

15
PRESIDENT CLINTON'S BUDGET PROPOSAL FOR NEW FUNDING
FOR CHILD WELFARE SERVICES TARGETED FOR FAMILY SUP-
PORT AND PRESERVATION SERVICES

Y 4. W 36: 103-10

President Clinton's Budget Proposal...

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN RESOURCES

OF THE

COMMITTEE ON WAYS AND MEANS

HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

FIRST SESSION

APRIL 21, 1993

Serial 103-10

Printed for the use of the Committee on Ways and Means



U.S. GOVERNMENT PRINTING OFFICE

70-097

WASHINGTON : 1993

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402

ISBN 0-16-041256-0

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CONTENTS

	Page
Press release of Tuesday, April 13, 1993, announcing the hearing	2
WITNESSES	
U.S. Department of Health and Human Services, Wendell E. Primus, Deputy Assistant Secretary for Human Services Policy	30

American Bar Association, Hon. Ernestine S. Gray	194
American Humane Association, Adele Douglass	166
American Public Welfare Association:	
Christina M. Tchen	45
Peter Digre	101
Barnard, Kathryn E., Zero to Three/National Center for Clinical Infant Programs	148
Bourdette, Mary, Child Welfare League of America, Inc	215
Caplin, Michael A., Childhelp USA	172
Cavanagh, Hon. Michael F., Chief Justice, Michigan Supreme Court, on behalf of Conference of Chief Justices	87
Center on Child Abuse Prevention Research, Deborah Daro	153
Child Welfare League of America, Inc., Mary Bourdette	215
Childhelp USA, Michael A. Caplin	172
Children's Defense Fund, James D. Weill	56
Conference of Chief Justices, Hon. Michael F. Cavanagh, Chief Justice	87
Daro, Deborah, Center on Child Abuse Prevention Research, and National Committee for Prevention of Child Abuse	153
Digre, Peter, Los Angeles County Department of Children's Services, on behalf of American Public Welfare Association	101
Dondiego, Sue, New Jersey Foster Parents Association	182
Douglass, Adele, American Humane Association	166
Gray, Hon. Ernestine S., Judge, Juvenile Court, New Orleans, LA, on behalf of the American Bar Association	194
Harris, Dorothy V., National Association of Social Workers	206
Illinois Department of Children and Family Services, Christina M. Tchen	45
Kelly, Susan A., Michigan Department of Social Services, Division of Family Preservation Initiatives	133
Los Angeles County Department of Children's Services, Peter Digre	101
Maloney, Hon. Carolyn B., a Representative in Congress from the State of New York	24
Michigan Department of Social Services, Division of Family Preservation Initiatives, Susan A. Kelly	133
Miller, Hon. George, a Representative in Congress from the State of California	9
National Association of Social Workers, Dorothy V. Harris	206
National Committee for Prevention of Child Abuse, Deborah Daro	153
National Conference of State Legislatures, Christina M. Tchen	45
National Governors' Association, Christina M. Tchen	45
New Jersey Foster Parents Association, Sue Dondiego	182
New York City Human Resources Administration, Barbara J. Sabol	123
Parents as Teachers National Center, Inc., Joy M. Rouse	143
Sabol, Barbara J., New York City Human Resources Administration	123
Tchen, Christina M., Illinois Department of Children and Family Services, on behalf of American Public Welfare Association; National Conference of State Legislatures; and National Governors' Association	45

	Page
Weill, James D., Children's Defense Fund	56
Wheat, Hon. Alan, a Representative in Congress from the State of Missouri ...	139
Zero to Three/National Center for Clinical Infant Programs, Kathryn E. Barnard	148

SUBMISSIONS FOR THE RECORD

National Association of Foster Care Reviewers, Corinne F. Driver, letter and attachments	221
National Conference of State Legislatures, Hon. Bill Purcell, Chairman, Select Committee on Children and Youth, State of Tennessee, letter	226
National Council of Community Mental Health Centers, Mary Aleese Schreiber, statement	228
National Organization of State Associations for Children, statement	230
National Welfare Rights & Reform Union and Coalition of California Welfare Rights Organizations, Inc., statement	233
Parent Action, Baltimore, MD, Rosalie Streett, statement	236
Rockefeller, Hon. Jay, a U.S. Senator from the State of West Virginia, statement	238

**PRESIDENT CLINTON'S BUDGET PROPOSAL
FOR NEW FUNDING FOR CHILD WELFARE
SERVICES TARGETED FOR FAMILY SUP-
PORT AND PRESERVATION SERVICES**

WEDNESDAY, APRIL 21, 1993

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

The subcommittee met, pursuant to notice, at 10:07 a.m., in room B-318, Rayburn House Office Building, Hon. Harold E. Ford, (chairman of the subcommittee) presiding.

[The press release announcing the hearing follows:]

FOR IMMEDIATE RELEASE
TUESDAY, APRIL 13, 1993

PRESS RELEASE #4
SUBCOMMITTEE ON HUMAN RESOURCES
COMMITTEE ON WAYS AND MEANS
U.S. HOUSE OF REPRESENTATIVES
1102 LONGWORTH HOUSE OFFICE BLDG.
WASHINGTON, D.C. 20515
TELEPHONE: (202) 225-1721

THE HONORABLE HAROLD E. FORD (D., TENN.), CHAIRMAN,
SUBCOMMITTEE ON HUMAN RESOURCES, COMMITTEE ON WAYS AND MEANS,
U.S. HOUSE OF REPRESENTATIVES, ANNOUNCES A HEARING
ON PRESIDENT CLINTON'S BUDGET PROPOSAL FOR
NEW FUNDING FOR CHILD WELFARE SERVICES
TARGETED FOR FAMILY SUPPORT AND PRESERVATION SERVICES

The Honorable Harold E. Ford (D., Tenn.), Chairman, Subcommittee on Human Resources, Committee on Ways and Means, U.S. House of Representatives, today announced that the Subcommittee will hold a hearing on President Clinton's budget proposal to provide new funding for child welfare services targeted for family support and preservation services. The hearing will be held on Wednesday, April 21, 1993, beginning at 10:00 a.m. in room B-318 of the Rayburn House Office Building. Testimony will be received from a representative of the Administration and from public witnesses.

In announcing the hearing, Mr. Ford said: "The President's budget recognizes the crisis in our Nation's social support systems for children and their families. Children need permanent and loving families, homes in which they can grow and thrive. Early intervention to support and strengthen at-risk families, and prevent child neglect and abuse, is an essential element of reform. So, too, are services that will help children avoid a long journey through temporary foster care placements, by enabling them to stay with their families, or, when that's not possible, providing them other permanent homes."

President Clinton has proposed new entitlement spending for family support and preservation services of \$1.7 billion over five years, to be used for: (1) family support and parenting programs, and (2) innovative child welfare services such as family preservation, reunification, respite care and other follow-up services.

At the hearing, Members of the Subcommittee are interested in hearing testimony on the status of State and local child welfare systems, and on the President's budget proposal to provide new entitlement funding for family support and preservation services.

In addition, Members are interested in hearing testimony on section 1401 of the conference agreement on H.R. 11, a provision responding to the March 1992 Supreme Court decision in Suter v. Artist M. As noted in the conference agreement, the intent of the provision is "...to assure that individuals who have been injured by a State's failure to comply with the Federal mandates of the State plan titles of the Social Security Act are able to seek redress in the federal courts to the extent they were able to prior to the decision in Suter v. Artist M...."

DETAILS FOR SUBMISSION OF REQUESTS TO BE HEARD:

Individuals and organizations interested in presenting oral testimony before the Subcommittee must submit their requests by telephone to Harriett Lawler, Diane Kirkland, or Karen Ponzurick [(202) 225-1721] no later than noon, Monday, April 19, 1993, to be followed by a formal written request to Janice Mays, Chief Counsel and Staff Director, Committee on Ways and Means, U.S. House of Representatives, 1102 Longworth House Office Building, Washington, D.C. 20515. The Subcommittee staff will notify by telephone those scheduled to appear as soon as possible after the filing deadline. Any questions concerning a scheduled appearance should be directed to the Subcommittee staff [(202) 225-1025].

(MORE)

It is urged that persons and organizations having a common position make every effort to designate one spokesperson to represent them in order for the Subcommittee to hear as many points of view as possible. Time for oral presentations will be strictly limited with the understanding that a more detailed statement may be included in the printed record of the hearing. (See formatting requirements below.) This process will afford more time for Members to question witnesses. In addition, witnesses may be grouped as panelists with strict time limitations for each panelist.

In order to assure the most productive use of the limited amount of time available to question witnesses, all witnesses scheduled to appear are required to submit 200 copies of their prepared statements to the Subcommittee office, B-317 Rayburn House Office Building, at least 24 hours in advance of their scheduled appearance. Failure to comply with this requirement may result in the witness being denied the opportunity to testify in person.

WRITTEN STATEMENTS IN LIEU OF PERSONAL APPEARANCE:

Any persons or organizations wishing to submit a written statement for the printed record of the hearing should submit at least six (6) copies of their statements by close of business, Wednesday, May 5, 1993, to Janice Mays, Chief Counsel and Staff Director, 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, they may deliver 100 additional copies for this purpose to the Subcommittee office, room B-317 Rayburn House Office Building, on or before the day of 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 typed in single space on legal-size paper and may not exceed a total of 10 pages.
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. Statements must contain the name and capacity in which the witness will appear or, for written comments, the name and capacity of the person submitting the statement, as well as any clients or persons, or any organization for whom the witness appears or for whom the statement is submitted.
4. A supplemental sheet must accompany each statement listing the name, full address, a telephone number where the witness or the designated representative may be reached and a topical outline or summary of the comments and recommendations in the full statement. 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.

* * * *

Chairman FORD. The Human Resources Subcommittee will come to order.

I am very delighted to be back as chairperson of this subcommittee and to join my colleagues. I want to thank the acting chairman for the past 3 months, Mr. Matsui, and also his predecessor, Mr. Downey, who for over 5 years chaired this subcommittee.

And I say to the minority side of this subcommittee, I look forward to working with each and every one of you, as well as the Democratic side of this subcommittee, and all of the advocates throughout this country who are concerned about family preservation, as well as welfare reform, the title XX social services grant, unemployment compensation, and the many other issues that fall within the jurisdiction of this subcommittee.

I am, again, delighted to be back. We are going to get right into the schedule, with a few statements made by the members, because the calendar is very long today. I know that there are many of you who would like to see this subcommittee move swiftly on the legislation that is pending today.

At this time, I would like to recognize the former acting chairman of the subcommittee, Bob Matsui. Let me personally thank you, Mr. Matsui, for your leadership in chairing this subcommittee and moving this subcommittee to the point where we are today. I have had an opportunity to work with you and serve with you on this subcommittee for many, many years, and you are a true advocate for children in this country and for the downtrodden. As chairman, I want to personally thank you.

[Chairman Ford's opening statement follows:]

OPENING STATEMENT,
THE HONORABLE HAROLD E. FORD
CHAIRMAN, SUBCOMMITTEE ON HUMAN RESOURCES,
COMMITTEE ON WAYS AND MEANS,
HEARING ON PRESIDENT CLINTON'S BUDGET PROPOSAL FOR
NEW FUNDING FOR CHILD WELFARE SERVICES
TARGETED FOR FAMILY SUPPORT AND PRESERVATION SERVICES

April 21, 1993

The American family has been in crisis for years, but we have treated it as if it were a personal problem. With millions of American children living in poverty, we can no longer afford the luxury of treating their problems as if they were merely personal problems. These problems are public. They affect us all. They include child neglect and abuse, failure to grow into productive and responsible citizens, and even violence and other criminal activity.

Children are the poorest of Americans -- child poverty rates have remained above 20 percent throughout the 1980s and into the 1990s, up from 14 percent in 1973. Substance abuse, from alcohol to crack cocaine, is a growing threat to the livelihood of hundreds of thousands of children. Add to this social isolation, labor mobility of our modern economy, the lack of two-parent family formation, and the breakdown of the American family, and what do we have?

Since 1980, reports of child neglect and abuse have tripled. Many of our Nation's child welfare systems -- comprised of thousands of State and local governments, and private providers -- are considered to be in a state of crisis. The number of children in foster care has grown more than 50 percent in five years.

The Administration's approach follows that taken last year by Congress. The President's child welfare initiative includes important new funds for family support services. These funds will allow communities to develop and expand programs geared to helping parents nurture and rear their children. The initiative also would fund family preservation services, to help families and children in crisis to address problems and, where possible, avoid or limit long stays in temporary foster care placements.

At today's hearing we'll have an opportunity to learn the details of the Administration's proposal. Also, witnesses on one of our first panels will discuss a provision designed to address a recent Supreme Court decision, *Suter versus Artist M*. The *Suter* decision potentially could limit the ability of some Social Security Act program beneficiaries to enforce certain Social Security Act provisions through a lawsuit under the Federal civil rights statute. I look forward to hearing the views of the States and the Children's Defense Fund on the *Suter* decision compromise provision, which was included in H.R. 11 last year, a bill vetoed by then President Bush.

I look forward to hearing more details from Deputy Assistant Secretary Primus, who will represent the Administration at today's hearing, and from the other important witnesses who are scheduled to appear today. We have much work to do in this area, so let us begin.

Mr. MATSUI. Thank you.

I would like to thank you, Mr. Chairman. On behalf of all members of our subcommittee, all members of the full committee, and certainly all those that advocate the interest of children and families throughout the country, welcome back. We look forward to your leadership.

As many people know, you and I have been in touch throughout your very long, difficult ordeal, and I feel very strongly that, with your leadership, we are going to be able to enact the Clinton program, but, more importantly, deal with the needs of children throughout the United States into the 21st century.

Mr. Chairman, I want to congratulate you and welcome you back and look forward to working with you under your leadership.

Thank you very much.

[Mr. Matsui's opening statement follows:]

OPENING STATEMENT OF
THE HONORABLE ROBERT T. MATSUI

SUBCOMMITTEE ON HUMAN RESOURCES
HEARING ON PRESIDENT CLINTON'S
CHILD WELFARE AND FAMILY SUPPORT PROPOSAL

APRIL 21, 1993

Thank you Chairman Ford for holding this hearing today on the President's child welfare proposal. I have worked on these issues for many years and it is gratifying to have the opportunity to consider the child welfare and family preservation proposal before us today.

The President has identified this issue as one of his top domestic priorities. The prospect of finally being able to enact these reforms is an exciting one. I want to extend my appreciation to the Department of Health and Human Services for the work the agency has done on this issue. Secretary Shalala has been tireless in her efforts to develop and move forward with this proposal.

Many of us have worked for a long time to reach this point, only to be disappointed by President Bush's veto last year of the Family Preservation Act. Today we have a new opportunity to show our commitment to the thousands of children whose families are in a state of crisis.

The statistics on this issue are truly staggering. The number of reported child abuse cases increased by more than 200 percent during the 1980's, yet federal spending on services for these children and their families declined by 100 percent in real terms during the same period. The moment is truly upon us to move forward and to institute real reforms so these programs better serve at-risk families.

The proposal being detailed here today by the Department of Health and Human Services is a step toward achieving this goal of helping families before they are in crisis. It places an emphasis on family preservation and support services that are designed to reach families before they are about to break apart. This type of intensive family support has proven to be successful in protecting children from abuse and neglect and ultimately keeping families together.

There are many innovative programs around the country that are working to meet this tremendous need. I am looking forward to hearing today from the people who have developed and who run these programs about their ideas for improving the delivery of services to these children and their families.

Chairman FORD. Thank you very much, Mr. Matsui.

Mr. Grandy, I did not overlook the ranking side for the first remarks. I wanted to recognize the former acting chairman, Mr. Matsui.

Mr. GRANDY. Mr. Chairman, there is absolutely no reason to explain or apologize to the minority. We are used to this. [Laughter.]

We welcome you back, Mr. Chairman. I am acting, I think, as third ranking to our ranking member today. Mr. Santorum cannot be here. Mr. Shaw will be here later. But on behalf of our side, we want to welcome you back and look forward to participation with you on these matters.

I would like to ask the Chair right now if now is the time to offer a statement for the record on the subject matter before us, or are we—

Chairman FORD. Since you have the floor, I would say that it would be very appropriate.

Mr. GRANDY. Thank you, Mr. Chairman.

I just want to say, first of all, that I welcome the opportunity to renew the discussion of the Family Preservation Act. I am looking forward to get the reaction from the administration to the proposal for the proposed new capped entitlement program that would provide States with \$1.7 billion over the next 5 years to operate the family preservation programs.

And I want to say on behalf of our side, we are interested in listening to the discussion here, but there are some facts that I would like to put into the record and be considered in the context of this discussion.

Principally, Federal spending on foster care and adoption through title IV-E of the Social Security Act has increased from \$474 million to \$2.5 billion or roughly a 418-percent increase since 1981. And in the last 5 years, IV-E has increased by an average of \$360 million a year. I think in context of what the administration has put forward in deficit reduction and what is currently going on at the partisan level between Republicans and Democrats over the course of deficit reduction, we have to ask ourselves why isn't this annual increase enough.

I guess I would also say, Mr. Chairman, that I am pleased, having been through this battle once before with your predecessor, Mr. Downey, that there appears to be a compromise or at least the beginnings of a compromise on the dispute we had last year over *Suter v. Artist M.* I have read some of the proposed language and I hope this takes care of the problem.

I want to stress on our side that one of the reasons we brought an objection to the attempt by Mr. Downey last year to render *Suter v. Artist M.* a nullity was that we were concerned that while clearly that would create an enforceable right for a plaintiff, it also opened up a potential huge avenue of litigation which perhaps was beyond the scope of the intention of overturning the original Supreme Court decision.

I am hopeful that the language that was proposed in conference last year solves that dispute, but I would be interested to hear our witnesses today that will be testifying on this matter, because I think this is a very important provision. I hope that we can come to some kind of reconciliation on this issue.

With that, Mr. Chairman, I will yield back the balance of my time.

Chairman FORD. Thank you.

Mr. Matsui, do you have any opening remarks?

Mr. MATSUI. No. Thank you, Mr. Chairman.

Chairman FORD. Mr. Cardin.

Mr. CARDIN. No.

Chairman FORD. Children are the poorest of Americans—child poverty rates have remained above 20 percent throughout the 1980's and into the 1990's, up from 14 percent in 1973. Substance abuse, from alcohol to crack cocaine, is a growing threat to the livelihood of hundreds of thousands of children in America. Add to that social isolation, the labor mobility of our modern economy, the lack of two-parent family formation, and the breakdown of the American family, and what do we have?

Since 1980, reports of child neglect and abuse have tripled. Many of our Nation's child welfare systems—comprising of thousands of State and local governments and private providers—are considered to be in a state of crisis. The number of children in foster care has grown more than 50 percent over the past 5 years.

The President's child welfare initiative includes important new funds for family support services to help parents nurture and rear their children. The initiative also would fund family preservation services to help families and children in crisis to address problems and, where possible, avoid or limit long stays in temporary foster care placements.

At today's hearings, we have an opportunity to learn the details of the administration's proposal. Also, witnesses on our panels certainly will give us some guidance for the direction in which this subcommittee will be headed over the next few days.

I know that we have to report something from this subcommittee by Tuesday of next week to meet the requirements of the full Committee on Ways and Means, and it will certainly be the intent of the Chair of this subcommittee to meet the deadline of next Tuesday.

I look forward to hearing more details from the Deputy Assistant Secretary, Mr. Wendell Primus, who will represent the administration at today's hearings, and from the other important witnesses who are scheduled to appear here today.

The Chair at this time would like to call on the first witness, one of our colleagues who has certainly been a very strong advocate for children in this country, and one that I have had an opportunity to work with over a decade and a half. I call our colleague, Representative George Miller.

Mr. Miller.

**STATEMENT OF HON. GEORGE MILLER, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF CALIFORNIA**

Mr. MILLER. Thank you, Mr. Chairman. Thank you for those kind remarks. Like all of our colleagues, we share in your delight and relief and expectations of you being back to the head of this subcommittee. I want to thank you for all of the time that you have dedicated to this issue over the last issue, as this subcommittee has tried to wrestle with a solution to a very severe problem, and to

thank Congressman Matsui, who has been involved in this from the beginning and all of the help that he has provided us.

This committee has, I think, a long and very honorable history of coming together to deal with the problems of America's children at risk, in some instances, as you will hear throughout the day, some of the most vulnerable children and families in our society. The time that this subcommittee and the full committee has spent over the last several years to hammer out a solution to this problem is really commendable in terms of doing the public's business in a public way, and you are to be commended for that. And we are so excited about your full-time involvement now in this issue.

I also want to thank many of the people who are sitting behind me who are the advocates for these children and the families who have just done an outstanding job of coming together around the best interest of children and around the best interests of the concept of family preservation.

As you know, this committee has hammered out its problems very much on a bipartisan basis. That is not to suggest that both sides of the aisle are completely happy, but there has been a great amount of intellectual capital and energy spent on a bipartisan basis to resolve these issues around the children.

As many of you know, many years ago, I authored, along with the members of this subcommittee, 96-272, which was at that time to reform the child welfare system and the foster care and placement system in this country, and we were trying to prevent the unnecessary removal of children from their homes and trying to expedite, where we possibly could, the placement of that child back into those homes where there could be a healthy family environment for them, and, if not, to find some permanency for those children so they would not be shuttled from placement to placement to placement.

I believe that law was very successful. I also have to sit here before you today and tell you what you already know: It is outmoded and we cannot cling to that law and try to suggest that we can reform society to fit into that law. We must, in fact, change the law for a much more dynamic situation than, unfortunately, is taking place in our society.

Public Law 96-272 simply has been overwhelmed by changes that we never anticipated. We did not have the advent of crack babies, crack-addicted families, the loss of caretakers for those children at all levels of our society when we envisioned that law. We thought we would be dealing with a declining number of children placed at risk. The drug culture has changed that in all of our districts, and so the time has come to look at the needs of those families in a far more comprehensive way than we were allowed to under 96-272 or as some people were, in fact, prepared to under 96-272.

The record, I think, is clear that many States raced out ahead of us, envisioning those changes back then and tried to put a system in place that would start providing these services. That system, in fact, has been starved over the last decade for the kinds of services that we all know, if properly applied on a comprehensive basis in a first-class manner, in fact, get results, the results that

we all say we want, no matter what our ideological background is, because they get results for the benefit of the child and the family.

When we apply those very same services on a haphazard basis, on the cheap, if you will, we don't get the results and we are just throwing the money away. For too long, I think we have seen in this system that we have treated children according to the labels and according to the doors by which they entered the system.

If they came to us as drug-dependent children or of drug-dependent adults, they were treated in one way. If they came to us through the juvenile justice system, they were treated another. If they came in through the educational system as a behavioral problem, they were treated as another. If they came in through neglect, they were treated as another kind of problem.

That was finally brought in focus before this subcommittee 2 years ago, when the Governor of Virginia testified, as they combed their files, they had 14,000 names in there that they were rendering service to. When they cross-indexed them and forgot the labels, they found out they really had some 4,900 children that were in need of comprehensive services. Those children were chasing the services, instead of the services chasing the child, and the families were completely incapable of keeping up with those kinds of services.

It was on that basis that family preservation started to come to the foreground and we started to look at what was going on in progressive States with foundations, what universities were funding and trying to bring together, and it is a basis on which the bipartisan compromise was designed to start directing those resources on the child, as opposed to taking care of the bureaucracies that were charged with taking care of the child. There is a world of difference between those two methods of delivery.

Part of H.R. 11 last year is a part that I understand is still under consideration, and that is the State option for coordinated services development, which will allow the States the kind of flexibility to combine their services.

In States like mine—Mr. Matsui has heard more about this in the last 90 days than he cares to, but in States like mine, where the social service delivery system is under incredible financial assault, the only way we are going to be able to start to hold ground is in the combining of services and looking at the child in the child-centered philosophy.

If we keep wanting to hold to the notion that I have a package of services and if the child can find their way to me, as a probation officer, then I will render services, it is not going to work. It is too expensive. We have got to bring people forward to meet the needs of that child, and I think the State option starts to do that.

There are incentives for the Governors to create that, to make application and to ask for the rights to better organize their systems, without penalty.

I have a very long statement, but I want to hit on one other point that I think is incredibly important, and that is the question of interstate placement of children. Many years ago, before I think any member of this subcommittee was a Member of Congress, we looked at a very serious problem and that is that States in some cases took their most difficult children or children who simply had

no advocate or people were not interested in and they shunted them off to another State and they paid the monthly bill.

And we had the GAO and inspectors general and others come before this committee and say we are paying billions of dollars for these children, we don't know where they are other than the mailing address, we don't know the kind of care. And, finally, we had a case that was brought which told Louisiana to bring their children back home, that they had an obligation.

We now find that children are put into interstate placement in many instances simply out of convenience, simply out of desiring not to develop those services within a State. And we now see that far too many children are put into placements out of State that don't comply with the kinds of protections that child would have if they were placed in their own State. We have no way of monitoring those programs. They are incredibly expensive.

In fact, in many instances, they are illegal under the law, because they are locked facilities and there is no escape for these children. Tragically, in California, we have had a number of California children seriously harmed in some cases, killed while in the care of these programs.

We now also see that people who were ineligible under the previous act, because their for-profit operations are being counseled by some States, including our own, that if they simply switch themselves to nonprofits, they will be eligible for these fundings, without regard to the kinds of program. And I think before we start using public moneys for these children, we have got to look at the evidence.

In many instances, the children that are sent, as the National Mental Health Association tells us, many of these children who are sent to this out-of-State placement are really not hardcore children, difficult-to-treat children. They are simply placed there because the social worker has run out options in their mind and they started outplacing these children. Many are there as a result of funding from the Educationally Handicapped Children Act, which again I think runs counter to the purposes of that act and the requirements of the State.

I think that all of the discussions that we have had with this committee and staff anticipating your actions in the next few days suggest that this committee again is upholding its responsibility to its Nation's children. It is not going to be cheap. But one of the things we know is that if we do not invest in these comprehensive services, if we do not give families and these children these options, we are going to do, as tragically has marked this program, we are simply going to pay far more money for the simple maintenance of these children.

We know—and the statistics haven't changed a great deal—that those children will simply leave this system by reaching the age of maturity, not because we have taken care of their problems or we have given them a better opportunity in American society or that they have become in some cases, unfortunately, any less dangerous than when they entered the system. That is what is at risk in your deliberations over this legislation.

But I must say that, in very difficult times and in very difficult budget years, this committee again—and I see Mr. Shaw has just

entered the room, who has been a stalwart in trying to wrestle with these issues—to understand that there is, in fact, a very serious investment that can be made in prevention, and family preservation is one of the very effective tools that we have seen used in a number of States and localities.

So it is with a great deal of excitement that I am here today before this committee, Mr. Chairman, because I think we really now have the opportunity not only to pass this through the Congress and conference committee, but, in fact, to have this become the law of the land and really change the way we treat these children at risk, to provide a whole new set of tools to the very stressed social service delivery system in our country. And I think all of us will eventually be able to say that we are also participating in a successful program on behalf of children. This is when you will be able to talk to people back home in terms of serious investment, serious prevention, and a very wise use of the taxpayers' dollars.

I thank you for your attention and for all of the work that you are about to engage in over the coming days, weeks, and months.

Thank you very much.

[The prepared statement follows:]

STATEMENT OF
THE HONORABLE GEORGE MILLER
(D-CA)
IN SUPPORT OF
FAMILY PRESERVATION AND SUPPORT SERVICES
APRIL 21, 1993

Mr. Chairman and Members of the Subcommittee:

Thank you for giving me this opportunity to testify before you. It is with a great deal of enthusiasm that I appear before you today in support of new funding for child welfare services, especially increased services for family preservation and support services.

First, I want to thank you and the Members of this Committee and Subcommittee for your strong commitment to P.L. 96-272, the Adoption Assistance and Child Welfare Act of 1980, which I authored. Your oversight of its implementation, and your prior attempts to modernize this law have significantly pushed the debate--and our policies--forward.

The hard work you did in H.R. 11 last year represented a significant step forward in adapting P.L. 96-272 to the needs of the 1990's. It is my expectation that the Administration's proposals will use H.R. 11 as a starting point from which to expand services even further.

Secondly, I would like to thank the advocates in this room, many of whom helped draft the original P.L. 96-272 legislation, for their commitment, dedication, and zealous advocacy on behalf of the children in our child welfare system. We wouldn't be here today without your help and support.

We drafted P.L. 96-272 to reform the system of care for children who found themselves in placement outside of their home. The emphasis in the law was on trying to prevent the initial removal of the children, and if removal was necessary, wherever possible, to reunify the children with their families or find them permanent homes.

That law was successful, but I also believe that it is outmoded today, thirteen years after its enactment. No matter how good our intentions were, societal problems including homelessness, child abuse, and drug abuse, and the governmental indifference of the past two Administration's outpaced the Federal law. We now understand how to make the child welfare system responsive to the children and families it serves, and we must act swiftly to make those changes.

The Select Committee on Children, Youth, and Families, which I chaired from 1983 until 1991, has well-documented the neglect of America's families over the past decade. The problems families face today are far more complex than they were in 1980, when we passed P.L. 96-272.

Today, one out of every five children lives in poverty. Millions of children in the United States go to sleep hungry and without a safe place to live. Hundreds of thousands of families across America are confronting unemployment, homelessness, poverty, substance abuse and crime, or are on the verge of experiencing these problems.

These problems--both in volume and cost-- have overwhelmed our child welfare agencies, crippling their ability to respond to the children and families in crisis.

We have spent the last decade learning about how to help those families in crisis. We have looked at a number of pilot programs and strategies States and local governments are utilizing to provide the kinds of services families need.

What we have seen is that family problems are better addressed by a system that provides a continuum of integrated services. Preventive, pre-placement services are not only successful at keeping families together, when that is possible, but save us money, too.

For too long, we have provided services to children based upon "labeling." As a result, we now have "welfare" children, "juvenile justice" children, "school system" children, and "mental health" children, who may all be the same children with multiple service needs. Many of these children have "fallen through" the cracks and have failed to receive appropriate services or, because they have the "wrong" label, have received inappropriate services.

In Virginia, for example, the Select Committee found that 14,000 names of children across four agencies--child welfare, mental health, juvenile justice, or school system-- were in fact, only 4,993."

Included in last year's H.R. 11, the Family Preservation Act, was a provision I authored called the "State Option For Coordinated Service Development," which I've been told has been reworked in the Administration's proposal. This will provide a demonstration grant for a "single point of entry" service system for families and children in need of services.

If a family is in crisis, we want to provide all necessary services to prevent its members from entering the child welfare, or juvenile justice, or mental health system. should that family enter a system, we want to ensure that its service needs are fully met. Providing coordinated services is not only the most efficient way to provide services, it is also cost-effective. A single point of entry system will provide families and children seeking assistance with a coordinated continuum of services to address their needs. Under my proposal, states would have the flexibility to blend funding streams within state and local dollars to develop this continuum.

Another long-standing national problem and concern of mine that H.R. 11 addresses is the "interstate placement" of children. This critical section should remain in the bill. It is common practice for foster care children, juvenile delinquents, status offenders, and youth in need of mental health and special education services to be placed in programs in states other than their own due to the unavailability of specialized programs and services within their own states.

Many programs are very costly and would not meet the placing state's licensing and regulatory requirements. Moreover, monitoring of these placements by the responsible placing agency and state is often negligible. The ease of making placements in other jurisdictions may reduce the need of states to develop appropriate services for their own residents.

The existence of a special program or special service may justify the occasional placement of a youth in a state other than his own. But too often, we learn of these placements only when a child has been severely injured or has died, and the follow-up investigation finds that the placement was inappropriate or not monitored by the placing state.

Little data is available on the number of children sent to out-of-state placements, the financing of these placements, or the types of placements used. The National Mental Health Association's "Invisible Children" project and other studies have concluded that:

- * Most of these out-of-state placements involve "non-hard core" children who could best be served in community-based programs;
- * Most of these placements are child welfare/mental health cases, followed by juvenile justice, and special education placements;
- * The major federal funding streams in order of most use are: Medicaid; P.L. 96-272; and P.L. 94-142, formerly known as the Education For All Handicapped Children Act, and renamed the "Individuals With Disabilities Act (IDEA)";
- * It is estimated that out-of-state placements, because they are so expensive (some run between \$129,000-\$160,000 per year), account for a disproportionate share of child welfare budgets.

In over half of the states, these placements are made by social workers with no judicial oversight. In these states, courts commit children to the custody of the agency; the agency then determines the most appropriate placement. In other states, such placements are either court-ordered, or approved by a "Review Committee."

Let me use my own state of California to give you an example of how common such placements are, and how little monitoring exists by the Department of Health and Human Services (DHHS) and the states themselves.

In 1986, at my request, the General Accounting Office conducted an inquiry into California's use of Title IV-E federal foster care monies for the placement of children at the Rite of Passage program in Nevada.

During the course of its subsequent investigation, Region IX determined that this facility was a wilderness camp situated on an Indian reservation that failed to meet California licensing standards. A report of the local fire officials found very serious safety problems. Yet because of its location on Indian lands, Rite of Passage directors were able to evade minimum licensing, staffing, and health and safety standards. Because it met the definition of a "detention" facility, it was therefore ineligible for federal funds. DHHS disallowed the state of California almost one-half million dollars as a penalty. In other words, foster children were being inappropriately placed in a program designed for delinquent youth, and the federal government was paying the bill.

In 1990, while the GAO was pursuing yet another investigation at my request involving California youth in out-of-state placements, it determined that the state of California has continued to use Title IV-E foster care monies to pay for the placement of children at Rite of Passage, which is \$3,037 per month per child, and another ineligible facility, Visionquest, which charges between \$2,707-\$3,099 per month per child. Because these are "for-profit" facilities, by law, federal foster care monies cannot be used to pay for placements. In its September 6, 1990 letter to DHHS, the GAO states, "Based on a limited review of claims in other months, we believe this problem may be systemic and more widespread. . . State controls to ensure out-of-state facilities are eligible to receive federal funds do not appear to be adequate."

It is important to note that it was 1986 when DHHS notified California that Rite of Passage was ineligible to receive federal funds, and California received a disallowance by DHHS for its improper claim for Title IV-E monies. Yet four years later, in 1990, California continued to submit improper claims for Rite of Passage, and DHHS continued to pay those claims, as well as for Visionquest, despite promises of greater diligence in auditing such payments. Once again, were it not for the GAO's investigation, these inappropriate payments would not have been detected by DHHS.

The improper payment of federal foster care funds to California for Rite of Passage and Visionquest are not isolated incidents, limited only to these two programs and the state of California. This ongoing problem requires Congressional action to correct DHHS's ineffective oversight procedures.

Now there is an additional wrinkle with these "out-of-state" placements. The state of California has undergone a "realignment" process with its counties, and informed the counties that they will bear the entire cost of the placement of a child in a "for-profit" facility, which is ineligible for Title IV-E funds. Unable to afford the high costs of these programs if they remained "for-profit," counties have advised these program to change their tax status to "not-for profit" so that the counties can continue to claim Title IV-E monies for their use, with reimbursement from the state. One program representative explained to me that without the California monies, the program would go "out of business."

I do not think that California is unique in this situation. Everyone is chasing the Title IV-E dollar because it is the sole source of monies for placements for children. I am greatly concerned that, once again, foster care youth may be inappropriately placed using Title IV-E monies in programs designed for delinquent youth that are ineligible under Title IV-E.

The "Placement Accountability" section of H.R.11, which requires states to monitor and to keep data on these out-of-state placements and provides procedural protections for youth sent to such placements, will assist us in making better policy determinations about such placements. Several years of effort and independent reports have established that this section is a critical component of this legislation. I urge this Committee to ensure that any future child welfare legislation contains this "Placement Accountability" section.

Chairman FORD. Thank you very much, Mr. Miller. We certainly will continue to look for your input to family preservation and support, and child adoption legislation. As I said earlier, you have certainly been in the forefront. As chairman of this subcommittee, I am certainly going to be calling on you and working very closely with you to make sure that we get to the House floor, through the Senate and the conference, and to get this legislation enacted as soon as possible.

Mr. MILLER. Thank you.

Chairman FORD. Mr. Matsui.

Mr. MATSUI. Thank you very much, Mr. Chairman.

I also would like to commend you, Mr. Miller, for all the work you have done over the years on behalf of children's issues. I think it was you, in the early 1980's, who really called attention to this issue on behalf of Members of the House, so we appreciate your leadership.

In terms of the financing of the family preservation legislation, during the course of the budget conference discussions between the House and the Senate, there was some talk that perhaps family preservation could be placed under a block grant. Could you comment on that, and could you give us your rationale as to why you may or may not agree with that?

Mr. MILLER. You know, I—

Mr. MATSUI. This is important.

Mr. MILLER. It is important. I guess it always comes down to the definition of what is the block grant. I have had a strong knee-jerk reaction to block grant programming over the last 12 years, because I always thought it was a euphemism for budget cuts.

One of the ways I have tried to come back on that proposal, Mrs. Johnson's suggestion and Mr. Shaw's suggestion, was the State option, of giving Governors some flexibility to coordinate and combine the current services. But I don't think we can lose sight of the need for a Federal direction and mandate in behalf of these children.

So I think we have moved to a time when, clearly, we have got to provide Governors additional leeway. You know, there are a number of proposals around again on block granting, both in the nutrition area and in this area, and I guess I am very skeptical of those, but I am not suggesting that, properly written with direction and some checks, that it should be denied the opportunity for Governors to do that.

I think we also want to know what are the outcomes you believe you are going to get, and I think there has to be that sort of application, if you will, or what is it you are telling us you can achieve if we give you—what in the previous administration were called waivers, here we call options, what have you, or block grants—what is it you expect to achieve by this change in the way you deliver services.

I am hedging the issue, obviously, because I don't want to take away the options that this subcommittee is going to need. I just can't stress too much that, as we give some direction, we do get responses within the States who try to accommodate that in a positive fashion.

Mr. MATSUI. I appreciate that. I think what we really need is certainty in the financing scheme, because these programs would

be obviously the first to go, given the financial problems of the States.

Mr. MILLER. I think if you look at the current problem with CDGB's, we start to pay for the sins of others and others pay for the sins of others, because somebody can go in and pick out what one State is doing with respect to the care of a child or whatever and then suggest that we are endorsing this because we fund a block grant. We all know that block grants eventually become more and more vulnerable, because the constituencies sort of meld into the background, and all of a sudden we are just now cutting function 500. We are not cutting programs directed at children.

That has always been my argument on WIC, that at some point if you have got a huge nutrition block grant, well, it is just function 750 or whatever it is. And we know that every now and then politicians want to reach out and just grab a euphemism for what they don't want to tell people they are really doing, and that is the history of block grants. They kind of end up being zeroed out at some point.

Mr. MATSUI. Thank you.

Chairman FORD. Mr. Shaw.

Mr. SHAW. I have no questions at this time, Mr. Chairman, except to just simply point out, Mr. Miller, that we often disagree on the cure and the way to approach many problems. But there is no question that you have been the outstanding leader in keeping the high profile of these most important issues affecting young people before the Congress, and I would like to compliment you for it, and I look forward to our next debate or discussion, and hopefully we can—

Mr. MILLER. I have to keep you engaged, Clay.

Mr. SHAW. Hopefully, we can agree on many of these things.

In speaking to Mr. Matsui's question, I think the key is going to be—and I hear where you are coming from, when you talk about block grants being a euphemism for funding cuts, but I think in some of the areas, such as in the area of administration and training in title IV-E programs, that it has been proven that the States could have gotten a lot more Federal money, had we adopted the approach that Mrs. Johnson and I have been pushing for in the past. We do need to look beyond Federal mandates and give more flexible aid to the States and allow States to take care of their own program, instead of their trying always to alter their programs to fit our grants. We give them leeway so that they can mold our grants to their needs in a more efficient way to accomplish what all of us want to accomplish, and that is a better delivery system to take care of the problems of the families and young people all across the country.

Mr. MILLER. Thank you.

Mr. SHAW. Thank you, Mr. Chairman.

Chairman FORD. Mr. Cardin.

Mr. CARDIN. Thank you, Mr. Chairman.

Mr. Miller, I also want to extend my thanks to you for your passion in presenting the causes of children before the Congress for so many years and before this committee today. We all appreciate the work that you have done for the children of this Nation.

I particularly agree with the central point you have made in your testimony, which is for our new program to provide coordinated services to our children, because it is the most cost effective way of doing it.

I would like to bring to your attention one of the problems that I have seen in our system. Another role that I play is chairman of the Maryland Legal Services Corp., which provides poor people with funding for legal needs. More and more of our funding is going to *Suter* cases and children in need of assistance, which in many cases is because of the complexity of our system of trying to access and get services.

Now, no one is trying to diminish the importance of our legal system in protecting the rights of children; the *Suter* case is obviously one of the areas that we will be talking about. But it shouldn't be necessary for every child to have a lawyer and for their parents to perhaps have two sets of lawyers in order to access our basic system. I would hope that as we work to develop a system enabling our children to access services, that our children are going to be able to get those services without the costs involved in the current system.

Mr. MILLER. If I could just take 1 minute of the committee's time, because there is a history to this and it is very important, because you are right. When we started this some years ago, we looked at a study and it was in the San Francisco Bay area, and on the periodic reviews that were in the law even at that time, we found that less than 6 minutes was spent determining the next 6 months or a year of that child's life. Of course, if you are 2 and 3 years old, the next 6 months is a long time. In my life, it just goes like that.

What we have now found is, under all reasonable efforts to acquire these services, because of the lack of services, they become a fiction. So what we know is that social workers are doing the best they can, a probation officer is doing the best she can, is checking the boxes to say that the services are available and it is nothing more than a waiting list.

So if you are concerned about your child that the State has taken out of your home, you are damn right I am going to get an attorney, because I want my child to have real counseling, real drug treatment, and not a chance at a waiting list. The key is in this legislation. If those services are real and available, then you don't need the attorneys to enforce it.

But if you talk to judges, as you have, if you talk to legal services, everybody is kind of going through a shifting here of the child between phantom services, but you want to make damn sure that you have checked off, that you have made all reasonable effort at providing preprevention or reunification or whatever the services necessary.

In fact, when we do an audit, those services, nobody went out and got them. You know, if you care about your family or child, grab an attorney, because it is sort of like education of the handicapped. It is the only way you are really going to get the services for your child, tragically so.

Mr. CARDIN. Of course, only a small fraction of the people will be able to get the access through that way.

Mr. MILLER. I understand that, but that is why the attorneys were written into the law. You start to increase the availability and quality of services and you can start to diminish the importance of an adversarial proceeding. But when we had children that were ripped away by the State and not returned, and children who—you know, there are tragic cases—for years were kept away from their parents, and nobody reviewing the cases. That is when we said somebody has got to get an attorney in here.

But you are right, now you can't move a child in any direction without attorneys.

Mr. CARDIN. There is no question you have to have the resources. You have to have it all together in one agency or at one door where you come in order to get a decision. That is not how it is today.

Mr. MILLER. It has worked, where we work in that way.

Mr. CARDIN. Thank you, Mr. Chairman.

Chairman FORD. Mr. Grandy.

Mr. GRANDY. Thank you, Mr. Chairman.

George, at the beginning of the statement, you were basically saying that, obviously, our society has metamorphosed in a way that the programs we put in place in 1980 are going to have to be redesigned. I think all of us agree with that.

Going back to your comments and your criticisms of the block grant, the converse right now, it seems to me, is that we have so many streams of categorical grants, that at least I can tell you from my experience in Iowa, it is very hard for those in the social service delivery system to access all of those streams, to make them work. So I think that we can agree on at least some kind of flexibility. We began that discussion last year, but there were disagreements over how much control and flexibility States should have.

But can you tell me at this point, is there some study, is there some database that we can turn to that actually tells us that the family preservation programs have worked, so that if we want to spend money on them, we know we are putting money in an experiment that is going to pay dividends?

Mr. MILLER. Yes, I think there are significant data on that, and the problem always is, where the programs have been most successful—and I will be glad to supply those data for you—they are run in a very comprehensive intensive way and they do get the results. The problem, though, is for the Congress of the United States. We all want those results, but when you multiply that times the number of children eligible, you are right away off the scale.

Yes, they work very well in those programs where they are properly designed and delivered in a comprehensive way. Maryland has had some commitments. New York has had some commitments. Seattle has had some commitments, where they have worked. My own county has redesigned its child welfare delivery system and is now working across county lines. In California, we have those model counties. They are, in fact, working.

But you have got to start bringing the child through one door where you can focus those. You are right on categorical programs. In the Education and Labor Committee, we have created so many

programs that you get to a point where the program is so small, first of all, it can't effectively do anything.

Mr. GRANDY. Well, we have got seven under title IV-E, by my county right now.

Mr. MILLER. I understand, and that is why we are—there is one thing I think is becoming very clear from this administration, is they have a strong bias toward the view of the Governors. If you have spent any time with the Secretary of Education and the President of the United States, they have a very strong view that the Governors ought to be able to structure their systems in a fashion that works within that State, Iowa or California.

So I think that this debate is going to take on more importance, because it is no longer that we are kind of playing with play money here. We are going to be playing with real money, as we design a more flexible system, and I cannot tell you that you cannot design a more flexible system. Clearly, you can and we must.

Mr. GRANDY. Well, I agree. I think we are probably going to be in some disagreement on the details of the flexibility. The reason I asked for your data on what works in the family preservation program is there is a study that has come out by the Edna McConnell Clark Foundation, by a scholar named Peter Rossi, that concludes—and this is a quote from the study—it says, "A review of evaluations of family preservation programs found them to provide an insufficient base for judging the worth of the programs."

That does not necessarily refute what has happened in California or Maryland or on a State-by-State basis, but I am curious to know, if we can have some data to put against Mr. Rossi's conclusion. We are going to need that to kind of figure out what works.

I guess one thing I would like to include, if I could, Mr. Chairman, is just a brief statement about some of the dollars that could have gone to States, had we followed the Shaw-Johnson approach and allowed more dollars to be fronted to States early under a capped program. I would like unanimous consent to submit that for the record.

Chairman FORD. Without objection.

Mr. GRANDY. I appreciate the Chair allowing me to do that, because I think we are a lot closer on this than previous debates have indicated. And let's be honest, you guys control the White House now, and what you could not get the last time you can get this time.

But my concern is that—and I base this on conversations I have had with social service directors—is very often the hoops and hurdles for getting this money is so complicated that families can't qualify and kids don't get served and dollars are routed into administrative blind alleys.

Mr. MILLER. I don't think there is any disagreement on that. But also be mindful, when you have jumped all the hoops and hurdles in many States, there is still no money at the end of the operation. I mean this system is going to have to—I will give you all your economies of block granting or whatever you want, but I just—

Mr. GRANDY. You will? Great.

Mr. MILLER. Understand, I will grant you all of how many more children you think you can serve. But, again, I have been using

these words for 15 years—first-class comprehensive services, third-class comprehensive, or incomprehensive doesn't get you there.

Mr. GRANDY. I agree.

Mr. MILLER. You know, the road to glory here is littered with pilot projects and pilot studies of tremendous efficacy, but then we just stop doing it. We never, as I said, could multiply the number of children times that effort to say that this is what we want to do as a nation, and, of course, that is always the limitation of resources. But you cannot substitute all of that for adding resources to this system, because these are more complex children and families than they were in 1980, and we all know it. It doesn't matter where you live in this country, we all know that we have a set of problems out here that in our wildest dreams we didn't envision.

Mr. GRANDY. Amen. Amen, but I just hope that what that means is that we take a careful look at how these delivery mechanisms work State-by-State because very often we create a kind of one-size-fits-all and don't have enough flexibility. Then a lot of dollars will get wasted.

Thank you, Mr. Chairman.

Chairman FORD. Mr. Kopetski.

Mr. KOPETSKI. Thank you, Mr. Chairman.

I just want to follow up on this and give a specific example. In my district in Oregon, one of my larger counties, it is a Portland suburb, a suburban county in part in a lot of rural counties, and I visited this one program where it is a single-point entry system, and they have some Federal waivers to bring dollars together, and this program is directed at moms and their children who are crack babies or were born with fetal alcohol syndrome and that. These are tremendous individuals in that they have seen that they have done wrong and they want to fix their own lives and the lives of their children.

The numbers are such that—and this is Oregon, 1 percent of the Nation in this one county, even though it is a larger populous county in Oregon—there are slots for one-third the population in this county of women who want help. So this isn't a mandated program, but these are people who come forward and say I want to make this life better for my child and myself and I am willing to submit to anything and everything to get there.

But the point is you can have this wonderful system and just for those who want the help and take advantage of it, and only one-third of those who sign the list are there. So when Fred talks about efficiencies and that, we can design it. And George Miller is right, we have that, but at some point we have got to say we have got to put more money into them. There is just no way around it, it is going to cost us more money.

I get so frustrated. I go visit our prisons and jails and all that stuff and I see these people and I see two common threads of who is in our prisons today. One, they didn't graduate from high school, and, second, they were abused children, and 5 or 10 or 15 years later they abuse somebody else.

I don't know what happens, how we lose touch with the abused child in our society, but obviously we are, otherwise, they wouldn't turn around and abuse somebody when they are 20 or 25 years of age. That is my statement.

Mr. MILLER. If we just had a commitment to serve everybody who wants services, whether it is in drug problems or abuse problems or whatever, if we just took care of the people who want the services, it would be a commitment beyond what we are doing today. A waiting list is not a service.

Mr. KOPETSKI. Thank you, Mr. Chairman.

Chairman FORD. Mr. Camp.

Mr. CAMP. Thank you, Mr. Chairman.

I just have a brief comment that I, too, am concerned that the addition of another categorical program would prevent the States from having the flexibility and the authority they need to maximize the use of Federal dollars.

I want to thank George for his testimony. Thank you.

Mr. MILLER. Thank you.

Chairman FORD. Mr. Reynolds.

Mr. REYNOLDS. I, too, wanted to thank you for your testimony, although I didn't get a chance to hear all of it.

I also wanted to say it is good to see you, Mr. Chairman.

Chairman FORD. Thank you very much, Mr. Reynolds.

Mr. REYNOLDS. Thank you very much.

Chairman FORD. You probably won't be saying that in a few weeks, but thank you.

Thank you very much, Mr. Miller. We look forward to working with you.

Mr. MILLER. Thank you.

Chairman FORD. I want to call on another one of our colleagues now, Mrs. Carolyn Maloney of New York. We welcome you before the subcommittee and are delighted to have you, and the Chair now recognizes you.

STATEMENT OF HON. CAROLYN B. MALONEY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mrs. MALONEY. Thank you. I am delighted to see you back.

Chairman FORD. It is good to be back.

Mrs. MALONEY. Mr. Chairman, I am delighted to be here today to testify on President Clinton's budget proposal to provide new funding for child welfare services. And I am encouraged, Mr. Chairman, that the President is seeking to help States and cities cope with the escalating crisis in child welfare.

Simply put, President Clinton's proposal seeks to preserve and protect our most precious resource, the American family.

In New York City, that I am proud to represent in this Congress, the American family is under siege. During the past 10 years, crack addiction, coupled with the AIDS epidemic and the upsurge in homelessness, has destroyed thousands of families and forced tens of thousands of children into foster care.

Federal cutbacks to our major cities—including aid for Federal housing—have made matters worse for many families. New York City has seen a 63-percent cut in Federal aid during the past decade.

As a result of these factors, the number of New York City children in foster care has tripled in 6 years, from 17,000 to 54,000. It is a staggering number. The city is now spending \$1 billion a

year on foster care. Less than half of it is eligible for Federal reimbursement.

New York City has the largest human service delivery system in the country, and every day, every hour, the calamity continues. In New York City, a child is reported neglected or abused every 13 minutes. Between the start of this hearing and lunch time, a dozen New York City children will be reported at serious risk.

As a mother of two young daughters, I shudder when I think of the lives of these children, especially children abandoned as a result of parental drug abuse.

Mr. Chairman, when I ran for Congress last fall, I shared the President's commitment to help children escape this terrible cycle of poverty, drug abuse, and child neglect. Like many Americans, I was heartened when the President offered a number of innovative ideas to create new support programs for parents and children.

President Clinton is the first President in 12 years to seek a fundamental change in the way we approach child welfare services. This proposal sets a new direction for our States and cities and offers hope for millions of impoverished families in America.

The President has proposed a new capped entitlement program to promote cost-effective family support services, so that troubled families can get help before they begin to disintegrate. Over the next 5 years, the proposal would provide \$1.7 billion to set up these programs, including over \$85 million for New York State.

Money alone will not solve the child welfare crisis in this country. Policies and practices cry out for review and reform. Social workers and child abuse investigators need to be better trained and better supervised. We also need to place a stronger emphasis on finding the best possible placement for children.

Right now, in New York City, 20 percent of our foster care children are on the adoption track, but only 2 percent a year are actually placed for adoption.

In addition, I urge my colleagues to be aware that now, more than ever, the American people are demanding that they get what they pay for. If we pass this legislation to help preserve American families, we need to make sure that cities and States distribute these funds directly to who is providing these services and where it is most needed, and not use these funds to replace State funding for programs that already are in place, which has happened many times in New York City.

As a former member of the New York City Council, I am aware that such budget juggling goes on all the time and it cannot be allowed to continue. I want to work with this panel in developing language to ensure a direct passthrough of funds to communities or cities that are delivering the services.

In New York City, although city officials will not discuss this publicly, none of the IV-B money reached the child welfare system. In addition, many of our education targeted dollars do not get to the city.

Most recently, a day care advocate group issued a report stating that, of the \$54 million slated for day care slots in New York City, it resulted in an additional slotting of only 212 slots for children.

Mr. Chairman, before concluding, I would like to say a few words on behalf of my bill, the Standby Guardianship Act, which has been

referred to your subcommittee, and which is an example of improving the existing system without costing the taxpayers any money.

H.R. 1354 addresses the needs of a growing number of children left motherless by AIDS and offers a cost-effective compassionate way to help prevent these children from entering foster care. It is an example of how we can improve the system, without spending a dime.

Before the end of the decade, an estimated 80,000 to 125,000 children nationwide will lose their mothers to AIDS. The AIDS crisis is so new and its potential impact on the next generation so enormous, that many States simply have not had the opportunity to change their laws to accommodate the needs of this growing population of AIDS orphans. As a result, in most States, chronically ill parents, including single mothers with AIDS, find it virtually impossible to resolve custody issues involving their children prior to death.

State courts often determine the custody of children, without any direction from the deceased parent. In other cases, State judges overrule parental wishes expressed in wills. So instead of having the comfort of knowing in advance where they will live following the death of their mothers, many of these AIDS orphans end up in legal limbo, waiting months for the courts to determine custody.

H.R. 1354 would require States to amend court procedures and close legal gaps, so that chronically ill parents could choose standby guardians for their children prior to death and keep them out of the uncertainty of foster care. The bill would help reduce the need for foster care, afford peace of mind to desperate parents, and help children by settling custody issues as early as possible.

New York State already has passed such a bill. Other States, including Illinois, Maryland, and the District of Columbia are considering legislation. My bill represents a wakeup call for every State to consider such legislation.

My bill would require no additional Federal funding. It is designed to be folded into the Family Preservation Act as an amendment to title IV of the Social Security Act. I hope you will give it your serious consideration.

Mr. Chairman, I commend you and this panel for your efforts on behalf of the children of this Nation. I know you share my sense of urgency to save America's children.

Thank you very much.

[The prepared statement follows:]

TESTIMONY ON PRESIDENT CLINTON'S BUDGET PROPOSAL
FOR NEW FUNDING FOR CHILD WELFARE SERVICES
BEFORE SUBCOMMITTEE ON HUMAN RESOURCES
COMMITTEE ON WAYS AND MEANS

BY REP. CAROLYN B. MALONEY (D-NY)
WEDNESDAY APRIL 21, 1993

Mr. Chairman, I am delighted to be here today to testify on President Clinton's budget proposal to provide new funding for child welfare services.

And I am encouraged, Mr. Chairman, that the President is seeking to help states cope with the escalating crisis in child welfare.

Simply put, President Clinton's proposal seeks to preserve and protect our most precious resource: the American family.

In New York City, which I am proud to represent in this Congress, the American family is under siege. During the past ten years, crack addiction, coupled with the AIDS epidemic and the upsurge in homelessness, has destroyed thousands of families and forced tens of thousands of children into foster care.

Federal cutbacks to our major cities -- including aid for federal housing -- have made matters even worse for many families. New York City has seen a 63 percent cut in federal aid during the past decade.

As a result of these factors, the number of New York City children in foster care has tripled in six years from 17,000 to 54,000. It is a staggering number. The city is now spending \$1 billion a year on foster care. Less than half of it is eligible for federal reimbursement.

And every day, every hour, the calamity continues. In New York City, a child is reported neglected or abused every 13 minutes. Between the start of this hearing and lunchtime, a dozen New York City children will be reported at serious risk.

As a mother of two young daughters, I shudder when I think of the lives of these children -- especially children abandoned as a result of parental drug abuse. Often child welfare investigators discover these children living in filth, with little to wear and sometimes nothing to eat. Violence is common place. So, too, is despair. These children see their own parents living without hope and conclude that this must be their fate as well.

Mr. Chairman, when I ran for Congress last fall, I shared the President's commitment to help children escape this terrible cycle of poverty, drug abuse and child neglect.

Like many Americans, I was heartened when the President offered a number of innovative ideas to create new support programs for parents and children.

He proposed working with states and local communities to bring parents, educators, students, police and community service workers together to provide comprehensive drug education, prevention, intervention and treatment programs.

He proposed starting special parenting programs that would help disadvantaged parents work with their children to build an ethic of learning at home that benefits both parent and child.

(MORE)

He proposed developing a comprehensive maternal and child health network to reduce both the infant mortality rate and the number of low-birth-weight babies -- because every child deserves a fighting chance to grow up healthy.

Bill Clinton is the first president in 12 years to offer such proposals and to back them up with substantive legislation that seeks a fundamental change in the way we approach child welfare services. This proposal sets a new direction for our states and cities and offers hope for millions of impoverished families in America.

Mr. Chairman, I strongly support the President's proposal as I believe do most Democratic members of the Freshman Class. It is not everything that we want for the impoverished children of this country, but it is a start.

The president has proposed a new capped entitlement program to promote cost-effective family support services so that troubled families can get help before they begin to disintegrate. Over the next five years the proposal would provide \$1.7 billion to set up these programs including over \$85 million for New York State.

Money alone will not solve the child welfare crisis in this country. Policies and practices cry out for review and reform. Social workers and child abuse investigators need to be better trained and better supervised. We also need to place a stronger emphasis on finding the best possible placements for children. Right now, in New York City, 20 percent of all foster care children are on the adoption track, but only two percent a year are actually placed for adoption.

In addition, I urge my colleagues to be aware that, now more than ever, the American people are demanding that they get what they pay for. If we pass this legislation to help preserve American families, we need to make sure that states distribute these funds directly to cities where they are most needed and not use these funds to replace state funding for programs already in place.

As a former member of the New York City Council, I am aware that such budget juggling goes on all the time, and it cannot be allowed to continue. I want to work with this panel in developing language to ensure a direct pass-through of funds to local communities in need.

Again, I support this bill. To do nothing would be the worst catastrophe of all. If we do not act now, millions of additional children will continue to be lost and the burden on states and cities will continue to grow unabated.

Mr. Chairman, I would like to commend you and this panel for your efforts on behalf of the children of this nation. I know you share my sense of urgency to save America's children.

On this point, I am reminded of the Chilean poet, Gabriela Mistal, who wrote:

**"Many things we need can wait, the child cannot.
Now is the time his bones are being formed, his blood is being made,
his mind is being developed.
To him we cannot say tomorrow.
His name is today."**

Thank you, Mr. Chairman.

Chairman FORD. Thank you very much. We do, in fact, share your concerns and would like to thank you very much for the testimony. It was direct and to the point, even addressing your legislation that you have before the subcommittee. I can assure you that it will be placed in the broader scope and looked upon, and hopefully we can report something from this committee.

At this time I will recognize Mr. Matsui.

Mr. MATSUI. Thank you, Mr. Chairman.

I have no questions of Representative Maloney, but I would like to thank her and I look forward to working with her on her legislation. She has been tremendous in calling this to our attention and we are looking forward to working with you.

Ms. MALONEY. Thank you very much.

Chairman FORD. Mr. Grandy.

Mr. GRANDY. No questions.

Chairman FORD. Mr. Cardin.

Mr. CARDIN. Let me also join in welcoming you to this debate. Your experiences in New York will be very helpful to us in trying to bring out a bill to the committee. I congratulate you on your leadership.

Ms. MALONEY. I would just like to state that oftentimes Federal funding does not reach the source, and I really appreciate your comments that it gets into an administrative whirlwind some place and is lost. I would like to have in this legislation some guarantee that the dollars, particularly in the case of New York City, which is the welfare provider for the State of New York, larger than most States, that the dollars actually get to the source. In many cases, the Federal funding hasn't reached the city for the designated purpose in the past.

Thank you.

Chairman FORD. Mr. Camp.

Mr. CAMP. I have no questions.

Chairman FORD. Mr. Levin.

Mr. LEVIN. No questions.

Chairman FORD. Mr. Kopetski, any questions?

Mr. KOPETSKI. No questions.

Chairman FORD. Mr. Reynolds.

MR. REYNOLDS. No questions.

Chairman FORD. Again, thank you very much.

Ms. MALONEY. Thank you.

Chairman FORD. The subcommittee will now call the U.S. Department of Health and Human Services, Wendell Primus, Deputy Assistant Secretary for Human Services Policy.

Let me officially welcome you to the subcommittee. This is my first appearance on the subcommittee with you. The last time I saw you, you were heading up the subcommittee as the staff director. We are certainly delighted to have you back with us.

Before I recognize you, there are one or two things I would like to mention now, and maybe you can address those in your opening statement.

I understand that the President originally proposed that the new \$1.5 billion family support program would be a discretionary spending program, but it was changed to a mandatory entitlement program.

Unfortunately, the budget resolution did not acknowledge the change and the Committee on Ways and Means must find funding sources for this proposal. Are you working on a funding source, Mr. Primus? If so, can you tell us what it is? If not, when will you be able to do so?

It is the committee's intent to have legislation no later than Friday of this week. When will the administration submit the bill language for the President's budget proposal? Since I must present a markup document for this subcommittee, I certainly would expect and anticipate that language would be submitted to the subcommittee no later than Friday, so we can have it prepared and ready for a subcommittee markup session at 1 o'clock on Tuesday of next week.

Also, on welfare reform, I am sure that there will be something coming from the administration in 3, 4, or 5 months. I urge the administration to try to start sometime mid-summer, so we have a document or information that we can use to study different proposals, especially the work provisions that President Clinton has talked about. We need to know which direction we are going to be headed in.

The first two questions are things that will be very key to this subcommittee if we are to meet the requirements in the timeframe set out by the full committee.

Mr. Matsui.

Mr. MATSUI. I would just say that, "he's back." [Laughter.]

Chairman FORD. Thank you.

Mr. Primus, you are recognized.

STATEMENT OF WENDELL E. PRIMUS, DEPUTY ASSISTANT SECRETARY FOR HUMAN SERVICES POLICY, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. PRIMUS. Mr. Chairman and members of the subcommittee, thank you for this opportunity to present testimony on one of the administration's top priorities, the family preservation and support bill.

It is good to have you back, Mr. Chairman. I am sorry I didn't have the opportunity to work directly for you.

This subcommittee, particularly you, Mr. Matsui, has taken the leadership role with the support of many others in Congress on family preservation and support. Last year, due to your efforts, the Congress enacted a child welfare bill that was attached to the later-vetoed Urban Aid Act, H.R. 11.

Now, the new administration is eager to work with you to enact a bill which is similar to the approach taken in H.R. 11. The President and the Secretary are deeply concerned about the future of our Nation's children. This concern must be shared by all Americans, for a significant number of our families and children are under great stress.

The statistics are all too familiar. Approximately 25 percent of all children in America live in single-parent households, and more than 25 percent of all births are to unmarried mothers. From 1981 to 1991, child abuse and neglect reports increased roughly twofold, to 2.7 million, and foster care caseload increased by roughly 60 percent.

Not surprisingly, since family stress and poverty go hand-in-hand, the highest rate of foster care placements occurs in the poorest areas. Statistics show that in the poorest inner-city neighborhoods, more than 1 out of every 10 infants will be placed in foster care. We need to help these children and their families, not just because it is in the best interest of our Nation, but also because it is the right thing to do.

I am pleased to discuss today the various components of the administration's family preservation and support bill. Families are, and must remain, the primary support for their children, but there are times when all families need help. Our bill would provide such help. It focuses primarily on family preservation and family support services, in order to strengthen families and find ways to avoid placement in the foster care system. That is in recognition of the fact that we must strive to keep families together, whenever it is in the best interest of the child.

We propose a new capped entitlement program that will provide significant resources for family preservation and community-based family support services. By fiscal 1998, funding for this program will reach \$600 million. The States will be given the flexibility to design programs and services that meet their needs, such as targeting to inner cities.

Although this bill does not include additional funding for substance abuse treatment and related support services as H.R. 11 did, the President is proposing new discretionary funding of \$2.7 billion over 5 years for public health service drug treatment grant programs.

While these grants offer services to a broader population, one of the priority areas the grantees will be asked to address in order to receive these funds will be women and children involved with or at risk of involvement with the child welfare system. This significant increase for drug treatment programs, in general, is far in excess of the \$480 million over 5 years that was included in H.R. 11.

We believe that the continuum of services funded through this bill will more adequately meet the needs of families and communities. It is widely agreed that the goal of child welfare reform should be to strengthen families so that foster care is used only in a limited number of cases. This is not only in the best interest of children and families, it also saves money in the long run.

Local communities have long known that they must serve families along a continuum of needs. With this bill, we can reinforce State and community efforts. Preventive services begin before problems occur.

Still, some families will need more help than this. Families facing child abuse and neglect crises may need intensive intervention services to alleviate family dysfunction. Family preservation services can help turn such a situation around by intervening during a crisis period, validating the importance of that family staying together, and assisting the family in overcoming surmountable problems. But in some circumstances, foster care placement is unavoidable. We must improve the foster care and adoption system for these children. Our bill serves all of these purposes.

As the first part of the continuum of services, our bill will provide funding for services to support families as they raise their

children. Most parents receive such support through other relatives, churches, neighbors, and other informal networks. However, many States and local communities have recognized that informal supports may not be sufficient to address the needs of parents today, especially when there are a number of poor, isolated families in resource poor neighborhoods. As a result, many grassroots efforts have cropped up to provide the needed support.

Studies of these programs have shown that they have positive effects on the general coping abilities of parents, overall personal development, and on child outcomes such as improved health and well-being, when compared with families not receiving services.

Let me mention just briefly a few of these State programs. The Home Instruction Program for Preschool Youngsters, the HIPPPY Program, is one well-known family support and parenting program. The First Lady was instrumental in bringing this program to Arkansas in 1986. The program has recently released results that show teachers rate children participating in HIPPPY as significantly better prepared for school on measures such as motivation, reading enjoyment, and self-direction.

In 1985, Hawaii responded to a disturbing increase in confirmed child abuse and neglect cases by initiating a program to promote positive parenting, enhance child development, and assist families in accessing needed services. The Healthy Start Program reduced child abuse and neglect in the target population to figures three to six times lower than predicted.

The State of Maryland, through Friends of the Family, has worked to address high teenage pregnancy rates and the growing incidence of child abuse and neglect by creating a network of family support centers around the State.

Our legislation will support efforts like these successful programs that the States have already developed, ensure that States and communities have enough flexibility to design programs that meet their needs and evaluate their effectiveness.

One reason children are suffering from abuse and neglect is that there are not enough services available in the community to help families under stress. Because of the lack of services to intervene with families in crisis, often the only answer for these families is to place their children in foster care, breaking the family apart.

Placement, as Congressman Kopetski mentioned, in foster care does not guarantee improved life outcomes for foster care children. A 1991 study of youth recently emancipated from the foster care system found 25 percent had been homeless for at least 1 night, 40 percent were dependent on public assistance, 46 percent had not graduated from high school, and 51 percent were unemployed.

Such outcomes focus attention on the need to both find alternatives to foster care and to improve foster care itself. In 1993, \$2.6 billion will be available to States under the Foster Care Program, and only \$295 million will be available for the Child Welfare Services Program. It is precisely because IV-E funds have grown so rapidly that the administration believes more is needed to prevent children from being placed into foster care in the first place.

Thirteen years ago, when this committee developed the legislation leading to the enactment of Public Law 96-272, it was believed that many foster care placements could be avoided if intervention

services were available. A number of States and communities have successfully built such programs. Some of the more promising programs include Washington State's Homebuilders, which started in Tacoma in the 1970's, Michigan's Families First, which is expanding to a statewide program, and Iowa, which has an interesting comprehensive approach to child welfare reform.

Even where they exist, these programs are often small. We believe that family preservation services hold great promise. However, long-term studies of the effectiveness are still underway, and more extensive research is needed. Our bill recognizes this, by including an evaluation component.

Finally, the legislation would modify the foster care and adoption programs. One such modification would allow the Secretary to grant waivers to up to 10 States of many of the child welfare and foster care requirements, in order to implement and evaluate innovative service demonstrations.

Last year, the Supreme Court decided the case of *Suter v. Artist M.*, in which the Court held that individuals could not sue to enforce the State plan requirement that States make reasonable efforts to avoid placing a child in foster care or to return the child to his home. This legislation would clarify congressional intent in this matter by stating that, in general, a statutory provision is not unenforceable in a private action, merely because it relates to the State plan, but that this section neither expands nor limits the grounds for private actions. However, the section does state that the specific holding in *Suter* is not affected.

Let me just say that the legislation that will be forwarded hopefully to you by Friday does not change the language relating to *Suter* that was in H.R. 11. It is the same language.

Mr. GRANDY. Mr. Chairman, could I just ask on that point, just briefly?

Chairman FORD. Go right ahead.

Mr. GRANDY. Are you saying, Wendell, that the language that was agreed to in conference that went into H.R. 11 would be the language the administration forwards?

Mr. PRIMUS. Yes.

Mr. GRANDY. And that's the language we have in front of us?

Mr. PRIMUS. Yes.

Mr. GRANDY. Thank you.

Mr. PRIMUS. I know of this subcommittee's commitment to child welfare legislation. It was clearly demonstrated during the last Congress.

Let me conclude by indicating to you again the administration's strong commitment to these improvements. Creating a capped entitlement, rather than the discretionary authority originally proposed, will ensure the availability of prevention and intervention services for families. This legislation will support the development of the continuum of services States and communities must have available to strengthen families and reduce the need for foster care.

It is a bill long overdue. We look forward to working with Congress in gaining its passage.

Let me just briefly respond to your question, Mr. Chairman, and that is I know better than almost anyone else of your needs to have a bill up here as soon as possible, and we are working on that right

now. It is our hope that the bill will be cleared by Friday, so that your staff can look at it and that the markup can proceed on Tuesday.

Let me also assure you—and there are meetings going on as we speak—that the President is firmly committed to finding a funding source for this bill and is going to work closely with the committee to ensure enactment of the bill.

Chairman FORD. You understand that what is equally as important is the language for the bill.

Mr. PRIMUS. We are well aware of that.

I would be glad to answer any questions that you may have.

[The prepared statement follows:]

STATEMENT BY WENDELL E. PRIMUS, DEPUTY ASSISTANT SECRETARY FOR HUMAN SERVICES POLICY, OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION, U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Mr. Chairman, Members of the Subcommittee, my name is Wendell Primus and I am the Deputy Assistant Secretary for Human Services Policy in the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. I welcome the opportunity to present testimony on one of the Administration's top priorities-- the Family Preservation and Support Bill.

INTRODUCTION

This Subcommittee has taken the leadership role, with the support of many others in Congress, on family preservation and support for some time. Last year, the Congress enacted a child welfare bill that was attached to the later-vetoeed Urban Aid Act--H.R. 11. Now, however, the new Administration is eager to work with you to enact a bill which is similar to the approach taken in H.R. 11.

The President and the Secretary are deeply concerned about the future of our Nation's children. This concern must be shared by all Americans for a significant number of our families and children are under great stress. The statistics are all too familiar--

- o Approximately 25 percent of all children in America live in single-parent households. More than 25 percent of all births are to unmarried mothers, roughly two-thirds were to unmarried teenagers. One in five children lives in a family with an income below the federal poverty level.
- o From 1981 to 1991, child abuse and neglect reports increased roughly two-fold to 2.7 million, the foster care caseload increased by roughly 60 percent to nearly 430,000 children of which more than half are cultural and ethnic minorities, and costs associated with the federal Foster Care program rose dramatically from \$309 million to \$2 billion.
- o Not surprisingly, since family stress and poverty go hand-in-hand, the highest rates of foster care placements occur in the poorest areas. Statistics show that in the poorest inner-city neighborhoods, more than one out of every ten infants will be placed in foster care. By comparison, the national placement rate for all children, not just infants, is approximately six per 1,000 children.

We need to help these children and their families not just because it is in the best interests of our Nation, but also because it is the right thing to do.

ADMINISTRATION PROPOSAL

I am pleased to discuss today the various components of the Administration's Family Preservation and Support Bill. Families are, and must remain, the primary support for their children, but there are times when all families need help. Our bill would provide such help. It focuses primarily on family preservation and family support services in order to strengthen families and find ways to avoid placement in the foster care system. That is in recognition that we must strive to keep families together wherever it is in the best interests of the child.

We propose a new capped entitlement program that will provide significant resources for family preservation and community-based family support services. By fiscal year 1998 funding for this program will reach \$600 million. States will receive funding through a formula based on the number of children receiving food stamps. They will be required to use substantial portions of their funds on family preservation services, including family reunification services, and community-based family support services. They will be given the flexibility to design programs and services that meet their needs, such as targeting to inner-cities.

Although this bill does not include additional funding for substance abuse treatment and related support services as H.R. 11 did, the President is proposing new discretionary funding of \$2.7 billion over five years for Public Health Service drug treatment grant programs. While these grants offer services to a broader population, one of the priority areas that grantees will be asked to address in order to receive these funds will be women and children

involved with, or at-risk of involvement with, the child welfare system. This significant increase for drug treatment programs in general is far in excess of the \$480 million over five years that was included in H.R. 11.

We believe that the continuum of services funded through this bill will more adequately meet the needs of families and communities. It is widely agreed that the goal of child welfare reform should be to strengthen families so that foster care is used only in a limited number of cases. This is not only in the best interest of children and families, it also saves money in the long run. Our legislation will help finance the necessary continuum of services that supports "well" and at-risk families; provides intensive services to families in crisis; and improves the foster care and adoption system for children who must be separated from their families.

Local communities have long known that they must serve families along a continuum of needs. With this bill, we can reinforce State and community efforts. Preventive services begin before problems occur. Many community-based family support programs have appeared at the local level to strengthen "well-family" functioning. We are encouraged to find that the strength and stability of families can be increased by reinforcing parents' confidence and competence in their strengths and helping them to understand their child's developmental stages and to learn how they can nurture their child's health, bonding, and interest in learning about the world around them.

Still, some families will need more help than this; families facing child abuse and neglect crises may need intensive intervention services to alleviate family dysfunction. Family preservation services can help to turn such a situation around by intervening during a crisis period, validating the importance of that family staying together, and assisting the family in overcoming surmountable problems. But, in some circumstances, foster care placement is unavoidable. We must improve the foster care and adoption system for these children. Our bill serves all of these purposes.

A. FAMILY SUPPORT

As the first part of the continuum of services, our bill will provide funding for services to support families as they raise their children. There are day-to-day difficulties that every parent faces. Providing support to parents so that they can raise a competent, caring and trustworthy person is recognized as a fundamental need. Most parents receive such support through other relatives, churches, neighbors and other informal networks. However, many States and local communities have recognized that informal supports may not be sufficient to address the needs of parents today, especially when there are a number of poor, isolated families in resource poor neighborhoods. As a result, many grassroots efforts have cropped up to provide the needed support. These programs try to help parents raise healthy and happy children and to avoid the types of crises that could end with children placed in the foster care system. These preventive efforts aim to help parents and children before crisis occurs.

Studies of family support programs have shown that these programs can have positive effects on the general coping abilities of parents, overall personal development, and on child outcomes such as improved health and well-being when compared with families not receiving services.

Let me mention a few State programs that have been leaders in this effort--

Home Instruction Program for Preschool Youngsters (HIPYP)

The HIPYP program is one well-known family support and parenting program. The First Lady was instrumental in bringing this program to Arkansas in 1986. The program trains local mothers to visit the homes of participants and share activities that increase preschoolers' language development, logical thinking, pre-math concepts, and creativity. The program has recently released results from a multi-year evaluation

that show teachers rate children participating in HIPPY as significantly better prepared for school on measures such as motivation, reading enjoyment, and self-direction. The HIPPY program also influences parents' interest in their own education. Last year, HIPPY served over 10,000 families in 17 states.

Hawaii Healthy Start

In 1985, Hawaii responded to a disturbing increase in confirmed child abuse and neglect cases by initiating a program to promote positive parenting, enhance child development, and assist families in accessing needed services. The Healthy Start program begins at birth to identify families needing services before abuse or neglect has occurred. The program reduced child abuse and neglect in the target population to figures three to six times lower than predicted.

The Friends of the Family Network

The State of Maryland, through Friends of the Family, has worked to address high teenage pregnancy rates and the growing incidence of child abuse and neglect by creating a network of family support centers around the State. This public/private venture targets mothers under age 25 and provides them a range of social support services and child development assistance.

These and other State efforts use family support as an excellent way to address different needs--such as programs that focus on those at risk of child abuse and others that focus on the special needs of teen parents. Our legislation will support efforts like these successful programs that the States have already developed, ensure that States and communities have enough flexibility to design programs that meet their needs and evaluate their effectiveness.

B. FAMILY PRESERVATION

As the second part of the continuum, we propose to address the needs of families in crisis. These are the families that have been identified by the child welfare system. The present system to serve these families is in disarray and urgently in need of our attention.

One reason children are suffering from abuse and neglect is that there are not enough services available in the community to help families under stress. Because of the lack of services to intervene with families in crisis, often the only answer for these families is to place their children in foster care, breaking the family apart.

Placement in foster care certainly does not guarantee improved life outcomes for foster children. A 1991 study of youth recently emancipated from the foster care system found:

- 25 percent had been homeless for at least one night;
- 40 percent were dependent on public assistance;
- 46 percent had not graduated from high school; and
- 51 percent were unemployed.

Such outcomes focus attention on the need both to find alternatives to foster care and to improve foster care itself. In 1993, \$2.6 billion will be available to States under the foster care program, and \$295 million will be available for the child welfare services program. States use the latter program to fund prevention and intervention services, as well as child protective services programs to investigate reports of child abuse and neglect. Clearly more is needed.

Thirteen years ago, when this Committee developed the legislation leading to the enactment of P.L. 96-272, an emphasis on prevention started to develop at the Federal level. States were required to make reasonable efforts to avoid foster care placement and work towards reunification of children that were placed in order to receive child welfare services funds. Its basis is the belief that many foster care placements could be avoided if intervention services

were available. Intensive family preservation services target families that are at "imminent risk" of foster care placement with comprehensive services. A number of States and communities have intervention programs in place. Some of the more promising programs include Washington State's Homebuilders which started in Tacoma in the 1970s, Michigan's Families First which is expanding to a statewide program, and Iowa which has an interesting, comprehensive approach to child welfare reform. However, even where they exist, these programs are often small. We believe that family preservation services hold great promise. However, long-term studies of the effectiveness are still underway, and more extensive research is needed. Our bill recognizes this by including an evaluation component.

In addition to preventing the need for foster care, many States and communities are also beginning to pay increased attention to intensive efforts to reunify children already in foster care with their families. The majority of children who enter foster care will eventually be reunified with their parents. But, this process can be long, complicated, haphazard and not well thought-out. Poorly done, it can lead to recidivism or extended time in foster care. A new look at family reunification has led to intensive reunification programs that work with families to facilitate parents' visitation with their children, helping the family be ready for their child to return home and shortening the time a child must spend in foster care.

OTHER IMPROVEMENTS

Finally, the legislation would modify the foster care and adoption programs. One such modification would allow the Secretary to grant waivers to up to ten States of many of the child welfare and foster care requirements in order to implement and evaluate innovative service demonstrations. States will not be able to waive requirements relating to child protection and provision of information.

Last year, the Supreme Court decided the case of Suter v. Artist M., in which the Court held that individuals could not sue to enforce the State plan requirement that States make reasonable efforts to avoid placing a child in foster care, or to return the child to his home. The legislation would clarify Congressional intent in this matter by stating that, in general, a statutory provision is not unenforceable (in a private action) merely because it relates to the state plan, but that this section neither expands nor limits the grounds for private actions. However, the section does state that the specific holding in Suter is not affected.

CONCLUSION

I know of this Subcommittee's commitment to child welfare legislation. It was clearly demonstrated during the last Congress. Let me conclude by indicating to you, again, the Administration's strong commitment to these improvements. Creating a capped entitlement, rather than the discretionary authority originally proposed, will ensure the availability of prevention and intervention services for families.

This legislation will support the development of the continuum of services States and communities must have available to strengthen families and reduce the need for foster care. It is a bill long overdue.

We look forward to working with Congress in gaining its passage.

Chairman FORD. Thank you.

Mr. Matsui.

Mr. MATSUI. Thank you very much, Mr. Chairman.

Wendell, I also want to congratulate you, as the chairman did, for your new appointment and thank you for being here today.

I don't want to get too much into the details of your deliberations at this time, because I know you are attempting to come up with some consensus on funding, and I know that the chairman had made that request in his opening statement to you.

I think it goes without saying that many of us on this subcommittee, and probably in the House itself, will not support any program unless it is a capped entitlement. I believe the administration shares that position, because during the deliberations of the budget, it has become a capped entitlement. I think we want to really make sure that everyone understand this, because we are getting right down to the wire, as the chairman has mentioned.

I understand that there still may be some controversy in this area of funding, and some of us just want to make very, very clear that we would expect the kind of funding that would be under a capped entitlement and we do want this legislation this year. I don't know how else to say this. You and I have discussed it and others have discussed it. But it is beyond my comprehension that we are here right now and we still don't have a decision, particularly since this was made aware to people in positions where they can make a decision right after the budget resolution was passed by the House and Senate.

Maybe you could comment on that?

Mr. PRIMUS. Let me just respond by saying we know in the administration of this subcommittee's interest in this legislation. There is no controversy about the decision to make this a capped entitlement. The President himself made that decision. Everyone in the administration understands that that was the decision, and the legislation that will be forwarded will have this as a capped entitlement program.

Mr. MATSUI. I just want to make sure that, in case the discussions start breaking down, that there is no fallback. You know how these things are. We always leave ourselves a little room, but I don't think we want room and I don't think HHS should want room in this case. It would be unacceptable if we don't do what you and the Secretary of HHS intend to do in this particular area.

I don't think we want to go into why this happened, because I think we all know that we are strongly in support of where you are taking this legislation. I just hope that message is communicated. I don't know who is making the decision at this time, unfortunately, and that is part of the frustration I think all of us have. Whoever it is, I hope you will let them know that it is a nonstarter, unless they do something in the next 48 hours or so.

Thank you, Mr. Chairman.

Chairman FORD. Thank you, Mr. Matsui.

Mr. Grandy.

Mr. GRANDY. Thank you, Mr. Chairman.

The Secretary is from my district, Mr. Chairman. I want that on the record, and I am pleased to see he is—

Chairman FORD. From your district and from your committee.

Mr. GRANDY. From my committee, well, from my committee, from my district. And from your Department of Health and Human Services, where he cannot happily vote against me back home. [Laughter.]

Enough of that. Wendell, in terms of the new capped entitlement, the \$1.7 billion, what is the relationship between the new program and the seven existing categorical entitlements under title IV-E that we have right now? How does this differ from the other programs, the foster care maintenance program, foster care administration, foster care training, and then the adoption programs and the independent living program?

Mr. PRIMUS. Well, it differs in several respects. As you know, when there is a court order that a child has to be removed from the home and placed in foster care, the payments are made under the IV-E program for essentially the maintenance costs of that child in a foster care home.

It is hoped that the new moneys which would be given to the States so that they could design programs like the program that is in Iowa and the one that is in Michigan. This will provide a funding stream so that less children will have to be taken out of the home and placed into foster care.

We are trying to avoid the back-end result of having children being placed in foster care. What this legislation is designed to do is provide a series of services, a continuum of services such that the foster care placement will be needed less often.

Mr. GRANDY. So, in a sense, you could say that if this new category were to be fully funded and implemented and succeeded, then we could probably reduce some of the funding levels for the other IV-E categories, because you would not need to maintain foster care maintenance or administration, if indeed the program succeeds and kids are either adopted or out of foster care in some more ameliorating setting, isn't that correct?

Mr. PRIMUS. That is right and that will happen automatically. I mean if indeed placement rates fall as a result of this, automatically IV-E cost will go down.

Mr. GRANDY. In your allusion in your testimony to the modification that would allow the Secretary to grant waivers to States, is that a waiver that would allow them to basically waive the categorical barriers between these grants of IV-E, so they could commingle these funds? I wasn't quite sure what that waiver was going to allow them to do. You want them to have demonstrations. Does that basically allow them to take these separate pots and put them together?

Mr. PRIMUS. That is the intent. However, we wouldn't waive the requirements relating to child protection or the provision of information.

Mr. GRANDY. No, no, I wouldn't expect you to and you would get no support from this committee, if you did. The reason I ask it, though, is that I am trying to argue that it makes sense to give States the money up front, to allow a lot of these pots of money to be commingled. Perhaps we should also place a new emphasis on early intervention and creating new family preservation models, but without regimenting the money into categorical grants, allowing more flexibility to flow at the State level, as opposed to just

adding one more categorical grant and then allowing waivers in those States that can win them? I just want to hear the reason behind doing it your way and doing it the way that Nancy Johnson and Clay Shaw and myself proposed last year.

Mr. PRIMUS. Perhaps the best way to answer the question is to look at history. We don't know when the next crack epidemic will come along. There are a lot of things here that aren't under the control of States or administrators of these programs. Indeed, in the New York situation, if they had only a capped sum of money, they wouldn't have been able to respond. I mean they had difficulty responding, and a later witness can talk more eloquently about that than I.

But there is a risk, a huge risk, because what you are essentially arguing for is capping the IV-E program, which now, as you know, is an open-ended entitlement program. If the problems this program addresses were under the control of State administrators, then there wouldn't be any risk. But there are a lot of other factors that control how many children need to be placed in foster care, and because we can't control all of those factors, we think it would be unwise to cap the IV-E program.

Mr. GRANDY. Unless I am mistaken, the Johnson-Shaw proposal last year had a provision that said if your foster care caseload went up, you got more money. So there was a kind of fail-safe mechanism in it, if States were strained.

Do you know about this study that I referred to with George Miller, the Peter Rossi study from the Edna McConnell Clark Foundation, that basically questions whether or not the family preservation programs are working?

Mr. PRIMUS. I am not familiar with it. I have not read that particular study.

Mr. GRANDY. Let me just ask one final thing, and this goes back to a conversation that some members of the Ways and Means Committee on the Republican side and other ranking members on our side had with the President about a month and a half ago now, and at that point we were expressing concerns about the budget and the economic stimulus package.

He said, look, if you guys are concerned about the drift of some of these new programs that I am proposing, why not put in some sunset provisions to them, some of which I may support. In other words, let's put a brake on the system that is automatic. In the case of your categorical grant, let's say, we could limit it to a 3-year lifespan, pending a study, and if Congress didn't like the program results, then it was over. A provision like this would help us make sure that what we want to do, we actually do.

Have you thought down at HHS about possibly braking this automatically, as opposed to just opening it up and then leaving it to the will of Congress to decide? Because at least it tracks in theory with what the President said about reinventing government, when he was, albeit, talking to a group of Republicans. But this is one of the things that Republicans found attractive in some of the things that he campaigned on, to be perfectly honest with you, and probably why some of our supporters supported him.

I am just curious to know whether you think this is a worthwhile idea, to build an evaluation mechanism into a new program, if we indeed decide to go forward with it.

Mr. PRIMUS. Well, let me respond to the intent of what I think is your question, and that is if we find out that this program doesn't work, should the funding levels for it decrease. We are committed, and we have a 1-percent set-aside in this bill, to do a definitive study to see whether family preservation really works, and we are committed to carrying out that evaluation. You know, we want to find out if this money is serving a useful purpose, and if we find out it isn't, we will adjust, I am sure.

Mr. GRANDY. Do you have any idea how long it would take to gather that data, assuming we pass this into law and it was enacted this year?

Mr. PRIMUS. It is going to take some time. These studies are very difficult to do. One of the problems with this particular kind of study is that foster care placements are a relatively rare event, it takes time to collect the data longitudinally. I can get back to you, but it is going to take several years to do a good evaluation of family preservation.

Mr. GRANDY. But assuming a study is in place, the administration has not thought specifically about a possible sunset provision in this legislation, am I correct?

Mr. PRIMUS. I think that is correct, yes.

Mr. GRANDY. Thank you, Mr. Chairman.

Chairman FORD. Mr. Levin.

Mr. LEVIN. Thank you.

Welcome. Let me just ask you about the funding. This administration has embarked on something different in Washington, and that is to try to be realistic about budget assumptions and about revenue sources. I take it that when you come forth with a proposal on a revenue source, that you will be realistic in terms of the possibility of our using it.

Mr. PRIMUS. Yes. [Laughter.]

Mr. LEVIN. You know, in the past, sometimes revenue sources—and you were a major critic of this—there would be revenue sources provided that there was no chance that we would ever adopt, and you helped point out how totally unrealistic they might be. This administration has tried to avoid doing that.

I have heard a few ideas for revenue sources that don't strike me as realistic, that are far removed from our purpose, that more than arguably would be robbing Peter to pay Paul, and we just never would adopt those ideas. I think it would be better for you to talk with us before you propose something, unless you are pretty sure that it is realistic, and I am reassured by your answer. [Laughter.]

Mr. Grandy, I haven't seen the analysis of the programs. Is the Family First Program in Michigan included in that analysis?

Mr. GRANDY. This is not an analysis of the Family First Program. This is a review of various family preservation programs around the country. I guess the Family First Program is not one, nor are some of the others that were cited by Mr. Miller or Secretary Primus in his study. So it does not have the Michigan study in it.

Mr. LEVIN. We have tried to look at that program pretty hard, with some skepticism, so that one isn't immediately bowled over by its purpose, which is essential and laudable.

I think that the analysis so far has held up, the program has held up, as long as there is no pretense that it is in lieu of foster care or that it is a magical program that is inexpensive and eliminates the need for anything else. I have seen the program in a few instances first hand and there is a certain intensity of effort that is needed and it isn't free.

In terms of the sunset provision, I would hope the spirit within this field is that, in a way, everything we do is sunsetted, that we take a hard look at everything we are doing periodically, because it is so essential that we do better in this country than we have. Whether there is a sunset in the traditional sense, it seems to me that our experience with foster care has indicated we need to take a hard look at this periodically, and I think the Congress has really taken the lead over the years in doing just that. From what I have seen, we have been shining the light on these programs periodically.

Anyway, we are anxious to work with you on this to try to make this thing a reality, to try to find a funding source that can survive.

Thank you.

Chairman FORD. Thank you.

Mr. Camp.

Mr. CAMP. Thank you, Mr. Chairman.

Mr. PRIMUS, I, too, was in the meeting that Mr. Grandy attended and understand that the President would like to see the authority and flexibility be given to that level of government that actually deals with the issue—in this case, the State and the departments of social services or family and children's services.

If I understand your response to Mr. Grandy's question, it is expected that this legislation will allow States to obtain waivers, to commingle these categorical funds in order to get the best use out of the Federal dollar. Is that correct?

Mr. PRIMUS. Well, that is one part of the proposal. I mean the major part of the proposal is to allow States to use these moneys to design family preservation and family support programs like Families First in Michigan, and it really provides the funding so that program can go statewide and can be made more effective, and that is under the control of the State of Michigan. There are very few strings attached to Michigan getting this money and using it for a family preservation program that it thinks is best designed to meet the needs of families in crisis in Michigan.

Mr. CAMP. And it is expected that the money in this particular legislation would be able to be used for a program like that?

Mr. PRIMUS. Absolutely.

Mr. CAMP. Thank you. I have no further questions.

Chairman FORD. Thank you.

Mr. Reynolds.

Mr. REYNOLDS. I have no questions at all.

Chairman FORD. Mr. Matsui.

Mr. MATSUI. Thank you, Mr. Chairman.

Unfortunately, when you were testifying, Wendell, you were speaking about the *Suter* case as you were concluding, and I didn't

get a chance to read the written part of your testimony as it pertains to *Suter*. I would just like to clarify for the record, if I may, because it appears that the language in your written testimony and which you read was probably reviewed by a lawyer for legislative history in terms of future court interpretation.

I am puzzled by the last sentence of the paragraph, where it says, "However, the section does state that the specific holding in *Suter* is not affected." I think we should discuss that just for the purpose of making sure that there is some clarification, because I would imagine that the House-Senate conference language is something that we do want to affect, at least some of the principles in the *Suter* case, and maybe even the specific holding. We will hear from the next panel on that, but at least I would like some clarification, because that seems somewhat contrary to the other parts of that paragraph that you read.

Mr. PRIMUS. Perhaps your witnesses on the next panel can answer that better, but let me explain as the nonlawyer. What this is saying is *Suter* dealt with the question of what are reasonable efforts, and what we are saying here is that finding, the finding related to reasonable efforts, is not affected. But what we are attempting to provide with this language is that *Suter* does not affect whether individuals could sue to enforce other provisions of State plans.

Mr. MATSUI. I think that helps clarify it.

Mr. GRANDY. Would you yield on that point, Mr. Matsui?

Mr. MATSUI. Yes, I am happy to yield.

Mr. GRANDY. I just want to make sure, because we have had so many discussions on this. The problem with *Suter* in the last round was that the Court went beyond that provision that Wendell just cited and said that you don't have an enforceable right. That is what is being changed, as I understand it, in the conference language, which I think our side would agree to, as well, as long as it is that limitation that we are fencing off. Is that pretty much a clear statement, Mr. Secretary?

Mr. PRIMUS. That is my understanding, yes.

Mr. GRANDY. Thank you.

Mr. MATSUI. Thank you.

Chairman FORD. Mr. Primus, it would be my intent to talk with you and Madam Secretary later today or tomorrow to see whether we can expect legislative language that this subcommittee will need, because we only have a couple days left before Tuesday comes upon us.

There are one or two other things I would like to discuss with you and the Secretary. It is my intent to hold a series of oversight hearings on programs under the jurisdiction of this subcommittee, to include child support enforcement, child care, the title XX social services block grant, and the supplemental security income program.

Improvements can be made in these programs and it will be the intent of this subcommittee to move swiftly to look at many of the programs that are already in existence and see if there is room for strengthening them. I would like to meet with you and the Secretary as soon as possible to discuss these matters.

Mr. PRIMUS. Thank you, Mr. Chairman.

Chairman FORD. We will call the panel on *Suter v. Artist M. First*, Christina Tchen, special assistant attorney general for the State of Illinois, Illinois Department of Children and Family Services, on behalf of the American Public Welfare Association and the National Conference of State Legislatures and the National Governors' Association. Next, the Children's Defense Fund, Mr. James Weill, who is general counsel.

Ms. Tchen, let me welcome you personally to the subcommittee. We are delighted to have you and we look forward to your testimony.

STATEMENT OF CHRISTINA M. TCHEN, SPECIAL ASSISTANT ATTORNEY GENERAL, STATE OF ILLINOIS, ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES, ON BEHALF OF THE AMERICAN PUBLIC WELFARE ASSOCIATION; NATIONAL CONFERENCE OF STATE LEGISLATURES; AND NATIONAL GOVERNORS' ASSOCIATION

Ms. TCHEN. Thank you very much, Mr. Chairman and members of the subcommittee. I am very pleased to come out from Chicago.

I am a special assistant attorney general for Illinois. I represent the Illinois Department of Children and Family Services in a series of State and Federal class action suits that have been filed over the last 5 years against DCFS, seeking institutional reform of our State child welfare agency. One of those cases was *Suter v. Artist M.*, and I am the attorney who represented Illinois in the argument before the Supreme Court.

I am here today on behalf of the State of Illinois, the National Conference of State Legislatures, the American Public Welfare Association, and the National Governors' Association, to testify in support of the *Suter* amendment language that was included in H.R. 11 last year.

In my written testimony, I explain both the background of the *Suter* case and some of the efforts that led to the cooperative joint drafting between the advocates and the State representatives last year that led to the language that is included in the conference committee version.

The agencies, and the State agency that I represent that I can speak most closely about are really asked to do the hardest job in government. They are asked to intervene in the most intimate and the most volatile and often horrifying experiences in our society—those instances when a loved one or a caretaker or parent has badly beaten or abused or neglected a child; and those agencies are asked to do some of the most difficult tasks, and that is to take that child away from his or her home and parents.

And the complexity of risks that I think the other witnesses have testified to—and you will hear more this afternoon—as the complexity of risks facing children in our society has grown, so has the complexity of risks facing our child welfare agencies. They are really asked to make very individualized risk judgments every day about the safety of children and the quality of their families.

The States are already bearing the burden of mounting lawsuits and litigation on top of these day-to-day pressures that they have. Illinois and the other States are willing to face up to their obligations in these lawsuits, when it is clear what those obligations are.

In my State, we have already entered into a number of consent decrees in the cases in which I represent DCFS, including one which we refer to as the B.H. case. This is a sweeping institutional reform case brought by the American Civil Liberties Union, and we have entered into a sweeping consent decree. Our Governor has just recommended between fiscal years 1993 and 1994 the inclusion of \$200 million in new funding for our agency to fund and meet those obligations.

However, when the obligations are not clear, as was the case, we believe, in the reasonable efforts clause in Public Law 96-272, it becomes impossible for the States to be held liable in privately brought actions in Federal court for those unclear obligations. And it was for that reason that *Suter v. Artist M.* was just about the only case of the cases in which I represent DCFS that we did not try to settle, that we felt we had to take to the highest court in the land.

The reason that we did that was the reasonable efforts clause as contained in Public Law 96-272 reads that, "In each case, reasonable efforts are to be made to keep children in their own homes or to return children to their homes," and it is important to bear in mind that we are talking about abused and neglected children and returning to the homes in which we felt there was a risk of harm and removed them.

In our experience we really don't know enough about what works in this area and what does not work in the case of individual families to say that there is a Federal right to such reasonable efforts. And it was our view and, in fact, our experience in Illinois that if you took such a vague statutory provision, it would result in the federalization of individual child welfare decisionmaking and move those decisions from State agencies and State courts to Federal courts. In fact, in Illinois, we already had a series of piecemeal litigation, peeling off one piece of the child welfare system after another and taking us to Federal court and leading to really the micromanagement of State child welfare agencies by Federal courts and Federal court monitors.

For that reason, we took the case to the Supreme Court, after losing twice below. The Supreme Court agreed and felt that the reasonable efforts clause was too vague to be enforced as a Federal right. Now, that holding—and I think to answer what was represented in Mr. Matsui's questions of Secretary Primus a moment ago—that ruling is consistent with the prior precedent of 10 years leading up to the *Suter* decision under a series of cases beginning with *Pennhurst State School and Hospital v. Halderman* in 1981.

In *Pennhurst*, there was a multipronged test set out for a case-by-case, provision-by-provision analysis of when Federal rights were created and private rights of action. And it was under the prong that says those provisions cannot be too vague and amorphous, that the reasonable efforts was held to be unenforceable.

However, in addition, the Supreme Court opinion does go beyond that and includes language that says, because the reasonable efforts clause was contained in a State plan provision of the Social Security Act, that all it gave rise to was a procedural right to have a State plan, and nothing more, thereby leading to the possibility that lower courts could use that language to short-circuit the

Pennhurst provision-by-provision, case-by-case analysis, and simply say, because this provision is in a State plan, all you get is a State plan and we are not going to do the analysis we previously did, which was to analyze the provision under the multiprong *Pennhurst* test.

As a result, last year, advocates introduced an amendment to address what they viewed as an overbroad interpretation of the *Suter* case and to make clear the congressional intent that it was not to circumvent and short-circuit that *Pennhurst* analysis, and we understand their need and the urgency behind doing that.

However, the States were also concerned that any amendment not create any new undefined rights that had not previously existed or would not previously exist under the *Pennhurst* analysis, and it was for that reason that we opposed some of the initial language that was drafted. I am happy to say that we were able to, last fall—and Mr. Weill and I participated in that—to sit down and have some very detailed discussions, virtually word-by-word between the State representatives and the advocates to craft an amendment that met all of our needs, and we believe that the language that was included in H.R. 11 does that.

Specifically, what the amendment does is state that the intent is to return to the pre-*Suter* analysis using the *Pennhurst* multiprong analysis on a provision-by-provision basis in any suits that might be brought to enforce a particular Federal statute. So the first sentence states that a provision is not to be held unenforceable simply because it is included in a State plan provision of the Social Security Act.

However, in deference to what the States were concerned about, which is that no new rights be unintentionally created in the language, the second sentence makes clear that this provision is not intended to otherwise expand or to limit the grounds that might be used to infer the existence of Federal right other than that one extra piece about a State plan that was included in the *Suter* case.

Finally, the last provision is that the holding that the reasonable efforts clause is too vague to create a Federal right, which we believe is completely consistent with the *Pennhurst* analysis, is not altered, that the reasonable efforts clause, specifically section 471(a)(15) of 96-272, is not enforceable, consistent with the balance of the *Suter* opinion.

I think with that, I will defer to Mr. Weill.

[The prepared statement follows:]

TESTIMONY BY CHRISTINA M. TCHEN BEFORE
THE SUBCOMMITTEE ON HUMAN RESOURCES
OF THE HOUSE COMMITTEE ON WAYS AND MEANS
APRIL 21, 1993

Chairman Ford and Honorable Members of the Subcommittee:

I am a Special Assistant Attorney General for the State of Illinois, appointed to represent the Illinois Department of Children and Family Services (DCFS) in a series of federal and state class actions brought against the state child welfare system. One of these class actions is Suter v. Artist M., 112 S. Ct. 1360 (1992), which I argued before the Supreme Court. Thank you for the invitation to testify to provide you with the States' perspective on the proposed "Suter" amendment to the Social Security Act. I am here today representing the State of Illinois, the American Public Welfare Association, the National Conference of State Legislatures and the National Governors' Association.

The amendment now before you is the result of a cooperative process engaged in last year by representatives of the States and advocacy organizations in order to provide that the precedent prior to Suter regarding the creation of individual federal rights is preserved, and the holding in Suter is maintained. The approach set forth in the amendment was jointly developed and incorporated in H.R. 11, which was passed by Congress and subsequently vetoed by the President. The States continue to join the advocates in supporting the Suter amendment as currently proposed, and urge its passage without further changes.

I. The Supreme Court Decision in Suter v. Artist M.

A. Background of the Case

Suter v. Artist M. was brought by the Cook County Public Guardian on behalf of children who were the subject of abuse and neglect petitions filed in Cook County Juvenile Court, alleging that DCFS failed to promptly assign caseworkers to their cases (Sue Suter was sued in her official capacity as the Director of DCFS).¹ The plaintiffs contended that this failure violated Section 671(a)(15) of the Adoption Assistance and Child Welfare Act of 1980 (AAA), generally referred to as the

¹ Artist M. was one of six federal class actions alleging AAA and constitutional violations by DCFS. See B.H. v. Suter, No. 88 C 5599 (N.D. Ill.) (Grady, J.) (alleging foster care system as a whole had violated AAA and constitutional rights); Norman v. Suter, No. 89 C 1624 (N.D. Ill.) (Hart, J.) (alleging DCFS failed to make reasonable efforts before removing children from their homes due to poverty); Aristotle P. v. Suter, No. 88 C 7919 (N.D. Ill.) (alleging right under AAA and constitution to sibling placement and visitation) (Williams, J.); Bates v. Suter, No. 84 C 10054 (N.D. Ill.) (alleging DCFS failed to provide parental visitation in violation of AAA and constitution) (Plunkett, J.); Dana W. v. Suter, No. 90 C 3479 (N.D. Ill.) (Shadur, J.) (alleging failure to conduct judicial dispositional hearings within 18 months after placement). With the exception of Artist M., DCFS has settled or is in the process of settling all of these cases. The current director of DCFS is Sterling M. Ryder.

"reasonable efforts clause." 42 U.S.C. §671(a)(15). Under the "reasonable efforts" clause, States receiving Title IV-E funds are required to have a State plan which, among other things,

provides that, in each case, reasonable efforts will be made (A) prior to the placement of a child in foster care, to prevent or eliminate the need for removal of the child from his home, and (B) to make it possible for the child to return to his home . . .

A three-day preliminary injunction hearing was held in January 1989, at which DCFS presented evidence that long before the lawsuit was filed, the Department had already begun implementing a remedial plan to assign caseworkers more quickly. DCFS also presented evidence as to the inadvisability, in the professional judgment of its child welfare administrators, of an across-the-board case assignment rule because of the need to ensure that the assigned caseworker can meet the particular needs of each child. In March 1990 the trial court ruled that although DCFS had made major improvements in its assignment system, they were not enough, and he issued an injunction requiring DCFS to assign a caseworker in all cases in Cook County within three days. DCFS appealed these rulings to the Seventh Circuit Court of Appeals, which upheld the injunction in a 2-to-1 decision.

B. The Appeal by Illinois to the Supreme Court

Illinois appealed the Seventh Circuit ruling in Artist M. because the ruling failed to properly apply the existing Supreme Court precedent that vague and amorphous federal funding statutes, such as the "reasonable efforts" clause, cannot create individually enforceable federal rights. Prior to the Suter decision, it was not clear at all whether the AAA created individual rights. In fact, prior to the Seventh Circuit's ruling, the district courts in the Northern District of Illinois were evenly split as to whether the "reasonable efforts" clause created individual federal rights. Compare B.H. v. Johnson, 715 F. Supp. 1387, 1401-02 (N.D. Ill. 1989) (Grady, C.J.) ("reasonable efforts" clause too "amorphous" to create enforceable rights) and Aristotle P. v. Johnson, 721 F. Supp. 1002, 1012 (N.D. Ill. 1989) (Williams, J.) (same) with Norman v. Johnson, 739 F. Supp. 1182, 1187 (N.D. Ill. 1990) (Hart, J.) ("reasonable efforts" clause creates enforceable rights) and Artist M. v. Johnson, 726 F. Supp. 690 (1989) (same).³

² Claims brought by plaintiffs under the Fourteenth Amendment and other provisions of the AAA were dismissed by the district court. Artist M. v. Johnson, 726 F. Supp. 690 (N.D. Ill. 1989).

³ This split was reflected in other circuits as well. Compare In re Scott County Master Docket, 672 F. Supp. 1152, 1202-03 (D. Minn. 1987) ("reasonable efforts" clause does not create enforceable rights), aff'd sub nom. Myers v. Scott County, 868 F.2d 1017 (8th Cir. 1989) (adopting district court opinion and analysis) and Scrivner v. Andrews, 816 F.2d 261, 263 (6th Cir. 1987) (AAA creates no right to meaningful visitation) with Winston v. Children & Youth Servs., 948 F.2d 1380, 1388 (3d Cir. 1991) (AAA does create rights to "reasonable efforts" but not "meaningful visitation") and R.C. v. Hornsby, No. 88 D-1170-N, slip op. (M.D. Ala. Apr. 19, 1989) ("reasonable efforts" clause creates enforceable rights).

Illinois was joined in its appeal by thirty-eight other states, the District of Columbia and the Solicitor General of the United States. The arguments made by Illinois to the Supreme Court, of principal concern to the issues facing this Subcommittee were that (i) the decisions by the courts below in Artist M. were a departure from existing case law governing the creation of new federal rights and (ii) a vague federal right to "reasonable efforts" would federalize child welfare decision-making and set back efforts to improve services to abused and neglected children.

(ii) Existing Case Law Prior To The Suter Decision
Applied a Case-by-Case Analysis to Determine
 Whether Individually Enforceable Rights Were
 Created

Under a decade of existing Supreme Court case law, beginning with Pennhurst State School and Hospital v. Halderman, 451 U.S. 1 (1981), the Supreme Court has held that federal funding statutes like the AAA are in the nature of "contracts" and as such Congress' powers to legislate under its spending authority "rests on whether the State voluntarily and knowingly accepts the terms of the 'contract.'" Id. at 17. If Congress wishes to impose an individually enforceable obligation upon the State, Congress must express those rights clearly, so the States may fully comprehend the contours of the bargain they enter into when accepting federal funds. Id. at 17, 23-25. "The crucial inquiry . . . [is] whether Congress spoke so clearly that we can fairly say that the State could make an informed choice." Id. at 25.

In cases following Pennhurst the Supreme Court further explained that in order to create federal rights under Section 1983, a statutory provision must be intended to benefit a plaintiff, written in mandatory language, and not be too vague and amorphous that it is beyond the competence of the judiciary to enforce. Wilder v. Virginia Hosp. Assoc., 110 S.Ct. 2510, 2517 (1990); Golden State Transit Corp. v. City of Los Angeles, 493 U.S. 103, 116 (1989); Wright v. Roanoke Redevelopment & Housing Auth., 479 U.S. 418, (1987). The Supreme Court also held that private enforcement of a statute in federal court

(Footnote 3 continued from previous page)

The courts were also split as to whether other provisions of the AAA created individual rights. Compare L.C. ex rel Darr v. Massinga, 838 F.2d 118, 123 (11th Cir. 1988) finding that defendants are not immune from suit because AAA creates enforceable right to case plan and case review), cert. denied 486 U.S. 1018 (1988); and Lynch v. Dukakis, 729 F.2d 504, 510-511 (1st Cir. 1983) (AAA creates enforceable rights to case plans and case reviews); and Joseph A. by Wolfe v. New Mexico Dept. of Human Services, 875 F. Supp. 346, 353 (D.N.M. 1983) (Titles IV and XX of Social Security Act create enforceable rights); and LaShawn A. v. Dixon, 762 F. Supp. 989, 988-989 (D.D.C. 1991) (AAA creates enforceable rights) with Spielman v. Hildebrand, 873 F.2d 1377, 1386 (10th Cir. 1989) (no enforceable right under AAA); and B.H. v. Johnson, 715 F. Supp. at 1392 (no enforceable right to placement in least restrictive setting); and Aristotle P. v. Johnson, 721 F. Supp. at 1008 (no right under AAA to placement in least restrictive setting or to meaningful visitation); and Del. A. v. Roemer, 777 F. Supp. 1297, 1309 (E.D. La. 1991) (no enforceable rights under AAA).

may be foreclosed if the federal law at issue contains an alternative enforcement scheme to remedy violations. See, e.g., Smith v. Robinson, 468 U.S. 992 (1984); Mid-DieSEX City Sewerage Auth. v. National Sea Cleaners Ass'n., 453 U.S. (1981).

A court construing a federal funding statute must conduct an inquiry into the context, statutory structure, legislative history, and regulatory framework of that statute in order to ascertain whether Congress has clearly defined the purported federal rights. Wilder, 110 S. Ct. at 2518-23. Thus, if Congress intends to impose a condition on the grant of federal monies, the Pennhurst test requires that Congress do so unambiguously, so that "the States may exercise their choice knowingly, cognizant of the consequences of their participation." Pennhurst 451 U.S. at 17.

DCFS contended that the lower courts had misapplied the Pennhurst test. In the absence of any statutory definition, DCFS argued on appeal that although the "reasonable efforts" clause was a mandatory obligation imposed on the States, it was simply too vague and undefined to create an individually enforceable federal right.

(ii) A Vague "Reasonable Efforts" Right Would Undermine Rather Than Improve Services to Abused and Neglected Children

The "reasonable efforts" clause states that such efforts to keep or return abused and neglected children home to their parents must be made "in each case." Without further definition from Congress, this vague and amorphous language would open the door to a flood of litigation by individuals seeking to impose their own definition of what constitutes "reasonable efforts." The federal courts would be inundated with a torrent of litigation challenging the minutiae of child welfare decisions made daily in individual cases. Indeed, abused and neglected parents unhappy with state court determinations focusing on the "best interests of the child," could bring suit in federal court to enforce their right to "reasonable efforts" to facilitate the return of their child.⁴

This undefined right also would result in plaintiffs peeling off one piece of the child welfare system after another to challenge whether "reasonable efforts" were being made. This explosion of piecemeal litigation had already occurred in Illinois and elsewhere, with caseworker assignments challenged in one case (Artist M.), sibling visitation in another (Aristotle P.), parental visitation in another (Bates), housing and cash assistance in another (Norman), and the adequacy of foster care placements in yet another (B.H.). With this

⁴ DCFS had already faced one such case where the federal court acted as a "super-juvenile court" second-guessing specific state decisions and actions in the cases of three individual parents. Norman v. Johnson, 739 F. Supp. 1182 (N.D. Ill. 1990). The district court engaged in a detailed review of the circumstances and services provided to these parents and ordered that the "reasonable efforts" clause entitled the parents to beds, monetary assistance and housing. DCFS's abstention and collateral estoppel arguments based on the pending state juvenile court actions in these cases were rejected by the federal court. Id. at 1189-90.

federalization of child welfare decision-making, the federal courts truly would, in the words of the dissenting Seventh Circuit judge in Artist M., become the "crisis administrator of child welfare." Artist M. v. Suter, 917 F.2d 980, 996 (7th Cir. 1990), rev'd, 112 S. Ct. 1360 (1992).

In addition, in the absence of any clarity as to what the "reasonable efforts" clause requires, States would become reluctant to start any new innovative programs because each States' actions to develop programs and provide services could be used to determine liability under the "reasonable efforts" clause. The AAA would create wholly different enforceable rights from state to state. Such an outcome would create a disincentive for states to develop and expand existing services and programs, thereby undermining the very purposes for which Congress enacted the AAA.

Finally, it is important to bear in mind that the "reasonable efforts" called for under the AAA are "reasonable efforts" to keep or return abused and neglected children to their abusive and neglectful parents. The level of our understanding about what works and what does not in these highly volatile and individualized situations is not enough to hold with any certainty that any given set of services or "efforts" are "reasonable" or sufficient to ensure that children can be returned home safely. Even the plaintiffs' counsel in Artist M. recognized the dangers in a bias focused solely on keeping children at home.⁵ Indeed, the irony inherent in a right to "reasonable efforts" is that it forces the allocation of scarce social services to the worst parents, rather than struggling, caring parents who do not abuse or neglect their children.

C. The Supreme Court's Decision

On March 25, 1992, in a 7-2 decision, the Supreme Court reversed the lower court rulings and held that the "reasonable efforts" clause does not create an individual right enforceable in federal court. 112 S. Ct. 1360. Citing Pennhurst, the Court stated that the question to be resolved was whether Congress "unambiguously confer[red] upon the child beneficiaries of the Act a right to enforce the requirement that the State make 'reasonable efforts' . . ." Id. at 1367. Noting that all parties and courts below agreed that the AAA was mandatory in its terms, the Court then turned to the third prong of the Pennhurst test to determine whether the provision at issue unambiguously created a federal right. Id.

Following the inquiry outlined in Wilder, 496 U.S. 498 (1990), the Court then examined the terms of the statute itself (id. at 1367-69), the implementing regulations (id. at 1369) and the legislative history (id.). Distinguishing both Wilder (which found a right to reasonable Medicaid rates under the Boren Amendment) and Wright (which found a right to reasonable rent allowances for utilities under the Brooke Amendment to the Housing

⁵ See, e.g., Gratteau, When Do Bad Parents Lose Rights?, Chicago Tribune, Apr. 21, 1991, at 1, col. 1 (noting that "[a]t the core of the controversy over the state of child welfare is the concept of family reunification," and quoting the Cook County Public Guardian as observing that "judges and DCFS are working under the assumption that there are no bad biological parents.").

Act of 1937), the Court concluded that under the AAA, "[n]o further statutory guidance is found as to how 'reasonable efforts' are to be measured. . . . This. . . is a directive whose meaning will obviously vary with the circumstances of each individual case. How the State was to comply with this directive, and with the other provisions of the Act, was, within broad limits, left up to the State." Id. at 1368.

Although the majority opinion does not recite the catechism from prior cases outlining each prong of the Pennhurst test as applied in Wright, Golden State and Wilder, contrary to the assertions by the dissent, the analytical framework used by the Court is entirely consistent with this precedent. In Suter, the focus was on the third prong, examining whether a federal funding statute unambiguously creates an individually enforceable right. As maintained by Illinois, no such right could exist in the absence of a statutory and regulatory definition of what constitutes "reasonable efforts" to keep and return abused and neglected children home.

In so ruling, the Court's opinion also states that Section 671 of the AAA "does place a requirement on the States, but that requirement only goes so far as to ensure that the State have a plan approved by the Secretary which contains the 16 listed features." Id. at 1367. This statement raised the concern that lower courts would use this portion of the opinion to short-circuit the Pennhurst analysis in cases involving State plan requirements.⁶ It was feared that any "State plan" provision would be found a fortiori to state only a requirement for a State plan and not an individual federal right, regardless of whether such a right would be implied under a provision-by-provision application of the multi-prong test under Pennhurst. There were some lower court rulings to this effect following the decision in Suter. See, e.g., Clifton v. Schafer, 969 F.2d 278 (7th Cir. 1992); Maher v. White, 1992 U.S. Dist. LEXIS 7537 (E.D. Pa. 1992); Lampkin v. District of Columbia, 1992 U.S. Dist. LEXIS 8049 (D.D.C. 1992).

II. The Proposed Suter Amendment

A. Efforts to Address Suter in H.R. 11

Because of the concerns described above, legislative efforts were made last year to address the Suter decision by including in H.R. 11 an amendment to the Social Security Act. The difficulty in crafting such a legislative response cannot be underestimated. The interests of advocates in maintaining the ability to individually enforce federal statutes by implying federal rights in the Social Security Act were to be addressed. At the same time, however, the States were deeply concerned with any amendment that would create new, undefined federal rights where none had previously existed. Any language that might lead to such a result had the very real potential of exposing the States to a crushing avalanche of new litigation to enforce these new rights.

The States already are facing countless lawsuits, with claims for both injunctive relief and money damages, due to alleged violations of federal statutory rights. These claims are on top of existing federal

⁶ The Chief Justice advocated such a short-circuit in his dissent in Wilder. 110 S. Ct. at 2526-27. However, the Court did not take the opportunity presented in Suter to overturn the ruling in Wilder.

Constitutional rights to safe and adequate treatment in foster care and mental health institutions. E.g., B.H., 715 F. Supp. 1386; Youngberg v. Romeo, 457 U.S. 307 (1982). Piecemeal litigation over one issue at a time, or one piece of the service system at a time, leads to band-aid responses rather than systematic, well-planned improvements. Moreover, the financial and human costs of such litigation are enormous, at a time when the States are facing serious fiscal crises. The attorneys' fees (for both sides, since the States often wind up paying plaintiffs' fees) and costs of monitoring court orders are themselves in the millions of dollars, which are precious funds that are not being used to actually provide necessary services.

For these reasons, among others, the Governors of 39 states, the National Governors' Association, the American Public Welfare Association and the National Conference of State Legislatures opposed the proposed Suter amendment as originally included in H.R. 11. However, in subsequent discussions with the proponents of the Suter amendment, the States and advocates were able to painstakingly draft language that strikes the balance between an overbroad interpretation of Suter eliminating established federal rights and an overbroad amendment creating new federal rights.

B. The Balance Contained in the Proposed Suter Amendment

The intent of the proposed Suter amendment now before you is to return to the Pennhurst test used prior to the Suter decision, and to preserve the holding in Suter that the "reasonable efforts" clause does not create an individually enforceable right. Thus, the first sentence of the amendment provides that a provision of the Social Security Act is not to be deemed unenforceable solely because it is required by the Act to be included in a State plan. Instead, such provisions are to be analyzed on a case-by-case basis under the various prongs of the test required by Pennhurst and its progeny. The amendment itself creates no new federal rights that would not have existed under an application of the Pennhurst test. This is made clear by the provision in the amendment indicating that the amendment is not intended to limit or expand the grounds for determining whether an individual federal right exists, other than by overturning the purported change in Pennhurst regarding State plan requirements as stated in the Suter opinion.

The amendment also makes clear that the holding in Suter that the "reasonable efforts" clause is not privately enforceable is not altered. This preserves the important ruling that States will not be held liable in individual lawsuits under a vague notion of "reasonable efforts" to keep or return abused and neglected children to their homes. In the absence of a clearer definition of "reasonable efforts," and more importantly, a clearer sense of how to preserve families in the face of the wide variety of tragic and intractable problems of child abuse and neglect, it would not serve the cause of reform to expose the States to uncertain, continued piecemeal litigation.

The State agencies caring for abused and neglected children have the hardest job in government. They are asked to intervene in the most intimate, volatile and often horrifying experiences in our society -- when a parent, loved one or caretaker has badly beaten, bruised or neglected a child. They are asked to do one of the most difficult acts that government does, by taking children away from their homes and families. As the

complexity of the risks facing children in our country mounts, so does the complexity of the problems confronting our child welfare agencies.

The States are struggling mightily to responsibly protect children, address their needs, rehabilitate their families and provide alternative placements and homes. While the States recognize the need for private enforcement actions in our cooperative federal-state system, it is also critical that such actions be balanced with the demands and expectations placed on the child welfare system. Such a balance has been struck in the Suter amendment, and the States urge its passage.

Chairman FORD. Mr. Weill, you are recognized at this time.

**STATEMENT OF JAMES D. WEILL, GENERAL COUNSEL,
CHILDREN'S DEFENSE FUND**

Mr. WEILL. Good morning, Mr. Chairman and members of the subcommittee.

We at the Children's Defense Fund appreciate the opportunity to testify here today.

Chairman FORD. We are delighted to have you, as well.

Mr. WEILL. The reforms that are being discussed here this morning in child welfare are long overdue, and this subcommittee's leadership is critical to those reforms. So we are pleased that the administration is proposing a package on family support and family preservation which builds on the subcommittee's work, and we urge you to include that package, including the *Suter* provision, as you mark up the bill for reconciliation.

Our written testimony discusses the broader merits of the family preservation proposal, but I am going to testify here this morning particularly on the one piece of the bill dealing with the *Suter* decision. I would note that we are distributing to the committee and submitting for the record a report that CDF has recently done on family support programs around the country, some of which are going to be described later this morning by later panelists, and we would like that accepted for the record.

Chairman FORD. Without objection, it will. We will accept it as part of the committee report, without making it officially in the record.

Mr. WEILL. Thank you, Mr. Chairman.

Let me turn to the *Suter* provision. We believe that it is essential that this Congress in this session pass the legislation that we have been talking about that restores the ability of beneficiaries to sue to enforce the provisions of State plan titles, as they could prior to the *Suter* decision last year.

At issue is not the particular finding in *Suter* that the reasonable efforts requirement in section 471(a)(15) of the act was not enforceable through a Federal 1983 civil rights action. Rather, at issue is the broad language that appears at several points in the *Suter* opinion that suggests that no Social Security Act provision, no matter how clear or mandatory, can be enforced against a noncomplying State, so long as the State files a piece of paper that promises to abide by the Federal statute.

In other words, the Court in *Suter* suggested that there is a remedy, if the State plan on paper conflicts with Federal law, but there is no remedy if the actual practices are illegal, no matter how widespread or blatant the violations of Federal statute.

Much of the litigation under the Social Security Act in the last two or three decades has involved illegal State policies and practices at the actual implementation level, not improperly written State plans. Therefore, the Court's ruling in *Suter*, if applied in its literal and most expansive terms, in effect reverses more than two decades of Supreme Court jurisprudence, cases like *Rosado v. Wyman* and *Wilder v. Virginia Hospital Association* that had allowed such cases to proceed.

The Court's opinion applied not just to reasonable efforts cases in foster care, but potentially to the whole foster care statute and potentially to the whole set of State plan titles in the act—including Medicaid, child support enforcement, AFDC, and child welfare.

The decision has already been applied this way by certain lower courts, and in a number of cases defendants are arguing for broader application. This refusal to enforce the law judicially would allow States tremendous discretion whether or not to obey Federal laws. It would allow them such discretion because enforcement by HHS alone has proven inadequate to the task of enforcing Federal statutes. It has been proven inadequate by decades of experience.

Former HEW and HHS officials have written in support of the legislation you are considering—and we have attached that letter to our testimony—that HHS administration is so erratic and cumbersome that other legal safeguards are essential. Certainly, we all hope to make HHS administration of these programs better. But the HHS State plan enforcement mechanism as these former officials have said, has not been for decades a viable accountability or enforcement mechanism for ensuring that rights guaranteed by Congress in the statutes are carried out.

That is why we are so delighted that advocates for children and other Social Security Act beneficiaries were able last year to reach agreement with representatives of the States, and particularly the National Governors' Association, the American Public Welfare Association, and the National Conference of State Legislatures, on a provision to reverse these objectionable parts of the *Suter* decision.

The language that we are supporting here today is the same agreed language that the parties asked the conferees to include and which was included in the conference version of H.R. 11 last year. This year, the representatives of the States and the advocates met again and agreed to propose that this same legislation and same legislative history be used again.

We urge the subcommittee to include it, so that it can be enacted as soon as possible and we can put this matter behind us.

Thank you very much.

[The prepared statement and attachments follow:]

STATEMENT OF JAMES D. WEILL, GENERAL COUNSEL, CHILDREN'S DEFENSE FUND

Good morning, Mr. Chairman and members of the Subcommittee. I am James D. Weill, the General Counsel of the Children's Defense Fund. We very much appreciate this opportunity to testify.

There are three areas my testimony today will cover. First, I will discuss the need for legislation to reverse the Supreme Court's decision in Suter v. Artist M., 112 S.Ct. 1360 (1992). It is absolutely essential that this Congress in this session pass legislation restoring the ability of beneficiaries of the Social Security Act to sue to enforce the provisions of the Social Security Act state plan titles, as they could prior to the Suter decision.

Second, we are very pleased that advocates for children and representatives of the states reached agreement as to specific proposed statutory language to reverse Suter. The conferees substituted this language in H.R. 11 last year and we urge you to include it in the package of provisions you will be marking up next week. A copy of the letter reflecting our agreement is attached.

Third, while it will not be the focus of my oral statement, included in my written statement is a discussion of both the need for and the appropriateness of the family support and family preservation provisions which this Subcommittee is considering today.

I. The importance of reversing the Suter decision in Social Security Act state plan programs

There are two aspects to the Suter decision. One part ruled that the language in Title IV-E of the Social Security Act, requiring states to make "reasonable efforts" to prevent family break-up and to return children to their families, is too vague to be enforceable through 42 U.S.C. Section 1983. The inability to enforce this one state plan provision is not in issue here.

The specific finding on that one statutory provision, uncontested here, is, however, very different from the sweeping second part of Suter, which is at issue here. That second part of the Court's ruling greatly constricts the ability of children in foster care to sue to enforce other, clearer and more specific provisions of Title IV-E -- and of beneficiaries of other Social Security Act state plan titles to sue to enforce those titles, no matter how clear and mandatory the language is. That is the only issue in this hearing.

This second part of the Supreme Court's decision is fairly read to say that beneficiaries may be able to sue to correct facial deficiencies in the state plan--when the plan on its face conflicts with federal statutes--but not to require a state in practice or in its written policies to actually comply with the plan or with the federal statute. The Court said, in response to plaintiffs' argument that the law should be enforced in practice:

"...[T]he Act does place a requirement on the States, but that requirement only goes as far as to ensure that the State have a plan approved by the Secretary which contains 16 listed features." 112 S.Ct. at 1367 (Emphasis added.)

When plaintiffs argued that the state was ignoring, in practice, a second statutory provision, the Court brushed aside that argument as well on the grounds that the plaintiffs sought more than a state plan adequate on paper:

"Respondents also based their claim for relief on 42 U.S.C. section 671(a)(9) which states that the state plan shall: 'provide [] that [when the state suspects] neglect, abuse or

exploitation of such child [in a foster home or institution], it shall bring such condition to the attention of the appropriate court or law enforcement agency...'

"As this subsection is merely another feature which the state plan must include to be approved by the Secretary, it does not afford a cause of action..." 112 S.Ct. at 1368, n.10. (Emphasis added)

Prior to the Suter ruling, it had been clear for more than two decades that applicants for and beneficiaries of Social Security Act state plan programs have a right to sue states when states violate the federal statutes -- and not just when the state plans on paper vary from federal law, but also when state policies and practices vary from federal law. Indeed, it is rare that a state plan on its face is improper, particularly since the Department of Health and Human Services preprints most of the plans in language parroting the federal statute. But often the states' policies (written or unwritten) or widespread practices bear no relation to the plan or to federal law. It is in these situations that most section 1983 suits have been brought by plan beneficiaries.

It is the unprecedented language of the Suter decision quoted above that turns more than two decades of Supreme Court decisions on their heads. While it would be nice to think that this radical about-face in section 1983 jurisprudence would be limited to foster care "reasonable efforts" cases or, at worst, IV-E cases, too many indications are to the contrary. The statutory structure of the IV-E program is identical or very similar to the statutory structure of the AFDC, Medicaid, child support enforcement, and child welfare titles.

Unfortunately, it is far too likely that many lower courts, when faced with motions to dismiss from states, will apply the Court's decision to all of these titles. This has already been the experience in at least two federal courts of appeals. There will also be some courts which will reject this analysis, at least until the Supreme Court speaks again. However, even in those cases, precious time will have been lost before plaintiffs secure much-needed relief. And, in both types of cases, substantial resources, of the judges and of plaintiffs and defendants, will be wasted in addressing at the trial and appellate levels an issue that previously had been settled.

The Congressional Research Service, in a report to the Ways and Means Committee, recognized that Suter has this very broad implication:

"The Suter v. Artist M. decision appears to result in the elimination of the ability of beneficiaries of Social Security Act programs, primarily children and families, which have state plan requirements to sue to enforce the Act's programs. The implications are far reaching. The decision in Artist M. appears to affect not only the enforceability of the Adoption Assistance and Child Welfare Act but also conceivably all other federal programs that have state plan requirements (including Aid to Families with Dependent Children, Medicaid, Unemployment Compensation, and Child Support)." CRS American Law Division Memo to the House Ways and Means Committee, May 11, 1992, at p. 5. (Emphasis added.)

In the absence of remedial legislation, the Suter decision will alter dramatically and in very negative ways the relationships between the Congress, the federal executive branch and the states in the Social Security Act state plan titles, and, more important, will allow states to place themselves above the law and be virtually unaccountable to beneficiaries or the taxpayers.

Bureaucracies at any level of government are not self-regulating. They need oversight and they need to be subject to

outside judicial review. Over the years, applicants and beneficiaries have sued to end a variety of state policies and practices that were clearly illegal under the Social Security Act and that were continuing even though state plans were facially in compliance. For example, some states were taking six months or a year to process the initial applications of destitute families and elderly and disabled individuals for AFDC or Medicaid assistance, even though federal statutes and regulations set 30 to 60 day processing limits. Some states would limit check-ups and immunization schedules to levels far below those intended by Congress in the EPSDT program and necessary for children's health. Some states would limit AFDC work expense deductions to amounts below those mandated by federal law, thereby discouraging recipients from working and ending their welfare stays. Many states have attributed income to the elderly and to children in order to disqualify them from Medicaid or cash programs when such income was not in actuality available to meet their expenses.

In all these instances the question is not what the state plan says -- it typically is in compliance. The question is what is the state actually doing in the program, often in total disregard of the state plan and the federal statutes. A few specific examples help to explain the fundamental importance of the ability to enforce Social Security Act provisions:

In Shea v. Vialpando, 416 U.S. 251 (1974), plaintiffs successfully challenged the state of Colorado's failure to subtract (when counting available income to reduce the grant) recipients' reasonable work expenses for generating the earned income, as then required by the federal statute.

In Stenson v. Blum, 476 F.Supp. 1331 (S.D.N.Y. 1979), affd. mem., 628 F.2d 1345 (2d Cir.), cert. denied, 449 U.S. 885 (1980), plaintiffs successfully sued to stop the state from terminating from Medicaid people who were losing cash benefits but who the state knew or had enough information to determine were eligible for Medicaid.

In Smith v. Trainor, 665 F.2d 172 (7th Cir. 1981), Illinois' Medicaid program required prior approval by the state before it agreed to pay for certain types of medical and dental care for people who were elderly or disabled, children and parents, but it did not provide: any agency time limit for deciding upon requests; written criteria for ruling on requests; administrative hearings to review the merits of denials of requests; or written notice of denial, or the reason for the denial. Plaintiffs successfully challenged all these practices.

In Miller v. Youakim, 440 U.S. 125 (1979), plaintiffs were needy foster children in Illinois in state custody and placed by the state in the homes of non-parental relatives. Although the state regulated the relatives' homes as if they were unrelated foster homes and required those homes and foster families to meet certain higher standards, the state refused to provide foster care program-linked services or to make foster care payments to the homes on behalf of the children. The Supreme Court unanimously held that this violated the foster care statute.

In many cases, the result of litigation has been not only correction of the violation but improved administration of a state's program. For example, in Peterson v. Rahm, (D. Wash.), plaintiffs challenged the state welfare agency's failure to furnish AFDC benefits with reasonable promptness -- within the state-specified time standards not in excess of 45 days -- as required by federal statute and regulation. There were application backlogs across the state. Each of the named plaintiffs had waited more than 90 days for AFDC benefits; one had waited more than 140 days. Delays until the first interview were as long as 40 working days. During the course of the litigation, it became clear that the state had been unaware of the magnitude of the problem largely

because it had no data control system. The case was ultimately resolved by a consent order which included a streamlined application process to avoid unnecessary delay to the recipient and unnecessary administrative burdens on the state agency. The state also now has a monitoring system so that it can maintain better information on the extent of application delays. Overall, the results of the lawsuit have been improved services to AFDC applicants and better administration of the application process.

In most of these cases, the plaintiffs have represented classes of applicants or beneficiaries who have had a common legal problem. The result has been efficient recourse in the courts for violations of the federal statute. There is no other mechanism available which is able to address as effectively or efficiently the common legal claims of applicants and beneficiaries in government benefit programs.

Nor is administrative enforcement by the federal government an adequate remedy. The Supreme Court itself has recognized over the years that HHS monitoring of the states is not in any way an adequate substitute for the ability of beneficiaries to sue in federal court, pointing out that program beneficiaries do not have the power to trigger or participate in the administrative compliance action that a federal agency might bring against recalcitrant states. Rosado v. Wyman, 397 U.S. 397 (1969). Moreover, while HHS can cut off federal funds, after a very prolonged process, it has no power to protect program beneficiaries against illegal action while the proceedings are ongoing. And for numerous reasons -- some good and some bad -- HHS is slow and reluctant to confront states, begin proceedings, or cut off funds. It acts only in extraordinary circumstances, and even then does so slowly.

Suits are critical to assuring that applicants and beneficiaries secure reasonably prompt relief from illegal state policies. They also serve another function. They are, without question, the most effective existing mechanism for assuring that states actually follow the federal law. HHS's record on enforcement has been dismal for many years. These suits provide the only clear-cut mechanism for enforcing federal law.

As Wayne State Law School Professor William Burnham wrote to Senator Riegle about Suter and remedial legislation last year:

"The fact is that suits by recipients are the only practical incentive that states have to comply with the law. Certainly compliance proceedings before HHS have never worked. They are, in any event, ill-designed to do what needs to be done in most every situation where a state is not complying with federal law: to order the state to do what it should have been doing all along, to come into compliance. It is a gratuitous insult to the federal judiciary to suggest, ... that federal judges will not listen to the states' arguments that they are in compliance. If they are, the suit will end quickly. The fact is that in most cases they clearly are not.... The pending bill to overrule Suter would go a long way toward eliminating what is the most truly wasteful part of the public benefits litigation: procedural wrangling over the power of the federal court to entertain the suit." (Letter to Senator Donald Riegle, July 24, 1992) (Emphasis in original.)

And, as former Secretary of HEW Elliot Richardson, former Undersecretary of HEW Hale Champion, and forty-three other child welfare experts wrote to Senator Bentsen, then-Chair of the Finance Committee, HHS enforcement of these titles:

"...has been so weak, so erratic and so administratively cumbersome that additional legal safeguards are essential. The State plan mechanism is not a viable accountability or enforcement mechanism for insuring individual rights. It is unconscionable that it would be the only mechanism available to assure that basic, minimally adequate care is provided to

children." (Letter to Senator Lloyd Bentsen, July 22, 1992, attached.)

Congress established AFDC, Medicaid, foster care, unemployment insurance, and child support enforcement to assist people in need -- children and their families, the elderly, people with disabilities, and people who are unemployed. It is these least powerful Americans who are hurt most by this Supreme Court decision. It is the people who have the least clout to make themselves heard in the executive branch and legislatures -- state and federal -- on whom Suter is closing the courthouse doors.

By deciding to participate in these programs and take federal funds, the states have agreed to follow the federal requirements of these programs. If they disagree with a rule, they can ask you, the Congress, to change it. They should not be allowed simply to violate the rules at will. But this is what they effectively will be able to do if Suter's "state plan" language prevails.

II. The proposed legislative language and accompanying legislative history restore the state of the law to its pre-Suter position, is agreed to by the states and the advocates, and should be included in the first legislative vehicle available.

It is helpful to review the legislative history of this provision in the 102nd Congress. After the Supreme Court's decision in Suter, this Subcommittee wrote a provision to restore the law to its status pre-Suter. This provision was included in the full Committee's bill and passed the House as part of H.R. 11. State groups raised concerns that the particular language of the Suter override provision in H.R. 11 did more than it was intended to do. While advocates did not think that it did, after a hearing in the Senate Finance Committee, and at the invitation and urging of Senator Moynihan, representatives for the states and advocates for children sat down to determine if there was alternative language which would meet the same goal while also being acceptable to the states. The agreed legislative language proposed here is the result of those negotiations. This is the same agreed language that the parties urged the conferees to include in the conference version of H.R. 11 last year, as a substitute for the House version. The substitution was made. The legislative history accompanying the provision was prepared by the conferees. The statutory language and history were agreeable to all and were part of the urban aid. tax bill that passed the Congress last year (President Bush vetoed the bill on unrelated grounds).

This year, the representatives of the advocates and the states agreed to propose that this same legislative history as well as the language included in the conference version of H.R. 11 be included in legislation this year. We urge the Subcommittee to include it in the first available legislative vehicle.

III. New Help to Protect Children and Support and Preserve Families

The Children's Defense Fund strongly supports the President's proposals to expand federal dollars for a range of family support and family preservation initiatives that will help children at risk, especially those at risk of unnecessary separation from their families and placement in out-of-home care. Help for abused and neglected children and their families is long overdue, and prevention initiatives are urgently needed.

The Need

There is strong consensus among public and private service providers, social workers, judges and other court staff, foster and adoptive parents, and other child and family advocates that the crises facing many families and children have never been worse than

today. Growing child poverty, unemployment, homelessness, and substance abuse and its attendant violence are ravaging families and communities and victimizing our children.

- The National Committee for Prevention of Child Abuse (NCPCA) reported earlier this month that an estimated 2.9 million children were reported abused or neglected in 1992, a 6.5 percent increase since 1991. Almost half of these cases involved neglect, 27 percent physical abuse, 17 percent sexual abuse, and 7 percent emotional maltreatment. NCPCA's survey noted that economic stress related to poverty, unemployment and related concerns was the most frequently noted cause for the increase in reports.
- Substance abuse is another primary factor contributing to the escalating reports of abuse and neglect. It is not unusual in many large cities today for 50 to 80 percent of the child protection cases to involve substance abuse problems.
- More than three children a day on average have died from child maltreatment these past five years. In 1992, almost half were under the age of one; 87 percent were under the age of 5.

There also is consensus that the child welfare system is severely overburdened and in crisis itself. The overwhelming demands on the system are perhaps best illustrated by increases in out-of-home care caseloads across the country, the increasingly complex needs of the multi-problem children and families who come to the child welfare system for help, and the enormous pressures on staff, who often receive little training or supervision.

- In 1991, an estimated 429,000 children were in out-of-home care--in foster family homes, group homes, or residential treatment centers--an increase of over 50 percent since 1986. Some states saw dramatic increases. In Illinois, for example, the almost 32,000 children in care in 1992, represented about a 150 percent increase in just six years, and caseworkers are struggling with caseloads of 50 to 75 children each.
- Infants comprise a growing proportion of foster care caseloads in some states. A recent study by the Center for the Study of Youth Policy, for example, reported that one out of every five children initially placed in foster care in Michigan in 1990 was an infant. In Illinois, infants made up 21 percent of children entering care in 1991. Even more troubling was the Michigan finding that more than half of the infants who entered care between 1981 and 1987 in that state, were still in care four years later.
- Despite escalating reports of abuse and neglect and growing caseloads, the vast majority of the states have experienced level funding at best. Federal spending per child reported abused or neglected under the Child Welfare Services Program was cut in half (in real dollars) between 1981 and 1991, as the number of child abuse and neglect reports more than doubled.

It is data like these--and the faces of the children that these numbers represent--that prompted the House of Representatives last year to pass, with bipartisan support, the Family Preservation Act developed by this Subcommittee. As you know, this legislation was later passed again as part of the Urban Aid/Tax Bill, but was vetoed by then-President Bush so it never became law. As abused and neglected children wait for this legislation, their needs will intensify and cost more in the future. The costs of delay are enormous in both human terms and fiscal terms. Since legislation to support and preserve families was first considered by this Subcommittee in 1990, almost three quarters of a million children have entered out-of-home care, an estimated one-third of whom might have been kept safely at home if appropriate services had been available. And there are many more families who have gotten no help at all.

The growing crisis in child welfare will not abate until additional resources are provided at the federal level to strengthen and support families. The President's increased investments will provide the most significant help to abused and neglected children and their families in well over a decade. They will enable states and communities to establish and expand a variety of innovative family-centered services that will help parents better meet their responsibilities toward their children.

If we as a nation are serious about our commitment to leave no child behind, we also must commit to helping their parents help them. We must seek to have in place in every community a range of family-based programs, ranging from informal family support programs that get help to families before crises develop to the more intensive home-based family preservation services for families already in crisis whose children are at risk of placement in out-of-home care. The federal government has an important role to play in helping communities develop such services and supports for families.

Family support and family preservation programs differ in their intensity but they are based on common values and principles. They build on family strengths and help parents change. They work in partnership with parents to help them better protect, nurture and support their children. They focus comprehensively on the whole family, and seek to prevent crises from occurring or intensifying. They link families with both informal and formal supports and help them avoid the need for more intensive services later on. For example, they can help reserve scarce placement resources for children who really need out-of-home care and thereby ensure greater attention to the special needs of children in care.

Increasing Family Preservation Services

New ensured funds for front-end services, and for reunification and after-care services to help preserve families that are reunited, are critical to support and strengthen families. They also are critical if states ever are going to be able to slow the growth in out-of-home care expenditures that states from coast to coast have experienced. Given the fiscal pressures they now face, many states cannot develop or expand these important family-based services without help.

The dollars proposed in the President's FY 1994 budget can be used to build upon successful initiatives already underway in a number of states. They can help get already successful programs reaching many more children and families in need, and can provide an impetus for new service initiatives in other states.

Intensive family preservation services for families whose children are at imminent risk of placement in out-of-home care are now in place, at least on a pilot basis, in about 30 states. And in about half of these, efforts are underway to expand the services statewide. Specially trained staff respond to families within 24 hours of referral; they see only 2-4 families at one time for usually no more than 4-6 weeks; they are available to families around the clock and work in the family's own home. In many of the states the intensive family preservation programs are modeled after the Homebuilders program which originated in Tacoma, Washington, in the mid 1970's.

The goal of intensive family preservation services for families whose children are at imminent risk of placement is to "remove the risk, not the child." Their first priority is the safety of the child. Specially trained staff ensure that the child is protected and do whatever is necessary to help the family address the crisis at hand and get hooked up with necessary services and supports.

- Michigan's Families First Program, building upon its success as a pilot program, is now operating in all of the state's counties and served about 2700 families and 6900

children in 1992. A recent evaluation of the program by University Associates recognized the benefit of the concrete help with housing and other needs provided by Families First workers. Families First graduates reported improved communication with their children, more appropriate discipline, and better care for their children. The average per family cost of \$4500 for Families First contrasts sharply with the annual per child cost of \$12,000 for foster family care in the state. The cost differential is even greater if placement in detention or psychiatric facilities is avoided. Cost savings in Michigan are being directed to other family-based services.

- The Missouri family preservation program diverts about one third of the children who otherwise would enter foster care. In its four years of operation it has served about 5000 children in 4000 families, and about three out of four of the children end up remaining with their families 12 months after intervention. Despite the fact that the state has seen a dramatic increase in the number of families at risk, family preservation is cited as one of the reasons the state has seen only a slight increase in out-of-home care placements.
- The Home Ties Program in Tennessee serves families whose children are at risk of placement in the child welfare, mental health and juvenile justice systems, and has begun to use the program for children preparing to return home from out-of-home care as well. An estimated 2600 families with 3900 children will be served in the 1992-1993 fiscal year, and state leaders estimate that about \$2 million will be saved in avoided out-of-home care costs. In Tennessee, the Home Ties Program is an integral part of a larger plan to reform the state's child and family services system.
- Iowa, which was a pioneer in family-based services, enacted comprehensive intensive family preservation services legislation in 1991 which links family preservation services to the state's "reasonable efforts requirements" under P.L. 96-272. The Homebuilders' type services are targeted on families with children at imminent risk of initial or continued placement in out-of-home care. An estimated 6,000 families were served in FY 1991-1992, at a cost per family of \$2020.

Expanding Family Support Programs

President Clinton's budget proposal will offer services to families in crisis but also take steps to amplify attention to a broader range of family support programs for families before problems develop. Family support programs are grounded in the same basic principles as family preservation programs but seek to get help to families earlier, before crises occur, and to avoid the need for protective services intervention. They are intended to strengthen family functioning and to help parents better meet their children's needs. They are community-based and responsive to the needs of the children and community served. Family support programs may refer families to family preservation programs or provide help to families transitioning from the more intensive services.

There are family support programs in hundreds of communities across the country, and in about a dozen states statewide efforts have been made to expand family support programs to reach more children and families. In several of these states, Hawaii and Maryland, for example, the initiatives began, at least in part, as a result of efforts to prevent child abuse and neglect. In others they were driven by the desire to enhance school readiness, promote healthy child development, improve family literacy, or reduce long term welfare dependency. Whatever their origins, these program can help children by strengthening their families and preventing the need to turn to the child protection system for help.

● Hawaii's Healthy Start/Family Support Services Program uses home visits to offer help early, and on a voluntary basis, to new parents. Specially trained paraprofessionals from the community, who begin with weekly visits, make sure the family has a pediatrician for regular preventive health care; link the family with other agencies that can help with housing, child care, or drug treatment; and help parents strengthen their parenting skills and work toward family goals. Parents also are invited to participate in group meetings and family activities. With help from Ronald McDonald Charities, the National Committee for Prevention of Child Abuse has initiated Healthy Families America, which is an effort to replicate Hawaii's Healthy Start Program. The program currently is being replicated on a pilot basis in at least nine states, Arizona, Florida, Georgia, Iowa, Michigan, New Mexico, Texas, Virginia, and Wisconsin, and many other states are eager to replicate the program.

● Maryland's 14 family support centers are linked through Friends of the Family, a unique public-private partnership that offers ongoing support, technical assistance and training to the centers. The centers, sponsored by churches, a community college, a housing authority, a school district, a coalition of community groups and a county agency, offer core services such as parenting education, health education and referral services, developmental assessments, in-home services for hard to reach families, counselling, adult education and employment assistance, and community outreach to young parents with young children.

● Missouri, Arkansas, Iowa, Washington, Wisconsin, and Connecticut are examples of other states that have expanded the capacity of family support programs--home visiting programs or family support centers, or both--to get help to families early so that they can better protect, nurture and support their children.

Helping Children Who Cannot Be Protected at Home

To make a difference for children who are abused or neglected, help must be offered to families before crises hit, and address families' multiple needs in a comprehensive fashion. New ensured funds are needed that will help keep children safe and families together. But federal help also is needed to ensure that children who cannot be protected with their families will receive the quality out-of-home care they need and that children, especially those with special needs, will be ensured new permanent families through adoption. CDF applauds the major direction of the Administration's initiative on family support and family preservation, and reinforces the need to address as well the special needs of children in foster care and those in need of new permanent families.

Federal support for respite care for foster parents caring for children born drug-exposed, children with HIV infection or children who have been sexually abused, will help significantly in the recruitment and retention of foster families to care for these children. Improvements are also needed to address barriers to the adoption of children with special needs, particularly children with genetic or social histories, such as drug involvement at birth, that indicate a high risk of physical, mental or emotional disabilities that may not appear until after the adoption is finalized. For older youths in care who do not go home or to adoptive homes, continuing assistance is needed to help them live independently when they leave care.

Enhancing Service Delivery

Finally, to ensure that program improvements in the areas of family support and family preservation and in the quality of out-of-home care will actually benefit children, the reforms finally approved by the Subcommittee also must make improvements in

staffing and training and other aspects of service delivery. It is critical, for example, that special attention be paid to the courts which, like the agencies, have a major role to play in the care of abused and neglected children, but too often are overwhelmed by their responsibilities.

Again, thank you for this opportunity to testify. If CDF can be of assistance to any of the members or your staff on these very important issues, we will be happy to help.

American Civil Liberties Union
American Public Welfare Association
Children's Defense Fund
National Conference of State Legislatures
National Governors' Association

February 18, 1993

The Honorable Daniel Rostenkowski
 Chairman
 Committee on Ways and Means
 U.S. House of Representatives
 1102 Longworth House Office Building
 Washington, D.C. 20515-6348

Dear Mr. Chairman:

Late in the 102nd Congress, we reached agreement on language of a provision intended to reverse certain aspects of the Supreme Court's decision in Suter vs. Artist M. in Social Security Act state plan programs. During the conference on H.R. 11, the House and Senate conferees then substituted the agreed-upon language for the language included in H.R. 11 as passed by the House. As you are aware, President Bush vetoed that bill for unrelated reasons.

We are writing today to inform you that we have met again and continue to support the language agreed-upon and included in H.R. 11, as well as the accompanying legislative history included by the conferees. We urge you to include this provision in the earliest legislative vehicle leaving your committees this year. Copies of the provision and the legislative history are enclosed.

Please feel free to contact Eileen Sweeney of the Children's Defense Fund at (202) 662-3586, or Sally Sachar of the National Governors' Association at (202) 624-7823 if you have any questions.

Thank you for your consideration.

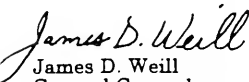
Sincerely,



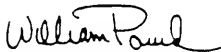
Christopher Hansen
Associate Director
Children's Rights Project
American Civil Liberties Union



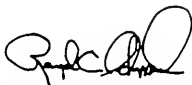
A. Sidney Johnson, III
Executive Director
American Public Welfare
Association



James D. Weill
General Counsel
Children's Defense Fund



William Pound
Executive Director
National Conference of State
Legislatures



Raymond C. Scheppach
Executive Director
National Governors' Association

cc: Senate Finance Committee
House Ways and Means Committee

1 **“SEC. 1123. EFFECT OF FAILURE TO CARRY OUT STATE**
 2 **PLAN.**

3 “In an action brought to enforce a provision of the
 4 Social Security Act, such provision is not to be deemed
 5 unenforceable because of its inclusion in a section of the
 6 Act requiring a State plan or specifying the required con-
 7 tents of a State plan. This section is not intended to limit
 8 or expand the grounds for determining the availability of
 9 private actions to enforce State plan requirements other
 10 than by overturning any such grounds applied in *Suter*
 11 *v. Artist M.*, 112 S. Ct. 1360 (1992), but not applied in
 12 prior Supreme Court decisions respecting such enforce-
 13 ability; provided, however, that this section is not intended
 14 to alter the holding in *Suter v. Artist M.* that section
 15 471(a)(15) of the Act is not enforceable in a private right
 16 of action.

17 (b) **APPLICABILITY.**—The amendment made by sub-
 18 section (a) shall apply to actions pending on the date of
 19 the enactment of this Act and to actions brought on or
 20 after such date of enactment.

21 **SEC. 1402. ADULT IN FAMILY OR HOUSEHOLD ALLOWED TO**
 22 **ATTEST TO CITIZENSHIP STATUS OF FAMILY**
 23 **OR HOUSEHOLD MEMBERS UNDER AFDC AND**
 24 **MEDICAID.**

25 (a) **IN GENERAL.**—Section 1137(d)(1)(A) (42 U.S.C.
 26 1320b-7(d)(1)(A)) is amended to read as follows:

The conference agreement does not include the provision in the House bill.

G. OTHER INCOME SECURITY PROVISIONS

1. Effect of failure to carry out State plan
(*Suter v. Artist M.*)

Present Law

Many of the principal Federal social welfare programs are established under the "State plan" titles of the Social Security Act of 1935, as amended. These programs include Aid to Families with Dependent Children (AFDC) (Title IV-A), Child Welfare Services (Title IV-B), Child Support and Establishment of Paternity (Title IV-D), Foster Care and Adoption Assistance (Title IV-E), and Medicaid (Title XIX). Under these titles, as a precondition of funding, each participating State is required to develop a written "State plan" that meets certain statutory requirements in order to be approved by the Secretary of the Department of Health and Human Services (HHS).

The Adoption Assistance and Child Welfare Act of 1980 amended the Social Security Act to require States to provide in their title IV-E plans that, in the case of each child, reasonable efforts will be made (a) prior to the placement of the child in foster care, to prevent or eliminate the need for removal of the child from his home, and (b) to make it possible for the child to return to his home (Sec. 471(a)(15)).

On March 25, 1992, the U. S. Supreme Court held in *Suter v. Artist M.*, that the "reasonable efforts" clause does not confer a federally-enforceable right on its beneficiaries, nor does it create an implied cause of action on their behalf. In rendering its opinion, the Court also stated that although section 471(a) does place a requirement on the States, that requirement "only goes so far as to ensure that the States have a plan approved by the Secretary which contains the 16 listed features."

House Bill

The House bill amends Title XI of the Social Security Act to provide that "each individual shall have the right not to be denied any service or benefit under this Act as a result of the failure of any State to which Federal funds are paid under a title of this Act that includes plan requirements to have a plan that meets such requirements, or to administer such a plan in accordance with such requirements."

The House committee report states that the provision does the following: "(1) responds to the recent Supreme Court

decision in Suter v. Artist M., which dramatically limited the ability of program beneficiaries to enforce the State plan titles of the Social Security Act; (2) preserves private rights of action as they existed before the Suter v. Artist M. Supreme Court decision; and (3) reaffirms that the State plan titles of the Social Security Act impose binding obligations on participating States to comply with the requirements of the Act."

The committee report further states: "The purpose of this provision is to assure that individuals who have been injured by a state's failure to comply with the state plan requirements are able to seek redress in the federal courts to the extent they were able to prior to the decision in Suter v. Artist M. The provision does not alter the rules of statutory construction that the courts used prior to Suter v. Artist M. The provision does not alter the finding in Suter v. Artist M., that the 'reasonable efforts' provision, without further direction, is too vague to be enforceable in such an action. It only alters that portion of Suter v. Artist M. suggesting that failure of a state to comply with a state plan provision is not litigable as a violation of federal statutory rights."

Effective date: This House provision applies to actions pending on the date of enactment and to actions brought on or after that date.

Senate Amendment

No provision.

Conference Agreement

The conference agreement amends title XI of the Social Security Act by adding a new section that reads as follows:

"In an action brought to enforce a provision of the Social Security Act, such provision is not to be deemed unenforceable because of its inclusion in a section of the Act requiring a State plan or specifying the required contents of a State plan. This section is not intended to limit or expand the grounds for determining the availability of private actions to enforce State plan requirements other than by overturning any such grounds applied in Suter v. Artist M., 112 S. Ct. 1360 (1992), but not applied in prior Supreme Court decisions respecting such enforceability; provided, however, that this section is not intended to alter the holding in Suter v. Artist M. that section 471(a)(15) of the Act is not enforceable in a private right of action."

While adopting a different formulation, the conference agreement follows the intent of the House bill provision, which is to assure that individuals who have been injured by a State's

failure to comply with the Federal mandates of the State plan titles of the Social Security Act are able to seek redress in the federal courts to the extent they were able to prior to the decision in Suter v. Artist M., while also making clear that there is no intent to overturn or reject the determination in Suter that the reasonable efforts clause of title IV-E does not provide a basis for a private right of action.

The conferees do not believe that Suter v. Artist M. would be applied to the unemployment compensation program.

2. Declaration of citizen and alien status

Present Law

Section 1137(d) of the Social Security Act specifies that States must require, as a condition of eligibility for the AFDC, medicaid, unemployment compensation, and food stamp programs, a declaration in writing by each adult individual (or, in the case of a child, by another individual on the child's behalf), stating whether the individual is a citizen or national of the U. S., and if not, that the individual is in a satisfactory immigration status. Under AFDC policy, a newborn child may not be eligible until a declaration has been signed.

Legislation enacted in 1990 overrode the provision of sec. 1137 with respect to the food stamp program. Under that legislation, one adult member of the food stamp household is required to sign, under penalty of perjury, a written declaration as to the citizenship or satisfactory immigration status of all household members, and by regulation, a declaration for newborn children is allowed no later than the next redetermination of eligibility.

House Bill

With respect to the AFDC program, the House bill allows one adult member of an AFDC family to sign, under penalty of perjury, a declaration as to the citizenship or satisfactory immigration status of all family members.

Effective date: October 1, 1992.

Senate Amendment

With respect to all programs included in the section 1137(d) requirement, the Senate amendment allows one adult member of a family or household to sign a declaration, under penalty of perjury, on behalf of other adults in the household. In addition, in the case of a newborn child, it permits an adult to sign a declaration on behalf of the child no later than the date of the next redetermination of the eligibility of the family or

Center
for the
Study
of
Social
Policy

July 22, 1992

The Honorable Lloyd Bentsen
United States Senate
Hart 703
Washington, DC 20510

Dear Senator Bentsen:

We are writing to urge your support for restoring an important legal right to some of the nation's most vulnerable children.

Specifically, we are asking you to pass in the Senate a provision identical to H.R. 11, The Urban Aid package, which gives abused, neglected, and dependent children in public custody the ability to sue public agencies when adequate care and services are not provided as specified in existing federal law and paid for in part by federal funds.

Here's why this action is needed now.

A recent Supreme Court decision, Artist M. v. Suter, found that abused, neglected, and dependent children in public custody cannot enforce their claims for adequate care and services through legal action. The Court's interpretation of current law (P.L. 96-272, The Adoption Assistance and Child Welfare Act of 1980) was that children must rely solely on federal and state agency enforcement of the protections that were provided by Congress in that statute.

This puts hundreds of thousands of children at risk — children in state and locally-funded foster care and/or residential institutions around the country. While some of the care they receive is very good, many other services are barely adequate. And in some communities, care is still of such poor quality that it is harmful to children.

Tom Joe, Director

1250 Eye Street, NW
Suite 503

Washington, DC

20005-3822

Fax 202 371-1472

Voice 202 371-1868

We are not talking here about subtle issues of program quality. We are concerned instead for those children who remain in "emergency placements" for years at a time; foster children in limbo with no plans and no action to return them to their families or to other permanent homes; children moved to 6 or 8 different "homes" in the course of a year; or children who wait so long for adoption that chances for a permanent home are lost.

Until now, when these flagrant abuses were discovered and state and local agencies did not, or could not, correct them on their own, litigation has been a "last resort" strategy for the children being harmed. Children and their advocates have been able to bring suit to enforce the basic guarantees that Congress provided in the 1980 federal law. Class action lawsuits under Title IV-B and Title IV-E of the 1980 statute have helped improve state and local systems when all other efforts failed.

The Supreme Court's decision may make this no longer possible. The strategy that the Court cited as an alternative -- enforcement of protections by the U.S. Department of Health and Human Services through a "state plan" process -- is virtually non-existent. HHS' enforcement of P.L. 96-272 to date has been so weak, so erratic, and so administratively cumbersome that additional legal safeguards are essential. The State plan mechanism is not a viable accountability or enforcement mechanism for insuring individual rights. It is unconscionable that it would be the only mechanism available to assure that basic, minimally adequate care is provided to children.

Those of us signing this letter come to this position from different backgrounds, perspectives, and experiences. For some of us, our day-to-day work makes us partners with state officials in trying to improve state and local systems. Others among us have spent years conducting research on these services, with the aim of improving them. We all share the common belief that many children in the current child welfare system will be irreparably hurt if Congress does not restore to them the right to enforce provisions of federal law through the courts.

Congress has helped to ensure that other groups, such as the mentally ill, the developmentally disabled, students with handicapping conditions, the elderly in publicly funded nursing care, have enforceable rights. These groups have stronger constituencies than the children we are concerned about here. We are asking you to act now to guarantee that these children are not left without the bare minimum protections that they have had to date.

We would be glad to provide any additional information that you or your staff may need on this issue.

Sincerely,



Tom Joe

Director

The Center for the Study of Social Policy

The Honorable Elliot Richardson
Former Secretary of the
U.S. Department of Health,
Education, and Welfare
Former U.S. Attorney General
Milbank, Tweed, Hadley and McCloy
Washington, District of Columbia

Hale Champion
Former Executive Dean
Kennedy School of Government
Harvard University
Cambridge, Massachusetts

Harold Howe II
Former U.S. Commissioner of Education
Former Vice President of the
Ford Foundation
Cambridge, Massachusetts

John Kramer
Dean
Tulane Law School
Tulane University
New Orleans, Louisiana

Harold Richman
Executive Director
The Chapin Hall Center for Children
University of Chicago
Chicago, Illinois

Harry Specht, Ph.D.
Dean
School of Social Welfare
University of California
Berkeley, California

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The Honorable Richard Fitzgerald
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Chairman FORD. Thank you very much, Mr. Weill.

Mr. Matsui.

Mr. MATSUI. I have no questions, Mr. Chairman. Thank you.

Chairman FORD. Mr. Grandy.

Mr. GRANDY. No questions, Mr. Chairman. I would just note—and this is in Mr. Weill's testimony—that included with his testimony is a letter in support of this compromise language that is signed off by the American Civil Liberties Union, the American Public Welfare Association, the Children's Defense Fund, the National Conference of State Legislatures, and the National Governors' Association, I believe 39 of which were in support of this language. Isn't that true, Ms. Tchen?

Ms. TCHEN. Yes.

Mr. GRANDY. So I think with a consensus like this, we ought to declare victory and quit while we are ahead.

Thank you.

Chairman FORD. Thank you very much.

Mr. Levin.

Mr. LEVIN. How can I ask a question after that? I agree with Mr. Grandy. No questions.

Chairman FORD. Mr. Reynolds.

Mr. REYNOLDS. Thank you, Mr. Chairman.

I do have a couple questions. For those of you who are not from Chicago, you should be aware of the fact that these questions pertain to the general idea of child care, and I think that we all have an interest in that and that is why the room is so full today.

We had a recent tragedy in Chicago on Monday. A mother who had been in and out of the mental institutions in our State from the age of 10 until 22 hung her 3-year-old child. She is 27 years old. She grew up on the west side of Chicago, on 14th Street, and the child was hung there. I grew up on the west side of Chicago on 16th Street. I know the poverty and I know how desperate people are in that area.

My concern and my question is to Ms. Tchen, and if you could elaborate on this, I would really appreciate it. My concern is this child had been sent away from the mother, taken away from the mother on several occasions. The child had been in foster care, and on more than one occasion the child had been bruised and abused.

So the issue here for me—and I know there are a lot of very dedicated people that work for DCFS and there are tremendous workloads and it is a very difficult thing. I also realize that it is often a subjective decision when making these decisions of placing a child back with a family. There seems to be, however—and I am getting to my question—there seems to be, however, more of an emphasis—and the law, obviously, in Illinois, and we are not alone in Illinois, is more concerned with holding families together, as ought to be appropriate in most cases.

But as to a case like this, No. 1, what is DCFS doing to guarantee, first of all, that this is going to be fully investigated, and, two, are there any plans as a result of this case to sort of put more emphasis on the best interests of the child and not necessarily the best interests of keeping the family together?

Ms. TCHEN. I have a number of points to respond to, Representative Reynolds. I do not know about the specifics of the case. I am outside counsel for the department on these matters.

Mr. REYNOLDS. You are aware of the case?

Ms. TCHEN. I am aware of the case the same way you are, from the newspapers.

Mr. REYNOLDS. Well, I am a little bit more aware, because I personally heard about it through the newspapers and I took some time to get some details on it.

Ms. TCHEN. I understand that. I can tell you that the department is fully investigating the matter. We fully investigate all child death cases. In fact, a part of the B.H. consent decree that I referred to has a specific provision that we have a separate quality assurance division that has been established that is separate from the operations unit, so that it can provide independent check and quality reviews generally of operations, and more specifically about individual cases when there is something that has occurred, and obviously a situation like this is one that does, a very tragic situation.

I cannot speak specifically about that other than, to tell you that and to assure you that is happening and it is happening expeditiously.

I can say on the larger issue of family preservation efforts, the reasonable efforts clause, parents' rights versus children's rights and risk, this case is an example of how difficult it is to mix all those blends of State law and Federal law that try to tell individual caseworkers how to make individual decisions.

One of the reasons we pursued the appeal, quite frankly, in *Suter v. Artist M.* is that the provision on reasonable efforts to keep or return a child home only talks about parents and only talks about returning the kids home and doesn't have within it that very important factor of considering the best interests of the child. That appears elsewhere in the statute, but not in this Federal right provision, and we felt very concerned that were the reasonable efforts clause to be made a Federal right, that you would have parents running over to Federal court saying I want my reasonable efforts, when you had a State court saying it is not in the best interests of your child for that child to stay home with you.

What I think this difficulty points out is that it is important—I don't want my comments to be misinterpreted as not supporting reasonable efforts and not supporting family preservation efforts, because those are important and the States need the services that are being considered by this committee and need the support to provide that part of the continuum, as well as the foster care part of the continuum, because there are going to be children like this child perhaps who are at risk cannot be returned home, and where family preservation services are not going to work.

Well, what I think I would caution the committee and those making Federal policy to realize is that these are very individual decisions. What we can do at the Federal level is to provide services and to provide support, but I think we have to provide that support to individual caseworkers so they can make the on-the-ground determination on a case-by-case basis, weighing all of the factors.

I have heard in the press a number of statements that this mother was mentally ill, she had been in and out of State mental institutions for years, and no one would return a child to a mentally ill patient. I don't think we want to say that, either. I don't think we want to say across the board, parents who are mentally ill shouldn't have their children. At the same time, you know, we don't want to put children at risk.

I think what I am trying to say is an across-the-board set of rules and policies like always returning a child home or always trying to take a child away from a parent doesn't help those caseworkers on an individual basis. They have got to have the support, they have to have the ability to make that risk determination as they see it, and then we also have to understand that you can't predict human behavior all the time in these volatile situations.

I think there were court hearings, as I know from the newspaper accounts. There were court hearings in which the child was represented by a public guardian and the parent was represented by a public defender, DCFS was there, the State was represented by the State's attorney, a number of hearings were held at which there was an airing of the status of the case, the medical records of the mother and the child, and through all that, determinations were made that it was appropriate and the time was ready to reunite that child with his mother.

But we couldn't predict what would always happen, and I think that is always going to be the case. That is why I say these agencies have the hardest job in government, because, no matter what they do, at some point a parent is going to terribly harm a child. We can try and we are trying to do everything to meet those needs and try to prevent that from happening, but it is sometimes going to happen.

Mr. REYNOLDS. Mr. Chairman, could I have just a few more moments?

Chairman FORD. Yes, the Chair will recognize you for an additional question.

Mr. REYNOLDS. If the committee would just bear with me just for a moment. I appreciate your answer, but I would appreciate it if you would make it a little shorter, so I don't take up too much time.

With all due respect to your response in why you pursued the appeal in the *Suter* case, I am sure that the fact that children not mentioned had some role in it, but I think the main reason you pursued the appeal in *Suter* was because of the vagueness of the particular requirement and, therefore, it would have created in the eyes of DCFS this heavy burden, that they couldn't really figure out exactly what the requirements were, and I think that was really the basis of the appeal, wasn't it?

Ms. TCHEN. If you look in our brief, that was one aspect. Another aspect was the point that I just raised and we did raise it in our brief to the Supreme Court. We had an instance, one of the cases we wound up having to settle, but in one case in Federal court we had a suit by parents who had juvenile court determinations that they shouldn't have their children, who under the reasonable efforts clause went to Federal court and got a Federal court injunc-

tion around services to be provided to them. So that was a very real concern of ours.

Mr. REYNOLDS. Lastly, I do realize that it is difficult in these cases to determine what ought to happen. You know, there are certain situations—and I really must tell you that I am going to pursue this much further—in this particular case, there were just so many objective instances, so many objective things, it would seem to me—bear with me, because I am going to look further, but it would seem to me that a reasonable person working in this area could have seen the signs. Three times, the child had to be given up to foster care.

The mother had a history of mental illness that had gone on for a couple decades. The mother herself, from the age of 8, being a ward of the State, all of these things contributing to a situation where a 3-year-old child who has been abused in the past is placed back into the home of a mother with the 3-year-old child, and, in addition, having a 1-year-old child to have to care for, as well. I have a 1½ year-old and I know that 1½ year olds, one child is something else to have to deal with. We are expecting twins, by the way, in July. [Laughter.]

I lose something in trying to understand how these tragedies happen like this.

Mr. GRANDY. Will the gentleman yield?

Mr. REYNOLDS. Yes.

Mr. GRANDY. The gentleman has put his finger on a point that has really plagued this committee, and I am glad you are here, Ms. Tchen, because I agree with Mr. Reynolds in what he is saying, but I think that one of the problem is that very often the focus is not necessarily on DCFS or the human service agency, but within the courts.

My information from the people that I talk to in the delivery system is very often the courts will almost always favor the parent over the child, regardless of the mitigating circumstances. And I think if the gentleman wishes to pursue this, this may be something that the Judiciary Committee should look at, because I think the laws are quite honestly biased.

I think that your point about human service people trying to make their best judgment under impossible circumstances is well taken, too. I can understand how they might make a tragic mistake like this.

There was a story in the Washington Post several years ago about a crack mother that murdered her two infants and then didn't realize she had done it. I don't know if there was a custody or foster care situation involved there.

But the fact of the matter is, almost invariably, at least from what I have heard—and I would like your opinion on this, as a lawyer—is that the courts really find in favor of the parent, regardless of very often these kinds of tragic circumstances. I would like to ask you, is there a movement within the legal profession or within the judicial system that would perhaps look at this and reevaluate whether or not there is an implicit bias that will return these children to situations that in some cases are homicidal?

Mr. REYNOLDS. Would the gentleman yield back to me?

Mr. GRANDY. I yield back.

Mr. REYNOLDS. Thank you so much.

You make a very good point, but just like in everything else, the general in the field that makes the decision and makes the recommendation is really in an awful lot of these cases, according to my analysis, the court listens to the recommendation. In this case, when you have very difficult circumstances in situations, it is DCFS in most instances that the court follows their recommendation.

So my inquiry is basically trying to get to how an agency makes these kinds of determinations. Is it because of the lack of money, because of the lack of staffing, too many cases? I am not trying to point the finger. I am just trying to get to the bottom. You know, these tragedies happen and sometimes we become immune to them. But in this instance, it really touched me and I was just trying to get to that.

Thanks very much for the time.

Chairman FORD. Mr. Weill wanted to respond to that.

Mr. WEILL. Thank you, Mr. Chairman. I will just take 20 seconds.

I want to point out that these issues are terribly difficult, and striking the right balance between foster care and leaving children at home is very hard. What we do need is good care and services on both sides of the system. We absolutely agree, children should not be returned to unsafe homes or courts favor parents unduly.

I do want to point out that the reasonable efforts provision is not there solely or primarily to protect parents. It was put in to protect children, because the problems in the foster care system were such that children were suffering in foster care. Certainly, children who should be in foster care are being harmed in their parental homes, but children who should be in those homes are being harmed in foster care. We have to get the right kids on the right side of the system, and the best protection of the system is looking to the children's interests first, with good courts and good caseworkers.

I lastly would like to point out that the reasonable efforts issue in *Suter* was about the fact that these kids did not have any caseworkers at all, some of these kids. So I agree that we need to give the caseworkers a lot of discretion, but we need to give the kids caseworkers.

Chairman FORD. Ms. Tchen, we will recognize you for 30 seconds to respond.

Ms. TCHEN. One of the things in Governor Edgar's budget, Representative Reynolds, is an addition of 500 caseworkers in response to the B.H. consent decree, which mandates that by July 1 of this year, we will be at 30 cases per caseworker, and by July 1 of next year we will be at 25 cases per caseworker. So some of the resources question, as Mr. Weill raised, are being answered.

Second, I think there is a real difficulty, and those of us who look after a tragedy has happened must really resist the temptation for post hoc looking at all the factors and saying those inevitably led to that.

Because when you were standing there 6 months ago trying to make the determination, my understanding is they had a court hearing and they looked at both her treating physician's recommendation, as well as counselor's that the mother had been see-

ing, as well as the caseworker's determination. And within DCFS we have an internal review, that when a recommendation to return home is made, the caseworkers must write up that recommendation, cite all of the factors that are leading him or her to make that determination, and that is reviewed.

As to Representative Grandy's point, some of what I have observed and a lot of the research I did to argue the Supreme Court case, what we have really seen over the years is a pendulum. About 10 or 15 years ago—and I think Mr. Weill would support this—the move was always take the kid out of the home, you know, that the risks or the harm means you have got to take the kid out, that is a bad parent, you have got to remove the kid. And at some point we have been swinging and we may be a little bit in some cases have gone too far over here, which is never take the kid or always return the kid home until you have got overwhelming evidence that you can terminate parental rights.

Somewhere we have got to find—and we are struggling to do that in Illinois—in some way you have got to find that balance right in the middle that focuses appropriately on the child and the child's risks and long-term and short-term best interests and make a determination sort of free of what is happening at either end of the pendulum. But those are very difficult things to do and we are struggling very hard, and, as I think the other witnesses have said, it depends upon having the whole continuum of services available so kids are not more at risk in foster care and the services to protect them at home are also available.

Chairman FORD. Thank you, Ms. Tchen and Mr. Weill.

As you know, the *Suter* case and the issues surrounding the case are complicated. We are indeed fortunate that the States as well as the child advocacy organizations are in full support of the conference agreement provision, and hopefully we are going to be able to move forward in this area.

Again, thank you very much for your testimony before the subcommittee.

Ms. TCHEN. Thank you, Mr. Chairman.

Mr. WEILL. Thank you, Mr. Chairman.

Chairman FORD. I know that the minority side has a leadership lunch. We are going to call the next panel, and after this panel we will break shortly until 1 o'clock.

I would like to call one person out of order for the next panel, the Conference of Chief Justices, the Honorable Michael Cavanagh, chief justice from the Michigan Supreme Court. To join him are the American Public Welfare Association, Mr. Peter Digre, director of the Los Angeles Department of Children's Services; the city of New York, the Honorable Barbara Sabol, commissioner/administrator, human resources administration; and the Michigan Department of Social Services, Ms. Susan A. Kelly, director, Families First.

Your Honor, you may testify first. We understand that you have a flight to catch at 1:55. We are delighted to have each of the panelists here with us today, but we are going to recognize you first and call you up at this time out of order.

**STATEMENT OF HON. MICHAEL F. CAVANAGH, CHIEF JUSTICE,
MICHIGAN SUPREME COURT, ON BEHALF OF CONFERENCE
OF CHIEF JUSTICES**

Judge CAVANAGH. Thank you very much, Mr. Chairman, and thank you for your consideration in taking me out of order so that I can return to our court's business later today.

For the record, I am Michael F. Cavanagh, chief justice of the Michigan Supreme Court, and I appear today on behalf of the Conference of Chief Justices at the request of the conference's president, chief justice Robert F. Stephens, the chief justice of the Supreme Court of Kentucky.

As you may know, the conference is composed of the highest judicial officers of the 55 existing State and Territorial court systems and the District of Columbia, and we appreciate the opportunity to express our views on the subject of President Clinton's budget proposal to provide new funding for child welfare services targeted for family support and preservation services.

I would like the record also to reflect that I am accompanied here today by the State court administrator for the State of Michigan, Marilyn Hall.

As chair of the conference's courts and children committee, which has developed a number of resolutions endorsing provisions of Federal legislation which earmark funding for State courts to fully implement federally mandated foster care reforms, my testimony is prompted by the recently filed Senate bill 596, the Family Preservation Act of 1993, and the similar approach, also endorsed by the Conference of Chief Justices and other organizations, which was enacted as part of House Resolution 11 last year, but subsequently vetoed.

The State courts of the country have not been empowered to fully implement the Federal mandates of the Adoption Assistance and Child Welfare Act of 1980. Even though millions of dollars have been invested in the State executive branch agencies who administer parts B and E of title IV of the Social Security Act, I think the funding that has filtered through to the courts has not met the need. Therefore, we present this testimony in very strong support of Federal legislation which would authorize, as the proposal contemplates, a grant program to enable State court systems to assess and implement recommendations for improving court procedures in child welfare cases.

To come quickly to the point, we believe that a large part of the reason why more significant improvements have not been made is that the judiciary, State judiciary, has not been brought in fully as a partner to solve problems at the State level and has not been allocated adequate resources for such an effective partnership. We conclude that the discrepancy between the resources currently available to juvenile and family courts and those that would be required if the act were fully implemented has seriously undermined your intentions and the effectiveness of the act.

I will spare you, because of your time constraints, a number of pages outlining some of the specifics of the legislation with which you are all too familiar. I would only note, obviously, that there is a direct link between the expanded list of issues courts must address under the act and judicial procedures. Since 1980, juvenile

courts have been expected to review promptly decisions to remove a child from the home during emergencies, to oversee agency efforts to prevent placement and reunify families, to approve agency case plans designed to rehabilitate families, to periodically review cases, and to decide whether to terminate parental rights in cases involving children unable to be returned home.

Thirteen years ago, in 1980, a judge's role was generally limited to presiding over a single hearing concerning alleged maltreatment of the child. Attorneys were seldom involved. Under current mandates, there should be a series of judicial hearings as the child moves through the system, including an emergency placement hearing, a fact-finding hearing, a disposition hearing, a series of judicial oversight hearings while the child is in foster care, and hearings to legally free the child for adoption.

Obviously adding to the complexity of these cases are the increased number of people who may be involved. It was mentioned earlier the number of attorneys. There are added custodial and noncustodial parents and their representation, the guardians for the children, foster parents, and the attorneys for social service agencies.

I think if the Federal requirements and goals that you have established and want to establish in this legislation are to be fully met and fully implemented, there must be assessment and evaluation and data collection and effective case management procedures at the State court level. A grant program like that proposed in Section 4 of 596 will enable State courts to take significant action, I submit, in the effort to comply with the provisions of Public Law 96-272. And a direct allocation of funds to the judiciary will ensure that State courts have the resources needed to meet their responsibilities.

Federal resources should be channeled through the highest level of the State court system because systematic and consistent improvements across the State in handling foster care cases must come about through action by top level court administrators and judges. The chief judicial officer of the highest State court and the chief administrator of the court system, working as a team, have the power to effectively manage statewide systematic changes and attempt to do our part to meet all the concerns that you are hearing expressed here today.

I would make note of Michigan's particular efforts by two predecessors in my office as Chief Justice. Former chief justice Mary Coleman in 1983 established a blue-ribbon task force committee comprised of interdisciplinary participants, recommending a number of actions. My immediate predecessor, Chief Justice Dorothy Comstock Riley, appointed a task force for the role of probate court in the delivery of services to children.

Michigan in the last 7 years has appointed no less than six very impressive task forces, commissions on juvenile courts, all of whom have made recommendations, many of which have been enacted in State legislation and amendments to our court rules. Our State court administrator's office has administered the foster care review board program since its inception in 1984.

But the most recent annual report of the foster care review board indicates that the most common institutional, as opposed to paren-

tal, barriers to placing a child in a permanent setting in the home are legal barriers, and legal barriers primarily boil down to and are defined as delay—delay in court proceedings, delay in rendering decisions, attorneys not being appointed in a timely manner, and cases languishing on appeal.

We have expended a significant amount of money through our department of social services. The numbers have continued to rise. Our statistics for 1991 show that over 20,000 cases involving child protective proceedings were held in Michigan courts.

But I should add the caveat that of all the areas in which our State court administrative office collects statistics, the number of abuse and neglect cases and the data generated about those cases, even in spite of all our efforts—and I think Michigan has done a lot—that is the area with the least information. There is miscataloging of cases. There are, we suspect, instances of duplication of statistics. And I think that is one of the keys that we think, from the perspective of the State judiciary, needs to be identified concretely, with an information management system put in place by which the court can monitor the procedures in these proceedings.

DSS has estimated that an information system to capture their needs in processing foster care cases would cost about \$20 million, and the court's cost would be an additional few million. It sounds like a big price tag, but that is less than 10 percent of the annual cost in our State of the program, and the effort would ultimately result in significant future cost avoidance by better, earlier placement, permanent placement of children—in other words, lower foster care payments.

I think we would all agree that the dollar value is dwarfed by the social injustice to the children in these cases who languish in temporary placement awaiting permanent homes. So we would—and I know my colleagues in the Conference of Chief Justices would propose similar utilization of these sorely needed resources. We would propose to utilize them for data collection and analysis, development of an automated management information system, program development staff to identify programs within Michigan which are working, and providing management assistance to our trial courts, giving administrative incentives to our trial courts to move these matters with expedition, continuing training for judges, court staff, and attorneys, court rules and statutory modifications, and, very important, augmenting our appellate process.

As I said, we are probably ahead of many States in that we have studied the issues of permanency planning and the court's role many times over, and we are very painfully aware of the problems. We have a good working relationship with the State Department of Social Services and a commitment from the Governor's office to work together to resolve the problem.

But our biggest barrier—and it is a plaintive cry that I am sure, Congressman, you hear all too often—our biggest barrier is resources. We have tried to piece together the resources through foundation funding and State appropriations, but these efforts have been focused too specifically, I think, on a county or a specific court, and they really lack the systemic approach which is required at the level of the State judiciary.

So the Federal mandates followed by State statutory mandates are clear statements of public policy to guarantee every child's right to a permanent family. Unfortunately, that public statement has not been translated into funding priorities to provide the basic structure to support the court's absolutely essential role in the process. If we were to compare our family seeking permanency for children, to a human body, the court system would serve, in effect, as the nerve center, assuring that the body was able to function.

So I think State courts need to plan; they need the resources to do that and to monitor their progress and monitor how effectively they are complying with your policy decisions and State legislation enacted to meet these needs. So it is for these reasons that the Conference of Chief Justices supports these changes and that the national organization of the highest judicial administrators in the States and Territories, the Conference of State Court Administrators, unanimously support this. These changes are a very important step for the Clinton administration and Congress to take in ensuring the future economic and social health of the United States.

I thank you for your consideration and your patience in hearing the remarks.

[The prepared statement and attachments follow:]

**Testimony Presented Before
Subcommittee on Human Resources
Committee on Ways and Means
U.S. House of Representatives
Wednesday, April 21, 1993**

**Delivered by
Honorable Michael F. Cavanagh, Chief Justice
Michigan Supreme Court**

**On Behalf of the
Conference of Chief Justices (CCJ)**

Mr. Chairman and Members of the Subcommittee, I am Michael F. Cavanagh, Chief Justice of the Michigan Supreme Court, and I appear today on behalf of the Conference of Chief Justices at the request of the Conference's President, Chief Justice Robert F. Stephens, of the Supreme Court of Kentucky.

The Conference, composed of the highest judicial officers of the 55 existing State and Territorial court systems and the District of Columbia, appreciates the opportunity to express its views on the subject of President Clinton's budget proposal to provide new funding for child welfare services targeted for family support and preservation services.

As Chair of the Conference's Courts and Children Committee, which has developed CCJ Resolutions endorsing provisions of federal legislation which earmark funding for State Courts to fully implement federally mandated foster care reforms (see attached Resolutions), my testimony is prompted by the recently filed Senate Bill S. 596 "The Family Preservation and Child Reform Act of 1993" and the similar approach, also endorsed by CCJ and other organizations, which was enacted as part of H.R. 11 in 1992 but subsequently pocket vetoed by President Bush.

The State Courts of the country have not been empowered to fully implement the federal mandates of P.L. 96-272, the Adoption Assistance and Child Welfare Act of 1980, even though millions of dollars have been invested in state executive branch agencies which administer parts B and E of Title IV of the Social Security Act. Therefore, we present this testimony in strong support of federal legislation which would authorize a grant program to enable State Courts systems to assess and implement recommendations for improving court procedures in child welfare cases.

To come quickly to the point, we believe that a large part of the reason why significant improvements have not been made is that the judiciary has not been brought in as a partner to solve problems at the state level and has not obtained adequate resources. We conclude that the discrepancy, between the resources currently available to juvenile and family courts and those that would be required if the Act were fully implemented, has seriously undermined the effectiveness of the Act.

Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, was adopted by Congress in order to prevent:

"the unnecessary separation of children from their families by identifying family problems, assisting families in solving their problems, and preventing breakup of the family where the prevention of child removal is desirable and possible..."

The law was a major shift in national policy on child welfare. It shifted federal aid from support for foster care for harmed children, to support for preventing family separation, and promoting the safe reunification of the family if the child had to be removed. Federal funds were made contingent upon the states implementing preventive services, establishing systematic protections in social service agencies and the courts, and adhering to a schedule for a mandated series of events.

P.L. 96-272 mandated substantial changes in state court procedures for handling foster care cases. Prior to P.L. 96-272, State Courts were only expected to determine the validity of allegations and, if allegations were proved, award custody of the child. Under the Act, State Courts are not only to determine whether children have been maltreated by their parents, but also must determine whether the social service agency's response has been sufficient.

This change in expectations placed new responsibilities on State Courts in foster care cases.

- It increased judicial scrutiny of the removal of children from their homes.
- It mandated court involvement in the periodic review of cases.
- It required timely judicial decision-making in foster care cases.
- It encouraged effective coordination between courts and child welfare agencies.

These new responsibilities were to have a direct affect on court operations. First, the range and complexity of the issues to be decided by the court were expanded. Second, the number of judicial hearings required for most cases were to increase. Third, more people were to be involved in abuse & neglect proceedings than ever before. And, fourth, to implement fully the Act, the resources courts must devoted to these cases were to be significantly increased.

There is a direct link between the expanded list of issues courts must address under the Act and the number and complexity of judicial procedures. Since 1980 juvenile courts have been expected: to review promptly decisions to remove the child from the home during emergencies; to oversee agency efforts to prevent placement and reunify families; to approve agency case plans designed to rehabilitate families; to periodically review cases; and to decide whether to terminate parental rights in cases involving children unable to be returned home.

Thirteen years ago the judge's role was generally limited to presiding over a single hearing concerning alleged maltreatment of the child. Attorneys were seldom involved. Under P.L. 96-272 mandates, there should be a series of judicial hearings as the child moves through the system, including an emergency placement hearing, a fact finding hearing, a disposition hearing, a series of judicial oversight hearings while the child is in foster care, and hearings to legally free the child for adoption.

Further adding to the complexity of these cases are the increased number of people who may be involved. Prior to 1980, participants in child protection cases were largely limited to the caseworker and the custodial parent(s). Thirteen years later participants at a judicial hearing may also include the custodial parent with counsel, the noncustodial parent with counsel, the child with counsel and/or an attorney serving as Guardian ad Litem, the foster parent(s), and the attorney for the social service agency.

It is beyond the capacity of this statement and our time this morning to offer a full explanation for the discrepancy between full implementation and current practice. However, the main reason is that courts have lacked the requisite resources. In addition, since 1980, the implementation of additional duties charged by Congress to State Courts have been further undermined by: the increasing number of child abuse reports; the growing severity of child abuse reports (particularly those related to sexual and substance abuse); the increasing volume of juvenile court filings; and the growing frequency and complexity of judicial hearings per child victim case.

Some state executive branch agencies have voluntarily used some of their federal dollars to assist the judiciary, and this assistance has been used primarily for judicial training. However, full implementation demands assessment, evaluation, data collection and effective case management procedures. A grant program like that proposed in Section 4 of S. 596, "The Family Preservation and Child Reform Act of 1993", will enable State Courts to take significant action in the effort to comply with the provisions of Public Law 96-272.

It is the position of CCJ that the most effective approach is to recognize and include the judiciary in the foster care reform effort and to allocate funds directly to the State Courts. A direct allocation of funds to the judiciary will ensure that State Courts have the resources needed to meet their responsibilities in improving the implementation of P.L. 96-272.

Federal assistance should be channelled through the highest level of the state court system, because systematic and consistent improvements in handling foster care cases must come about through action by top level court administrators and judges. The chief judicial officer of the highest state court and the chief administrator of the court system, working as a team, have the influence to effectively manage statewide, systematic changes.

Federal law should provide that the chief judicial officer and court administrator gain an understanding of the needs of foster care litigation before beginning their federally assisted efforts to improve judicial implementation of P.L. 96-272. Once courts have completed their collection of data, have prepared a description of how courts are actually implementing P.L. 96-272 reforms, and have analyzed what needs to be done to improve court performance, they can develop sound overall plans for implementing improvements. Such plans could include specific goals, tasks, and timetables with procedures for monitoring the implementation.

Establishing such a plan not only will add structure and organization to the courts' efforts, but also will make the State Courts more accountable in their use of federal funds. That is, establishing goals, tasks, and timetables not only help to make the court system's efforts more methodical, but also make easier the measurement of court system accomplishments during years it receives federal assistance.

In addition to providing for new federal efforts to assist courts, federal law should be amended to encourage agencies to provide better information to courts. This should include mandatory steps to provide better written information to the judiciary on the array of services for families and children.

These changes and the need for federal assistance are supported by official policy of the Conference of Chief Justices (CCJ, 1990, 1992), and the national organization of the highest judicial administrators in each state and territory, the Conference of State Court Administrators (COSCA, 1991).

These changes are important steps for the Clinton Administration and Congress to take in ensuring the future economic and social health of the United

States. As with health care, a sound child welfare system is an important building block in preparing for the twenty-first century. By improving the quality of intervention on behalf of abused and neglected children, such children are more likely to become productive citizens rather than criminals, chronic mental inpatients, or other dependents of society.

The State Courts are essential to the success of the child welfare system because they must ensure timely and careful decisions concerning the placement and legal status of children in order for social services to be effective. No organization is more capable of assessing and improving judicial processing of child abuse and neglect cases than the courts themselves.

I thank you for your time and urge you to introduce legislation, like the language contained in Section 4 of S. 596, which wisely reflects Congressional recognition of the essential role of the State Courts in effectively implementing the federal foster care reforms.

CONFERENCE OF CHIEF JUSTICES

RESOLUTION VI

Federal Assistance for State Court Systems to Assess and Improve Procedures in Child Welfare Cases

- WHEREAS, the Conference of Chief Justices expressed its concern in Resolution XIX, adopted on February 1, 1990, that the courts are not given financial incentives or assistance in meeting the Federal mandates of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272); and
- WHEREAS, in Resolution XIX, the Conference of Chief Justices resolved that the Adoption Assistance and Child Welfare Act (P.L. 96-272) be amended to provide financial incentives directly to State court systems to help them improve the administration of cases involving foster care children; and that all Federal financial assistance under programs to assist state court administration of child abuse and foster care cases be administered at the state level through the state's chief judicial officer and court administrator so that improvements will be made on the long-term, systemic, and state-wide basis; and
- WHEREAS, proposed Section 105 of the Family Preservation Act of 1991 (H.R. 3603) would provide up to \$115 million of Federal funds in fiscal years 1993 through 1997 to state courts to assess and improve procedures in child welfare cases; and
- WHEREAS, the Family Preservation Act of 1991 (H.R. 3603) directly responds to and is in accordance with the Conference of Chief Justices' explicit concerns for the administration of Federal financial assistance to state courts for management of child abuse and foster care cases;
- NOW, THEREFORE, BE IT RESOLVED that the Conference of Chief Justices endorses the provisions of the Family Preservation Act of 1991 currently pending before Congress which earmark funding for State courts to deal with the effective implementation of child welfare and foster care reforms.

Adopted as proposed by the Courts and Children Committee and the State-Federal Relations Committee at the Conference of Chief Justices' Forty-fourth Annual Meeting in Lahaina, Maui, Hawaii, on July 23, 1992.

FOSTER CARE

- WHEREAS,** the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) assigns state courts a critical role in legal proceedings for children in foster care; and
- WHEREAS,** the proper performance of this role has a powerful and positive impact on child welfare practices by preserving family unity, and avoiding unnecessarily long or abusive foster care; and
- WHEREAS,** many courts lack the resources to perform the federally assigned functions in a careful and complete manner; and
- WHEREAS,** the Act provides financial incentives to state and county welfare agencies that are conditioned on the courts meeting the substantial demands placed on them by the Act; and
- WHEREAS,** the courts are not given financial incentives or assistance in meeting the federal mandates; and
- WHEREAS,** limited but carefully targeted federal assistance would enable state courts to improve the handling of foster care and abuse or neglect cases through improved staffing, improved case management, improved training of court personnel, and modernization of court rules and procedures;
- NOW, THEREFORE, BE IT RESOLVED** that the Adoption Assistance and Child Welfare Act be amended to provide financial assistance directly to state court systems to help them improve the administration of cases involving foster children; and
- BE IT FURTHER RESOLVED** that all federal financial assistance under programs to assist state court administration of child abuse and foster care cases be administered at the state level through the state's chief judicial officer and court administrator so that improvements will be made on a long-term, systemic, and state-wide basis.

Adopted as proposed by the Children and Courts Committee of the Conference of Chief Justices at the Thirteenth Midyear Meeting in San Juan, Puerto Rico, February 1, 1990.

CONFERENCE OF STATE COURT ADMINISTRATORS**RESOLUTION XV****Foster Care**

- WHEREAS, the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) assigns state courts a critical role in legal proceedings for children in foster care; and,
- WHEREAS, the proper performance of this role has a powerful and positive impact on child welfare practices by preserving family unity and avoiding unnecessarily long or abusive foster care; and,
- WHEREAS, many courts lack the resources to perform the federally assigned functions in a careful and complete manner; and,
- WHEREAS, the Act provides financial incentives to state and county welfare agencies that are conditioned on the courts meeting the substantial demands placed on them by the Act; and,
- WHEREAS, the courts are not given financial incentives or assistance in meeting the federal mandates; and,
- WHEREAS, limited but carefully targeted federal assistance would enable state courts to improve the handling of foster care and abuse of neglect cases through improved staffing, improved case management, improved training of court personnel, and modernization of court rules and procedures;
- NOW, THEREFORE, BE IT RESOLVED that the Adoption Assistance and Child Welfare Act be amended to provide financial assistance directly to state court systems to help them improve the administration of cases involving foster children; and,
- BE IT FURTHER RESOLVED that all federal financial assistance under programs to assist state court administration of child abuse and foster care cases be administered at the state level through the state's chief judicial officer and court administrator so that improvements will be made on a long-term, systemic, and state-wide basis.

Adopted by the Conference of State Court Administrators at the Thirty-Seventh Annual Meeting in Philadelphia, Pennsylvania on August 8, 1991.

Chairman FORD. Thank you very much, Chief Justice. We have a 5-minute rule, but naturally I wasn't about to cut the chief justice off and ask him to abide by that 5-minute rule.

One other thing, and I will be very brief. You mentioned that the role of the courts in child welfare cases has drastically increased. You also mention the need for funding. You look directly toward the Federal Government. Why is it that the States have not provided funding at a greater level, even in your own State of Michigan, knowing that the caseloads of the courts and the involvement is on a large scale?

Judge CAVANAGH. Well, we have talked about it, and there is a significant ongoing struggle that I think has been extremely noticeable in the last several years across the country, with States being in financial distress and trying to marshal resources in a way that has not helped the courts. I met yesterday morning with our Governor for an hour-and-a-half, and he has priorities. This is one of his priorities. But the problem is to translate it into dollars when it comes into the court system for the added costs and witness fees and appointed counsel. It has never really been thought of.

It is a battle, I think, that we have been fighting across the country, and the American Bar Association, whom you are going to hear from shortly, is going to talk about the crisis in the whole legal system, that is not just criminal justice. Because when criminal justice takes precedence, these cases suffer. Civil litigation and those avenues are not available. And it is not unique to us.

I was with your chief justice this weekend at the U.S. Sixth Circuit Conference of Federal Judges. I was with Chief Justice Reid, and we heard from our Federal counterparts as to what inadequate resources and person-power they had, and one of the solutions that they had hoped to look to would be to share some of their responsibilities with State courts. Not a real happy prospect, at least not from our perspective.

We have constantly fought to try and maintain adequate resources for policy decisions, for mandatory sentence schemes, those types of things.

Chairman FORD. Mr. Camp.

Mr. CAMP. Thank you, Mr. Chairman.

Justice Cavanagh, good to see you again, and I want to thank you for taking the time to come to Washington to testify. I agree with much of what you said in that our courts are an integral part of protecting children and families. I practiced extensively in that area, and I agree with much of what you said.

Just a comment with regard to the funding question. In Michigan, our State courts are funded by a combination of State and local dollars. And so each county commission is very involved in the funding level for courts, and it does make a difference in terms of appointed counsel, for example, what the counties are willing to do as well.

Judge CAVANAGH. As you know, I was really speaking overall. I just made mention of Michigan.

Mr. CAMP. Yes. But with respect to Michigan, that is a factor in the funding level of our courts. The State can only go so far.

Judge CAVANAGH. And counties make the same argument, you know, to the State and to the courts. Counties underwrite I think

about 69 percent of our costs for the legal system in Michigan and wonder why the State doesn't assume more responsibility. They promised to take over State financing, some 10 or 12 years ago, but it is not a very realistic prospect.

Mr. CAMP. That has been debated for a number of years. But I just wanted to thank you for your testimony, and we appreciate your coming.

Judge CAVANAGH. Thank you.

Chairman FORD. Mr. Matsui.

Mr. MATSUI. Thank you.

Thank you, Justice Cavanagh, for your testimony. I just have one question. I would not want you to refer to Michigan because somebody asked a question that deals with the kind of justices or judges that will go into the juvenile court system. In California, it is a mixed record. In Los Angeles, for example, we have a juvenile court system that works very, very well. We have dedicated, long-time judges who stay with the system, stay and really are committed to juvenile justice issues. But in some other counties, they just can't wait to get out. You know, it is the ones who take the appointment for a while and then they just want to get out. And so there is very little history; there is very little understanding of the long-term impact on children and juvenile laws and juvenile issues.

How do we deal with that? Perhaps Michigan is a model case, how are you dealing with it, and how should we be dealing with it?

Judge CAVANAGH. Well, I am not certain I would classify us as model, but I would say that our as to juvenile and probate judges, that phenomenon of predictable mobility out of that court doesn't follow. Some do. Some move into the next level circuit court, or try for an appellate position. But I think, by and large, they are very good. They are very effective. They are very hard-working.

Michigan has what I would rate as a very favorable level of salaries for judges in comparison with a lot of States around the country. And this being a—I don't know what type of market you would call it, but with the significantly greater number of attorneys in our State, for example—we have some 27,000, 28,000 lawyers—there is no dearth of interest.

But I couldn't help but think of the incident that Congressman Reynolds referred to—a tragic incident, and that it is amazing to me how something like that doesn't happen more often and that we only read about it occasionally.

We had an almost identical case in Michigan some 3 years ago where a child went through the process, from a termination hearing all the way up to our court and back down. And when the child was finally returned, because the mother was determined to be fit, the individual with whom she was living strangled the child.

It drew a significant amount of publicity. The legislature rushed to change the guardianship laws because somebody thought something was missing in the language—but it was a case, sad and tragic, that went through the cracks. And why did it fall through the cracks? Probably for a lot of reasons.

I went back. There was no evidence on the record before our court, of any prior abuse or any threats in this home. Some of this came out subsequent.

But you have overworked social workers who have a staggering caseload, who can't devote a completely adequate amount of their time, and it comes into the court where you are going to hear testimony as to how brief and scant the hearings are and how much time is allocated because the numbers just keep coming. And it is a miracle to me why more cases aren't missed.

Mr. MATSUI. Thank you.

Chairman FORD. Thank you very much, Mr. Chief Justice, and we are going to excuse you so you can catch your flight.

Judge CAVANAGH. Thank you.

Chairman FORD. Now, I know that the minority side is having a leadership luncheon. We are going to work a few more minutes to conclude this panel, and we will come back at 1 o'clock this afternoon.

At this time I will recognize the American Public Welfare Association, Mr. Peter Digre. Am I pronouncing that correctly?

Mr. DIGRE. Yes.

Chairman FORD. Thank you, sir. Go right ahead.

STATEMENT OF PETER DIGRE, DIRECTOR, LOS ANGELES COUNTY DEPARTMENT OF CHILDREN'S SERVICES, ON BEHALF OF AMERICAN PUBLIC WELFARE ASSOCIATION

Mr. DIGRE. Chairman Ford and members of the subcommittee, thank you very, very much for the opportunity to be here today. My name is Peter Digre. I am the director of the Los Angeles County Department of Children's Services. I am representing the American Public Welfare Association, which, as you know represents cabinet-level officials in all 50 States and 200 counties. And I would like to also say I am representing the Los Angeles County Board of Supervisor, which unanimously has voted to support this legislation in a unanimous, bipartisan fashion. I commend you for your leadership and your decisiveness in calling this hearing, and we are very, very thankful for the good leadership of this committee.

We have discussed the enormous increase in child abuse reporting, the enormous growth in foster care, now 430,000 kids throughout the country. Just in Los Angeles, we have now passed the 37,000 mark, up over 100 percent in kids in foster care in the last 7 years.

The why's of this I think are pretty obvious, and I have some visuals with me to demonstrate some of those.

The dashed line that you see simply shows over the past 30 years the increase in poverty in children in the United States. This is driven by a number of things: the increase in single-parent families, the increase in out-of-wedlock births, the decline in the value of wages to workers, particularly young workers, and the increased poverty rate, particularly among workers. I think the bottom line of this, simply stated, is that there is more deprivation of children today than there has been in the past.

Our second chart deals with that specifically in terms of Los Angeles, and you can see the top line is the interesting one, because in the late 1980's our economy was very, very hot, and you can see unemployment was dropping. And the fascinating thing is, right on the heels of that, two big indicators: The number of drug babies about 9 months after that takes a drop, and the total child abuse

reporting takes a drop. And ever since the economy began to deteriorate drastically—this chart was done in October—and we are now in the vicinity of about a 10.5-percent unemployment rate, and in addition to that, a huge number of people, about 1.6 million are on welfare. You can see the child abuse reporting and the number of drug babies reported to us has taken off like a rocket, going very, very similar, to the point where I sit here today and tell you that every month we are adding 200 and 300 kids net increase in our foster care system.

We have been very, very pleased—

Chairman FORD. Excuse me a minute. Do you have that on a national scale? That one covers Los Angeles County.

Mr. DIGRE. Yes, this is specifically for Los Angeles County. The first figure I used was a national figure.

Chairman FORD. I didn't see the national figure.

Mr. DIGRE. The first chart, yes, showed the national figures in terms of the increase in the total poverty rate for children. This is from a study by the Rand Corp., incidentally, called "Urban America," which was recently released and which I recommend to your committee for review. It is really an excellent piece of work.

Chairman FORD. Thank you.

Mr. DIGRE. What is so shocking to me is our third chart. What this increase in child abuse reporting is doing, as I said, is driving a very, very substantial increase in the number of kids in the foster care system in Los Angeles, in California, and throughout the country. We are now, as I said, at about the 37,000 mark throughout the State. It is a \$1 billion program, so it is becoming an enormous program.

What is driving these increases in placement, tragically, is not, as we might suspect, neglect; but if we could see the next chart—I am sorry. There is one other. Yes—is an increase in physical abuse reporting.

As you can see, of those almost 140,000 reports that we are getting—these are monthly levels—we are now at the rate where nearly 50,000 of those 140,000 are for physical abuse. So what we are seeing is this kind of economic stress translate itself into more physical abuse directed at children.

Finally, my final graphic is simply what we are attempting to do on an experimental basis to try to stem this tide to some degree and create some hope in this situation.

Basically, we have developed an approach which we think is very compatible with the proposed legislation. We are trying to empower communities and get communities to own this problem by financing local community and community-owned initiatives. We are trying to pull together all the services that are in a community into an integrated service network. We are trying to build services which are available 24 hours and which are very intensive. And that is the answer to the child protection issue, the intensity of these services. If a child is at significant risk, these programs have to see them 16 to 20 times a month.

We have just made a very small start in this. We cover about a third of our county, and so we are very excited and hopeful about the prospects of this legislation. We support very strongly and desperately need the resources for family preservation. Our experience

is that about 80 percent of all of our kids have a substance abuse and an addiction problem in their homes, so the arena of specific targeting of the substance abuse problem is very, very crucial, as well as the other things that Mr. Primus discussed, the need to develop better tracking systems for kids, and the need to reauthorize the independent living. Also a crucial issue is the whole reality of foster parents. The fact that they are dealing with more deprived and more difficult children means that they need support through respite and training.

So thank you very, very much for this opportunity. You are bringing hope into this very troubled field. Thank you.

[The prepared statement and attachments follow:]

STATEMENT OF PETER DIGRE, DIRECTOR, LOS ANGELES COUNTY DEPARTMENT OF CHILDREN'S SERVICES

Chairman Ford, Members of the Subcommittee. Thank you for this opportunity to testify before you today. I am Peter Digre, Director of the Los Angeles Department of Children's Services and a member of the American Public Welfare Association. APWA represents the cabinet-level officials in the 50 states responsible for administering publicly funded human services, including the child welfare, foster care, independent living and adoption assistance programs, local public welfare agencies, and individuals concerned with social welfare policy and practice. APWA appreciates this and previous opportunities to come before the subcommittee and testify on behalf of this critical reform.

I'd like to commend you for your decisive action in calling this hearing. By doing so you raise public awareness of our nation's most vulnerable families and the programs that truly do make a difference in their lives. You provide hope that families in need, with help, may stay together. And so many of our nation's families are in crisis, Mr. Chairman. The pressures they face only continue to grow.

THE PROBLEM:

- The number of families needing public assistance has grown steadily -- an increase of 32% in families on AFDC from July, 1989 to January, 1993.
- Single parent families are on the rise -- 24% of children now live in single parent families, a 13% increase over just 10 years ago.
- Working families with children saw their median income drop 5% in real terms between 1979 and 1990.
- Family dissolution is growing; more than a million children experience divorce each year, and over 6 million children live away from their parents.

In Los Angeles, the Department of Children's Services responded to over 120,000 reports of abuse and neglect in 1991 alone, including over 2,500 referrals for perinatal drug exposure. Los Angeles County cares for over half of the 80,880 children in substitute care in the state, and 80% of these cases involve parental substance abuse.

The increasing pressures on families are clearly reflected in data from APWA's Voluntary Cooperative Information System (VCIS). According to VCIS, the U.S. child substitute care population reached a high of 429,000 children in 1991. The system has seen an increase of 63.4% in the total substitute care population from 1982 to 1991. In an equally disturbing trend, children who enter the substitute care system are not exiting at the same rate as in the early 1980s. Services designed to provide permanency for children in foster care are simply overwhelmed; an assessment documented by an APWA survey of public child welfare agencies that found only three of more than 30 critical services are offered statewide by child welfare agencies across the country: child protective services, family foster care, and special needs adoption.

Behind these statistics are the increasingly complex problems that drive families into the child welfare system, and extend the time children stay in substitute care. More than any one other factor, poverty and its effects appears in case after case within child protective service systems. Over fifty percent of reports of child abuse and neglect involve the deprivation of basic necessities such as adequate food, shelter, health care, clothing and supervision. Children coming into care are often very troubled, and seriously abused. Their lives have been damaged by sexual abuse, serious physical or mental health difficulties, AIDS and developmental disabilities.

One cannot possibly underestimate the impact of substance abuse and addiction on fragile families. Many more infants are born today testing for drugs as well as AIDS. These children are posing new challenges for child welfare administrators attempting to meet the need for new specialized services, while coordinating with other systems such as substance abuse treatment programs, medical experts and mental health systems.

Adolescents are also entering care at a higher rate. Teens in substitute care bring with them a unique set of problems and needs. Child welfare agencies are challenged to prepare these youth for the transition from foster care to independent living -- a service that is critical in preventing this population from becoming the next generation of homeless, poor and disconnected adults.

Poverty and substance abuse are simply driving families apart. Child welfare agencies were not designed, nor are they currently funded and staffed, to be able to take on the task of solving the problems of poverty and drugs. Our agencies are here to protect children, to work with troubled children and their families, and to help families gain the services and skills they need to stay together and thrive.

THE HOPE OF FAMILY PRESERVATION

Families with more complex problems often require more intensive, comprehensive services. Family preservation programs offer intensive home-based services to families in crisis whose children are at imminent risk of being removed and placed in substitute care. In a growing number of states across the nation, family preservation programs have begun to establish an impressive track record of success in keeping children and their families together.

Family preservation is successful because of its basic structure and components. It is intense -- five to twenty hours a week. It builds upon family strengths. It combines therapy, skill building, and concrete services to meet family needs. It enables the family to learn new skills and gain confidence in their own abilities, and, of great significance, it requires low caseloads -- two to three families per worker.

Family preservation programs are built on the belief that services must be family-focused and community-based. They must be coordinated, and incorporate primary, secondary and tertiary treatment and outreach approaches. We fully recognize that there will always be a need for removal of some children from their own homes to protect them from harmful situations. This means a range of out-of-home living situations must be available to meet the individual needs of these children. Therefore, we must do more to strengthen out of home care to assure that we provide for the healthy physical and emotional development of children. We are opposed to the notion that out-of-home care should be the only or the primary service offered. Families should not have to gain access to services through the "emergency room door" of child protective services.

A NATIONAL MODEL FOR REFORM -- APWA'S NATIONAL COMMISSION ON CHILD WELFARE AND FAMILY PRESERVATION

A vision for a new service framework for children and families is articulated in the recommendations of APWA's National Commission on Child Welfare and Family Preservation, in its report *A Commitment to Change*. The report details the three components of a new service framework:

Supporting Families for Healthy Child Development -- offers an array of locally controlled primary prevention programs and services to families in neighborhoods

Assisting Families and Children in Need -- offers assistance to strengthen and preserve families before their problems become severe. Families may be experiencing more than one problem. Assistance would be organized to help the family as a whole with whatever unique set of difficulties exist.

Protecting Abused and Neglected Children -- this component resembles today's public child welfare system -- serves children and families in which serious maltreatment has occurred. However, to effectively serve these children and families, CPS must be part of a broader child and family service system and a shared community concern, as outlined.

To protect children and strengthen and preserve families, a core set of services must be in place. These must include family-based services to avoid removal of children from families when safety can be assured, out-of-home care services, including emergency shelter, family foster care, group care, relative care and residential child care. Reunification services must be available to prepare the child and family for a return home and to provide aftercare support to the family once the child has returned home. And for those who cannot be returned to their families, adoption services are vital. Long-term out-of-home care must remain an option for children who can neither return to their families nor be placed for adoption.

The APWA report, like efforts in family preservation programs across the nation, are important in that they offer a vision for a new way of delivering services to children and families. They are also important for their recognition that no social service agency can make these changes on its own. We must involve a variety of stakeholders, including mental health, education, health, juvenile justice, business, the public at large, and the federal government to make this vision a reality.

THE PRESIDENT'S PROPOSAL

Mr. Chairman, we are encouraged to see the the inclusion of funds for new entitlement spending in family preservation and family support services within the president's budget. We believe that this investment is a critical first step in empowering families to raise their own children in a safe and healthy environment. It is our understanding that in addition to this important investment in services to strengthen and protect families, the president's proposal also includes improvements in the administration and delivery of foster care and adoption services for those children who have already been removed from their families.

The federal government plays a significant role in this arena as well, and we are pleased to see the administration's interest in the continued training of foster care and adoptive parents, automated foster care and adoption data collection systems, and child welfare review systems. I would be remiss, however, if I did not make note of our support for the establishment of an advisory committee on the requirement that states make reasonable efforts to prevent foster care placement and to reunify children who must be placed out of the home. We support standards that hold public child welfare agencies accountable for certain actions while recognizing the limitations of a single agency with limited resources to singlehandedly meet every individual human service need.

A STRATEGY FOR THE FUTURE

Finally, we would also like you to consider the potential of an outcome-oriented approach to services for children and families. Unlike the AFDC or food stamp program, in child welfare services we cannot measure whether a family received the correct benefit amount or whether the checks were paid on time. The interventions that we undertake are more complicated and difficult to measure. We hope that you will consider establishing a commission to explore these outcome issues, and to suggest better ways to hold states accountable for the federal dollars with which they are vested.

CONCLUSION

During the 102nd Congress, the House and Senate approved H.R. 11, the tax and urban aid bill, which contained funding for a capped entitlement under Title IV-B for innovative family preservation services, respite care, and substance abuse treatment as well as a broad array of improvements to the Title IV-E child welfare system. This measure reflected many of the recommendations found in *A Commitment to Change*. Regrettably, because the measure was vetoed, families in need still await those services that allow them to remain strong, safe and together.

Again, Mr. Chairman, I thank you for convening this hearing. Swift movement by the House in enacting legislation to strengthen and preserve families will allow us to keep moving toward the principles and vision in *A Commitment to Change*. As this

subcommittee considers the administration's proposal to fund innovative family preservation and support services, we hope you will carefully consider the vision, principles, and recommendations we have articulated here to help you guide your work.

THE HOPE OF FAMILY PRESERVATION

Families with more complex problems often require more intensive, comprehensive services. Family preservation programs offer intensive home-based services to families in crisis whose children are at imminent risk of being removed and placed in substitute care. Family preservation is successful because of its basic structure and components. It is intense -- five to twenty hours a week. It builds upon family strengths. It combines therapy, skill building, and concrete services to meet family needs. It enables the family to learn new skills and gain confidence in their own abilities, and, of great significance, it requires low caseloads -- two to three families per worker. Family preservation programs are built on the belief that services must be family-focused and community-based. They must be coordinated, and incorporate primary, secondary and tertiary treatment and outreach approaches.

A NATIONAL MODEL FOR REFORM -- APWA'S NATIONAL COMMISSION ON CHILD WELFARE AND FAMILY PRESERVATION

A vision for a new service framework for children and families is articulated in the recommendations of APWA's National Commission on Child Welfare and Family Preservation, in its report *A Commitment to Change*. The report details the three components of a new service framework:

Supporting Families for Healthy Child Development -- offers an array of locally controlled primary prevention programs and services to families in neighborhoods

Assisting Families and Children in Need -- offers assistance to strengthen and preserve families before their problems become severe. Families may be experiencing more than one problem. Assistance would be organized to help the family as a whole with whatever unique set of difficulties exist.

Protecting Abused and Neglected Children -- this component resembles today's public child welfare system -- serves children and families in which serious maltreatment has occurred. However, to effectively serve these children and families, CPS must be part of a broader child and family service system and a shared community concern, as outlined.

The APWA report, like efforts in family preservation programs across the nation, are important in that they offer a vision for a new way of delivering services to children and families. They are also important for their recognition that no social service agency can make these changes on its own. We must involve a variety of stakeholders, including mental health, education, health, juvenile justice, business, the public at large, and the federal government to make this vision a reality.

Witness:

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Contact:

Peggy Flaherty
Policy Associate
American Public Welfare Association
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The Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272, has been in effect for over twelve years. The number of abused and neglected children being placed in out-of-home care for their protection is increasing. The needs of these children are now more severe, largely attributed to the growing substance abuse in families and child neglect. Maintaining abused and neglected children in foster care grows increasingly costly each year. Ideally, the biological family provides the best environment which supports the healthy development of the child.

Last year, Congress passed major child welfare family preservation and substance abuse provisions as a children's initiative, part of H.R. 11, which was not signed by the President.

On March 16, 1993, federal family preservation legislation was introduced by Senators John D. Rockefeller IV and Christopher S. Bond, in the form of the Family Preservation and Child Protection Reform Act (S.596). This federal family preservation legislation has similar proposals as in H.R. 11 - to increase funding available to counties and states to protect children from abuse and neglect. The new bill significantly increases funding in the Title IV-B programs for services to keep families together and to reduce the number of children who must be placed in out-of-home care, including funding for substance abuse treatment. It focuses on prevention to preserve families in a way that promotes state and local flexibility, coordination and efficiency.

S. 596 emphasizes improvement in foster care and adoption assistance available for children in need, and numerous other aspects of the child welfare system; fund preventive services found effective in strengthening families and helping them overcome the serious crises that often cause child abuse and neglect; and, targets the growing parental abuse of crack cocaine, alcohol and other dangerous drugs that has become a major factor in escalating abuse, neglect and abandonment of children.

This proposal was passed with bipartisan support last year as part of H.R. 11. S. 596 would dedicate \$2.2 billion over five years to strengthen child welfare services with the majority of funding invested in family preservation. Preliminary estimates are \$43 million for California for FFY 1994. This could represent \$17 million for Los Angeles County.

S. 596 is a serious approach to the problems of vulnerable children and troubled families. It will strengthen families and will save taxpayers dollars by avoiding expensive placements in foster care.

It is essential to restructure federal and state policies to support family preservation services that help children stay with their families.

I, THEREFORE, MOVE THAT THE BOARD OF SUPERVISORS:

(1) Support S. 596, the Family Preservation and Child Protection Reform Act, and

(2) Instruct the Directors of Children's Services, Mental Health, Probation, and the Commission for Children's Services; and encourage members of the Children's Planning Council, and child advocacy organizations, to press for favorable actions on the Board's position with the Administration and Legislature.

MOTION

Molina _____

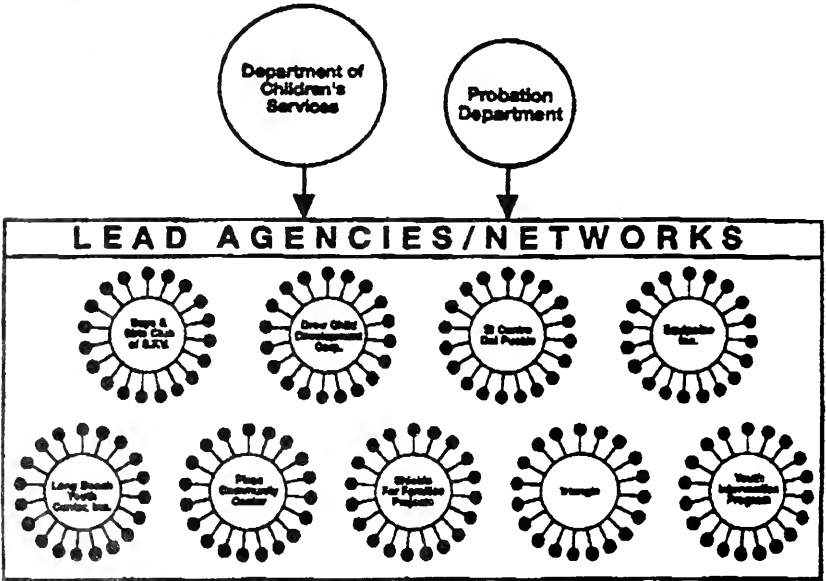
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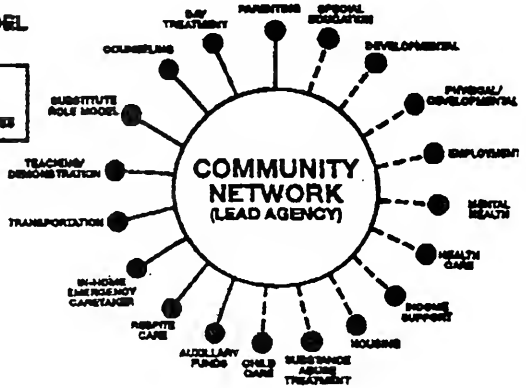
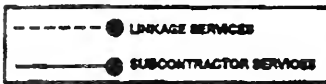
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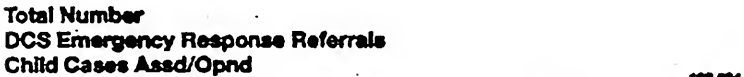
COMMUNITY FAMILY PRESERVATION NETWORK



COMMUNITY NETWORK MODEL (Services Provided)



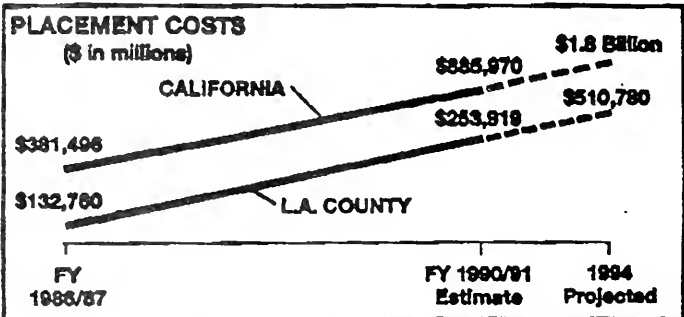
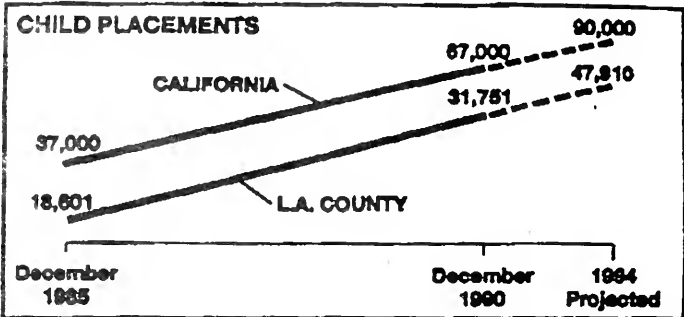
**Unemployment, Welfare, Infant Drug Referrals,
Emergency Response Child Cases and Child Placement for
Los Angeles County**



1988 1989 1990 1991 1992

FOSTER CARE PLACEMENT

TRENDLINES - CHILD PLACEMENTS, PLACEMENT COSTS



FOR EVERY \$10 SPENT STATEWIDE TO REMOVE A CHILD FROM HIS HOME ONLY \$1 WAS SPENT TO PREVENT PLACEMENT.

Projection Source: County Welfare Directors Association
Ten Reasons to Invest in the Families of California, Spring 1990.

FACT SHEET
 PAGE 1

**The Family Preservation
 Approach In Los Angeles County**

 County of Los Angeles
 Department of
 Children's Services

KEY PRINCIPLES	<ul style="list-style-type: none"> ▶ Community Investment in Strengthening Family Life ▶ Coordination of Community Services ▶ Intensive Effort to Protect Children in their Home ▶ No New Dollars - Reinvestment of Foster Care Funds for Prevention ▶ Collaborative Planning and Implementation of Public Social Services
LOS ANGELES' UNIQUE DEFINITION	<p>Family Preservation is:</p> <p><i>An integrated, comprehensive approach to strengthening and preserving families who are at risk of or already experiencing problems in family functioning with the goal of assuring the physical, emotional, social, educational, cultural and spiritual development of children in a safe and nurturing environment.</i></p>
GOALS	<ul style="list-style-type: none"> ▶ Assure the safety of children ▶ Empower families to resolve their own problems ▶ Build on family strengths ▶ Identify problems early and solve them ▶ Involve the community in family support ▶ Decrease the need for public resources ▶ Break multi-generational dependency upon public services
SERVICE DELIVERY MODEL	<p>Community Family Preservation Networks</p> <ul style="list-style-type: none"> ◆ Lead agencies representing the community ◆ Multi-disciplinary case planning ◆ 24-Hour crisis response by private agencies ◆ Community Advisory Councils ◆ Written protocols to linkage services
OTHER GUIDING PRINCIPLES	<ul style="list-style-type: none"> ▶ Communities Prioritized Base On Need <ul style="list-style-type: none"> Phase 1 - January 1992 South Central Los Angeles Compton Long Beach East Los Angeles Echo Park Pacoima ▶ 31 Zip Codes reflect 40% of children placed into Foster Care ▶ Allow for Varied Intensity of Services Base On Need <ul style="list-style-type: none"> Children's Social Worker determines service intensity level Level 1 4 In-Home Contacts \$ 856/Month Level 2 8 In-Home Contacts \$1,114/Month Level 3 16 In-Home Contacts \$1,460/Month ▶ Provide Time-Limited Services Based On Need <ul style="list-style-type: none"> 3 to 6 months intensive services, with additional 3 to 6 months for periodic follow-up. ▶ Target Population for A.B. 546 Dollars <ul style="list-style-type: none"> ◆ FR Cases 600 Children ◆ Voluntary FM Cases 1,800 Children ◆ Court-involved FM Cases 600 Children ◆ Delinquents/Status Offenders 600 Children



FACT SHEET

Page 2

The Family Preservation Approach In Los Angeles County

(CONTINUED FROM PAGE 1)

OTHER GUIDING PRINCIPLES

(CONTINUED)

- ▶ Comprehensive Range of Services
 - ◆ Direct Purchase
 - ★ In-Home Outreach Counseling
 - ★ Teaching and Demonstrating Homemaking
 - ★ In-Home Emergency Caretakers
 - ★ Individual and Family Counseling
 - ★ Parent Training
 - ★ Mental Health Treatment (Matched with Medi-Cal)
 - ★ Substitute Adult Role Model
 - ★ Transportation
 - ★ Therapeutic Day Treatment (Probation)
 - ★ Flexible Financing Fund
 - ◆ Linkage
 - ★ Substance Abuse Testing and Treatment
 - ★ Housing
 - ★ Employment/Training Support for Parents
 - ★ Income Support
 - ★ Health Care
 - ★ Child Care
 - ★ Special Education
 - ★ Developmental Services
 - ★ Participation in Healthy Start planning

FINANCING THROUGH EXISTING FOSTER CARE DOLLARS

	Fiscal Year 1991/1992	Fiscal Year 1992/1993
DCS	\$2.2 Million	\$7.6 Million
Public Case Management	\$1.1 Million	\$1.6 Million
Private Sector Contracts	\$1.1 Million	\$6.0 Million
Probation		
Private Sector Contracts	\$0.0 Million	\$1.0 Million

EVALUATION

- ▶ Collaborative approach between
 - ◆ SDCS-OCAP
 - ◆ Walter R. MacDonald & Associates
 - ◆ Commission on Children's Services
 - ◆ DCS/Probation
 - ◆ Community Family Preservation Networks


Fact Sheet Attachment:

Recognized Community Family Preservation Networks
(With Indication of Linkage Service Providers)

FACT SHEET
 PAGE 1

**RECOGNIZED COMMUNITY FAMILY
PRESERVATION NETWORKS**
 (= INDICATES LINKAGE SERVICE PROVIDER)

GREATER WATTS COMMUNITY FAMILY PRESERVATION NETWORK	Drew Child Development Corp. (Lead Agency) Family Empowerment Agency Watts Boys and Girls Club Soledad Enrichment Action Watts Health Foundation Federation of Family Day Care Providers South Central L.A. Regional Center Employment/Training Services WC Job Corps Health Care Services Augustus Hawkins
NORTH CENTRAL LOS ANGELES FAMILY PRESERVATION NETWORK	El Centro del Pueblo (Lead Agency) Hileides Central City Action Committees Echo Park/Silverlake Peoples Child and Family Services Youth Services Academy Hollywood Sunset Clinic Mrs. Oscar A. Barone Franciscan Health Center Beyond Shelter
COMPTON FAMILY PRESERVATION NETWORK	Shields for Families Project (Lead Agency) El Nido Equal Chance Compton College APT Transportation Equipace HERO/SHERO State Department of Vocational Rehabilitation Compton Employment Division King/Drew Medical Center Dollarhide Beyond Shelter
LONG BEACH YOUTH CENTER COMMUNITY FAMILY PRESERVATION NETWORK	Long Beach Youth Center (Lead Agency) National Council on Alcoholism Women & Women Office of Samoan Affairs Oak Tree Day Care Center Children's Home Society of Long Beach JTPA Urban League City of Long Beach, Department of Health

 <p>County of Los Angeles Department of Children's Services</p>	<p>RECOGNIZED COMMUNITY FAMILY PRESERVATION NETWORKS (# INDICATED LINKAGE SERVICE PROVIDER)</p>
<p>EAST LOS ANGELES LATINO NETWORK</p>	<p>Pizza Community Center (Lead Agency) Bienvenidos Soledad Enrichment Action Selection Boys and Girls Club # MAOP # ABC Child Development Center # El ARCA Regional Center # Educational Design # Maravilla Foundation # CHARO # Mexican American Opportunity Foundation # Beyond Shelter # Garfield Adult School # Northeast Health Center</p>
<p>COMPTON ACCESS NETWORK</p>	<p>Equipolse Service, Inc. (Lead Agency) Office of Samoan Affairs Equal Chance Cannery Get Off Drugs Ms. Kasia's House of Faith Another Chance Outreach Compton College # YWCA (Compton) # Compton Health Department # Augustus Henricks # Psychiatric Clinic for Youth # New Horizons # Compton Unified School District # C.O.D.</p>
<p>YOUTH INTERVENTION PROGRAM PRESERVATION ALLIANCE</p>	<p>Youth Intervention Program (Lead Agency) Professional Services Group Soledad Enrichment Action Creechew/Dorsey (LAUSD) T.H.E. Women's Clinic Brookins Community AME Church Family Circle/PATH Program</p>
<p>TOTAL FAMILY CARE FAMILY PRESERVATION NETWORK</p>	<p>Boys and Girls Club of San Fernando Valley (Lead Agency) El Centro de Amistad The H.E.L.P. Group Hathaway Children's Services El Nido Services Iglesia Compañerismo de Palabra Viva Northeast Valley Black Family Institute The Job Shop New Directions SPV Community Mental Health Center Latin American Civic Association # Lutheran Social Services # El Proyecto del Barrio</p>

FACT SHEET
 PAGE 3


 County of Los Angeles
 Department of
 Children's Services

**RECOGNIZED COMMUNITY FAMILY
 PRESERVATION NETWORKS**
 (= INDICATES LINKAGE SERVICE PROVIDED)

**TRIANGLE
 CHRISTIAN
 FAMILY
 PRESERVATION
 NETWORK**

Triangle Christian Services (Lead Agency)

 Family Actualization
 Advanced Therapy
 Mid-City Home Providers
 Family Service of Los Angeles
 Family Empowerment
 Equal Chance
 Economic Development
 = T.H.E. Women's Clinic

 <p>County of Los Angeles Department of Children's Services</p>	<p>RECOGNIZED COMMUNITY FAMILY PRESERVATION NETWORKS (= INDICATES LINKAGE SERVICE PROVIDER)</p>
<p>TRIANGLE CHRISTIAN FAMILY PRESERVATION NETWORK</p>	<p>Triangle Christian Services (Lead Agency)</p> <ul style="list-style-type: none"> Family Actualization Advanced Therapy Ald-City Home Providers Family Service of Los Angeles Family Empowerment Equal Chance Economic Development = T.H.E. Women's Clinic

COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA
PRIORITIES FOR THE 103rd CONGRESS

Priority: FAMILY PRESERVATION LEGISLATION

Recommendation: CWDA recommends that the Congress promptly enact vital family preservation legislation that was contained in last year's H.R. 11. The family preservation language contained in H.R. 11 was the product of a compromise between the Family Preservation Act of 1991 (H.R. 3603) and the Child Welfare and Preventive Services Act (S.4). The legislation enjoyed broad-based and bipartisan support, but was vetoed by President Bush as a component of H.R. 11, the Urban Aid Bill. Given its Congressional support and President Clinton's commitment to children, we urge that this measure be passed early in the 103rd Congress.

Rationale: This legislation takes long overdue steps to address our national child abuse crisis by investing in preventive programs and services to help abused and neglected children and to strengthen families. As such, this legislation represents some of the best thinking in the child welfare field and is the result of the most comprehensive reexamination of the federal Adoptions Assistance and Child Welfare Act (P.L. 96-272) since its enactment in 1980.

More specifically, this legislation would:

■ ***Expand Federal Investments in Vulnerable Children and Families.***

This legislation would convert Title IV-B Child Welfare Services funding to a capped entitlement to provide a range of preventive family support and preservation services that will strengthen vulnerable families, reduce the incidence of child abuse, neglect and family separation, while also curbing the soaring national cost of out-of-home care.

■ ***Target Investments In Services To Preserve Families, With an Emphasis on Families With Substance Abuse Problems***

This legislation would authorize funding for family preservation programs, with a concentration on programs aimed at treating and preventing families where substance abuse is a problem. Family preservation programs have proven to be effective in California and nationwide in preventing child abuse, strengthening families and reducing the need for costly out-of-home placements. An emphasis on substance abuse is particularly vital for California families, given as many as 80 percent of our child welfare cases involve substance abuse, including a large number of drug-exposed or addicted babies.

(more)

■ Improve Out-of-Home Care for Abused, Neglected, and Troubled Children

This legislation would assist foster families to provide quality care for children, by making respite care available for foster parents caring for children who need intensive care and supervision or who have physical or emotional disabilities requiring extraordinary attention. This legislation will also reduce the incidence of foster family "burn-out."

■ Assist Foster Children to Transition to Independence After Emancipation

Research has clearly demonstrated that children emancipated from foster care experience a host of problems after leaving the system, including higher rates of unemployment, pregnancy, incarceration, substance abuse, and homelessness. Some studies suggest that as many as 50 percent of the homeless people on our nation's streets were once foster children.

Foster children are literally expected to be on their own at the age of 18, many without assets or job skills. This legislation would permanently authorize the Independent living Program (ILP), the only program that provides the assistance and life skills training to foster children struggling to make the transition from foster care to independence.

■ Improve Efforts to Collect The Data for Effective Program Management and Evaluation

This legislation would provide a 90 percent federal match for the start-up costs for child welfare, foster care, and adoption assistance automated data collection systems. This assistance would greatly help California to develop its Child Welfare Services Case Management System, which will serve as a management resource for practitioners while providing the data necessary for program evaluation and modification.

Chairman FORD. Thank you very much.

Now the Chair will recognize Mrs. Sabol. Pronounce your name for me, please.

Ms. SABOL. I am Barbara Sabol.

Chairman FORD. Sabol, OK.

Ms. SABOL. Like the fur, only better. [Laughter.]

STATEMENT OF BARBARA J. SABOL, ADMINISTRATOR/COMMISSIONER, HUMAN RESOURCES ADMINISTRATION, CITY OF NEW YORK

Ms. SABOL. I do appreciate the opportunity to appear today because I am eager to share some of our experiences in providing services and to offer suggestions to help meet the urgent needs of children and families.

As you may know, the human resources administration is one of the largest human service delivery systems in the country. We are providing basic income supports and medical assistance to over a half million children who live in public assistance families.

You may not know that in New York City we are serving some 5,000 families who are homeless, which includes nearly 10,000 children. We are also serving almost 45,000 children in child care. And in New York City, we receive about 53,000 reports of suspected child abuse and neglect that represent about 84,000 children. In our child welfare service system, we are expending—at least in 1992, we expended about \$1 billion. New York City has nearly 10 percent of all children in foster care in the United States.

So based on the data that you just heard from my colleague from Los Angeles and some of the information you gave earlier, we can recognize that these have been times of great challenge. But we still, despite the challenges, I believe, have been able to make a difference in the lives of many of our clients.

Committed leadership like that of David Dinkins has allowed us to implement programs that are designed to redirect services to families and children which are family-focused, child-centered, neighborhood-based, and premised on the principles of family preservation.

Under the leadership of David Dinkins, we have mounted one of the largest family preservation programs in the country. This program started in December 1991, and it is up and running in 15 neighborhoods throughout the city. We have diverted in that period of time over 2,400 children from foster care. And so in the current city fiscal year, we expect to save almost \$15 million in Federal, State, and local funds.

Again, I think I want to underscore that, even with this kind of success, it does not mean that we don't need a foster care system and that we must continue to make inroads in improving that foster care system.

In addition to the family preservation program, we also provide drug treatment services through our family rehabilitation program, and this offers drug treatment and support services, again, to keep families intact.

We have what we call the housing subsidy program so that we can keep families together where housing is a major issue and re-

turn children from foster care, again, when housing may be an issue.

Let me give you just a few more facts. It is expected that over the next several years there will be 30,000 children who will lose one or both parents to the disease of AIDS, and that is bound to affect what it is we are doing to keep families together and what will happen in the foster care system. And it is estimated that over 6 percent of black infants born in New York City in 1988 were placed in foster care within their first year of life, and over 9 percent were placed in foster care by the end of their second year. I think these data alone indicate that we must do more on the front end to support families and keep families together.

These statistics reflect some of the adverse circumstances our children face, but even as we confront the problems, we must not forget our most basic commitment to preserve the integrity of the family unit while ensuring the safety of the child. Our goal should be to build on the strengths of families and on the strengths of communities to enhance family resources and capacities, both to prevent foster care placement where possible and to minimize the impact and duration when placement is unavoidable.

I think these are the goals that are expressed in the legislation that you have been discussing. The work of this committee over the last 2 years on the Family Preservation Act, I believe, embodies these principles.

By converting title IV-B to an entitlement, preventive services would finally be placed on an equal footing with title IV-E, the funding stream designed to support children in out-of-home care. And I am, of course, delighted that the President has included \$60 million in his fiscal year 1994 budget to establish a new title IV-B entitlement, and I commend the administration for the willingness to correct the long standing funding inequities and for a commitment to providing increased resources for child welfare services.

The Family Preservation Act also sought to reform the child welfare system in other critical ways, recognizing the profound change the system has undergone over the past decade, and adapt the system to reflect new demands that these changes have created. What we ask for and what this committee provided was a quality control system that reflects the unique issues of foster care service provision and which offers States and localities criteria against which they may be fairly judged, a system modeled after the AFDC quality control program, and contains, among other things, the establishment of a uniform review procedure by Health and Human Services setting specific criteria to be used in judging compliance and creating error tolerances and thresholds based on national performance.

This committee also sought to ease the overly rigid foster care eligibility standards which have resulted in the denial of foster care reimbursement for vulnerable children, and a prime example of this is the rules governing the removal of a child from the home. The Department of Health and Human Services in the past has determined that children who are not physically removed from the home of a parent or guardian 6 months prior to entering foster care are ineligible for title IV-E reimbursement. This narrow interpre-

tation is particularly problematic in the cases where we are trying to promote relative care or kinship foster care.

There are other examples that I have cited in my testimony: the issues of SSI and AFDC, the issue of the 6-month judicial action. I have set them forth in the written testimony and won't go into detail here.

But let me just close by saying, recognizing the timeframe that is facing us, on behalf of the city of New York and Mayor Dinkins, I say thank you for looking ahead, looking at what it is that our children need, looking at what it is our families need, so that we will have the opportunity to build on their strengths, maintain families, while still ensuring the safety of children.

During the next few months, we hope to have the opportunity to work with the subcommittee both on our ideas for refining the eligibility issues and to establish a quality control system. And, again, Mr. Chairman, I thank you for your leadership and the commitment of you and the subcommittee to improving the lives of children and families.

[The prepared statement follows:]

STATEMENT OF BARBARA J. SABOL, ADMINISTRATOR/COMMISSIONER, CITY OF NEW YORK HUMAN RESOURCES ADMINISTRATION

GOOD MORNING, CHAIRMAN FORD, AND MEMBERS OF THE SUBCOMMITTEE. I AM BARBARA J. SABOL, ADMINISTRATOR/COMMISSIONER OF THE HUMAN RESOURCES ADMINISTRATION OF THE CITY OF NEW YORK. THANK YOU FOR THE OPPORTUNITY TO APPEAR BEFORE YOU TODAY TO DISCUSS THE STATE OF STATE AND LOCAL CHILD WELFARE SYSTEMS. I AM EAGER TO SHARE SOME OF OUR EXPERIENCES IN PROVIDING SERVICES, AND TO OFFER SUGGESTIONS TO MEET THE URGENT NEEDS OF CHILDREN AND FAMILIES.

THE HUMAN RESOURCES ADMINISTRATION IS THE LARGEST HUMAN SERVICES DELIVERY SYSTEM IN THE COUNTRY. WE PROVIDE BASIC INCOME SUPPORTS AND MEDICAL CARE TO OVER HALF A MILLION CHILDREN LIVING IN FAMILIES ON PUBLIC ASSISTANCE. EACH NIGHT, NEW YORK CITY PROVIDES SHELTER TO SOME 5000 FAMILIES, INCLUDING NEARLY 10,000 CHILDREN. OUR CHILD DAY CARE PROGRAMS PROVIDE CARE TO OVER 44,000 CHILDREN. AND NEARLY 10 PERCENT OF ALL CHILDREN IN FOSTER CARE IN THE UNITED STATES ARE IN OUR CARE AND CUSTODY.

THE SIZE AND SCOPE OF NEW YORK CITY'S CHILD WELFARE SYSTEM IS ENORMOUS. LAST YEAR, WE INVESTIGATED 53,000 ABUSE AND NEGLECT REPORTS, INVOLVING 84,000 CHILDREN: ONE CHILD REPORTED EVERY SIX MINUTES. WE PROVIDED PREVENTIVE SERVICES TO NEARLY 30,000 FAMILIES, INCLUDING 70,000 CHILDREN. IN 1992, NEW YORK CITY SPENT OVER ONE BILLION DOLLARS ON CHILD WELFARE SERVICES.

CASELOADS IN NEW YORK CITY, LIKE EVERY OTHER LARGE CITY, HAVE SKYROCKETED OVER THE 1980'S. NATIONWIDE, THE NUMBER OF CHILDREN IN FOSTER CARE INCREASED BY 50 PERCENT IN THE LAST FIVE YEARS, AND ABUSE AND NEGLECT REPORTS HAVE DOUBLED SINCE 1980. IT IS NO COINCIDENCE THAT THE DECADE OF THE EIGHTIES IS ALSO MARKED AS THE DECADE THAT THE POOR GOT POORER AND THE FEDERAL GOVERNMENT ABANDONED ITS COMMITMENT TO THE CITIES.

WHILE IT IS CERTAINLY TRUE THAT THESE HAVE BEEN TIMES OF GREAT CHALLENGES, WE HAVE BEEN ABLE TO MAKE A DIFFERENCE IN THE LIVES OF MANY OF OUR CLIENTS. INNOVATIVE LEADERSHIP AT THE STATE AND LOCAL LEVEL HAS RESULTED IN THE INITIATION OF SEVERAL PROGRAMS DESIGNED TO REDIRECT SERVICES TO FAMILIES AND CHILDREN. TO MOVE AWAY FROM PROGRAM PRIORITIES WHICH MAY BE EASY FOR US AS PROGRAM ADMINISTRATORS TO THOSE WHICH ARE FAMILY-FOCUSSED, CHILD CENTERED, NEIGHBORHOOD-BASED, AND FOUNDED ON THE PRINCIPLES OF FAMILY PRESERVATION.

I KNOW THAT YOU HAVE HEARD MUCH ABOUT THE HOMEBUILDERS MODEL. IN NEW YORK CITY, UNDER THE LEADERSHIP OF MAYOR DAVID N. DINKINS, WE HAVE MOUNTED THE LARGEST FAMILY PRESERVATION PROGRAM IN THE NATION. OUR EFFORT, MODELED AFTER HOMEBUILDERS, IS AN INTENSIVE, SHORT-TERM CRISIS INTERVENTION AND FAMILY STABILIZATION PROGRAM. IT IS TARGETED TO FAMILIES EXPERIENCING A CRISIS THAT PLACES THEM AT IMMINENT RISK OF HAVING THEIR CHILD PLACED IN FOSTER CARE. FAMILIES RECEIVE COUNSELING AND A WIDE ARRAY OF SERVICES TAILORED TO THEIR UNIQUE SITUATION. THESE SERVICES INCLUDE, BUT ARE IN NO WAY LIMITED TO, ASSISTANCE IN THE AREAS OF HEALTH, EDUCATION, HOUSING, INCOME SUPPORT AND MONEY MANAGEMENT.

WHAT DISTINGUISHES THIS PROGRAM FROM TRADITIONAL FOSTER CARE PREVENTIVE SERVICES PROGRAMS IS THE UNIQUE RELATIONSHIP WORKERS HAVE WITH THEIR CLIENT FAMILIES. EACH FAMILY PRESERVATION CASEWORKER CARRIES A CASELOAD OF NO MORE THAN 2 OR 3 FAMILIES AT A TIME. THE PROGRAM IS CHARACTERIZED BY THE USE OF INDIVIDUAL FAMILY PRESERVATIONISTS WHO ARE ACCESSIBLE AROUND THE CLOCK AND PROVIDE SERVICES IN THE FAMILY'S HOME.

WE ARE NOT BUILDING A HOUSE THAT HAS NOT BEEN BUILT BEFORE. THE HOMEBUILDERS MODEL HAS BEEN REPLICATED IN MORE THAN 30 STATES. IN NEW YORK CITY, COMMISSIONER ROSE WASHINGTON OF THE DEPARTMENT

OF JUVENILE JUSTICE HAS OPERATED A HOMEBUILDERS PROGRAM SINCE 1989. HER FAMILY TIES PROGRAM PROVIDES SERVICES TO ADJUDICATED YOUTH AND THEIR FAMILIES THROUGH THE SAME KIND OF HOME-BASED INTENSIVE STRATEGY. IT HAS CONSISTENTLY DIVERTED NEARLY 70 PERCENT OF PLACEMENTS INTO YOUTH DETENTION FACILITIES.

THE FAMILY PRESERVATION PROGRAM IS UP AND RUNNING IN FIFTEEN NEIGHBORHOOD BASED SITES THROUGHOUT THE CITY. SINCE DECEMBER, 1991 WHEN THE PROGRAM BEGAN, WE HAVE DIVERTED 2,490 CHILDREN FROM FOSTER CARE. FOR THE CURRENT FISCAL YEAR, WE EXPECT TO SAVE ALMOST 15 MILLION DOLLARS.

IN ADDITION TO THE FAMILY PRESERVATION PROGRAM, WE ALSO OFFER DRUG TREATMENT SERVICES THROUGH OUR FAMILY REHABILITATION PROGRAM. THIS PROGRAM OFFERS PARENTAL SUBSTANCE ABUSERS TREATMENT SERVICES SO THAT THEIR FAMILIES CAN REMAIN INTACT. WE SERVED OVER 1,600 FAMILIES LAST YEAR.

THE CITY OF NEW YORK IS ALSO WORKING HARD TO ASSIST FAMILIES WHERE THE LACK OF HOUSING EITHER THREATENS FAMILY BREAKUP OR IS A BARRIER TO REUNIFICATION. OUR FOSTER CARE HOUSING REUNIFICATION SUBSIDY, AUTHORIZED BY THE STATE LEGISLATURE IN 1988, PROVIDES A \$300 HOUSING SUBSIDY TO FAMILIES WHO ARE READY TO BE REUNIFIED SAVE FOR A LACK OF HOUSING. THIS PROGRAM HAS SERVED OVER 2000 FAMILIES THUS FAR.

WE ARE ALSO OPERATING A NEW HOUSING SUBSIDY PROGRAM ON THE PREVENTIVE FRONT. ALSO AUTHORIZED BY THE STATE LEGISLATURE, IT ALSO PERMITS US TO PROVIDE A \$300 HOUSING SUBSIDY TO FAMILIES WITH CHILDREN WHO ARE AT RISK OF ENTERING FOSTER CARE DUE TO A LACK OF HOUSING.

I WOULD ALSO NOTE THAT IN 1990, UNDER THE LEADERSHIP OF

CONGRESSMAN CHARLES SCHUMER, YOU AND YOUR COLLEAGUES CREATED A FEDERAL CHILD WELFARE HOUSING ASSISTANCE DEMONSTRATION PROGRAM. FUNDING FOR THE PROGRAM, WHICH IS TARGETED TO NEW YORK, CALIFORNIA AND SEVERAL OTHER STATES, WAS MADE AVAILABLE LAST YEAR. THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT RECENTLY ISSUED PROGRAM GUIDELINES, AND WE ARE NOW WORKING WITH THE LEAD AGENCY IN THE CITY, THE HOUSING AUTHORITY, TO IMPLEMENT THIS PROGRAM.

NOTWITHSTANDING THESE EFFORTS, WE KNOW THAT WE CANNOT FULLY ADDRESS THE PROBLEMS IN CHILD WELFARE WITHOUT CONFRONTING THE PLIGHT OF THE URBAN POOR. THE CHILDREN OF THE POOR ARE THE CHILDREN MOST AT RISK, AND THEY ARE OVERWHELMINGLY THE CHILDREN THAT WE ON THE FRONT LINES SERVE. THESE CHILDREN ARE THE INNOCENT VICTIMS OF POVERTY AND ITS OUTGROWTHS: HOMELESSNESS, CRIME, NEGLECT AND ABUSE, SUBSTANCE ABUSE AND AIDS.

WHILE STATISTICS CANNOT EFFECTIVELY PORTRAY THE HARSH REALITY FACING MANY OF OUR CHILDREN, THEY CAN SKETCH A PICTURE FOR US. LET ME SHARE WITH YOU SOME HARSH FACTS ABOUT NEW YORK CITY, WHICH I BELIEVE ARE ALSO ILLUSTRATIVE OF OUR CITIES NATIONWIDE. UNFORTUNATELY, ALL TOO OFTEN, THE PROBLEMS WE FACE IN NEW YORK CITY ARE PRECURSORS TO THE NATIONAL TRENDS.

- O THE NUMBER OF CHILD ABUSE AND NEGLECT REPORTS GREW FROM APPROXIMATELY 18,000 IN 1980 TO OVER 50,000 LAST YEAR.
- O IT IS ESTIMATED THAT OVER SIX PERCENT OF BLACK INFANTS BORN IN 1988 IN NEW YORK CITY WERE PLACED IN FOSTER CARE WITHIN THEIR FIRST YEAR OF LIFE, AND 9.4 PERCENT WERE PLACED IN FOSTER CARE BY THE END OF THE SECOND YEAR.
- O IT IS PREDICTED THAT 30,000 CHILDREN WILL LOSE ONE OR BOTH PARENTS TO AIDS IN THE NEXT THREE TO FIVE YEARS.

O IT IS ESTIMATED THAT 14,000 INFANTS WILL BE EXPOSED TO DRUGS BEFORE THEY ARE BORN THIS YEAR.

THESE STATISTICS HELP TO PORTRAY THE REALITY OF TOO MANY OF OUR FAMILIES AND CHILDREN. HOMELESSNESS, AIDS, JOBLESSNESS, SUBSTANCE ABUSE -- THESE ARE ALL SYMPTOMS OF SOCIETY'S LARGER PROBLEMS. AND THEY HAVE TAKEN FROM TOO MANY CHILDREN THEIR FUNDAMENTAL RIGHT TO A STRONG FAMILY BY WHICH TO BE NURTURED BY, AND A STRONG COMMUNITY IN WHICH TO LIVE.

OUR MOST BASIC COMMITMENT NOW MUST BE TO PRESERVE THE INTEGRITY OF THE FAMILY UNIT WHILE ENSURING THE SAFETY OF THE CHILDREN. OUR GOAL SHOULD BE TO BUILD ON THE STRENGTHS IN FAMILIES AND IN COMMUNITIES, TO ENHANCE FAMILY RESOURCES AND CAPABILITIES, BOTH TO PREVENT FOSTER CARE PLACEMENTS WHERE POSSIBLE, AND TO MINIMIZE THE IMPACT AND DURATION WHEN PLACEMENT IS UNAVOIDABLE.

MR. CHAIRMAN, AND MEMBERS OF THE COMMITTEE, THESE ARE THE VERY PRINCIPLES THAT I KNOW WE SHARE. THE WORK OF THIS COMMITTEE OVER THE LAST TWO YEARS ON THE FAMILY PRESERVATION ACT EMBODIED THESE VERY PRINCIPLES. THIS LEGISLATION WOULD HAVE EXPANDED THE RESOURCES AVAILABLE TO STATE AND LOCAL CHILD WELFARE AGENCIES TO SUPPORT THE KINDS OF PROGRAMS THAT PRESERVE AND STRENGTHEN VULNERABLE FAMILIES. BY CONVERTING TITLE IV-B TO AN ENTITLEMENT, PREVENTIVE SERVICES WOULD FINALLY BE PLACED ON AN EQUAL FOOTING WITH TITLE IV-E, THE FUNDING STREAM DESIGNED TO SUPPORT CHILDREN IN OUT-OF-HOME CARE. I AM, OF COURSE, DELIGHTED THAT THE PRESIDENT HAS INCLUDED \$60 MILLION IN HIS FY 1994 BUDGET TO ESTABLISH A NEW TITLE IV-B ENTITLEMENT. I COMMEND THE ADMINISTRATION FOR ITS WILLINGNESS TO CORRECT THE LONGSTANDING FUNDING INEQUITY, AND FOR A COMMITMENT TO PROVIDING INCREASED RESOURCES FOR CHILD WELFARE SERVICES.

THE FAMILY PRESERVATION ACT ALSO SOUGHT TO REFORM THE CHILD WELFARE SYSTEM IN OTHER CRITICAL WAYS. IT RECOGNIZED THE PROFOUND CHANGE THE SYSTEM HAS UNDERGONE OVER THE PAST DECADE AND ADAPTED THE SYSTEM TO REFLECT THE NEW DEMANDS THAT THESE CHANGES HAVE CREATED.

WHAT WE ASKED FOR, AND WHAT THIS COMMITTEE PROVIDED, WAS A QUALITY CONTROL SYSTEM THAT REFLECTS THE UNIQUE ISSUES OF FOSTER CARE SERVICE PROVISION, AND WHICH OFFERS STATES AND LOCALITIES CRITERIA AGAINST WHICH THEY MAY BE FAIRLY JUDGED. A SYSTEM MODELED AFTER THE AFDC QUALITY CONTROL PROGRAM AND CONTAINS, AMONG OTHER THINGS, THE ESTABLISHMENT OF UNIFORM REVIEW PROCEDURES BY HHS; SETTING SPECIFIC CRITERIA TO BE USED IN JUDGING COMPLIANCE; AND CREATING ERROR TOLERANCE THRESHOLDS BASED ON NATIONAL PERFORMANCE.

THIS COMMITTEE ALSO SOUGHT TO EASE OVERLY RIGID FOSTER CARE ELIGIBILITY STANDARDS WHICH HAVE RESULTED IN FOSTER CARE REIMBURSEMENT FOR VULNERABLE CHILDREN BEING DENIED. A PRIME EXAMPLE CONCERNED THE RULES GOVERNING THE REMOVAL OF A CHILD FROM THE HOME. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS, IN THE PAST, DETERMINED THAT CHILDREN WHO ARE NOT "PHYSICALLY" REMOVED FROM THE HOME OF A PARENT OR GUARDIAN SIX MONTHS PRIOR TO ENTERING FOSTER CARE ARE INELIGIBLE FOR TITLE IV-E REIMBURSEMENT. THIS NARROW INTERPRETATION IS PARTICULARLY PROBLEMATIC IN THE CASE OF RELATIVE FOSTER CARE, WHERE CHILDREN MAY BE LIVING WITH A GRANDMOTHER, AUNT OR UNCLE MORE THAN SIX MONTHS PRIOR TO THAT RELATIVE BECOMING THE CHILD'S FOSTER PARENT.

ANOTHER EXAMPLE RELATES TO THE TIMING OF JUDICIAL ACTIONS. IF A CHILD HAS BEEN VOLUNTARILY PLACED IN FOSTER CARE DOES NOT HAVE AN ORDER FROM THE COURT AUTHORIZING THE PLACEMENT WITHIN 180 DAYS OF THE CHILD ENTERING CARE, THAT CHILD IS FOREVER INELIGIBLE FOR TITLE IV-E REIMBURSEMENT -- EVEN IF THE COURT ORDER WAS OBTAINED

ON THE 181ST DAY.

THESE ARE JUST A FEW OF THE EXAMPLES OF THE ELIGIBILITY RESTRICTIONS STATE AND LOCAL ADMINISTRATORS FACE, AND THAT THIS COMMITTEE SOUGHT TO RECTIFY IN THE FAMILY PRESERVATION ACT. THERE IS YET ANOTHER EXAMPLE THAT WAS NOT ADDRESSED IN THE BILL, BUT THAT I WANTED TO MENTION TODAY, AND IT CONCERNS DISABLED CHILDREN IN FOSTER CARE. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS IN THE PAST DETERMINED THAT WHILE FOSTER CHILDREN WHO ARE ADOPTED CAN RECEIVE SUPPLEMENTAL SECURITY INCOME (SSI) AND ADOPTION ASSISTANCE PAYMENTS CONCURRENTLY, CHILDREN IN FOSTER CARE CANNOT. UNLIKE FOSTER CARE ASSISTANCE, WHICH IS SHORT-TERM AND EPISODIC, SSI IS USUALLY LONG-TERM AND CONTINUING AID. FOR DISABLED CHILDREN ENTERING FOSTER CARE -- AN INCREASING NUMBER OF WHOM ARE HIV INFECTED OR DRUG EXPOSED AT BIRTH -- THE LOSS OF SSI BENEFITS WHILE IN FOSTER CARE CAN MEAN A GAP IN COVERAGE WHEN THEY ARE DISCHARGED, OR, IN MOST CASES, AN UNNECESSARY DELAY IN BEING DISCHARGED. CHILDREN WHO QUALIFY FOR SSI SHOULD NOT BE DENIED BENEFITS BECAUSE THEY ARE IN FOSTER CARE. IF NOT FOR THEIR TEMPORARY PLACEMENT IN FOSTER CARE, THESE CHILDREN WOULD BE RECEIVING THE SSI BENEFITS TO WHICH THEY ARE ENTITLED.

WE ARE LOOKING FORWARD TO THE OUTCOME OF YOUR DELIBERATIONS, CULMINATING IN THE INTRODUCTION OF A NEW BILL, MR. CHAIRMAN. DURING THE NEXT FEW WEEKS, WE HOPE TO HAVE THE OPPORTUNITY TO WORK WITH THE SUBCOMMITTEE, BOTH ON OUR IDEAS TO REFINER ELIGIBILITY AND TO ESTABLISH A QUALITY CONTROL SYSTEM.

THANK YOU FOR THE OPPORTUNITY TO APPEAR BEFORE YOU TODAY.

Thank you very much, Ms. Sabol. Thank you.
Ms. Kelly.

STATEMENT OF SUSAN A. KELLY, PROGRAM DIRECTOR, FAMILIES FIRST, MICHIGAN DEPARTMENT OF SOCIAL SERVICES, DIVISION OF FAMILY PRESERVATION INITIATIVES, STATE OF MICHIGAN

Ms. KELLY.

Thank you, Chairman Ford, Mr. Matsui.

For the last 5 years, I have been the director of Families First, an intensive home-based family preservation program in the State of Michigan. Three years ago I presented before this committee testimony on the value of family preservation services. At that time, I spoke about hope. Today I can say with some conviction that this hope has been realized for well over 7,000 Michigan high-risk families and over 13,000 of their children.

Families First has been good for Michigan's children and it has been good for Michigan's families for very many reasons. The most important reason, I think, is because Families First has reminded us that there simply are not alternatives to families. We must take very seriously what it means for children when we separate them from their parents and from their families. Most families in crisis, most families even when they are very chaotic and disorganized, most families even when there is abuse present, most parents in those families do love their children. And at the height of their crisis, what they don't want is to have their children taken away. What they want is help—help to care for their children. We must always, in giving that help, keep the safety of those children paramount.

That is what programs like Families First can do: offer hope and help to families in crisis. Family preservation services help families try to remove the risks instead of removing their children. And if we cannot remove the risks, we have a clear mandate to remove the children.

Children, however, do have a right to their families, and unless there is compelling evidence to the contrary, that right must be respected.

Today, in Michigan, I am very pleased to tell you that there are 1,200 fewer children living away from their families than there were when I testified before this committee 3 years ago. We have been able to halt the upward trend of foster care which, I might add, was increasing at 9 to 12 percent annually. We have been able to halt the upward trend of foster care in Michigan, both in numbers and fiscally. We have a long way yet to go.

Families First, like all good family preservation programs, cannot meet all the needs of all vulnerable families. It is, however, such an important service on the continuum of services in the child welfare arena. It should be supported. If we are committed as a Nation to valuing our children, we must value their parents so that they can nurture and support their own children.

In the last several decades, with every good intention, the child welfare system often rushed to protect children who had been abused and neglected. The way of protecting them was removing them, often as a first resort, and often without careful consider-

ation. And I think this was so because there were not other viable alternatives in place at that point of crisis. But by that action, we were undervaluing the reality that it is the parents who have the primary responsibility to care for their children.

We all know and agree that government simply isn't a good parent, and in some ways we forgot the reality. I would remind us all today that if there is power to change, it is the power that lies within the family, not in anything external to the family.

Children do have some entitlements. They have an entitlement to be removed if they are in danger. They have an entitlement to be protected if they need that protection. What they do not have, unfortunately, is an entitlement to be protected safely, with good resources, within their own homes. That is the goal of family preservation: to protect children safely in their own homes, to remove the risks instead of removing children.

Family preservation programs focus on families where children are at imminent risk of being placed in foster care and seek to remove or diminish the risks. Caseworkers in Michigan have a caseload of two. They are available to families around the clock, if necessary. They work with the families in their home, offering whatever support is necessary to help the family change their behaviors, to be better families, better parents.

I can tell you today that family preservation programs work. They work well. They work with families that are in tremendous crises. They work with families that live in a great deal of chaos and disorganization. They work with families where substance abuse is present. They work with families where problematic delinquent behavior and physical abuse is prevalent. They work with children who need to be reunited with their families. But they don't work for all families. They are not a panacea, and they cannot replace other necessary services like foster care or basic family support services. But they do work well enough most of the time to have us convinced in Michigan to offer these services statewide. We have family preservation available to all of our counties currently.

We have embraced as a highest priority the strengthening and preserving of families in Michigan. We have encouraged our workers and staffs to move from a child rescue mentality to one that encourages and promotes parents assuming the responsibility to care for their children, but not without resources and help if that is what they need. We have attempted to redirect our resources to follow that priority. We do need your support to help us do a better job.

We have recently released an evaluation showing the effectiveness of Families First. I would like to ask you to add it to the record or whatever you do for the record with things like this.

Chairman FORD. We will add it to the record.

Ms. KELLY. Thank you.

Chairman FORD. Not print it in the record, but we will add it as a part of the record.

Ms. KELLY. Thank you. And I would also ask that you would add to the record this information packet on family preservation services, "Keeping Families Together: Facts on Family Preservation Services."

Chairman FORD. We certainly will.

Ms. KELLY. In summary, let me say, as a country we did spend \$9.2 billion last year on out-of-home care, and I am sorry Mr. Grandy isn't here to hear that all of those funds, were for out-of-home care. The reason those are not enough is because we don't have a level playing field with our funding streams.

What you can do is create a more level funding stream, a more level playing field by expanding IV-B services for family preservation services. Three years ago I was asking for that same support. I believe that many States have found creative ways to fund their programs without that. The Federal Government could help a great deal.

I bring the stories today with me of so many family preservation clients, many of those 7,000 families. I want to leave you with one story of a woman named Donna. She is a Families First graduate from Detroit. When I met Donna, she was living in an abandoned house as a shelter for her family. Through the services of Families First, we moved her to a home. Today she has a job. She has successfully completed a drug program. Her children are doing very well in school. And when I asked her why or if Families First was helpful, she simply said, "I thought nobody cared, and I mean nobody. I was wrong."

So I ask you, please speak up for and support our investment in children. They are all of our children, and we cannot leave any of our children behind. And if we do not want to leave our children behind, we cannot leave their parents or families behind.

Thank you.

[The prepared statement follows:]

TESTIMONY

of

Susan A. Kelly

Program Director for Families First
Michigan Department of Social Services
Division of Family Preservation Initiatives
State of Michigan

before

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

The Honorable Harold E. Ford (D., Tenn.) Chairman
Wednesday, April 21, 1993, 10:00 AM

Mr. Chairman and Members of the Committee:

INTRODUCTION:

Thank you for the opportunity to testify today in support of Family Preservation Services. Three years ago, before this committee, I presented testimony on the value of such services. At that time I spoke about hope. Today I can say with conviction that hope has been realized for so many of Michigan's at risk and multi-problem families. Family preservation programs should be supported as an important service within the continuum of child welfare services. Since 1988, Michigan has been a leader in making FAMILIES FIRST widely available to vulnerable families. The Director of Michigan's Department of Social Services, Dr. Gerald Miller, has said and I agree, "FAMILIES FIRST is good for families, it is good for children, it is good for Michigan tax payers." I would like to tell you why this is so, and request that a copy of the executive summary of our recent evaluation on FAMILIES FIRST be entered into the record as well as this information packet on Family Preservation Services.

PROTECTING VULNERABLE CHILDREN

There are no alternatives to families! It is our obligation as government systems not to remove children from their families unless there is strong and compelling evidence that a child cannot remain safely with his/her family. The number of children in foster care in the United States has increased in overwhelming proportions during the last several decades. This is due, in part, to disproportionate funding priorities, especially at the federal level. Currently, children are entitled to be removed from their homes if in danger; children are entitled also to be protected through mandatory reporting laws. What children are not entitled to are adequate resources that enable them to be cared for safely in their own homes. This could be changed and a level playing field could be created. This is why funding for family preservation services is so important. If funded, and good family preservation services are put in place in all states, decisions about children will be less dependent on available funding and more targeted to what is best for that child and family.

We must move from a child rescue mentality to one that encourages, promotes and supports a family's responsibility to learn to care for their children. Most parents love their children and want to care for them. They have a right to do this if it is at all possible. Family preservation services support this right. Children's safety, however, must be the central concern. We can not leave children in situations where the risk is too high.

MICHIGAN'S EXPERIENCE

In 1988 we began to offer intensive, home based services for high risk families in which children were at the point of being removed from their home. The services, FAMILIES FIRST, identify family strengths, are respectful of cultural, ethnic, and religious diversity, focus on helping families change their behaviors, teach parents to be more effective in acquiring necessary parenting skills. Most importantly, FAMILIES FIRST, uses crisis as an opportunity to help the family change their behaviors. We offer these services on a 24 hour availability basis, keep case loads low, and limit the services to 4-6 weeks. We use flexible monies for emergency needs which often include rent, food, and clothing. Keeping safety a central concern, we train workers to collaborate with families as partners in making necessary changes. We are convinced that the power to change lies within the family. It is our job to help families find their power and to capitalize on their strengths. We have seen some dramatic changes in situations, that even to us, seemed hopeless.

Providing FAMILIES FIRST as one of many necessary family support services can have a significant impact. This has been true in Michigan. FAMILIES FIRST is not a panacea and it cannot rescue children or their parents from poverty or homelessness. As well, it cannot remove the risks created by unsafe neighborhoods, joblessness or illiteracy or drugs. FAMILIES FIRST cannot remove the racism, sexism, and violence so many vulnerable families face. What it can do however, is remind us of how important it is to find solid alternatives, to traditional forms of treatment especially foster care for vulnerable and high risk families. FAMILIES FIRST is a major component of "To Strengthen Michigan Families", Governor Engler's welfare reform initiative and is an example of the administration's commitment to change the direction of human services in Michigan.

FOSTER CARE DECREASES IN MICHIGAN

FAMILIES FIRST has been a major contributing factor to the decline in foster care in Michigan. We hope this will be an enduring trend. We have over 1200 fewer children living away from their families this year than were in out of home placement a year ago. While most states are experiencing increasing trends, in out-of-home care, Michigan is experiencing a decrease. We believe this is due in part to the availability of FAMILIES FIRST, and the efforts to remove or decrease the risk to children rather than to remove them.

EXTERNAL EVALUATION RESULTS

In February of 1993, evaluation results of a three year study were released. In answer to program effectiveness, the evaluation drew three conclusions:

- 1) The FAMILIES FIRST program is a consistent and cohesive family preservation program. Basically, this means that the program is administered consistently at all sites, that similar services are provided at all sites on a timely basis, and that services are available 24 hours a day, seven days a week.
- 2) The FAMILIES FIRST program has the support of MDSS Protective Services staff, FAMILIES FIRST program staff, and families participating in the program. The results of confidential surveys indicate that referring staff are 100 percent satisfied with the results of the program; 82 percent of the private agency social workers who provide the service are satisfied with their jobs; and fully 98 percent of the families who took part in the program said they would recommend FAMILIES FIRST to families in a similar situations.

- 3) The FAMILIES FIRST program is effective in preserving families by enabling children to remain with their families, thus averting out-of-home placement. When compared to similar families who did not receive FAMILIES FIRST services, children were consistently placed out-of-home at a much lower rate at 3, 6, and 12 months following the provision of services.

FAMILIES FIRST was found to be highly cost-effective. The evaluation concludes that during the first three years of the program (1988 to 1991) the State of Michigan saved as much as \$55 million dollars in the 12 month period following the intervention by a FAMILIES FIRST worker.

During 1992, 3,300 more children were served, meaning that another \$23 million in savings can be added to the findings of the study.

These dollar estimates are only what would be saved during the first 12 months after FAMILIES FIRST, and do not include what the future savings to the state may be. In releasing these results Dr. Miller concluded "All children love their parents. The decision to remove children from their home is always difficult. FAMILIES FIRST has proven to be an effective means of avoiding that action in a significant number of cases. Our objective is not only to keep families together, but to make them stronger and more self-sufficient. The results of this evaluation indicate that we are meeting our objective."

WHAT HAVE WE LEARNED FROM FAMILIES FIRST?

- 1) Safety with high risk families can be reasonably assured when intensive home based services are available.
- 2) Children need families. Even in seemingly desperate situations they choose to remain with their parents.
- 3) We can't tell which families are hopeless.
- 4) Troubled families can change and do change when given appropriate support and services.
- 5) Clients are and need to be treated as our colleagues.
- 6) Drugs are a serious problem within high risk families but can be overcome when appropriate services are available.
- 7) It is our job to instill hope: Each of us responsible for programs, policies and budgets must not let our most vulnerable families think they are worthless.
- 8) FAMILIES FIRST is potentially replicable and transferable within other jurisdictions because it is both sound child welfare policy and is cost efficient (i.e. FAMILIES FIRST costs an average of \$4,000 per family compared to \$13,000 per child per year for family foster care and \$50,000 per child per year for residential foster care.)

SUMMARY

We have learned a great deal over the last five years. It is our hope that the federal government will increase its efforts to support programs like FAMILIES FIRST. They work! They deserve your support, I bring with me the faces, the stories, and successes of over 6,000 families who have graduated from FAMILIES FIRST. They are the living testimony that asks for your support. Thank you.

Chairman FORD. Thank you very much, Ms. Kelly.

At this time the Chair will recognize Mr. Matsui.

Mr. MATSUI. Thank you very much, Mr. Chairman. I don't have any questions. I just want to thank all three of the panelists very much for their testimony and their expertise. Thank you.

Chairman FORD. And I would like to associate myself with the remarks of Mr. Matsui. Thank you very much for your testimony and for appearing before the subcommittee today.

Ms. KELLY. You are welcome.

Chairman FORD. Thank you. The Chair announces that the subcommittee will break until 1:10, when we will come back for the two remaining panels.

The subcommittee will stand in recess until 1:10. Thank you.

[Whereupon, at 12:50 p.m., the subcommittee recessed, to reconvene at 1:10 p.m.]

Chairman FORD. The committee will come to order.

The next panel, please: Kathryn E. Barnard, R.N., Ph.D., president of the board of directors of Zero to Three, National Center for Clinical Infant Programs; also Ms. Deborah Daro, director of the Center on Child Abuse Prevention Research.

I would like to call my colleague, Mr. Alan Wheat, of Kansas City, along with one of his constituents from the district, Joy M. Rouse, deputy director for the Parents as Teachers National Center, Inc. Also Adele Douglass, director of the Washington office of the American Human Association, Child Protection Division, as well as Michael Caplin, the Childhelp USA, the east coast director of operations, will join the panel. Could we just pull up a seat right there on the side?

I am going to first recognize, if the panelists don't mind, Mr. Wheat, who will also introduce one of the panelists here today. We are delighted, Mr. Wheat, to have you as well as one of your constituents to testify before the subcommittee. We have been in session all morning. Some of my colleagues on the minority side are attending a leadership luncheon. Some should be returning momentarily. We only had a 20-minute lunch break, so I am sure some of the other members will return momentarily. At this time, the Chair will recognize Mr. Wheat of Missouri.

STATEMENT OF HON. ALAN WHEAT, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MISSOURI

Mr. WHEAT. Thank you, Mr. Chairman. Let me first say that I am very pleased to sit before you and your committee in your capacity as chairman.

Chairman FORD. This is my first day back, and I am very happy to be back.

Mr. WHEAT. It has been some time since I have had this pleasure, and I am delighted. And I believe that both the Congress and the Nation will be well served by your reassuming this chairmanship.

Chairman FORD. Thank you very much.

Mr. WHEAT. I would especially like to commend you for your leadership in organizing this hearing and focusing attention on what is clearly an issue of pressing importance to American families. I am here this afternoon and am proud to introduce Joy Rouse,

the director of the Parents as Teachers Program to the subcommittee, and I will leave it to Mrs. Rouse to draw out the details of the program. But I would just like to briefly tell you why I think Parents as Teachers is such an important and special program and why it deserves the attention of Federal policymakers who are trying to find ways to come up with innovative programs to help our Nation's children.

The Parents as Teachers Program began in Missouri slightly over a decade ago, and the program operates on a commonsense premise; that is, that parents are their children's first teachers, and that they are their children's best if they are effective teachers. It recognizes the importance of helping parents and children build a solid family foundation during what is arguably the most important period in a young child's development, from birth to age 3.

These are the fundamental concepts upon which Parents as Teachers is based, and these are the underlying reasons behind the program's success.

Today is certainly the right time and this is the right place to be discussing the importance of Parents as Teachers in helping America's at-risk families. The program fits in directly with what the President and you, Mr. Chairman, have referred to as the sensitive emerging issues of parenting and family support.

Parents as Teachers seeks out and designs programs to specifically respond to the unique needs of at-risk individuals. Administrators go to homeless shelters, they visit low-income health clinics, they talk to people at social service agencies, to educate, to inform, and to recruit others into the Parents as Teachers Program.

One of the particularly attractive features for at-risk parents is that the program reaches out and helps parents and children in what is perhaps the most comfortable and nonthreatening environments possible, and that is in their very own home.

Parents as Teachers refuses to take a cookie-cutter approach to dealing with the questions and needs of enrolled families. The program is specialized, individualized, and uniquely designed with the family's particular needs in mind. In the process, Parents as Teachers improves communications and nurtures the bond between parents and children, parents and teachers, and among parents themselves.

I have seen it in my district help parents and children; I have seen it in small towns do the same thing; and I believe this same program could be effective throughout this entire Nation.

As I understand you said this morning, Mr. Chairman, the problems facing America's children are ones that affect us all. Parents as Teachers has helped families move up the ladder of opportunity to achieve the most for themselves and for society as a whole, and, Mr. Chairman, I appreciate the recognition that Parents as Teachers has received so far in our national discussion. I appreciate the fact that you are willing to consider including Parents as Teachers in the legislation that you are considering here today, and I strongly encourage you to adopt this program as a model for national improvement of education of young children.

[Mr. Wheat submitted the following:]

ALAN WHEAT
5TH DISTRICT MISSOURI

MEMBER

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Introduction of Joy Rouse
Presented by Congressman Alan Wheat
Subcommittee on Human Resources
House Committee on Ways and Means
April 21, 1993

I would like to commend you, Mr. Chairman, for your leadership in organizing today's hearing and for focussing attention on what is clearly an issue of pressing importance to American families.

I am both proud and pleased to be here this afternoon to introduce Joy Rouse and the Parents as Teachers program to the Subcommittee.

I'll leave it to Ms. Rouse to draw out the details of the program but I would like to briefly talk about just why I think Parents as Teachers is so important and so special and why it deserves the attention of federal policymakers who are seeking innovative ways to help our nation's children through family and parenting support.

The Parents as Teachers program began in my state of Missouri slightly over a decade ago. The program operates on a common sense premise: Parents as Teachers recognizes that parents are teachers.

It recognizes that parents are a child's first teachers and that they are a child's most important teachers.

That is the fundamental concept upon which Parents as Teachers is based, and that is the underlying reason behind the program's success.

The Parents as Teachers program begins before a child is born and continues until that child reaches the age of three. It features individualized home visits by trained and certified child specialists, health screenings for children, and group visits among parents where they share their experiences and offer solutions to any difficulties they may be encountering.

Study after study validates the success of the program. Children enrolled in Parents as Teachers have consistently been shown to read better, understand more, listen more attentively, and score higher on intellectual aptitude tests.

The success of the program can also be measured by how quickly it has spread throughout the country. What started as a pilot project in Independence, Missouri and a few other sites across my state slightly over a decade ago has mushroomed into a program with truly national scope.

Building on its own success, Parents as Teachers programs today can be found in forty states and 1,000 communities across our nation. The list continues to grow by the day. So, too, does the interest in the program.

Parents as Teachers is one of those rare initiatives that has caught the attention and earned the praise of a wide range of elected officials across party lines and geographical boundaries. Both President Clinton and former President Bush singled out the program as a model for early childhood development and education.

Congressman Gephardt, Callahan and I have also introduced legislation--passed by the House last year--to provide federal seed money for Parents as Teachers programs nationwide.

Today is certainly the right time and this is the right place to be discussing the importance of Parents as Teachers in helping America's at-risk families.

The program fits in directly with what the President and you, Mr. Chairman, have referred to as the sensitive, emerging issues of parenting and family support.

Parents as Teachers seeks out and designs programs to specifically respond to the unique needs of at-risk individuals. Administrators go to homeless shelters, they visit low-income health clinics, they talk to people at social service agencies to educate and inform others about the Parents as Teachers program.

One of the particularly attractive features for at-risk parents is that the program reaches out and helps parents and children in what is perhaps the most comfortable and non-threatening setting possible--their own home.

Parents as Teachers refuses to take a cookie cutter approach to dealing with the questions and needs of enrolled families. The program is specialized, individualized, and uniquely designed with a family's particular needs in mind.

In the process, Parents as Teachers improves communication and nurtures the bonds between parents and children, parents and teachers, and among parents themselves.

It has helped parents and children in big cities and small towns around the nation learn together and stay together. It has helped families move up the ladder of opportunity to achieve the most for themselves and society as a whole.

Mr. Chairman, I appreciate your recognition that Parents as Teachers deserves a place at the table in our national discussion about ways to strengthen family support activities.

I am honored to speak in support of this pro-family program and to urge the Subcommittee to endorse efforts to ensure that Parents as Teachers receives federal attention and support as it seeks to broaden the important services it provides to countless families, communities and the nation at large.

Chairman FORD. Thank you very much, Mr. Wheat.

Mr. WHEAT. And, Mr. Chairman, I am very pleased to present the Missouri director of the program, a woman who has worked for some years in helping to foster this program throughout the State of Missouri and who I think could be just as effective in fostering it throughout the country, Ms. Joy Rouse.

Chairman FORD. Thank you, Mr. Wheat. We are delighted to have you before the subcommittee. You are welcome to come back at any time.

At this time, the Chair will recognize Ms. Rouse. Would you pull that mike right over to you, please? Thank you.

Mr. Wheat, you may be excused.

STATEMENT OF JOY M. ROUSE, DEPUTY DIRECTOR, PARENTS AS TEACHERS NATIONAL CENTER, INC., ST. LOUIS, MO

Ms. ROUSE. Thank you for the opportunity to address you today, and thank you for your personal efforts on behalf of children and families.

I am here to strongly encourage you to include Parents as Teachers among the family support programs which will be eligible for the funding you are considering at this time. Parents as Teachers is a voluntary early childhood parent education and family support program for families with children from birth to 3. It began as a pilot project in 4 school districts in Missouri in 1981 and has now spread to over 1,000 locations in 40 States and the District of Columbia.

"Beginning at the beginning" is the hallmark of this home-school partnership, which empowers parents to give their children the best possible start in life. It is based on the philosophy that parents are a child's first and most influential teachers and that all parents deserve support in giving their children a solid foundation for the future.

In Parents as Teachers, we build on the learning environment of the home, and we build on each family's strengths. We firmly believe that all parents want to be good parents and, with the appropriate knowledge and support, can increase their confidence and competence in that role, have their stress reduced, and enjoy their children more.

PAT is a cost-effective primary prevention program for all types of families, including those in urban housing projects, rural areas, and on reservations. Because it is for everyone, at-risk families carry no stigma by participating and, indeed, want to be a part of this program. Services are individualized and can be intensified to meet the needs of the family.

Parents as Teachers has four component services. The first and most popular is the regularly scheduled personalized home visit with a trained and certified parent educator, who offers timely information on child development and child-rearing practices, as well as practical ways to foster learning.

Second, group meetings provide parents the opportunity to share experiences, common concerns, and successes.

Third, ongoing monitoring and periodic screening can detect possible developmental delays as early as possible to reduce the number of children needing remedial education in school.

And, fourth, through a referral network, we help families link up with other services they need that are beyond the scope of Parents as Teachers.

Recent research backs up parents' and professionals' belief in the program's effectiveness and long-term benefits. An independent evaluation of the pilot program in 1985 showed that children were significantly advanced over their peers in language, social development, and problem-solving abilities, and the parents understood more about child development than the comparison group. A follow-up study completed in 1989 showed that PAT children were still ahead in first grade, scoring significantly higher on standardized measures of reading and math achievement, and significantly more parents in this group took an active role in their child's schooling.

Results of the second wave study were released in 1991, with the same positive results, despite the fact that the sample was over-represented on all traditional characteristics of risk. The children performed significantly higher than national norms on measures of intellectual and language abilities, and parent knowledge of child development and parenting practices significantly increased for all types of families. There were only 2 documented cases of child abuse over a 3-year period in the 400-family sample—one-half of 1 percent.

Parents as Teachers has received outstanding national recognition, including the 1991 acceptance into the U.S. Department of Education's national diffusion network, meaning there is convincing evidence of the program's effectiveness.

But the best rewards for those of us providing services are the successes we have with individual families:

The inner-city 2-year-old whose mom first thought he didn't like books, but learned to love them when given the appropriate kind;

The teen dad who sought help after learning how his drug habit could affect his child;

The teen moms in one school district all of whom graduated from high school. Indeed, the teen Parents as Teachers Program addresses two generations at risk;

The native American parent who said, "This program has changed my life. Now I really believe I can be a good parent."

Parents as Teachers works because parents care very much about their children and want to understand their growing capabilities. They recognize that the parent educator also cares very much and has valuable information to share.

Parents as Teachers is built on that caring and the relationships that are established. I urge you to make this wonderful program available to more families in our country.

Thank you.

[The prepared statement follows:]

Testimony for the Subcommittee on Human Resources of the Committee on Ways and Means
 U.S. House of Representatives
 April 21, 1993
 Parents as Teachers
 Joy M. Rouse

Thank you for the opportunity to present this information about the Parents as Teachers program. My name is Joy Rouse, and I am the deputy director of the Parents as Teachers National Center (The Parents as Teachers National Center, Inc., 9374 Olive Boulevard, St. Louis, Missouri 63132, Phone (314) 432-4330, Fax (314) 432-8963, provides Parents as Teachers Program Implementation Institutes; certification of PAT parent educators; national conferences and advanced training; technical assistance; curriculum and materials development and adaptation; research and evaluation.)

I am here today to strongly encourage you to include Parents as Teachers among the family support programs which will be eligible for the funding you are considering at this time.

Parents as Teachers is a voluntary early childhood parent education and family support program for families with children from birth to age three. It began as a pilot project in 4 school districts in Missouri in 1981, and has now spread to over 1000 locations in 40 states and the District of Columbia (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, Wyoming, Washington DC, Australia, England, New Zealand).

"Beginning at the beginning" is the hallmark of this home-school partnership, which empowers parents to give their children the best possible start in life. It is based on the philosophy that parents are a child's first and most influential teachers, and that all parents deserve support in giving their children a solid foundation for the future. In Parents as Teachers we build on the learning environment of the home, and we build on each family's strengths. We firmly believe that all parents want to be good parents, and with the appropriate knowledge and support, can increase their confidence and competence in that role, have their stress reduced and enjoy their children more.

PAT is a cost effective primary prevention program for all types of families, including teen parents and families in urban housing projects, rural areas, and on reservations. Because it is for everyone, at-risk families carry no stigma by participating, and indeed want to be a part of this program. Services are individualized and can be intensified to meet the needs of the family. The estimated cost per family per year for service delivery is \$570, assuming in-kind contribution of space, clerical support, and administrative personnel from the agency.

Parents as Teachers has four component services. 1) The first and most popular is the regularly scheduled personalized home visit with a trained and certified parent educator, who offers timely information on child development and child rearing practices, as well as practical ways to foster learning. As *Education Week* reports, "Convinced that a lack of basic child-rearing knowledge is leading to increased infant-mortality, child-abuse, and school-dropout rates, policy analysts from a variety of sectors are advancing a strategy that rests on the tenet of neighbor helping neighbor: home visits.

"The idea springs from a recognition across the child-serving professions that babies raised in isolation by young, disadvantaged, and disconnected parents often suffer from abuse, neglect, and health and learning problems.

"Though advocates differ over the specifics of how such programs should be structured and who should be targeted for services, there is broad agreement that the use of home visits can increase the odds that at-risk youngsters will thrive and lead productive lives.

"A skilled home visitor can create a partnership and nurturing relationship with families' while offering 'a rich service that conveys a great deal of information and support,' said Heather Weiss, director of the Harvard University Family Research Project.

"Because of its convenience for families,' she added, home visits are 'more likely to reach more people and have the possibility of connecting with them in some meaningful way than anything else.'" (Cohen, D.L. 1991, Oct. 16 Home visits seen as key strategy to combat a host of childhood woes. p. 1.)

2) Group meetings provide parents the opportunity to share experiences, common concerns and successes. They bring parents together for parenting classes, parent-child activities, and small group discussions. In addition to hearing experts discuss child development issues, parents have the opportunities to make new friends with other parents who share their interests.

3) Ongoing monitoring and periodic screening can detect possible developmental delays or handicapping conditions as early as possible to reduce the number of children needing remedial education in school. Screening is provided for general development, language development, hearing, vision, and general health (including records of immunizations). Referrals are recommended to the family after a re-screen, consideration of observations and alternative instruments, and consultation with the program administrator.

4) Parents as Teachers programs develop a referral network within their communities so that families can be linked to other needed resources in a timely fashion. Collaborative relationships are built through community advisory committees as well as personal discussions and active involvement with service providers of different agencies. Recruitment of families often occurs at WIC sites, well-baby clinics, and homeless shelters. Health, mental health and social service agencies routinely refer families into the program.

Recent research backs up parents' and professionals' belief in the program's effectiveness and long-term benefits. An independent evaluation of the pilot program in 1985 showed that children were significantly advanced over their peers in language, social development, and problem solving abilities, and the parents understood more about child development than those in the comparison group. A follow-up study completed in 1989 showed that Parents as Teachers children scored significantly higher on standardized measures of reading and math achievement in first grade, and significantly more parents in this group initiated contacts with teachers and took an active role in their child's schooling. This Second Wave study, released in 1991, shows that the benefits of the PAT program have not been diluted. Perhaps more importantly, the findings confirm that PAT helps all kinds of families to do a better job of promoting their children's growth and development.

Major Findings •At age 3, children in PAT score significantly above national norms on measures of school-related achievement. Importantly, the study group included above-average numbers of families with traditional "risk" factors--poverty, minority status, single-parent household, and mothers with less than a high school diploma. •Parents in nearly all types of families show significant gains in knowledge about child development and child-rearing practices. The greatest gains in parent knowledge were achieved by white mothers with less than a high school education. In the 400-family sample, there were only two documented cases of child abuse over 3 years. •All families can benefit from early education and family support services. Approximately half of the families that are not traditionally considered "at risk" because of poverty, minority status or the mother's low education level had other problems that can adversely affect children's development. The most common problems for families not considered "at risk" involved parent-child communication and difficulties in coping with the stress of parenting. •The program helps children overcome delays in their early development. More than half of the children observed to have delays in development, including language development, overcame these delays by age 3. Problems of developmental delay and parent-child communication were found to be highly related. •Parents in the program become more active in their children's education. All types of parents actively participated in the PAT program during the three-year period, and parents were consistently eager for information and assistance. Eighty-three percent of all participants rated their home visits as "very helpful." Parents who had children with developmental delays were offered and participated in significantly more home visits than other parents.

The findings are based on the second wave study that was designed to access the impact of PAT following its statewide implementation. The study included parents and children in 37 of the 543 school districts across the state, located in urban, suburban and rural areas, including rural areas with high concentrations of poverty and Missouri's two major inner city areas.

The study included a random sample of 400 families who enrolled in the PAT program during 1986-87, and who participated in the program until their children reached age 3. It was conducted by Research Training Associates, Inc., an independent firm in Overland Park, Kansas, with major funding from the Ford Foundation.

Outcome measures for children at age 3 included achievement, as measured by the Kaufman Assessment Battery for Children achievement scale; language ability, as measured by the Zimmerman Preschool Language Scale; assessment attributes of the child, as observed

by psychometrists; and adaptive and social behavior, as rated by both the parent and parent educator on a self-administered assessment containing selected and adapted items for the Battelle Developmental Inventory. *The Executive Summary, Second Wave Study of the Parents as Teachers Program* and the complete final report are available from the Parents as Teachers National Center, Inc.

Parents as Teachers has received outstanding national recognition. The program was 1 of 10 national winners of the 1987 Innovations in State and Local Government Awards, sponsored by the Ford Foundation and the John F. Kennedy School of Government at Harvard University. In 1989 PAT received the Innovations Award from the Council of State Governments, and in 1991 was accepted into the U.S. Department of Education's National Diffusion Network, meaning there is convincing evidence of the program's effectiveness.

But the best rewards for those of us providing services are the successes we have with individual families:

- The 2-year-old whose mom first said he didn't like books, but learned to love them when given the appropriate kind,
- The teen dad who sought help from his high school counselor after learning how his drug habit could affect his child,
- The teen moms in one Missouri school district who ALL graduated from high school, (Indeed the Teen PAT program addresses two generations at risk),
- The toddler of a mentally retarded mother developing on target because her parent educator geared the program to her level of understanding,
- The inner-city mom who learned how to successfully distract her curious 1-year-old rather than punish him.

Parents as Teachers works because parents care very much about their children and want to understand and appreciate their growing capabilities. They recognize that the parent educator also cares very much and has valuable information to share. Parents as Teachers is built on that caring and the relationships that are established. I urge you to make this wonderful program available to more families in our country.

Chairman FORD. Thank you very much.

Now we will start with you, Ms. Barnard, and we will proceed in the order in which names were called.

STATEMENT OF KATHRYN E. BARNARD, R.N., PH.D., PRESIDENT OF THE BOARD OF DIRECTORS, ZERO TO THREE/NATIONAL CENTER FOR CLINICAL INFANT PROGRAMS

Ms. BARNARD. Thank you, Chairman Ford, and the other members of your committee who I am sure are here in spirit.

Last year our organization, Zero to Three, the National Center for Clinical Infant Programs, published this book, "Heart Start," a copy of which you have available, "The Emotional Foundations of School Readiness." This book relates to the topic on the agenda today—that is, families and family preservation—because we know that the emotional learning children have is within the context of the family.

This document outlines the issue of school readiness as well as the findings of our board of directors, all leaders in the field of child development, based on their clinical practice and their research. I would like to point out one recommendation that goes along with the major theory I would like to propose to you; that is, that we can win the battle by turning the tables in terms of funding, emphasizing prevention focus in this field more than we have in the past. I would urge your committee to seriously consider how this change can be done in terms of both promoting the funding and earmarking it for prevention.

One of our first recommendations is that all children need access to health care. We hope that will soon be taken care of. But in addition to this access to health care, they need a welcoming, assessing, and tracking system, and there are some fantastic examples of that in States. One is Hawaii's Healthy Start Program, which is a home-visiting program with prevention that has lowered the instance of child abuse. The problem with that program is it only goes to high-risk families, about 20 percent, and yet in the State of Washington we have found in interviewing a representative sample of families that over 87 percent of all parents with children in the age range of 0 to 12 want help in terms of issues of parenting.

Also, another project in Elmira, NY, headed by Dr. David Olds, has shown with nurse home visiting that the rate of child abuse is lowered. It parallels my own research in Seattle, and now Dr. Olds and I are doing, in fact, a study in your State.

Chairman FORD. Is that Dr. Olds at Rochester?

Ms. BARNARD. Yes. A Memphis study, the new mothers project; the results from that are not in, but it looks very promising in terms of the number of mothers who have remained in the intervention program.

So my life has been primarily devoted the last 25 years to prevention. The sadness of it is that over and over again we have studies that show prevention works, yet there seems to be a resistance based on a lot of reality of problems before us that programs of prevention do not get the attention in terms of funding that they need. And it is clear from listening to the testimony that your committee has had so far this morning that every system is being overwhelmed by the problems that we have. And we just absolutely

have to think very seriously about moving toward a more preventive stance. It can be done.

I would suggest to you that there are specific areas that your committee needs to look into. One is 10 to 12 percent of all infants born—that is over 300,000 a year—are unwanted. Not just unplanned, but unwanted. And the end result of unwanted children is unfortunate.

We have very little outreach to women to really help them understand that they have both the privilege and the opportunity to decide whether or not to have children. We need to be much more thoughtful about how we support this in health services, in schools, in family planning programs. So I am suggesting that family preservation starts before there is ever a child.

Next I would like to speak to prenatal issues. One of the things that we are trying now in Seattle is it has been shown that one of the major problems in terms of divorce and family break-up and conflict is the fact that couples don't know how to talk to each other. And one of the things that particularly is problematic is they don't know how to control negative emotions. And so we have been adopting a program developed by Howard Markman at Denver University called PREP, personal relationship enhancement. We have been testing this program with couples prenatally to help them prepare in terms of parenting the baby so that they can kind of learn their own communication system and be reinforcing of each other and be good social partners for the infant.

Postpartum programs like Healthy Start I think deserve to be offered to all families. In Seattle, we are considering a variant of that, and we call it Healthy Families. It is very strong from our human service roundtable group in Seattle that we want to have a program that really is non-categorical and reaches all families.

We need to get systems—like hospitals, libraries, schools—all engaged in providing the message about caring and nurturing and the importance of that to infants, the importance of that to old people, to middle-aged people, to Senators, whoever. We have lost that value in our society, and I think that one of the big issues that we have before us—and I have made a personal commitment to this. I expect to achieve it in the next 25 years; that is, to turn around the value about caring for others. I think it is extremely important.

Mention was made today of a particular group that I am fond of, and that is toddlers; when they go through their defiance and their striking out for independence, . . . is a very difficult period for parents. Right now in Seattle we are experimenting in the highest risk clinics in the Health Department of really providing help to families and parents during that period of time.

So there is just abundant evidence that we could do a better job if we put more of our resources into prevention. We have the knowledge. We have the skills. And, unfortunately, we are not doing that.

So I would urge your committee to both deal with this aspect in terms of proportion of money that goes into prevention, and also to emphasize in the recommendations that communities have a voice in terms of determining the program, that there is not something that goes out one, two, three, four, and, five that these aspects

have to be fulfilled, but that it can be adapted to the needs of the community.

Thank you.

[The prepared statement follows:]



National Center for Clinical Infant Programs
2000 14th Street North, Suite 380, Arlington, VA 22201-2500

**PREPARED STATEMENT OF KATHRYN E. BARNARD, R.N., Ph.D.
PRESIDENT, ZERO TO THREE/ NATIONAL CENTER FOR
CLINICAL INFANT PROGRAMS**

April 21, 1993

Chairman Ford, members of the Subcommittee on Human Resources of the Committee on Ways and Means, thank you for inviting me to testify today. My name is Kathryn Barnard I am President of the Board of Directors of ZERO TO THREE/National Center for Clinical Infant Programs and a professor in the School of Nursing at the University of Washington in Seattle.

Last year, ZERO TO THREE/National Center for Clinical Infant Programs published *Heart Start: The Emotional Foundations of School Readiness*. This document outlines the findings of our Board of Directors, based on years of research and clinical practice with families, about the social and emotional needs of families with very young children.

One of the first policy recommendations in the document is "welcoming, assessing and tracking" every child born into a community by a concerned service system which offers health, information on parenting, and social services. This system demonstrates genuine interest in the child and family's needs and makes immediate referrals to other needed services, including specific resources for children with disabilities and families with mental health and/or addiction problems. This system follows the family through the child's early years when help is needed. Hawaii's Healthy Start program, a home-visiting and prevention program has lowered the incidence of child abuse dramatically in the state. Dr. David Olds has found that reported child abuse in the group receiving Healthy Start prenatal and perinatal visits was only 4% compared to 19% in the study group that received no visits or counseling.

We strongly support President Clinton's proposal for significantly increased investments in family support and preservation programs. Investment in early recognition of family problems, support for families in distress and a focus on preserving families where possible can save lives and money.

The CEDEN Family Resource Center, in Austin, TX, one of the community-based programs studied by ZERO TO THREE, offers this case example. A mother whose child became extremely ill came to CEDEN. Due to the child's repeated illness, the mother was forced to take time from work to attend to her child, which put her job in jeopardy. The child's "place" at the local child care center was at risk of being lost because he was continually absent, even though it was due to illness. Most tragically, the family also faced possible loss of their low-income housing because eligibility for this type of housing was based on participation in the workforce. The mother feared being "thrown" into the shelter system.

This "Catch-22" played itself out in a fortunate manner--the CEDEN Family Resource Center's service coordinator was able to help the family become advocates for their own needs. The Coordinator helped the mother find a different type of job so that she could retain their housing; she

received referrals for special help for her chronically ill child; and the child was able to stay in child care.

This example shows only one type of family support service. Prevention and support programs for families can vary greatly in structure, staffing and scope of services. One of the reasons that we recommend flexible community-based services is because of the unique

needs in each community. Flexibility allows the special needs of families in a given community to receive the proper focus rather than a nationally prescribed list of services. These programs, however, share a number of common characteristics.

First, they can serve all families; this enables service providers to recognize family problems before they escalate into "reportable" crises. These programs do not label the family or child; eligibility is not dependent on being poor, on being high risk, abusive, or having pre-diagnosed handicapping conditions, though a sliding scale concept could be used.

Second, the scope and intensity of services are flexible, providing only the assistance the family needs from a range of options that includes referral, case management services or counseling. Third and most importantly, the services are designed to foster independence rather than dependence.

Although we haven't seen the specifics of the President's Child Welfare proposal, we understand that it includes an increased focus on family support and preservation. We were supportive of the Family Preservation proposals developed by this Subcommittee last year and hope that community-based family support, prevention and preservation programs like the one described in the example above will be the focus of the increased investments.

I welcome any comments or questions you may have.

Chairman FORD. Thank you very much.

Ms. Daro.

STATEMENT OF DEBORAH DARO, DIRECTOR, CENTER ON CHILD ABUSE PREVENTION RESEARCH, AND RESEARCH DIRECTOR, NATIONAL COMMITTEE FOR PREVENTION OF CHILD ABUSE

Ms. DARO. Thank you, Mr. Chairman.

You know, efforts to prevent child abuse and to support children in this country are not new; they are not limited to small areas. There are literally thousands of programs around the country that have had success in reducing a child's risk for physical abuse, neglect, emotional maltreatment, and sexual assault.

As a field, child abuse prevention has accomplished a great deal. We have a very aware public. We have parents increasingly willing to reach out and ask for assistance before they harm their children. We have an increasing array of programs which they can reach out to.

We have a widespread willingness on the part of people to get involved, to do something to prevent child abuse. The fact is that in this country, every year one in four of the general public, one in three parents, do something to prevent child abuse. What do they do? They help their neighbors, they help their friends get the services they need. They volunteer in parent support groups. They do parenting education classes. They give money to organizations that help prevent child abuse.

And we have seen a change, I think, in the normative standards of parenting in this country. We do repeated public opinion polls, and since 1988, we have seen 11 percent fewer parents reporting the use of insulting and swearing at their children; 12 percent fewer report the use of spanking. Now, maybe they are lying to us and they didn't lie to us in 1988; but even if they are lying, it represents a change in the normative standard, that people are understanding there are different ways to relate to your children other than using physical force.

Despite these gains and encouragement, the prevention field has failed a large number of families, and these are the families that swell our protective service caseloads; these are the families that are showing up in foster care, and the children that are showing up as suicides, runaway youth, teen pregnancies, and a host of other problems that plague our children.

I think the reason for this is twofold. As you have heard from many witnesses, the current child welfare system is simply underfunded, overwhelmed, and cannot get the job done. It is a system that can't even begin to think about being preventive or protective of children.

Second, the prevention field has failed. We have been too fragmented, too disorganized. We haven't provided services in enough venues, in enough different settings, in order to reach those families that are truly at risk.

I think President Clinton's initiative goes a long way toward providing the leadership and the resources we need to make prevention work for all families and to bring child protective services on as full partners for prevention.

Let me talk a little bit about the child protective service system as we see it, and then talk about an initiative we have at the national committee called Healthy Families America. It is an initiative that we hope will bring universal home visitation services to all new parents eventually, but in the short run at least to those parents that are in the most difficult circumstances.

With respect to the child welfare system, things are not good, and you have heard it from a number of speakers. Every year we do an annual survey of child welfare administrators, and in 1992 the data were the same that we have seen for years. Overall, almost 3 million children were reported as suspected victims of maltreatment, 8 percent more than were reported in 1991, 50 percent more than the number reported in 1985. Most tragically, for the fifth consecutive year, three children a day have died as a result of child abuse.

The case that Congressman Reynolds was talking about is not that unusual. We would like to think it is unusual. But three children a day die as a result of parental maltreatment.

The situation in Waco, TX, was awful. Twenty-four children died in one fell swoop. But during those 52 days, when the Federal troops surrounded that compound, over 150 children across the country were killed by their parents. These are generally young children; over 80 percent of them are under 5; almost 50 percent of them are under the age of 1.

As reports go up and the deaths go up, we would like to think that funding goes up. But this is not the case. There are only 13 States that had increases in resources allocated to protective services last year, and the balance of States had stable or decreasing funding.

Federal allocations to child welfare have gone up, but they have gone up primarily for foster care. In 1985, for every dollar the Federal Government spent on services, \$3 was spent on foster care. Today that ratio is 1 to 10.

Clearly, we need to move to a system where there are additional resources to provide services for child welfare. Last year we estimate that over a half a million children, confirmed cases of child abuse, received no therapeutic or supportive interventions. We are very good at identifying children, investigating children, labeling children, and then we seem to forget about them.

This imbalance between the demand and supply has created a system that can only respond to crisis and extreme cases of maltreatment. It is a system unable to offer families any significant assistance until they harm their children.

Now, certainly greater resources are needed, but beyond that, we also need to be thinking more broadly about how to reach these families in crisis.

Let me spend the remainder of my time talking about our initiative at NCPA. Healthy Families America represents a public-private partnership and a new way of thinking about prevention. It is a new way to deliver our services. Our goal, as I said earlier, is to bring home visitation services to all new parents, particularly those parents in difficult circumstances.

This is a recommendation that was raised certainly by the U.S. Advisory Board on Child Abuse and Neglect a few years ago, and

it is one that they came to based on their review of the empirical evidence. We know that home visitation can work. As Dr. Barnard was saying, this isn't an unusual finding. Research has repeatedly found that early intervention to high-risk parents, even parents in general, can enhance parent-child interactions, result in less physical punishment and a greater use of alternative disciplines, develop greater understanding about how children develop and what children need, develop a more effective use of formal and informal supports.

One of the wonderful byproducts of home visitation is it teaches parents to be good consumers. It doesn't help to have a market and a wonderful array of services if parents don't know how to access them and use them.

We see among families that get these services fewer subsequent pregnancies, better spacing between children, and in many families, higher employment rates, less welfare dependency.

Prevention can save enormous money, not just in terms of its saving to child protective services, but to the other health and educational systems that are certainly overburdened.

The program that we are basing our efforts on is located in Hawaii. As Dr. Barnard said, it is called the Healthy Start program. The State of Hawaii today is screening 52 percent of all births. Ideally, they would love to provide home visitation services to all new parents. They can't afford to. So what they do is identify those families that are most in need, and they will provide services up to a 5-year period.

The evaluations of these programs have been very promising, and we expect that if this system is put in place nationwide, we can see a tremendous decrease in the number of cases coming to protective service caseloads.

When we talk about Healthy Families America, we are not talking about another home visitation program. We are really talking about a system, a system that will systematically assess families, determine those families at greatest need, and reach out and provide services to them. Protecting children and preventing child abuse is an enormous challenge, and no one has the magic answer. It is a big job, and no one funding stream is big enough, no one agency, be it a Federal agency or a State agency, to get the job done. No public, no private agency can do it. It really is a joint partnership, a venture that everyone needs to be on board with.

We welcome the initiative as the President has put it in this legislation. We think it will go a long way toward building this kind of cooperation, bringing child protective services into full partnership with prevention. Until prevention becomes a primary objective of this system, child abuse reports will continue to swamp a system that is ill designed to deal with it, children will be unnecessarily harmed, and as a society we will pay dearly for our lack of vision.

Thank you.

[The prepared statement follows:]

TESTIMONY

Presented before the U.S. House of Representatives
Committee on Ways and Means, Subcommittee on Human Resources
April 21, 1993

By Deborah Daro, DSW
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INVESTING IN PREVENTION THROUGH FAMILY SUPPORT

LATEST CHILD ABUSE AND NEGLECT STATISTICS

Since 1985, NCPA has conducted annual nationwide surveys of child welfare administrators to monitor changes in the number and characteristics of child abuse reports and fatalities. The results of our latest survey, released earlier this month, tell a familiar story: the existing child welfare system is failing to protect children. Almost 3 million children were reported in 1991 and 50% more than the number reported in 1985. And for the fifth consecutive year, over three children a day died as a result of abuse or neglect.

Even as reports of child abuse increase, CPS is less and less able to respond effectively. In 1991, only 13 states reported funding increases. According to state administrators, only 60% of the families where abuse was confirmed received any kind of treatment; in other words over 460,000 abused children received no help.

THE IMPORTANCE OF PREVENTION

Until we reduce the growing number of maltreatment victims, effective and meaningful child welfare reform will remain elusive. The case for working to prevent child abuse before it occurs is clear. Prevention spares the hurt and can save lives; prevention also saves money. Further, comprehensive evaluations of various treatment and prevention services consistently have found prevention to be more likely to produce positive and lasting changes in families than interventions which begin after patterns of abuse are well established.

THE CASE FOR HOME VISITATION

A growing consensus is emerging within the research and practice communities regarding the utility of offering home visitation services for all new parents as an effective method for preventing child abuse. The method provides a very personalized service and one which is attractive to many families who have failed to successfully engage in other family support strategies. The model also is widespread and generally popular with the general public.

CREATING A NATIONAL NETWORK OF SUPPORT FOR FAMILIES

There are many existing family support programs which show great promise. A program which we feel has particular merit is Healthy Start, an extensive home visitation program currently operating in the State of Hawaii. Under this program, 52% of all new parents in the state are assessed at the time their babies are born to determine their services needs and those families in greatest need are offered intensive home visitation services up to five years. Based on this mode, NCPA has launched a national initiative called Healthy Families America. At present, we are working with 46 states and have established 22 demonstration sites throughout the country.

The biggest barrier in many states to establishing this type of program is lack of resources. State child protective services in particular are in a poor position to think beyond the immediate tragedies which fill their caseloads. It is this prevention focus, however, which is so urgently needed to reduce the overall number of child abuse cases. The President's initiative provides a vehicle for CPS to implement this critical new thinking.

TESTIMONY

Presented Before the House Ways and Means
Committee, Subcommittee on Human Resources
April 21, 1993

By Deborah Daro, DSW
Research Director
National Committee for Prevention of Child Abuse

INVESTING IN PREVENTION THROUGH FAMILY SUPPORT

My name is Deborah Daro and I am Director of Research of the National Committee for Prevention of Child Abuse (NCPCA), a volunteer-based organization dedicated to preventing child abuse in all its forms. NCPCA includes a network of chapters in all 50 states representing some 120,000 concerned citizens. Our research agenda includes annual surveys of child welfare administrators regarding the status of the child abuse reports and fatalities; annual public opinion polls regarding the public's perception of the problem and their role in preventing child abuse; and comprehensive evaluations of promising prevention strategies.

It is a great pleasure to present testimony to the House Ways and Means Committee Subcommittee on Human Services. Today, I would like to present to you the latest child abuse and neglect statistics, including the 1992 child abuse reporting and fatality data which we released earlier this month and explain why the proposed Family Preservation and Family Support Act is so urgently needed.

LATEST CHILD ABUSE AND NEGLECT STATISTICS

Since 1982, the National Committee for Prevention of Child Abuse (NCPCA) has conducted an annual national telephone survey of child protective service (CPS) agencies in all 50 states. The initial surveys focused exclusively on increases in the number of reports and the effects of budget cutbacks. Beginning in 1986, NCPCA developed a more standardized instrument which focused on the number and characteristics of child abuse reports, the number of child abuse fatalities and changes in the funding and scope of child welfare services. This instrument, which has been utilized for the past seven years, provides more reliable estimates of the number of reports and fatalities across time and across states.

It is a pleasure to have the opportunity to describe the 1992 figures at this hearing. - A full report on the findings is submitted with my testimony.

The total number of children reported increased once again in 1992, climbing to over 2.9 million children or 45 out of every 1,000 children in the United States. This figure is almost 8% higher than the number reported in 1991, and 50% higher than the number reported in 1985.

Overall, child abuse reports have maintained a steady growth between 1985 and 1992, with annual increases of about 6%. This growth rate, while significant, is significantly less than the annual rate of growth reported in the first half of the decade.

Administrators in states that have experienced increases over the past several years, however, cite several primary factors for this trend. First, economic stress due to poverty, unemployment and related work concerns were cited by 40% of the administrators as contributing to increased reports. Second, almost one third of the states said substance abuse accounts for the increase. And third, about 30% of these administrators saw the increase as stemming from increased public awareness and willingness to report suspected cases of maltreatment.

Confirmed child abuse fatalities stayed essentially the same over the number reported in 1991. Last year, a total of 1,261 children were officially registered and confirmed as fatal victims of maltreatment. This 1992 statistic is a projected number based on data from 36 states comprising 69% of the U.S. child population. We anticipate that this number will increase over the year as states complete their investigations of several hundred suspected cases and all states finalize their 1992 statistics.

Looking across the full eight year reporting period, the rate of child abuse fatalities has increased almost 50%. For the past five years, essentially three children a day have been killed by their parents or caretakers. Throughout this period, the characteristics of these cases have remained fairly constant. Approximately 40% of these deaths occur to children known to the local child welfare system either as prior or current clients. As for the cause of death, 40% of the deaths result from physical neglect while 60% are the result of physical abuse. Each year the vast majority of these cases have involved young children. In 1992, 84% of the victims were under five years of age and 43% were under one year old.

With respect to funding for CPS, in 1991 only 13 states reported funding increases; five experienced decreases and 30 reported no change in funding levels. According to state administrators states, only 60% of the families where abuse was confirmed received any kind of treatment; in other words, 460,000 abused children received no help. Even as reports of child abuse grow, CPS is less and less able to respond effectively, less and less able to further protect children. Relief is desperately needed, especially relief which will help prevent abuse before it occurs. Overall, the system continues to face growing demands with constant or decreasing resources.

THE CASE FOR PREVENTION

Child abuse hurts -- the after effects, which are well documented, are devastating. Abused children suffer a wide variety of emotional and developmental as well as physical problems -- both acute and chronic. Some children die. These problems often become evident in the emergence of other social ills such as teenage runaways, teen prostitution, alcohol and drug abuse, school problems, and juvenile delinquency. For these reasons, child abuse costs us dearly -- from a humane perspective in the injury of a child and from a financial perspective in the ongoing costs associated with responding to the problems which emanate from child abuse.

The case for working to prevent child abuse before it occurs is clear. Prevention spares the hurt and can save lives; prevention also saves money. For those concerned about when intervention can make the biggest difference the results of numerous program evaluations are instructive; prevention approaches have consistently been found to be more likely to produce positive and lasting changes in families than interventions which begin after patterns of abuse or neglect are established (Cohn and Daro ,1988). And, for those concerned about just how overwhelmed the treatment system currently is, the work of prevention may be the best way to reduce this burden. Until we reduce the growing number of maltreatment victims, effective and meaningful child welfare reform will remain elusive.

HOW TO PREVENT CHILD ABUSE

Child abuse is a complex problem with many underlying causes having to do with both individual (e.g., a parent's lack of understanding of child development) and environmental (e.g. poverty) factors. To be successful, prevention efforts must ultimately take account of this diverse etiology. Such a comprehensive approach certainly would include public awareness efforts both to educate the public about the magnitude of the child abuse problem and how to get involved in its prevention and to educate parents on the complexities and stresses associated with rearing a child. Second, certain key prevention services should be put in a place to help all new parents to get off to a good start and to make sure that all parents under stress have access to various crisis and support services, all victims get the therapeutic assistance they need to break the cycle of abuse and all children learn how to utilize existing services and the adults in their lives to protect themselves from abuse. Third, efforts must be directed at certain societal barriers to abuse such as the use of corporal punishment in schools or the amount of media violence, values which may

provide parents and adults with excuses for lashing out at children. Finally, issues such as substance abuse, poverty, family and community violence, and cultural diversity must all be addressed if we are to create an environment which reflects our concern for the well-being of our children. The consensus in the field is clear -- no single approach, no single program will be enough to prevent abuse; all elements of a comprehensive approach ultimately need to be in place (Cohn, 1983).

WHERE SHOULD PREVENTION EFFORTS BEGIN

While a comprehensive approach to prevention involves a large number of efforts, it makes sense to start with just a few. In 1991, after a year of study of how the United States should respond to the national child abuse emergency, the U.S. Advisory Board on Child Abuse and Neglect declared that while there are dozens of important things to do, a logical place to start is with new parents, helping them get off to a good start before abuse patterns begin (U.S. Advisory Board, 1991). With new parents, especially first time parents, we have the opportunity to encourage and, if necessary, to teach good parenting practices before bad patterns are established. Such a strategy is promising for several reasons. First, new parents are often characterized as "sponges", anxious and ready to learn anything they can about their new babies and how to care for them. Second, most reported cases of physical abuse and neglect occurs among the youngest children (e.g. under age 5) (AAPC, 1988) and, as I reported earlier, young children are by far the most frequent total victims of maltreatment. By focusing on new parents we are reaching the target population where the incidence of physical abuse and neglect is likely to be the greatest. This strategy may not impact all forms of maltreatment. Our knowledge about the effects of working with new parents and the prevention of sexual abuse is scant (Musiak, Bernstein, Percansky, and Stott, 1987); working with new parents may not be among the most important first steps in prevention with sexual abuse as it is with physical abuse and neglect.

WHAT APPROACH TO NEW PARENTS SHOULD WE TAKE

While there are many impressive family support and early intervention models, the U.S. Advisory Board on Child Abuse and Neglect recommends a voluntary program of home visits to new parents and their babies as the desired approach. Many others have expressed similar views. There are a number of reasons why this is so.

Home visiting has widespread appeal. It affords an opportunity to work with individuals in the family context or environment, enabling the professional or volunteer visitor to learn first hand the conditions of life for the parent and child and to respond to them. In other words, it provides the opportunity to tailor the services to be offered to the needs and characteristics of the parent and the child in their own natural setting.

Home visits uniquely offer a way to reach isolated families, families that typically do not participate in voluntary, prevention services. Such families are often too distrustful or too disorganized to make their way to a center based program or to a workers office. In this sense, home visiting provides a unique opportunity to engage dysfunctional families, who are often the families most at risk of abuse.

The public is very supportive of the home visitor concept. Repeated public opinion polls conducted over the past few years by the National Committee for Prevention of Child Abuse showed that over four-fifths of the respondents thought it appropriate to offer home visits and other supportive services to all first time parents, including families like themselves. While some have argued that the strategy is potentially intrusive and violates a family's right to privacy, it appears the general public does not agree with this characterization.

An additional indicator of just how widespread the appeal is of home visitor services, is the number of such programs which already exist. The National Parent Aide Association, for example, has documented over 650 community-based programs across the country which provide home visitor - type services to parents (Bryant, 1991). Parents As Teachers, a home visiting program working with young parents to help them better prepare their children for school, has over 1,000

service sites in 40 different states across the country. Similarly, the Home Instruction Program for Preschool Youngsters (HIPPIY), an early childhood education program for 4 and 5 year olds which involves biweekly home visits by a trained paraprofessional, served over 10,000 families in 17 states last year. Further, national surveys of hospital administrators conducted by NCPA find that over one-quarter of all hospitals report offering some kind of home visiting services to high-risk new mothers (Daro, 1991).

In addition to the widespread appeal of home visitor services, there is a solid and expanding evaluative data base on the efficacy of the approach. The studies date back over two decades (Daro, 1988). For example, in the early 1970's, the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse conducted a controlled experimental design study of nurse practitioner home visitors with a sample of high risk new parents. The study documented enhanced mother/infant relationships and a reduction in child abuse among the experimental group (Grey, Cutler, Dean and Kempe, 1979).

From the mid 1970's through the early 80's a number of large scale evaluation studies of federally funded child abuse service programs, which included high risk as well as abusive clients, were conducted (Cohn, 1979; Cohn and Daro, 1988; Daro, 1988). The studies compared the relative effectiveness and cost effectiveness of different service interventions. The home visiting services of parent aides, coupled with group services such as group therapy or Parents Anonymous, and homemaker services significantly reduced child abuse potential in contrast to those clients receiving basic counseling or only out-of-home assistance.

Dr. David Olds and his colleagues (1986, 1990) have conducted the longest and perhaps most thoroughly designed and carefully controlled studies of the home visitor model from the scientific perspective. In his first study 400 first time mothers were randomly assigned to four groups of which the most intensive service condition included: (a) intensive pre and post natal visits by a nurse practitioner; (b) parent education on fetal and infant development; (c) involvement of the mothers friends and family in child care and support of the mother and (d) linkages to health and human services. The women viewed as being at greatest risk for child abuse (i.e., low income, unmarried teenagers who received the most intensive service package showed 4% abuse at the end of the study in contrast to 19% of the highest risk group assigned to the control group; this experimental group also demonstrated fewer accidents, less required use of the emergency room, less need to punish and discipline their children and longer spacing between children. Dr. Olds is cautious in generalizing his findings to all populations noting that the model was found successful only with the young, low income single mothers served.

Other less controlled studies, however, support the value of home visitor services in various settings. Lutzker and Rice (1984, 1987) conducted a study of Project 12 Ways, a multifaceted home-based service program in Southern Illinois in which home visits to new parents were offered by graduate students. At the end of the program abused had been detected in 2% of those receiving the home visits in contrast to 11% in the control groups. The relative effectiveness of the program continued for at least one year. In a one year follow-up, abuse was found in 10% of the experimental group and 21% of the control group.

Seitz and her colleagues (1985) studied the impact of intensive home visits to first time mothers for 20 months after birth. Follow ups were conducted on 15 of 17 matched sets of families up to 10 years after the program concluded. Seitz documented steady improvements in parenting and family life over the 10 year period, and, in blind assessments, teachers consistently rated the children enrolled in the program as performing better in school.

Hawaii has conducted several studies of its universal voluntary Healthy Start program in which paraprofessionals intensively visit new parents identified at risk of abuse for up to 5 years after birth. The program includes the provision of other health and child development services as well. In one study, for example, among the over 1,000 high risk parents served, and studied, abuse was reported for less than 1% (Breakey and Pratt, 1991).

In summary, these and related studies done on home visitor services consistently suggest that this service approach has significant benefits in the prevention of child abuse and other related problems. These studies are not perfect. Many questions still remain unanswered with respect to home visitor services and should indeed be addressed. And yet, the evidence is convincing enough for the U.S. Advisory Board, the National Committee for Prevention of Child Abuse and others to pursue the delivery of home visitor services for all new parents.

WHAT DO WE KNOW ABOUT WHAT HOME VISITOR PROGRAMS SHOULD LOOK LIKE?

The provision of in-home educational and support services to new parents, such as is done in the state of Hawaii, has been found to be an effective approach to enhancing family functioning. To be successful, however, such services must adopt the best practice standards suggested by repeated evaluations of various early interventions with new parents. While there should be flexibility in service implementation to permit integration into a wide range of communities, as well as opportunity for innovation, there are some basic criteria which contribute to program effectiveness. It is these criteria which must be central to any Healthy Families America (HFA) initiative.

- Initiate services prenatally or at birth.
- Universal intake service for all new parents initially from a defined geographic target area (prenatally or at birth) (e.g., educational hospital visit to all births in a given census tract, zip code.)
- Universal needs assessment using standardized protocol to systematically identify those new parents most in need of services due to the presence of various factors associated with increased risk for child maltreatment and other poor childhood outcomes.
- All high risk parents offered services in a positive, voluntary way.
- Home visitation is the core service offered.
- Creative outreach (e.g., persistent, positive outreach for at least 3 months) to build client trust in accepting services.
- Services offered intensely (e.g., at least once a week.)
- Services offered over the long term (e.g., 3-5 years.)
- Services are family centered addressing the needs of the child within the context of the family and recognizing that the adults in the family are the primary decision makers.
- Services focus both on supporting the parent as well as on supporting parent-child interaction and child development.
- Services include a focus on child health and linkages to a health care system (e.g., assurance of immunizations, visits to well baby clinics.)
- Services include a focus on school readiness directly or by offering linkages to other school readiness services (e.g., Head Start, HIPPI, Parents as Teachers.)
- Service plans tailored to needs of individual family; problem solving to address service needs is foremost; longer term focus of services is on self-sufficiency and empowerment.

- Early identification and home visitation workers selected because of personal characteristics (e.g., non-judgmental, compassionate, ability to establish a trusting relationship, etc.)
- All workers complete intensive, standardized initial training program and periodic in-service training (e.g., every 3 months.)
- All workers receive ongoing, intense professional supervision to assure service quality (e.g., 2 hours of supervision weekly for home visitors; 5-6 home visitors for 1 supervisor.)
- Worker caseloads are limited (e.g., 15 families in project year one; average of 20 families in year two; average of 25 families in year three.)
- Overall focus on service delivery site is on integration with other services in the area (e.g., a single agency may offer the home visitor services but the overall effort is a collaborative one which builds on existing resources in the area.)

In addition to the basic services criteria outlined for all Healthy Families America sites, a number of management criteria have been identified as integral to service effectiveness and continuity, though not necessarily documented by research. These include:

- The creation of a Healthy Families Steering Committee or Advisory Board which will have a long term commitment to assuring the quality of the effort.
- The development of an on-going evaluation program which includes measurable outcomes (e.g., immunization rates, age appropriate development, and reports of child abuse and neglect.)
- The flexibility to allow the service to evolve over time as evaluations indicate that the needs of the target population and the community have changed.
- The maintenance of a cohesive and supportive management style that allows staff to build relationships with each other, with their clients and with the broader community.
- The establishment of regular staff evaluations with clear guidelines for optimal performance.

THE HAWAIIAN APPROACH

A service model embracing these dimensions which reaches all first time parents with intensive home visitor services already exists in the State of Hawaii. There, over the past seven years, the state's Maternal and Child Health Program has pilot tested, evaluated and now put into place for over 50% of their new parents a program called "Healthy Start." Visits by paraprofessionals to all new parents identified as being in potential need of assistance begin in the hospital at the time of birth and for those parents in the most difficult circumstances continue during the critical first months and if necessary, first years of the child's life. As noted earlier, the services thus far have resulted in the virtual elimination of physical child abuse in the population served. The visits are voluntary; very few of the at risk parents refuse the services. The home visits are complemented by an impressive array of medical, child development and social services. The home visitors receive intensive training and ongoing supervision. The program is a public/private sector partnership with the state administering the program and private agencies delivering the services. The state's goal is to serve 100% of new parents within the next several years.

A NATIONAL INTEREST IN HAWAII'S PROGRAM BUT NO FUNDS TO FOLLOW THROUGH

Because of the U.S. Advisory Board's recommendation, because of the general interest in the field in helping new parents get off to a good start, and the growing data base showing the effectiveness of the home visitor approach, last year the National Committee for Prevention of Child Abuse, in partnership with the Ronald McDonald Children's Charities (RMCC), launched a national initiative entitled "Healthy Families America". The initiative seeks to make sure that all new parents, especially those at high risk, get off to a good start by replicating the Hawaii model across the country. We are working in conjunction with the Hawaii Family Stress Center and Hawaii's

Maternal and Child Health Departments and other interested state and national organizations. To date, initial efforts have begun in 46 states and pilot programs are now operating at 22 sites.

THE FAMILY PRESERVATION AND SUPPORT ACT: A CRITICAL CATALYST FOR CHANGE

Child abuse reports and, most tragically, documented child abuse fatalities have risen once again in the last year. The child abuse problem remains a national emergency. As a nation we spend in excess of \$2 billion responding to the problem after it has occurred. We spend over \$2 billion investigating whether or not abuse has occurred and offering inadequate, often ineffective services to families already crushed by abuse. It is time for change. Even as we invest more in effectively supporting families where abuse has already happened, is time for a major investment in the prevention of child abuse before it occurs. For two decades we have been accumulating evidence on the desirability of various family support programs including offering new parents intensive home visitor services to prevent child abuse. The evidence now in tells us that this is an effective and indeed cost effective approach. It is time for the nation to invest in family support efforts including program of neo-natal home visitation for new parents in the most difficult circumstances. The proposed Family Preservation and Support Act would begin to offer states some relief for the crisis they face in responding to families where abuse has already happened while also making available important funds for needed prevention interventions.

Our goal is to lay the foundation for a nation-wide, voluntary neo-natal home visiting program with a network of state level organizations that are willing to establish intensive home visitor services. Initially we contacted state Health and Social Service Departments, the State Children's Trust Funds, our state chapters, and other key groups and invited them to join our Healthy Families America initiative. We offered training and technical assistance in exchange for a commitment on their part to work in teams of public and private at the state level to test the replication of the Hawaiian approach. Since January, 1992 forty-six (46) states have signed on to putting into place universal, intensive long term home visiting services for new parents, especially those at risk of abuse. And, in 22 communities pilot efforts have begun.

What we have found through our training and technical assistance efforts to interested states is that the biggest barrier to replicating the Hawaiian approach is a lack of resources. State child protective service departments in particular do not have a preventive program. And yet, these are the very kinds of programs which in time would help reduce the overall number of child abuse cases and thus the burden these departments now face. It is time that we begin the task of serious child welfare reform, reform that will not only result in a more effective service delivery system but will also protect children from needless abuse and neglect.

REFERENCES

- American Association for Protecting Children. (1988). Highlights of Official Child Neglect and Abuse Reporting, 1986. Denver, CO.: American Human Association.
- Austin, M.J. (1978). Professionals and Paraprofessionals. New York: Human Science Press.
- Breakey, G. and Pratt, B. (1991). "Healthy Growth for Hawaii's 'Healthy Start': Toward a Systematic Statewide Approach to the Prevention of Child Abuse and Neglect." Zero to Three. 11(4).
- Bryant G. (1991). Presentation, National Conference on Child Abuse and Neglect, Denver, September.
- Carkhuff, R. (1968). "Differential functioning of lay and professional helpers." Journal of Counseling Psychology. 15:2, pp. 117-126.
- Cohn, A. (1979). "Effective treatment of child abuse and neglect." Social Work, 24:6 (November), pp. 513-519.
- Cohn, A. (1983). An Approach to Preventing Child Abuse. Chicago, IL.: National Committee for Prevention of Child Abuse.
- Cohn, A. and Daro, D. (1988). "Is treatment too late: what ten years of evaluative research tell us." Child Abuse and Neglect, 11(3), pp. 433-442.
- Cohn, A. and DeGraff, B. (1982). "Assessing Case Management in the Child Abuse Field." Journal of Social Service Research. 5 (1-2).
- Daro, D. (1988). Confronting Child Abuse. New York: Free Press.
- Daro, D. (1991). Child Abuse Prevention Efforts: Final Report on NCPA's Progress Toward Its Goal To Reduce Child Abuse 20% by 1990. Chicago, IL.: National Committee for Prevention of Child Abuse.
- Daro, D. (1992). Public Attitudes and Behaviors with Respect to Child Abuse Prevention: 1987-1991. Chicago, IL.: National Committee for Prevention of Child Abuse.
- Daro, D. and McCurdy, K. (1993). Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1992 Annual 50-State Survey. Chicago: National Committee for Prevention of Child Abuse.
- Daro, D., Jones, E., and McCurdy, K. (1992). The William Penn Foundation Prevention Initiative: Final Evaluation Report. Chicago, IL: National Committee for Prevention of Child Abuse.
- Gray, J., Cutler, C.A., Dean, J.G. and Kempe, C.H. (1979). "Prediction and prevention of child abuse and neglect." Journal of Social Issues. 35 (2), pp. 127-139.
- Halpren, R. and Lerner, M. (1987). "Lay family support during pregnancy and infancy: the Child Survival/Fair Start Initiative." Infant Mental Health Journal. 8:2, 130-143.
- Lerner, M. (1990). "A 'Fair Start' for parents and infants." High Scope Review. 9:1 (Winter), 5-6, 8-10.

- Larson, C. (1980). "Efficacy of prenatal and postpartum home visits on child health and development." Pediatrics, 66, 191-197.
- Lutzker, J. and Rice, J. (1984). "Project 12-Ways: Measuring Outcome of a large in-home service for treatment and prevention of child abuse and neglect." Child Abuse and Neglect, 8, 519-524.
- Lutzker, J. and Rice, J. (1987). "Using recidivism data to evaluate Project 12-Ways: an ecobehavioral approach to the treatment and prevention of child abuse and neglect." Journal of Family Violence, 2:4, 283-290.
- Musiak, J., Bernstein, B., Percansky, C., and Stott, F. (1987). "A chain of enablement: using community-based programs to strengthen relationships between teen parents and their infants." Zero to Three, 8:2 (December), 1-6.
- Olds, D. and Henderson, C., Jr. (1990). "The prevention of maltreatment." in Cicchetti, D. and Carlson, V. (Eds.). Child Maltreatment. New York: Cambridge University Press, 722-763.
- Olds, D., Chamberlin, R. and Tatlebaum, R. (1986). "Preventing child abuse and neglect: a randomized trial of nurse home visitation." Pediatrics, 78, 65-78.
- Olds, D. and Kitzman, H. (1990). "Can Home Visitation Improve the Health of Women and Children at Environmental Risk." Pediatrics, (86), No. 1, pp. 108-116.
- Seitz, V., Rosenbaum, L. and Apfel, N. (1985). "Effects of family support intervention: a ten-year follow-up." Child Development, 56, 376-391.
- U. S. Advisory Board on Child Abuse and Neglect. (1991). Creating Caring Communities: Blueprint For An Effective Federal Policy on Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health and Human Services.

Chairman FORD. Thank you very much.

Mr. Caplin, if you will move to the seat in the center. You are on the end, and there is no mike. You will testify after Ms. Douglass.

STATEMENT OF ADELE DOUGLASS, DIRECTOR, WASHINGTON, DC., OFFICE FOR THE CHILDREN'S DIVISION, AMERICAN HUMANE ASSOCIATION

Ms. DOUGLASS. Thank you, Mr. Chairman.

The Children's Division of American Humane began its efforts to protect children in 1877. We are a national membership organization composed of individuals and agencies concerned about the welfare of children and families.

We at American Humane believe that the best way to rescue a child is to rescue the family for the child. Unfortunately, family preservation services are not available in the vast majority of substantiated cases where out-of-home placement is not made or anticipated.

As you have recognized, Mr. Chairman, early intervention to support and strengthen at-risk families and prevent child abuse and neglect is an essential element of reform. So is increased support for an integrated community system of services to respond when more active intervention is needed to strengthen family life. That is why we support the current proposal for \$1.7 billion in funding for 5 years for family support and parenting programs and innovative child welfare services, such as family preservation, reunification, respite care, and other follow-up services.

The numbers of abused and neglected children reported in 1976 were an estimated 669,000 children. In 1991, according to NCPA's figures, the number was 2,936,000. This is a 339-percent increase of reports nationwide in 16 years. Unfortunately, while reports continue to rise, the resources available for responding to these reports have actually declined.

When there is an identified need, the immediate provision of preventative services to families costs less and produces healthier outcomes. Three examples are the Homebuilders Program in Washington State, Hawaii's Healthy Start Program of home visiting for families of at-risk newborns, and Colorado's Baby Bear Hugs Program in rural Yuma County through American Humane is helping to expand the home visitor concept to a rural setting.

The return on these programs is evident. In Washington State, the average cost of 9 months of foster care placement is \$3,607 per child, but intensive Homebuilders services to children and families in their own homes to prevent placement cost an average of only \$2,600 per family.

In Colorado, the fatal abuse of an infant was the instigation for the Baby Bear Hugs rural home visitor program for families of infants. Since the Baby Bear Hugs program began, there has not been a single child abuse fatality in Yuma County. By way of contrast, nationally the number of child deaths resulting from abuse has increased almost 40 percent over the last 5 years.

Faced with increasing reports of abuse and neglect, States have responded simply by increasing front-end services such as investigation of reports. However, a lack of resources has left child pro-

tective services strained with little ability to offer ameliorative services even when risk to a child is present.

We know what to do to help strengthen families. We simply haven't committed the resources needed to match our knowledge with action. Of course, not all families can be safe places for children. But many more can be helped if we tried harder, listened better, intervened earlier, and were more flexible and creative with our help.

We cannot as a nation afford to give up on so many of our children. We cannot compete globally when 24 percent of our children are in poverty, when 25 percent do not even graduate high school, when an alarming number of young people find it more desirable to belong to a gang than to belong to the larger society, and when so many of our young adults are functionally illiterate or otherwise ill-prepared for jobs in a complex global market.

We do not have good substitutes for a child's family. We need better alternatives for children who cannot remain at home, emphasizing safety and permanence, not allowing children to linger in the foster care system. There was an increase of 63.4 percent in the U.S. child substitute care population from 1982 until 1991. The percentage of children who experienced more than one placement while in care also increased, and this is unacceptable.

Pursuing the twin goals of child protection and family preservation depends on a larger conceptualization of a community-based system of services to respond to family needs. We are painfully aware that what we have been doing is not enough and there is intense criticism of our system of protecting children. We are clearly lacking the resources for children and families that would truly amount to a community system of care.

Our public systems still do not typically help families and children until there is a crisis and the children are harmed. Targeting our response to the most serious cases of crisis has meant that long-term chronic neglect receives meager resources. Often, adolescents who become alienated and disturbed due to abuse and neglect also have to become delinquent before eliciting a response.

The services that must be integrated into a cohesive whole to form a community system of care include not only social services, but also education, public health, substance abuse treatment services, courts, law enforcement, community outreach and family support services, mental health and clinical treatment resources, temporary alternative care services, such as crisis, respite care, and therapeutic day care, and volunteer services. Of course, preventative services such as home visiting are also necessary.

To reach that goal, individual communities must have the discretion to shift the focus at the local level from separate agencies running their programs with their funding sources and toward communities configuring their resources to achieve goals for children and families. We must allow communities to aim for a new vision, a more holistic agenda for children and families. We must support through our Government's policies a changing value system in which the American public can get behind rescuing families, not just children.

Thank you.

[The prepared statement follows:]

TESTIMONY OF ADELE DOUGLASS
 CHILDREN'S DIVISION, AMERICAN HUMANE ASSOCIATION
 before the Subcommittee on Human Resources
 Committee on Ways and Means
 U.S. House of Representatives
 April 21, 1993

Good morning Mr. Chairman and Members of the Committee. My name is Adele Douglass from the Children's Division of the American Humane Association.

Because many of you may know of the Association but may not be familiar with our Children's Division, I would like to briefly introduce you to our organization. The American Humane Association's Children's Division is a national membership organization composed of individuals and agencies concerned about the welfare of American children and families. Currently, we are headquartered in Englewood, Colorado, but our members are from throughout the nation.

The Association began its efforts in 1877 as the New York Society for the Prevention of Cruelty to Children. Local societies for the prevention of cruelty to children spread rapidly mainly in the east and midwest -- there were more than 300 such societies by the 1920's, all affiliated nationally with the American Humane Association.

There was a major debate in the 1920's and 30's among these societies and within American Humane as to whether we should emphasize child rescue or family preservation support to parents. The latter won. As our former director, Dr. Vincent DeFrancis said, "The best way to rescue a child is to rescue the family for the child."

The issue of child rescue emerged again when all states passed child abuse reporting laws in the 1960's. The choice of social services departments rather than law enforcement as the agency to receive reports represented clear options, and as a society we made the right choice. Implicit in this choice was a commitment to help families rather than simply prosecute parents and "rescue" their children.

Yet we were not prepared as a country for the numbers of reports to increase so dramatically. In the 1980's and 90's we have seen the role of child protective services become more narrowly defined as receiving and investigating reports, substantiating allegations and deciding whether to remove children. Family preservation services have emerged as the vehicle for family support -- although normally only to prevent placement of children outside of their homes. Family preservation services are not currently available in the vast majority of substantiated cases where placement out of the home is not made nor anticipated.

As you have recognized, Mr. Chairman, "Early intervention to support and strengthen at-risk families, and prevent child abuse and neglect, is an essential element of reform." So is increased support for an integrated community system of services to respond when more active intervention is needed to strengthen family life. That is why we support the current proposal for \$1.7 billion of funding over five years for (1) family support and parenting programs and (2) innovative child welfare services such as family preservation, reunification, respite care and other follow-up services.

Statistics on increased Reporting

Which brings us to where we are today -- American Humane has for years collected data on the national reporting rates of child

abuse and neglect. In 1976, the first year for which we collected such data, there were an estimated 669,000 children reported for abuse and neglect nationwide. By 1987, that number had risen to 2,178,000 reports and in 1992, according to the National Committee for Prevention of Child Abuse, it stood at 2,936,000. (This is a 339 % increase in the number of reports nationwide between 1976 and 1992.)

Discrepancy between Increased Reports and Available Resources

What most concerns us about these numbers is that while reports of child abuse and neglect continue to rise, the resources available for responding to these reports have actually declined. It is estimated that for every case of abuse or neglect that is reported, there are another two cases that are known to professionals in the community and not reported (in part because these professionals believe that the response will be inadequate).

It is not known how many of these un-investigated incidents return with further reports. However, when a report must wait for investigation, and especially for the provision of services, a family's problems can be compounded. It is clear that the longer a case goes without needed services, the more severe the trauma and the more costly the eventual intervention.

When there is an identified need, the immediate provision of preventative services to families costs less and produces healthier outcomes. Numerous examples exist, but three that come immediately to mind are the Homebuilders program in Washington state, Hawaii's Healthy Start program of home visiting for families of at-risk newborns (now being expanded nationwide by the National Committee for Prevention of Child Abuse as the Healthy Families America program), and Colorado's Baby Bear Hugs program in rural Yuma County through which American Humane is helping to expand the home visitor concept to a rural setting.

The return on these programs is evident. In Washington state, the average cost of 9 months of foster care placement is \$3,607 per child, but intensive Homebuilders services to children and families in their own homes to prevent placement cost an average of only \$2,600 per family. In Colorado, the fatal abuse of an infant was the instigation for the Baby Bear Hugs rural home visitor program for families of infants. Since the Baby Bear Hugs program began, there has not been a single child abuse fatality in Yuma County. By way of contrast, nationally the number of child deaths resulting from abuse has increased almost 40 percent over the last five years.

State Focus on "Front End" Investigative Services

Faced with increasing reports of abuse and neglect, many states have responded simply by increasing "front end" services such as investigation of reports, but a lack of resources has left child protective services strained with little ability to offer ameliorative services even when risk to a child is present.

While providing enough workers to adequately investigate reports is helpful, investigation alone is not enough. Services to respond to the family needs identified in the investigation are also essential, as is careful consideration of providing the most suitable service at the earliest point in time, so that families can remain or become self-sufficient in providing for their children's needs.

Lack of Resources to Match Knowledge of How to Help Families

In sum, we know what to do to help strengthen families, we simply have not committed the resources needed to match our knowledge with action. Our current child protective services systems nationally still look too much like "monitoring parental failure" rather than helping families to succeed. We have not sufficiently made our national vision one of not just protecting

children but supporting and strengthening families. Of course not all families can be safe places for children, but many more can be helped if we tried harder, listened better, intervened earlier, and were more flexible and creative with our help.

We are at a national crossroads. It has become abundantly clear to a critical mass of informed people that we are not adequately protecting and nurturing our children nor are we helping families to succeed in their important role as parents.

It is also becoming clear to a larger population of concerned citizens that we cannot as a nation afford to give up on so many of our children. We cannot compete globally when 24% of our children are in poverty, when 25% do not even graduate high school, when an alarming number of young people find it more desirable to belong to a gang than to belong to the larger society, and when so many of our young adults are functionally illiterate or otherwise ill-prepared for jobs in a complex global market.

We are also painfully aware that we do not have good substitutes for a child's family. We need good alternatives for children who cannot remain at home -- but we need even more to preserve families, birth and adoptive, to recognize that many are fragile and need buttressing, in the form of supportive services, to help them parent their children successfully. We also need better alternatives for children who cannot remain at home; emphasizing safety and permanence, not allowing children to linger in the foster care system. There was an increase of 63.4% in the U.S. child substitute care population from 1982 to 1991. The percentage of children who experienced more than one placement while in care also increased, and this is unacceptable.

Need for integrated Community System of Response

In short, pursuing the twin goals of child protection and family preservation depends on a larger conceptualization of a community-based system of services to respond to family needs. We are painfully aware that we have been doing is not enough and that there is intense criticism of our system of protecting children. Yet it cannot be emphasized too strongly that all across the nation dedicated caseworkers, supervisors, lawyers, judges, volunteers and community agencies are making an important contribution every day to the lives of vulnerable children and their families. The best minds and hearts want to put together a system of supportive community services and the building blocks and examples are available. Dedicated professionals want to create a system that can carefully assess risks, manage services, create new resources, and help to reunify families when children go into placement or to find them permanent homes.

In the face of these fine efforts, however, we are clearly lacking the resources for children and families that would truly amount to a community system of care. Our public systems still do not typically help families and children until there is a crisis and the children are harmed. Targeting our response to the most serious cases of crisis has meant that long term chronic neglect, for example, receives meager resources. Often adolescents who become alienated and disturbed due to abuse and neglect also have to become delinquent before eliciting a response.

It is becoming clearer that a more comprehensive system needs to be developed to deal with the very serious problems of children and families in our society. The vision of the children and families service system of the future looks quite different from where we are today.

We need a more effective and comprehensive process for meeting the basic minimal needs of all families -- housing, food, clothing - with access points in every neighborhood through schools, religious institutions, and community centers. We need early intervention and prevention services to help children and families

before problems intensify. We need to be child-centered but also family focused and holistic in our approach. Services must be coordinated in a manner that is child/family-driven, not agency-driven. Coordination is needed --not just of individual professionals, but coordination of the roles of separate agencies to build a community system of care.

The services that must be integrated into a cohesive whole to form a community system of care include not only social services but also education, public health, substance abuse treatment services, courts, law enforcement, community outreach and family support services, mental health and clinical treatment resources, temporary alternative care services such as crisis respite care and therapeutic day care, and volunteer services. Of course, preventative services such home visiting are also necessary.

Need Local Discretion to Enhance Prevention/Intervention Services

Lastly, we need to allow individual communities the discretion to build a community system of care that is responsive to the needs of that particular community. Within broadly defined parameters, there must be local discretion to enhance prevention and intervention services to meet the needs of at-risk children and strengthen vulnerable families in a manner that is culturally sensitive and community-based.

We must not see family preservation as competing with child protection--pragmatically for resources, but also philosophically in terms of the goals of our intervention. Instead we must be able to expand our vision to a community wide goal of a safe, permanent home for all children -- under that goal, the protection of children can coexist with the preservation of families.

To reach that goal individual communities must have discretion to shift the focus at the local level from separate agencies running their programs with their funding sources, and toward communities configuring their resources to achieve goals for children and families. We must allow communities to aim for a new vision, a more holistic agenda for children and families. We must support through our governments's policies a changing value system in which the American public can get behind "rescuing" families not just children.

Conclusion

This agenda is the beginning of a promise of a better future for vulnerable children and families, and for all of us, since our children are indeed our future. Government should not wait until families become dysfunctional to provide help; comprehensive social services should be available to all families to prevent dysfunction. By supporting services to ensure that all families are healthy families whenever possible, we are growing the healthy communities which must exist to form a prosperous nation.

Chairman FORD. Thank you, Ms. Douglass.
Mr. Caplin.

**STATEMENT OF MICHAEL A. CAPLIN, DIRECTOR, EAST COAST
OPERATIONS, CHILDHELP USA**

Mr. CAPLIN. Thank you, Mr. Chairman. I am director of east coast operations for Childhelp USA, which is a 34-year-old non-profit organization which assists and treats the victims of child abuse.

Childhelp USA is in every home in the United States with our national, toll-free, 24-hour child abuse hotline, 1-800-4-A-CHILD. The hotline puts us on the front line of the abuse crisis, responding to hundreds of thousands of calls for help from children and adults from across the country.

We are here to share with you our data which reveal that the American families and American children are under extraordinary stress which is leading to emotional overload and violence. Many young parents don't know how to parent and are overwhelmed by the relentless frustrations. Many families are suffering economic and social pressures too great to bear and are cracking under the strain. Adults are reaching an emotional breaking point and don't know how to cope. Too little is being done to help our families in crisis, and the side effect of this failure is an epidemic of violence against our children. Reports of child abuse have tripled since 1980. Social service agencies are swamped with calls for help. They are hopelessly overloaded and cannot respond in a timely or effective manner. Because of system failure, children are dying or suffering abuse which will damage their psyches for life.

We urge your committee to support increases in entitlement spending for preservation services to families in need and intervention services for families in crisis. Spending money now on preservation and intervention services for families at risk and in crisis will save our society millions of dollars in the long run by reducing the therapeutic and health care services necessary for victims of abuse, by reducing the cost of containing and punishing crimes committed by antisocial victims of child abuse, and by creating a healthy and secure environment which enables children to grow into well-adjusted, productive members of society.

Every year millions of children are subject to physical and emotional chaos at home which breaks their spirits as well as their bones, wreaking emotional havoc which can plague them for a lifetime.

Every day our hotline crisis counselors receive reports from all over America of physical and sexual abuse threatening the lives of children. Our state-of-the-art computer system enables us to connect those callers with local social service authorities who can intervene and protect the life of the child.

In 1991, our hotline received 224,000 calls nationwide. In 1992, we experienced a 50-percent increase to 360,000 calls. Mr. Chairman, in your own State of Tennessee, in 1991 we received 2,239 calls, and last year we received 5,413 calls, an increase of over 50 percent.

Ten years ago, we could tell a caller that a life-threatening situation would be investigated by a local social worker within 2 to 24

hours. Now some States require 30 days to respond—30 days during which irreparable harm can be done.

Ten years ago, if a child was living in a car, protective services would make sure that a home would be provided. Now that car must be dirty and major physical or sexual abuse must be occurring for the child to be removed—criteria which guarantee harm to the child and a long and expensive rehabilitation process.

The social service system is so overloaded that it simply cannot effectively respond to the legion calls for help.

A 12-year-old child called our hotline last week. He told the counselor that his dad was beating him with a chain and warned the kid that the beatings would get even worse if he told anybody. Frightened, but hopeful, that caller and our crisis counselor called protective services in the county where the boy lived. The local social worker asked, "Are there any marks on you now?" The boy answered, "No. They are pretty faded." The social worker replied, "Well, we will send someone to speak to your parents, but without real welts we won't be able to do anything."

After the Childhelp crisis counselor disconnected the local social worker, the child broke down in tears. "No one will believe me. No one will help." "I believe you," the crisis counselor said, and the two stayed on the phone and cried together, both feeling completely helpless.

Social workers and the social service system are so overtaxed that only the most monstrous reports get investigated. Childhelp hotline counselors are hearing more and more often from people in all States of the Union that they simply cannot get the system to respond to their cries. We hear many cases of proper reporting of abuse to authorities, clear medical evidence establishing abuse, and total failure of the State to act. Frustrated callers tell us that they "guess the child will have to die before anyone cares." We are even receiving calls from the State protective services indicating that they cannot handle the calls we refer to them and ask us if we can provide technical assistance to them.

Childhelp treats the victims of abuse, and we have learned that abused children become the next generation of adult survivors, citizens immobilized by fear and pain and low self-esteem. Their productivity will suffer. They will find it more difficult to cope with the details of everyday life. They will need a lot of help if they are to succeed. Some will become completely antisocial and inflict violence on others or retreat into dysfunctional drug and alcohol stupors. And many abuse victims will turn around and abuse their own children, creating a second cycle of violence which will damage yet another generation of Americans.

The cost to our society is staggering. Abuse requires society to provide health care services and treatment facilities for adult survivors of abuse, and that cost is climbing. Abuse requires society to provide prisons to contain the untreated, antisocial survivors of abuse, and that cost is climbing. Abuse requires society to provide safe, therapeutic havens for young victims of family violence and that price is climbing and now averages more than \$50,000 per year per child in residential intensive care.

The Children's Defense Fund estimated that if current trends continue, by 1995 900,000 children will be in out-of-home care service and that would translate to a cost of at least \$9 billion a year.

The cost of preventive intervention is modest in comparison. A well-trained social worker earning in the neighborhood of \$30,000 could provide long-term, in-home counseling for perhaps 12 families at a time and protect their 12 or more children from victimization and the need for social services at all. The math is simple. It costs a great deal less to support families in need and to intercept abuse before it happens than it costs to repair the damage done to the child and the damage that child may do to him- or herself or society throughout the course of a lifetime.

Childhelp is at work designing its own model for a single-entry system for delivery of a continuum of services to families in need, assisting them in the resolution of immediate problems, teaching positive parenting skills and behavior, and which will hopefully intercept disaster before it occurs. We will test this model in our community, and if it proves successful, we will share it with others. And we hope that there will be funds to enable those others to implement the model in their own community.

As Dr. Vincent Fontana, a distinguished children's doctor in Manhattan, recently noted, if we could raise just one generation of healthy children, spared from violent abuse and sent to school ready to learn, dozens of other social problems in our society would disappear.

Thank you, Mr. Chairman.

[The prepared statement follows:]

STATEMENT OF MICHAEL A. CAPLIN, DIRECTOR, EAST COAST OPERATIONS, CHILDHHELP
USA

Chairman Ford and members of the Subcommittee, I am Michael Caplin, Director of East Coast Operations for Childhelp USA. Childhelp USA is a 34-year old non-profit organization which treats the victims of child abuse.

Childhelp USA is in every home in the United States with our national, toll-free, 24-hour child abuse Hotline -- 1-800-4-A-CHILD. The Hotline puts us on the front line of the abuse crisis, responding to hundreds of thousands of calls for help from children and adults from across the country.

We are here to tell you that American families and American children are under extraordinary stress which is leading to emotional overload and violence. Many young parents don't know how to parent and are overwhelmed by the relentless frustrations. Many families are suffering economic and social pressures too great to bear and are cracking under the strain. Adults are reaching an emotional breaking point and don't know how to cope. Too little is being done to help our families in crisis and the side effect of this failure is an epidemic of violence against children. Reports of child abuse have tripled since 1980. Social service agencies are swamped with calls for help. They are hopelessly overloaded and cannot respond in a timely or effective manner. Because of system failure, children are dying or suffering abuse which will damage their psyches for life.

We urge this committee to support increases in entitlement spending for preservation services to families in need and intervention services for families in crisis. Spending money now on preservation and intervention services for families at risk and families in crisis will save our society millions of dollars in the long run, by reducing the therapeutic and health care services necessary for victims of abuse, by reducing the cost of containing and punishing crimes committed by anti-social victims of child abuse, and by creating a healthy and secure environment which enables children to grow into well-adjusted, productive members of society.

We must reiterate the statistics. Nearly four children die every day from injuries inflicted on them by adults. Nearly 3 million reports of child abuse were filed in 1992. Every year, millions of children are subjected to physical and emotional chaos at home which breaks their spirits as well as their bones, wreaking emotional havoc which can plague them for a lifetime. Substance abuse, homelessness, unemployment, and stress are ripping families apart and littering the countryside with damaged children.

Every day our Hotline crisis counselors receive reports from all over America of physical and sexual abuse which are threatening the lives of children. Our state-of-the-art computer system enables us to connect callers with local social service authorities who can intervene and protect the life of the child.

In 1991, our hotline received 223,989 calls nationwide. In 1992, our calls rose to 360,050. In your own state of Tennessee, Mr. Chairman, we received 5,413 calls in 1992, a substantial increase from 1991 when we heard from 2,239 callers.

Ten years ago we could tell a caller that a life threatening situation would be investigated by a local social worker within 2 to 24 hours. Now, some states require 30 days to respond. 30 days during which irreparable damage can be done.

Ten years ago, if a child was living in a car, protective services would make sure that a home would be provided. Now, the car must be dirty and major physical or sexual abuse must be occurring for the child to be removed -- criteria which guarantee harm to the child and a long and expensive rehabilitation process.

The social service system is so overloaded that it simply cannot effectively respond to the legion calls for help. Parents fighting to hold their families together receive too little help too late in the game. Families falling apart find the social safety net torn to the point of meaninglessness. Reports of abuse go uninvestigated and children in danger go unprotected.

A 12 year old child called our hotline last week. He told the crisis counselor that his dad was beating him with a chain and that his dad warned him that the beatings would get even worse if he told anybody. Frightened but hopeful, that caller and our crisis counselor called protective services in the county where the boy lived. "Are there any marks on you now?" the local social worker asked. The boy answered, "No, they're pretty faded." The social worker replied: "Well, we'll send someone out to speak to your parents, but without real welts we won't be able to do anything." After the Childhelp crisis counselor disconnected the local social worker, the child broke down in tears. "No one will believe me! No one will help!" "I believe you," the crisis counselor said, and the two stayed on the phone and cried together, both feeling completely helpless.

Social workers and the social service system are so overtaxed that only the most monstrous reports of abuse get investigated. Childhelp Hotline counselors are hearing more and more often from people in all States of the Union that they simply cannot get the system to respond to their crises; that cries for help are left unanswered, and that intolerable circumstances go on and on and on because the social service system simply has too few resources to meet the needs of everyone who needs help. The system is crumbling under the weight of millions of cases, a load which gets greater and greater in the absence of adequate early intervention. We hear too many cases of proper reporting of abuse to state authorities, clear medical evidence establishing abuse, and a total state failure to act to protect the child. Callers tell us that they simply cannot get aid from their local systems, and are losing faith in the system's ability to help at all. Frustrated callers tell

our counselors: "I guess this child will have to die before anyone cares." We are even receiving calls from state protective service agencies indicating their inability to handle the calls we refer to them and requesting technical assistance.

Childhelp also treats the victims of abuse. We have learned that abused children become the next generation of adult survivors -- citizens immobilized by fear and pain and low self-esteem. Their productivity will suffer. They will find it more difficult to cope with the details of everyday life. They will need a lot of help if they are to succeed. Some will become completely anti-social, inflicting violence on others, or retreating into dysfunctional drug and alcohol stupors. And many abuse victims will turn around and abuse their own children, creating a second cycle of violence which will damage yet another generation of Americans.

The cost of abuse to our society is staggering. Abuse requires society to provide health care services and treatment facilities for adult survivors of abuse, and that cost is climbing. Abuse requires society to provide prisons to contain the untreated, anti-social survivors of abuse, and that cost is climbing. Abuse requires society to provide safe, therapeutic havens for young victims of family violence and family deterioration, and that price is climbing and now averages more than \$50,000 per year per child in residential intensive care. The Children's Defense Fund has estimated that if current trends continue, 900,000 children will be in out of home care by 1995, at a total cost of AT LEAST \$9 billion.

The cost of preventive intervention is modest in comparison. A well-trained social worker earning \$30,000 per year can provide long-term, in-home counseling to 12 families at a time, and can protect their 12 or more children from victimization and the need for the social service system. This math is very simple. It costs a great deal less to support families in need and to intercept child abuse before it happens, than it costs to repair the damage done to that child and the damage that child may do to him- or herself or society throughout the course of a lifetime.

Childhelp USA is at work designing a model for delivery of a continuum of services to families in need, which continuum will assist families in the resolution of immediate problems, will teach positive parenting skills and behavior, and which will hopefully intercept disaster before it occurs. We will test this model in our own community. If it proves successful we intend to share it with others, and we hope there will be funds to enable those others to implement the model in their own community.

Distinguished doctor Vincent Fontana recently noted that if we could raise just one generation of healthy children, spared from violent abuse and sent to school ready to learn, a dozen other social problems in our society would disappear.

We are learning how to achieve this goal. We now need the will

The child welfare system is overburdened and underfunded.

The Federal Government must provide support for a full range of child welfare services, including

- * child protective services
- * in-home preventive services
- * out-of-home and foster care services

Child protective services adequate for a prompt response to children's cries for help;

In-home support services such as instruction in health care, parenting skills, and child enrichment, and assistance with the search for job training, substance abuse treatment, housing services, and day care;

Out-of-home services adequate to rehabilitate children deprived of a normal childhood, victimized by their parents, and in need of therapeutic care in foster homes and residential treatment centers.

We have seen these services succeed where there is adequate commitment and adequate funding.

Childhelp USA urges you to support President Clinton's proposal to increase entitlement spending for family support and preservation services.

Thank you. I would be pleased to answer any questions the subcommittee may have.

Chairman FORD. Thank you very much, Mr. Caplin.

I have several questions. I will start with you, Ms. Barnard, and I will go down the row and ask all my questions, and you can respond right afterward.

Based on your research and experience, why do so many families need help in understanding childhood development and appropriate child-rearing practices?

And, Ms. Daro, how do you see a program like Healthy Start linking to family preservation service programs which are also part of the administration's proposal?

Also, Ms. Rouse, some families have more severe family problems. Is the Parents as Teachers Program able to link these families up to other needed services?

And, Ms. Douglass, we hear a lot of tragic stories on the front pages of newspapers about children who have been severely beaten by their parents, but we hear a lot less about what I understand are the bulk of our child protective caseloads, children who have been victims of various sorts of neglect. Can you tell us a little bit more about these neglect cases, and what we know about resolving some of these cases?

And, Mr. Caplin, you mentioned in your testimony that the calls in Tennessee to your child abuse hotline more than doubled between 1991 and 1992. What is this due to? Better outreach or what other factors?

I would like to start with you, Ms. Barnard, if you don't mind.

Ms. BARNARD. Ben Duro, a social theorist in social learning, offers a possible explanation in that the way in which most of us learn things is by imitation. And one of the things that has changed over the last 25 years is the number of children in a small family, and so that, in fact, very few children now, as compared to 25, 30 years ago, have the opportunity to see parenting of children younger than themselves, and so they have no models to draw from.

In addition, there is very little family life education in terms of elementary or high school, and so there is no kind of knowledge passed on in terms of this topic.

Finally, there is a quote by a very famous pediatrician from Britain, John Winnicott, who says, "The bottom line is that every mother must learn about her own child through her own window." And so that part of the parenting process really is this ability to be sensitive to your child, your kid, and to kind of read his cues in relation to a particular context and situation. And parenting is not automatic. We don't come with a dose of it, and it is something that is learned in a process of interaction between the child and parents.

Interestingly enough, we find that from our research the most vulnerable period is before children can walk and talk, that even after locomotion, or walking, occurs and they can talk, even children in the highest risk families from our research, the parenting gets better. And so I have developed a phrase of "infants can't wait," and I would highlight that the period of infancy is one of the most critical in terms of both the child and learning about parenting.

Chairman FORD. Thank you. Are you familiar with the 50/50 Healthy Start Program? If you are a little familiar with that, you can—

Ms. DARO. Not as much.

Chairman FORD. I am not completely, either. It is the Healthy Start Program that—

Ms. DARO. Is that the infant mortality?

Chairman FORD. Well, it was centered around, low birth weights, infant mortality, prenatal care, yes.

Ms. DARO. That is a little different than that, but all of these programs address the same problem.

With respect to what home visiting services can teach parents, it does in fact model for parents. When the home visitor goes into the home, she interacts with the child and the mom can see that. You know, so many parents, if they haven't had good parenting themselves, as Dr. Barnard said you just don't automatically start doing it. You do instinctively what your parents did to you, so in many cases we are breaking patterns, patterns that need to be broken. Not all traditions should be maintained.

With respect to the linkage between preservation services, I really see family preservation and family support as two ends of the same thing. If you think about the kinds of features of services that make both these kinds of programs work, preservation programs that target families who are about to lose their children to foster care, and family support programs that work with families who are at risk of abusing and neglecting their children, or simply need additional help to come through stressful periods, what makes programs work are three basic things.

First, it is service intensive. It is not a one-shot deal. It is not something you go in once or twice and you never see them again. You are there consistently, you work with the families over time.

Second, you are comprehensive. You don't look at that adult just as a parent. You look at that adult as a person. Happy, productive people are happy productive parents. If people are stressed and they can't find a job, they don't feel they have any role in society, it is unlikely they can develop enough self-esteem to give any emotional support and nurturing to their children.

Third, programs need to be flexible. You can't have a monolithic program, where everything is spelled out at either the Federal level or State level. You need to let local communities play around with the composition of resources they have in their community and come to terms with what is the best way to build on existing services systems to see that all families are indeed served.

Chairman FORD. Thank you.

We will go in order. You may proceed.

Mr. CAPLIN. Regarding why the numbers have gone up dramatically, you are absolutely right, a good deal of it is due to outreach. In the past year, we were able to better deliver the hotline number to people through a television special, through public service announcements, print and radio ads. Some of it is because of the Nation's growing familiarity with the fact that it is not acceptable for people to knock their children around.

For 6,000 years, the world has thought of children as their parents' property with which they could do anything they want, and

now people have begun talking to one another about that and no longer accept that and speak out if they see someone else hurting a child, and we are trying to empower the children themselves to speak out by putting the hotline number in their hands.

We would love to do a saturation advertising campaign and put a phone number in every school and in every hospital, but we would not be able to handle responsibly the volume of calls that we would then get. We are in the process of beefing up. We are now able to handle 1 million calls a year. We are trying to double that, and then at that point we would launch a big public relations push to make 1-800-4-A-CHILD as well known as 911, so that no one is without help if they need it.

Chairman FORD. Ms. Rouse.

Ms. ROUSE. You asked if Parents as Teachers is able to link families with other services they need.

Chairman FORD. That's correct.

Ms. ROUSE. And my answer is yes, it can. We do that through three different steps. First of all, when a program is initially brought into a community, the sponsoring agency will set up an advisory committee, a community advisory committee for the Parents as Teachers Program, using professionals and community members from various different fields.

In addition, the coordinator's job right up front is to find out what that referral network can be: What are the services within this community that our families can access? Then it takes on a different level where we actually have mutual in-service, where, for example, the division of family services will provide in-service for the parent educators, and Parents as Teachers will provide in-service for the social workers. That way they know what they can do for each other and for the families with whom they are working.

From that regard, we also have mutual referrals in that we typically get referrals from social services and from health departments, from WIC clinics, from multiple sources for our program. Certainly, there is then the one-on-one communication between workers. The parent educators at the local level learn who those social workers and other professionals are, and they simply talk to each other. That is a real strong piece.

Chairman FORD. Thank you.

Ms. Douglass.

Ms. DOUGLASS. In regards to neglect, the linkages are what are important. The WIC Program for nutrition, advising for housing assistance, employment training, education on child development and child rearing, and the Baby Bear Hugs Program I mentioned earlier is an example of that. It is global. It is for all mothers of newborns. Anyone in the county is eligible. They don't have to be at risk. And that is what these volunteer home visitors provide, moral support, parenting information, child development information, and these community services, the linkages to the other services that the family needs.

The initial contact is made with the parent or parents before the baby is born, and these relationships are developed. You know, all of the programs that were mentioned by the panel would be appropriate in terms of linkages.

Chairman FORD. Thank you very much.

I would like to thank each panelist for the input. We really appreciate your testimony; it will be helpful to the subcommittee, as well as to the full committee, and helpful on the floor of the House of Representatives and when we go to conference on this legislation.

Thank you once again for your testimony.

There were two bells, which means there is a recorded vote on the House floor. I would like to proceed with the next panel: The Hon. Ernestine Gray, judge of the juvenile court, New Orleans, LA, from the American Bar Association; the National Association of Social Workers, Ms. Dorothy V. Harris, past president; along with the Child Welfare League, Mary Bourdette, director of public policy; and the New Jersey Foster Parents Association, Sue Dondiego, State officer.

Ms. Dondiego, I am going to recognize you immediately, although there is a vote on the floor at some point and I might have to take a break. But your train is leaving and I am going to let you go now. Go right ahead.

**STATEMENT OF SUE DONDieGO, STATE OFFICER, NEW
JERSEY FOSTER PARENTS ASSOCIATION**

Ms. DONDieGO. I appreciate that. I thank you for asking me here to testify today.

For some time now, the number of children coming into foster care has been increasing. Many of these children are older, with more serious physical, emotional, and medical problems. Many are infants born HIV positive or prenatally exposed to crack cocaine and other dangerous substances. Others we have are pregnant teens, teens with babies, and youth with little education or social skills.

As a foster family for 27 years, we cared for children of all ages, many of whom had special needs, if not extraordinary needs. As a State officer with the New Jersey Foster Parents Association, I learned that my experiences as a foster parent were not very different from other foster parents throughout New Jersey.

The reason I wanted to speak to this subcommittee today was to try to impress upon you the absolute and essential need for respite care for foster families. Respite care provides temporary in-home or out-of-home relief for foster parents caring for children with special needs.

One of the major concerns voiced by child placement agencies is the difficulty in recruiting foster families. While there will always be a need for recruitment efforts, many foster families are needed simply to replace foster families who have dropped out of the system. Yet, one of the supports to retain foster families is not there and that is respite care.

In New Jersey, we have a special home provider program which provides very intensive training and support, including respite care, for foster parents caring for infants born HIV positive or prenatally exposed to crack cocaine or other dangerous substances. This program was developed and implemented in response to infants and children staying in hospitals when there was no medical reason to do so, and you know what the cost of that is, I hope, as compared to foster care.

While any program can be improved, the difficulty in New Jersey is there are just not enough funds available and we still need homes, because there still are children staying in hospitals longer than they really need to. Other foster parents not caring for infants and children through the special home provider program often burn out, simply because of the amount of time that is needed and the effort that is needed to meet the needs of their foster children. We are asked to provide a safe, stable home and appropriate care 24 hours a day, 7 days a week, no medical leave, no vacations, or any other kind of day off. I want to tell you, it is an impossible job and causes the failure of many, many foster placements.

In addition to causing foster families to drop out of the system, foster parent burnout means foster children with difficulty or serious medical problems often experience multiple or more restrictive placement. At one time, in New Jersey, a major cause of the placement of children in family foster care was replacement, which simply means they went from foster home to foster home to foster home. Nobody stopped the cycle.

The replacement of foster children defeats the purpose of family foster care, to say nothing of the trauma this causes to foster children. Their feelings of rejection or abandonment begins with their first out-of-home placement and for many continues in the foster care system. Is it any wonder that they distrust adults or act out in inappropriate ways to reinforce their belief that they are the problem, and nobody really wants them? Can respite care help stop this cycle? I believe it can, by providing the temporary relief many foster parents need.

I know of one case where foster parents took turns staying up all night to watch over their 6-year-old who was suicidal. And I know other foster parents who took turns staying up all night to make sure the 8-year-old they were caring for wasn't setting another fire.

I know another foster family who was overwhelmed by the need to provide constant supervision for three children who had only experienced violence and abuse. As a result, these children continually attempted to inflict bodily harm on each other and anybody else in sight and the foster mother. Because respite care was not available, the difficult decision was made to ask for the children to be removed.

These are real-life dramas, not fairy tales. I believe if respite care had been available, these disruptions would not have taken place.

While I have not had an opportunity to review the President's specific proposal, it is my understanding that the President's proposal recognizes the critical importance of respite care services for foster parents. While we very much applaud this approach, had he asked, we would have recommended that the President deal with respite care in the same way it was dealt with in last year's vetoed bill, H.R. 11, and this year's Rockefeller-Bond bill, S. 596.

These bills specifically set aside or earmark \$235 million out of the new IV-B moneys over the next 4 years for respite care. Funding is thus assured for this vital service. I know this subcommittee and all of us must be concerned with allocation of funds and espe-

cially additional expenditures, but we must also consider the cost that multiple and more restrictive placements have on children.

Can we afford to have infants on HIV positive or prenatally addicted to crack cocaine or other dangerous substances remain in hospitals, when there is no medical reason for them to do so? Can we afford to continually recruit foster families, simply to replace those who burn out because of the effort and time needed to care for today's foster children? And more importantly, can we continue to move foster children from one foster home to another, rather than simply provide respite care for foster parents?

It is recognized that trained professional staff are needed in residential centers and institutions on an 8-hour shift basis to ensure that the children can learn to cope with the abusive situations they have come from and to protect them from each other.

It is rarely recognized that foster parents also care for troubled children, many who come from these same residential centers and institutions. Few seem to recognize that foster parents caring for these children also need to be trained, need additional support and services and desperately need respite care.

I hope that when you start calculating the cost, that you will look beyond the figures and see the children, for that is who we are talking about, not birth parents, not foster parents, adoptive parents, or agency staff, but children.

As advocates for foster families and the children in their care, we believe that all children have a right to a safe, stable, caring home, and for the majority of children this is their birth home. We want you to know that we strongly support improved and expanded family preservation services.

In addition to relating some of my experiences and those of other foster parents, I wanted you to know that the New Jersey Foster Parents Association is making every effort to retain foster families through our support and training programs. I prepared packets, and I believe each committee member will get one and I hope you will read it. We are working hard.

Chairman FORD. Thank you very much. I am going to have to cut you off.

Ms. DONDIEGO. Thank you.

[The prepared statement follows:]

STATEMENT OF SUE DONDEGO, STATE OFFICER, NEW JERSEY FOSTER PARENTS ASSOCIATION

I want to express my appreciation to Chairman Ford and the Subcommittee members for allowing me to testify today on the President's proposal to strengthen the child welfare system and provide much needed assistance for vulnerable and troubled children and families—including foster families and adoptive families.

For some time now, the number of children being placed in family foster care has been increasing. Many of these children are older, with serious physical, emotional, and medical problems. Many are infants born HIV positive or prenatally exposed to crack cocaine and other dangerous substances. Others are pregnant teens, teens with babies, and youth with little education or social skills.

As a foster family for 27 years, we cared for children of all ages, many of whom had special needs if not extraordinary needs. As a State Officer with the New Jersey Foster Parents Association for many years, I learned that my foster parenting experiences were very similar to those of other foster parents throughout New Jersey.

The reason I wanted to speak to you today was to try to impress upon you the absolute and essential need for respite care for foster parents.

One of the major concerns voiced by child placement agencies is the difficulty of recruiting new foster families. While there will always be a need for recruitment efforts, many foster families are needed simply to replace those who have dropped out of the system. Recruitment efforts are costly and time consuming, yet one of the supports to retain foster families is rarely available to them: respite care.

In New Jersey we have a Special Home Provider Program, which provides extensive training and support, including respite care, for foster parents caring for medically fragile infants and children. Infants born HIV positive or prenatally addicted to crack cocaine and other dangerous substances are among those defined as medically fragile. This program was developed and established in response to the increasing number of infants and children remaining in hospitals when there is no medical reason for them to stay. While any program can be improved, the major difficulty in New Jersey is that funding is limited and there is a need for more foster parents to care for children still staying in hospitals far longer than they should. Respite care is an essential component of this special program, and without it, foster parents would be unable to provide the specialized and constant care that these special children need.

Other foster parents, not caring for infants and children through the Special Home Provider Program, often burn-out simply because of the extreme effort and time needed to provide for the special needs of their foster children. We are asked to provide a safe, stable home and appropriate care 24 hours a day, seven days a week, with no medical leave and no vacation or other time off. It is an impossible job and causes the failure of many family foster care placements.

In addition to causing foster families to drop out of the system, foster parent burn-out means foster children with difficult or serious medical problems often experience multiple or more restricted placements. At one time, in New Jersey, a major cause of the placement of children in family foster care was re-placement, that is moving foster children from one foster home to another.

The re-placement of foster children defeats the purpose of family foster care, to say nothing of the trauma this causes to foster children.

Their feelings of rejection or abandonment begin with the first out-of-home placement and, for many, continue in the foster care system. Is it any wonder that they distrust adults, or act out in inappropriate ways to reinforce their belief that they are the problem, and nobody really wants them?

Can respite care help stop this cycle? I believe it can by providing temporary relief for foster parents caring for children with special needs.

I know of one case where foster parents took turns staying up all night to watch over their suicidal 6-year-old, and in another situation to be sure their 8-year-old was not setting another fire.

One foster family was caring for three adolescent siblings, and because of their inappropriate behavior and destructive acting out, begged for support through respite care. When this support was not forthcoming, the situation escalated, and, to protect themselves and the children, the foster parents asked for the children's removal.

Another foster family was overwhelmed by the need to provide constant supervision for three children who had only experienced violence and abuse. As a result, the children continually attempted to inflict bodily harm on each other and anyone else in sight, including the foster mother. Because respite care was not available, the difficult decision made by the foster parents was to have two of the three children removed from their home.

These are real life dramas, not fairy tales. I believe if respite care had been available, these disruptions could have been prevented, thereby retaining these dedicated and committed foster families, and giving the children the care and stability they so desperately needed.

While I have not had an opportunity to review the President's specific proposal, it is my understanding that the President's proposal recognizes the critical importance of respite care services for foster parents. While we very much applaud this approach, had he asked, we would have recommended that the President deal with respite care in the same way it was dealt with in last year's vetoed bill (H.R. 11) and this year's Rockefeller/Bond bill (S. 596).

These bills specifically set aside or earmark \$235 million out of the new IV-B monies over the next four years for respite care. Funding is thus assured for this vital service.

I know this Subcommittee, and all of us, must be concerned with allocation of funds and especially additional expenditures.

But we must also consider the cost that multiple and more restrictive placements have on children.

Can we afford to have infants, born HIV positive or prenatally addicted to crack cocaine or other dangerous substances, remain in hospitals when there is no medical reason to do so?

Can we afford to continually recruit foster families simply to replace those who burned out because of the effort and time needed to care for today's foster children, and more importantly, can we continue to move foster children from one foster home to another rather than provide respite care for foster parents?

It is recognized that trained professional staff are needed in residential centers and institutions, on an eight hour shift basis, to ensure that the children can learn to cope with the abusive situations that they came from and to protect them from each other. Yet, it is rarely recognized that foster parents also care for troubled children, many of whom come from these same centers and institutions. Few seem to recognize that foster parents caring for these children also need to be trained, need additional supports and services, and desperately need respite care.

I hope that when you start calculating the costs that you will look beyond the figures and see the children. For that is who we are talking about—not birth parents, foster parents, adoptive parents, or agency staff—but children.

As advocates for foster families and the children in their care, we believe that all children have a right to a safe, stable, caring home, and for the majority of children this is found in their birth home. We want you to know that we strongly support improved and expanded family preservation services.

In addition to relating some of my experiences and those of other foster parents, I want you to know that the New Jersey Foster Parents Association is making every effort to retain foster families through its Support and In-service Training Program.

We also want to express our strong support for reinstating the 75 percent federal match for foster parent training. In spite of what some of you might have heard, foster parenting is not simply baby sitting. People would be appalled if an individual with no training were providing services to children as a doctor, nurse, or social worker. Yet it is assumed that foster parents have some God-given talent which enables them to provide for the very special needs of today's foster children, without on-going training. This does not work. More than ever, foster parents must have on-going training to meet the changing and challenging needs of the foster children entrusted to them.

I urge you to do more than support provisions to strengthen the child welfare system and provide the much needed assistance for vulnerable and troubled children and families. I urge you to become advocates for children. The same children who, in a few short years, will be making decisions on how we, in our senior years, will be treated.

Do we really want to be treated as we treat them? I believe that we want to be citizens of a country that values all human beings regardless of age.

I thank you for listening to me today, and I would be happy to answer any questions you may have.

Chairman FORD. I have about 4 minutes. I would like you to submit to the subcommittee at some point what you think would help encourage more individuals to become foster parents and give us—

Ms. DONDIEGO. I don't think it is encouraging to become foster parents, any more than it is enabling them to stay.

Chairman FORD. Yes, also enabling them to stay. Maybe you can—

Ms. DONDIEGO. I believe—

Chairman FORD. Not today. I have about 4 minutes to get to the House floor.

Ms. DONDIEGO. Oh, you want me to send it. Absolutely.

Chairman FORD. I know you have to catch a train and we are going to excuse you, but I am going to ask the other panelists to wait 10 minutes and let me walk over to vote.

I would like for you to write a letter to the subcommittee and provide me that information, if you don't mind.

Ms. DONDIEGO. I would be happy to do that. Thank you very much.

[The following was subsequently received:]



May 6, 1993

The Honorable Harold E. Ford
United States House of Representatives
Washington, D.C. 20515

Dear Congressman Ford,

I'm sorry there was not sufficient time at the Ways and Means Committee, Sub-Committee on Human Resources Hearing on April 21st for me to respond to any questions you may have had concerning the testimony I presented on behalf of the New Jersey Foster Parents Association.

I do, however, sincerely appreciate your request for information on foster parent recruitment and retention.

I hope my enclosed statement will be helpful. If you should have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Sue Dondiego".

Sue Dondiego

New Jersey Foster Parents Association
224 East State St. Trenton, N.J. 08608
(609)599-4772 Fax:(609)599-1536

STATEMENT OF
NEW JERSEY FOSTER PARENTS ASSOCIATION
ON
FOSTER PARENT RECRUITMENT AND RETENTION

REQUESTED BY

THE HONORABLE HAROLD E. FORD
HOUSE WAYS AND MEANS COMMITTEE
SUB-COMMITTEE ON HUMAN RESOURCES

Prepared by: Sue Dondiego, State Officer
New Jersey Foster Parents Association
224 E. State Street, Trenton, N.J. 08608
(609) 599-4772 Fax (609) 599-1536

Foster parent recruitment and retention have traditionally been viewed as two entirely separate components of family foster care.

We believe that efforts to recruit foster parents will only be successful if sufficient and appropriate supports and services are in place before recruitment efforts begin.

One reason foster parent recruitment has become more difficult over the last several years is that the population from which to recruit foster parents has changed.

Many more women are single heads of households. These women, and many married women, out of necessity or choice, are employed outside the home.

Economic factors also have an impact on foster parent recruitment. In spite of the fact that there is still the perception that foster parents "do it for the money," the reality is that inadequate family foster care reimbursement forces many foster parents to pay numerous out-of-pocket costs for their foster children.

This means that qualified individuals and couples do not even consider foster parenting because they are financially unable to do so.

Child abuse and neglect have resulted in many older children coming into foster care with serious physical and emotional problems. Drug and alcohol abuse has resulted in the need for family foster care placement for infants born HIV positive or prenatally addicted to crack cocaine and other dangerous substances. Today, adolescents entering family foster care are pregnant, have babies, have rarely attended or succeeded in school, and have few social skills which would help them in the transition to independent living.

We can no longer recruit foster parents by asking them to open their hearts and homes to a child. Today, love is not enough.

The soon to be published report by the Child Welfare League of America, "Foster Parent Retention and Recruitment: State of the Art in Practice and Policy" states, "In terms of recruitment strategies, the best approaches involve a well-planned, year round recruitment effort based on sound marketing strategies that use experienced foster parents as recruiters. The messages employed should reflect a consistent theme implemented in an array of techniques and should attempt to:

- sell the job, not the child;
- highlight foster parents' positive role identification and/or family-focused services; and,
- spark the interest of every member of the family.

Agencies are advised to educate the community about the positive aspects of foster care and involve community organizations and

leaders in recruiting foster parents. Retention would be strengthened when agencies follow certain practices, including:

- a process of mutual selection in the context of pre-service orientation and training which encourages honesty and a thorough understanding of the job of foster parenting, assessment of strengths and limitations; and,
- a system of ongoing training and support within the context of the team approach.

In the Child Welfare League of America- Wisconsin (1991) study, agency respondents judged that strategies positively effecting retention were:

- providing respite and/or day care and the full cost of child care (94% and 91.7%, respectively)
- treating foster parents as full members of the team (90.2%)
- providing support within 24 hours of a crisis (89.3%)
- involving foster parents in policy and planning (84.3%)
- training foster parents and caseworkers together (81.9%)
- providing new foster parents with experienced mentors or "buddies" (80.3%)
- training (78%)
- providing liability insurance (73.2%)

As a foster parents association, advocating for the needs of foster parents and the children in their care, we couldn't agree more.

While child placement agencies will have to re-focus their approach to foster parent recruitment and retention, the proposals for new funding for child welfare services being considered by the House Ways and Means Committee, Sub-Committee on Human Resources, include two components which, if approved, would improve foster parent retention, which in turn would improve foster parent recruitment efforts.

These components are:

1. Reinstatement of the 75% federal match to states for foster parent training.
2. Providing respite care for foster parents caring for children with difficult problems/special needs.

If anyone expects individuals or couples to volunteer to be foster parents or expects foster parents to continue providing an essential service to children needing family foster care placement, training and respite care are absolutely necessary.

As I stated in my testimony on April 21st, foster parent burnout occurs when foster parents do not have the necessary knowledge and

skills to provide appropriate care for the foster children placed in their homes, and when they are overwhelmed with the time and effort it takes to provide this appropriate care. Foster parent burnout means foster children are moved from one foster home to another, and many foster parents simply drop out of the family foster care system.

With no training and no respite care in place, we end up perpetuating the vicious cycle of recruiting new foster parents to replace those no longer in the system.

This cycle must be stopped if we are to ensure that family foster care, in reality, is a program which provides a temporary, secure, caring, homelike atmosphere where the needs of foster children are met.

Chairman FORD. Thank you very much.
We are going to stand in recess for 10 minutes.

[Recess.]

Chairman FORD. The committee will come to order.

The Chair will recognize the Honorable Ernestine Gray, judge of the juvenile court in New Orleans, LA.

Judge Gray, we welcome you before the subcommittee.

STATEMENT OF HON. ERNESTINE S. GRAY, JUDGE, JUVENILE COURT, NEW ORLEANS, LA, ON BEHALF OF THE AMERICAN BAR ASSOCIATION

Judge GRAY. Thank you, Mr. Chairman.

The American Bar Association appreciates the opportunity to present its testimony concerning the need to improve court proceedings for foster children. I want to thank the Chair, the subcommittee, and the administration for its concern and dedication to children and their families.

Today's statement is a followup to testimony submitted by the ABA to this subcommittee on June 9, 1989, April 5, 1990, and May 21, 1991. As you have already said, I am Ernestine S. Gray, and I am a judge of the Juvenile Court of Orleans Parish in New Orleans, LA. I am also a member of the National Conference of Special Court Judges of the ABA Judicial Administration Division.

I appear today on behalf of the American Bar Association as a designee of its president, J. Michael McWilliams.

As a juvenile court judge in Orleans Parish, I preside not only over neglect and abuse cases, but I have authority over delinquency matters which are criminal cases involving children up to 17, status offenses which are trancies and runaways, terminations of parental rights, adoptions, voluntary transfers of custody. Our court also has jurisdiction over criminal nonsupport of family cases and cases brought pursuant to the Uniform Reciprocal Enforcement of Child Support Act and juvenile traffic offenses.

Since the passage of the Adoption Assistance and Child Welfare Act, Public Law 96-272, in 1980, juvenile court judges have been struggling with implementing the provisions of the act which require them to determine in each case whether the agency has made reasonable efforts. It is generally agreed among judges that this law imposes on the courts the need for more detailed hearings and findings, and even in some instances it means that judges must have more frequent hearings in each of these cases.

In addition to the requirements of Public Law 96-272, the courts have been inundated by an increase in the number and severity of cases coming before the court, mainly due in more recent years to the problems associated with alcohol and other drug abuse, in particular, crack cocaine.

In my court, for example, in 1991, there were 591 neglect and abuse cases. In 1992, there were 859 such cases, a difference of 268 or 45.3-percent increase. Despite this substantial increase in cases, there were no increases in staff or other resources to handle this work and to expeditiously serve the children, their families, and our community.

The problems that I see in court every day which hamper the processing of these cases are increasing caseloads, the small

amount of time that is available to the courts for having these hearings, lack of support staff, and a lack of needed services.

The proposals under consideration here today have the potential for providing critically needed assistance to the juvenile courts of this country to help them better serve the many children and families who come before them on a daily basis. Juvenile court judges are committed to the goals and principles contained in Public Law 96-272, but they need assistance, which is not going to come from the States, to do their part well.

The proposals under consideration today would make it possible for courts to decrease their caseloads, improve case management and procedures, provide opportunities for judges, attorneys, and staff to receive more specialized training to help them deal with the complicated issues involved in many neglect and abuse cases. It may also mean that for some critical services the courts may be able to provide those services directly, as they do not exist anywhere else.

The ABA has worked with a coalition of child welfare, mental health, and other professional groups the last several years in developing legislation to protect children and preserve families. We strongly support the inclusion in President Clinton's budget of new entitlement funding for child welfare services targeted for family support and family preservation services.

This action by the administration shows, we believe, that the administration places a high priority on early action to address the crisis in child welfare services that exists today. We believe that this initiative is critically needed, after a decade in which the child welfare system has been under enormous stress. The courts have been flooded with new cases and the foster care population has, unfortunately, grown dramatically. We commend the administration for its leadership, and particularly for its support for provision to achieve reform in the courts expected to be introduced as part of the administration's family preservation and child welfare bill.

Before I close, I would just like to say in response to a comment earlier that, at least as far as I know, for juvenile court judges, despite the ambiguity in reasonable efforts, that terminology, judges do not view that as a means for not working for the best interests of children.

And we do not—and I think I can speak for all juvenile court judges, as I am a member of the National Council of Juvenile Court Judges and serve on the board of trustees of that organization—as juvenile court judges, no matter what Public Law 96-272 says, we do see our commitment to children and to work and to serve in their best interests first, trying to protect the parents' rights with our overriding consideration, I sit on a day-to-day basis, is to do what is in the best interest of the children, and if that means maintaining them in their family, when we can do that safely, I am prepared to do that. But if that is not available, we have no problems with going forward and terminating their parental rights and having the children freed for adoption.

The difficulty is in the area in which we work, because of the stresses placed on the court by the number of cases, these hearings are sometimes dragged out for long periods of time and children linger in foster care, and anything that can be done in this legisla-

tion and the efforts of this subcommittee to help the courts speed up that process and make those hard decisions as quickly as possible to benefit those children, I would strongly urge this subcommittee to do so.

I thank you for your efforts.

[The prepared statement follows:]

STATEMENT OF HON. ERNESTINE S. GRAY, ON BEHALF OF THE AMERICAN BAR ASSOCIATION

Mr. Chairman and Members of the Subcommittee: the American Bar Association appreciates the opportunity to present its testimony concerning the need to improve court proceedings for foster children. Today's statement is a follow-up to testimony submitted by the ABA to this subcommittee on June 9, 1989, April 5, 1990, and May 21, 1991.

I am Ernestine S. Gray, Judge of the Orleans Parish Juvenile Court, New Orleans, Louisiana. I am also a member of the National Conference of Special Court Judges of the ABA Judicial Administration Division. I appear today on behalf of the American Bar Association, as the designee of its President, J. Michael McWilliams.

As a juvenile court judge I preside over delinquency (criminal) cases involving children up to age 17, status offense (truancies, runaways, etc.), cases of neglect and/or abuse of children, abortions, adoption, termination of parental rights and voluntary transfers of custody. Our court also has jurisdiction over criminal non-support of family cases and cases brought pursuant to the Uniform Reciprocal Enforcement of Support Act and juvenile traffic offenses for Orleans Parish.

Since the passage of the Adoption Assistance and Child Welfare Act, P.L. 96-272 in 1980, juvenile court judges have been struggling with implementing the provisions of the act which require them to determine, in each case, whether the agency has made "reasonable efforts." It is generally agreed among judges that the law imposed the need for detailed hearings and findings by the court and even means to some extent that judges must have more frequent hearings for each case.

In addition to the requirements of P.L. 96-272, the Courts have been inundated by an increase in the number and severity of cases coming before the Court, mainly due to the problems of alcohol and other drug abuse in the family. In my court for example, in 1991 there were 591 neglect and abuse cases. However, in 1992 there were 859 cases, a difference of 268, or a 45.35 % increase. Despite this substantial increase in cases, there were no increases in staff or other resources to handle this work and to expeditiously serve the children, their families and the community.

The problems that I see in court every day, which hamper the processing of these cases, are 1) increasing caseloads, 2) the small amount of available time that can be allocated for a particular hearing, 3) lack of support staff, and 4) a lack of needed services.

The proposals under consideration here today have the potential for providing critically needed assistance to the juvenile courts of this country to help them better serve the many children and families who come before them on a daily basis. Juvenile courts are committed to the goals and principles contained in P.L. 96-272 but they need assistance, which is not going to come from the states, to do their part well. The proposals under consideration today would make it possible for courts to decrease their caseloads, improve case management and docketing, design and implement better work processing procedures, and provide opportunities for judges to receive more specialized training to help them deal with the complicated issues involved in many neglect and abuse cases. They may also mean that some critical services can be provided directly by the court, since they do not exist anywhere else.

The ABA has worked with a coalition of child welfare, mental health and other professional groups the last several years in developing legislation to protect children and preserve families. We strongly support the inclusion in President Clinton's budget of new entitlement funding for child welfare services targeted for family support and family preservation

services. This action by the Administration shows, we believe, that the Administration places a high priority on early action to address the crisis in child welfare services that exists today. We believe that this initiative is critically needed after a decade in which the child welfare system has been under enormous stress, the courts have been flooded with new cases and the foster care population has, unfortunately, grown dramatically. We commend the Administration for its leadership and particularly for its support for a provision to achieve reform in the courts, expected to be introduced as part of the Administration's family preservation and child welfare reform bill.

The Importance of Courts in The Lives
of Abused and Neglected Children

Ultimately judges must make the critical decisions affecting the lives of abused and neglected children. They must decide whether a child is to be removed from home and, if so, whether and when the child will return. Judges typically do not just render one or two decisions, but rather a series of crucial determinations affecting the future of each child. For example, by the time a petition for the adoption of an abused child comes before the court, judges typically have had to decide the following:

- ± Whether to allow the child's emergency placement;
- ± Whether the child actually was abused or neglected;
- ± Who was to have temporary custody of the child;
- ± Whether there was an appropriate plan in place to assist the child and family;
- ± Whether adequate progress is being made in the case; and
- ± Whether the legal rights of the child's parents had to be terminated in order to legally free the child for adoption.

Each of these judicial decisions sets a critical milestone in the ultimate outcome of the case. Thus, the courts play a central role in planning and decision-making for abused and neglected children, up to and including the decision to adopt.

The thoroughness, the timeliness, and the quality of judicial decisions are vital to the children concerned. No improvements in agency services and case plans can protect children (while allowing the preservation of salvageable families) or achieve timely permanent homes for foster children unable to return home unless the court system is working properly.

If we are serious and determined to improve the lives of maltreated children, the pivotal role of the legal system simply cannot be ignored. If the legal system is not functioning as it should, society has no choice but to repair it if we want good results for maltreated children.

Increasing Demands on the Courts

Many juvenile and family courts in the United States, particularly those in large urban areas, face dramatically new burdens in the handling of cases involving abuse, neglect, and adoption. In order to understand the situation faced by juvenile and family courts in the 1990's, it is necessary to recognize how this situation has changed in recent years.

In much of the United States, there has been a combination of factors that have affected court proceedings that are brought for the protection of abused and neglected children.

These factors include the following:

- ± Increased numbers of court cases involving children in foster care;
- ± The growing severity of cases coming into juvenile courts (particularly those related to drug/alcohol abuse); and
- ± The increasing complexity of each court case as the court's role has matured in recent years.

With regard to the growing numbers of child protection court proceedings, there are no national statistics kept by the courts, but there are two sets of statistics strongly supporting the conclusion that the numbers of court proceedings have sharply increased. First, there has been a rapid increase in child abuse and neglect reports, reports which, in many cases, led to foster placement. Reports more than doubled in the last decade and have continued to rapidly increase in the early nineties.

Second, there has been a recent surge in the number of children in foster care, rising from an estimated 280,000 to 429,000 between June, 1987 and December 1991, an increase of 53% in less than five years (American Public Welfare Association, VCIS Data, 1993). The vast majority of foster placements involve court proceedings.

These national statistics are supported by specific court caseload statistics from many individual states. For example, in the State of New York, there was a 157% increase in new child abuse and neglect cases filed between 1984 and 1990. In Michigan, the increase was 316%.

With regard to the increasing severity of cases, the impact of the use of drugs on the child welfare system is widely known, and this Subcommittee has heard considerable prior testimony on the subject. Cases involving substance abusing parents are particularly intractable and complex, requiring disproportionate court time. In the last ten years, child abuse and neglect cases involving parental drug use have increased enormously.

Another reason why cases brought before the courts are increasingly serious is that agencies have been forced to be more selective in the cases that they present to the court. Staggering under huge increases in the numbers of reported child abuse and neglect cases, agencies no longer have time to bring marginal cases to the courts. Drug cases aside, increasing proportions of cases involve severe parental maltreatment and children who are severely physically and emotionally handicapped.

With regard to the growing complexity of court hearings, there has been in recent years a remarkable transformation of court proceedings involving abused and neglected children. This change is actually **more significant** than the increases in caseload or the increasing seriousness of cases, in terms of the burdens that it places on the courts. The transformation of child protection cases began in the mid 1970's, accelerated in the 1980's, and continues up to the present.

What is the nature of this transformation? First, courts must perform new functions in child abuse and neglect cases. Courts no longer merely determine whether abuse or neglect has occurred and whether a child must be removed from home, as was true in the mid 1970's. Today the courts also perform such functions as reviewing agency efforts to preserve families, determining the need for emergency protection of children and families, regulating visitation, approving the case plan for each family, periodically reviewing each case, deciding whether to terminate parental rights, and deciding whether to authorize adoption.

The Congress has played a major role in making child protection litigation increasingly complex. By enacting the Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272, the Congress explicitly assigned new tasks to the courts in cases involving children in foster care. P.L. 96-272 required that:

- ± Courts explicitly determine whether the child welfare agency has made "reasonable efforts" to prevent placement of each foster child and to return the child home;
- ± Courts approve any voluntary, nonjudicial foster placements within 180 days after the original placement;
- ± Courts, agencies, or citizen review boards review the case of each child in foster care at least once every six months;
- ± Courts or "administrative bod[ies] appointed or approved by the court[s]" hold a hearing no later than eighteen months after the placement and periodically thereafter to determine the permanent placement arrangement for the child; and
- ± Procedural safeguards be provided for parents when children are removed from the home or are moved into different foster homes.

(Social Security Act §§472(a)(1), 471(a)(15), 472(e), 475(5), 471(a)(16), 427(a)(2)(B))

Equally importantly, P.L. 96-272, by requiring agencies to work for permanency, has increased litigation burdens in ways not specifically mandated by the Act. P.L. 96-272, in numerous ways, requires agencies to seek adoption for foster children who cannot be returned home. Adoption, in turn, requires court proceedings to legally free a child for adoption, *i.e.*, to terminate parental rights. Termination proceedings are often contested and, when contested, are particularly lengthy and time consuming. Thus, both the specific requirements of P.L. 96-272 and the fact that the law causes agencies to more often bring termination of parental rights and other legal proceedings has enormously increased the burdens upon the courts.

While imposing these new burdens on the courts, the federal government has done almost nothing to assist the courts to meet them.

The Crisis in the Courts and Its Impact on Children

With the triple pressures imposed upon the courts--increasing numbers of cases, increasing severity of cases, and increasing complexity of cases--there have not been corresponding improvements in judicial resources and procedures. While judicial caseloads in child protection cases should have been drastically reduced to allow courts to face their growing responsibilities in each case, caseloads have actually risen in most courts, particularly in large urban areas.

For example, in Colorado, Georgia, Hawaii, Rhode Island, Massachusetts, and New York, the number of new child protection cases *per juvenile and family court judge* more than doubled from 1984 through 1990. These six states represented are the only states from which such statistics are available through the National Center for State Courts.

What is the impact of rising judicial caseloads, compounded by the fact that the typical case is increasingly serious and complex? The result is enormous new pressures on the courts, creating a grave crisis within many court systems. Many courts

are staggering under impossible burdens, struggling to keep up with their cases, and being forced to cut corners. The following are some of the common practical consequences of the growing pressures upon many juvenile courts:

- ± Because they have little time for individual cases and hearings, judges are forced to make hasty judgments on issues that are vital to the lives and futures of children and families;
- ± Because of overcrowded court dockets, caseworkers and families are forced to spend long periods of time at the courthouse, waiting for brief hearings;
- ± Because of the time pressures, courts often do not really implement required federal foster care reforms (such as monitoring agency efforts to assist the family), but merely insert the appropriate language on court forms necessary to allow the state agency to collect federal matching funds; and
- ± Because of overcrowded court dockets causing added delays at every stage, the adoption of the foster children is seriously delayed.

The lack of time to conduct court hearings in child protection cases plagues courts throughout the United States. For example, it is common for a single judge to handle 50, 60, or even 100 review hearings in a day, lasting only a few minutes each. Moreover, since many judges rotate, there is no guarantee that the sitting judge has familiarity with the cases before the court.

The added waiting time in the courthouse, resulting from overcrowded court dockets, is a typical feature of child protection proceedings. Courts, in order to use every available minute in the court day, schedule many hearings for a single day or half day. By doing so, they avoid any loss of court time when a particular hearing is cancelled. Unfortunately, as a result, numerous case workers, attorneys, and family members are forced to wait for long periods of time for a hearing lasting only a few minutes.

The fact that parties face excessive waits for court hearings is far more than an inconvenience. It is very costly, since attorneys and social workers are drawing salaries while they are waiting and are prevented from taking care of ordinary casework. It is highly upsetting and unnerving to children, especially when after the children's long wait, the court only takes a few moments for the actual hearing.

With regard to the failure of many courts to fully implement federal foster care reforms, this Subcommittee has previously heard much testimony. Prior witnesses have described courts that preprint words on court form orders in order to make agencies eligible for federal foster care funding. They have testified, for example, that by preprinting the words "the agency has made reasonable efforts to prevent the removal of the child from the home" on court forms, many courts have helped the state child welfare agency to pass its federal audits--even though judges do not actually review the agency's efforts to prevent placement.

Similarly, instead of holding thorough hearings within 18 months of the child's placement, to determine "whether the child should be placed for adoption" as required by federal law, many courts hold perfunctory progress reviews. Federal audits treat such hearings as being in full compliance with the federal law. As a result, the intent of P.L. 96-272 in requiring the 18 month hearing is defeated. As a result of this indecision, children needlessly remain in foster care.

In many places, inefficient management of court dockets shortens hearings and causes serious delays. The frequent rotation of judges in and out of many juvenile courts prevents judges from acquiring necessary expertise. The repeated transfer of cases from one judge to another, together with the rotation of judges, makes it difficult for judges to become familiar with individual cases. The failure consistently to recruit judges with special competence in juvenile matters and to provide consistent judicial education addressing foster care and adoption impairs the quality of the judiciary. All of these problems contribute to the crisis in the juvenile courts, impair the implementation of federally mandated foster care reforms, and make it harder to achieve permanency for foster children.

The Need for Action at the Highest Level of
State Court Systems

Each of the above problems can be most effectively addressed at the highest levels of state court systems. State Supreme Courts, through their statewide court administrators, can do much to address these problems. The following are critical steps that State Supreme Courts can take:

- ± Through their control of state appropriation requests, they can request additional resources for juvenile courts.
- ± They can establish mandatory rules and procedures to improve docketing practices, reduce judicial rotation, and limit the reassignment of cases.
- ± They can create tighter time requirements for the handling of cases.
- ± They can monitor the performance of local courts, particularly regarding the timeliness of their decision-making for foster children.
- ± They can play an active role in improving the recruitment and education of judges handling juvenile court cases.
- ± They can use their position of leadership to persuade local courts to strengthen and improve their management of child abuse and neglect litigation.

As for the implementation of federally mandated foster care reforms specifically, state Supreme Courts can set and enforce standards to require that they be put into effect. They can effectively bar "paper compliance" with federal foster care reforms by adopting court rules spelling out proper procedures to be followed and by monitoring judicial adherence to mandatory time requirements.

To accomplish all of these purposes, the Courts can consult model rules and procedures that have been developed by leading bar and judicial organizations. They can utilize currently available training materials. They can consult recent studies of judicial management for abuse and neglect cases. They can employ consultants who are knowledgeable concerning child abuse and neglect litigation. They can identify and study individual courts which have done well within their own states and can both encourage and require other state trial courts to emulate them.

The Need for a Federal Financial Stimulus

While the principal responsibility for resolving this crisis rests with the states, help is needed from the federal government. Federal help is needed not only because the crisis has been exacerbated by federal requirements, but also because there is inertia to needed change at the level of the highest state courts.

On the state level, competition for scarce judicial resources among different branches of the courts has inhibited needed reallocation of resources to strengthen foster care litigation. At the same time, the low priority given to foster care cases by state court systems and the lack of understanding of such cases has inhibited much needed procedural reform. Just as federal assistance was needed to overcome inertia to reforms by child welfare agencies, it is also needed to overcome inertia to systemic improvements by the courts.

A key reason for inertia at the state level has been the lack of staff at the top levels of court administration who are expert in or sensitive to the area of child protection litigation. Given the recent stunning changes in child abuse and neglect litigation in recent years, it should not be surprising that the personnel of the high courts have not kept abreast of the changes. It is unusual for high courts and top level court administrators to have personnel knowledgeable about the recent new demands and pressures faced by the juvenile courts. Child abuse and neglect litigation remains a small and obscure area of the law to most appellate judges and high level court administrators.

Consequently, juvenile courts lack needed resources in terms of judicial caseloads, facilities and equipment, and administrative supports. In addition, they lack expert guidance in the form of up-to-date rules and procedures emanating from the court system. Compounding these difficulties internal to the state court systems, severe shortages in many state budgets makes it particularly difficult to address this vital area of the law.

Relatively small amounts of federal assistance can make a great difference. Carefully targeted federal financial assistance can put critical staff into the power centers of the state court systems. It can give the courts access to top experts who can help them to streamline and improve their procedures. It can enable courts to identify their specific problems in child abuse and neglect litigation. It can enable courts to develop and implement multi-year plans to improve their litigation in child abuse and neglect cases.

The need for such federal assistance has been officially recognized by every major judicial and bar organization, including the ABA, the National Association of Juvenile and Family Court Judges, the Conference of Chief Justices, and the Conference of State Court Administrators, and many other state and national organizations. These organizations unite in their belief that relatively small, well-targeted, and temporary financial assistance to state court systems would have a marked effect not only in reducing barriers to adoption but also in improving the lives of maltreated children and their families throughout the United States.

Improvement in the Quality of Court Proceedings
Can Have a Dramatic Impact on Children's Lives

Relatively small federal investments for improvements in the court process can galvanize the states to make needed improvements in court proceedings for abused and neglected children. This can occur in many ways:

- ± Careful research can document the stark realities of child abuse and neglect litigation both for the highest state court itself and for the legislature.
- ± Objective analyses of judicial staffing needs for juvenile courts, using the latest methods, can clarify for the courts and the legislature the needs for better juvenile court staff support.
- ± The addition of a few judicial positions can speed and improve decision-making for hundreds and even thousands of children and can facilitate the work of scores of child welfare case workers.
- ± The refinement of judicial rules concerning delays and continuances in court hearings can spare thousands of children and family from months of suspense and uncertainty.
- ± The application of well-known techniques of judicial case management can speed judicial decisions and spare parties from needless waiting time in court.
- ± The improved use of computers can make written court records more complete, leading to better-informed decisions and preventing the parties from successfully rearguing the same issues and excuses.

Because the courts are making the key decisions affecting the lives and futures of the children, each of these reforms will have a direct impact on children and their families. These and many other reforms will enhance the care and precision that goes into these decisions. They will squeeze out needless delays, not only improving the quality of the lives of children and their families, but also shortening the length of foster care thereby yielding great cost savings.

Section 4 of S. 596 Represents an Effective
Approach to Enhancing Court Proceedings

The approach endorsed by the ABA and other organizations was enacted as part of H.R. 11 in 1992 and subsequently vetoed by then-President Bush. This approach is set forth in the recently filed Senate Bill, S. 596.

Section 4 of that bill would amend P.L. 96-272 to authorize carefully targeted, carefully defined multi-year grants to state court systems. It would provide a relatively small, time-limited federal stimulus to state court systems to undertake and institute reforms in their handling of foster care cases.

Some of the features of this proposal are as follows:

- ± Federal assistance is to be channelled through the highest level of the state court system.
- ± State court systems are to thoroughly study how the courts are implementing federal foster care reform legislation (P.L. 96-272).
- ± State court systems are to develop specific statewide plans to improve their implementation of federal foster care reform legislation.
- ± State court systems are to consult with state child welfare agencies at key stages of the process.
- ± Federal financial assistance is exclusively earmarked to achieve needed court reforms in child abuse and neglect litigation.

This proposal has been developed through a long collaboration with a wide range of organizations. This has included not only all of the key legal and judicial organizations, but also a wide range of other child welfare organizations such as the Children's Defense Fund, the Child Welfare League of America, and the American Public Welfare Association. As our collaboration has proceeded, we have benefited by studies and technical improvements within some courts.

What is needed now is for courts throughout the United States to apply what we know about needed court reforms for maltreated children. We understand the problems and we have identified many solutions. We need to use our knowledge to identify the specific barriers in each state and to set about making the needed reforms.

Chairman FORD. Thank you very much, Judge Gray.
Ms. Harris.

**STATEMENT OF DOROTHY V. HARRIS, PAST PRESIDENT,
NATIONAL ASSOCIATION OF SOCIAL WORKERS**

Ms. HARRIS. Good afternoon, Chairman Ford.

I am Dorothy Harris and I am past president of the National Association of Social Workers.

The National Association of Social Workers is the largest organization of professional social workers in the world, with 145,000 members, chapters in every single State of the Union, Puerto Rico, the Virgin Islands, and Washington, DC.

Social workers have a long history of involvement in the child welfare field and are deeply committed to meeting the needs of vulnerable children and families. NASW commends you, Chairman Ford, and your subcommittee for taking the initiative to press for improvements in the child welfare system.

President Clinton's budget request for new moneys to fund family support and preservation initiatives could not have been made at a more critical time. You heard this morning about child welfare agencies around the country that have been struggling to keep up with the rapidly increasing number of reports of abuse and neglect, the growing numbers of substance abusing families and seriously disturbed youngsters, and with threats to family unity of poverty, unemployment, homelessness, violence, and AIDS.

While the importance of prevention in stemming the tide is widely recognized, agencies simply cannot afford to divert scarce resources from families already in trouble, who are desperately in need of assistance.

A new capped entitlement for family support and family preservation would make it more viable for States to help many parents on the road to self-sufficiency and to provide the secure and nurturing environment that children need in order to mature into healthy and contributing adults.

However, no program, no matter how exciting or innovative, and this includes family support and family preservation, can be successfully implemented, without adequate numbers of properly trained staff.

Mr. Chairman, the administration's witness this morning did not say anything about whether or how their proposal will address staffing and training concerns, and NASW wants to emphasize that that is one of our major concerns around the child welfare issue and child welfare system today.

In order to validate our concern in that area, I am going to ask you to imagine for a moment the kinds of decisions that a child protective services worker or foster care worker is required to make in the course of a day's work: Whether the evidence in a case supports a finding of child abuse or neglect, whether or not it is safe for a child to remain in the home he or she is in, whether a prospective foster care placement will be safe and suitable for a particular child, whether the biological parents of a child in foster care are ready to reassume responsibility for the care and nurturing of that child, and to do that in a safe way, et cetera.

Not only are child welfare workers entrusted with making life and death decisions affecting our most vulnerable children and their families, but they must do so while juggling caseloads of 60, 80, 100, even as many as 200 children at a time.

Then consider this, Mr. Chairman: Despite the fact that so many times when you hear the media talk about the persons who are working with children and families, they talk about social workers, only 28 percent of child welfare direct services and supervisory personnel in this country have social work degrees; 28 percent, just a little over one in four. And just as terrible is the fact that one quarter of the States do not require any postgraduate degree for entry-level caseworkers. One-fourth of our States.

Making our child welfare agencies fully functional and positive forces in the lives of children and families requires immediate efforts to recruit, train, and retain a large number of qualified people. For the most part, the funding sources that have traditionally prepared students for child welfare practice have been drastically reduced. This includes the title XX social services block grant and student stipends authorized under section 426 of title IV-B. NASW urges that funding for both of these programs be greatly enhanced.

Title IV-E provides another important source of training funds. In many parts of the country, NASW local chapters have joined with child welfare agencies and schools of social work to undertake collaborative efforts funded by IV-E training dollars to prepare students for child welfare practice, to allow agency employees to go back to school and get their degrees, and to provide state-of-the-art pre-service and in-service training.

Mr. Chairman, I happen to know that in Tennessee, our chapter worked with the school of social work and with the State agency. Unfortunately, ambiguous regulations and inconsistent interpretations by the Department of Health and Human Services threaten to jeopardize many of these ventures. NASW urges you to require that the Department of Health and Human Services clarify how IV-E training dollars may be used, with a goal of maximizing training opportunities.

The Family Preservation Act which was passed last year by the full House of Representatives contained a number of additional staffing and training initiatives which NASW urges you to include in your package, and it will just take me a few minutes to go down the list for you:

First, demonstration projects that test innovative approaches to staff recruitment and retention, with an emphasis on recruitment of indigenous minority staff.

Second, a study of safety risk to child welfare workers.

Third, a special program to recruit and train child welfare workers to deliver bilingual and culturally sensitive child welfare services in the United States counties that border Mexico.

Fourth, a workload methodology study to facilitate the most effective use of agency staff.

Fifth, demonstration projects to provide joint training to staff of various child service systems, including child welfare, mental health, and juvenile justice.

And as one whose career has spanned working or practice in all of those fields, I can tell you that the needs of families who cross

the different fields at any one time really speaks to better coordination, collaboration, and training in how we can work with each other.

Many of these provisions, Mr. Chairman, are included in the family preservation and child protection reform bill now pending in the Senate, as well.

Now, doing this does not have to cost a lot of money. Ideally, a set-aside in the new title IV-B entitlement could supplement those funds already available through title IV-E.

Not investing in agency staffing and training, however, will continue to be devastating. We are seeing the harvest of years and years of neglect in this area. Families are desperately in need of assistance and are flooding the gates of the agencies that are created to serve them. Yet, these agencies are overwhelmed and many times are unable to respond appropriately.

We look forward to working with you and your subcommittee. We really do want to make a difference in this area and we hope that you will call on us.

Thank you.

[The prepared statement follows:]

STATEMENT OF DOROTHY V. HARRIS, ACSW, PAST PRESIDENT, NATIONAL
ASSOCIATION OF SOCIAL WORKERS

Good Morning. Thank you for the opportunity to testify before the Human Resources Subcommittee on this critical issue of child welfare.

I am Dorothy Harris, a past president of the National Association of Social Workers (NASW), which currently has 145,000 members throughout the United States and abroad, and is the largest association of professional social workers in the world.

Social workers perform a wide variety of functions in a broad range of settings including schools, mental health centers, hospitals, substance abuse programs, family service agencies, child welfare agencies and public human service agencies. From their vantage as direct service providers, supervisors, administrators, program developers, trainers, researchers and advocates, social workers see and respond, first hand, to the growing problems faced by vulnerable children and their families. They are aware of the child welfare system's role in society as well as the many shortcomings that the system has.

Supporting families and responding to the needs of vulnerable children and families are a historic priority of the profession and social workers have had long term involvement with the child welfare system. We are committed to improving the quality of services provided to America's vulnerable children and their families and look forward to joining together with the Congress and the administration in meeting this goal.

The need for reform and improvements in the child welfare system, has never been more critical.

- o In 1992 the number of child abuse reports rose by 8% in one year alone, to over 2.9 million children. This is also a dramatic increase from the 1.1 million reports in 1980.
- o Nearly 1400 children died from child maltreatment in 1991. Twenty-five to 50% of child abuse fatalities occur in families that are known to local child welfare agencies.
- o Between 1986 and 1991 the number of children in out-of-home placement rose from 273,000 to 407,000. Minority children constitute over 45% of those placed out of home.
- o Caseloads of child welfare workers frequently exceed 50 and are sometimes higher than 150, even though national standards recommend no more than 20 to 25 cases per worker.

The drug epidemic, and rising rates of homelessness, violence and poverty have stressed a child welfare system where shrinking resources has caused services to be provided only to the most serious cases. Although the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) had the best of intentions to facilitate reasonable efforts to keep families together and find children permanent homes, it was never fully implemented. Its implementation has been hampered by inadequate funding, staffing, training and community resources.

Over the last few years, we have had the opportunity to thoroughly review the problems faced by the child welfare system as well as to strengthen our commitment to ensure that the child welfare delivery system be family-focused, community based, encourage preventive and early intervention services, be sensitive and responsive to the needs of diverse racial, cultural and ethnic groups, and attract the highest quality personnel who have sound judgment and superior skills.

The goal of services should be family self-sufficiency. A range of

services must be available, not only to meet the individual needs of the child, but also to assist the family. This array should not only include parenting education and counseling, but in many instances may also include assistance in finding jobs, housing and healthcare as well as economic supports. Services to children and their families should be viewed holistically because a family may move from one service to another as their needs change, or may be served by multiple systems at one time, requiring a commitment to coordination and collaboration on the part of the agencies.

Despite the tight budgets, shrinking personnel resources and increasing caseloads experienced by child welfare agencies, some states and localities have been able to implement limited family support and family preservation programs, over the past ten years, with the assistance of foundation grants and creative funding strategies. These programs serve as models to be implemented throughout the country.

Services must be developed that enhance the strengths and coping capacities of family members. Interventions must be more comprehensive than the scope of child welfare services as currently provided. Primary prevention family support programs, such as home-visiting and family drop-in centers should be available on a voluntary basis to all families. Secondly, there should be an array of early intervention services for those identified at risk, including respite care, mental health counseling, parent education and discretionary funding to purchase food or assist with housing and transportation needs. Third, we need to have a broad array of family preservation and out-of-home care services that respond to the individual needs of families in crisis. Concrete and therapeutic services must be available to the child, foster family and biological family. Placements must include a clear strategy that will assist in returning the child home or terminating of parental rights. Adoption services should be provided to the child and his or her family after the adoption is finalized, in order to assist in adjustment.

In developing this broad array of services, we have to be careful not to short-change one type of service when developing another. Although we believe it is imperative to expand family support and family preservation programs, this must be done in concert with improving foster care and adoption services for those who need it as well.

Our focus on child welfare reform must be three-fold:

- o Improving the array, quality and availability of family support, family preservation, child protective service, foster care, independent living, respite care, adoption and post-adoption programs.
- o Encouraging family-focused, community based, comprehensive, services through collaboration, coordination, joint training and flexible funding across child welfare, mental health, education, juvenile justice, public assistance, substance abuse and health programs to assure that services meet the child and family's assessed needs rather than requiring children and families to fit into narrow categorical funding programs.
- o Improving the infrastructure of the delivery of child welfare services by developing a set of strategies to attract and retain the highest caliber staff who are committed to a career of providing services to our most vulnerable children and families.

We are encouraged that President Clinton's budget proposal includes new funding to help meet these goals.

I would like to take this opportunity to elaborate on the

infrastructure problems of the child welfare delivery system and how we believe they should be addressed.

The media frequently draw the public's attention to the horrors that occur to children when they are mistakenly left in an abusive setting, returned precipitously to an abusive setting, removed from their home without just provocation, or languish unmonitored in foster care. The suffering of these children and families at the hands of a system that was designed to protect them is a tragedy.

Yet, what the public infrequently sees, and what the media rarely depict, is a system so overburdened it cannot effectively respond to the children and families that need its help.

The symptoms of the overburdened system often cause those who work in the system to be victimized as well. Child welfare workers are concerned about their own safety, as violent shootings increasingly occur in agencies, as clients respond violently to the stress they face, and as workers venture into neighborhoods that have high rates of crime and no protection for the safety of the worker.

For example, in Michigan, a second year social work student at Western Michigan University was recently killed by a client. This incident created anxiety in those who were preparing themselves to work with our most vulnerable clients.

Child welfare workers are also concerned about their legal vulnerability in making the difficult choices regarding leaving children in their homes or removing them when the necessary community supports and intensive services might not exist. Sound decision-making requires highly skilled staff and quality supervision.

Often in agencies, workers without any relevant education or training, and without the support of experienced supervisors, make inappropriate decisions. Celia Dugger, a New York Times reporter, recently chronicled such cases in New York City.

Both public and private child welfare agencies have difficulty recruiting and retaining staff who have the necessary knowledge and skills to assist vulnerable families and to make the critical life and death decisions that are fundamental to child welfare service delivery.

This staffing crisis has occurred because:

- o Child welfare workers are frequently responsible for 70, 80 or upwards of 100 cases. In the District of Columbia, at the time of the filing of the ACLU lawsuit, some workers had as many as 250 cases.
- NASW standards recommend no more than 20 to 25 families per worker and 5 to 7 direct service workers per supervisor.
- o Poor working conditions often include a lack of desks, telephones, cars, secretarial support, and effective management information systems. Increasing volumes of paperwork are required to try to ensure greater accountability from agencies, but frequently result instead in less time to provide services to clients.
 - o Agencies frequently offer low salaries, little opportunity for career mobility, and no incentive to hire professionally trained social work staff. In some states, starting salaries for child welfare workers are \$12,500 per year, with supervisors earning \$16,000.

NASW recommends starting salaries at no less than \$20,000 for an entry level baccalaureate level social worker and \$30,000 for a supervisor with a master's degree in social work.

Child welfare workers need knowledge of child development and family dynamics, as well as skills in case management, cultural sensitivity, interviewing, assessment, program development and brokering services.

Schools of social work offer the curriculum and field practicum experiences to prepare social workers for this work; yet according to a national study in 1987, only 28% of child welfare workers have baccalaureate or master's degrees in social work, and in some states the percentage of professionally trained social workers is 3%. During the past 12 years, declassification efforts took place in many states, and federal and state governments decreased their support for the training of social workers for the child welfare field.

Recently, through the use of Title IV-E training dollars, there has been a resurgence of efforts for social work education programs and public child welfare agencies to work together to provide degree education for current and prospective child welfare staff. Unfortunately, there is great variation in the way the regulations governing this funding source for training have been interpreted in the Department of Health and Human Services at the regional and national levels, limiting the program's usefulness in developing the cadre of culturally diverse, competent child welfare practitioners that is needed in agencies.

The lack of competent, committed staff leads to poor service delivery for children and families, including:

- Improper assessment of risk
- Failed reunification of children with their biological families.
- Poor decision-making.
- Inability to obtain permanent homes for children in a timely manner.

Research demonstrates the importance of appropriately educated child welfare staff.

- o A recent study in Nevada explored the factors which affect permanency planning, showing that case managers with a degree in social work were more likely to effect a permanent plan within three years than those without a social work degree.
- o Another study documented that BSW or MSW staff have better preparation in many of the knowledge/skill areas necessary for child welfare practice than persons with other educational degrees.
- o An analysis of the educational backgrounds of the workers in the 1977 National Study of Social Services to Children and their Families found that workers with a bachelor's in social work were the most successful in providing services that were needed.
- o Several studies show that persons with social work degrees are more likely to remain in child welfare positions than those without a social work degree.
- o A study in Indiana showed that high worker turnover is a factor in failed reunifications of children with their biological families.

Resolving the child welfare staffing crisis will be an important factor in improving the delivery of the full range of child welfare services. After all, it is through the child welfare worker that a relationship is established with the child and family, a careful assessment is made, and the service plan is implemented.

Resolving the crisis requires multi-faceted and simultaneous

Interventions including:

- Enlarging the pool of persons preparing for child welfare practice.
- Establishing national minimum qualifications for child welfare workers who are hired.
- Requiring pre-service and in-service staff training
- Improving the work environment.
- Developing effective strategies to retain qualified workers in the system.
- Assessing the differential use of staff to identify which are the roles and functions for social workers and other professionals and which tasks might best be performed by paraprofessionals, homemakers, volunteers and others.

The National Association of Social Workers recommends that the following steps be taken to address the staffing crisis in child welfare. The Family Preservation Act which was passed by Congress in 1992 included many of these provisions:

1. Staff Recruitment and Retention Demonstrations would provide the opportunity for states to develop and implement creative strategies for recruiting and retaining staff. Possibilities could include supplementing salaries, improving working conditions, or developing community-wide campaigns aimed at attracting talented candidates to social work programs with strong child welfare concentrations. At least one grant should specifically focus on recruiting indigenous minority staff.
2. Study of Risks to Child Welfare Workers would systemically study the national incidence of violent attacks on child welfare workers both in the workplace and in neighborhoods, and develop a set of concrete recommendations to combat such violence.
3. Border Region Child Welfare Worker Training Demonstrations would authorize demonstration projects to recruit and train child welfare workers to deliver culturally sensitive and bilingual child welfare services to border county residents. There are no shortcuts to having well prepared workers. There must be a combined strategy of core education which prepares workers for child welfare practice as well as agency-based training which prepares workers for their specific job functions. One cannot supplant the other.
4. National Workload Study would require a workload methodology study to examine how caseloads are currently assigned, develop standards for workload measurement, and facilitate agency use of appropriate methodologies. Such a study is necessary because "cases" vary greatly in their size and complexity, individual workers vary in their skill and experience, and agencies vary greatly in their structure and staffing composition. This study would develop a strategy for agencies to use to develop a caseload measure that fits the type of service and agency structure.
5. Joint Training Demonstrations would facilitate training of staff across child-serving systems. With the recognition that many children and families are served in multiple systems, this provision would enhance greater collaboration and coordination of service delivery.
6. Training Regulations Under Title IV-E is a provision that would require that HHS publish guidelines on the use of Title

IV-E training dollars. This would help clarify the conflicting interpretations that states are currently receiving about allowable uses of this funding source. NASW supports the recommendation that an advisory committee that includes organizations with an interest in child welfare training be consulted in this effort, and that these training funds be available in order to maximize the opportunities for social work education programs and child welfare agencies to work together to prepare a committed, competent workforce to serve today's child welfare clients.

7. Restoring Funding to Title IV-B, Section 426 Training Funds is a priority for NASW because Section 426 has long been an important program in providing social work education to child welfare workers. Although the need for well-trained workers remains greater than ever, funding has plummeted from a high of 13.5 million dollars in 1980 to 4.5 million dollars in 1992. This program provides an important means of targeting the preparation of a culturally diverse workforce in child welfare.
8. Expanding Funding for the Title XX Social Services Block Grant is recommended in order to give states the opportunity to expand their capacity to respond to the social service and training needs that can be funded through this authority. The program was cut by 600 million dollars in 1981 and despite small, occasional increases has yet to recapture its 1980 funding level.

These recommended steps are a small effort toward improving the delivery of child welfare services. We are gratified that there is recognition that responding to the staffing and training crisis is integral to improving the delivery of services to our most vulnerable children and families.

We encourage the federal government to take a leadership role in assuring a national commitment to strengthening all of America's families, no matter what their circumstances: to expanding opportunities for people to leave poverty; and to encouraging collaboration among child-serving agencies to assist families in attaining self-sufficiency.

NASW looks forward to working together with you to meet these goals.

Chairman FORD. We will definitely be doing that, and we certainly anticipate and expect full participation, not only from you, but from the others that have testified before this subcommittee today. We certainly look forward to the social workers playing a vital role in this.

Now we will hear from the director of public policy with the Child Welfare League of America, one who has always had great input here, Ms. Mary Bourdette.

STATEMENT OF MARY BOURDETTE, DIRECTOR OF PUBLIC POLICY, CHILD WELFARE LEAGUE OF AMERICA, INC.

Ms. BOURDETTE. Thank you, Mr. Chairman.

I am director of public policy for the Child Welfare League of America, and we represent approximately 700 public and private nonprofit child serving agencies in every State and most congressional districts, including the Porter-Leath Children's Center and Bethany Home in your district, in Memphis.

Chairman FORD. They are great institutions.

Ms. BOURDETTE. They are indeed. They are some of our wonderful members and do tremendous things to help children, particularly abused and neglected children.

At this stage of the hearing, I will be extremely brief and just offer a few summary comments. First, of course, is to applaud the outstanding work this subcommittee has done for so long on behalf of comprehensive child welfare and family preservation legislation. We are, obviously, delighted that the President has now joined with you in making this a top priority piece of legislation, and it offers tremendous hope for a lot of children who need our help and support.

A few comments to conclude today's hearing:

No. 1, I want to especially emphasize the urgency, the extreme urgency of this legislation and hope that you will make this point with your colleagues as well. There has been a lot of talk in Congress recently about the meaning of the word "emergency." I think all would agree that child abuse and neglect is very much a national emergency.

In the spring of 1990, this subcommittee began hearings on the need to improve the child welfare system and to strengthen family preservation services. We have been working on this legislation now for 3 years, and during this period of time, over 7 million children have been abused or neglected, and at least 3,600 children have died. Mr. Reynolds brought up one tragic case, but many of us pick up the paper every single morning and read with tears and anguish the story of another child who has been needlessly abused or neglected, because the parents are in desperate trouble and there have not been services to help the children or the family.

We have heard over and over again today that a child welfare system which was simply overwhelmed in 1990 is now besieged. Caseload levels are dangerous and disgraceful. Many caseworkers lack training. Funds are far from sufficient to provide even minimal services. Many States no longer even investigate all cases of abuse or neglect, much less provide the quality services that are absolutely essential to protect children and hopefully preserve families.

So the most important point to stress with you and with all of your colleagues is the absolute urgency of moving on this legislation quickly. We cannot delay any longer. More children are going to needlessly die the more we delay.

My second point is to emphasize the consensus that exists in support of this legislation. This is not an area of differing or conflicting approaches. All across the board, there is consensus that we must strengthen the child welfare system, that we must target new dollars and new support for early intervention, family support and family preservation services, and that we must strengthen and improve the quality of the entire continuum of child welfare services.

We must not pit one service against another. We still desperately need foster care. It is a critical service. It rescues many children from harm or despair, and our goal must be to strengthen foster care, not to assume that it is unnecessary. There is consensus for this legislation; it has already been approved before, and the President is now supporting the full continuum of services for vulnerable children and families.

My next point is also to stress with you and your colleagues the tremendous and widespread support that exists for this legislation. It is bipartisan support, as shown by the fact that Senators Rockefeller and Bond have taken leadership on this legislation on the Senate side, and as Peter Digre testified earlier, the bipartisan Los Angeles Board of Supervisors unanimously recommended support for this legislation.

The support for this is absolutely widespread. We have support from Governors, mayors, county executives, and people all over the country. The children and child welfare community have remained unified in support as well, but this support spreads to the American Bar Association, to the Junior League, to the Girls Scouts. Hundreds of organizations and groups that work with children and families have been firmly in support of this for so long.

Finally, I just want to say that, with consensus, with support, and now with leadership, we have hope and an opportunity to bring desperately needed services to children and families who you know so well are suffering serious and complex problems.

Under your leadership, we will all be working to move this legislation forward this year, this month. We cannot wait any longer.

CWLA has provided extensive testimony in this area in the past. We are always available to help you and your staff in any way we can to enact this legislation as quickly as possible and assure that help is out there where it is absolutely essential.

Thank you.

[The prepared statement follows:]

STATEMENT OF MARY BOURDETTE, DIRECTOR OF PUBLIC POLICY, THE CHILD WELFARE LEAGUE OF AMERICA, INC.

Chairman Ford and Members of the Subcommittee, I am Mary Bourdette, the Director of Public Policy for the Child Welfare League of America. The League and our 700 public and private nonprofit member agencies located in every state and most Congressional districts greatly appreciate the dedication and diligence that this Subcommittee has always provided on behalf of some of the nation's most vulnerable and at-risk children and families.

For abused, neglected, abandoned and seriously troubled children and their families, children in foster care and those with special problems or needs awaiting adoption, your efforts to greatly improve the full range of family support, family preservation, reunification, foster care and adoption services have been strong and persistent.

This Subcommittee has been exercising leadership in this area for many years. As the number of children reported abused or neglected grew rapidly, a Subcommittee hearing in the Spring of 1990 focused on the "nation's frequently overwhelmed child welfare system;" where "resources for preventive services are severely strained," "caseloads and turnovers among caseworkers are high, and foster parents are becoming hard to recruit."

Subcommittee members moved forward to develop comprehensive child welfare and family preservation legislation. In 1992, such legislation was approved by the House and by the Senate, but in combination with many other matters, it was unfortunately vetoed by President Bush in November of 1992. We are very grateful that Senators Rockefeller and Bond have introduced similar legislation, S. 596, the Family Preservation and Child Protection Reform (CPR) Act, and that President Clinton has brought comparable child welfare and family preservation legislation to you today.

I. Urgency of Legislative Action: CWLA urges the Subcommittee and the President to act upon this legislation with the urgency it requires. Child abuse and neglect is a national emergency and we cannot delay another week or another year to enact this vital legislation.

- Since this Subcommittee began deliberations on this legislation in the Spring of 1990, more than 7 million American children have been reported abused or neglected.
- During this interval, at least 3600 children have died from abuse or neglect -- most before reaching their first birthday.
- Nearly 250 youngsters have died from abuse or neglect in California since 1990. As many as 240 in Illinois, over 80 in Maryland, over 50 in Oregon.
- Countless families have been shattered by the pressures of poverty, unemployment, homelessness, isolation and despair, and devastated by crack cocaine, alcohol and its related violence.

Overwhelmed in 1990, the child welfare system is now besieged by the growing number of children and families with serious and complex problems it struggles to serve.

- Reports of child abuse and neglect increased another 7.8 percent this past year, and nearly three million children were reported to have been physically, sexually or emotionally abused or neglected in 1992.
- Crack cocaine, alcohol and other dangerous substances have greatly fueled the child abuse crisis and spawned the birth of hundreds of thousands of drug and alcohol exposed babies. It is estimated that nearly 15 percent of newborns have been prenatally exposed to crack cocaine or other illegal drugs and many of them are entering the child welfare system.
- HIV/AIDS is also adding to the child welfare population, as newborns become infected and AIDS claims their parents.
- A growing number of children traumatized by abuse, neglect, drug-exposure, HIV infection, abandonment or other serious problems are entering the foster care system.

Approximately 430,000 children are now in foster care -- up from 280,000 in 1986 -- and evidence indicates that these infants, children and youth have more serious and complex health, emotional and developmental problems than ever before.

Resources severely strained when the Subcommittee first considered the need for this legislation are now grossly inadequate; dangerous and disgraceful caseload levels have become the norm; and few caseworkers, court personnel, or foster or adoptive parents receive necessary training or support. Funding for the range of essential child welfare services are grossly inadequate and have not nearly kept pace with the need.

- Funding for the Title IVB Child Welfare Services Program -- the primary source of federal support for the investigation of child abuse and neglect and for in-home preventive services -- has barely kept pace with inflation, much less with rapidly increasing need. In 1981, the Child Welfare Services program provided states with approximately \$204 per report of child abuse or neglect. By 1991, real federal funding support under IVB had dropped to \$102 for every report of abuse or neglect.
- Despite the more serious problems facing children entering foster care, only about half these children are eligible for federal support under the Title IVE Foster Care and Adoption Assistance program.
- State funding, the major source of child welfare support, has been stagnant for numerous years.

The President's active involvement in this legislation is especially important, and the dispatch with which the Administration has developed its legislative proposal is consistent with its urgent nature. The longer the nation neglects the child welfare system, and the longer we delay enactment of comprehensive child welfare and family preservation legislation, more children who could have been saved will die or suffer serious harm, more families will unnecessarily break apart, and more children will be denied the foster care or adoption assistance they need. We urge the Chairman and the Subcommittee to once again exert its leadership to gain the urgent enactment of child welfare and family preservation legislation.

II. Consensus on Legislative Goals and Direction: Broad consensus has been achieved on the critical need for comprehensive child welfare and family preservation legislation and for its basic goals and direction. There is solid agreement on the essential need to assure that the full continuum of quality services are available for troubled and at-risk children and families. Substantial new support must finally be made available for the range of family support, family preservation, reunification and aftercare services that can strengthen troubled families, help them address problems and crises, and reduce the incidence of child abuse and neglect, domestic violence, substance abuse and family separation. Similarly, additional support is needed to assure that *quality* family foster care, residential care services and adoption assistance are available for all children without parents or families to provide for their care, safety and development. Access to substance abuse prevention and treatment, health and mental health services, counseling and related services are also essential for troubled and at-risk children and families.

Broad consensus also exists on the crucial need for the numerous other improvements in the child welfare system approved by this Subcommittee last year. These include additional support for respite care services for foster parents; strengthened training and support services; improved court procedures; and enhanced data collection, assessment, evaluation and demonstration efforts.

The solid consensus in support of the basic goals and direction of comprehensive child welfare and family preservation legislation adds to its strength and is crucial for its speedy enactment.

III. Strong Support for Legislation: We also want to impress upon the Chairman and members the strong and widespread support for child welfare and family preservation legislation similar to that proposed by the President today. It is especially important to note the bipartisan nature of this support as best evidenced by the leadership taken on its behalf by Senators Rockefeller (D-WV) and Bond (R-MO). Additionally, Republican and Democratic governors, state legislators, county commissioners and numerous other elected officials from all parts of the country have forcefully supported enactment of such legislation.

The child welfare and children's community has been solid and unified in its support. The Child Welfare League of America, the Children's Defense Fund, the American Public Welfare Association, the National Association of Social Workers, the National Black Child Development Institute, the National Foster Parent Association, the National Council on Adoptable Children, and the many others here today have long worked hand in hand in support of comprehensive child welfare legislation.

The widespread support for such legislation extends far beyond the child welfare community, however, and includes such diverse groups as the American Bar Association, the American Association of State, County and Municipal Employees, the Association of Junior Leagues, Inc, Catholic Charities USA, the National Mental Health Association and many others. Indeed, a national coalition of over 60 organizations representing millions of Americans has remained united behind comprehensive child welfare and family preservation legislation.

IV. Leadership and Commitment: CWLA especially applauds the President and his Administration for adding new and crucial leadership to this essential legislation. We are excited by the proposal outlined here today and look forward to the opportunity to review its details shortly.

The outstanding leadership which this Subcommittee has devoted to child welfare and family preservation legislation over the past several years, the broad consensus on its goals and direction, and its widespread and bipartisan support combined with the firm commitment of the President provide abused, neglected, and vulnerable children and troubled families with immense hope. We urge this Subcommittee to act upon this solid foundation and guide this legislation through Congress as quickly as possible.

Chairman FORD. Thank you very much.

I naturally cannot speak for all of my colleagues on this subcommittee, but I do think that there is a consensus on these issues, not only among organizations and the administration, but also in Congress where there is some bipartisan support for family support and preservation. It is an area that this committee certainly has devoted many, many hours to.

And now that we have both the legislative and the executive branches in sync on this particular issue, it is my belief that we are going to move legislation right away. It is because of women and men like all of you who enlighten us, and we are certainly going to take your message today and hopefully report legislation real soon to the full committee.

I want the supporters to know that, as the chairman of this subcommittee, I certainly look for your strong support as the legislation moves through the full Committee on Ways and Means to the House floor. It will be your voices that will be heard here in America, if we are going to pass this legislation, go to conference and get this legislation signed into law.

I look forward to a very early date that that signing can take place at the White House, and I know all of you will await that early arrival, as well.

Again, thank you for your testimony today. If there are any questions, we will be in touch with you. Just continue to be strong advocates out there for the children of this country.

Thank you very much.

Ms. BOURDETTE. Thank you.

Chairman FORD. This will end the session for today. The subcommittee stands adjourned subject to the call of the Chair.

[Whereupon, at 2:52 p.m., the hearing was adjourned.]

[Submissions for the record follow:]



**NATIONAL
ASSOCIATION
OF FOSTER
CARE REVIEWERS**

190 W OSTEND STREET, SUITE 201
BALTIMORE, MARYLAND 21230
1-800-368-0136

Corinne F. Driver
Executive Director
98 Oldchester Road
Essex Fells, NJ 07021
201-226-0235

April 23, 1993

Janice Mays, Chief Counsel
Committee on Ways & Means
U.S. House of Representatives
1102 Longworth House Office Bldg.
Washington, D.C. 20515

Dear Ms. Mays:

The National Association of Foster Care Reviewers, (NAFCR), supports current efforts to increase focus and resources for child welfare and family preservation services. NAFCR has been part of the CDF/CWLA coalition and concurs with that coalition's position.

NAFCR also recommends revenue neutral wording that will support volunteer effort and reaffirm the intent of PL96.272 to require independent oversight of abused and neglected children in foster care. It is our contention that administrative reviews should not be carried out by anyone who is an employee or contracted by the agency responsible for writing the plans. Otherwise it is a conflict of interest and is very possible not to be in the best interest of a child.

Agency personnel are bound by agency policies. Review boards have proven over and over again that a child's case plan that conforms to agency policy is not necessarily the best plan for that child. The external aspect of citizen review boards provides incentive and a catalyst for improving plans for a child. For example:

- agency policy may keep information from a foster parent which could be vital to the health, mental health or psychological well being of a child. A review board might recommend that the foster parent be brought into the planning or be given the authority to make educational or medical decisions for the child.

- agency practice might allow a child to be placed, or stay, in an inappropriate or abusive setting because there are no available places. Review boards can bring other systems to bear on that case, including the judiciary and mental health systems.

Citizen review boards have a long history, preceeding PL96.272. That law reinforced the importance of independent, periodic reviews. Citizen review legislation has been passed in Kansas, Florida, Indiana and Utah within the past year. I will be glad to answer questions you might have about this cost effective, volunteer driven mechanism providing oversight for foster children. I can be reached at the above New Jersey address and I am willing to come to Washington to meet with you if that would be useful.

Sincerely,

Corinne

"Helping Systems Work For Children"

THE NATIONAL ASSOCIATION OF FOSTER CARE REVIEWERS
RECOMMENDATION FOR REVENUE NEUTRAL AMENDED WORDING

THE NATIONAL ASSOCIATION OF FOSTER CARE REVIEWERS, (NAFCR), IS A MEMBERSHIP ORGANIZATION OF CITIZEN VOLUNTEERS WHO REVIEW THE CONFIDENTIAL CASE RECORDS OF ABUSED AND NEGLECTED CHILDREN.

CITIZEN REVIEW EXISTS BY STATUTE IN HALF OUR STATES AND HAS BEEN UTILIZED SUCCESSFULLY FOR OVER 15 YEARS. VOLUNTEERS REVIEW ABUSED AND NEGLECTED CHILDREN AS REQUIRED BY PL.96.272. OTHER STATES USE AGENCY OR HIRED PERSONNEL TO MEET THE REQUIREMENTS--EMPLOYEES OF THE VERY AGENCY RESPONSIBLE FOR THE PLANS UNDER REVIEW. NAFCR BELIEVES THIS IS A CONFLICT OF INTEREST AND IS NOT COST EFFECTIVE.

NAFCR RECOMMENDS INCORPORATING INTO FAMILY PRESERVATION LEGISLATION, REVENUE NEUTRAL WORDING WHICH WILL CLARIFY THE INTENT OF PL.96.272 BY ASSURING INDEPENDENT, CITIZEN REVIEW FOR EVERY FOSTER CHILD. CITIZEN REVIEW BOARDS WILL REINFORCE A FOCUS ON FAMILY PRESERVATION, ELIMINATE CONFLICT OF INTEREST, STRENGTHEN ACCOUNTABILITY AND FREE UP AGENCY STAFF FOR THEIR REGULAR JOBS. THE FISCAL NOTE WILL NOT INCREASE.

NAFCR HAS RECOMMENDED THE FOLLOWING AMENDMENT TO SENATE BILL 596 AND SUGGESTS RELATED LANGUAGE SHOULD BE INCORPORATED IN A HOUSE BILL:

475(5) (E) SHOULD BE AMENDED TO READ, "CITIZEN REVIEWERS (may)* SHALL PARTICIPATE IN MAKING RECOMMENDATIONS AT (either)* THE COURT AND ADMINISTRATIVE REVIEWS DESCRIBED IN SUBPARAGRAPH (B) (or)* AND AT THE DISPOSITIONAL HEARING DESCRIBED IN SUBPARAGRAPH (C)"

1. ALL ADMINISTRATIVE AND DISPOSITIONAL REVIEWS SHOULD BE CARRIED OUT BY SOMEONE OTHER THAN AN EMPLOYEE OF THE AGENCY BEING REVIEWED.

2. CITIZEN REVIEW BOARDS MEET THE INTENT OF PL 96.272 FOR ADMINISTRATIVE AND DISPOSITIONAL REVIEWS.

3. CITIZEN PARTICIPATION IS THE ONLY ASSURANCE OF A TRULY INDEPENDENT REVIEW.

4. CITIZEN REVIEW BOARDS MODIFY THE EFFECT OF CASEWORKER TURNOVER IN CASE PLANNING SINCE SEVERAL REVIEWERS FAMILIAR WITH THE CHILD AND THE CASE ARE ALMOST ALWAYS PRESENT AT PERIODIC CASE PLAN REVIEWS.

5. CITIZEN REVIEWERS PROVIDE AN INTERFACE WITH COURTS THAT IS NOT AVAILABLE TO SOCIAL SERVICE AGENCY PERSONNEL AND CAN WORK ON BEHALF OF A CHILD TO REINFORCE AGENCY EFFORTS.

6. CITIZEN REVIEWERS WHO INTERFACE WITH COURTS BECOME MONITORS OF COURT ACTIONS AS WELL AND HAVE PROVEN TO EXPEDITE COURT PROCEEDINGS, REDUCE CONTINUATIONS AND IMPROVE THE QUALITY OF RULINGS AT DISPOSITIONAL HEARINGS.

7. CITIZEN REVIEW IS 90% VOLUNTEER DRIVEN AND HIGHLY COST EFFICIENT.

8. ADMINISTRATIVE AND TRAINING COSTS ARE ALREADY FACTORED INTO PL 96.272. ALL THAT IS NECESSARY IS WORDING TO CLARIFY THAT THE ADMINISTRATIVE AND TRAINING COSTS MAY BE DRAWN DOWN BY THE ENTITY ADMINISTERING CITIZEN REVIEW, (THE COURTS OR STATUTORY AGENCY).

THE NATIONAL ASSOCIATION OF FOSTER CARE REVIEWERS
 TESTIMONY FOR HOUSE HUMAN RESOURCE COMMITTEE-41

MY NAME IS CORINNE DRIVER, I AM A VOLUNTEER AND I REPRESENT THE MEMBERSHIP
 ORGANIZATION OF
 THE NATIONAL ASSOCIATION OF FOSTER CARE REVIEWERS

WHAT IS A FOSTER CARE REVIEWER?

IN MORE THAN HALF OUR STATES, FOSTER CARE REVIEWERS ARE VOLUNTEERS.

EACH REVIEWER VOLUNTEER IS DEDICATED TO THE BEST INTEREST OF EVERY FOSTER
 CHILD (S)HE REVIEWS.

EACH VOLUNTEER HAS THE RESPONSIBILITY TO EXAMINE A CHILD'S RECORD, TAKE
 TESTIMONY FROM THE CHILD, PARENTS, FOSTER PARENTS, CASEWORKER AND OTHERS,
 AND TO RECOMMEND SERVICES WHICH COULD IMPROVE THE PLAN TO RETURN THE CHILD
 HOME.

YOU, ONE OF OUR HIGHEST ELECTED OFFICIALS, DO NOT HAVE ACCESS TO CASE AND
 COURT RECORDS IN, FOR EXAMPLE A CASE OF CHILD WHO HAS BEEN SEXUALLY ABUSED.
 YOUR FOSTER CARE REVIEWER CONSTITUENTS NOT ONLY SEE THE CONFIDENTIAL
 RECORDS, THEY MONITOR THE WAY THE CASE IS HANDLED.

REVIEWERS READ RECORDS WHICH ENCOMPASS INFORMATION RELATED TO SEXUAL AND
 PHYSICAL ABUSE, NEGLECT, FAMILY DYSFUNCTION, VIOLENCE, AIDS, DRUGS,
 HOMELESSNESS--ALL THE ELEMENTS THAT BRING CHILDREN, THROUGH NO FAULT OF
 THEIR OWN, INTO FOSTER CARE. THEY OBSERVE THE FAILINGS OF THE CHILD WELFARE
 SYSTEM AND THEY KNOW THE NEEDS OF THOSE WITHIN THAT SYSTEM.

EACH VOLUNTEER REVIEWER TAKES AN OATH OF CONFIDENTIALITY, AND IS DEDICATED
 TO THE BELIEF THAT EVERY CHILD SHOULD GROW UP IN A SAFE, PERMANENT HOME.
 EACH CITIZEN REVIEWER HAS A HANDS ON KNOWLEDGE OF THE HORROR OF BEING A
 FOSTER CHILD.

IT IS THE MOST UNIQUE ACCOUNTABILITY MECHANISM I KNOW OF BECAUSE FOSTER CARE
 REVIEW BEGINS AND ENDS WITH THE TAXPAYING CITIZEN.

IN THE MIDDLE, IS THE FOSTER CARE SYSTEM AND THE SPECTRUM OF POVERTY AND WOE
 IT ENCOMPASSES.

IN THE MIDDLE IS THE PERSONAL INTRODUCTION OF MIDDLE CLASS CITIZENS TO THE
 PEOPLE AND THE PROBLEMS WHICH ENSNARE OUR MOST DEPENDENT CITIZENS.

IN THE MIDDLE, ARE REVIEWERS VOLUNTEERING FOR CHILDREN. THEY ARE THE PEOPLE
 WHO PAY THE BILLS FOR PUBLIC SYSTEMS. THEY WATCH HOW THOSE SYSTEMS WORK,
 PARTICULARLY THE SYSTEMS WHICH TAKE THE LARGEST AMOUNT OF THEIR MONEY--
 WELFARE, AFDC, SSI, HEALTH, SOCIAL SERVICE, EDUCATION AND JUDICIAL SYSTEMS--
 ALL ARE LAID BARE TO THE REVIEWER MONITORING THEIR EFFECT ON FOSTER
 CHILDREN.

THE NATIONAL ASSOCIATION OF FOSTER CARE REVIEWERS

FROM THAT MIDDLE, YOUR CONSTITUENTS SEE THAT SOME OF THESE SYSTEMS ARE MORE DYSFUNCTIONAL THAN THE PEOPLE THEY SERVE.

FAMILY PRESERVATION AND CHILD PROTECTION REFORM WILL REQUIRE AGGRESSIVE ACTION IN TRYING TO HELP FAMILIES. NAFCR HAS BEEN PART OF A COALITION CREATED BY THE CHILDREN'S DEFENSE FUND AND THE CHILD WELFARE LEAGUE OF AMERICA AND SUPPORTS FAMILY PRESERVATION LEGISLATION INCORPORATING THE TENETS OF THE 1992 BILL HR11. THAT BILL FILLED SOME OF THE GAPS OF PL.96:272 AND INCORPORATED A BEDROCK OF KNOWLEDGE BY PRACTITIONERS IN THE FIELD, INCLUDING CITIZEN REVIEWERS.

THESE ARE IMPORTANT PUBLIC SYSTEMS, WELL MEANING SYSTEMS, BUT THEY NEED HELP SO THEY CAN ELIMINATE THE BARRIERS THAT ARE DOING SO MUCH DAMAGE TO SO MANY CHILDREN. WE, WHO MAINTAIN DYSFUNCTIONAL SYSTEMS, ARE PERPETRATORS OF ABUSE.

WE MUST PREVENT FAMILIES FROM FALLING INTO OUR SYSTEMS! WE MUST HELP THEM WHEN THEY NEED HELP AND, IN A WAY THAT WILL KEEP FAMILIES TOGETHER.

THIS COUNTRY IS HAVING A CATASTROPHE OF FAMILY LIFE. FAMILIES ARE FALLING APART AND COMMUNITIES ARE NOT HELPING TO KEEP THEM TOGETHER, NOR ARE STATES, NOR IS THE FEDERAL GOVERNMENT.

WE MUST STOP NURTURING THE FRACTURE OF FAMILIES BY ALLOWING THEM TO DISINTEGRATE AND FALL INTO PUBLIC SYSTEMS BEFORE WE OFFER HELP.

THE ADMINISTRATION RECOMMENDED FAMILY SUPPORT AND PRESERVATION SERVICES MUST OFFER THAT HELP INCLUDING SERVICES, RESOURCES, HELP FOR THE TROUBLED AND HELP FOR THE HELPERS.

IT WILL COST MORE IN THE BEGINNING BUT WILL SAVE MILLIONS IN THE FUTURE. A BUDGET SHOULD LAY OUT PRIORITIES. IT IS GOING TO COST THIS COUNTRY A LOT OF MONEY TO BUILD AN UPFRONT SERVICE SYSTEM, A PREVENTION SERVICE SYSTEM WHICH WILL ALLOW PEOPLE TO HELP THEMSELVES. BUILDING THAT SYSTEM SHOULD BE A PRIORITY AND OUR NATIONAL BUDGET SHOULD MAKE THAT STATEMENT.



NATIONAL
ASSOCIATION
OF FOSTER
CARE REVIEWERS

190 W OSTEND STREET, SUITE 201
BALTIMORE, MARYLAND 21230
1-800-368-0136

CORINNE F. DRIVERR
EXECUTIVE DIRECTOR
98 OLDCHESTER ROAD
ESSEX FIELDS, NJ 07021
201-226-0235

REGULAR, PERIODIC CITIZEN REVIEW OF FOSTER CHILDREN HAS PROVEN TO BE A COST EFFECTIVE MECHANISM TO: KEEP CHILDREN OUT OF FOSTER CARE, IMPROVE CASE PLANNING, IMPROVE SERVICE DELIVERY, IMPROVE AND EXPEDITE JUDICIAL PRACTICES.

NEW JERSEY BEGAN CITIZEN REVIEW IN 1979 WHEN IT WAS ESTIMATED THERE WERE AT LEAST 13,000 CHILDREN IN FOSTER CARE, (NO ONE WAS QUITE SURE!) WITHIN FOUR YEARS THE CASELOAD DROPPED TO 6,800 IN AN ACCURATE COUNT. TODAY, EVEN AFTER DRAMATICALLY INCREASED REPORTS OF ABUSE AND NEGLECT AND HOMELESSNESS, THERE ARE FEWER THAN 9,000 CHILDREN IN FOSTER CARE. THE EFFECT IS THAT MORE CHILDREN HAVE HOMES, SPEND LESS TIME IN FOSTER CARE, AND THE STATE IS SAVING HUNDREDS OF THOUSANDS OF DOLLARS.

NEBRASKA CONDUCTED TWO COMPARATIVE STUDIES OVER A PERIOD OF THREE YEARS. EACH STUDY CONFIRMED THAT CHILDREN ARE TWICE AS LIKELY TO BE ADOPTED IF REVIEWED BY CITIZEN REVIEW BOARDS.

IOWA HAS DOCUMENTED THAT COMPLETELY WRITTEN CASE PLANS FOR CHILDREN INCREASED DRAMATICALLY WHEN CITIZEN REVIEW BOARDS WERE ESTABLISHED. BETTER CASE PLANS CORRELATED WITH A DECREASE IN THE LENGTH OF TIME CHILDREN REMAINED IN FOSTER CARE AND AN INCREASE IN THE NUMBER OF CHILDREN FREED FOR ADOPTION.

ALASKA DOCUMENTED A DECREASE IN THE LENGTH OF TIME IN CARE WHEN CITIZEN REVIEW BOARDS WERE PRESENT. THE DOCUMENTATION INDICATED ALSO THAT CITIZEN REVIEW BOARDS HELPED TO IDENTIFY AND REMEDIATE SYSTEMS BARRIERS THAT PROLONGED TIME IN CARE.

KANSAS, IN JULY 1992, ENACTED STATEWIDE CITIZEN REVIEW FOR ALL CHILDREN IN FOSTER CARE AS THE RESULT OF A ONE YEAR STUDY WHICH DOCUMENTED THAT CITIZEN REVIEW REDUCED COURT CONTINUANCES BY TWO THIRDS. IT ALSO DETERMINED THAT, WITH REVIEW BOARDS, CHILDREN WERE TWICE AS LIKELY TO HAVE A SERVICE AGREEMENT SIGNED BY THE PARENTS AND THEY WERE TWICE AS LIKELY TO ACTUALLY RECEIVE THE SERVICES THAT WERE PLANNED FOR IN THE CASE PLAN.

TWENTY TWO STATES HAVE CITIZEN REVIEW AND AT LEAST FOUR ADDITIONAL STATES ARE ESTABLISHING OR EXPLORING CITIZEN REVIEW PROGRAMS THIS YEAR.



SELECT COMMITTEE ON CHILDREN AND YOUTH
STATE OF TENNESSEE
3RD FLOOR, JAMES K. POLK BUILDING
NASHVILLE, TENNESSEE 37243-0061
615-741-6239

April 20, 1993

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The Honorable Harold F. Ford
 Chairman, Subcommittee on Human Resources
 Committee on Ways and Means
 U. S. House of Representatives
 1102 Longworth House Office Building
 Washington, D. C. 20515

Dear Chairman Ford:

I had hoped to testify before the Subcommittee on Human Resources of the Committee on Ways and Means about Tennessee Home Ties and the priority the National Conference of State Legislatures (NCSL) places on family preservation and child welfare services. I serve as Chairman of the Select Joint Committee on Children and Youth for the Tennessee General Assembly and am Vice Chair of the NCSL Human Services Committee. The convening of the Tennessee General Assembly on Wednesday prevents my attending the hearing.

Tennessee is leading the nation in making intensive family preservation services available to families with a child at risk of entering the foster care, child mental health and juvenile justice systems. Tennessee became the first state in the country to make family preservation services available statewide.

The National Conference of State Legislatures helped us understand that taking no action to support families perpetuates spiraling costs and trauma to thousands of children separated from their homes, schools and communities each year.

Tennessee Home Ties began in October 1989 with eight pilot projects replicating the successful Homebuilders, Inc. family preservation program of Tacoma, Washington. The success of these pilot programs and the enactment of Tennessee's Family Preservation Act of 1991 led to the statewide expansion of family preservation services in the Spring of 1992.

Page 2

Tennessee Home Ties is reversing the national trend for increasing numbers of children entering state custody. The number of children entering state care was increasing at a rate of 9% a year. For the past two years, the number of children entering state care has decreased.

Tennessee Home Ties is provided through contracts with community service providers. For example, Frazier Family Counseling Center in Memphis provides services to 324 families annually. Home Ties services are provided to families in their own homes. Specialists help families develop their own goals and are available 24 hours per day, 7 days per week, for a 4 week time period. Families are taught concrete skills to help them care for their children and solve family problems.

An evaluation by the University of Tennessee found that 69% of families receiving services were still at home one year after the Home Ties intervention. An estimated \$4.5 million in placement costs were avoided for 619 children followed for one year after the intervention.

We believe that the investment of \$2,225 per child for family preservation is more humane and cost effective than the \$10,119 it costs to care for a child in state custody for a year.

Child welfare reform is a top priority for the National Conference of State Legislatures and we are committed to working closely with you and the Subcommittee to fashion a comprehensive federal program that saves families and public dollars. Neither the federal government nor states can afford to delay investing in family preservation services.

We urge you to include funding for family support and family preservation in budget reconciliation legislation. I would be delighted to meet with you at your convenience to discuss these issues further.

Sincerely,



Bill Purcell

STATEMENT OF MARY ALEESE SCHREIBER, EXECUTIVE DIRECTOR, COUNSELING ASSOCIATES, RUSSELLVILLE, AK, ON BEHALF OF THE NATIONAL COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS

INNOVATION AND FLEXIBILITY ARE TWO NECESSARY INGREDIENTS OF MULTI-DISCIPLINARY TEAMS. THIS FAMILY FIRST NEEDED IMMEDIATE SHELTER AND THEN THE MOTHER, WHO WAS FEELING HOPELESS, NEEDED EMPOWERMENT WHILE THE CHILDREN NEEDED HELP IN HANDLING THE CHANGE AND STRESS IN THEIR LIVES. THE MOTHER AND CHILDREN WERE MOVED INTO AN APARTMENT, A CASE MANAGER WORKED WITH THE MOTHER ON SKILL-BUILDING FOR JOB PLACEMENT AND HOME MAINTENANCE. MENTAL HEALTH PROVIDED FAMILY COUNSELING, PLAY THERAPY FOR THE YOUNGEST CHILD, AND INDIVIDUAL THERAPY FOR THE MOTHER. THE HEALTH DEPARTMENT, SCHOOLS AND OTHER AGENCIES PROVIDED NEEDED SERVICES. THE MOTHER NOW HAS A FULL-TIME JOB, THE YOUNGEST CHILD ATTENDS A DAY CARE CENTER FOR LOW INCOME FAMILIES AND THE OLDEST CHILD ATTENDS AN AFTER-SCHOOL DAY TREATMENT PROGRAM FOR CHILDREN OF WORKING PARENTS. THIS PROGRAM PROVIDES MENTAL HEALTH SERVICES IN A GROUP SETTING PROMOTING SELF-ESTEEM AND THE INTERNALIZATION OF NEGATIVE BEHAVIOR CONTROLS. BECAUSE OF THE COOPERATION AND COORDINATION OF A NUMBER OF SERVICE SYSTEMS, TWO SMALL CHILDREN DID NOT HAVE TO ENTER FOSTER CARE AND A FAMILY WAS PRESERVED.

SECOND WE NEED TO CHANGE OUR SYSTEM OF DELIVERING SERVICES TO CHILDREN. RIGHT NOW WE HAVE SEVERAL SEPARATE SYSTEMS OF CARE INCLUDING CRIMINAL JUSTICE, MENTAL HEALTH, AND CHILD WELFARE. CURRENT FUNDING STREAMS REINFORCE THIS FRAGMENTED SERVICE DELIVERY.

IN MOST COMMUNITIES, THERE ARE 10 TO 20 DIFFERENT DOORS TO CHILDREN'S SERVICES. HOW OVERWHELMING FOR A PARENT! BY CHANCE, THEY MIGHT KNOCK ON ONE DOOR AND NEVER DISCOVER WHAT'S BEHIND THE OTHER DOORS. MENTAL HEALTH HAS FOUND THAT MANY CHILDREN AND FAMILIES GET STUCK IN ANOTHER SYSTEM AND REFERRALS ARE NOT MADE IN A TIMELY MANNER WHEN EARLY INTERVENTION HAS THE BEST CHANCE FOR SUCCESSFUL OUTCOMES.

WE NEED A SYSTEM WHICH ENSURES A SINGLE POINT OF ENTRY AND USES A UNIFIED CASE MANAGEMENT APPROACH, THEREBY MINIMIZING UNNECESSARY AND DUPLICATIVE ASSESSMENTS AND SERVICES. FAMILIES WOULD THEN HAVE ONE IDENTIFIED DOOR FOR ENTRY AND THE OTHER DOORS COULD BE OPENED FOR THEM AS APPROPRIATE. WE NEED FEDERAL LEADERSHIP TO ACCOMPLISH THIS.

CHILD SERVING PROFESSIONALS ARE CRYING FOR A SINGLE POINT OF ENTRY, BUT IT CANNOT BE DONE WITHOUT FUNDAMENTAL CHANGE. THE ENTRY SYSTEM COULD BE RESPONSIBLE FOR ASSESSMENTS, AN INFORMATION SYSTEM TO TRACK CHILDREN AND FAMILIES ACROSS SYSTEMS, OUTCOMES MEASUREMENTS, AND REFERRAL TO THE COMMUNITY CHILD PROTECTION TEAM.

THIRD STATES CANNOT FULLY IMPLEMENT A SYSTEM OF INNOVATIVE COMMUNITY-BASED, FAMILY-CENTERED SERVICES WITHOUT ADDITIONAL RESOURCES FROM THE FEDERAL LEVEL. I WILL NOT SPEND TIME LISTING THE FULL RANGE OF SERVICES NEEDED. RATHER, I WANT TO EMPHASIZE THE NEED FOR FUNDING TO PROVIDE INCENTIVES TO CHANGE OUR DELIVERY SYSTEM SO IT:

- REQUIRES COORDINATION BY CHILD SERVICE PROVIDERS
- HAS A SINGLE POINT OF ENTRY
- IS INNOVATIVE
- IS FLEXIBLE
- AND HAS THE CORE BELIEF OF EMPOWERING AND PRESERVING FAMILIES

WE URGENTLY NEED TO CHANGE OUR SERVICE DELIVERY SYSTEM TO CHILDREN. OUR CHILDREN ARE OUR FUTURE AND THEY NEED OUR ATTENTION AND HELP NOW. THE NATIONAL COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS STRONGLY SUPPORTS A NEW DIRECTION AND NEW RESOURCES FOR FAMILY PRESERVATION SERVICES. THANK YOU.

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE ON HUMAN RESOURCES, I AM MARY ALEESE SCHREIBER, EXECUTIVE DIRECTOR OF A COMMUNITY MENTAL HEALTH CENTER COVERING SIX COUNTIES IN WEST CENTRAL ARKANSAS. I AM APPEARING THIS MORNING ON BEHALF OF THE NATIONAL COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS WHICH REPRESENTS OVER 700 MENTAL HEALTH ORGANIZATIONS. WE APPRECIATE THE OPPORTUNITY TO TESTIFY TODAY AND WE WANT TO LEND OUR SUPPORT TO EFFORTS TO ENSURE THAT FAMILY PRESERVATION LEGISLATION IS ENACTED THIS YEAR.

IT IS TRULY ALARMING TO WATCH THE INCREASING NUMBERS OF CHILDREN AND FAMILIES IN CRISIS EACH YEAR: WE SEE GROWING CHILD POVERTY, HOMELESSNESS, UNEMPLOYMENT, INCREASED CHILD ABUSE AND NEGLECT, AND PARENTAL SUBSTANCE ABUSE WHICH OFTEN RESULTS IN VIOLENT BEHAVIOR TOWARD CHILDREN.

OUR CHILDREN, FAMILIES, AND COMMUNITIES DESPERATELY NEED HELP, BUT WE HAVE FELT AS IF WE HAVE BEEN SWIMMING UPSTREAM THE PAST SEVERAL YEARS. I WOULD LIKE TO LIST SOME PROBLEMS THAT I THINK ARE FAIRLY TYPICAL ACROSS THE COUNTRY.

- WE HAVE EXPECTED THE CHILD WELFARE SYSTEM TO ASSUME PRIMARY RESPONSIBILITY FOR ADDRESSING THE BASIC NEEDS OF CHILDREN AND FAMILIES IN CRISIS. THE CHILD WELFARE SYSTEM IN ARKANSAS AND THROUGHOUT THE COUNTRY IS SERIOUSLY OVERBURDENED WITH HUGE UNMANAGEABLE CASELOADS.

- BECAUSE OF THE INCREASING DEMANDS ON THE SYSTEM AND A SHORTAGE OF RESOURCES, CRISIS MANAGEMENT, UNFORTUNATELY, HAS TO BE PRACTICED MUCH TOO OFTEN AND PREVENTIVE SERVICES ARE INFREQUENT. IF WE REALLY WANT TO STRENGTHEN OUR FAMILIES, WE NEED TO REVERSE THIS TREND AND PROVIDE MORE PREVENTION SUCH AS PARENT TRAINING.

- THERE IS A SERIOUS LACK OF COORDINATION OF CHILD WELFARE, JUVENILE JUSTICE, MENTAL HEALTH AND OTHER CHILD SERVICE SYSTEMS LEADING TO CHILDREN FALLING BETWEEN THE CRACKS OR NOT RECEIVING THE MOST APPROPRIATE SERVICES.

ALTHOUGH WE ARE NOT NOW MEETING THE NEEDS OF OUR CHILDREN AND FAMILIES IN CRISIS, I KNOW WE HAVE THE EXPERTISE AND ABILITY TO IMPROVE OUR SYSTEM. THIS MORNING I WOULD LIKE TO EMPHASIZE THREE MAJOR POINTS IN THE AREA OF FAMILY PRESERVATION.

FIRST COORDINATION AND COOPERATION AMONG THE MENTAL HEALTH, JUVENILE JUSTICE, CHILD WELFARE AND OTHER CHILDREN'S AGENCIES IS A NECESSITY AND FUNDING SHOULD PROVIDE INCENTIVES TO DEVELOP COMMUNITY-BASED, MULTI-DISCIPLINARY TEAMS.

I HAVE PERSONALLY SEEN THESE TEAMS WORK AND MAKE A DIFFERENCE IN EMPOWERING FAMILIES. THE CONCEPT OF A MULTI-DISCIPLINARY TEAM IS NOT NEW, BUT THEY ARE VERY LIMITED IN OUR COMMUNITIES PARTLY BECAUSE OUR FUNDING SYSTEM REINFORCES FRAGMENTED SERVICE DELIVERY.

IN ARKANSAS, THE FAULKNER COUNTY CHILD PROTECTION TEAM HAS EXISTED FOR SEVEN YEARS. HAVEN, A CHILDREN'S SHELTER, FORMED THE TEAM BECAUSE THEY WERE FRUSTRATED WITH THE MANY FOSTER CARE CHILDREN WHO WERE JUST DUMPED AT THEIR DOOR. UNDER THE AUSPICES OF THE HAVEN, CHILD WELFARE, MENTAL HEALTH, SCHOOLS, PRIVATE AND PUBLIC HEALTH PROVIDERS, DEVELOPMENTAL DISABILITIES SERVICES, JUVENILE JUSTICE, AND OTHER CHILD SERVICE DELIVERY SYSTEMS WERE BROUGHT TOGETHER TO ENSURE THAT EACH SERVICE WOULD PROVIDE INPUT AND TAKE APPROPRIATE RESPONSIBILITY FOR THE CHILD.

SEVERAL MONTHS AGO, CHILD WELFARE BROUGHT A CASE OF A MOTHER WHO WAS IN THE PROCESS OF GETTING A DIVORCE AND HER TWO YOUNG CHILDREN, AGES 3 AND 6, TO THIS CHILD PROTECTION TEAM. THE MOTHER HAD NO MONEY, WAS UNSKILLED, AND IN SERIOUS DANGER OF BECOMING HOMELESS. THE FATHER WAS ADDICTED TO ALCOHOL AND DRUGS. CHILD WELFARE WAS READY TO PUT THE CHILDREN IN FOSTER CARE. IF THE MOTHER HAD BEEN BATTERED, SHE AND HER CHILDREN COULD HAVE ENTERED A BATTERED WOMEN'S SHELTER - BUT SHE HAD NOT BEEN BATTERED SO SHE DIDN'T QUALIFY FOR ANY EXISTING PROGRAMS. THE CHILD PROTECTION TEAM STAFFED THE CASE AND DEVELOPED A CASE PLAN WHICH LISTED ALL THE RECOMMENDED SERVICES FROM THE VARIOUS AGENCIES.

On Behalf of Abused & Neglected Children

The National Organization of State Associations For Children

*Written Testimony Provided to the Ways and Means Subcommittee on Health
April, 12, 1993*

During the last several months' discussion on health care reform, much attention has been paid to the health needs of the unemployed, the working poor, the elderly, the mentally ill and to children in general. While we believe each of these populations are important and have significant issues worth addressing, we'd like to narrow the focus for a moment and ask you to consider the very special needs of abused and neglected children.

According to a GAO study, *Child Abuse Prevention Programs Need Greater Emphasis*, (published August, 1992) there has been a 300% increase in reports of child abuse and neglect during the last 15 years. From our experience, that number falls on the conservative side. The same report also cited statistics indicating that six out of every seven mentally ill children have suffered some form of abuse and/or neglect. Using the GAO's analysis, it is safe to say that *85% of the estimated 14 million U.S. children suffering from some mental health or emotional disorder have experienced abuse or neglect.*

Last year nearly a million children and youth received some type of treatment from the 1100 child welfare agencies represented by NOSAC. Those children were referred there by courts, government social service agencies, health providers, educators or some other placement source. On any given day in California alone, there are more than 80,000 children in foster homes. In Wisconsin, there has been a 900% increase during the last five years in the number of children who have been sexually abused. In New York city, during the four year period of 1989-1992, 16,575 children were born addicted to drugs or alcohol - with an average of 64% of those special needs children later placed in foster care.

The physical, sexual, mental or emotional abuse these children have suffered has resulted in a myriad of problems for society - from poor health to psychosocial dysfunctions to learning disabilities to violence and crime. When you consider that abused and neglected children are twice as likely to be convicted of juvenile crimes than are children who have not been abused or neglected, you begin to understand the magnitude of the problems *yet to come* that will be created by ignoring the needs of our children. Current costs to society - psychologically, physically and financially - are enormous. And those costs will continue to multiply - unless children in need receive adequate physical and mental health assistance.

Why is health care reform important to abused and neglected children and youth? Because their physical, emotional and mental health needs are critically intertwined, though often treated independently. For many of these children, their first contact with a health provider comes - as a ward or dependent of the state or court - through Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. For others, the only accessibility to mental health funds to treat their emotional wounds comes through child welfare programs. For still others, the opportunity to receive appropriate substance abuse treatment to overcome their addictions is linked to available state Medicaid, entitlement or block grant funds. And for children in many states - West Virginia, Arizona and Iowa among them - access to any children's service comes only through their state's Medicaid program.

Because of these factors and others, we believe that *the physical and mental health needs of abused and neglected children and their families should be a priority concern* in any health care reform plan. It is time to end the fragmentation of services delivered to our at-risk children. We urge, instead, that Congress utilize this opportunity of health care reform to address the *serious and interwoven* physical and mental health issues of our abused and neglected children.

Specifically, NOSAC recommends:

1. **Any minimum health care benefits package** under national reform must include a **full array of comprehensive, integrated physical and mental health services** - prevention, assessment, intervention, treatment and follow-up care - that are appropriate for the child's physical and emotional needs and capacity to secure a healthy lifestyle. **We emphasize that any health reform plan must allow for a child's placement anywhere along the continuum of services where it is appropriate for the needs of the child, not simply the needs of the system.**

We specifically urge that health benefits **include funds for early intervention programs for at-risk infants and children, especially for those children born exposed to drugs or alcohol.**

We urge that **physical and mental health programs for children and youth be fully integrated with other services required by them, such as education.**

Finally, we also urge that the minimum benefits package **include transitional mental health services** for youth 18-21 years of age who have been in foster care or some other child welfare service program that has required out-of-home placement.

2. **Any mental health services provided to abused/neglected children under health care reform must be family-focused but child-centered.**

There is a common belief that it is more cost efficient and effective to treat a child within the family. We do not dispute that there are opportunities to achieve those goals. We assert, however, that if a child is to be treated successfully within the family, the *family* must also be treated appropriately. Unfortunately, the funds to accomplish effective treatment of both the child and family are often not available - leaving the child to "fall his or her way through the system". . . and as a consequence, actually increasing the costs to society in terms of assessment and treatment. **Therefore, we urge Congress to redefine its notion of the abused and neglected health care "client" as the family, rather than just only the child or youth, and allocate adequate funds to treat the family as a whole** as a means to break the vicious cycles of abuse and neglect.

Where conditions exist that a family cannot be successfully treated, we urge the government to consider the child's needs to be the highest priority and to provide appropriate mental health and other services to treat that child effectively and appropriately.

3. **Children and youth deserve to have consistent and universal coverage and access to physical and mental health services** - regardless of their guardian, geographical location or placements within the child welfare field.

We particularly urge Congress to not lose sight of **the necessity for "portability" of health care coverage**, particularly for those children and youth who may move through the system from inpatient care to family-based care, foster care or adoption, or from rural to urban settings or vice versa.

4. **Every abused and neglected child is entitled to continuity in their mental and physical health care once they enter and move through the system** - continuity that will ensure the cycles of abandonment are not inadvertently re-created as familiar service providers are replaced by new, unfamiliar treatment and care givers.

We **specifically propose the consideration of special "care teams"** - composed of physical, mental health or social service provider representatives - who will remain with the child no matter where he or she may be placed along the continuum of care, be that in-home care, foster care or some other type of out-of-home placement.

We further urge that these **care teams adopt an interdisciplinary approach**, allowing children to receive care that is appropriate and necessary for their individual needs and issues. To maintain efficiency in costs for this approach, we recommend that entry for abused and neglected children into the system be allowed to occur at any point - whether through traditional health providers, social service providers or educators. We emphasize that there is already a network of private, nonprofit providers in place - networks that have community support, a cadre of volunteers, a mix of public/private funding and decades of experience in providing mental health services - and suggest that **any health care reform plan recommending full mental health coverage, must view these private, nonprofit providers as equal partners in the delivery of services**

In conclusion, we urge you to **allocate more mental health service dollars** as a means to break the cycle of child abuse and neglect and achieve future cost savings not only in health care, but in social services, judicial processes and prison systems. Finally, we urge that past biases of the health care system against mental health services be ended and that **these services achieve parity with physical health services.**

The members of NOSAC understand that there are many voices trying to be heard during these discussions on health care reform. And we understand that the voices of abused and neglected children are often powerless to secure change in a system linked to the power of constituency votes. We urge you to listen nonetheless...because without adequate and appropriate medical and emotional assistance, the wail that you hear of an abused and neglected child will become the angry shout of a mentally ill or incarcerated adult.

. . .

The National Organization of State Associations for Children (NOSAC) represents 20 state executives and more than 1,100 child welfare agencies across the United States. Collectively, these agencies employed 121,000 staff and provided over three million dollars in children services during 1992. The nearly one million children served by these agencies last year were placed in programs ranging from assessment services to emergency shelter, foster care, family-based counseling, in-home treatment and out-of-home residential care. For more information on NOSAC, its members, the children's services provided by agencies or this position paper, please contact Joan Bernardo-Walker, executive director, (517) 371-8828 or Patrice A. Heinz, projects coordinator, (202) 232-8111.

**Statement
for the
House of Representatives
Ways and Means Committee
Subcommittee on Human Resources**

***President Clinton's Budget Proposal for
New Funding for Child Welfare Services Targeted for
Family Support and Preservation Services***

April 21, 1993

***The National Welfare Rights & Reform Union and
Coalition of California Welfare Rights Organizations, Inc.
1901 Alhambra Blvd. • Sacramento, CA 95816
•Tel. (916) 736-0616 • FAX (916) 736-2645***

Mr. Chairman and members of the Committee:

Thank you for the opportunity to present the views of the organized poor on the issue of foster care. This issue continues to be an immense concern to us. Most children in foster care are of color or from poor families. Evidence shows these children are targets of the foster care industry since a disproportionate percentage our children are in the foster care system.

The 1991-92 San Diego County California Grand Jury reported that it generally takes ten minutes to analyze, investigate and decide to remove a minority child living in a minority neighborhood. If the child is white, this same decision making process takes two days to

The 1991-92 San Diego County California Grand Jury reported that it generally takes ten minutes to analyze, investigate and decide to remove a minority child living in a minority neighborhood. If the child is white, this same decision making process takes 2 days to complete.

complete.

The reasons for removing children vary, but in the final analysis, the decision is subjectively made by social workers. Social workers seek to imprint their own set of morals and standards upon poor and minority children. Since poor and minority families do not meet the standards of the middle class social workers, the parents are labeled dysfunctional. They measure the home, social, and school environments of the

child(ren) against their own experiences, biases, needs and wants. If the environments don't meet social worker's expectations, the social workers then obtain evidence to support the finding of "neglect". An "empty" refrigerator; "improperly" dressed children; a "dirty" house; or living in a crime-infested neighborhood, such as Washington D.C., constitutes "imminent danger" and justifies the removal of the child from the home.

To an objective onlooker, these problems are societal, rather than familial. An empty refrigerator, lack of clothing and insufficient resources, are primarily associated with poverty. These problems could easily be corrected with direct services to the family. However, social workers ignore this solution which would preserve the family unit and instead elect the solution which destroys the family.

Once a child is removed from the home and placed into foster care, the child loses his/her ties to siblings, cousins and grandparents as well as their cultural and religious heritage. In many instances, a child from a devoutly religious family is denied the right to practice his/her religion. The attitude seems to be that religion should not be "important" to a child. Consequently, the child is placed in a secular foster facility or forced to attend religious services not his/her own.

75% of the children placed in foster care are there for reasons categorized as neglect, which frequently is caused by poverty.

Congress decreed that States must exhaust "reasonable efforts" before removing children from their families. Most states, as well as the U.S. Supreme Court, ignore this directive. The justification for not exhausting reasonable efforts is that reasonable efforts is not objectively defined in the law or regulations. The U.S. Supreme it is not objectively defined in the law or

Congress must clearly and objectively define what is imminent danger so its application will be the same against minority families and white families.

regulations. The U.S. Court ruled in Suter v. Artist M. that States do not have to obey Congress' legislation today, if the States promise to obey the law in the future.

Before Congress approves any new money for foster care, reforms must be instituted uniformly throughout the United States to assure that children are not removed from their families without actual, direct, clear and convincing evidence.

One reform which must be adopted is that a child will be removed from the home only where there is no other means of protecting the child from imminent danger. Social workers go into poor, drug-infested areas and decide that this environment places the child in imminent danger. The removal is based on where the family lives and not on the action of the parent(s). Social workers ignore the fact that the parents cannot afford a better neighborhood or that the home is as comfortable as they can make it.

Congress must revisit the problem of our children being held in foster care for years without any opportunity to return home. Foster care is the "Berlin Wall" between us and our children. The Wall can only be broken if Congress amends the Social Security Act to require that a child can remain in foster care only if foster care workers can prove that foster placement is the only means to protect the child. Foster care workers should be required to submit a progress report at least once every six months to the court during a formal hearing.

Congress must establish a clear

and objective definition of imminent danger, which will force the social workers to apply the regulations uniformly regardless of race, color or economic status. Does living in a "crime infested" neighborhood constitute imminent danger? We say no, since we cannot afford more expensive and safer neighborhoods. However, middle class social workers who have resources to live in more expensive and safer neighborhoods say it does constitute imminent danger.

Congress should ensure that any

Foster care is the "Berlin Wall" between us and our children. The Wall can only be broken if the law is amended to require that foster care workers prove that the child can be protected from danger only by keeping the child in foster care.

law contained in the Social Security Act is enforceable in any Court. If the statute states that the "state plan shall provide "X", "X" becomes a mandate upon the State. If the State fails to meet this requirement, it should be punished for violating the law. We believe prison terms are appropriate for those who disobey these laws; however, we must reduce our expectations and hope that, at the very least, the Courts will enforce the law.

We oppose appropriating additional funding without first implementing these reforms.

Thank you for the opportunity to share our views with you and the members of the Committee.



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**TESTIMONY OF PARENT ACTION
ROSALIE STREETT, EXECUTIVE DIRECTOR**

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**COMMITTEE ON WAYS AND MEANS
US HOUSE OF REPRESENTATIVES**

**BUDGET PROPOSAL FOR CHILD WELFARE SERVICES TARGETED
FOR FAMILY SUPPORT AND PRESERVATION SERVICES**

APRIL 21, 1993

PARENT ACTION is the national membership organization established to be the voice of parents as they negotiate their multiple roles as parents, workers, citizens, and family members. **PARENT ACTION** was co-founded in 1989 by Dr. T. Berry Brazelton, Bernice Weissbourd, and Susan DeConcini out of recognition that there was no one group representing the special interests of parents. **PARENT ACTION** helps parents balance their work and family lives by providing them with information, decreases their sense of isolation by recreating a sense of community, and assists parents in understanding their role in shaping public policy. We are pleased to have the opportunity to comment on President Clinton's proposed budget for family support and preservation services.

Although our testimony will focus on preventive family support services, we are wholly supportive of the broad spectrum of family preservation services and believe that there is an urgent need for more federal support in this area.

Historically, our human service systems have only become involved with a family or individual after the person has fallen into severe crisis -- has abused a child, dropped out of school, become homeless, or in some other way failed as a member of society. While it is essential that family support and preservation legislation address these issues comprehensively, we believe family support programs offer a new, cost-effective approach to serving families. Family support is prevention-oriented, community-based, respectful, and does not require that a person be in crisis. In fact, family support services prevent crises.

Family support programs, which frequently target parents and their infants and young children and teens at risk of pregnancy, often operate in neighborhood based, informal settings. They are warm and welcoming; they acknowledge and build on strengths, rather than, as in more traditional programs, only focus on individuals' deficits; and they encourage parents to be active partners in the program, instead of seeing them as passive recipients of services. Whether they are neighborhood drop-in centers, home visiting programs, or a combination, they are all characterized by their enthusiasm, respect for families, and belief in people's ability to respond to support. Family support services are appropriately the front end of the human service system, prevention services that, hopefully, will avert the need for far more expensive, acute services later.

Some fine examples of family support programs can be found in Maryland, where Friends of the Family operates and administers a state-wide network of 15 Family Support Centers, which are funded through the blending of funds from the state, federal government, local government, private foundations, business, and individual contributions. The state of Maryland's Department of Human Resources contributes the largest share. To ensure partnership and for efficient operation, the programs are run by a public/private partnership, a non-profit organization called Friends of the Family.

Maryland's centers have demonstrated the effectiveness of providing services to parents and their very young children in welcoming settings. The repeat pregnancy rates for adolescent parents who attend the centers is extremely low, as are reports of child abuse, and removal of children from homes. On the other hand, parents who participate in the centers' educational programs find them to be understanding of the needs of parents as well as excellent educational experiences. Many parents remain in the GED and Adult Basic Education programs and experience success in school for the first time. Infants and young children are screened for handicapping conditions, and early referrals are made. These screenings and follow-ups are available through the programs' close connection with Maryland's Infants and Toddlers Program, through PL 99-457 funding. On-site child care available for children of parents enrolled in the centers provides an opportunity for developmentally appropriate services for infants and toddlers and as models of child care and child development for

parents. Many center participants who had children in foster care have had their children returned to them

The programs in Maryland have proven to be an exciting and innovative way to strengthen families by providing comprehensive, community-based services. In fact, Maryland's Friends of the Family received the 1991 Innovations in State and Local Government award from the Ford Foundation and Harvard's Kennedy School of Government. Some other excellent family support programs can be found in Illinois, administered by Family Focus and the Ounce of Prevention Fund, or in Missouri's Parents as Teachers program, or Minnesota's Early Childhood Family Education and MELD programs, or HIPPPY, the national home visiting program for parents of preschoolers. Many others belong on this list, and hopefully, with an increase in federal funding, many new programs would be added.

Increased funding will provide an opportunity to bring some of the programs to scale, while adding new ones to the not very exhaustive list. It is time that we move beyond innovation and demonstration of model programs to making those programs that work available to the thousands of families who are desperate for the services family support programs provide. In addition, infusing federal dollars into family support programs gives us the opportunity to build up the almost non-existent prevention end of human services. Family support is the "immunization" of social services and its expansion, therefore, is critical to the well-being of American families.

Family support services are wholly congruent with **PARENT ACTION's** belief that American's parents are not receiving the support and respect that they need in order to provide the most critical function there is -- raising the next generation. Therefore, the organization's Public Policy Committee has voted to make the growth of these services a priority. In expanding our states' networks of family support programs, Congress and the Administration will be making an extremely important statement about how much we value families and the challenging job that parents face in the nineties and beyond.

Senator Jay Rockefeller
Written Testimony
Subcommittee on Human Resources
House Ways and Means
April 21, 1993

MR. CHAIRMAN: I welcome the opportunity to submit testimony on the urgency of moving forward on comprehensive child welfare reform this year. I look forward to working with you and President Clinton to enact legislation that will respond to pressing needs of America's families through a new capped entitlement for family support and preservation services. I also urge that we use this opportunity to strengthen foster care and adoption assistance.

As Chairman of the National Commission on Children, I have spent the past four years focusing intensely on the needs of children and families. Our bipartisan commission unanimously adopted a report, Beyond Rhetoric, a New American Agenda for Children and Families, which included major recommendations for the reform of our child welfare system. Our report suggested a range of services -- from community-based family support networks to intervention, to strengthen and preserve troubled families; and comprehensive child welfare or permanent placement for those who must be removed from their families.

To follow up on the Children's Commission and the leadership in the last Congress, provided by former Senator Lloyd Bentsen and Congressman Tom Downey, on March 16 of this year I introduced S. 596, The Family Preservation and Child Protection Reform Act. This is a bipartisan initiative cosponsored by Senator Kit Bond and others. Similar legislation passed Congress last year as part of H.R. 11, the Revenue Act, but it was unfortunately vetoed.

Senator Bond and I have nicknamed our bill, "CPR," because it conveys an appropriate sense of urgency. Escalating reports of child abuse and neglect totaled over 2,600,000 in 1991. There are 400,000 children in foster care, an increase of more than 50 percent in the last five years. More than 30,000 vulnerable children are now awaiting adoption. These are clear signals that our child welfare system is in trouble and in desperate need of reform.

Such statistics are numbing. But those of us who have visited families in crisis or children in foster care understand the urgency on a personal level. As Chairman of the Children's Commission, I spent a day in a Los Angeles courtroom, watching a judge only have a few minutes to determine the fate and placement of vulnerable children. In West Virginia, I sat in living rooms and listened to parents describe their constant struggle to make ends meet and care for their children. Such experiences have convinced me of the need for fundamental change in how we serve children and families at risk.

As disturbing as the statistics and personal stories are, there is also hope. Dedicated social workers, committed child advocates and creative government leaders have been developing innovative family preservation services which provide real hope for children and new chances for troubled families.

New investments in family preservation must be the cornerstone for reform of our child welfare system. The current financial incentives of federal policies are misguided. Federal funding for preventive and family support services is fixed and has barely grown in the past decade. It has not kept pace with the growing demand for services. Funding for foster care placement is an entitlement which ensures that funding is available, in times of crisis, to place children in foster care. The consequence is that we will only spend \$295 million in preventive child welfare services this year, but estimated foster care costs will be \$2.9 billion this year. We should not shortchange foster care because it is an essential safety net for children in crisis.

Common sense tells us to invest more in prevention to strengthen and stabilize troubled families.

I warmly applaud President Clinton's commitment and leadership on this issue. A new capped entitlement for family preservation and family support is a vital investment to shift toward prevention. His approach to provide substance abuse treatment and prevention for pregnant women and parents differs from my legislation, but it is a clear commitment that can serve the same families with strong coordination.

While my legislation differs in the details from the President's initiative, we share the same fundamental goals and I am committed to working in partnership to achieve historic changes in our child welfare system.

I look forward to working closely with you, Chairman Ford, and Congressman Matsui in the months ahead to improve child welfare services for some of our most vulnerable children. The leadership of this Subcommittee over the years, on behalf of children, has been exceptional. Working together with the President, I believe we will enact meaningful child welfare reform which will lay the foundation for comprehensive services envisioned by the National Commission on Children.



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