foster care provider. In 1995, Casey Family Services asked Sonya if she would be able to care for four children: three sisters and their brother. Sibling groups are normally difficult to place together. Other attempts to find a suitable foster home had not been successful, but we at Casey were determined to keep the children together. Sonya listened and answered, "I'll try."

The three sisters, now ages 6 through 9, have been with Sonya ever since. Their brother has returned to his paternal grandmother, but is still in touch.

Casey social workers had worked with the birth family over the years in the hope that all the children could eventually return home. Family reunification is an important goal of Casey's foster care program. But that was not to be.

Just this year, Sonya and her three girls officially became a permanent family. However, with the legalization of the adoption process the need for services and supports did not end. Sonya and her children have taken part in many of our programs and services, from respite care to counseling and after-school programs.

For Sonya Merrill, knowing that the Casey support team and the services would always be there for her made a difference in her decision to adopt. What she has done is especially significant on two counts. A dedicated foster parent, her commitment to four challenging siblings has been extraordinary. Moreover, she has been willing and able to partner with the children's birth family—to include them in the parenting process. She's clearly the parent, but she's really very open to sharing an open adoption arrangement so that the children have a connection with their birth family.

The strength of families like Sonya's and what they bring to the lives of children who need a permanent home is a constant source of reaffirmation for all who work in Casey's Post-Adoption Services Program.

Recent public policy initiatives such as the Adoption and Safe Families Act (ASFA) have brought increasing momentum to effecting adoptions for children in foster care who cannot return to their birth families.

Since 1997 the number of children in foster care whose adoptions have been finalized has increased dramatically. Between 1998 and 1999 alone there was a 28% increase in the number of finalized adoptions of children in foster care, according to the U.S. Department of Health and Human Services. These statistics point to the critical need for post-adoption services to insure the stability of these many new adoptions.

The children, who remain in foster care after intensive efforts to find adoptive homes for them have failed, are those with the most challenging needs. Without the assurance of ongoing help and support after adoption, families are less likely to come forward. Post-adoption services can be key to enabling these children to have a permanent family through adoption.

As a mother in our Vermont program so simply and eloquently expressed it: "People think that adoption is happily ever after, but it's not always that way."

Children being adopted from the foster care system often have special needs that parents are not equipped to deal with on their own. Most children enter foster care because of physical or sexual abuse or neglect. Additionally many face ongoing instability and disruption in their lives due to multiple moves while in the foster care system. As a result of such trauma in their young lives, children often present significant emotional, physical, and psychological problems. Research has repeatedly shown that children in foster care are disproportionately affected by a range of chronic health problems; many younger children suffer from delayed development, many school age children have significant educational difficulties that warrant special education intervention; and some children have severe psychological and behavioral difficulties. These conditions often mean that children in foster care who are adopted have physical, emotional and behavioral problems that can create significant challenges for them and their adoptive families.

Casey developed its Post-Adoption Services Program a decade ago both to address the lack of help available for families after adoption and to serve as a model for other agencies interested in developing this service. The program is open to any adoptive family and serves families with a range of needs—families seeking information as well as families at the brink of disruption. When families and children are overwhelmed by troubles they are unprepared for and can't find help, they may feel that the dissolution of the adoption is the only solution. Yet that is an outcome that can be avoided, for the benefit of both the child and family.

Every adoptive family has different needs based on the past histories of their children; the age at which they entered foster care and their foster care experience; the intensity of the children's physical, social, and emotional needs. We recognize, therefore, that adoptive families need a broad range of services and supports. A family's needs may change as the child develops, requiring a different constellation of supports.

Our program provides a range of services from prevention to early intervention to treatment. Our staff in Connecticut pioneered the program that now provides: information and referral (families and community professionals can call and obtain information about adoption and post-adoption resources); community education about adoption (staff go out to schools, mental health facilities and other community agencies to raise awareness about adoption and create a more supportive environment for families); education and training for adoptive parents, pre-adoptive parents and community professionals; support groups for adoptive children and for the biological children within those adoptive families; case advocacy and systems advocacy; and counseling.

Adoption-related issues may surface for a child at different stages of development. For example, children who have been sexually abused may not even be able to share this information with their adoptive parents until several years after the adoption when they have learned to trust their parents. Oftentimes families are not aware at the time of the adoption what services they will need in the future.

They cannot predict what kinds of adoption-related issues may surface as their children move through childhood and adolescence.

One Connecticut family described their experience with our program this way:

"The social workers' expertise has been invaluable to us, especially with our special needs teenage son. If it weren't for their support, guidance and education, I don't think we would have made it this far. Nowhere else have we been able to get the support we need so much."

Another adoptive parent told us that her social worker came to a meeting with her child's teachers. She said she "had so many things going on with both my girls that I just needed someone there to help me hear what the teachers were saying, to ask questions that I wasn't thinking of, and help explain how my older daughter's therapy was going to impact her school activities."

Our services are available whenever a family needs them and families are encouraged to come back for help if the need arises. We shape the services according to what the families tell us they need.

A recent study of 300 families who received services from our program, found that the median length of time between their children's adoption and their seeking services at Casey was five years. It also found that after families left services, they often returned for additional assistance at a later time. These findings further point to the need for services and supports to be available throughout a child's development, as the need for help arises.

Because we have a recognized track record in delivering excellent, effective post-adoption services that work, Casey Family Services has been invited to work in partnership with other private and public agencies. We promote the development of networks of community supports for adoptive families, which include service providers that are knowledgeable and sensitive to issues of adoption.

In the State of Maine we are working with the Department of Human Services and the University of Southern Maine on a federally funded Child Welfare Demonstration Project. The federal resources supporting this five-year project come from funds (Title IV-E) usually dedicated to providing services to children in foster care. Maine is the only state chosen to use these resources to serve adoptive families. In Vermont, through an Adoption Opportunities grant, we are part of collaboration with the Department of Social and Rehabilitative Services and private agencies to extend post-adoption services across the state, particularly in rural areas in which services are often lacking. In Connecticut, also as part of an Adoption Opportunities grant we are working with the Department of Children and Families and the state Foster and Adoptive Parent Association to extend services to the southeastern part of the state.

These experiences have underscored the need for cross-system collaboration in order to truly address the complex issues and problems that families face that overlap social services, education and mental health.

At the groundbreaking December 2000 National Post-Adoption Services Conference in Washington, D.C., it was evident from the conference that child welfare agencies and professionals across disciplines recognize the growing need to support the increasing numbers of adoptions. They are hungry for information about how to finance, design and implement the range of supports that are needed.

We know that there are very good services being offered and expanded in many states, including Connecticut, Maryland, Oklahoma, Pennsylvania and more. Texas has a particularly impressive statewide comprehensive post-adoption services program, which was presented during the conference. It is important to disseminate information about such efforts as widely as possible.

We're now in the process of implementing the Casey Center for Effective Child Welfare Practice, which will help to provide information about best practice models in the field particularly in the area of post-adoption services. We are fortunate as an agency that is part of a national foundation to be able to fund these services as well as provide technical assistance at no cost to adoptive families or the agencies that serve them. However, our resources are not sufficient to fill the gap alone. Additional public and private funding is needed to insure that services and supports are available and accessible.

We must all work together to acknowledge, understand and solve the often complex issues that accompany adoption. The children—too often victims of past abuse and neglect—need our continued help in making what for them may well be the most important transition of their lives. The families who have opened their hearts and homes to them deserve more than our admiration. They need our support.

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Chairman HERGER. Thank you very much, Mr. Torres. And now we will hear from Sonya Merrill, who is an adoptive parent and recipient of post-adoption services. Ms. Merrill.

**STATEMENT OF SONYA MERRILL, MENTAL HEALTH PROFESSIONAL, CONNECTICUT DEPARTMENT OF MENTAL RETARDATION AND DIRECT CARE, AND ADOPTIVE PARENT AND RECIPIENT, POST-ADOPTION SERVICES, SOUTH NORWALK, CONNECTICUT**

Ms. MERRILL. Thank you, Mr. Chairman and members of the Committee. I have been with Casey for over 10 years; but in 1995 that is when my journey really began with them, where I really experienced all the services that Casey does provide. I took in a sibling group originally of four, one of which, the male child, was treatment level, with severe behavioral problems. The girls all came with their own baggage. They were crack addicted.

This is Patricia; she was crack addicted. This is Semaj, who was crack addicted. This is Shakoya, who was sexually molested; and this is Joseph, who is treatment level with a lot of baggage. I personally have a 15-year-old daughter. These are all of us. So I went from one child to five instantly, overnight. And my outlook on it was that I didn't know if I could adequately take care of all of these children and provide for them what they needed. Even though I worked in mental health and I knew how to do some of the behavior modification and things like that, I was afraid that I could not facilitate their needs off of my income and just being one person. And Casey promised to me that they would not leave me, and they would help provide resources for me and that they did.

Mary Miller was my social worker at the time. The children were in my care for 4 years because the program that they originally came to me under was reunification and that is where the foster family works with the biological family, and we try and do parenting skills to help develop relationships with the biological parents to eventually get the children back to their parents. After 4 years it did not work. The mother was an addict.

So it became a revolving door, and the children were TPR'd and they came up for adoption. I knew I wanted the children, but at the same time again the question came up could I facilitate their needs, would I be doing them an injustice to bring them into my household knowing I was a single parent and I worked and I had other responsibilities and even though they were with me for 4 years they still had needs.

Semaj does not display any signs of crack in her system right now. Patricia is experiencing some problems with attention recall, and I knew that there had to be services that had to be provided; and I wasn't sure I had the means to meet them. Casey told me that through their post-adoptive services if I adopted them that they would provide these services. At present, Patricia is at Yale Children's Study Center undergoing a neurological psychological evaluation, which Casey is providing. I do know they were there for my other girls. My children are able to participate in Casey's after-school enrichment programs. They need tutorial sessions; Casey provides that.

There are just so many services that Casey has continued even since my adopting them that I know if it had not been for Casey that I could not have made this transition. Casey social workers, even though I have adopted the children, still keep in touch with us. I still get weekly calls; I still get visits; and they have become

my children's extended family. When we have problems, they have problems. When we have fun, they have fun. Whatever the situation I am going through, Casey goes through.

I feel as a parent, a single parent, speaking for adoptive parents that—not so much becoming an adoptive parent, is the exciting part; but the other part that makes you want to be a parent is when you know you have the resources of the post-adoptive programs to help, because you can't do it alone, because the children's needs don't disappear once you adopt them and give them a name. Even though they are stable, they still have problems.

In my case, I know there will still be more problems to arise because of conditions they came with. And I have also known when they arise I am going to need help. For me the post-adoption programs and services that have been provided have sustained my household. It also was a major factor in my decision whether or not I could be an adoptive parent and provide for the children. Love is good, but you also have to be real and meet the needs medically, psychologically, and emotionally for these children.

[The prepared statement of Ms. Merrill follows:]

**Statement of Sonya Merrill, Mental Health Professional, Connecticut Department of Mental Retardation and Direct Care (Adoptive Parent and Recipient of Post-Adoption Services, South Norwalk, Connecticut)**

Thank you, Mr. Chairman and members of the Committee on Ways and Means, Subcommittee on Human Resources.

I am Sonya Merrill. I am a mental health professional with the State of Connecticut Department of Mental Retardation and Direct Care. I am a licensed foster care provider. And today I am something more: an adoptive mother of three girls, ages 5 through 12.

In 1995, Casey Family Services asked me if I would be able to care for four foster children: three sisters and their brother. I know sibling groups are normally difficult to place together. In fact, other attempts to find a suitable foster home for these children had not been successful. So, when Casey Social Worker Mary Harris Miller pleaded with me to take them in, I said, "I'll try."

Shequoia, Patricia and Seima have been with me ever since. Their brother Joseph chose to live with his paternal grandmother, but I make sure the children stay in touch. Casey guidelines call for working with the birth family.

My adoption of the girls became final in January of this year. Throughout the process and to this day, I have taken advantage of just about every service that Casey offers. The treatment programs, for example, are particularly helpful because they are designed for children with severe psychological, emotional, physical or behavioral needs. And all my children have needs; they were born addicted.

I've used Casey's after-school enrichment programs, and the respite care has proven a godsend. I do need respite. I've taken part in a lot of the foster parenting support groups, and we've had a physician come in and serve, as needed, as a liaison with the birth parents.

Knowing that the Casey support team and services would always be there for me made a huge difference in my decision to adopt. I'm a single parent, and if the services Casey provides were not extended to me once I had adopted the children, I know that I could not adequately have taken care of these kids. The children need tutorial sessions and a counselor; I could not afford those services on my own. Sometimes the medical bills are astronomical. It is so important for families like ours to know we can find help when we need it. The average person cannot cope with their needs by themselves.

It was Casey Family Services that brought us together. It's Casey that supports us and keeps reinforcing that support. We think of the social workers as part of our family. We eat together. We laugh together. We cry together. We work out problems together.

I am very aware that we are fortunate that the services that Casey provides are available to us. But we should not be the exception. I believe that every adoptive family should have the same opportunities that my daughters and I have had to cope with the challenges before them.

Chairman HERGER. Thank you for your testimony, Ms. Merrill and I want to thank each of our panelists for testifying.

At this time, we will turn questioning over to the members; and I would like to remind the members that we do have 5 minutes for witness questioning. Ms. Merrill, I note in your testimony that you became a foster parent in 1995, and the adoptions were finalized in January of this year. Could you walk us through, please, the time line. When did you decide you wanted to adopt? How long did the adoption process take—was that an appropriate length of time? Is there anything that you would suggest for speeding up the process?

Ms. MERRILL. Okay. Initially, like I said, they were in reunification. It was after the fourth year of the mother revolving back and forth into rehabilitation and then disappearing, that the agency along with me realized that they were going to be reunified. For me that was a long process because emotionally my children were on a roller coaster. Shakoya, the oldest one, her nerves totally collapsed. She wound up losing her hair because she feared she had to go back into that environment with her mother.

The baby, Semaj, never bonded with the mother as a result of the mother not even coming into my home to learn to bond with her. She never knew her. And Patricia, she is an introvert. She did not want anything to do with it. So for me, 4 years was a long time seeing that the mother was not going to get better. As far as the adoption process, I believe my situation was a special one because it did not take long. They started the TPR, the Termination of Parental Rights, I believe that June. And we had thought it was going to take 18 months, but it did not. The paperwork went through, and that January we were notified that it was final. So that in itself was a very special situation because it did not take as long as they thought it was going to take for us.

Chairman HERGER. Well, thank you. Is this typical, the shorter time period with you—would anyone like to comment—or does it normally take longer? Does anyone have any comments on that? Any suggestions what we might do for speeding up the process, Dr. Beougher?

Mr. BEOUGHER. I will say a couple of things, if I could. First of all, Michigan has a fairly rapid adoption process once parental rights are terminated, and we have also had legal changes in Michigan that have sped up the process compatible with what the Adoption and Safe Families Act expects. But Michigan began in 1991 to reimburse private agencies based on results. So adoption agencies only get reimbursed when they actually accomplish an adoption, and the more promptly they accomplish an adoption, the greater the payment.

That has caused our adoptions to increase to the point where—we now have more kids receiving adoption subsidy than we have in the foster care system. Adoption subsidies now total about 157 million a year for a little less than 20,000 children to put the impact of performance based contracting into perspective, in 1996, we had 2 percent of the kids in foster care; and we did nearly 10 percent of all the adoption of abuse and neglected kids in the country. We directly attribute that to contracting on the basis of outcomes

and results. Finally, we have a public/private partnership; State adoption workers also do adoption services.

But it took us a while to figure out that if we set outcome performance expectations for them they would also increase. So adoptions in the public sector increased 22 percent last year over the previous year. Of the children who are adopted in Michigan, in fiscal year 2000 8,990 were adopted within a year after parental rights termination.

Chairman HERGER. Judge Kearney.

Ms. KEARNEY. Mr. Chair, I think that Ms. Merrill's story indicates a couple of issues, one that Mr. Cardin indicated earlier on, the need for substance abuse services for families early on, especially in the prevention aspect. But I also think it indicates clearly what the goals of APHSA were designed to do and that is, number one, make sure that children are safe and also to ensure their safety, their well-being and the permanence—and it was designed certainly to prevent 4 years of children languishing in care.

I think what is so critically needed here and what Congress should look at is the assessment at the front end that when the children come in to look and see—just listening to Ms. Merrill's story right now, as listening to it in my dual role sort of as judge and as the secretary of Department of Children and Families, there were risk indicators so high right at the very beginning. The fact that she had three children that were all cocaine dependent or exposed at birth—where were we at child one? Why did we wait until child three for intervention. The fact that there was sexual abuse of a young male child. The risk indicators were all there for much earlier intervention and termination of parental rights, frankly, so these children could be cleared.

So I think you need to look at the needs for mental health services, the needs for substance abuse services, the integration of those services, and also a very strong risk assessment right at the front end so you don't have children and families languishing like this.

Chairman HERGER. So in other words, once the adoption began it seemed to move fairly rapidly. But, there is a lot more that could be done efficiently and effectively up front.

Ms. KEARNEY. Yes, Mr. Chair. And frankly that is what Congress did with APHSA, and so as you see when the children first came in in 1995, that law did not exist. So that is the beauty of it and what your work means for the country.

Chairman HERGER. Thank you very much. Mr. Cardin.

Mr. CARDIN. Thank you, Mr. Chairman. I really want to thank all the witnesses. This has been a very, very helpful presentation on the issues. And I couldn't help but think, Ms. Merrill, I am sorry you were not at our Committee markup yesterday when we took up the adoption credit and the special attention for special needs children. At least some of us want to get special attention. We have made a lot of progress on adopting children that have been in foster care, but there is still 118,000 that are eligible for adoption right now that are waiting. Most of those children are special needs children.

And, Ms. Merrill, you put a face on the problem for us, that this is not an easy task we have and those who step forward really are

making a great—doing a great service to our community and we thank you for that. And for the children, particularly, we thank you.

It is clear to me that there is general consensus that we should reauthorize the program, that there is still need for a Federal role in dealing with this issue, that we should support the President's request for an additional \$200 million a year. That money is needed. And most of us have spoken to additional flexibility. You don't particularly like the regulation that mandates that you spend a certain amount in a particular category. So let me take the prerogative of a Member of Congress and say we have now increased the program by \$200 million, we have given you the additional flexibility. Where would you spend the money? You can spend the money anywhere you want. Where are you going to spend it?

Ms. MOUZON. First, I believe that we need more money in our child protective service program. So with flexibility we can now do some things at that end that we have not been able to do. We have never been given enough money to have either an adequate workforce for a population that is very challenging in the problems that are presented. I think it is there also that we can really start looking at some of the substance abuse issues that most of us have alluded to, because we want to catch them early on and we do need treatment on demand.

The other thing I think we would have to emphasize is a really good recruitment campaign. As Ms. Merrill and many of our adoptive families are, these are our foster parents. We are starting to eat up our foster resources, so we need a professional campaign in which we start introducing the system in a more holistic way to people to let them know that they need to be a part of whatever it is that we would plan to build upon.

The other thing, I think, is we need some good prevention dollars to increase our family supports. We only are able to have family support systems in 17 out of 24 jurisdictions in Maryland. As you know, we are a much smaller State than some of the other States. We need to have those supports available across the board. Everyone who comes to us with an issue should be able to receive a service. Right now that does not happen. If you come to us and you get there while the dollars are available, then you get one type of service; but those dollars do run out. And unfortunately then they are forced into services that are not as specialized. Those are some of the things we would do in Maryland.

But I know we would definitely pour a lot into substance abuse. And I should say, last, we will also look at mental health services. There are many children who are in need of mental health services because their parents' private insurance runs out. These children then become attached to the child welfare agency, and we have to take these children into care just so they can receive mental health services. There has to be a better response than us taking these children into care. We need to get the service to them that they need without having them fall under the APHSA requirements. And I think that is what we would do in Maryland, at least if I am still there.

Mr. CARDIN. Mr. Torres.

Mr. TORRES. As I stated before, I believe we are taking active steps to move more kids into adoptions. We need to do more to be able to support these families. We need to do more than pat them on the back; we need to have services available to them for when they need them. Adoptive families need counseling; they need respite. They need treatment. They often may need treatment-level care for short periods of time. And if the families knew in advance that the supports would be available for them whenever the need arises, then they would be more likely to step up and adopt these youngsters, because they would know there would be a safety net to support them for when issues come up with the youngsters. We support a continuum of care for these families, based on the needs of the youngsters.

Mr. CARDIN. Mrs. Rosenbaum.

Ms. ROSENBAUM. Yes. I think there are four categories of opportunity for spending right now, and I think that they provide for both remedial sorts of intervention, as well as for prevention. Maybe not primary prevention in the scope that everyone would like to see. I think the categories have worked well, and one of things that we are particularly interested in is allowing even more flexibility to provide the opportunity for Maryland to focus on family resource centers whereas Florida might want to look at something else. There are some administrative constraints right now. Each State seems to have fashioned very localized community approaches to serving families and recognizing that the money has limitations.

Mr. CARDIN. Let me, if I might, just talk on the substance abuse issue. You heard that I emphasized that on my opening comment, and I thought Judge Kearney's point about prevention in the early stages is right on target to save an awful lot of resources and we will have much better results the earlier we get into the issues. I know that Maryland is using some of the money for substance abuse, but I believe you also have a waiver so you have a little more flexibility in that regard. I guess my question is, is there broad enough authority within the current statute to use money for the purpose of substance abuse? Is it an issue of not enough resources, or is it the program is too restricted in the way that it is configured to be able to get the money out for early prevention issues such as substance abuse or other related problems? Do we need to amend the statute, or is it just a matter of resources?

Ms. MOUZON. Well, I would say a little of both. One of the issues is once a parent has their child removed from them, they are no longer eligible to receive any of the Medicaid services that would pay for substance abuse treatment. So it presents a challenge in how are you going to engage that family in treatment. And that is part of the reason we ask for the demonstration waiver. What we are able to do now is to transfer some of the placement dollars into treatment resources.

The other things that needs to be developed is a capacity, particularly for mothers, to go into treatment with their children. And presently that capacity is not there within the treatment-provider network. As a result of that, if we remove the children, we no longer have that bonding that needs to take place. And we have found through our drug-exposed infant projects, if we don't take ad-

vantage of that window of opportunity, then what happens is those moms will continue to be disconnected from those babies. The babies, as Ms. Merrill pointed out, are easy to get adopted; but unfortunately that mom will end up having another baby, and we end up taking these children cyclically through the child welfare system, and we certainly don't want to do that.

Chairman HERGER. Thank you, Mr. Cardin. Mr. Beougher, as Federal policy makers, what lessons should we draw from what you have learned from the Families First program in Michigan? And how about other States as well? And could they be expected to repeat your results?

Mr. BEOUGHER. I think I can't speak for what other States' experience is, but from ours only I think the only reason that we have any credibility and results is, one, because we feel we owe it to the taxpayers. I mean, we always have to take into account that we use the people's money wisely. If you are going to use the people's money wisely, you have got to set outcomes. You have got to hold people to outcomes. If you can't measure something, you do not know if it is successful.

And you also have to have uniform training, and you have to have accountability procedures in place so you can monitor whether the model you put in place is truly being used the way it was intended. And you have got to have uniform training. Those things seem to work time and time again in Michigan. If you have a hundred different models of something in a State, there is no way to measure whether it is being done in the way you have defined it. And there is no way to train uniformly, and there is no way to explain the story to the public in such a way that they can accept that a positive outcome has occurred.

Chairman HERGER. Thank you. Mr. Cardin.

Mr. CARDIN. Judge Kearney, I just wanted to follow up on the last question I raised and that is, are the statutes sufficiently broad to allow early intervention? I agree with accountability. I think we need to have accountability, but I think we should allow the flexibility necessary so you can get at a problem as efficiently as you can; and to me that means early intervention. And I guess my point is, is the statute broad enough to allow you to get at the issues at an early stage?

Ms. KEARNEY. I believe—and I agree with my colleague from Maryland—that it is a little bit of both. There are problems with the statute, I think, that can be amended and I also believe that it is a resources issue. Attached to my testimony is a chart that you will recall from before which is a child's journey through placement, where you literally will see next to the events in this young child's life all of the different Federal funding sources and streams that will go to fund this child's journey through child protection.

Right now—we did not seek a waiver for our Title IV-B because, frankly, it was too difficult to obtain. We ended up withdrawing our IV-E waiver because after 3 years of not having heard anything, it became very difficult. So I really believe that Congress needs to act and address the flexibility issue because I do believe that you have seen great results in States where they demonstrate that they can be accountable, but at the same time take care of needs of the children within those States.

Chairman HERGER. Thank you very much.

Dr. WULCZYN. I wanted to comment, if I could, on the question of early intervention and how to best proceed and return to my remarks in my testimony. I think in order to succeed in developing early intervention programs, one has to take into account the contours of the population that are served in the child welfare system and understand that early intervention will mean different things, depending upon whether you are talking about intervening in the lives of families with 15-year-olds as opposed to families with infants, and it is that lack of focus in terms of how best to structure these programs to these target populations.

If 20 percent of the children coming into foster care are under the age of 1 month, it has a very specific meaning for the kinds of programs that will constitute an early intervention effort. And we do not have that kind of focus or that kind of direction emanating from Federal policy. And it would be useful if the Federal government could incentivize States to take these much more focused perspectives on the programs they develop. In the context of outcomes and flexibility, I think you have a much better chance of seeing reductions in the national foster care population over time.

Chairman HERGER. Thank you very much, Dr. Wulczyn. And I want to thank each of our panelists for the very good testimony that each of you has presented to us today, and I would trust that the witnesses would respond in writing to any additional questions on these issues. It has been a very informative hearing. I appreciate the work that each of you has done and the time that you have given us today. And with that, the hearing stands adjourned.

[Whereupon, at 2:44 p.m., the hearing was adjourned.]

[Questions submitted from Chairman Herger to the panel, and their responses follow:]

AMERICAN PUBLIC HUMAN SERVICES ASSOCIATION,  
WASHINGTON, DC 20002-1267  
May 22, 2001

Representative WALLY HERGER,  
*Chairman, Subcommittee on Human Resources, Committee on Ways and Means, B-317 Rayburn House Office Building, Washington, DC 20515*

DEAR CONGRESSMAN HERGER: Thank you again for the opportunity to testify at your committee's recent hearing on the reauthorization of the Promoting Safe and Stable Families Program. This is an important program that has proven to be a vital source of support for vulnerable families. Following are answers to your follow up questions regarding my testimony.

**1. Do you believe the four current categories of services—(1) family preservation, (2) family support, (3) time-limited family reunification, and (4) adoption promotion and support—are the right areas of focus?**

APHSA is satisfied with the four categories listed above and we believe these components provide families with vital services and support. They provide necessary coverage to two service areas that are relevant to child welfare—early intervention and remedial services. The categories allow communities flexibility in creating responsive services that can be tailored to individual family needs, while at the same time supporting a broad continuum of services.

**2. I note from your testimony that your association supports allowing 50 percent of the funds available under the Safe and Stable Families Program to be used at State discretion for programs that meet State-specific needs.**

**A. How does that compare with the current program policy?**

The HHS interpretation of "significant portion" as 20 percent of the funds being spent on each category creates an artificial situation in which services are selected to fit into a spending category rather than being reflective of the service needs and emphases of a particular state or community.

**B. Why not allow all of the funds to be flexible?**

APHSA's proposal calls for 50 percent of the funds to be used flexibly and for the remaining 50 percent to be allocated by 12.5 percent going to each of the four categories. Such a proposal assures minimum coverage of each program area while allowing a higher concentration of funds to be targeted to areas of greatest need. But we note, HHS currently permits states to spend less in a particular area, should a state present a compelling reason as to why this is necessary.

**3. In your written testimony, you make some specific suggestions on the need for increased waiver authority and waiver flexibility. How much could be done administratively and what do you recommend legislatively?**

APHSA's position is that substantial modifications to the Title IV–E waiver process should be made in order to allow more flexibility, a broader scope, and to foster system change. States believe that the current waiver process limits innovation and is not responsive to the sense of urgency to change the child welfare system.

The following changes to the waiver system should be made administratively:

- Expand the limited number of states that may conduct waivers on the same topic (such as guardianship);
- Eliminate the limited number of waivers that may be conducted by a single state;
- Enable states with the option to continue their waivers beyond 5 years;
- Eliminate approval criteria that require random assignment and control groups that limit statewide approaches;
- Loosen the rigid evaluation process; and
- HHS should approve alternative baselines, such as the use of historical baselines based on foster care use, to calculate cost-neutrality.

The following changes should be made through legislation:

- Eliminate the limited number of waivers HHS can approve—thereby extending the waiver option to as many states as want to participate; and
- Reauthorize the Title IV–E Child Welfare Demonstration Waivers for an additional 5 years.

Additionally, the Federal government should continue to evaluate the waiver projects to determine whether or not legislative changes are needed in terms of how Title IV–E dollars can be used. For example, perhaps the use of IV–E dollars for subsidized guardianship should be expanded to all states. Also, perhaps we have we learned enough from flexible financing waivers to warrant a Federal financing change.

**4. You mention in your testimony the need for increased resources for and collaboration with substance abuse providers. As you know, the Adoption and Safe Families Act requires coordination with substance abuse agencies. And, substance abuse treatment and prevention funding has quadrupled since the early 1980's when substance abuse was at its peak.**

**A. Do you believe of the problems with resources reaching these families is the lack of collaboration with substance abuse programs?**

Substance abuse among families served by the child welfare system is a serious concern. As discussed in *Crossroads: New Directions in Social Policy*, APHSA's transition report to Congress and the Administration, with parental substance abuse is one of the major reasons children come into the child welfare system, it is one of the most pervasive problems confronting today's child welfare system. The new permanency timeframes mandated by ASFA, along with welfare reform and changes to Medicaid and managed care that affected state and local governments have made it vitally important that child welfare and substance abuse treatment systems work together and reexamine their current service practices.

As you know, as a result of ASFA, judges are required to hold a permanency hearing within 12 months of a child being placed in out of home care, and a permanency goal must be set at this hearing. States must file petitions to terminate parental rights if a child has been in foster care for 15 of 22 months unless a compelling reason is documented. If parents don't show progress toward correcting the condition that led to the removal of their child (very often, substance abuse) the agency or court may move to terminate parental rights. To prevent this from happening when it shouldn't, substance abuse and child welfare systems need to collaborate and share information regarding treatment so that child welfare workers and the courts have the information they need to make decisions.

Unfortunately, there is limited funding set aside for agencies to collaborate and strategies to share information under the current law are too limited to effectively address the needs of the child welfare agency to carry out its responsibilities. Without appropriate information sharing regarding treatment progress, child welfare workers and the courts have inadequate or inaccurate information with which to make important placement decisions. While there are exceptions, most state and local child welfare and substance abuse treatment systems function independently

of one another even when administrative responsibilities for both systems are located within the same department. Some jurisdictions have made efforts to coordinate services or collaborate on cases, but the two systems predominately focus on "their" clients, either the abused and neglected child or the substance abusing parent. Recent studies have indicated a high failure rate (75 percent) for engaging and retaining women with children in the foster care system in treatment.

**B. If so, what do you recommend should be done to encourage collaboration?**

We recommend that the following be done to encourage collaboration between the substance abuse and child welfare systems:

- Provide new Federal resources to address substance abuse within families in the child welfare system.
- Provide Federal funding through a new child welfare/substance abuse partnership grant program to be administered jointly by state child welfare and substance abuse agencies. The focus of the grant would be on families with alcohol and drug programs who come to the attention of the child welfare system and would encourage joint activities designed to increase the capacity of both the child welfare and alcohol and drug systems to address comprehensively the needs of these families to improve child safety, family stability, and permanence and to promote recovery from alcohol and drug programs.
- Amend the Federal substance abuse confidentiality statute and regulations to enable child welfare agencies and the courts to obtain the information from substance abuse treatment providers necessary to make permanency and safety decisions for children who are in the child welfare system. Confidentiality rules need to require sharing and redisclosure of information between the two systems, specifically to assess progress in treatment, assure safety, and make informed decisions regarding permanence.
- Remove barriers to Medicaid funding to ensure that a previously eligible Medicaid family retains eligibility while their child is in foster care so that caretakers can access services that help them overcome the problems that led to the child being removed from the home.

Substance abuse is a significant factor in over one-half the child abuse and neglect cases. Unless there are enough quality substance abuse services available to engage and retain parents in treatment, while helping them progress, so they can care for their children safely and to ensure that information is shared to help agencies and courts make informed decisions about safety and permanence, the goals of ASFA cannot be met.

We believe that S. 484, the Child Protection/Alcohol and Drug Partnership Act, is a positive approach to addressing many of our concerns.

Thank you again for your attention to this matter. Please feel to contact me or Jennifer Grayson at 202/682-0100 if you have additional questions.

Sincerely,

BETSEY ROSENBAUM,  
*Director, Children and Family Services*

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MICHIGAN FAMILY INDEPENDENCE AGENCY,  
LANSING, MICHIGAN 48909  
*May 23, 2001*

Re Follow-up Question Responses.

Mr. WALLY HERGER,  
*Chairman, Committee on Ways and Means, Subcommittee on Human Resources,  
Washington, DC 20515.*

DEAR MR. HERGER: The following are responses to those questions asked in your May 16, 2001 letter regarding my testimony on Promoting Safe and Stable Families.

**1. To what extent are TANF funds used or important to the Families First model? How much does Michigan spend from its TANF block grant for child welfare? From its Title XX funds?**

Currently, TANF is the funding source for Families First. This change occurred as a result of modifications to Michigan's state plan in April of 2000. At that time, Michigan submitted a TANF State Plan amendment that included a number of programs that encourage the formation and maintenance of two-parent families. These programs do not require a financial eligibility determination. Families First was included in this group.

In Michigan, we spend \$169.8 million dollars of TANF funds for Child Welfare programs. These dollars are allocated among staff wages and fringe benefits, Family Preservation Programs, the Teen Parent Program, Youth in Transition Program, Adoption Subsidy Programs and funds out-of-home care for non-Title IV-E eligible children or placements under our former title IV-A Emergency Assistance Plan.

Our projected claim for Title XX for Child Welfare Services is \$13.7 million dollars with additional cost allocation for staff bringing the total projected claim to \$17.8 million for 2001.

**2. I understand that research conducted for HHS on family preservation programs that followed the HomeBuilders model showed no significant positive results. Yet you have seen positive results under this model in your State. Why do you think your program has been successful and others have not?**

In Michigan, we believe our Families First Program, and other family preservation models, are successful in achieving their goals due to the State's stringent adherence to those critical factors of model integrity, establishment of clear outcomes, monitoring performance, and on-going training. Additionally, Michigan is committed to Family Preservation Program models that provide key decisionmaking roles to the families they are intended to serve. Michigan's Family Preservation Programs view families as partners, as part of the solution rather than the problem.

Tangential to this philosophical intent is Michigan's commitment to ensuring that the basic needs of families are met, specifically; shelter, food, clothing and medical care. We have found that families experiencing crisis related to homelessness, hunger or medical treatment are not able to focus on improving and sustaining change in their family relationships. In our Family Preservation programs, our goal is to assist families in meeting these critical basic needs in order to promote family stability and safety.

Our models are also based on inclusiveness of all community partners who have a stake in child protection. For instance, local human service providers, faith-based organizations, and the educational system are but three of the integral community partners involved in providing a responsive continuum of service to families in need.

In brief, I would assert that the following critical components must be present in Family Preservation programs for them to be successful:

- Parent/child/family participation in individual service plan design and implementation
- Uniform training provided to all family preservation service providers
- Contractual service providers must be community based to ensure relevancy of services
- Defined outcomes and expectations for family preservation programs are clearly articulated and monitored
- Defined quality assurance processes are built into the family preservation program models and are monitored to ensure adherence to the model
- Technical assistance and training is on-going and provided through collaborative partnerships to assure relevance

**3. If you received a block grant of child welfare funds with minimal Federal rules or could transfer funds across child welfare programs (from Title IV-E to Title IV-B) in a cost-neutral way, how would your child welfare programs change? What impacts would this have on at-risk children in Michigan?**

Michigan supports the concepts of transferability and de-linking in the award of federal funds utilized for child welfare services. However, it is critical that funding levels of Title IV-B or Title IV-E not be decreased to accomplish the goal of block granting funds to promote flexibility. Should Michigan be permitted to transfer funds from Title IV-E to IV-B, we would invest a portion of the dollars into expansion of those programs where we have identified superior outcomes.

Another important aspect of this flexibility is that it would permit Michigan to offer Family Preservation Programs to families that are transitioning between more categorically funded services, specifically, returning home from an out-of-home placement. Due to funding restrictions, we are often unable to provide the full continuum of services to families that we believe is necessary. This often results in a disconnection in service continuity and a lack of cohesive service planning. Flexibility in funding would enable states to enhance their family preservation strategies to focus on providing the most appropriate services versus providing services that are determined by available funding.

Relative to the impact upon at risk children, flexibility in funding would require the state to ensure adequate funding was available for all out-of-home placements that are necessary to protect the child from abuse or neglect. Protection and safety must always be our first priority. Determining the dollar reserve necessary to ade-

quately cover out-of-home care costs would need to be made on historical data coupled with cost projections and it would require the state to develop and utilize a sophisticated cost methodology.

Another consideration relative to child safety is that an out-of-home placement is not always the safest option for children. Abuses do occur in these settings, though not as frequently as in the family home. Our commitment to Family Preservation programming places child safety as a priority and we would take steps to ensure this commitment continued should we be permitted to transfer funds between Title IV-B and Title IV-E.

Finally, one of the basic tenets of our Family Preservation program continuum is the focus on providing intensive, home-based services to the family. For Family Preservation programs to be effective in the long term, families must learn how to develop natural support systems within their community. These resources can be the schools, churches, local service clubs, neighbors and family Members. The key is teaching families that when a crisis occurs, there are resources available to them that can assist them in addressing their immediate needs while keeping the family intact and children safe.

In the long term, I believe that funding family preservation services at an enhanced rate will ultimately reduce the number of children at risk of abuse or neglect. Family preservation programs are inherently teaching models. They teach families and communities the value of ensuring child protection and safety through intensive intervention. These services delivered “up front”, before the risk of abuse or neglect reaches a critical level, enables safety planning and community supports to be implemented. This early intervention effectively teaches families and communities new strategies to employ in protecting their children.

In Michigan we believe this fundamental change would provide better protection for at risk children rather than decreasing these protections.

**4. At several points in your testimony you describe how your programs have resulted in program savings, for example by reducing out-of-home (that is, foster care) placements. Please tell us more about this—where is the money saved, how much has been saved and how have those savings been reinvested?**

The following data is specific to the Families First of Michigan Program.

While interventions provided by foster care and Families First are quite different, the ultimate goal of each is to ensure the safety of children. In July 1998, the Office of the Michigan Auditor General completed a 3-year performance audit of Families First. The Auditor General found that Families First places “a high priority on the safety of children.” The Auditor General also found that Families First can be a “cost effective alternative to out-of-home placement for certain eligible children.”

In this audit, the reported cost of a family receiving Families First program services averaged \$4,367 in fiscal year 1996–1997 compared to the reported per child cost of foster care of \$12,384 and institutional care of \$56,206.

In the Families First Evaluation Summary Report,<sup>1</sup> the researcher looked at the costs associated with Post Treatment Services as a continuation of total costs associated with an out-of-home placement. They found the following:

The cost of Foster Care services for children who re-entered foster care during the 12-month period following the date of their return home was \$3,302 per child, averaged across the 225 children in the study. By comparison, the cost of Families First children who entered foster care during the 12-month period post intervention was \$2,123 per child, averaged across the 225 children in the study. This results in savings of \$1179 per child.

Michigan has experienced similar results through the use of the Family Reunification Program. The Skillman Evaluation<sup>2</sup> tracked the costs across three comparatives for 12 months prior to Family Reunification services and 12-months post services. The table below illustrates savings longitudinally over that 24-month period of time among groups of children and families who received the services and those that did not.

<sup>1</sup>Evaluation of Michigan’s Families First Program, Summary Report, March 1993, University Associates, Lansing, MI.

<sup>2</sup>Evaluation of the Family Reunification Program, University Associates/The Skillman Foundation—1999.

FAMILY REUNIFICATION PROGRAM (FRP)—12-MONTHS BEFORE AND 12-MONTHS AFTER RETURN  
HOME COST COMPARISONS FOR ALL GROUPS OF CHILDREN AGE 16 OR LESS

Group	Average cost per child Before/After	Total cost Before/After	Percent cost Reduction
Non-FRP Statewide Foster Care .....	\$16,418	\$41,505,508	
Family Reunification .....	5,377	13,591,788	67.3
12-County Non-FRP Foster Care .....	19,037	21,360,014	
12-County Family Reunification .....	6,043	6,780,795	68.3

As this table illustrates, the savings over the length of the study were significant. More importantly, however, is the human cost. The largest category of children placed out-of-home are those who experience abuse and/or neglect. The evaluation of the Family Reunification Program showed its greatest effectiveness with helping these families reunite and remain together.

In response to your question of reinvestment of savings, the savings from reducing the costs in out-of-home care paid for by Title IV-E were not reinvested into Family Preservation programs due to our inability to utilize Title IV-E dollars for costs other than placement. However, should we be afforded the opportunity to reinvest Title IV-E dollars from savings achieved through the use of Family Preservation Programming, we would develop a comprehensive strategy focused on maximizing available funding to achieve the desired outcomes of protection, safety and stability for children.

I trust these responses adequately address your questions. Thank you for the opportunity to provide you and the Subcommittee with this additional information regarding Michigan's programs. If you have additional questions, please do not hesitate to contact me.

Sincerely,

JAMES E. BEOUGHER,  
*Director, Child and Family Services Administration,  
Michigan Family Independence Agency.*

FLORIDA DEPARTMENT OF CHILD & FAMILIES,  
TALLAHASSEE, FLORIDA 32399-0700

May 22, 2001

**1. One of our purposes today is to determine what programs are successful. Please describe how court improvement programs measure success. Has this changed over time? Are any states (other than Florida, of course) operating highly successful programs?**

The Court Improvement Program (CIP) in Florida has several key indicators that attest to success in the implementation of meaningful enhancements to our child protection system. Florida's CIP has developed these initiatives:

A. The CIP obtained funding from the state legislature to develop model dependency pilot projects designed to supplement judicial resources that will result in more timely outcomes for children and their families. The Court Improvement Program's assessment of Florida's dependency process provided hard data to support the need for these additional moneys. CIP funds allow for the analysis of the model pilots to explore the value of statewide implementation.

B. The CIP analyzed the need and recommended certification of judgeships based in large part on the delays children and their families now experience in achieving permanency. The judicial branch was successful in obtaining more judges this recent legislative session and their assignment to dependency court divisions will be a priority. The CIP grant activities are strongly supported by the Florida Supreme Court and this has led to a statewide call for action within our local dependency court judiciary to implement necessary reforms for the child protection system.

C. The CIP instituted annual Dependency Court Improvement Summits, which bring together the judiciary and child protection system professionals to develop local court improvement plans under the leadership of the judges. These plans are reviewed and monitored by the state CIP staff. Annual reports are published that highlight innovative plans to improve local courts. These Summits have become so popular that the number of attendees has grown from 300 participants four years ago, at the first Summit, to 1200 participants last year.

D. The CIP, working in concert with the courts and our Department, helped to guide a complete rewrite of Florida statutes affecting children. These changes were directed toward bringing Florida law in closer alignment with Federal law, and simplifying the work of professionals in the field and the courts who serve our children.

Florida is not the only state with a successful CIP initiative. The American Bar Association (ABA) Center on Children and the Law publishes annual reports compiling the innovations that have been accomplished across the country as a result of the Federal funding. For example, Illinois has implemented a parent education program to inform parents about the dependency process; Massachusetts is designing a streamlined appeals process; Michigan has improved the search for fathers in dependency actions; Vermont has teamed “graduate” parents of the dependency system with new parents entering the system to serve as mentors; and, Philadelphia has established a special adoptions court to expedite this process to finalize placement for children. These are but a few of the examples that illustrate the investment outcomes for the CIP project.

2. I understand you have recently asked a couple of judges in Florida who were not putting the best interests of children first to stop handling child abuse cases. As a judge yourself, can you provide us with some insight on how States can better work with the Court system to make sure we are all fighting toward the same goals—safety and permanence for our foster children?

Our Department works closely with the judiciary throughout the State of Florida. Our Department recently requested a couple of judges to not hear cases involving dependency because we believed that there was clear bias against the Department on the part of these judges and that their bias had a direct effect on the Department’s ability to protect abused, neglected, and abandoned children. This request was granted and the judges in question were reassigned.

At the same time and in the same area of the state that two judges were taken off the dependency bench, two other judges were working with the Department to concentrate on a permanency project which resulted in 78 children obtaining permanency who had been in the Department’s care greater than one year.

Another way the judiciary has partnered with our Department is by participating with our staff in training our child welfare attorneys. Judge Daniel P. Dawson and Judge Julianne Piggotte are currently working with our Child Welfare Attorneys and the Professional Development Center to create a training video for our staff on “advanced trial skills”. In addition, throughout Florida, Department staff is having periodic meetings with the Judiciary and other stakeholders to discuss systemic barriers to obtaining permanency and protecting children in our care.

For example, in Orlando the dependency judges and Department staff agreed to an Administrative Order assigning cases to judges by Department service center. This change permits our Family Safety Counselors to appear before only one of the judges in Orlando. This change will make better use of the time of our attorneys and Family Safety counselors by limiting their court time.

I have maintained my relationships with my colleagues on the bench and we continue to look for more effective ways to protect children. Communication and education among the stakeholders in the dependency system is a key to working toward the same goals. Again, the CIP has been central to accomplishing these objectives. Some of the on-going activities to promote education and communication are:

A. The CIP convenes court improvement liaisons from every judicial circuit to monitor the statewide implementation of local initiatives and provide a forum for information sharing. The Department of Children and Families has similarly established court liaison contacts inside the Department for each judicial circuit, encouraging communication between the courts and the social service agency and facilitating early and creative resolution of problems which may arise.

B. The statewide CIP office publishes a bulletin quarterly for distribution to child protection communities around the state. This bulletin features court improvement innovations.

C. A Web site and Web Conferencing System for various groups has been established to encourage information sharing and collaboration among child protection professionals.

D. The statewide CIP office provides ongoing technical assistance to Guardian ad Litem (GAL) programs with various projects such as the implementation of an automated case and volunteers management system, the revisions to the volunteer training manual, and the development of an accompanying instructor’s guide.

E. The CIP office also distributes bi-monthly packets for chief judges and dependency court judges to keep the courts apprized of current child protection issues. This office prepares and distributes training and reference materials, which provide the most recent references to changing statutes and rules.

**3. You discuss the services funded under the Safe and Stable Families program, saying “As a result of this funding, success rates in several major IV-B programs, (defined as meaning no abuse, neglect or threatened harm at case closure) climbed to 98 percent in the year 2000.” To what do you attribute this increased success?**

There are several factors, to which we attribute the success of some of our major programs. Promoting Safe and Stable grant funds were used to provide wrap-around services for the children. Florida funded Protective Services, Family Builders, Intensive Crisis Counseling and Housekeep/Homemaker Programs as well as other services in the continuum of care with these funds.

Florida has increased the number of Protective Investigators and Protective Services staff in the field. Not only have we been able to provide them with better training but also with more access to support services for the families they serve.

Very truly yours,

JUDGE KATHLEEN A. KEARNEY,  
*Secretary*

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MARYLAND DEPARTMENT OF HUMAN RESOURCES,  
BALTIMORE, MARYLAND 21201  
*May 24, 2001*

Hon. WALLY HERGER,  
*Chairman, Subcommittee on Human Resources, House of Representatives, 2268 Rayburn House Office Building, Washington DC 20515.*

DEAR CONGRESSMAN HERGER: Thank you for the opportunity to respond to your questions regarding my testimony on the Promoting Safe and Stable Families Program. Below are my responses to your inquiries.

**1. In your testimony, you described the waiver Maryland operates to cover substance abuse treatment.**

Maryland’s Title IV–E Demonstration Project is designed to prevent unnecessary out-of-home placements and to reduce the length of stay of children in foster care by providing substance abuse treatment and support services to families through a team approach. The project is in its initial implementation phase. Various multidisciplinary treatment teams have assembled and are completing their cross-training. While concurrent identification of potential clients for random assignment is underway, to date child welfare clients have not been serviced by the Title IV–E Demonstration Project.

Although this project is just in its early stages, Maryland has had some positive experience with providing treatment services to families in the child welfare system through a State funded pilot project. This program, authorized by (Maryland) Senate Bill 512, provides substance abuse services to 300 families annually from seven jurisdictions. The program, initiated in October 1997, offers treatment and services to mothers of children who, at birth, have a toxicology screen that is positive for heroin or cocaine.

Some of our experience with this pilot program has encouraged us in the pursuit of the Waiver Demonstration Project.

Question A. Can you tell us what percentage of the families receiving substance abuse treatment are able to prevent their children from being placed in foster care?

Response: In the SB 512 pilot program, percentages have varied by jurisdiction, often dependent on the accessibility of treatment. In Baltimore City, of the women referred to the program who went into treatment, 44% retained custody of their children. In the suburban and rural areas, this percentage is higher, 60%.

The most significant barrier to success is availability, that is sufficiency of treatment “slots” or beds, and geographic accessibility. In addition, only a few residential facilities can accommodate a mother with her child(ren).

Question B: After a few years of treatment are the parents still clean and sober?

Response: Length of time in treatment varies. The most common is a 28-day inpatient stay followed by aftercare on an outpatient basis. Relapse is common in the recovery process. In addition, most of these women have multiple needs for a variety of services—educational, vocational, mental health counseling, and housing as well as substance abuse treatment, in order to maintain their sobriety. Few programs can provide the wrap-around services needed to enable a woman to continue her recovery.

Although data is not complete, some initial results are encouraging. Women (more than half) are choosing to enter treatment and of those most are successfully com-

pleting the 28-day programs. Many have expressed a strong desire to continue after their formal treatment has ended. If services can be provided when motivation is high, and continued as needed, lasting success should be possible.

Question C. How long do parents in this program have before termination of parental rights is considered?

Response: The Adoptions and Safe Families Act seeks to expedite permanency for children in the child welfare system. Parents are expected to comply with tasks designed to ameliorate the problems that brought the child into care and the agency is required to provide the services necessary to assist them. The goal of the Adoptions and Safe Families Act is to finalize a permanency plan for a child within 12 months. Because the preferred permanency option is safe reunification with the parents, it is a requirement of the act that states provide the services necessary to effect that outcome. If the state fails to do so, the case cannot proceed to TPR and the child cannot proceed to permanency.

**2. I note in your description (pgs. 4-5) of the efforts of faith-based organizations in Maryland to recruit adoptive homes for children that it requires "nominal amounts of Promoting Safe and Stable Families Program funding" to set up adoption support groups in churches.**

Question A. This is being done without any explicit "charitable choice" language in the Safe and Stable Families program language, correct?

Response: That is correct. Maryland has voluntarily reached out to the faith community to garner their support in assisting the Department of Human Resources in its adoption recruitment efforts. We have learned that there are ties that bind us to the common cause of finding adoptive families for Maryland's waiting children.

Question B. Have there been any of the concerns others claim when discussing this issue, for example, that church hiring practices are discriminatory or that churches might have to sacrifice some of their religious nature by accepting such funds?

Response: There has never been any concern that church hiring practices are discriminatory or that those churches might have to sacrifice some of their religious nature by accepting government funds. In fact, the churches that we have developed partnerships with strongly believe that it is significant when the two powers (church and state) join forces in order to get children adopted. It is a unique effort that yields many positive results for the Church, the State and all of society. This state and church partnership is extremely beneficial in creating "forever families" in Maryland and across the country.

Sincerely,

LINDA E. MOUZON,  
*Executive Director*  
*Social Services Administration*

CHAPIN HALL CENTER FOR CHILDREN, UNIVERSITY OF CHICAGO,  
CHICAGO, ILLINOIS 60637

May 25, 2001

**Question 1—I understand that a lot of research has been done by HHS and by others to evaluate whether family preservation and family support programs are effective in reducing the rate of foster care placements and the incidence of abuse and neglect. Will you briefly describe to this Subcommittee what this research tells us about whether certain approaches are more effective than others in achieving these important outcomes?**

As I mentioned in my testimony before the Committee, on June 18th a number of senior child welfare researchers will be meeting in Washington to discuss along with others the issues raised in this question. It is my hope that some further guidance will come out of that meeting.

Briefly, the results from research designed to evaluate whether family preservation and support programs are effective are mixed, at best. On the whole, the national evaluation of family preservation and support programs (conducted by Westat, Chapin Hall, and James Bell) suggests that family preservation programs did not reduce the likelihood of placement. Although the findings from this study are important, I think it is useful to bear several issues in mind. Critics of the national study have noted that the family preservation programs studied as part of the national evaluation did not adhere to a uniform program model, even though the evaluators made a diligent effort to find programs that mimicked the original Homebuilder model. I would point out that it is not the evaluator's responsibility to enforce "model fidelity." Nevertheless, the issue raised does point to a basic weak-

ness. In general, when evaluating program effectiveness, the more stable the intervention in terms of duration and type of activities undertaken, the more likely it is that any effect will be detected. Family preservation programs are subject to considerable variation when it comes to implementation. Even different workers practicing in the same jurisdiction bring a unique perspective to their treatment decisions. It may indeed be the case that the studies conducted to date have yet to detect an effect that is there.

A second issue raised in the national evaluation of family preservation services, as well as in other, similar studies, is the issue of targeting. Family preservation programs are offered by design to those families with children who are thought to be at imminent risk of placement. However, the results of randomized experiments such as the national evaluation suggest that, in fact, careful targeting of these services is hard to accomplish. Evidence for this conclusion is found in the fact that placement rates among the "control" groups were ultimately quite low, a finding that is contraindicated by the fact that these are supposedly high-risk populations.

Two studies suggest that family preservation services have been used effectively: The Michigan Families First program, evaluated by Betty Blythe and colleagues and the study of Intensive Family Preservation Services in North Carolina carried out by Ray Kirk. In their respective summaries, both studies discuss model fidelity and targeting among other issues at considerable length. And, both studies describe specific efforts to address these fundamental concerns in the program design. The findings, as I noted, suggest that the programs had a significant impact on placement rates.

I would hasten to add, however, that the evidence might not be as compelling as the authors imply. In my review of the Michigan study, I could not find tests of statistical significance. The formal evaluation of the Michigan program involved only 202 cases, divided between the experimental and control groups. With a sample this small, it is possible that the differences observed were the result of random variation. I do not know that this is the case; however, without tests of statistical significance to consider, I remain somewhat circumspect about the conclusions. Also, the Michigan study reports a sizeable rate of attrition from the targeted sample. No data relating the impact of sample attrition on the composition of the treatment and control group are presented. Again, without these data, it is reasonable to withhold support for the study's conclusions.

I would also like to see a more thorough analysis of the North Carolina data. In general, I thought the study was well constructed, but important questions remain. The study's author relies heavily on state statute to provide assurances that the fundamental program design was followed. I think this is a difficult case to make and akin to saying that because the speed limit is 65 mph, people drive 65 mph. Also, I think the statistical analysis presented in the study was somewhat incomplete in that results from multivariate models were not displayed. Judging from the study, it seems plausible that some of the findings might well evaporate in a model that weighs the influence of multiple factors simultaneously. To my knowledge this was not done, so again I would counsel caution with regard to the findings.

I suspect that to lawmakers, disputes within the scientific community regarding whether this or that program is effective are a bit frustrating, especially when the safety of abused and neglected children is at stake. In response, I would note that there has been some progress with regard to knowledge development. With respect to what works, there are encouraging results from program interventions that have, in some sense, historical ties to family preservation services. Among very young children, the results from nurse home visitation programs are quite promising when their impact on abuse and neglect is assessed. Similarly, Multi-Systemic Therapy has been shown to reduce the need for hospitalization among adolescents. Notwithstanding the fact that these programs are not child welfare programs in the narrowest sense of the term, these findings are important for several reasons. First, the programs have been rigorously tested using randomized field trials. Although some disputes remain, the level of consensus as to their effectiveness is unusually high for social programs, especially when compared with more conventional child welfare programs. Second, the path to success has been remarkably similar. Both programs are characterized by their well-targeted populations, their clear program design, and their strict adherence to the underlying intervention model, features that have thus far been lacking in most family preservation programs. Third, the young children (under the age of one) and adolescents targeted by these programs represent the highest risk populations for placement into foster care. In other words, if family preservation services were more carefully targeted to the specific developmental needs of high-risk children and their families, I think the chances for success would be raised considerably.

One final note. It is very hard to find defensible treatments for complex social problems such as child maltreatment. I mean this in spirit of your question; defensible treatments are those that have been rigorously tested. In the health sciences, when scientists search for treatments for complex medical conditions, success usually follows a period of trial and error. This is equally true in child welfare. To the extent that frustration is an overriding reaction to the evaluations of family preservation programs conducted thus far, it is important to remember that as a nation we are far closer to understanding what should be done than we would otherwise be had these studies not been completed. More to the point, the accumulation of knowledge that is useful to lawmakers has expanded tremendously since 1993, the year family preservation services were first supported directly with Federal dollars. The challenge ahead is to use that knowledge wisely.

**Question 2—What data is collected to evaluate approaches authorized by Safe and Stable Families programs that are most effective in protecting children and achieving permanency? What is needed to provide more or better information—for example, better systems or more data elements?**

This is a surprisingly difficult question to answer. I would be reluctant to say that all the data that could be collected and used to improve child welfare services are currently being collected in one form or another. However, I would be equally reluctant to say that data collection beyond what is currently collected is necessary at this precise moment. I say this because I believe data collection in the absence of a clear, coherent strategy is unlikely to yield an efficient use of public funds. Put another way, I think the utility of existing resources ought to be explored more fully first. I make this distinction because in my work with states that have automated data, I have found that these resources are generally underutilized. Until such time when the information that can be gleaned from existing SACWIS-type systems is exploited fully, I doubt whether new systems will offer much of an advantage in the near term. Of course, there is work that can be done to advance the field, so please allow me to advance a few ideas.

As for the data that are currently gathered, state automated data systems are an important source of information, especially for answers to questions that address broad trends in the utilization of services—a perspective that can be used to understand the epidemiological dimension of service utilization. That is, the data can be used for detecting sub-populations that have high rates of abuse and neglect and high rates of placement. These data can be extremely important when services need to be targeted, much as I suggested above. However, automated state data alone cannot be used to answer questions about service effectiveness anymore than insurance claims alone can be used to identify effective medical treatments. For this, the automated data needs to be used in tandem with specific treatment research.

Also, automated (or administrative) data typically do not capture adequate information about the delivery of preventive services, so this is an obvious weakness. Automated data in SACWIS systems can be improved if they are linked with other program data, especially Medicaid data, cash assistance payments, and other social program data (e.g., mental health). Researchers now do this routinely and states too have begun to build “data warehouses.” Work of this type should be expanded.

Services and placement data need to have a better link to fiscal data, so that Federal, state, and local governments better understand the cost of providing services. Again, my work with states suggests that links between child level data and automated fiscal data are especially weak.

The state waiver demonstration programs are another useful source of information about what works. But, how that knowledge is compiled and reviewed is a source of concern. There is considerable variation in the scientific quality of the evaluations now underway. And, states have expressed concerns about the stringent evaluation requirements as articulated by HHS. Some steps to ease those requirements have been taken, through legislative channels; however, the underlying issues point to the need for a national strategy. For the most part, the child welfare field as a whole has been reluctant to undertake randomized studies. The reluctance is understandable, but recent history has demonstrated that carefully planned studies do have value. Moreover, smaller scale studies of specifically targeted programs might now be the most appropriate course of action (in contrast to evaluations of large, sweeping programs where the chances of success are smaller). The waiver program could be an important stimulus for this type of study. At the same time, states need to learn the tools for understanding program effectiveness in an operational context. It is unlikely that randomized experiments can provide that understanding on a day-to-day basis. Thus, the information strategy needs to be shaped as an interlocking strategy—one that allocates resources to both well-designed studies and management information.

I also want to mention that the approach taken by HHS to the Federal outcomes has some flaws that should be addressed. Generally, the flaws are tied to how specific outcomes are measured and not to specific outcomes per se. For example, consider Federal outcome 5.1, Reduce Time in Foster Care to Adoption. The outcome is obviously central to our understanding of how well the child welfare system is working. The problem arises in how this indicator of performance is measured. The current methodology is based on the experiences of children who exited care in a given year. Although there is a certain intuitive appeal to tracking adoption performance by studying what happens to the children who exit, the truth is that an approach that considers only those children who exit care will usually misrepresent actual performance. The reason for this has to do with the fact that the experiences of children who have not exited are not factored into the measure. Alternative approaches exist, and there is a broad consensus within the research community that these alternative measures ought to be adopted. Officials at HHS are aware of the issues; efforts to initiate changes should gain a sense of urgency, especially since some states have turned to these alternative measures. I have a technical paper that describes the underlying issue, if staff of the Subcommittee would be interested in a more detailed discussion.

**Question 3.—In your opinion, is \$6 million per year the right amount of funding for research and evaluations?**

No, I do not think \$6 million is adequate. A conservative estimate of the Federal investment in child welfare services is \$6 billion. If this is true, then the investment in research and development stands at about one-tenth of 1 percent of the program budget. The Subcommittee would be hard pressed to find a chief executive officer of a leading edge company who commits so few resources to research and development. Also, for comparison purposes, consider the fact that R&D expenditures as a percentage of the total Federal budget authority stands at approximately 7.7 percent (NSF, 2001). That figure is considerably higher than the R&D budget for education, training, employment, and social services, which stands at seven-tenths of one percent. However, if the R&D budget for child welfare were to increase to just the level allocated for social services generally, the budget would increase to \$42 million. Clearly, \$6 million is inadequate.

Moreover, I would say that the time is right to increase investments in our “knowledge” infrastructure. As I noted earlier, significant new sources of data have been developed over that past decade (e.g., NCANDS, AFCARS, the Multistate Foster Care Data Archive, and the National Study of Child and Adolescent Well-being). However, to take full advantage of these resources, the data must be leveraged. To do this, we have to design and carry out more focused research that explores treatment efficacy. At the same time, we have to understand the factors that account for the variation in state and local performance. For example, over time the child and family service reviews will highlight the fact that states perform differently. If the underlying dynamic that drives performance is tied to “best practices” at an organizational level (or some other practice domain), then research that extracts those practices has to be carried out. Otherwise, the various technologies that lead to better service delivery cannot be transferred from one jurisdiction to another. In short, learning cannot take place.

As is the case with information resources generally (Question #2), I think a prudent step would be to develop a national strategy for research and development. Notwithstanding the very important strides taken over the past decade, there are serious gaps in what we know. A national strategy would serve to articulate a set of priorities for knowledge development. Otherwise, the research is likely to evolve in a haphazard, less efficient way.

**Question 4.—What are your recommendations for changes, if any, to this program as we reauthorize it?**

As I suggested in my testimony, I believe legislative language can and should be developed that provides incentives to states that target services to families and children based on need. Presently, the language stresses services (family preservation, family support, time-limited reunification, and post-adoption) and outcomes. My concern is that the current language does not reflect a sensitivity to need. To the extent that family preservation services intended to lower placement rates should be structured differently for at-risk children under the age 5 as compared to adolescents, the failure to adjust strategies based on need leads to undifferentiated service designs that are inherently less effective. Right now, there is little in the Federal statute that encourages more of this type of thinking on the part of states.

Introducing need into the “equation” has certain advantages. If need is combined with a focus on outcomes as the driving force behind the design of service delivery systems, then the allocation of resources for this or that type of service can be de-emphasized. Insofar as states find the existing language restrictive, the emphasis

on needs/outcomes would provide states the flexibility to focus on the blend of services best suited to local conditions, provided the state continues to meet expectations vis a vis outcomes. The Federal monitoring system in place (subject to its improvement) will provide HHS with the tools it needs to judge state performance within this context. I also believe that using need as a deciding element in the design of service strategies will help to minimize the heavy reliance on ideology as a way to promote the development of services. As a nation, we should be focused on reducing the incidence of maltreatment, the rate of placement into foster care, the time required to reach permanency for children who are placed, the likelihood of reentry into foster care, the disruption of other post-permanency living arrangements, and the well-being of children generally. And, we should focus on providing the mix of services that yields these outcomes.

I also think that focusing on need provides the opportunity for the Federal government to expand the use incentives in its relationship with states. Although sanctions are an important tool, I think the time has come to rely on a more positive approach to state compliance with national priorities. In recent years, states have become much more focused on their accountability. The tendency will only spread and intensify. The Federal government can accelerate this process with a careful blend of incentives and sanctions, with an emphasis on incentives. One approach would be to set aside some portion of the Title IV–B, subpart II funds as part of a pool of resources that can be used as incentive funds pursuant to a state application that connects need, services, and outcomes in a state strategy. The details that define how state and local dollars would be matched are something that would have to be laid out.

I also believe that language permitting the reinvestment of Title IV–E funds into programs that reduce the demand for foster care ought to be pursued. I have written extensively on the subject of reinvestment (transferability is the term used in other contexts) and I would be happy to share those works with the Subcommittee. In the present context, reinvestment would provide a permanent legislative structure for the state waiver demonstration program. Again, as I said in my testimony, states that have operated successful waiver demonstrations need a mechanism by which to negotiate a continuation of those programs. Relying solely on the waiver language locks states into an arrangement better suited to testing new ideas, rather than bringing successful programs to scale. Nesting the waiver program within a broader reinvestment strategy would permit the testing of smaller, well-targeted programs using rigorous evaluation standards. The reinvestment strategy would provide an over-arching framework for bringing successful demonstration projects to scale.

Finally, as a technical amendment to the existing law, I would urge a change to the adoption incentives. The current language uses the number of adoptions as the basis for issuing Federal incentive payments. Although the number of adoptions is easily measured, it can be shown that the time it takes to complete adoptions can actually slow even as the number of adoptions increases. It can also be shown that in jurisdictions that have improved their adoption process (i.e., the time it takes to complete adoptions, on average), the number of adoptions could actually go down. If the goal of the incentive program is to promote better practice (e.g., reducing the time to permanency), then the federal government should build its incentives around how long adoptions take. If states have an adoption backlog, the improved process will produce a larger number of adoptions, but the reverse need not be true. Obviously, Federal incentives should not be meted out when the number of adoptions rises but the process itself slows; however, there is now no guarantee that this could not or has not happened.

**Question 5.—States are instructed to expend “significant amounts” of the allocation under the Safe and Stable Families program for each of the four program purposes. How is the “significant amounts” instruction enforced?**

My understanding is that the “significant amounts” language is defined in the program instructions. These instructions define significant amounts as 20% for each of the service types. States that deviate from these significant amounts must justify their spending in their Title IV–B plan. The approval of those plans involves a negotiation with HHS. To my knowledge, no state plan has been turned down, although this is not to suggest that states have not felt constrained in their approach to spending those dollars. Also, I do not know of any state that has been sanctioned as a result of how their Subpart II money was spent.

Sincerely,

FRED WULCZYN, PH.D.  
*Research Fellow*

CASEY FAMILY SERVICES,  
SHELTON, CONNECTICUT 06484  
May 24, 2001

Hon. WALLY HERGER,  
*Chairman, Subcommittee on Human Resources, Committee on Ways and Means,  
House of Representatives, Congress of the United States, 1102 Longworth House  
Office Building, Washington, D.C. 20515-6348.*

DEAR CONGRESSMAN HERGER: I have received your letter of May 16, requesting additional information related to the testimony presented last week regarding the Safe and Stable Families Program. We are pleased to provide the following additional information and perspectives.

You will find that I have organized our input to correspond directly with your specific inquiries.

**1. Your point is well taken that we must not close the books on these families as soon as the ink is dry on their adoption papers. From what I read in your testimony, it doesn't sound like these approaches are too expensive. For example, Maine has been able to provide services in a cost-neutral way through a waiver. Please comment.**

Many of the effective services and supports for adoptive families are inexpensive. Adoptive parent support groups are an excellent example of one low-cost way to continue to support adoptive families; educational workshops to help adoptive families deal with the specific challenges that children present or to anticipate problems that might arise as the child grows older is another such support. Other services, such as on-going counseling and respite for adoptive parents, or summer camps for children, cost somewhat more, but are still relatively inexpensive. More intensive services such as residential treatment are needed by far fewer children and for relatively short periods of time, but do cost more—more than most adoptive families can handle on their own. It is important to understand that there is no set formula for when these services will be needed, nor to what extent. Overall, your observation is exactly right: Most of these approaches are not expensive, and they are certainly less costly than returning children to the foster care system.

With regard to the waiver in the state of Maine, services are expected to be delivered in a manner that necessitates no new allocations of funding. Moreover, we believe that the program will provide cost-benefits and demonstrate that this kind of investment in preventive services ultimately results in cost savings. By allowing Title IV-E funds to be used flexibly in combination with Medicaid reimbursement for case management, it has been possible to provide a continuum of services that include prevention as well as treatment. In addition to individual and family counseling to address various behavioral and emotional problems, the program also provides support groups for parents and children, educational workshops that address adoption related issues and activities that promote better understanding about adoption in the community. The hope is that by providing these services before crises occur, future savings will be realized by a reduced number of days of hospitalization and other, expensive forms of care for these adopted youth, and possibly by a lower disruption rate for the families served. In collaboration, the Muskie Institute at the University of Southern Maine, Casey Family Services and the Maine Department of Human Services have developed a particularly strong research component that will provide the data needed to document benefits and associated costs within the next three to four years.

**2. Do you think more states would be interested in seeking out waivers like the one Maine is operating, especially if they were able to transfer funds across child welfare programs (from Title IV-E to Title IV-B) for the purpose of providing post-adoptive services?**

At the recent national post-adoption conference convened by Casey Family Services in Washington, D.C., state adoption directors from across the nation were uniform in the expression of their need and desire to find creative ways to finance post-adoption services. It is very likely that many states would be interested in considering waivers similar to the one in Maine that would allow greater flexibility in the use of Title IV-E dollars. It is critical, however, that we not restrict the availability of these funds for other needed services to vulnerable families and children.

We would urge that the Maine program designed jointly by the State Department of Human Resources, the Muskie Institute and Casey Family Services, be made readily available to all states. This program is proving successful both in responding to the needs of families and children following adoption and ensuring that state and Federal funds are used responsibly.

We anticipate that the number of foster children needing adoption is going to continue to rise for the near future. The availability of quality post-adoption services is one essential key in encouraging families to step forward to offer a stable, nurturing family for these children who have experienced so much trauma in their young lives. At the same time, a number of private, non-profit agencies who are capable of offering excellent services to adoptive families continually struggle financially to find ways to fund and maintain such services.

Fees collected from the families often cannot cover the costs, since many of the families have only modest incomes. Insurance often does not pay for any of the cost or will pay for the child's services, but not for the services the family may need. For example, in family counseling or therapy, the child's therapy may be paid for, but the family's participation would not be covered. Increased flexibility for states would present an outstanding opportunity for a cost-effective public-private partnership in every state depending on its needs. Flexibility would enhance the capability and stability of private, non-profit agencies committed to serving these families while at the same time greatly expand post-adoption resources for adoptive families and children.

Even at this early stage, we believe that the IV-E waiver program in Maine offers strong evidence of the potential benefit and value of this approach to flexibility in funding. We would welcome expansion of the demonstration program to allow other states to benefit sooner rather than later. Broadening the reach of the waiver program could be accomplished relatively easily by the U.S. Department of Health and Human Services through a regulatory change.

**3. (We will respond to each of the three parts of this question.)**

**A. Do you support the President's proposal to increase Safe and Stable Families Program funds by 65 percent or \$200 million per year?**

Casey Family Services would welcome any action that would enhance services and supports in order to strengthen fragile families. During President Bush's tenure as Governor of Texas, his administration took a leadership role in looking at innovative ways to improve the plight of children in foster care who either needed to return home or to find new permanent, loving families through adoption. It is encouraging to us that he is now able to express his concern for children in these same circumstances who can be found in every state throughout the country. We certainly support the President's recommendation for increasing the funds available to the Safe and Stable Families Program. However, it is very important that other human service programs, such as Title XX, not be cut in order to fund this increase since these other programs are also providing vital services to similarly vulnerable families and children.

**B. Should Congress consider relaxing the language that now requires states to spend at least 20 percent of their Federal funds in each of four areas?**

Congress should avoid any action that might ultimately de-fund any of the four clusters of services outlined in the act. We may want to consider looking differently at the clusters and dividing them into two parts such as: adoption support/reunification and family support/family preservation as a way to offer more flexibility and still insure funding for all areas.

Families who adopt need to be able to count on the fact that help will be available when they need it. Even with the current percentages, the 20 percent for adoption is for "adoption promotion," not just for post-adoption services. It is our understanding that some states are using a considerable portion of the 20 percent for recruitment of families, which is also important, but reduces the earmarked dollars for post-adoption support. To do away with the percentages might well jeopardize future funding for adoption, already a small program.

**C. Are there other changes that would give States more flexibility to meet the greatest needs? What would you recommend?**

It is important to maintain flexibility in funding streams. The Adoption Opportunities Grants program has a proven track record in helping states move ahead in post-adoption services despite a lack of resources. Combining this program with the flexibility of the IV-E waiver program would achieve sustainability for those services that have proven effective. At the same time, however, states still need to maintain accountability to ensure that the funds are used in the most efficient, appropriate manner. This may help to focus attention on the important issue of data collection related to the experience of the states in responding to adoptive families' needs. In terms of the way systems operate, this is one of the areas that receive the least attention. Earmarks do help to ensure funding. We must fund all parts of the system in some balanced fashion if we are to prevent children from having to return to foster care.

**4. How many adoptive families, like Sonya Merrill, are single parents? Does that raise any special issues for your programs?**

According to the U.S. Department of Health and Human Services, 33 percent of all children adopted from foster care are adopted by single parents. Research indicates that most single adoptive parents are female and are most likely to adopt older children than infants. As a group, the single parent adopters of U.S. children tend to adopt "special needs" children who, in addition to being older, tend to be minority and/or handicapped children, and almost all have suffered abuse and neglect before being removed from their birth families. Single adults are, therefore, a critical resource for the children waiting in foster care.

The needs of single adoptive parents are similar to those of all adoptive parents in many respects. A strong support system is even more critical for the single parent. Often family, friends, or a church can provide many of the needed supports. When these resources are not readily available, community service agencies must be called upon to provide that network of care and support. The need for assurance of continued financial support and medical services may be even more vital for the single parent, since there is no spouse to rely on in times of economic instability.

**5. To what does Casey attribute the dramatic increase in the number of finalized adoptions of children in foster care, a 28 percent increase between 1998 and 1999 alone?**

A number of key factors contribute to this dramatic increase. Congress has been supportive of measures targeted to doubling the number of foster children adopted from approximately 27,000 per year in 1997, to 54,000 per year by the year 2002. The passage by Congress of the landmark Adoption and Safe Families Act of 1997 (ASFA) has been pivotal in raising the level of discussion by policymakers in Congress and in state legislatures, at the gubernatorial level in many states, and at the highest levels of public agencies across the country.

Typically, since the number of children in foster care and the number needing adoption is quite small relative to the number of welfare recipients or Medicaid recipients, for example, the issue of the need for these thousands of children to have permanent families has not been deemed a top priority. ASFA gave impetus to the U.S. Department of Health and Human Services and every state to look carefully at what was being done to ensure the timely adoption of children in care who cannot return to their families of origin. It provided the impetus for setting specific targeted outcomes for states to achieve and rewarded states that were able to achieve these outcomes.

It is when Congress, the Administration, the philanthropic community, and every state work collectively with public and private agencies toward the goal of permanency for every child that effective action becomes a reality. Systems don't change quickly or easily, so it is imperative that such a focus be maintained for a significant period of time in order to achieve the ultimate goals.

When the goal of doubling the number of adoptions is achieved in 2002, we will not have finished our job. There are 118,000 children in foster care today in need of, and eligible for, adoption. The number is expected to go even higher over the next year. It is essential that Congress, the Executive Branch at both the federal and states levels, and federal and state agencies across the country stay the course until the goal of permanency for every child who needs a family is achieved.

**6. Please tell us more about the Connecticut program that you referenced in your testimony, and results that you have seen.**

Casey Family Services provides post-adoption services in Connecticut through our Bridgeport and Hartford Divisions. Additionally, we have post-adoption programs in Vermont, New Hampshire, Rhode Island, and Maine. The programs generally consist of information and referral services; counseling for the children, parents, and the family as a whole; advocacy to help families obtain the services they need particularly from the education and mental health systems; educational workshops and training for adoptive parents and community professionals and community education about adoption and the needs of adoptive families. Staff give presentations at various community agencies such as libraries, schools, mental health facilities, and go to other community gathering places such as festivals, fairs and malls to set up information tables and educate the community about adoption.

We have experienced very positive feedback from the agencies and community groups with whom we have worked. In Vermont, for example, a result of our training with community mental health centers is that a question will be placed on the intake form that asks if the client is adopted. In the past, a counselor may not have known that a client was adopted and not made the connection between the problem being experienced and its relation to the adoption.

In the schools, teachers appreciate understanding more about the needs of adopted children and how some class assignments may be insensitive to their needs. For example, when teachers ask children to bring in baby pictures, they need to know that children adopted from the foster care system may not have any baby or birth family pictures. By exercising awareness and understanding, teachers can make the assignment less stressful and more sensitive to adopted children. Increased community awareness will result in more caring and supportive environments for adoptive parents and children.

Congressman Herger, Casey Family Services deeply appreciates your interest in this important area. We are grateful for this opportunity to share our experience and insights in greater detail. I hope that we have been able to provide useful information in response to your inquiries.

Thank you, again, for the privilege of presenting testimony at the May 10th Hearing on the Safe and Stable Families Program. If other questions arise in the future, please consider Casey Family Services as a resource.

Sincerely,

RAYMOND L. TORRES  
*Executive Director*

[Submissions for the record follow:]

**Statement of Eva J. Klain, and Martha W. Barnett, American Bar Association, Center on Children and the Law**

Mr. Chairman and members of the Subcommittee: I am Eva J. Klain, an attorney with the American Bar Association Center on Children and the Law, where I serve as Director of Court Improvement. On behalf of Martha W. Barnett, President of the American Bar Association (ABA), I am pleased to submit this statement to express our strong support for reauthorizing programs that are working to achieve systemic improvement of our nation's juvenile dependency court systems, so that all children who have been the victims of abuse and neglect can achieve safety and permanency and enjoy the stability and love of family.

The ABA has for many years devoted considerable attention to improving court processes affecting children in foster care. In 1980, the ABA House of Delegates adopted a resolution in support of passage of the federal Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272, 42 U.S.C. §§ 620-629, 670-679. In 1988, the ABA House of Delegates further called for substantial amendments to that Act to strengthen the role of the legal system and ensure more consistent services for children, including creation of federal fiscal incentives to courts to reduce or limit delays in foster care litigation and improve court rules governing foster care cases. In February 1997, the ABA House approved a recommendation supporting federal legislation to remove barriers to adoption.

The ABA Center on Children and the Law has been actively involved with improving the handling of child abuse and neglect proceedings for many years, developing model statutes and court rules, providing technical assistance to states, and developing legal manuals for attorneys and judges.<sup>1</sup> The Center has also provided extensive training throughout the United States to help courts and child welfare agencies comply with the mandates of the Adoption and Safe Families Act of 1997 (ASFA). The ABA has testified before the Subcommittee on Human Resources and other Congressional Committees on numerous occasions on this and related subjects.

The courts are vital to achieving permanency for children in foster care and other out-of-home placements, and especially to the expeditious adoption of children who

<sup>1</sup>As provided by the House Rules requiring disclosure of relevant federal grants, the ABA Center on Children and the Law received funds from the State Justice Institute to develop assessment materials for state courts to use in conducting their court improvement self-assessments (Evaluating the Administration of Justice in Foster Care Cases; \$39,618). It also subcontracted along with the National Center For State Courts with the Michigan Supreme Court, State Court Administrative Office (Michigan State Probate Court Assessment: Handling Foster Care and Adoption Cases/US Department of Health and Human Services; \$107,170) and the California Judicial Council (National Center for State Courts/US Department of Health and Human Services; \$26,800). These subcontracts funded ABA staff who conducted portions of the court assessments for Michigan and California. In addition, the Center addresses court improvement, among other issues, through the National Child Welfare Resource Center on Legal and Judicial Issues (US Department of Health and Human Services; \$800,000).

cannot return home. Our statement addresses the progress being made as a result of the federal court improvement grants appropriated by Congress under the 1993 Omnibus Budget Reconciliation Act to the highest courts in each state and reauthorized under ASFA and the opportunities they provide for systemic improvements.

By enacting the Court Improvement Program (CIP), Congress recognized that improved state court proceedings in foster care and adoption cases is critically important to abused and neglected children and their families. The court improvement grants enable each state to develop and implement its own plan for systemic court reform. All 50 states and the District of Columbia have chosen to actively participate in the Court Improvement Program. This is a testament to the need for the Program and to its initial success.

The American Bar Association urges the Subcommittee to recommend that Congress extend Title IV-B, Subpart 2 of the Social Security Act, with an increase in the \$10 million annual set aside for court improvement under the Promoting Safe and Stable Families program. The funding of Title IV-B, Subpart 2 overall has increased considerably since its enactment in 1993. Expanding the court improvement set aside would allow courts, which have not seen an increase since 1994, to further improve their processes for the benefit of the children and families that come before them. Such an increase would also correspond well with the President's request for more funding in the budget for Title IV-B, Subpart 2.

*The Importance of the Federal Court Improvement Program (CIP)*

CIP is essential to the safety and well being of children in foster care. On any given day in our nation's juvenile dependency courts, judges are called upon to decide issues of vital importance to thousands of children and their families. Court decisions in abuse and neglect cases are often of a "life and death" nature because courts must determine whether children will be safe at home or in specific placements. Courts must also at the same time think of the long-term and make difficult decisions about whether children's ties with parents, siblings and other relatives will be maintained or forever severed. Moreover, they must evaluate the provision of services, including medical, psychological and educational services, to children in foster care to ensure that permanency plans can be implemented quickly.

Unfortunately, juvenile courts continue to need specific, directed assistance to improve their functioning. In numerous courts throughout this country, judicial and attorney caseloads continue to be so high that emergency removal hearings, foster care review hearings, and other pertinent court reviews too often last no longer than five or ten minutes. Overcrowded dockets, inefficient case scheduling systems (causing social workers and others to waste precious time waiting for cases to be heard), overburdened or unprepared attorneys, and frequent rotation of judges who may or may not have expertise or interest in child welfare law, all contribute to significant delays in achieving permanency for children in foster care and are a primary obstacle to the placement of children with adoptive families.

Without well-functioning court systems, otherwise effective case plans or the provision of social services alone cannot bring about the timely adoption of abused and neglected children who are unable to return home. Well-functioning courts are essential to achieving good results for abused and neglected children. When a child protection agency seeks to remove a child from a dangerous home situation, the agency cannot make this decision on its own. It is ultimately the judge who must hear and weigh the evidence and decide what steps are necessary to keep the child safe. Similarly, when parents ask for a child in foster care to be returned home, the agency alone cannot ensure the child's safety. The court must decide whether and when the child will return. Finally, when a child cannot safely return home, the agency itself cannot achieve a timely alternative permanent placement such as adoption. The court must decide whether to terminate the parents' rights and approve the child's adoption. All these decisions must be carefully considered and made on a timely basis that serves the needs of vulnerable children.

Real improvement in the court system requires a better-organized approach to child abuse and neglect proceedings, including improved caseload management, a highly disciplined process of reviewing cases in a timely and comprehensive manner, the appointment or election of judges who are educated on child welfare law and related concerns, the appointment of skilled attorneys for children, and sufficient numbers of judges to give cases the attention they warrant. The Court Improvement Program funded by Congress is designed to help states to accomplish these important goals.

Over the past seven years, the Court Improvement Program has allowed state courts to honestly assess how well they are handling child abuse and neglect cases and direct their reforms and resources to priority issues of concern. The court improvement grants have allowed states the "luxury" of a detailed look into their own

practices and how they compare with the best practices available for responding to child abuse and neglect cases. Many states have compared their findings to the standards on model court practice and procedure endorsed by the National Conference of Chief Justices, National Council of Juvenile and Family Court Judges, and the American Bar Association. Known as the Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases (hereinafter Resource Guidelines),<sup>2</sup> they “are recommended for use by judges, court personnel, social service workers, attorneys and related professionals [to] ensure that as many children as possible have stable, caring, and supportive families, not only during their early years, but for a lifetime.”<sup>3</sup>

The overriding principle underlying the Resource Guidelines is that child abuse and neglect cases must be a court priority if timely and thoughtful case decision-making is to occur in the cases of our most vulnerable children. Approaching the standard of quality mandated by the Guidelines presents a major challenge to all court participants involved with juvenile court improvement.

CIP is essential to the success of the Adoption and Safe Families Act (ASFA). Over two decades ago, Congress enacted the Adoption Assistance and Child Welfare Act (AACWA) to combat the harm children experience when left “adrift” in the child welfare system. The Act clarified and expanded the role of courts and child welfare agencies in achieving stable, permanent placements for children committed to state care. It required courts to determine whether agencies made reasonable efforts to ensure that children are not unnecessarily separated from their families when appropriate services can keep them together, conduct foster care review hearings, and to hold decision making hearings to ensure that children are placed into permanent homes.

While the Adoption Assistance and Child Welfare Act resulted in assuring accountability for children in foster care in many important respects, it did not achieve all of its goals. Since its enactment in 1980, the number of child abuse cases brought to the attention of state courts has greatly increased, as has the difficulty and complexity of those cases. While children’s average length of stay in foster care was reduced after the enactment of AACWA, much greater reductions are possible. While the number of adoptions increased, far more children should be placed into adoptive homes.

As a result of a growing consensus that AACWA needed to be strengthened, Congress enacted the Adoption and Safe Families Act (ASFA) in 1997. ASFA was meant to achieve greater safety and permanency for abused and neglected children. It did this, in part, by expanding and clarifying the role of courts. ASFA modified reasonable efforts requirements to increase the courts’ focus on child safety, health, and well-being, and to more strongly promote adoption for those children who cannot safely return home. It required a judicial “permanency hearing” to protect children from needless drift in foster care. ASFA set time limits for the filing of petitions for the termination of parental rights and required early filing of such petitions in some of the most extreme cases.

The intent behind ASFA, including the new requirements imposed on courts, was to decrease the amount of time children remain in foster care, thereby reducing “foster care drift,” and to increase the speed with which decisions on permanency are made on behalf of the child. To help ensure that the new requirements for courts are implemented effectively, the court improvement grants are essential to the success of the Adoption and Safe Families Act.

#### *State Courts’ Self-Assessments*

As required by the federal court improvement grants, states completed detailed self-assessments to evaluate the quality of their court process and identify obstacles to achieving timely permanency plans for children. To collect data, states relied on written surveys, site visits, detailed interviews with court participants, court observation, case file review, focus groups and a variety of other information gathering methods.

All grant recipients established advisory committees to provide guidance to the projects. The Advisory Committees are composed of a wide spectrum of individuals involved in local court processes, including judges, judicial administrators, attorneys representing children and parents, foster parents, former foster children, Court Appointed Special Advocates (CASAs), members of citizen foster care review boards,

<sup>2</sup>National Council of Juvenile and Family Court Judges, Publication Development Committee, Victims of Child Abuse Project, Honorable David E. Grossman, Chairman, Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases (Reno, Nevada: National Council of Juvenile and Family Court Judges 1995).

<sup>3</sup>Ibid, 8.

and the staff of government social service agencies. Participation often requires a commitment of volunteer time and effort, as well as a commitment of resources from the state. The inclusiveness of the advisory committees provides additional strength to these projects by ensuring broad-based community involvement and the identification of unique, effective local court practices.

These assessments confirmed and documented widespread problems in court proceedings affecting abused and neglected children throughout the United States. They set goals for improvement. Their findings have been the basis for the states' court improvement goals and plans.<sup>4</sup>

#### *Successes and Future Potential of Court Improvement Efforts*

With the help of court improvement funds, many state courts have speeded court decisions in child welfare cases. Using CIP funds, many states have redesigned their court hearings to more carefully consider children's safety and other individual needs. Many CIP projects have helped revise state laws and court procedures to carry out the intent and spirit of ASFA. In addition, many CIP projects have created and provided training on performance standards for judges and lawyers, including automated systems to measure court performance such as timeliness of decisions.<sup>5</sup>

Improving the quality of court hearings remains a priority for many states. A crucial component of such improvements is the need to address the problematic quality of legal representation of children in many jurisdictions. The Resource Guidelines view access to competent legal representation for all parties to juvenile court proceedings (e.g., social services agency, children and parents) to be essential to the effective functioning of juvenile and family courts.<sup>6</sup> Highly skilled and diligent attorneys are instrumental in ensuring that judges have the evidence, documentary and testimonial, that they need to make well-considered judgments about the lives of children and their families.<sup>7</sup> Recognizing the need for improved representation, many CIP projects such as Georgia, Arkansas and Connecticut developed standards of practice for judges and attorneys working on juvenile cases. Maryland, for instance, now includes Guidelines of Advocacy for attorneys representing children in child welfare-related cases as an appendix to its court rules. New Mexico developed model contracts addressing the appointment and compensation of guardians ad litem.

Many states implemented innovative approaches to reform. The following are several examples:

- Demonstration projects to create one or two "high functioning" courts within the state. When these projects are successful, the state may implement similar model systems throughout the state.
- Development of regular long-term training curricula for new judges, attorneys, case workers, and CASA volunteers to educate them about child welfare law and basics principles of child development. Training should be regular, continual (i.e., not one time only) and mandatory.
- Creation of legal manuals for judges, attorneys, and child advocates.
- On-site technical assistance on improving court calendaring practices, caseload management and consistent information systems.

So far, most court improvement projects have instituted reforms that are both realistic and systemic. Some states have pursued and acquired additional funding through state legislative appropriations. All these reforms allow children to move through the court process more quickly, enabling courts to achieve permanency in the placement of foster children and adoption for those children who cannot return home.

One of the most valuable outcomes of the Court Improvement Program is the resultant ability for states to share information and replicate the successful reforms and innovative strategies implemented in other states. This process generates knowledge and energy among those who work in the court system and who often face difficult cases on a daily basis. It has revitalized the often-overwhelmed system itself.

As a result of the Court Improvement Program, many more resources specifically addressing systemic court reform are now available. These include the ABA Center on Children and the Law's bimonthly newsletter, *Child CourtWorks*; a yearly *Court Improvement Progress Report*, which includes all the state contacts for the CIP

<sup>4</sup>State Court Assessments 1995–1998: Dependency Proceedings, Volumes I–IV. Edited by Veronica Hemrich. Washington, DC: ABA Center on Children and the Law, 1999.

<sup>5</sup>See Rauber, Diane Boyd, Robert Lancour, and Sharon S. England. *Court Improvement Progress Report 2000*. Edited by Veronica Hemrich. Washington, DC: ABA Center on Children and the Law, 2000.

<sup>6</sup>National Council of Juvenile and Family Court Judges, *Resource Guidelines*, 22.

<sup>7</sup>*Ibid.*

projects; a catalogue of resources, manuals and benchbooks produced by the CIP projects themselves; an active and informative "child-court" listserv discussion group; and numerous websites addressing court improvement. The National Council of Juvenile and Family Court Judges has also produced many valuable resources on court improvement, including technical assistance bulletins on specific reform issues, a compilation of "Bragging Rights" of CIP accomplishments, and specific trainings and publications.

The process of assessing court practices has resulted in additional benefits as well. The ability to focus closely on this often-neglected area of court functioning has raised the visibility of dependency courts and children's issues at the highest levels of the state court systems, including the highest appellate courts and administrative offices. The assessments provide statewide information that administrative offices can use to standardize proceedings and promote a consistent review of cases and provision of services.

The Court Improvement Program also has allowed many state's administrative offices of the courts to establish protocols and procedures to better gather information of their own performance in the future. With improved computer technology and information management systems, courts will be able to track children through the system, determine whether they are being placed in permanent homes, match adoptive families with foster children, and identify where delays continue to exist in the court process. The involvement of social service agencies on the project advisory committees and as subjects of surveys, site visits and interviews is making those agencies rethink their own policies and procedures related to the court process.

An additional aspect of improved court proceedings is better treatment of individuals while they are in the courthouse. Families are not being served well when they must wait an entire morning or even a whole day for a five-minute hearing. Families are not served well when they have their case continued because a social worker or attorney is not present. Conversely, when courts hold timely and in-depth hearings and judges take the time to communicate clearly with children, families, and social workers, such actions convey the message that abuse and neglect cases are taken seriously, that children and families are treated with dignity, and that the court's orders are to be obeyed.

#### *The Need for Continued Federal Support of State Court Improvement Efforts*

The Court Improvement Program is producing sound results across the country. These modest grants are causing States to intensify their focus on child abuse and neglect proceedings in a way that was previously impossible. Continued CIP funding is needed, however, to maintain the momentum of court reform efforts through continuing emphasis from the States' highest courts. The funding would ensure that staff in each state's Administrative Office of Courts, which are connected to the state supreme courts and through which most CIP grants are administered, are dedicated to this specific issue.

Furthermore, progress on reforms is incomplete in all states; that is, none has finished implementing all its recommended reforms. No state is yet strong in all areas of court functioning, and progress is often uneven within and among the states. Some states have high functioning courts in certain cities or counties but not in all, while some states have progressed much further than others on statewide reforms. Courts must continue to evaluate and improve the process by which they place children with loving and nurturing adoptive families, reunify children with their families, and achieve permanency for children who have often been shuttled from one foster home to another. Continued federal support is warranted and needed for these reforms to continue.

Congress has made only a very modest investment in helping courts perform their required role in dependency and foster care cases. The federal government currently spends billions of dollars each year to improve states' protection of abused and neglected children. These funds help pay for needed services such as foster care, adoption, efforts to safeguard families, and reporting and investigation of child abuse and neglect. Yet the Court Improvement Program receives only 10 million dollars per year to strengthen court proceedings for abused and neglected children. It is clear that additional funding can help achieve significant court improvements.

While court improvement serves to reduce children's length of stay in foster care and is operating in a highly cost-effective manner to reduce federal and state costs, it requires additional resources, for additional judicial staff, training and education, and enhanced judicial competence through better recruitment, training and judicial assignment practices. Implementation of the state-based court improvement recommendations can go a long way to achieving those goals. Much remains to be done. Most courts still need to readjust their levels of staff to allow more thorough hearings and further reductions in delays. Most courts still need to provide more con-

sistent education for judges and lawyers on child welfare issues. And most state court systems still need to fund experimental pilot projects, with expert, neutral evaluators, to show the extent to which court performance can be improved and how such improvement can benefit children.

*The Court Improvement Program Should be Reauthorized and the Set Aside Should Be Increased*

The American Bar Association urges the Subcommittee to recommend that Congress extend Title IV–B, Subpart 2 of the Social Security Act, including the court improvement set aside from the Promoting Safe and Stable Families program. We also strongly urge that the Subcommittee recommend a substantial increase in the current \$10 million annual set aside for court improvement. Expanding the court improvement set aside would allow courts to further speed their decision making progress, more carefully oversee child safety, and implement more truly experimental programs. Increasing the monies for the Court Improvement Program will not require any increase in the appropriations for Title IV–B, Subpart 2, because CIP is a set aside from the appropriation for Subpart 2.

In closing, the ABA urges your strong support for reauthorizing and expanding the Court Improvement Program, to support the states as they move forward with their court system reforms so that all children who are victims of abuse and neglect achieve permanency and experience secure, stable and loving homes.

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**Statement of David K. Byers, Conference of State Court Administrators,  
Arlington, Virginia**

**Introduction**

Mr. Chairman 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 provide you with information for the record on the reauthorization of the Promoting Safe and Stable Families (PSSF) Program.

The points that I want to make in this testimony 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 Promoting Safe and Stable Families Program and the Adoption and Safe Families Act (ASFA).
- It is our belief that the state court systems and judges are the key to effective implementation of PSSF and ASFA.
- ASFA significantly increased the responsibilities of the state courts in handling child protection issues, but did not provide the state 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 the provisions of PSSF and ASFA.
- Specifically, we are requesting that funding for the Court Improvement Program (CIP), which is a set aside within PSSF, also be maintained in the reauthorization.

**Conference of State Court Administrators (COSCA)**

I submit this testimony for the record as the current President 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. As you know, state courts handle 97% of all judicial proceedings in the country. 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.

### **I. Support for the Reauthorization of the Court Improvement Program**

COSCA has established the effective implementation of ASFA as one of their highest priorities. The last two pages of this testimony is a copy of a resolution that was adopted by COSCA that supports the reauthorization of CIP.

In 1993, Congress created this grant program to assist state courts in improving their handling of child abuse and neglect cases. Unlike most federal grant programs, Congress explicitly recognized the effect of a federal mandate on the state judicial systems and provided for the funds to go directly to the highest court in each state, instead of funneled through a state executive agency. Congress authorized \$10 million annually for three years for federal CIP grants to the highest court in each state for judicial improvement efforts. Congress required that each state use their CIP funds in the first year to conduct an assessment, identify problems in processing child abuse and neglect cases, and develop strategies for addressing those identified problems. Second and third year CIP funds could be used to complete the assessment and/or begin implementation of system improvements. Based on the success of these initial efforts, Congress subsequently extended CIP funding through FY 2001. The 107th Congress must act this year to reauthorize the CIP program, if it is to continue.

#### *State Participation*

The CIP program is a voluntary program. It speaks well for the program that all fifty states and the District of Columbia are currently participating in the CIP grant program. A wide variety of strategies for improvements have been implemented. The following is a very small sample of some of the innovations prompted by CIP funds.<sup>1</sup>

#### **Training and Education**

All judicial officers in Arizona who are new to handling abuse and neglect cases are required to attend a Dependency Curriculum Training Program. To assist judges who receive mid-year assignments, a Distance Learning Program has been developed and is available through the State Intranet.

#### **Model Courts**

The New York Family Court in Manhattan developed a specialized docket to implement reforms, including extensive use of pre-trial conferencing, creating dispositional orders, outlining appropriate service plans for children and parents, providing automated delivery of court orders to case planners, monitoring and ensuring compliance with court orders, and establishing specific time lines for progress reports and permanency hearings. The model court has a reduced caseload. In addition, one judge hears all abandonment cases to fast track cases for infants and young children who enter foster care and for whom reunification is unlikely.

#### **Court Appointed Special Advocate (CASA) Programs**

CASA volunteers serve as guardians *ad litem* in Delaware. They represent the best interests of foster children and are responsible for advising the court when there is a conflict between a child's best interests and the child's wishes. Delaware continues to expand CASA programs in the state.

#### **Court Rules/Legislation**

Minnesota has rewritten its Juvenile Protection Rules, which were last revised in 1982. The revision brought the state into compliance with the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89). The new rules established a "child protection timeline" for court proceedings, beginning with the child's removal and ending with permanency for the child.

#### **Case Management**

The use of case managers in the juvenile courts has proven to be an invaluable resource to the Colorado courts. Case management conferences, coordinated and facilitated by case managers, provide a less formal environment than the courtroom in which the case manager can educate parents and their attorneys about the court process, and communicate the court's expectations. In addition, case managers are responsible for tracking and monitoring child abuse and neglect caseloads to ensure compliance with statutory and "best practice" time frames.

#### **Legal Representation of Children**

Arkansas developed standards of representation for their attorneys *ad litem*. The standards require the attorneys *ad litem* to obtain a training certificate and clinical prerequisites prior to appointment. Thereafter, four additional continuing education

credits are required annually. Additionally, the standards establish a maximum caseload level.

#### **Notice**

To facilitate the timely progression of cases when the identity and/or address of a parent in an abuse and neglect case are not known, Michigan has implemented a protocol. The protocol requires that every petition requesting removal of a child include the name and address of both parents. When a name and/or address is not known, the court is responsible for ensuring that diligent efforts are made to determine the identity and/or locate the parent, so the parent can be given notice of the abuse and neglect proceedings.

#### **Review Teams**

Louisiana implemented a facilitation team in Baton Rouge to conduct periodic meetings with decision-makers in the major agencies involved in abuse and neglect cases to troubleshoot and solve problems.

#### **Automated Data Collection**

Mississippi is developing an automated tracking system (MYKIDS) for data collection. MYKIDS will be an Internet-based system that permits the courts to access the statewide database for foster children. The system will also assist with scheduling and the electronic issuance of orders.

#### **Guidelines and Standardized Forms**

Florida is developing a judicial bench book for the handling of abuse and neglect cases. The bench book will be available in hard copy and on CD-ROM. The bench book will be distributed statewide to all judges and will be a resource for judicial training programs.

#### **Alternative Dispute Resolution**

Alaska implemented a pilot mediation program, primarily to handle termination cases and pre-adjudication cases. While mediation services are available at any point in the life of the case, emphasis is on contested cases and early in the process.

As the aforementioned examples indicate, state courts have met the challenge of Congress. They completed comprehensive assessments of how they handled child abuse and neglect cases. They identified not only the problems, but also developed and implemented innovative solutions for improving court processes and procedures. Children across the country have benefited from this funding, as courts have been able to improve and expedite the processing of child abuse and neglect cases with the goal of placing children in permanent and safe homes.

In reality, the amount of CIP funds each state receives is not large. States, however, have combined the CIP funds with state and local dollars to make sweeping changes in the way they handle child abuse and neglect cases. The initiatives described in this testimony provide a very small sampling of how states have been able to leverage the CIP funds. The availability of CIP funds has stimulated a synergy among judicial, executive, and private resources that has resulted in broad changes in how state courts handle child abuse and neglect cases. The process, however, is not over. The CIP funds continue to be a critical factor in improving the attention these children need.

## **II. The Court Role in Child Welfare Proceedings**

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 and passage of ASFA now 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, pre-adoptive 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.

In my state the results of implementing this act has resulted in dramatic improvements:

Before	After
First hearing in 90 days .....	First hearing in 5–7 days
70% of cases continued .....	No continuance policy
3.2 year in court system .....	1.6 years in court system

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.

**COSCA Recommendations**

We encourage you to reauthorize the CIP program. State courts have effectively leveraged these dollars to make systemic improvements to court processes and procedures. These improvements have positively impacted the safety and well being for children in need of protection and who are in state custody. Our work, however, is not completed. The CIP funds are critical to continued improvement and the effective implementation of ASFA.

The amount of CIP funds set aside within the PSSF program has remained at \$10 million dollars per year since the initial authorization in 1993, while the funding for PSSF has steadily grown. We are aware that President George W. Bush has proposed an additional \$200 million be added to the existing \$305 million PSSF program in his FY 2002 budget. We ask your consideration in allocating a portion of President Bush proposed \$200 million increase to the PSSF program to increasing the CIP program funding to \$20 million per year. We believe that this will be a solid

investment that will greatly assist state courts to protect children and expeditiously move them toward safe and permanent homes.

Thank you for giving COSCA, and through it the state judges of our country, an opportunity to be heard on this important issue.

### **CONFERENCE OF STATE COURT ADMINISTRATORS**

#### **Resolution 1—In Support of Reauthorization of the Court Improvement Project**

Whereas, the Conference of State Court Administrators recognize the importance of moving children in state custody to permanent and safe homes as quickly as possible through the efficient and effective handling of child abuse and neglect cases by the nation's courts; and

Whereas, 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. By passage of this legislation, Congress explicitly recognized the effect of federal mandates on the state judicial systems and provided funds directly to the highest court in each state; and

Whereas, Congress required that each state use their CIP funds in the first year to conduct an assessment, identify problems in processing child abuse and neglect cases, and develop strategies for addressing those identified problems. Subsequent year CIP funds have been to implement system improvements and evaluate the effectiveness of the improvements; and

Whereas, State courts have met the challenge of Congress. They completed comprehensive and honest assessments and developed and implemented innovative solutions for improving court processes and procedures. Children across the country have benefited by this funding, as courts have been able to improve and expedite the processing of child abuse and neglect cases with the goal of placing children in permanent and safe homes; and

Whereas, the amount of CIP funds each state receives is not large. States, however, have combined the CIP funds with state and local dollars to make sweeping changes in the way they handle child abuse and neglect cases. The availability of CIP funds has stimulated a synergy among judicial, executive, and private resources that has resulted in broad changes in how state courts handle child abuse and neglect cases. The process, however, is not over. The CIP funds continue to be a critical factor in improving the attention these cases need;

Now, therefore, be it resolved that the Conference urges Congress to reauthorize the Court Improvement Project beginning with FY 2002 and consider increasing the level of funding to assist state courts in implementing the provisions of the Adoption and Safe Families Act (ASFA) of 1997 (P. L. 105–89).

Adopted as proposed by the Courts, Children and Family Committees of the Conference of State Court Administrators in Phoenix, AZ at the Midyear Meeting on December 8, 2000.

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#### **Statement of Priscilla Martens, National Family Preservation Network, Buhl, Idaho**

The mission of National Family Preservation Network (NFPN) is to serve as the primary national voice for the preservation of families through Intensive Family Preservation Services and reunification services. Our belief is that children deserve to remain safely with their families when possible and that all efforts must be made to reunite children with their families when it is safe to do so.

NFPN provides the vision, leadership, training, tools, and resources to assist policy makers and practitioners to build on a family's strengths and to preserve family bonds so children can be protected and nurtured at home. As such, we are vitally interested in government policies, research, and funding of family preservation and reunification services. We are grateful for this opportunity to express our views regarding the Safe and Stable Families Program and the research on the effectiveness of family preservation programs.

Intensive Family Preservation Services (IFPS) have been widely used, replicated, and studied for over two decades. There is general agreement that these services

- have an excellent safety record in keeping families together,
- provide a wide array of services with emphasis on building skills,
- improve family functioning,

- free up child welfare caseworkers to work with families whose children are in out-of-home placements, and
- report high levels of satisfaction from program participants.

There is less agreement on the effectiveness of IFPS in preventing placements with most researchers agreeing that findings are equivocal. However, it is not surprising that findings would be equivocal based on the commonality of problems with the research. All of these problems are reflected in the current *Evaluation of Family Preservation and Reunification programs: Interim Report* conducted in the states of Kentucky, New Jersey, and Tennessee and include:

- Fidelity to the model—programs failed to adhere to the model in at least three critical areas: first contact within 24 hours, “front loading” of services in the first week, and contacts with families on weekends.
- Targeting families—placement of a child should be imminent but most families did not meet this definition.
- Random assignment—caseworkers were reluctant to assign families to a control group if families would receive no services so did not always comply with random assignment requirements.
- Sample size—less than two-thirds of the intended number of families were studied.
- Treatment services for control group—some families in the control group received other intensive services; at one site these services were provided by staff trained by IFPS providers.

New research conducted by Dr. Ray Kirk at the University of North Carolina, taking into account all of the problems mentioned above, compared over 1,200 children whose families received IFPS with 110,000 children whose families did not receive these services. IFPS outperformed traditional child welfare services in every case by reducing the number of placements or delaying placements. When multiple risk factors were present, IFPS was increasingly effective at preventing placement when compared to the rest of the child welfare system.

IFPS providers have welcomed evaluation of their programs while occasionally pointing out that the rest of the child welfare system is mostly not evaluated. NFPN takes the position that *expanding* IFPS would aid the entire child welfare system currently overwhelmed with increasing caseloads, a high turnover rate in caseworkers, disparity in the number of foster and adoptive children compared to the number of foster and adoptive homes available, and an increasing number of child deaths in the system. Used correctly, intensive family preservation services

- provide for close monitoring of high risk families while teaching skills to family members in order to help them make needed changes,
- prevent unnecessary placement to free up scarce foster and adoptive homes for children who do require temporary or permanent placement,
- reduce caseloads and thus provide incentives to lower the turnover rate in caseworkers,
- allow caseworkers more time to work on permanent plans for children who cannot return home, and
- save \$3.00 on placement services for every dollar spent providing IFPS.

Saturation of IFPS in a region or state has consistently demonstrated improved management of child protective caseloads, reduction of child deaths in the system, and cost savings as has been demonstrated at various times in Alabama, Michigan, North Carolina, New York City, and Missouri.

President Bush’s proposal to increase funding for the Safe and Stable Families Program is well timed. The child welfare system needs a strong infusion of resources to prevent its collapse. NFPN urges Congress to increase funds for the Safe and Stable Families Program and to put the bulk of these funds into intensive family preservation and reunification services as this will have the most immediate and greatest beneficial impact on the child welfare system.

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#### Statement of Prevent Child Abuse America, Chicago, Illinois

Prevent Child Abuse America appreciates this opportunity to submit its recommendations on the reauthorization of the Promoting Safe and Stables Families program (Title IV–B, Subpart 2 of the Social Security Act) to Chairman Herger and the other distinguished members of the Subcommittee on Human Resources of the House Ways and Means Committee. We hope that this testimony will be of assistance as Chairman Herger leads the process of evaluating whether funds currently

allocated—and proposed to be allocated—under the Promoting Safe and Stable Families program serve those in greatest need.

For nearly 30 years, Prevent Child Abuse America has led the way in building awareness of, providing education on, and developing and disseminating proven and effective tools for preventing child abuse and neglect. Working with 39 chapters in 38 states and the District of Columbia, we represent a vast network of children and families, family support workers, and volunteers—all dedicated to serving as a resource to individuals in their role as parents and caregivers.

Much of our work on the community level is supported by the Promoting Safe and Stable Families program, which dedicates 20 percent of its federal funds to family support programs. Prevent Child Abuse America's family support efforts include such programs as parent education and mutual self-help support groups, respite child care, home visiting services for new parents, and family resource centers. These programs also connect families to additional resources and opportunities in their community.

Common to all of Prevent Child Abuse America's family support initiatives is the goal of promoting competencies and behaviors that will increase a parent's ability to successfully nurture his/her child. Another critical aim of these programs is to have a mitigating effect on the increasing social isolation and vulnerability experienced by families in today's society.

In short, these programs help respond and reach out to parents who are seeking the support they need to prevent child abuse and neglect before it ever occurs, which is why we are in full support of re-authorizing and increasing funding for the Promoting Safe and Stable Families program.

As you are well aware, each year more than 3 million children are reported as abused or neglected in the United States, and more than 1 million of these reports are substantiated. We also know that abuse and neglect exacts an enormous toll on children. Among other personal costs, children who are victims of abuse and neglect suffer higher rates of school failure, feelings of worthlessness, aggressive behavior, detention, and incarceration.

We also know that child abuse and neglect are causing a substantial drain on our social, health, and judicial services. In April, Prevent Child Abuse America released a landmark study, which looked at the cost we incur as a country every year as a direct or indirect result of child abuse and neglect. We discovered that today—and every other day this year—child abuse and neglect will cost the American taxpayer \$258 million, which is more than \$94 billion annually. Put another way, the consequences of child abuse and neglect cost every American family more than \$1,400 each year.

It is unconscionable to accept these costs to our country and to vulnerable children when, so often, they can be prevented. Even more unconscionable is that these financial and personal costs will continue, as long as prevention programs remain grossly underfunded.

While each American family pays more than \$1,400 per year as a result of child abuse and neglect, families only pay the equivalent of \$1.06 for programs aimed at prevention. Currently, primary prevention programs—that is, programs that prevent child abuse and neglect before they ever occur—are funded at \$32.8 million, compared to at least \$6 billion for secondary prevention, intervention, treatment, and out-of-home placements.

We do not mean to imply that the costs of services for treatment and intervention are too high or that the services themselves are not essential; but, there is a tremendous imbalance between what we invest on the front end to prevent abuse and neglect before it happens and what we spend as a consequence after abuse or neglect has occurred.

To echo the words spoken by Majority Whip Tom DeLay on the House Floor in recognition of April as Child Abuse Prevention Month: "It is also [our] hope that the facts and consequences of abuse and neglect will create a national consensus that underscores the importance of prevention."

To us, prevention means more than preventing placement into the foster care system—it means stopping abuse and neglect before it ever occurs.

For this reason, we ask that you maintain the current funding requirements of the Promoting Safe and Stable Families program at 20 percent for family support, family preservation, adoption, and family reunification services. This still leaves states with the flexibility to direct 20 percent of funding to where they feel it is most needed.

We also want you to know that Prevent Child Abuse America and other organizations are asking the Appropriations Committees to consider targeting \$50 million of the Administration's \$200 million proposed increase to the Promoting Safe and

Stable Families program to the Child Abuse Prevention and Treatment Act (CAPTA).

As you know, President Bush proposes to decrease CAPTA funding by \$18 million for fiscal year 2002. However, CAPTA represents the only source of federally dedicated funding for primary prevention. While the Promoting Safe and Stable Families program funds can be used for prevention, it often is used for what might more accurately be described as *secondary* prevention—that is, responding once a child is already known to the child welfare system, not working with families to keep the child from ever getting to that point.

Setting aside \$50 million of the President's proposed \$200 million increase would help local communities prevent abuse and neglect from happening in the first place, thereby preventing a vicious cycle of abused and neglected children growing up to perpetuate destructive behaviors, such as abusing and neglecting their own children—a vicious cycle that continues to demand more and more from taxpayers.

President Bush's proposal to increase the Promoting Safe and Stable Families program by an additional \$200 million for fiscal year 2002 gives us hope. We are also encouraged by his remarks during the signing of the proclamation designating April as Child Abuse Prevention Month:

Prevention remains the best defense for our children. State Community-Based Family Resource and Support programs sponsor activities promoting public awareness about child abuse and information on how to stop it . . . .  
By speaking out against child abuse and neglect and cultivating an environment that nurtures and strengthens families, we can give boys and girls the safe, stable, and loving homes they need.

The President's specific citation of Community-Based Family Resource and Support programs, which are funded at \$32.8 million through Title II of CAPTA and are the only federal funds devoted exclusively to child abuse and neglect primary prevention, sends a powerful message. His outspoken support for community-based prevention programs, in contrast with the current limited federal spending for these efforts, compel us to believe that increased support for primary prevention efforts would be congruent with his objectives.

Prevention truly is the best defense for our nation's children, as the President so astutely pointed out. If we continue to ignore that truth, the price tag of child abuse and neglect will continue to grow along with the suffering of children and families.

Increasing the potency of CAPTA's prevention programs with an infusion of \$50 million could help put an end not only to child abuse and neglect, but also to the continual need to increase funding for secondary prevention, intervention, treatment, and out-of-home placements.

By re-authorizing the Promoting Safe and Stable Families program, maintaining its spending requirements, and targeting a portion of President Bush's proposed increase to CAPTA prevention programs, we would be providing our communities with unprecedented support in their efforts to prevent—perhaps, even *stop*—the abuse and neglect of our nation's children.

