

1 PENNSYLVANIA HOUSE OF REPRESENTATIVES  
2 CHILDREN AND YOUTH COMMITTEE

3 - - - - -  
4 TUESDAY, AUGUST 28, 2007  
5 - - - - -

6 BEFORE: HON. LOUISE WILLIAMS-BISHOP, CHAIRPERSON  
7 HON. CAROLE RUBLEY, MINORITY CHAIR  
8 HON. KEN SMITH, MEMBER  
9 HON. STEVE SAMUELSON, MEMBER  
10 HON. DUANE MILNE, MEMBER  
11 HON. MARK COHEN, MEMBER

12 ALSO PRESENT: JANELL LYNCH, (R) EXECUTIVE DIRECTOR  
13 TOM HILLER, (D) EXECUTIVE DIRECTOR

14 Held at City Hall, City Council Chambers,  
15 Room 400, Philadelphia, Pennsylvania, commencing at  
16 12:00 p.m., on the above date, before Virginia  
17 Jones-Alleyne, Professional Court Reporter and Notary  
18 Public.

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1 Poconos Record was talking in depth about the problems  
2 Monroe County is having with its child welfare system.  
3 This is an extremely fast growing county and the monies  
4 have not kept up with the needs and there have been some  
5 serious problems. So it isn't just Philadelphia. It is  
6 around the state and we really need to address this  
7 issue. So thank you for having this hearing.

8 THE CHAIRPERSON: Thank you very much,  
9 Representative Rubley.

10 We will begin this morning with our  
11 first testifier. And it has been said a long time ago,  
12 as Philadelphia goes, so goes the rest of the state.  
13 Philadelphia has some wonderful people who are involved  
14 in caring for our children and our families. One of  
15 them will testify for us this morning and we'll have  
16 remarks from Shelly Yanoff, she is the Executive  
17 Director of Pennsylvania's Children's Commission.

18 MS. YANOFF: Thank you, and I want to  
19 add my welcome and congratulations for getting through  
20 our new security system.

21 I am Shelly Yanoff, I am Executive  
22 Director of Philadelphia Citizens for Children and Youth  
23 and I have the honor of being Chair of the Governor's  
24 Commission on Children and Families.

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1                   For 25 years, PCCY has spoken out in  
2 support of policies and practices to improve the lives  
3 of children. For almost four years, the Governor's  
4 Commission on Children and Families has been working  
5 toward the same end in the Commonwealth. Thank you for  
6 the opportunity to be here today to discuss this  
7 subject.

8                   How can we, as a society, best protect  
9 our children from abuse, from neglect, from violence?  
10 And critically, what can the Legislature do to help  
11 improve the child welfare system and help families and  
12 communities protect their children? There are in this  
13 Panel many of you have been -- several of you have been  
14 key leaders in the effort to provide that kind of  
15 protection. And I thank you Representative Bishop,  
16 Representative Rubley, Representative Smith  
17 particularly.

18                   As you're aware, Philadelphia has just  
19 received a major report on its child welfare system. We  
20 commend the Review Panel's recommendations to you.  
21 We want to emphasize several of these: The first is  
22 breaking down the line between neglect and abuse in  
23 terms of care and policies. Over the years, children  
24 who were at great risk were not seen as rapidly as

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1 possible because the report was classified as general  
2 protective service, gps, not crisis service, which is  
3 child protective service, which is cps. Yet we know  
4 that many children who have been considered neglected  
5 have indeed been seriously injured.

6                   The highest risk, of course, is to  
7 infants and young children regardless of the  
8 classification of maltreatment. We join the Review  
9 Panel in urging a reevaluation of this artificial  
10 distinction. We also agree with the Panel and with  
11 steps the Philadelphia Department of Human Services has  
12 taken in requiring that all young children particularly  
13 be seen as rapidly as possible within hours of the  
14 allegation. We urge that this practice be continued and  
15 monitored to assure on-going implementation and  
16 effectiveness.

17                   I want to turn now to confidentiality.  
18 It has too often been used to shield facts rather than  
19 to protect children. We want to urge that the  
20 Legislature, in collaboration with DPW and local  
21 jurisdictions, modify the State's very restrictive  
22 confidentiality provisions. Although we are very aware  
23 of the sensitivity of this issue, we believe that the  
24 State should change its policies to align better with

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1 those of the federal government, so that information can  
2 be shared when a child was seriously injured or even  
3 dies as a result of maltreatment. We further urge that  
4 the results of child death reviews be made public so  
5 that all agencies and the community can learn and  
6 improve practice and policies as necessary. Again, we  
7 know the issue is sensitive, but we have to go back to  
8 the mission of the child welfare system. We believe we  
9 are protecting children more by being more transparent,  
10 by showing the public that the agency charged with  
11 protecting children is trustworthy and that it and we  
12 can learn from experience.

13                   The confidentiality provisions create a  
14 climate that seems to discourage the kind of  
15 collaboration that is so often needed in solving the  
16 problems of the children in the system's care. We urge  
17 as much emphasis be placed on collaboration among  
18 systems and caregivers as possible. We do want to note  
19 and encourage the increased collaboration between the  
20 health, education and child welfare systems as critical  
21 to better serving children and families. Recent  
22 attention and commitment by DHS to the school progress  
23 of youth in care and to the issue of youth aging out of  
24 care is very welcome.



1                   Too often these young people leave their  
2 foster care settings, drop out of school and end up  
3 homeless. We can and must do better. Several years  
4 ago, I served on the Advisory Committee on Services to  
5 Children and Youth of the Joint State Government  
6 Commission. We issued a report on Children and Youth  
7 Services in which, among other recommendations, we urged  
8 the creation of an ombudsman office at the state level.  
9 That recommendation recently has been introduced as  
10 legislation. We thank Representative Petri and all who  
11 are supporting it and urge its support.

12                   We also urge full funding of the state  
13 monitoring function, and a requirement that each county  
14 use a common safety assessment tool.

15                   I want to turn now to some specific  
16 recommendations of the Governor's Commission for  
17 Children and Families, a group of 45 people from around  
18 the State, representing parents, providers, academics,  
19 physicians, foundation leadership and child and family  
20 advocates who have identified priority issues relevant  
21 to this discussion. I will emphasize several issues:  
22 The first is dealing with maternal depression and its  
23 impact on infants and young children; the second is  
24 making sure that all children who become part of the

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1 child welfare system are assessed and treated for  
2 emotional and developmental problems as necessary; the  
3 third is to support parents in their most important job  
4 of raising children, and the fourth is to support  
5 permanent funding of prevention programs that have been  
6 shown to work.

7                   I want to begin the discussion about  
8 maternal depression by noting that children learn what  
9 they live. If they live with trust, they are more  
10 likely to become caring human beings because they have  
11 been able to trust that they will be cared for and  
12 protected. The challenge that the system faces and you  
13 and we is how and when to step in to build the trust  
14 that every child needs. Sometimes the trust that is  
15 needed is directly to protect the child. Sometimes it  
16 is to help the parent in order to protect the child.

17                   Babies and young children are the most  
18 vulnerable, and the most dependent. They need to be  
19 able to trust that their parents can and will care for  
20 them. And the overwhelming majority of our babies and  
21 young children can trust that their parents will care  
22 for them. But there are those parents for whom the task  
23 is particularly difficult. Most of the primary  
24 caregivers who interact with the child welfare system

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1 are single mothers whose family income is low.

2                   There is increased recognition of the  
3 high incidences of maternal depression today; an illness  
4 that can have major impact on the well-being of the  
5 family, particularly on infants who are most dependent  
6 for care.

7                   Both the Governor's Commission and PCCY  
8 have recommended that new mothers be screened for  
9 depression. We further urge that treatment be provided  
10 and supported. If the mother has no health insurance,  
11 we urge that the state support the treatment by using  
12 the baby's medical assistance eligibility if necessary.  
13 It is clear that strengthening the mother's ability to  
14 parent is indeed supporting and treating the child. And  
15 screening without treatment is no solution.

16                   The Commission also urges that the  
17 behavioral health system make available uniform or  
18 standardized screening or assessment of children of  
19 parents who are in treatment for depression and link  
20 these children to appropriate interventions as  
21 necessary.

22                   Finally, regarding behavioral health,  
23 the Commission urges that children who have been in  
24 out-of-home placement must have social and emotional and

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1 developmental assessments upon entering placement and at  
2 developmentally appropriate intervals. Treatment, of  
3 course, should also be provided as needed. We have  
4 learned much recently about the impact of trauma on  
5 development. Surely a child who is part of the child  
6 welfare system who is removed from his or her home has  
7 experienced trauma. We must use this information to  
8 inform our care for children.

9                   From its first meeting, the Governor's  
10 Commission discussed the need to support parents in  
11 their critical role. There are many programs in  
12 Pennsylvania that are dedicated to improving the  
13 supports and assistance that parents need. Many of  
14 these programs have been researched and positively  
15 evaluated, but they are not brought to scale. We need  
16 to be serious about universal implementation of programs  
17 that are evidence-based and have been shown to work.

18                   Programs like the Nurse-Family  
19 Partnership whose positive record of decreasing abuse  
20 and neglect is an example of a program that is  
21 evidence-based and working. This year's state budget  
22 increased funding for the Partnership, and we thank you  
23 for that, but not near enough to make the kind of impact  
24 necessary. There are also a variety of parenting

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1 support programs which have been shown to work, some of  
2 which are successful in some settings and not in others.  
3 The evaluation of the parenting network and  
4 collaborative in Philadelphia, the system of care  
5 program in Allegheny County, and family centers in  
6 mid-state, particularly, are just a few examples of  
7 programs that have demonstrated positive results.

8                   We urge that programs that show results  
9 be supported and expanded and we learn from them as we  
10 improve the well-being of all our children.

11                   Finally, the Governor's Commission on  
12 Children and Families recommends that the state budget  
13 include a line item for prevention programs separate  
14 from the needs-based budget. The programs should be  
15 chosen by counties among evidence-based, research-proved  
16 programs that strengthen families and support and assist  
17 parents in their critical roles. Too often, these  
18 programs are short-lived, grant funded and disappear,  
19 leaving kids and families at high risk.

20                   We should support programs that work,  
21 whether a family center, an after school support  
22 program, a parenting collaboration or a teen program  
23 that provides safe havens and support for families. In  
24 order to build trust, protect children and support

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1 families, programs that work should be supported and  
2 brought to scale and not disappear.

3                   Finally, I do want to comment on various  
4 interpretations of Act 179 of 2006. The Act is an  
5 important step forward in assuring that our children are  
6 protected, but we have heard concerns that an unintended  
7 consequence might be that physicians who treat  
8 adolescents will be hindered because they may feel they  
9 must report sexual activity of a minor. This confusion  
10 may well hinder adolescents from seeking care. Although  
11 this was not the intention of the Legislature, nor the  
12 advocates, we hope you will pay attention and track this  
13 issue and correct it if it appears to be negatively  
14 impacting health care as well as the future of  
15 adolescents.

16                   We thank you for coming to this city  
17 which struggles with 37 percent of its children living  
18 in poverty and the continuing loss of jobs and  
19 population. The child welfare agency of this city  
20 received 31,352 child/case referrals to investigate last  
21 year, supported the placement of about 10,000 children,  
22 and the provision of in-home services to more than  
23 20,000 children and families. For many of these  
24 children and families, the care made a critical

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1 difference in their lives.

2                   But we also have seen headlines and read  
3 once again our failures and those of the system in  
4 protecting children. There can be no more urgent need  
5 to address. The recommendations and actions that have  
6 been undertaken so far seem positive, but I fear we will  
7 slip into routine same old, same old status without  
8 on-going scrutiny and supports.

9                   I thank you for this hearing today and  
10 urge you to come back again. We know that we all must  
11 do better to earn the trust of all our children and  
12 there can be no more important mission. Thank you.

13                   THE CHAIRPERSON: Thank you. We are  
14 certainly going to have an opportunity, I hope, to ask  
15 you some questions right after I announce and make known  
16 that we have been joined by Representative Pashinski and  
17 Representative Milne.

18                   We are grateful to you, Ms. Yanoff,  
19 for your detailed description of what some of the things  
20 are needed that might make changes and we're going to  
21 open up the line of communication for questions  
22 beginning, to my left, with Representative Milne. Do  
23 you have any questions?

24                   MEMBER MILNE: Thank you. I will pass.

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1                   THE CHAIRPERSON:  Are there any  
2  questions from Representative Smith?

3                   MEMBER SMITH:  Thank you, Madam Chair.

4                   And thank you very much for being here  
5  today and thank you for your testimony.  As I have said  
6  many times and I will continue to say it, that if you  
7  fail to recognize the needs of those most vulnerable  
8  among us then we fail as Government.  And I truly  
9  believe that's why we're all here today.  And what's  
10 more important to society and to the future of these  
11 great United States than our children.  I truly believe  
12 that our children is this country's greatest asset.

13                   As you gave your testimony, I couldn't  
14 help but notice your referral continuously to the word  
15 "family," and I believe that as the family goes, so goes  
16 our society and as we see the challenges, the many  
17 challenges and the diversity of challenges in today's  
18 society there is a direct connection between the  
19 challenges of the family and the challenges of our  
20 children.  Do we need to also focus on the family  
21 structure and the family cohesiveness as well as the  
22 focusing of programs for our children?  I guess my  
23 question is do we need to bring them together as one?  
24 Thank you.



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1                   MS. YANOFF: Thank you for the question.  
2 I believe that our strong recommendation of the  
3 Commission, particularly, was to support programs that  
4 strengthen families and that strengthen parents in their  
5 critical role. So I couldn't agree with you more,  
6 Representative Smith, but the child welfare system is  
7 the fail safe. It's after -- our goal should be that we  
8 shouldn't need many children or any children to go into  
9 the child welfare system. That's there when other  
10 systems and our families need help and haven't gotten it  
11 and then hopefully the child welfare system can provide  
12 support to the family and maintain the child in its  
13 familial setting. So I couldn't agree with you more.

14                   And all of our recommendations actually  
15 do really talk to that. That's why we want the mother  
16 who has maternal depression to be able to be treated so  
17 that she can be a better parent because that's the  
18 connection that we must have. So thank you very much  
19 for the question.

20                   MEMBER SMITH: Thank you for your  
21 professional testimony.

22                   THE CHAIRPERSON: Ms. Yanoff, you  
23 referred to needing to look at the part and the role of  
24 confidentiality.

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1 MS. YANOFF: Yes.

2 THE CHAIRPERSON: What information now  
3 that is held confidential that could help improve the  
4 whole program if it was made known?

5 MS. YANOFF: We don't know. There are  
6 so many rules that limit discussing what is happening in  
7 a case, what is going on, that we can't learn very well  
8 until it's too late. We know it's extremely sensitive  
9 for this information to become public, but we have even  
10 the federal government has made rules that are more open  
11 than ours. I have been at PCCY now for 20 years and I  
12 will call up after there has been a crisis and a  
13 tragedy, what happened here? How can we learn from it?  
14 Well, we can't discuss it is the answer, by law.

15 So we have to really get our attorneys  
16 together and look at and align the confidentiality rules  
17 with those of the federal government and when a child  
18 has died be able to discuss that and not say I'm sorry  
19 that's confidential, because in most cases we're not  
20 protecting the children then. And we have failed in  
21 that protection. How do we learn enough without harming  
22 others? It's a very tender and sensitive area, but we  
23 can do better than we are.

24 THE CHAIRPERSON: Before I turn it over

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1 to my Minority Chair, Chairman Rubley, I wanted to deal  
2 on a couple of things, how long is too long before we  
3 move when we first get a call? How long does it take  
4 the system to respond to that call?

5 MS. YANOFF: Well, if it's classified as  
6 a CPS then it's 72 hours and it's suppose to be in  
7 person. If, however, it's classified as a GPS, they're  
8 not the same kind of rules. Everybody wants to go out  
9 as quickly as possible, but that often doesn't happen.  
10 And one of the issues that the Review Panel looked at  
11 and one of the requirements that they recommended and  
12 that we support is, two hours if it's a young child,  
13 child under 5, go out and see that child in two hours  
14 because there is not time.

15 Now, we know that it's very difficult to  
16 actually cause that to happen. I mean, who goes out to  
17 see somebody at 2 o'clock in the morning? This is  
18 expensive. It requires additional staff. The local  
19 agency is in fact increasing its staff to meet that new  
20 requirement and I think that we have to form a line  
21 somewhere, Chairperson Bishop, between how strict do we  
22 make our rules and regulations conform to a reality and  
23 how often do we kind of say, no, we have to be strict on  
24 that one because that is a baby or that is a

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1 two-year-old that really could be in trouble. You can't  
2 have 72 hours, you can't have 24 hours, you have to do  
3 it now.

4                   So I think that the professionals can  
5 make good decisions, but they have to have the  
6 guidelines that, if it looks like it's a real risk you  
7 have to do it and it's a young child you have to do it  
8 shortly.

9                   We won't always be able to catch  
10 everything, but we will be able to catch more.

11                   THE CHAIRPERSON: For the sake of all  
12 who might be listening, can you please tell us the  
13 difference between CPS, GPS and is the difference wide  
14 enough so that the average person picking up that phone  
15 will now this is a CPS, this is a GPS?

16                   MS. YANOFF: Now, the average person  
17 will not. It's the people who receive the call in the  
18 welfare agency, the public welfare agency's offices.  
19 And what is something that looks like abuse, for the lay  
20 person, and looks like it's more crisis and some is this  
21 child comes to school everyday hungry, something that  
22 looks more like neglect. That's roughly, there is an  
23 intense neglect category in CPS, but mostly it's general  
24 neglect. They're not taking care of their children.

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1 Children seem hungry. They knock at our doors. That is  
2 less of an emergency than this child looks like it's in  
3 imminent danger and so for the layperson that's the kind  
4 of distinction.

5 THE CHAIRPERSON: Thank you.  
6 Representative Rubley.

7 MEMBER RUBLEY: Thank you, Madam Chair  
8 and thank you Ms. Yanoff for your very important  
9 testimony today.

10 Under your section on maternal  
11 depression you talk about the need for new mothers to be  
12 screened for depression. To what extent is that being  
13 done today?

14 MS. YANOFF: It's being done more than  
15 it ever was and there is, I believe, and the Secretary  
16 can correct me, I believe there is a plan for that to be  
17 universal, but what we're also suggesting is, that we  
18 are concerned about is, well, what if it turns out that  
19 the mother is depressed? How do you provide the care  
20 that is necessary? And so we, at the Governor's  
21 Commission, have been working and recommending that, to  
22 highlight the importance of maternal depression and to  
23 really provide the screening and the treatment as soon  
24 as possible and explore a variety of ways that we can

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1 support that and that means pay for it. Thank you.

2 MEMBER RUBLEY: Glad to hear it's  
3 expanding. And also on programs that are out there and  
4 there are numerous programs, but I'm pleased that you  
5 referred positively to the nurse-family partnership and  
6 that the state was able to put more money into it.

7 MS. YANOFF: Thank you for your  
8 leadership on that.

9 MEMBER RUBLEY: I'm glad that the word  
10 is getting out and that it is such an effective program,  
11 but there are numerous other programs out there working  
12 with children and families. I was pleased that in your  
13 testimony that the Commission recommended the need for  
14 evidence-based research programs. It's not just this  
15 field. There are so many other fields that we have to  
16 look at what's working and not keep reinventing the  
17 wheel and have consistency and positive results. Is  
18 that the direction you see us moving towards? And will  
19 we work with counties that maybe have less effective  
20 programs to try to get them to improve it?

21 MS. YANOFF: I hope so, and what the  
22 Commission recommended, and I'm glad you heard that  
23 piece, is that it's not a one size fits all. Lackawanna  
24 might have a great family center model that they want to

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1 expand, others might have another model, and it should  
2 be the county services can choose among evidence-based  
3 research supported programming.

4                   The Children's Trust Fund has done a  
5 wonderful job in providing some catalyst funding for  
6 these, but too often they go away and so that's why we  
7 really want to urge that there be a line item and it not  
8 be a part of the needs based budget, even though the  
9 needs based budget does very good things, but that it be  
10 not swallowed up by something else. The counties know  
11 that they can -- and going back to Representative  
12 Smith's comment, they can go back to programs that  
13 support families in their critical job of raising  
14 children and protecting them.

15                   MEMBER RUBLEY: Thank you very much.

16                   MS. YANOFF: Thank you.

17                   THE CHAIRPERSON: Thank you very much.

18 I want to raise an issue that has been a quirk of mine  
19 for a long time. Children age out at what age, 18?

20                   MS. YANOFF: Yes.

21                   THE CHAIRPERSON: And once they age out,  
22 if they have been in the welfare system all their lives,  
23 they're aging out without a family, in most cases, with  
24 no one really to turn to. And most of them at 18 are

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1 ready to become parents. Have they had any training?  
2 Do they know anything about being a parent or is there  
3 any record that documents that these are parents that  
4 have created some problems for the system?

5 MS. YANOFF: Representative Bishop, it  
6 has been a long, slow process to get any agencies to  
7 look at what happens after the child is discharged from  
8 their care and currently there is much more recognition  
9 of the need, particularly, for child welfare agencies to  
10 look at what happens to those kids who, in some  
11 instances, are really just cut loose and that's why so  
12 many of them actually end up among the homeless  
13 population nationally. This isn't State, this isn't  
14 City. It's a national phenomenon.

15 The other part is that I have been  
16 privileged to work with a group that is trying to  
17 decrease dropouts. And about somewhere between 70 and  
18 80 percent of young people who are in out-of-home care  
19 in their high school years dropout.

20 So the issue of how we support children  
21 who are really young adults and aging out is very  
22 important and parenting. There are programs that deal  
23 with that for young people. There are also programs  
24 that really train young people in independent living.



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1 There are small programs that all of the child welfare  
2 agencies in the state, I believe, do have some  
3 programming for independent living. It's even partially  
4 funded by the federal government, but it's like many  
5 other programs, there are some good and some bad --  
6 well, not bad, but some less effective, and they don't  
7 reach enough. There is not enough of an imperative.

8                   And I guess one of the things that I  
9 wanted to say before I left is that this issue of  
10 protecting children throughout their lives is so  
11 critical, but if it's your job to do everyday it easily  
12 can get routine and yet there is an urgency that we all  
13 feel in protecting them. So in combining urgency into a  
14 routine task is a great challenge, which is why I think  
15 it's so important that monitoring be fully funded and  
16 that you all hold hearings and pay attention to this  
17 issue.

18                   THE CHAIRPERSON: In your testimony, you  
19 referred to the program at Allegheny County.

20                   MS. YANOFF: Yes.

21                   THE CHAIRPERSON: As Chair of the Youth  
22 and Children's Committee, each time I begin to talk  
23 about what we want to do Allegheny County comes up.  
24 Could you tell us what Allegheny County is doing that

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1 perhaps we should be doing, and can you tell us how much  
2 safer their children are than ours?

3 MS. YANOFF: Wow. Where is Mark Turner  
4 now that we need him? I think the first issue is that  
5 nobody is full proof and no system is full proof and  
6 children are at risk and systems don't raise kids,  
7 people raise kids and people have strengths and  
8 weaknesses. What Allegheny County has done is they  
9 respond very quickly. They do not treat children  
10 differently if they come in as a neglect or as an abuse,  
11 particularly if they're young, they do part of that.  
12 They have streamlined their system and they are very  
13 accountable.

14 They really push accountability. When I  
15 refer to the Allegheny caring model, it was a prevention  
16 model that, again, that is researched based. It is  
17 family centers that has a lot of supports the families  
18 need in neighbors that they need support in, but again,  
19 they do much better in many areas.

20 They don't have the intensity of the  
21 numbers that we have in Philadelphia and we should model  
22 a lot on what they do. We also do some very good things  
23 but we all have to kind of recognize that there is a lot  
24 more to be done in Allegheny as well as Philadelphia as

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1 well as Lackawanna County to protect our kids.

2 THE CHAIRPERSON: Talking about the  
3 person who mans the switch board or mans the phone when  
4 the calls come in, how trained is that person? Because  
5 it seems that a lot of responsibility falls on that  
6 person's shoulder whoever that person or those persons  
7 are. How can we improve what they do?

8 MS. YANOFF: They need to be constantly  
9 trained and that's hard in a big system, but they need  
10 to be continually trained and need not to feel that it  
11 ever gets same old, same old. It is a very hard job to  
12 sit on a phone and figure out whether a child is safe or  
13 not or whether it's really a neighbor that's just  
14 calling and does not really have a real case to report.  
15 They are trained -- we had recommended a PCCY -- I'm  
16 covering several hats -- one of the issues is that there  
17 are many different ways that you can call the system,  
18 call in. And there is not enough communication between  
19 the phone answerers in different branches. So that is  
20 one thing that I think that we need to improve, internal  
21 communication.

22 Also, I think that one of the areas that  
23 Allegheny does do and that the Review Panel recommended  
24 is do more community-based work, have an office in a

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1 community that is particularly impacted so that you  
2 know, yourself, the community and you're viewed more as  
3 an integral part of the community than if you're just  
4 somebody on the phone.

5                   We have, I have to say that, in past  
6 years the line between the prevention programs in  
7 neighborhoods and the child welfare function in  
8 neighborhoods is very sensitive and people do not --  
9 some people do not want to have them merged and so  
10 having a community-based office of child welfare is not  
11 the same as having a community-based prevention program.  
12 They can sometimes merge, but many times they are kept  
13 separate appropriately.

14                   THE CHAIRPERSON: Are you advocating  
15 that we should see to it that they are kept separately?

16                   MS. YANOFF: I am advocating that  
17 counties, in general, can make those decisions, but that  
18 we should be sensitive that there are some people who  
19 will not come into a center for a prevention program if  
20 they think that it is subject to the kind of reporting  
21 and rules that child welfare generally has.

22                   THE CHAIRPERSON: My last question would  
23 be, unless there are others, I know the number one issue  
24 for every one at this time of year is the budgetary

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1 process, so if I ask you your number one issue, you  
2 would probably say budget, but by passing that -- though  
3 we know that is important -- passing that, what would be  
4 the most important thing you could ask this Committee to  
5 do once we return to Harrisburg?

6 MS. YANOFF: I think make sure -- I know  
7 you said budgetary is not included, but I think make  
8 sure that the ombudsperson and the monitoring system of  
9 the child welfare system is adequately supported.

10 THE CHAIRPERSON: Thank you for that.  
11 Representative Pashinski.

12 MEMBER PASHINSKI: Thank you, Madam  
13 Chair. Thank you very much. I apologize for being  
14 late.

15 Have you made specific recommendations  
16 or your staff on how to improve the system that we  
17 presently work under?

18 MS. YANOFF: Other than what is in this  
19 testimony, not at this time. I did participate in  
20 discussion groups with the Review Panel as a resource  
21 person, and we discussed a variety of the nitty gritty.  
22 Frankly, Representative, one of the challenges is what  
23 is legislatively to be acted upon and what is practice  
24 and how do we improve practice. And to improving the

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1 practice piece, which wouldn't find its way into a piece  
2 of legislation, we have made recommendations, but not in  
3 terms of legislation except for the items that we have  
4 discussed already.

5 MEMBER PASHINSKI: Well, my question did  
6 deal with the actual day-to-day work. You identified  
7 the fact that intercommunication needs improvement.

8 MS. YANOFF: Yes. We have made those  
9 recommendations.

10 MEMBER PASHINSKI: And to what extent do  
11 you follow through and how is that monitored?

12 MS. YANOFF: That just was recommended  
13 as a result of this recent Review Panel and the  
14 revelations of the problems that the local agency  
15 experienced this year, and we did, as a result of that,  
16 look at all the different ways and, Chairwoman Bishop,  
17 it relates to what you asked, how does a person answer  
18 the phone. Then you say, Well, who answers the phone  
19 and what is their job and how do they refer. So if I,  
20 for instance, call up and have a complaint about a  
21 provider agency. If I'm a child who is supposed to be  
22 visited and I haven't been visited and I call up, now  
23 it's not that common that that happens, but it does  
24 happen sometimes. Number one, is there a voice on the

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1 phone that makes me feel like I should have called up?  
2 Is there somebody listening to what I'm saying? What  
3 happens to that report? Does it get somewhere and get  
4 reviewed quickly and acted upon? Because how many other  
5 cases are there that that provider agency hasn't done  
6 what they were supposed to do? It's not so common, but  
7 in these instances, it doesn't have to be common to  
8 really cause a terrible tragedy.

9 MEMBER PASHINSKI: So the point is there  
10 will be a self analysis?

11 MS. YANOFF: Right.

12 MEMBER PASHINSKI: Is that on a yearly  
13 basis?

14 MS. YANOFF: There is a local department  
15 head of child welfare has instituted, has changed the  
16 reporting requirements, has beefed up the group that is  
17 to analyze provider reports and has improved the  
18 communication, strongly, between his office and the  
19 provider reviewer. So that is set to be implemented and  
20 acted upon. Again, I would like the opportunity to come  
21 back in six months and tell you if it's done.

22 MEMBER PASHINSKI: I would like to hear  
23 that because that's what I'm looking for. I want to see  
24 where the follow-up is. I'd also like to see what the

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1 recommendations that were made, when were they made?  
2 How long it took to be acted upon, et cetera. And then  
3 as far as legislatively, obviously, your opinion and the  
4 opinion of those testifying will be very helpful to us  
5 leading us in the right direction. Thank you very much.

6 MS. YANOFF: Thank you.

7 THE CHAIRPERSON: Thank you so much for  
8 joining us today, Ms. Yanoff.

9 And at this very moment we are going to  
10 be joined by the Executive Director of the National  
11 Association of Social Workers. We would like to welcome  
12 Jenna Mehnert.

13 MS. MEHNERT: Good afternoon, everyone.  
14 Good afternoon Chairman Bishop. My name is Jenna  
15 Mehnert. I am here to testify on innovative approaches  
16 to improving the child welfare system. Early in my  
17 career, I worked both as child welfare and a juvenile  
18 probation officer. Those experiences lead me to pursue  
19 a career focused on building better systems to serve  
20 children and their families. I have since worked for  
21 three political administrations and two national  
22 non-profit organizations. In all five of these roles  
23 part of my responsibilities have been to promote  
24 systemic reform within children serving systems. Today,



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1 I sit before you representing over 6,000 professional  
2 social workers as the Executive Director of the  
3 Pennsylvania Chapter of the National Association of  
4 Social Workers. It is my passion for protecting  
5 children and strengthening families that shape the  
6 suggestions I am here to offer.

7                   As a policy specialist in the Department  
8 of Public Welfare, I was often frustrated when reading  
9 the CPSL. It appeared that Pennsylvania's law created a  
10 structurally sound child welfare system. The Child  
11 Protective Services/General Protective Services  
12 differential response approach system made sense to me  
13 as a former child care worker. A CPS case is an alleged  
14 case of child abuse that needs to be investigated  
15 immediately utilizing strong forensic interviewing  
16 skills.

17                   The General Protective Services cases  
18 requires a social work approach using a strength-based  
19 approach to enable families to better care for their  
20 children. Effective GPS requires strong case management  
21 and system advocacy skills to ensure that families  
22 receive the right services and support to make tangible  
23 changes in their lives. Often, when I speak of the  
24 differential response system to the graduate students I

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1 teach at Temple, Harrisburg, I am met with resistance  
2 and, to be honest, laughter.

3                   Students who are currently caseworkers  
4 tell me that in their county there is no such thing as  
5 GPS, it exists only on paper. Our system is designed,  
6 not only to investigate alleged child abuse, but also to  
7 provide the critical resources families need to keep  
8 together.

9                   I want to share a child's story, a true  
10 story, to illustrate how profoundly some targeted system  
11 improvement efforts could help children and their  
12 families here in Pennsylvania. Tia, a  
13 seventeen-year-old girl, lives in a crime infested  
14 neighborhood in Harrisburg with her mother and younger  
15 sister. Her father is rarely around and provides no  
16 fiscal resources to support the two girls. Her mother,  
17 an active alcoholic, has been neglectful to the girls  
18 since they were babies. She has recently become  
19 physically abusive.

20                   Both Tia and her sister have been  
21 adjudicated delinquents for defending themselves from  
22 their mother's outbursts and for stealing credit cards  
23 to purchase their basic needs. They have no bedroom  
24 doors, so her mother often starts fights when drunk late

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1 at night. Tia is pregnant. She is due this fall and  
2 has one year left in high school. The baby's father has  
3 already disappeared. Tia's mother has recently started  
4 pushing her in the stomach. The girls' probation  
5 officer has made several referrals to county children  
6 and youth agency, but because of the girls' ages, the  
7 lack of physical injuries, the case has only been  
8 numbered as a GPS case.

9                   What that means is that no one has come  
10 to help them. Not now and not when they were small  
11 children being left alone or not fed. As long as their  
12 mother doesn't beat them, no one seems to care about  
13 keeping them healthy or providing them with a stable  
14 environment. Tia wants to be a message therapist and a  
15 good mother. The reality is more likely she will lose  
16 custody of the baby within six months and she will never  
17 finish high school.

18                   It's heartbreaking story that is  
19 unfolding today. But you can change the life outcomes  
20 for thousands of Tia's and their babies struggling here  
21 every day here in the Commonwealth. There are concrete  
22 steps that could be enacted to better protect children  
23 and strengthen parents' ability to raise their children  
24 in healthy environments.

1                   The delinquency system is quick to hold  
2 a youth accountable, while the dependency system often  
3 refuses to meet a delinquent child's needs.  
4 Victimization or neglect can be the root cause of  
5 delinquency, but delinquent children are simply thrown  
6 away.

7                   The Legislature should create a law  
8 outlining expectations for providing dependency services  
9 to youth who first encounter government services as a  
10 delinquent child. County children and youth agencies  
11 should screen delinquent children to ensure that any  
12 dependency needs are appropriately addressed.

13                   County children and youth agencies need  
14 to have stronger general protective services units that  
15 are adequately staffed with highly skilled professionals  
16 who are able to fulfill the critical roles of advocate,  
17 mentor, referral source and counselor all while still  
18 holding the family accountable for their actions. To  
19 appropriately accomplish what is, I can personally tell  
20 you, a very challenging role, general protective service  
21 workers need to be licensed social workers holding  
22 masters degrees in social work and having their actions  
23 accountable to state licensing board.

24                   The appropriate delivery of effective

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1 general protective services is in fact the delivery of  
2 good social work services. County children and youth  
3 agencies will report having a very difficult time  
4 recruiting individuals who have pursued higher education  
5 degrees and charted intentional professional paths  
6 focused on the delivery of social work services. Both  
7 the low salaries and the anti-social work cultures  
8 presented in some counties, drive ethical professionals  
9 to practice in other states and in other fields of  
10 practice.

11                   Loan forgiveness for licensed social  
12 workers working in the delivery of general protective  
13 services is, for instance, an accomplishable goal that  
14 would create system reform that would in fact  
15 dramatically improve the system by raising the quality  
16 of services provided.

17                   Finally, there are some strong system  
18 reform efforts that have made significant impacts on the  
19 child welfare systems in other states. Several of these  
20 programs are struggling to be implemented and  
21 financially supported in Pennsylvania. The two most  
22 significant programs that I would ask you to consider  
23 supporting are children's advocacy center model and  
24 court appointed special advocates. Children's advocacy

1 centers utilize a child-friendly, multidisciplinary  
2 response to investigating child abuse. Court appointed  
3 special advocates ensure that the best interest of  
4 dependent children is in fact well represented in court  
5 hearings. Both programs are struggling to grow in the  
6 Commonwealth and could desperately use the legislature  
7 support.

8                   Simply stated, there is no more critical  
9 role within government than keeping children healthy and  
10 to protect them from sexual assault or physical abuse.  
11 The Department of Public Welfare issues regulations that  
12 set a floor of acceptable practice. A county can  
13 provide substandard services to only a portion of  
14 children in need, and still never drop below what in  
15 regulation is an acceptable level. Without clear  
16 performance measures and true accountability, children  
17 will continue to be harmed and society will suffer  
18 immeasurable long-term destructive effects.

19                   The Pennsylvania Chapter of the National  
20 Association of Social Workers is pleased to be of  
21 assistance to the House Children and Youth Committee as  
22 it examines ways to build better child serving systems.

23                   Thank you.

24                   THE CHAIRPERSON: Thank you very much.

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1 We have been joined by Representative Samuelson and if  
2 there are questions.

3 Representative, Chairman Rubley.

4 MEMBER RUBLEY: Thank you again.

5 And thank you for your testimony today  
6 and your very frank testimony.

7 You're talking about the social workers  
8 leaving Pennsylvania and going to work in other states.  
9 Then you talk about some of the system reforms that are  
10 in place in other states. Is it that, that's driving  
11 them out or other states paying them more, giving them  
12 better benefits? What's the difference, say, between  
13 Pennsylvania and our neighboring states?

14 MS. MEHNERT: Well, there are a bunch of  
15 factors. I mean child welfare is a complicated issue  
16 for any state. As you look around the nation, many  
17 states struggle with child welfare, but there are  
18 factors in Pennsylvania like the fact that there is not  
19 a -- to be a child welfare worker, you can in fact have  
20 a high school degree in some relevant related  
21 experience. So what that means is that salaries start  
22 pretty low. Huntington County, I believe, is the lowest  
23 at 19,000. When I teach CWEL to students at Temple  
24 Harrisburg, you'll encounter folks who have been in the

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1 field many years who are making, with a family of four,  
2 a salary that qualifies them for CHIP and food stamps  
3 and you wonder why folks choose to move to other states  
4 where there might be a higher professional salary that  
5 draws them in and keeps them longer.

6 MEMBER RUBLEY: Do the other states also  
7 have higher qualifications?

8 MS. MEHNERT: Some states do. Some  
9 states require licensure, other states don't. Some  
10 states, New Mexico requires everyone be a social worker.  
11 That's the only state that does. Many other states  
12 require at least a bachelor's degree in a related field.  
13 I was a child welfare worker in the state of Maine and  
14 you had to have a bachelor's degree in a related field  
15 and hold a license as well.

16 MEMBER RUBLEY: You mentioned support  
17 for children advocacy centers.

18 MS. MEHNERT: Yes.

19 MEMBER RUBLEY: Do we have any at this  
20 point?

21 MS. MEHNERT: Oh, we do. We have about  
22 11 children's advocacy centers that are well established  
23 in the Commonwealth and several others that are in the  
24 process of development. Philadelphia has a very strong



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1 -- Philadelphia Children's Alliance. York County,  
2 Lancaster, Adams County, Pittsburgh has a few. There  
3 are several children's advocacy -- Lehigh County has a  
4 very strong children's advocacy center. So they are  
5 definitely growing around the Commonwealth, but there is  
6 yet to be any support from the Legislature to help their  
7 development.

8                   MEMBER RUBLEY: And finally, our  
9 previous speaker talked about giving support for an  
10 ombudsmen program. Have you looked at that bill and do  
11 you think this is something that could dovetail with the  
12 advocacy centers or is it needed in and of itself?

13                   MS. MEHNERT: I think it would need to  
14 be an independent function in the sense that children  
15 advocacy centers were started by, now, Congressman Bud  
16 Kramer, with the purpose of ensuring a quality forensic  
17 interview and physical examination of children because  
18 child sexual abuse cases are incredibly difficult to  
19 prosecute when all you have is the word of a  
20 three-year-old child who 15 different people have  
21 interviewed and none of them have had forensic interview  
22 training. So the purpose of children's advocacy centers  
23 is to minimize the trauma to children by not having them  
24 have to be interviewed by 15 different adults, which

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1 only traumatizes them further and to enhance the ability  
2 to prosecute folks who commit crimes against kids  
3 because we know they don't just offend against one  
4 child.

5                   So children advocacy centers are really  
6 improving the forensic aspect of the child welfare  
7 system to ensure that people are held accountable for  
8 their actions. An ombudsperson would really look at,  
9 okay, what's happening. The fact that my child welfare  
10 workers who are students tell me that their  
11 administrators tell them there is no such thing as gps  
12 don't give me that line of crap and where I have been  
13 told that they hide certain files when they know that  
14 the Department is coming because they'll get in trouble  
15 for them.

16                   So I think that ombudsmen role is really  
17 to be a little bit more of a -- give the Department a  
18 little bit more teeth or whoever to critically examine.

19                   MEMBER RUBLEY: Thank you very much.

20                   THE CHAIRPERSON: Are there any other  
21 questions?

22                   Representative Samuelson.

23                   MEMBER SAMUELSON: Thank you.

24                   Two things: One on the children's

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1 advocacy centers. We do have one very active up in  
2 Lehigh County. I know the House of Representatives,  
3 last year, voted on legislation that would have an  
4 ongoing source of funding, and it passed the House, but  
5 then it died over in the Senate. So we are trying. And  
6 that bill is being reintroduced this year.

7 MS. MEHNERT: Yes.

8 MEMBER SAMUELSON: On the salaries and  
9 the retention of children youth workers, you mentioned  
10 Huntington County as a low starting salary. What's the  
11 range? If Huntington County is the lower end, what's  
12 the upper end of the starting salaries?

13 MS. MEHNERT: I'm not exactly sure about  
14 the upper end. I think that most counties would  
15 probably be closer to 25 to 28 in Philadelphia, and  
16 Allegheny, obviously, would need to pay higher, but I  
17 don't know -- Chuck Songer, at the Children's Youth  
18 Administrator's Association, would probably be the best,  
19 in terms of salary range.

20 MEMBER SAMUELSON: The other question:  
21 You mentioned the CWEL program, the ongoing continuing  
22 education program. How many children youth workers  
23 around Pennsylvania take advantage of that? And is it  
24 for both undergraduate and graduate degrees?

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1 MS. MEHNERT: CWEL and CWEB exist for  
2 both undergraduate and -- for folks who want to go back  
3 and get their bachelor's degree in social work or their  
4 masters degrees in social work. It's a wonderful  
5 program that is utilized to the degree in which there  
6 was funding available and if there was additional  
7 funding additional child welfare workers would, in fact,  
8 go to school for their graduate degrees.

9 MEMBER SAMUELSON: About how many are  
10 educated with the existing level of funding?

11 MS. MEHNERT: I'd have to ask the  
12 University of Pittsburgh who monitors the program for  
13 the Commonwealth.

14 MEMBER SAMUELSON: Thank you.

15 THE CHAIRPERSON: Representative Smith.

16 MEMBER SMITH: Thank you very much.

17 Thank you very much for being here.

18 Thank you for your testimony. If we could reflect back  
19 to your time as a juvenile probation officer. Can you  
20 tell me, is there a leading cause or a common cause as  
21 to how or why children fall into the juvenile system?

22 MS. MEHNERT: Well, I'm going to quote  
23 my former boss who used to say what I strongly believe,  
24 they're not bad kids, they're sad kids. So whether it

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1 was as a juvenile probation officer or when I was  
2 working for Secretary Richmond and was involved with the  
3 Youth Development Centers, if you read these files over  
4 and over again, you see the most heartbreaking cases --  
5 and I worked especially with girls -- of girls who were  
6 witnessing violence at two, having sexual assault  
7 perpetrated against them at four.

8                   There was one girl I interviewed who had  
9 said to me -- who had committed murder at about 15 and  
10 she had said to me, You know, Jenna, when I was four, my  
11 mom died of AIDS, when I was six my father killed my  
12 uncle in front of me, when I was 10 I was raped and when  
13 I was 12 my brother was killed in a drive-by. I killed  
14 that person because I wanted to see that pain in  
15 somebody else's eyes so I didn't feel so alone.

16                   When you think of -- I always believe  
17 that the key of what we need to focus on with  
18 delinquency is the trauma responsive system. Sure there  
19 are kids who commit crime who haven't had all those  
20 layers of trauma, but by far more of them have been  
21 really traumatized and, in fact, neglected by the child  
22 welfare system to the point that they act out in an  
23 adolescent way, the way that your kids or my kids would  
24 never know because of the layer of trauma there, their

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1 actions are much more severe and they end up in the  
2 delinquency system and they have no one.

3 MEMBER SMITH: Sobering statement.

4 Thank you.

5 THE CHAIRPERSON: Representative Milne.

6 MEMBER MILNE: Thank you, Madam Chair.

7 Two questions for you. Thank you for  
8 being here today. One, just to pick up on the theme of  
9 the children's advocacy center. I'm just trying to  
10 understand how this would interface with existing county  
11 structures. Is this something that is somehow a special  
12 program or a special department or is it somehow using  
13 better practices with existing resource and personnel?

14 MS. MEHNERT: You know, Senator Blanch  
15 Lincoln from Nebraska always define children's advocacy  
16 centers as not reinventing the wheel, but about  
17 realigning the spokes. Children's advocacy centers are  
18 really about taking the function the prosecutors perform  
19 now, that child welfare performs, that mental health  
20 providers do now and that law enforcement do and instead  
21 of having the child go from person to person in building  
22 after building to be interviewed separately, the idea is  
23 you bring the child to a child-friendly location. You  
24 have one person, whether it's in that county, the law

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1 enforcement or child welfare or the DA or a specially  
2 trained forensic interviewer who works for a non-profit,  
3 that person does the interview and the other folks  
4 watch. They get the information they need to move  
5 forward with their case without all of them asking the  
6 child repeatedly. Because perpetrators say, Oh, you go  
7 ahead and tell, no one is going to believe you anyway.  
8 And when you've got ten different adults asking very  
9 scary questions about sexual encounters, you get kids  
10 reenforced, Oh, I guess no one is really believing me.

11                   And you're tampering the prosecutions  
12 ability to use that child's testimony effectively in a  
13 prosecutorial process. So they are really not about a  
14 new program or some new -- it's about a systemic reform  
15 that is built on a strong multidisciplinary team, people  
16 coming together and working together and it's about  
17 making that system focus on how does the child see this?  
18 How do we move the child through this process in a way  
19 that doesn't traumatize them further.

20                   MEMBER MILNE: What is the role of the  
21 State in trying to facilitate this versus counties doing  
22 it in and of themselves?

23                   MS. MEHNERT: Well, many counties get  
24 funding through the needs based process, through the

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1 process that the Department of Public Welfare provides  
2 funding and the child protective law already require and  
3 mandates the existence of multidisciplinary teams. So  
4 what the legislation that was mentioned earlier, what  
5 the goal was is to provide some baseline funding.

6                   In Texas they provide, what was a few  
7 years ago, about \$6 million of money to the Texas State  
8 chapter of CACs that then funds it out to the programs  
9 that meet the standards because many CACs -- and the  
10 model, I always call it Play Doh because in every state  
11 it looks a little different, but some of them are in  
12 hospitals, some of them are in the child welfare  
13 agencies and many of them, though, are independent  
14 non-profit 501C3s that bring the parties together in a  
15 neutral ground so that it's not, Oh, I'm going over to  
16 the CAC that's located at the Police Headquarters.

17                   It's a neutral child-friendly -- my CAC  
18 was when I worked for Mayor Guliani in New York, I  
19 walked into the Brooklyn CAC, having been a child  
20 welfare worker, thinking I've done a great job, and I  
21 walked in, there is little furniture, there are murals  
22 on the wall, the interview room, I felt out of place  
23 instead of the child feeling out of place because I was  
24 kind of big for the furniture and it fit the kids



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1 perfect.

2                   So it really is about getting the  
3 funding to help the system reform happen because they're  
4 struggling. They are doing it now because they are real  
5 committed folks but there has not been sort of a  
6 blessing by Pennsylvania saying, yes, we want to grow  
7 this program. We want the systemic reform to happen  
8 here. Let's provide some funding to help it grow.

9                   MEMBER MILNE: So you would like to see  
10 the state legislature provide a little bit of leadership  
11 in encouraging the adoption of these kind of best  
12 practices and approaches?

13                   MS. MEHNERT: Absolutely.

14                   MEMBER MILNE: If you have some of those  
15 that you could off-line, at some point, share with the  
16 Committee we would certainly appreciate it.

17                   MS. MEHNERT: Of course.

18                   MEMBER MILNE: Thank you.

19                   THE CHAIRPERSON: Can you tell us the  
20 gap between what you're trained to do and what you have  
21 to do when you hit the job?

22                   MS. MEHNERT: Well, I think the biggest  
23 challenge, and there is no -- you and I have had this  
24 conversation before. There is no magic bullet, like if

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1 I said, Oh, everyone was a social worker in child  
2 welfare, that would make the difference. The challenge  
3 and the research shows the number one factor to be an  
4 effective child welfare worker is a personal commitment.  
5 It's not really a job. I mean, you can ask my husband  
6 when I was a child welfare worker. It almost becomes an  
7 obsession because you can't be like, Oh, I'm turning it  
8 off now. I'm going home. Where ever these kids are  
9 good luck to them.

10 One of, I think the challenges is how do  
11 you hire people who have a personal commitment? And  
12 that's part of why I came to NASW and advocate around  
13 the social work profession, and it's not that social  
14 workers are the only one who can do child welfare, it's  
15 that you have to figure out what's the pool of people  
16 who don't just see it as a job, who really have a  
17 personal calling to this field that might make them seem  
18 a little odd to other folks but who really believe in  
19 their heart and soul that they have a responsibility to  
20 protect those children.

21 I think, I sit on the Recruitment  
22 Retention Committee for the Children Youth  
23 Administrators and they talk often about this challenge.  
24 And it's not that a social worker walking in is

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1 perfectly ready to go, but they have commented that  
2 someone who has gone through a social work education is  
3 closer to being ready to go than someone who, say, has  
4 an accounting major or an English major. I know my  
5 undergraduate degree was in women's studies. It no way  
6 equipped me for being a child welfare worker. My  
7 masters at the University of Pennsylvania is what  
8 equipped me to be able to handle that situation, because  
9 the biggest challenge isn't some stack of, okay, this is  
10 how you talk to, this is how you -- it's how you believe  
11 in interacting with people.

12                   Am I going to walk into a family and  
13 believe that this family has the right to be together?  
14 And I have the responsibility to figure out how to  
15 empower that family to do that successfully. Or do I  
16 walk into that family with a God complex that,  
17 unfortunately, creeps up on child welfare workers too  
18 easily, and I walk in and think I know better than you.  
19 And I sit here now, as a mother of three small children,  
20 ashamed of things I said to clients before I had any  
21 kids.

22                   I remember one of my big reprimands was  
23 to a teenage mother who let their child sleep when they  
24 had a cold in a car seat. How many times have I let my



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1 testimony.

2 MS. MEHNERT: Thank you.

3 THE CHAIRPERSON: Our next testifier is  
4 Ken Mullner, Executive Director of the National Adoption  
5 Center.

6 MR. MULLNER: Good afternoon, Chairwoman  
7 Williams-Bishop and members of the Committee. I  
8 appreciate this opportunity to testify. I'm Ken  
9 Mullner, Executive Director of the National Adoption  
10 Center and the Adoption Center of Delaware Valley, and  
11 an adoptive dad myself. I'm joined today by Gloria  
12 Hochman, our Director of Communications.

13 I'm here to tell you about three  
14 children. Jason is 15 and, like most boys his age,  
15 loves to play football and baseball. When he gets to go  
16 to a game, he proudly wears his caps and jerseys. Jason  
17 talks and sings about God, and says the two most  
18 important things in his life are love and trust.

19 Elliot is 13, and he loves music and  
20 playing outdoors. In school, math is his favorite  
21 class, and playing the guitar is his favorite past time.  
22 Elliot is sociable and friendly and doesn't mind  
23 flashing a big smile to show off his new braces.

24 Juiara is 7 and just adorable. Her

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1 smile can light up a room. Like her friends, she loves  
2 to swim and shop. Her favorite book is "When Sophie  
3 Gets Really Really Angry," and her favorite song, the  
4 one that comforts her when she's feeling sad, is  
5 "We Fall Down, But We Get Up." It affirms for her that  
6 everyone can be triumphant even after enduring difficult  
7 times.

8                   All of the children I've described  
9 Jason, Elliot and Juiara have gone through difficult  
10 times. Their parents were not able to care for them,  
11 and they are waiting for families to adopt them. They  
12 are only three of more than 1600 children in this area  
13 who need permanent, stable homes, places where they can  
14 feel loved and cared about and where they grow into  
15 happy, productive adults. Some have been waiting for  
16 years.

17                   It is the job of the adoption center to  
18 expand adoption opportunities for these children by  
19 working with the agencies that have them in their  
20 custody.

21                   When the adoption center started, 35  
22 years ago, no one knew whether anyone would want to  
23 adopt children who were older, like Elliot and Jason, or  
24 who had learning disabilities, like Juiara. But the

0055

1 center knows now that there are families out there that  
2 not only want the children, but will advocate for them.  
3 Since 1972, we have found families for more than 20,000  
4 children.

5                   Some of you may be familiar with the  
6 work we do to help bring children and parents together.  
7 Every Monday the Philadelphia Inquirer runs a column  
8 called Monday's child, which features a child in this  
9 area who is waiting to be adopted. It is the longest  
10 running feature of its kind in the country.

11 On Tuesdays, the Philadelphia Tribune, which is the  
12 country's oldest newspaper for African Americans,  
13 carries a feature story and photo of a waiting child.

14                   If you watch television on Wednesday  
15 evenings or Saturday mornings, you may have seen sports  
16 anchor Vai Sikahema on NBC10 talk with one of our  
17 children about the kind of family he or she wants.  
18 This feature called, Wednesday's Child, is sponsored by  
19 the Freddie Mac Foundation.

20                   And if you listen to KYW radio, as I do  
21 two, three, four, times every Wednesday, you'll hear one  
22 of our children talk with journalist Larry Kane about  
23 his or her dreams of having a family.

24                   Twice a year, we hold adoption parties

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1 where people who have been approved to adopt can meet  
2 the waiting children. Twenty percent of our adoptions  
3 result from these parties.

4                   So this is what the adoption center does  
5 for children. For each one, we develop a recruitment  
6 plan, a way to let people know about him or her, and  
7 hopefully inquire about adopting. One of the things we  
8 have learned through the years is that many people think  
9 adoption is only for babies. They don't know that there  
10 are older children, children with disabilities, children  
11 with mental retardation, children who are siblings and  
12 need homes together.

13                   If you ask any of them what it is they  
14 want the most, they won't tell you a bicycle, or the  
15 latest Nintendo game or a new computer. What they say  
16 is, "I want a family that will always be there for me.  
17 A family who will care about me and that I can do things  
18 with. A family to help me with my homework and talk to  
19 me about my problems." Isn't that what all children  
20 want and that most of them take for granted? These  
21 children deserve that chance too.

22                   While the children are waiting, they  
23 live in foster homes. Some are lucky enough to be  
24 adopted by their foster parents. Some find permanent



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1 homes with relatives. Still others count on the  
2 adoption center to help give them the kind of life they  
3 dream of.

4                   Social Workers in adoption are among the  
5 most dedicated I've met. They are on the front line  
6 every day feeling the children's pain helping their  
7 hopes and dreams and dreaming their dreams. They and we  
8 know only too well what the grim statistics tell us  
9 about the children who "age out" of foster care at 18  
10 without having been adopted: 27 percent of the males  
11 and 10 percent of the females become incarcerated, 33  
12 percent receive public assistance, 37 percent do not  
13 finish high school, 50 percent are unemployed. As a  
14 group, they are more likely to become drug addicted,  
15 experience mental illness and become victims of violent  
16 crime.

17                   We must not let that happen. We must  
18 work together to make permanency a priority for all  
19 children. We need more money to be given to adoption  
20 services. We need more agencies to work with us so we  
21 can find homes for every child who needs one. And we  
22 must take better care of the children who reach 18,  
23 still without families. For these children, both foster  
24 care and health care coverage should be extended until

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1 they are 21.

2 But there is no substitute for a family.

3 And the adoption center keeps on proving that there are

4 no unwanted children, just unfound families. With your

5 help, we are committed to finding them. Thank you.

6 THE CHAIRPERSON: Are there questions

7 from the committee?

8 Representative Milne.

9 MEMBER MILNE: Thank you, Madam Chair.

10 This is more of an observation/comment  
11 than a question. You detail so many features that  
12 really highlight some of the children that are available  
13 for adoption and are looking for families and these are  
14 actually, I think, really conscious in the public mind.  
15 I think many people are aware of these kind of out rages  
16 that do happen. I am just wondering if we can do more  
17 to try to come at it from a slightly different  
18 perspective, and also try to encourage parents or  
19 potential parents who want to be parents about the  
20 adoption process and maybe even trying to show the ways  
21 they can get involved in seeking potential adoption and  
22 maybe ways to try to highlight that part of the  
23 partnership as well. Just to try to show people that  
24 adoption is a very honorable process and something that

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1 people should be thinking about.

2 MR .MULLNER: Thank you. It's a great  
3 point and I'll let Gloria answer, but we are really  
4 working to destroy some of the myths about adoption,  
5 that you don't need to have a lot of money, and you  
6 don't need to have all these resources. We've been with  
7 some of these children.

8 A young man by the name of Rashan was at  
9 one of our events, 16 years old, he took out a back pack  
10 and he was writing, he was an author, he was doing  
11 poetry, and this child had been living in 19 different  
12 homes over his 16 years, and we wanted to help to make  
13 perspective parents realize that adoption is not only  
14 just for babies.

15 MEMBER MILNE: Yeah. And sorry just to  
16 jump in here, what I am trying to get at is it would be  
17 great if we could somehow get crystalized in society's  
18 mind something equivalent of Wednesday's child except  
19 highlighting a parent who is taking the courageous step  
20 of bringing a child into his or her home and making that  
21 as conscious in people minds as some of these feature  
22 that I do think are pretty well known in our society  
23 that highlight the children themselves.

24 MS. HOCHMAN: You're absolutely right,

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1 and those features are the sort of regular things that  
2 we do, to let people know that these children are  
3 available, but we have always tried to in the public eye  
4 as well, talk about success stories, families who have  
5 opened up their hearts and their homes to these children  
6 and have taken them in.

7                   At the Adoption Center because we are  
8 called the Adoption Center doesn't mean that we don't  
9 believe that a child's best place is with its family if  
10 that's possible. What happens is that a child that goes  
11 into foster care has been staying in foster care for too  
12 long without any permanency in his life. And so, yes,  
13 we believe that the first place is at home, if possible,  
14 and the family should be helped to raise the child. The  
15 second place will be a really good foster home while his  
16 own family is being worked with so that they can take  
17 the child back. And if all else fails and we can't do  
18 that, the child cannot go back home, which happens with  
19 a large number of children, then they should be made  
20 available to be adopted so they can experience the  
21 permanence that the children need.

22                   And we do try to encourage foster  
23 parents to adopt if they can. It's certainly better if  
24 a child's been in a foster home for 4, 5, 6 years to be

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1 adopted by those parents if they're qualified than to  
2 make a break and go into a new home. There are some  
3 children for whom you need a new family to be identified  
4 because the foster parents, for some reason, cannot  
5 adopt the child. And as Ken Mullner said, some children  
6 have lived in 5, 6, 10, 11 foster homes before they're  
7 finally adopted, and by that time they are so dated and  
8 they so much lack trust that it is very difficult for  
9 them to bond and to emerge as a healthy and happy and  
10 productive adult.

11 THE CHAIRPERSON: I want to acknowledge  
12 that Representative Mark Cohen has joined us and I will  
13 get back to you. But Representative, Madam Chair Rubley  
14 would like to have some questions.

15 MEMBER RUBLEY: Thank you again, Madam  
16 Chair. And thank you both for coming today and offering  
17 your testimony. I found it quite interesting in your  
18 testimony you talking about your twice-a-year adoption  
19 party and how many children have been adopted as a  
20 result of that, and that's a great way for prospective  
21 parents to, you know, intermix with other parents and  
22 see the children, but do you find that some of the kids  
23 who come to these time after time and never get selected  
24 are negatively affected?

1                   MS. HOCHMAN: We work with the Social  
2 Worker's to make sure that the children who are selected  
3 to come to one of these adoption parties have been  
4 screened carefully enough by the Social Worker and the  
5 Social Worker knows them well enough to know that the  
6 child will react appropriately. Not every child who is  
7 waiting to be adopted should be coming to one these  
8 parties. It depends on the child's temperament, on the  
9 child's age, on the how the child feels about being  
10 adopted, and whether the child is participating in his  
11 own adoption.

12                   As children get older they know that  
13 we're looking for a family for them. They know their  
14 agency is looking. And they prefer to have some mastery  
15 over their own future and like the idea of participating  
16 in their own adoption. So we are very cognitive of that  
17 and we would hope that Social Workers will not bring the  
18 same child over and over again to these adoption parties  
19 because that certainly is very damaging to a child  
20 emotionally.

21                   MEMBER RUBLEY: My other question is, we  
22 have had some bills proposed that would somewhat  
23 streamline the adoption process, and I don't know if  
24 you're advocating for any of those. Do you see ways

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1 that we can make it somewhat easier for the prospective  
2 parents but at the same time make sure that these  
3 parents are thoroughly screened?

4 MR. MULLNER: I will tell you just  
5 antidotically, I've heard comments saying, you know,  
6 that it's easier to adopt from China than it is to adopt  
7 over state lines, and we hear things like that quite  
8 often. I'm not actually sure which bills you might be  
9 referring to.

10 MS. HOCHMAN: It's really important that  
11 people who are potential adopters can go through the  
12 process not with ease, they need to be screened very  
13 carefully, but that they're not given time frames that  
14 are impossible to meet, that they call you today, they  
15 expect to get a call back within a reasonable amount of  
16 time. If they wait six or seven months then their  
17 entrance wanes and they really wonder if all this  
18 recruitment material that they see and that they hear  
19 really has any teeth to it because after all these  
20 children are waiting and you're saying we should call  
21 and they need families and we call and no one gets back  
22 to us. That's a very common complaint.

23 Or people just aren't aware of what's  
24 involved in adoption. They don't know, for example,

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1 that there are adoptions subsidies that they can get.  
2 So they think they can't afford to adopt. They think  
3 they need to own their own home, that they need to have  
4 a lot of money to adopt. They just really don't  
5 understand. So we have done a lot of focus groups with  
6 potential adopters to find out what keeps you -- when  
7 you make an inquiry about adoption what is it that keeps  
8 you from following through. And what we hear most of  
9 time is nobody gets back to me. We call and then we  
10 just don't hear. We just don't hear. So I think that's  
11 the first thing.

12                   And someone else mentioned that, and  
13 it's really just good customer service. Whoever is on  
14 the other end of that telephone can make a very big  
15 difference in whether someone proceeds or not. Because  
16 it's very difficult to call about adopting a child. It  
17 takes a lot on the part of anyone to pick up that  
18 telephone. It feels very intimidating and very scary.  
19 And what am I getting into -- and especially when you're  
20 dealing with older children and they wonder what baggage  
21 will the child bring to them, will they be able to  
22 handle it? Can they do it? So you're quite right that  
23 people who are considering adoption need to be given a  
24 lot of help and a lot of encouragement and a lot of



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1 support. And that's something that we try to do along  
2 with recruiting families.

3 MEMBER RUBLEY: It would seem that the  
4 issue of a timely response is something that will be  
5 easily rectified in Pennsylvania.

6 MS. HOCHMAN: You would think so,  
7 wouldn't you. Yes, and it's something that seems as  
8 though it should be so easy, but unfortunately, it just  
9 doesn't happen, because adoption frequently is handled  
10 by agencies that handle many other kinds of children's  
11 issues. They're handling child protective service,  
12 they're handling foster care, they're handling issues  
13 that involve crisis and maybe the life and death of a  
14 child. So adoption is not always given a very high  
15 priority if the same Social Worker is responsible for  
16 handling many of these different issues.

17 MEMBER RUBLEY: Thank you very much.

18 MS. HOCHMAN: You're very welcome.

19 THE CHAIRPERSON: I would like to,  
20 perhaps, make a suggestion that based on an experience  
21 that I had some years ago, when I had no husband, and  
22 didn't have 4 children and 5 grandchildren, I did  
23 attempt to adopt a child and I didn't have a special  
24 child in mind, I just wanted to adopt a child. I didn't

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1 think I'd ever be married, certainly didn't think I'd  
2 ever have four children and didn't think I'd have 5  
3 grandchildren, but I was turned down based on the fact  
4 that I was single, based on the fact that I didn't live  
5 in a home, that I lived in an apartment. So your  
6 guidelines, once upon a time, were very, very rigid.  
7 Therefore, some of those people, perhaps, have heard and  
8 things have passed down and it isn't as easy to adopt a  
9 child as it appears to be.

10 I have been involved with some of my  
11 constitutes in adopting children out of state. It  
12 bothers me. On one occasion they were even out of the  
13 country. It bothers me that we have a huge number --  
14 and I'm going to ask you how many in a moment -- of  
15 children right here in Pennsylvania that could be  
16 adopted, yet people will go to Florida, they will go to  
17 Latin America, they will go to Africa and other places  
18 to adopt children.

19 Some way we have got to work with your  
20 organization so that we can get the word out what your  
21 guidelines are and that there are children in  
22 Pennsylvania that are adoptable. I don't think the  
23 people who adopt do it because they simply want a child  
24 from another country or another state. I was told they

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1 do it because it's easier to adopt from another state.  
2 And by the way, some of them do pay a lot of money. So  
3 my question to you would be, how can we help you do a  
4 huge campaign, and it has to be a huge public campaign  
5 allowing people to know that there are babies in  
6 Pennsylvania that are adoptable and what those  
7 guidelines are.

8 MS. HOCHMAN: I think that you almost  
9 answered your own question that we do need a major  
10 public awareness campaign to let families know that  
11 there are children that need them, but we also need to  
12 work with agencies to talk to them about the standards  
13 for adoption that they have.

14 I don't know how many of you read a  
15 story this weekend about a man who came, I believe, went  
16 to Texas to have a gastric bypass operation because he  
17 wasn't permitted to adopt a child because he was very  
18 much over weight and the agency said that his weight  
19 represented a danger that he wouldn't be around long  
20 enough in order to raise a child. Now, this was a  
21 child, interestingly enough, that was a relative's  
22 child. It wasn't even an adoption of a child he didn't  
23 know. It was a relative who wanted him and his wife to  
24 adopt this child but the agency would not let the

0068

1 adoption go through because of his weight.

2                   So it's the first case that I've ever  
3 heard of where somebody went to that extreme of having a  
4 bypass operation. Yes, there are agencies that will use  
5 weight as a criterion, and there are agencies that will  
6 discriminate against someone who is single. Although,  
7 not so much anymore. Now we see many single people  
8 adopting. Single women as well as single men, but most  
9 of us don't know that. Most people are not aware of  
10 that.

11                   THE CHAIRPERSON: Is there someone this  
12 Legislature can work with to look at all of the adoption  
13 rules so that they are all the same and one agency can't  
14 say this is what it is and another agency has something  
15 else? Can you work with our staff to give us the rules,  
16 to give us what you really need so that we can become  
17 active? If some laws has to be changed or written, we  
18 are here to be able to do that.

19                   MS. HOCHMAN: We would be delighted to  
20 work with you in trying to develop that. It would be  
21 wonderful to have standards across agencies so that --  
22 because I know that I started out working in foster care  
23 and the agency that I worked with had certain  
24 regulations for whether you could become a foster parent

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1 and also for whether you could become an adoptive  
2 parent. Other agencies did not. One of them, for  
3 example, was -- you said you were single when you  
4 applied. You would not have qualified at the agency I  
5 worked with, just as you didn't to where ever it was  
6 that you applied, but then ten years later, you would  
7 have qualified as a single person, but if you were a  
8 married couple and you already had biological children,  
9 birth children, you wouldn't have qualified at one  
10 agency, but you might have qualified at another agency.  
11 So there is a lot of discrepancy, and I think that it  
12 creates a lot of confusion in a field that already is  
13 mired by confusion because adoption in this country was  
14 always a white, middle-class phenomenon for people who  
15 were infertile, who couldn't have their own children and  
16 would go to an agency and want a child that looked  
17 exactly the way they looked and came from a similar  
18 background.

19                   So it's very hard to, at this point,  
20 given that history, to let people know that there are  
21 these children who are older, children who have mental  
22 disabilities or physical disabilities, children who come  
23 in sibling groups and children who have such severe  
24 emotional damage, because they have had to live in

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1 foster care for so long, and who knows what they have  
2 experienced before foster care. It's always abuse and  
3 neglect to one degree or another.

4 THE CHAIRPERSON: How many children do  
5 you have in foster care?

6 MS. HOCHMAN: I'm not sure how many  
7 children are -- across the country there are 120,000  
8 children in foster care. I'm not sure what the number  
9 is in Pennsylvania, but there are about 1400 children  
10 who are ready now waiting to be adopted.

11 THE CHAIRPERSON: Representative  
12 Pashinski.

13 MEMBER PASHINSKI: Thank you, Madam  
14 Chair.

15 Thank both of you.

16 Madam Chairman, you touched on that area  
17 that I was going to discuss. I know three or four --  
18 four very loving middle-class couples that had to go out  
19 of the country in order to adopt. And I think that what  
20 the Chairman has asked you for is critical here because  
21 I think part of the problem is the process by which we,  
22 as Americans, have to go through in order to attempt to  
23 adopt another American and then be forced to go  
24 overseas. So I think that information and your

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1 willingness to work with us is critical.

2 MR. MULLNER: More than anything we want  
3 to be a resource for the Commonwealth. Again, we have  
4 been with these kids and they're the most resilient kids  
5 you'll ever want to meet and they just need families.

6 MEMBER PASHINSKI: Thank you.

7 MS. HOCHMAN: There is nothing that's  
8 more important than a little boy of six who comes into  
9 your office, as one did to my office, and just tugged on  
10 my leg and said, Do you think you could be my mommy?  
11 Then what do you say. Or a little boy that I was taking  
12 to a television show and he said, The last time I was on  
13 television, didn't anyone call about me? Which is what  
14 you alluded to about the adoption parties. Of course, I  
15 said, Of course, many people called about you, but we  
16 have to find you just the right family.

17 When you see a child who gets all  
18 dressed up because he is going to be interviewed by a  
19 newspaper or appear on television or go to a party, it  
20 breaks your heart to see these children with their  
21 little bow ties and their little suits having to dress  
22 up so maybe somebody will want them. It's just not  
23 fair, but that's the way it is and that's what we're  
24 dealing with and we're dealing with the most vulnerable

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1 children. But children who can be saved. Children who,  
2 if they get into a home, as Ken said, they're extremely  
3 resilient.

4                   It's amazing to me how these children  
5 can turn out so happy and productive and even children  
6 who are not doing well in school are suddenly becoming B  
7 students because they have the attention at home and  
8 they have the confidence. And it doesn't happen  
9 overnight. It takes a while because they didn't get to  
10 this point overnight, but there is -- when this agency  
11 started we had no idea if anybody would want to adopt a  
12 child with, say, Down Syndrome or a child who came with  
13 three brothers and sisters, but we have seen, in 20,000  
14 cases, that there are families out there that want these  
15 children and will fight for the rights of these  
16 children.

17                   I would just like to respond to your  
18 question about going out of the country, that most of  
19 the people who are going out of the country to adopt are  
20 looking to adopt an infant. And the children that we're  
21 talking about are not infants. So they have to make a  
22 choice, if they even get to that point. Do I adopt a  
23 child in this country who is older or may come with some  
24 emotional baggage or do I go to another country and



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1 incur the high cost associated with that and the  
2 emotional trauma of going to China or going to Guatemala  
3 and sometimes you have to go more than once. In Russia,  
4 now they are requiring that you go at least twice to  
5 adopt and it's not an easy thing to do and you don't  
6 always have good medical information. But they do it  
7 because the need for a child is so strong.

8                   MEMBER PASHINSKI: I agree with you.  
9 The process, they may start out with an infant, by the  
10 time they are finished with the process, that infant is  
11 now two or three years old before they actually become  
12 their parents.

13                   MS. HOCHMAN: That's right, and older  
14 than two. And we don't even have many two and three  
15 year olds. If we have a two or three year old, they  
16 have a serious disability. The children that we have  
17 are 7, 8, 9, 10, increasingly 12, 13, 14 years old. And  
18 amazingly, they still want families. They don't write  
19 themselves off as not having a family. Well, I'm 14  
20 it's too late for me.

21                   One little boy -- he wasn't so little.  
22 He was 16, and he was on a television show and he said  
23 -- it was with Maury Povich, and Maury said to him, Why  
24 do you want a family. And he said, Well, I want a

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1 family before I graduate from high school. And Maury  
2 said, Well, why is that so important to you. And he  
3 said, Well, I want at least one person out there to be  
4 cheering for me at graduation. And we had 2,000 calls  
5 about that child.

6 So you're quite right. If people know  
7 about this -- but then once they know about it, you're  
8 right, the process has to be much more streamlined and  
9 much friendlier and much more accessible so that they  
10 can get through it. And we would love to work with you  
11 to help make that happen.

12 MEMBER PASHINSKI: Thank you very much.

13 THE CHAIRPERSON: And thank you so much  
14 for coming this afternoon.

15 MS. HOCHMAN: Thank you for having us.

16 THE CHAIRPERSON: Our next testifier  
17 this afternoon would be President and CEO of  
18 Philadelphia Safe and Sound, Anne Shenberger.

19 MS. SHENBERGER: Good afternoon,  
20 Chairwoman Bishop and members of the House Committee on  
21 Children and Youth. I'm Anne Shenberger, the President  
22 and CEO of Philadelphia Safe and Sound, a leading  
23 research, programming and child advocacy non-profit  
24 whose mission is to improve the health and well-being of

1 children and youth. Philadelphia Safe and Sound works  
2 diligently to improve the health and well-being of  
3 children and youth by collaborating with government with  
4 other non-profits, with foundations, corporations and  
5 community groups to positively impact the ways in which  
6 public and private entities serve children. For the  
7 past eight years Philadelphia Safe and Sound, in  
8 collaboration with data providers and the City of  
9 Philadelphia, has produced Philadelphia's children's  
10 Report Card on the well-being of children and youth to  
11 assist the City and data-driven decision making.

12           On behalf of Philadelphia Safe and Sound, I  
13 appreciate the opportunity to talk about some innovative  
14 ideas and practices to improve Child Welfare and I  
15 commend you for holding this public dialogue on the  
16 child welfare system. Without your continued  
17 leadership, on a policy level, the ability to serve  
18 Philadelphia's children throughout the child welfare  
19 system would be hindered significantly.

20           The focus of my testimony is to highlight  
21 the development and the use of what we call the  
22 Centralized Data Repository, which is a data warehouse,  
23 and to briefly discuss the proposed statewide  
24 evidence-based Clearinghouse for Child Welfare programs.

1                   Using data and research to inform  
2 practice and policy is becoming very much a common  
3 practice for public and private sectors alike. More and  
4 more foundations require grantees to provide empirical  
5 evidence of the effectiveness of their programs. And  
6 over the last decade there has been significantly  
7 increased governmental focus on outcomes and  
8 accountability in child welfare. The Adoption and Safe  
9 Families Act at the federal level ushered in a new era  
10 of accountability that moved the focus from procedures  
11 and processes to outcomes and results.

12                   Across the country public child welfare  
13 agencies with varying degrees of sophistication used  
14 data to monitor performance and to evaluate their impact  
15 on families, especially in the light of the federal  
16 Child and Family Services Review which combine the  
17 analysis of data with a look at the quality of the  
18 practice in each state. As service delivery and  
19 policy-making becomes more data driven, access to and  
20 manipulation of data is really extremely crucial at both  
21 the county and the statewide level.

22                   Policy makers, children and youth  
23 administrators, and private service providers still  
24 struggle on how to use data and research to determine

1 the practices and services that are most affective in  
2 achieving positive and lasting results for children and  
3 youth. Even in a well-resourced system such as  
4 Philadelphia's, whose cost of services to support  
5 children, youth and their families exceeded \$719 million  
6 in Fiscal Year '06/'07, cannot reliably state how  
7 effective its services are and what impact they're  
8 having on clients as effectively as they would like to  
9 do.

10                   A common problem within the government  
11 agencies is the tendency to rely on data held within  
12 their own departments and analyze that data more for  
13 purposes of resource management than for outcome  
14 management. Families rarely are self-contained in one  
15 service system, however. And evaluating outcomes  
16 becomes impossible if one is unable to track families  
17 across systems. Government agencies can't afford to  
18 make service delivery and funding decisions without  
19 access to empirical data that's current, comprehensive  
20 and integrated.

21                   As an example, the Philadelphia Child  
22 Welfare Review Panel created, in October of 2006, by  
23 Mayor Street, to study the Philadelphia Department of  
24 Human Services, after a series of child deaths,

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1 recommended that DHS establish an external  
2 accountability process that includes an annual public  
3 report card that covers the core outcomes of safety,  
4 permanency and well-being in the Child Welfare System.  
5 The Panel went on to recommend that that responsibility  
6 for the report be placed in the hands of an independent  
7 body that's granted full and unfettered access to the  
8 data resources of DHS. At a minimum the report should  
9 provide a historical context, it should describe the  
10 circumstances of the community and highlight the  
11 differential experience of various high-risk  
12 populations.

13                   Recognizing the need for a database that  
14 allows for cross-system and longitudinal analyses to  
15 support the City in programmatic and policy decision  
16 making, Philadelphia Safe and Sound developed a CDR,  
17 with the City's assistance, to integrate administrative  
18 data from a variety of City agencies and programs. This  
19 multi-dimensional database allows us to track across  
20 systems and better examine the effectiveness of services  
21 and to inform programmatic best practices. In addition,  
22 the results of our analyses are used by the City to  
23 modify social service policies and to inform service  
24 delivery content and the location of services.

1                   In addition, the City has developed another  
2 database called DSS cares, which is an individual case  
3 management database that goes across systems that  
4 enables the different agencies to work more effectively  
5 with each other to serve families. Our central data  
6 repository is an integrated cross-system database which  
7 houses an up-to-date broad spectrum of place and people  
8 based characteristics and provides the ability for  
9 realtime cross systems analyses.

10                   Our most comprehensive administrative  
11 data is the data from the child welfare system and the  
12 Department of Human Services. It goes back to 1990 and  
13 includes the identified information on the location of  
14 abuse and neglect reports as well as contracted  
15 services. In other words, comprehensive data on safety  
16 and permanency, abuse and neglect reports as well as  
17 contracted services.

18                   In other words, comprehensive data on  
19 safety and permanency, abuse and reabuse, entry and  
20 reentry and reunification and adoption. In addition to  
21 the DHS data we also have crime data from the  
22 Philadelphia Police Department, we have socio-economic  
23 data from the Census bureau, we have the capacity to do  
24 geographic information services mapping and complete

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1 information on Philadelphia's after school and youth  
2 development programs.

3                   So as the development of these kinds of  
4 cross-system databases continues, it will be much richer  
5 and will be able to provide additional information on  
6 cross-system families including the services provided  
7 through the City's emergency shelter system. And this  
8 becomes critically important when we look at the  
9 relationship between children aging out of the child  
10 welfare system and homelessness.

11                   We recently completed a study for the  
12 Greater Philadelphia Urban Affairs Coalition and the  
13 Philadelphia Department of Human Services on children  
14 who had aged out of the Philadelphia Child Welfare  
15 system who are now in the homeless system, and that  
16 report is being provided to the DHS in the near future  
17 for their use.

18                   We also have a memorandum of  
19 understanding underway with the School Direct of  
20 Philadelphia where we would then be able to add to our  
21 data repository information on academic performance,  
22 serious incidents in schools and school attendance and  
23 truancy and dropout rates.

24                   We also have began talks with family



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1 court and juvenile probation to add that information on  
2 juvenile probation cases that we do not already have.  
3 So one might ask what's the value of having all this  
4 information in one data warehouse and how could that be  
5 applied in other jurisdictions aside from Philadelphia.  
6 One of the things that this will enable us to do is to  
7 answer a question such as one that someone asked before,  
8 what impact does a youth's dependent care placement have  
9 on the likelihood of that child being arrested after  
10 being discharged from the Child Welfare System. So that  
11 we would be able to look, with our system, at the  
12 likelihood of Philadelphia kids or Bucks County kids or  
13 Berks County kids or Allegheny County kids depending on  
14 what data will be in the data warehouse. So that  
15 information could be very specific to the county  
16 jurisdiction that might be looking to address that  
17 problem in a specific way.

18                   And that analysis can really enable  
19 policy makers and practitioners to better focus their  
20 resources and to begin to look specifically within a  
21 high risk population at what service models would be  
22 most effective in providing a positive outcome for those  
23 kids.

24                   Before closing I would like to briefly

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1 mention another idea that is in the very early planning  
2 stages, an Evidence-Based Clearinghouse for Child  
3 Welfare practice in Pennsylvania. We're in the  
4 beginning planning stages of such a web-based statewide  
5 clearinghouse that will look at evidenced-based programs  
6 in Child Welfare. The federal office of Juvenile  
7 Justice and Delinquency Prevention has, what they call,  
8 blueprint programs that have been used as models around  
9 the country for juvenile justice delinquency prevention.

10                   And the state of California has recently  
11 created a requirement for its Child Welfare agencies  
12 that they begin to focus on evidenced-based practice and  
13 in order to support those counties they have created a  
14 web-based evidenced-based clearinghouse that seeks out  
15 evidence-based programs around the country, but also  
16 programs that have been evaluated within the state of  
17 California so that other jurisdictions within that state  
18 can begin to look at what's working around their own  
19 state.

20                   That was undertaken by the state of  
21 California in response to the federal Child and Family  
22 Services Review which found the quality of their service  
23 delivery lacking. So that's one thing that we have been  
24 looking at at Philadelphia Safe and Sound as to how we

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1 might create such a resource for use by county children  
2 and youth agencies, private providers, members of the  
3 general assembly or the public in looking at what is it  
4 that does work in child welfare.

5                   In conclusion, I think that one of the  
6 things that we would really offer to the general  
7 assembly is the capability to conduct the sum of that  
8 research on what works and also to look at what the  
9 cross systems data capacity might be in counties that  
10 have that capacity and what might be the standard  
11 statewide for the use of data analysis to make decisions  
12 about child welfare services and to track the success of  
13 those services over time.

14                   So thank you for the opportunity to  
15 share the information I have with you and I would be  
16 happy to answer any questions you might have.

17                   THE CHAIRPERSON: Does the data base  
18 permit the worker to be able to know the status of the  
19 child, any child at anytime?

20                   MS. SHENBERGER: The DSS care system  
21 that Philadelphia has developed and that we, at Safe and  
22 Sound, have helped to support does provide that  
23 individualized information with client consent. The  
24 data base that we have at Philadelphia Safe and Sound is

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1 for research purposes so all of our information can be  
2 individually tracked but it's D identified.

3 THE CHAIRPERSON: Okay. Thank you.

4 Are there any questions?

5 Representative Samuelson.

6 MEMBER SAMUELSON: Thank you.

7 My question is about this comprehensive  
8 administrative data that has been out there in existence  
9 since 1990 and I am asking the question and I know there  
10 are reform efforts underway, as you've testified,  
11 because I remember reading maybe a year, year and a half  
12 ago about a case where DHS had farmed out follow-up  
13 visits to an outside vender and did not have the  
14 up-to-date information on a child that just had not been  
15 visited in weeks and weeks and months, then -- I think  
16 if I'm remembering the circumstance correctly -- also  
17 the School District was not even aware that this child  
18 existed. So you had a 12 or 13 year old child who  
19 wasn't even on the School District's list of students  
20 and the tragic circumstances could have been avoided.

21 Now, I'm wondering if this data  
22 base has been out there since 1990, how could that  
23 information not be shared among agencies? Is one of the  
24 problems that DHS is using an outside vender for

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1 follow-up visits? And do you see some improvements in  
2 the last year that would -- including what you're  
3 talking about indicators of well-being. How do you see  
4 that progressing?

5 MS. SHENBERGER: I think that what has  
6 happened over the past so many months since some of  
7 those tragedies occurred is that DHS is really looking  
8 at the kind of data that it wants to collect about its  
9 own service system. Sometimes people who are involved  
10 in the data world say that there is a lot of data but  
11 not much information.

12 An entity can be collecting a lot of  
13 data points and in some ways getting so much data that  
14 it's really hard to figure out what is most important  
15 about it. And I think that's where the analysis comes  
16 in where you can begin to bore down into each of the  
17 items to say, Well, how many times did we really  
18 actually see that family face-to-face? Are we  
19 collecting the right information? Are we even  
20 collecting information on how many face-to-face visits  
21 our provider agencies have with the families so that we  
22 can analyze that. And that's also one of the things  
23 that the panel recommended was to go beyond the DHS  
24 report card overall, but then to go down into the

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1 individual provider agencies and create report cards on  
2 those agencies as well as so that both the public and  
3 the City decision-makers would have the information that  
4 they needed to make good decisions on which agencies are  
5 continuing to meet the standards that are being set for  
6 them and which either need technical assistance or need  
7 to have their funding reduced or eliminated.

8 MEMBER SAMUELSON: Just a follow-up:  
9 What's the current status of sharing information between  
10 City and schools? And what would change with that  
11 pending memorandum of understanding?

12 MS. SHENBERGER: The memorandum of  
13 understanding that we have on the table with the School  
14 Reform Commission would allow us to receive information  
15 on academic performance and truancy and dropout. So  
16 what we would be able to do is begin to answer the  
17 question how many children in the foster care system are  
18 truant? How many kids, after having attended a truancy  
19 program, was their attendance better after having  
20 attended the program than it was before?

21 Did it matter, after having attended,  
22 that they attended that program? Is their attendance  
23 better than kids who didn't attend the program? And the  
24 same with our after school programs. Did the kids who

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1 went to after school, did their grades improve? Did  
2 their school attendance improve? Did their behavior  
3 improve? Were there fewer serious incidents of  
4 aggressive behavior on the part of those kids than kids  
5 who didn't go to those programs? Those are all of the  
6 kinds of questions that, right now with access to that  
7 wide data base, we can make some projections. We can  
8 say that very few of the kids, for example, who go to  
9 after school program are subsequently arrested, but what  
10 we can't say is how much does that differ from kids who  
11 didn't go to the after school programs.

12                   MEMBER SAMUELSON: Does the Philadelphia  
13 Safe and Sound have a position on using outside vendors  
14 for the follow-up visits and the regular monitoring  
15 visits with children?

16                   MS. SHENBERGER: I think the decision  
17 about monitoring visits and who does them, the critical  
18 factors there are what are the expectations? Are the  
19 expectations set out clearly at the beginning? Are  
20 those expectations regularly monitored? Is the  
21 monitoring then used for future decision-making? Is  
22 someone measuring whether the family's behavior changed?  
23 Did the child get safer? And are the roles and  
24 responsibilities of the private agency and the public

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1 agency very clearly defined and is each one held  
2 accountable for the role that they have in it?

3 Sometimes the issue of who does it is  
4 not as important as what they're doing, how it's being  
5 measured and how each of the entities are being held  
6 accountable.

7 THE CHAIRPERSON: Representative  
8 Pashinski.

9 MEMBER PASHINSKI: Thank you very much,  
10 Madam Chair.

11 Thank you for your testimony. What was  
12 the cost in developing this process?

13 MS. SHENBERGER: The central data  
14 repository?

15 MEMBER PASHINSKI: Yes.

16 MS. SHENBERGER: I can get you the full  
17 cost. It was a multi-year project initially funded by  
18 the Robert Wood-Johnson Foundation and now picked up by  
19 our agency with the City's assistance.

20 MEMBER PASHINSKI: That's how you funded  
21 it then?

22 MS. SHENBERGER: Yes.

23 MEMBER PASHINSKI: What would that  
24 budget be on a yearly basis?



1 MS. SHENBERGER: On a yearly basis,  
2 currently the central data repository, much of the work  
3 has been done. So I think to give you an idea of the  
4 yearly basis, what you really need to see is the whole  
5 development of it because the architecture already  
6 exists so our current costs are not significant not  
7 within about 200, \$300,000 a year but the development  
8 costs were obviously substantially more than that.

9 MEMBER PASHINSKI: Now, how many  
10 individuals do you have in that data base?

11 MS. SHENBERGER: I would have to get you  
12 that information because we have all the arrests that  
13 are made in the City of Philadelphia every year. We  
14 have the historical data from DHS that goes back to 1990  
15 and there are 20 to 30,000 families a year served at DHS  
16 alone, in any given year. So I can certainly provide  
17 you with a lot more information on what the capacity of  
18 the CDR is.

19 MEMBER PASHINSKI: It just sounds like  
20 you have a lot of valuable information. I was wondering  
21 who was using it, how are they using it and I was  
22 looking for a result.

23 MS. SHENBERGER: Well, I can give you  
24 some information on that. We use that data -- primarily

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1 the City uses that data, for example -- I can give you a  
2 couple of examples. For those of you who are  
3 Philadelphians or nearby, the City has initiated an  
4 effort to fully enforce its curfew laws, and to that end  
5 it created a series of, what we call, curfew centers to  
6 which kids are brought if they're picked up by police  
7 for violating the curfew. The center started in  
8 response to some of the crime that was going on in one  
9 part of the City and the Mayor went to the community and  
10 they felt that that was an important thing for their  
11 community. It was very, very successful in that  
12 community and the City wanted to expand that.

13                   What we did was we analyzed -- we had  
14 all the information on the arrests for curfew in the  
15 City. We have all the census information on ages of  
16 kids. We were able to map where those arrests occurred,  
17 where they were grouped and that's how the City decided  
18 how to phase in the additional 11 curfew centers so that  
19 they were strategically positioned in places where the  
20 need was the greatest.

21                   In another occasion, with the beginning  
22 of the adolescent violence reduction partnership, which  
23 is a program aimed at identifying kids who were very  
24 young at their first arrest. We plotted the locations

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1 of kids who were arrested between the ages of 10 and 15  
2 and looked at where the greatest need was so that we  
3 could identify how the agencies needed to be recruited  
4 to provide the youth mentors that were a part of that  
5 program. And then when we began to get the referrals  
6 in for that program and found that the referrals  
7 actually were coming in in areas different from what the  
8 arrests had been in the previous year, we were able to  
9 reallocate resources across the agencies that we had  
10 recruited to provide the youth worker so that we reduced  
11 some agencies and increased others so that we could  
12 right-size the program to where the referrals were.

13                   Those are two examples. We also provide  
14 information to any non-profit in the City or the state  
15 or the country or the world who asked for it if it  
16 related to specific questions they may have that we do  
17 have in our data base and we can provide that. One of  
18 the benefits of our data base is that it's a very quick  
19 turn around time. Usually we can respond to requests  
20 within an day or two where, in some other systems it  
21 takes much longer.

22                   MEMBER PASHINSKI: Thank you very much.

23                   THE CHAIRPERSON: Representative Smith,  
24 did you --

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1                   MEMBER SMITH: Yes. Thank you.

2                   Thank you for your testimony today.

3                   Very briefly, I have a statement and a  
4 question as well. The statement being, I also chair the  
5 Youth Council in Lackawanna County and you spoke of  
6 after school programs. We have found, in Lackawanna  
7 County, that the after school programs have been very  
8 effective. We have found that, on average, each child  
9 went up a grade point average and we saw a drop in  
10 truancy as well. I think at the end of the day the  
11 children started to understand that they had confidence  
12 in themselves and I think that that's a big advantage  
13 for them.

14                   My question is, and I'm not sure if you  
15 can answer this, in the Commonwealth is there an average  
16 cost per child to the Commonwealth?

17                   MS. SHENBERGER: For the after school  
18 program?

19                   MEMBER SMITH: No, I'm sorry. In  
20 general. For the child that's in the welfare system, is  
21 there an average cost per child to the Commonwealth?

22                   MS. SHENBERGER: I don't know the answer  
23 to that question. I would think my colleagues at DPW  
24 might be the better source for that because there are so

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1 many different levels of service that a child could get  
2 within the Child Welfare system it would be difficult to  
3 generalize because most children are served in their own  
4 homes.

5 Even if they're accepted for services  
6 with the county child welfare agency most of them are  
7 still living at home. And that cost, obviously, is much  
8 less than a child in placement.

9 MEMBER SMITH: Thank you.

10 THE CHAIRPERSON: Madam Rubley.

11 MEMBER RUBLEY: Thank you, Madam Chair.

12 Thank you for your testimony today. I  
13 think it's wonderful to know that somewhere this data is  
14 being put together and consolidated and used for  
15 effective purposes. I know you're focusing on  
16 Philadelphia, but I'm wondering if you do work in  
17 collaboration at all with PCCD, the Pennsylvania  
18 Commission on Crime and Delinquency, because they're  
19 doing a great deal of similar work in terms of focusing  
20 on research-based evidence, you know, that type of  
21 activity.

22 MS. SHENBERGER: Right. We have met  
23 with people from PCCD as well as with Jim Anderson from  
24 the Juvenile Court Judge's Commission. So we have built

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1 a number of relationships in those different places and  
2 we certainly don't want to duplicate things that other  
3 people are doing.

4 MEMBER RUBLEY: So you're sharing some  
5 of your information with them at this point or not at  
6 this point?

7 MS. SHENBERGER: Well, we have been  
8 meeting particularly with people at the Harrisburg  
9 level. We've met with a number of legislators, we've  
10 met with Jim Anderson and we've talked with people at  
11 PCCD over a period of years about what the needs are and  
12 the data needs. We have also talked with some of the  
13 other suburban counties around Philadelphia about the  
14 data capacity that they might feel that they need, that  
15 they may not currently have. So we're looking for  
16 opportunities to work with other jurisdictions to share  
17 some of the technology and the resources that we have  
18 developed to see how we might be of use to them.

19 MEMBER RUBLEY: I applaud your efforts  
20 and thank you.

21 THE CHAIRPERSON: Representative Milne.

22 MEMBER MILNE: Thank you, Madam Chair.

23 I just wanted to get a since of the  
24 research baseline that you're working with with your

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1 organization. Do you find that you are doing research,  
2 that the other organizations and potential, whether  
3 actual or potential partners or stake holders, they  
4 simply don't have the personnel and the time and  
5 resources to get to so this is where you can provide  
6 some leadership?

7 MS. SHENBERGER: Right. And I think  
8 that one of the benefits we had, being a foundation  
9 funded initiative, initially was that there was a lot of  
10 emphasis on building the research and evaluation  
11 capacity. And the City then has continued the  
12 investment and the belief that every time a program is  
13 started, like the curfew centers or the Adolescent  
14 Violence Reduction Partnership that there should be an  
15 evaluation component.

16 So we provide the evaluation of those  
17 initiatives on a three or six-month incremental level as  
18 we're beginning to roll these new programs out so that  
19 we can regroup as we're implementing and make changes  
20 where needed to make the program implementation more  
21 effective as we're developing baseline data to be able  
22 to measure its long-term effectiveness. And a lot of  
23 other places didn't have the luxury of having the  
24 foundation as a sponsor to begin with to be able to set

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1 the ground work and to identify the resource needs and  
2 then to continue that, but we do have a research staff  
3 that works on creating our report card and our  
4 neighborhood report cards and that also develop the  
5 evaluation methodology for all of the initiatives that  
6 we're asked to undertake.

7 MEMBER MILNE: In relation to the  
8 research methodology, how specific is the research  
9 designed just to the City of Philadelphia or how  
10 generalizable can we use this on a more statewide basis  
11 or at least replicate it jurisdiction by jurisdiction?

12 MS. SHENBERGER: Well, it certainly  
13 could be easily replicated because the capacity is with  
14 the people who develop the methodology so each  
15 methodology is developed based on the program that we're  
16 looking at implementing or the data sources that we're  
17 looking at evaluating.

18 So sometimes we look at our central data  
19 repository and we put a couple of research briefs. One  
20 called, "Lifetimes at risk on the young offenders" and  
21 one on the proposed methodology for evaluating after  
22 school programs. And those methodologies are developed  
23 by people who have the expertise to do that for any  
24 number of different programs. So we have recruited



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1 people who have expertise in education, in adolescence  
2 substance abuse, in early childhood, in research  
3 evaluation methodologies so that we've got a group of  
4 people who are very versatile in their skill areas and  
5 can respond to different requests.

6 MEMBER MILNE: I see. Also, just with  
7 respect to in terms of thinking where to go from here.  
8 What has been the use of your report card to date? What  
9 have you tried to achieve with it and what's been the  
10 receptiveness to it when it's been issued?

11 MS. SHENBERGER: Well, it's very highly  
12 regarded both within the City and also there are a  
13 number of jurisdictions around the country who have  
14 worked on creating report cards, and we frequently get  
15 calls from either places that already have them or  
16 places that are starting to develop that kind of  
17 accountability mechanism for assistance with them.

18 What we have found is that there are a  
19 variety of different uses. We have a physician from  
20 Saint Christopher's Hospital who uses them with all of  
21 his residents so that they have an idea of what the  
22 community is like that they are working in. And in the  
23 past year we have put out 12 community report cards that  
24 break the City down into smaller pieces and this

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1 physician requires all of his residents to know what's  
2 in that community report card and to be able to go out  
3 into the neighborhood where their hospital is located so  
4 that the residents can see where the families are coming  
5 from, what challenges they face.

6                   At last years' report card issuance we  
7 had a group of high school students who had taken their  
8 community report card and done a whole project around  
9 their neighborhood and what they wanted to see for their  
10 neighborhood and what they could do in fighting crime in  
11 their neighborhood. And they presented the results of  
12 their work to the Mayor at our press conference release  
13 in their report card.

14                   So there is a whole variety of different  
15 uses both community-based and academic can reach. Many,  
16 many people use the report card for the justification  
17 and needs assessment sections of grants that they're  
18 proposing to the federal government or foundations.

19                   MEMBER MILNE: Very good. Thank you  
20 very much.

21                   THE CHAIRPERSON: We thank you very much  
22 for joining us this afternoon.

23                   MS. SHENBERGER: Thank you.

24                   THE CHAIRPERSON: We would like to have

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1 our last testifier now and I'm going to ask the members  
2 to also be brief. We're running way behind.

3 Richard Wexler who is the Executive  
4 Director of the National Coalition for Child Protection  
5 Reform.

6 MR. WEXLER: Good afternoon, Madam  
7 Chairwoman, members of the Committee. I'm honored to  
8 have the opportunity to testify today, and I thank you  
9 for focusing on solutions.

10 I was in another state last week,  
11 releasing a report on Child Welfare there, and they're  
12 gearing up for a big legislative hearing which has  
13 gotten a lot of press attention, but I'm sad to say that  
14 it appears the only thing they're interested in is  
15 gotcha moments and easy sound bites.

16 And every place I went in that state, I  
17 urged them to follow the model of this committee and  
18 expand the focus to solutions.

19 My name is Richard Wexler and I am  
20 Executive Director of the National Coalition for Child  
21 Protection Reform. Because time is short, I will omit  
22 the usual boilerplate about what a wonderful  
23 organization we are. It's in my written statement.

24 That statement also includes a list of

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1 specific programs and policies that are national models  
2 of best practice in child welfare. And also a list of  
3 systems across the country that are, relatively  
4 speaking, models.

5 I must emphasize that term, relatively  
6 speaking. If you want to discredit a model system it's  
7 easy: Just point to the latest horror story there.  
8 Because every system has them, and no system is where it  
9 should be. But a system is a model if it does better  
10 than most.

11 Rather than go through the list now, I'd  
12 like to take this time to discuss the things that model  
13 programs and systems have in common.

14 The most important thing they have in  
15 common is the last thing you're ever going to read about  
16 in the Philadelphia Inquirer. They focus their efforts  
17 on safe, proven programs to keep families together not  
18 just primary prevention, the kinds of things you've  
19 heard about, but family preservation as well. That  
20 frees up time and resources for workers to find the  
21 relatively few children in real danger who really must  
22 be taken from their homes.

23 One year ago, the Philadelphia Child  
24 Welfare system had very serious problems. Today,

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1 Philadelphia's vulnerable children are less safe than  
2 they were a year ago. That's because the initial  
3 response to The Inquirer's revelations was a foster-care  
4 panic, a huge, sudden surge in the number of children  
5 torn from their homes. That only further overloaded the  
6 system, leaving workers with less time to make good  
7 decisions. And over and over again around the country,  
8 we've seen that this leads to more mistakes in all  
9 directions, more children left in dangerous homes, even  
10 as increasing numbers of families are torn apart.

11                   The good news is that the panic now  
12 reportedly is largely under control. It says a lot  
13 about the leadership of Arthur Evans and the dedication  
14 of frontline staff at DHS that the panic has been  
15 curbed. That means DHS has the chance to create a  
16 system that, in another five years, will leave children  
17 safer than they are now.

18                   The bad news is that even before the  
19 panic, Philadelphia was taking away children at a far  
20 higher rate than other big cities. Philadelphia takes  
21 children at a rate about three times higher than Los  
22 Angeles County, more than three times higher than New  
23 York City, and six times the rate of metropolitan  
24 Chicago. The overall average for the State of

1 Pennsylvania is not all that much better than  
2 Philadelphia.

3                   How can taking away more children put  
4 them in danger, while taking fewer improve child safety?  
5 After all, gut instinct says: The children whose cases  
6 made the front page died because the caseworkers did not  
7 take them from dangerous homes. So if we just take far  
8 more children far more easily then children will be  
9 safer. But if you really want to fix a child welfare  
10 system, you have to listen to your gut instinct and do  
11 the opposite.

12                   Every city has cases in which children  
13 die even after their plight is known to the system. And  
14 in some of those cases, in every city, the decision to  
15 leave the child in the home seems inexplicable. These  
16 are the cases in which you open up the case file and  
17 find more "red flags" than in a Soviet May Day parade.

18                   But the reason for that is almost always  
19 because a caseworker who is often underprepared  
20 undertrained and, most of all, desperately overwhelmed,  
21 didn't have the time to evaluate the case properly. She  
22 may have had time for no more than what's been called  
23 drive-by casework. A foster-care panic only overwhelms  
24 these workers even more.

1                   There have been foster-care panics in  
2 three of the very few places large enough to detect  
3 patterns from fatality numbers: Illinois, New York  
4 City, and Florida. In all three cases, the panics were  
5 followed by increases in child abuse deaths.

6                   Illinois and New York City learned from  
7 their mistakes. Thanks, in part, to class-action  
8 lawsuits they reversed course and embraced safe, proven  
9 programs to keep families together.

10                   But how do we know these cities are  
11 right and Philadelphia is wrong? After all, deaths of  
12 children known to the system have been much in the news  
13 in New York City. Here's how we know: When it comes to  
14 child abuse deaths the only acceptable goal is zero.  
15 But we must seek that goal knowing that our reach always  
16 will exceed our grasp, and that no system ever will  
17 prevent every such tragedy. We also know that it's hard  
18 to detect patterns in fatality data for a reason for  
19 which we all should be grateful: Though each is a  
20 terrible tragedy, in all but the very largest  
21 jurisdictions, the number is low enough for it to  
22 fluctuate from year to year due to random chance.

23                   There are better measures, most notably,  
24 the rate at which children left in their own homes are

1 reabused. By that measure, New York City and Illinois  
2 improved as they reduced the number of children taken  
3 from their homes. But if we are going to use fatality  
4 as a measure, it should be noted that when New York City  
5 backtracked on reform, in 2006, in the wake of another  
6 high-profile fatality, deaths of children known to the  
7 system there once again increased.

8                   Why are children often safer in places  
9 that take fewer of them from their parents? In part,  
10 it's because workers in these places have more time to  
11 find the children in real danger. But it's also because  
12 most of the children seen by caseworkers are not who we  
13 tend to think they are.

14                   Contrary to the common stereotype, most  
15 parents who lose their children to foster care are  
16 neither brutally abusive nor hopelessly addicted. Far  
17 more common are cases in which a family's poverty has  
18 been confused with child "neglect." And it concerns me  
19 that so far there has been so much discussion here to  
20 day about what is wrongly screened out and very little  
21 about what is wrongly screened in.

22                   Several studies have found that 30  
23 percent of America's foster children could be home right  
24 now if their parents just had decent housing. That's



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1 why in Allegheny County -- and yes, it does always seem  
2 to come back to Allegheny County, Madam Chairwoman --  
3 there is a housing counselor in every CYF office to make  
4 sure families are not torn apart for lack of decent  
5 places to live. Arthur Evans has mentioned how much his  
6 system, here in Philadelphia, is overloaded by cases in  
7 which the basic problem is housing. So in child welfare  
8 my hope is that as Pittsburgh goes so goes the rest of  
9 the Commonwealth.

10                   The big thing they do -- the question  
11 was Well, what exactly does Allegheny do? The big thing  
12 they do is simply this, they recognize that child  
13 protective services must be child poverty services.

14                   The other problem related to poverty,  
15 for example, single parents desperate to keep their  
16 low-wage jobs when the sitter doesn't show. They may  
17 have to choose between staying home and getting fired,  
18 or going to work and having their children taken on  
19 "lack of supervision" charges. Other cases fall between  
20 the extremes, the parents are neither all victim nor all  
21 villain. There are a wide variety of proven programs  
22 that can keep these children in their own homes, and do  
23 it with a far better track record for safety than foster  
24 care.

1                   And we must never forget how harmful,  
2 and how dangerous, foster care itself can be, despite  
3 the fact that, overwhelmingly, foster parents try to do  
4 their best. When a child is needlessly thrown into  
5 foster care, he is cut loose from everyone loving and  
6 familiar. For a young enough child it's an experience  
7 akin to a kidnapping. The emotional trauma can last a  
8 lifetime. One recent study of foster care "alumni"  
9 found they had twice the rate of post-traumatic stress  
10 disorder of Gulf War veterans and only 20 percent could  
11 be said to be "doing well."

12                   Another study found that even infants  
13 born with cocaine in their systems did better when left  
14 with birth mothers able to care for them than they did  
15 when placed in foster care. For the foster children,  
16 the separation from the mothers was more toxic than the  
17 cocaine.

18                   And then, just this year, came the  
19 largest study ever done comparing outcomes for children  
20 placed in foster care and comparably-maltreated children  
21 left in their own homes. The study did not include the  
22 relatively small number of cases of brutality that any  
23 worker with time to investigate would agree required  
24 removal. Rather it focused on the overwhelming majority

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1 of far more typical cases.

2                   The study found that, on average, the  
3 foster children were far more likely to become pregnant,  
4 get arrested, and be unemployed than the children left  
5 in their own homes. And, by the way, still another  
6 study using different outcome measures found very  
7 similar results.

8                   So now, when I tell you that foster care  
9 is an extremely toxic intervention that must be used far  
10 more sparingly than it is used in Philadelphia, or in  
11 most of Pennsylvania, today I've got 15,000 children  
12 backing me up.

13                   All that harm can occur even when the  
14 foster home is a good one. The majority are. But the  
15 rate of abuse in foster care is far higher than  
16 generally realized and far higher than in the general  
17 population. That same alumni study, I sited earlier,  
18 found that 1/3 of foster children said they'd been  
19 abused by a foster parent or another adult in a foster  
20 home. Switching to orphanages won't help. The record  
21 of institutions is even worse.

22                   In that regard, a recent story in the  
23 Inquirer noted how Philadelphia sent large numbers of  
24 children to an out-of-state institution with a poor

1 track record until, finally, a Philadelphia child died  
2 there. The story also noted that, in contrast, Illinois  
3 had brought almost all of its out-of-state children  
4 home.

5                   But the story neglected to mention how  
6 Illinois did it. Illinois did it by emphasizing family  
7 preservation, and making so much room in the state that  
8 it didn't have to export troubled children anymore. If  
9 Philadelphia were taking away, proportionately, as few  
10 children as Chicago, you can bet Philadelphia wouldn't  
11 be exporting children either.

12                   None of this means no child ever should  
13 be taken away. Of course there are children so  
14 brutalized in their own homes that the only option is to  
15 take the child and never look back. But there are far  
16 fewer such children than generally believed. And the  
17 odds of finding them go down during a foster care panic.

18                   My written testimony discusses the other  
19 half of the equation, the urgent need for transparency.  
20 The best interests of children require both that  
21 agencies not be allowed to hide their mistakes behind  
22 claims of confidentiality, and that agencies be able to  
23 defend themselves when they are right. Court hearings  
24 need to be open, and most records should be open as

1 well. Sharing information in only fatality cases is not  
2 enough and indeed it can create a false impression of  
3 how the system errors.

4 Over and over again, those who said  
5 openness would harm children have been proven wrong.  
6 Over and over again, they became converts to the kind of  
7 accountability that is possible only in an open system.  
8 I cannot guarantee you that in a fully open system no  
9 child ever will be embarrassed. But in an open system  
10 more children are likely to live long enough to blush.

11 The head of New York's highest court,  
12 the Court of Appeals, put it best when she ordered that  
13 state's Family Courts open a decade ago. Said Judge  
14 Judith Kaye: "Sunshine is good for children."

15 I would be pleased to respond to any  
16 questions or comments. Thank you very much.

17 THE CHAIRPERSON: Representative  
18 Samuelson.

19 MEMBER SAMUELSON: You were talking  
20 about a variety of proven programs that can help keep  
21 the children in their own homes. You mentioned housing  
22 programs and other resources. My question is about  
23 CHIP, since I read so much about the difference of  
24 opinion in Washington, DC about whether our nation

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1 should increase its commitment to children's health  
2 insurance. How did you see access to health insurance  
3 impacting these families?

4 MR. WEXLER: I think that's extremely  
5 important because not only -- actually, although, the  
6 irony is children's health insurance isn't enough  
7 because you don't want to have a healthy child taken  
8 away from a parent because the parent is sick or for  
9 example infirmed. Terribly tragic case here in  
10 Philadelphia which illustrates both the need for  
11 openness and to some extent that problem.

12 You may have read about it in the  
13 Philadelphia Daily News, the case of the grand parents  
14 who have a grand child they're taking care of. I think  
15 the grand child is only about six years old and these  
16 grand parents happen to be quite old. They're in their  
17 mid '80s, but they are wonderful, dedicated, caring,  
18 loving people and, yes, they're in their mid '80s,  
19 they're slowing down a bit. A sensible systems says  
20 bring in home health aides, provide them with the help.  
21 DHS, to it's credit, this is where openness is needed.  
22 This didn't come out initially, they couldn't tell --  
23 they couldn't defend themselves. DHS wanted the  
24 children to stay with those grand parents. It was the

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1 so-called advocate, who has pretty well already probably  
2 destroyed this child's psyche by having that child  
3 yanked out and placed with strangers. So a good  
4 comprehensive health insurance program, not just for  
5 children, but for adults, would help take care of that.

6 THE CHAIRPERSON: Thank you very much.

7 Representative Mark Cohen.

8 MEMBER COHEN: Thank you, Madam Chair.

9 I would like to discuss more about  
10 Philadelphia's situation with housing compared to  
11 Allegheny. The City spends an awful lot of its budget  
12 on child welfare services and the very significant  
13 expenditure on Child Welfare services limits the amount  
14 of money its able to spend on other things. I find it  
15 fascinating that you're saying that the problem is  
16 essentially a housing problem. Do you have any idea  
17 what the dollar amount is?

18 MR. WEXLER: I wouldn't say it's  
19 entirely a housing problem, but it certainly is housing.  
20 Concrete help of various kinds is a major part of the  
21 problem. Another big part of the problem in any city  
22 is, for example, is substance abuse so that substance  
23 treatment is another thing that urgently needs to be  
24 expanded, but in terms of your question on spending

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1 money, it's a paradox of child welfare that the worst  
2 option is for children the more it costs.

3                   Safe, proven alternatives to family  
4 foster homes cost less than foster homes, which cost  
5 less than group homes, which cost less than in-state  
6 institutions, which cost less than out-of-state  
7 institutions. So, do you want to know why Philadelphia  
8 is spending so much money? I'll bet shipping all those  
9 kids to Tennessee has something to do with it. If you  
10 start to shift the money into the alternatives, the  
11 most important reason to do that is you save lives, but  
12 you do also tend to save money.

13                   MEMBER COHEN: How much does it cost to  
14 send kids to Tennessee?

15                   MR. WEXLER: I don't know how much that  
16 particular one cost. I can tell you that -- probably  
17 more than the figure I'm going to give you. A typical  
18 cost of a year in a residential treatment center  
19 conservatively is \$85,000 per child. It can go much  
20 higher, and that's in-state. The other tragedy with  
21 that, by the way, we've heard a lot of talk about  
22 evidenced-based, well, let me tell you -- if we woke up  
23 tomorrow in an evidenced-based world, 90 percent of  
24 those residential treatment beds would be shut, closed,



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1 gone because two reviews of the scholarly literature  
2 have found that residential treatment does not work.

3                   That community alternatives work better.  
4 And even the former head of the Child Welfare League of  
5 America, their own trade association, said in an speech  
6 that was never supposed to be made public, essentially,  
7 we don't have evidence to show what we do works. So  
8 it's a huge expense and huge waste of money.

9                   MEMBER COHEN: So what does Pittsburgh  
10 do in terms of housing?

11                   MR. WEXLER: Those housing counselors,  
12 for example, right in each -- again, as the previous  
13 speaker said, I can answer the question where is Mark  
14 Turner, who runs that system. He had another engagement  
15 today and that's why he suggested to the Committee that  
16 I come to speak. He could tell you in more detail, but  
17 they contract with the Urban League of Pittsburgh to  
18 provide housing counselors in each office of the Child  
19 Welfare agency. So before that worker has to move to  
20 tear apart the family, that housing counselor is there  
21 looking for what's available in the community, and they  
22 can provide a limited amount of rent subsidy money. I  
23 don't know the exact amount but I would be glad to  
24 follow-up with you or with the Committee staff and send

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1 you the evaluation study they did showing the  
2 significant amount of money they saved as well as the  
3 hundreds of families they kept together by doing just  
4 that.

5 MEMBER COHEN: I would like that because  
6 I think it's very important that we look and see whether  
7 we can both improve the performance of the Child Welfare  
8 office and save the money because there are a lot of  
9 other urgent needs for children, including education in  
10 the public schools that the City really ought to be  
11 spending money on and the cost of this system now is  
12 really prohibitive. Thank you.

13 THE CHAIRPERSON: Thank you very much  
14 Representative Cohen.

15 Are there anymore questions?

16 If not, we are running a little bit  
17 behind. We want to thank you very much for sharing with  
18 us. And I would like to ask, if you have any further  
19 information on some of questions where Represent Mark  
20 Cohen was going, that you would share them with the  
21 Committee. We will see that he gets them.

22 Thank all of you who testified this  
23 afternoon, and certainly thank you to our Secretary,  
24 Secretary Richmond, who has been very patient and very

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1 anxious to share in the information that we gather from  
2 this Committee.

3                   We'll be back tomorrow, for those who  
4 would like to join us, from 10 until 12 tomorrow when,  
5 again, we'll take another look at how we can find  
6 selections or suggestions to improve our children. And  
7 we will be dealing with quality day-care tomorrow which  
8 is another important issue for children and the safety  
9 of children. So those of you who would like to return  
10 tomorrow you may. Thank you for coming. Thanks to all  
11 of the members.

12                   (Whereupon, the above-entitled matter  
13 was concluded at 2:35 p.m., this date.)

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C E R T I F I C A T E

I hereby certify that the  
proceedings and evidence are contained  
fully and accurately in the  
stenographic notes taken by me on the  
hearing of the within cause and that  
this is a correct transcript of the  
same.

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VIRGINIA JONES-ALLEYNE  
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