

Testimony before the District of Columbia Council
Committee on Human Services
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Child and Family Services Agency

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Good afternoon, Chairman Wells and members of the Committee on Human Services. My name is Margie Chalofsky and I am the Director of FAPAC, the Foster & Adoptive Parent Advocacy Center. I am also a former DC foster parent and current adoptive parent of a 16 year old son. FAPAC is an independent and constituency led organization. Our purpose is to significantly improve the lives of children in the District child welfare system by empowering their foster, kinship and adoptive families to advocate for their needs. FAPAC is a vocal advocate for change, and the only organization whose singular mission is systemic reform of the District child welfare system. At this time I would like to focus our testimony on progress we have seen this year as well as challenges we still face.

Although we have testified for years about foster parent retention, we had remained unable to point to any systemic improvement that impacted this issue in a meaningful way. We are delighted that due to the addition this year at CFSA of an internal Office of the Ombudsman, we can finally point to something that can in actuality begin to support retention outcomes. FAPAC has advocated for such a position for many years. However, when it finally began, we faced our own skepticism that the role would actually be empowered to confront issues in the way required to be successful. We have been very impressed that the current CFSA administration has indeed given the Ombudsman the support to carry out the role in an independent fashion. We applaud Jenna Beebe for being willing to enter into this "road less traveled" and Dr. Gerald for the courage to lead and support such a radical shift in operations.

We also want to acknowledge the current CFSA administration for their exhibited commitment to bring changes in policy and practice simultaneously into the public and private sectors. We are relieved to be able to relax vigilance on our "what about the private agency families?" mantra.

We are very grateful to CFSA for their support and participation with the Resource Parent Training Coalition (RPTC). Originally launched through partnership between CFSA and FAPAC, RPTC has grown in these first years to 17 member agencies! Membership includes the DC Department of Mental Health, many child -placing agencies in the private sector, as well as FAPAC and other organizations that provide training and support to the District's foster, kinship and adoptive parents. Our website www.dcrptc.org went live this past summer with a joint training calendar. Our vision is that we will gradually replace one-size-fits-all training by offering a full range of opportunities so families will be able to develop an "ITP"~ Individual Training Plan ~ that will be geared to the needs of the children in their specific homes.

A significant challenge for families is the lack of a standard and objective process for therapeutic status review and the resulting withholding of therapeutic services from children who need them. This is especially critical for public agency families. As you know, Chairman Wells, the decision to contract therapeutic homes to the private sector was made many years ago. Because CFSA does not "do" therapeutic, children who are placed directly through CFSA are placed in traditional homes. In the absence of a standard procedure for reassessment, social workers and supervisors sometimes act as gatekeepers and do not allow requests from families to move forward to an objective clinical review process. Adding insult to injury, families have turned to us hurt and bewildered because they have been made to feel like villains by their workers for even asking for a therapeutic status review. In some cases the lack of such services has led to crisis and even placement disruptions. We have asked CFSA to come up with a fair process for applying for a changed status, an implementation plan to get therapeutic services to children and families who land at CFSA, as well as an appeal process outside of the regular chain of command should a social worker or supervisor refuse to consider the request.

As a related concern, placements in the private sector have also been impacted by unintended consequences of the traditional /therapeutic dichotomy, specifically as is played out in contracts. We know of siblings who were separated because a therapeutic agency's contract could not accommodate a "traditional" sibling; we have seen children denied therapeutic services because the agency's therapeutic contract was "capped"; and we have heard of a child who actually could have been "stepped down" to traditional remain in therapeutic because the agency did not have any more traditional slots. The Levels of Care model, which to our understanding has been put on hold, would have addressed this issue. In the absence of a new model, it is critical that the new Human Care agreements with the private agencies allow for necessary flexibility to meet the best interest of children and families. We hope we can count upon CFSA and private agency administrations as well as this Council to ensure this requisite flexibility.

In ending~ sadly, foster families throughout the city still suffer from serious disrespect based upon negative stereotyping and a deep and dangerous lack of understanding by many professionals of the very role of foster parenting. This leads to a dysfunctional paradigm that makes it possible to condemn people for the very things we have recruited them to do. For example, we ask foster parents to parent children as "their own" but then expect them to have clinical skills not typical of most parents. We don't provide the training, coaching or support appropriate to the complex needs of the children in their homes, and then we call foster parents failures when they can't meet those needs. We set families up by giving them inconsistent messages and expectations, and then we criticize them for not meeting those confusing expectations. This institutionalized disrespect for families causes a deep wounding inside the foster parent community and continues to be FAPAC's most serious and most difficult issue to address. It is also the primary barrier to both recruitment and retention. We believe that Dr. Gerald understands and is committed to trying to change this negative paradigm. We are encouraged by the new CFSA Out of Home Practice Model and hang our hopes on the new focus on teaming as the road to build mutual respect and a model for working together. We look forward to working with CFSA to roll the model out to the foster parent community. As parents and professionals together, we can never heal our children if we cannot heal ourselves.

Thank you for the opportunity to testify today. I will be glad to answer any questions.