

Remarks by Marc Jaccard to the **Hanger Commission on CSA**, *November 17, 2007*.

Thank you, Senator Hanger and commission members. Good afternoon!

I am current president of VCOPPA, an association representing over 300 private organizations, including those who provide group homes, group residences, Residential Education, Residential Treatment, Treatment Foster Care, Adoptions, Private Day School Education, and a myriad of support programs to children and families in need. Some of us are non-profit, some for profit, some independent, and some church associated. Some specialize in one type of service and others provide a variety of levels of care. All of us are experienced in caring for children and families who need us. All of us could fill this room with former residents or clients who would attest that our services positively changed their lives in ways they could not have experienced without us, in fact many report that we have literally saved their lives.

Thank you for inviting private providers to the table. In many ways we have felt left out of this transformation, in spite of the fact that many of us provide services that are considered cutting-edge in child care. Those of us who provide families and family services, while we have been politely listened to, feel like our views have been discounted during discussions on how to search for and train families to serve the most challenging children, i.e., those coming from group care and being rapidly placed back in their communities. It frustrates and confounds us that our resources have not been more effectively tapped. Providers have had strikingly little real involvement, and that leaves our children's current circumstances and needs without representation. Therefore, we are very grateful to this commission for this chance to shed a new light on the current child welfare transformation.

From the sidelines, we providers have watched as outside influences have come into our commonwealth and used statistics to frighten us, even to the point of moral outrage, into believing that our entire system of care needs to be discarded and replaced with their pre-determined model. This has occurred because of a combination of good intentions with the need for a quick cadence and vivid outcomes.

When our First Lady took on the issue of child welfare, we were very impressed and proud. We were hoping to play an active role in developing a "Virginia" model, assuming it would be based on many of the unique qualities of CSA, including a broad spectrum of options for children, with local teams finding the best fit on a child-by-child basis.

What an initiative needs is results. What a paradigm change depends on is process. What we appear to be heading for is a failure at both, which may ultimately hurt children, if it hasn't already.

Last month, this body was shown the case to rush, the idea being that Virginia is doing so poorly that we need to change – and this point is vital – without making any analysis of what we are doing well in order to preserve it.

Let's take just a couple of the slides you saw. First, there is **"WHERE ARE WE NOW? THE PERCENTAGE OF YOUTH AGING OUT OF CARE."** This slide has been used hundreds of times with state agencies, legislators, state boards, and the press to make the case that Virginia is the worst, 50th out of 50, in terms of finding permanent placements for children in care. To be fair, if you take into consideration the fact that Virginia is one of the only states with a category called "Permanent Foster Care", and you adjust the language to reflect Permanent Foster Care as permanence, as in most states' use of permanent custody, we are no longer last.

If you also take out increases in children over age 16 who may be coming into the system through courts and other agencies (this was recognized as an unfortunate consequence of pooling court services money by the Attorney General last year), we are no. 4 in the nation instead of no. 50. This group has been referenced earlier today by several local county personnel. Whether or not we are actually in the top 5, we CLEARLY are not number 50!

Another chart, "Older Children Placed in Congregate Care", criticizes Virginia's use of group placements as the initial stop for children in care. What has not been discussed is that Virginia has fewer placements in foster care per capita than many other states (a positive) and many placements (especially of older children) may be more complicated and may ethically require a shelter or program of residential evaluation before the best placement decision can be made. Is this truly a bad thing?

"Congregate care" is absolutely an offensive description with pejorative connotations to those of us in the field. By whose definition is "congregate care" bad? The term "congregate" discounts the magic of children helping each other. We can apply all the wrap-around services in the community we want, and not get the same results as when those children are removed from gangs and other negative elements of their communities and exposed to positive peer associations, witnessing other kids buying into and benefiting from these services. Are parents who send their own children to military or boarding schools, which are also forms of "congregate care", always doing the wrong thing?

What came next was a short-cut to results. If we take at face value these alarming but misleading statistics, changing the numbers becomes the benchmark of progress. We start with wanting permanent ties for our children and we wind up racing to remove them from residential care. Is this best? Does it respect the children's needs? Will these children thrive? Or will they bounce from home to home and wind up in the juvenile justice system? Will they graduate high school? Will we even know? We had better care to know.

From the outset, we have been given mixed messages about how residential or group care should be made use of. Publically, we are told forcefully that there will be a place for all types of residential care in the "new order." This has been used to silence outcries from group care board members and supporters. However, Intensive Case Care guidelines have already been rolled out for all of Virginia, requiring the hiring of case managers who work for CSBs with the primary job of removing children from residential or group care unless it is for acute psychiatric conditions. (Their secondary job is to prevent future children from group placements.) Sound like two contradictory messages?

The intended consequence of eliminating residential placements is questionable. Is this always best for children? (Permanence is offered at the Evans Home, where I work. – Quick overview of four children ... Mike, left at 18, we found him living in a car and brought him home and got him a job. He joined the National Guard and was wounded in Afghanistan, EH next of kin, convalesced in our alumni house; Lori, in and out of foster care since a baby, didn't want to go away to college because she was tired of moving so she went to local university, graduated with honors while living in alumni house, She was married at the EH with all current EH children in the ceremony; Glynnis, went to Howard University with EH support, graduated as a physician's assistant, pursued medical school for 3 years with active support from EH, now finishing second year in medical school preparing to start practical work in Miami; Garrett, couldn't see the point of high school because he wants to play hockey professionally, taken to University of North Dakota for two games last year has been on the honor roll since, went again to ND this past weekend as a reward for this commitment, – all of these children would be in the "lose" column of the permanency chart.) Will this save money? (Evans Home has not raised its per diem (\$60) in a decade despite an increase in services and expenses. New programs are embraced and supported by private donors. The Hampton model has reportedly cost \$2 million over the original budget. The state of Maine has seen no savings from this new model.) Are we ready? (Charlie Laslie, from FFTA, will describe what happens when children are removed from appropriate residential care prematurely.)

What should we do?

- Slow down.
 - Stop the global tweaking, like ICC mandates, without providing global assistance. Over 100 localities are reacting to these mandates without support. Some have made sweeping policy changes halting all placements in residential care without any immediate options. Social Workers are complaining, but this pales in the face of State pressure.
- Restrict change to the 13 CORE localities.
 - Evaluate the real and true impact on children in these communities over time first, before applying them *en masse* to the rest of the state.
- Stop incentive/disincentive programs.
 - We need to recognize that even if there were evidence to support the idea of these programs; child placements should be made according to what is best for children, not what is "cheapest."
- Require true public/private partnerships.
 - Take advantage of and preserve the best of what Virginia already has to offer: evaluate current outcomes for children and what we have that is worth saving. Let's make this a true Virginia model, not just blindly apply an outside model.

Only by slowing these processes down and carefully evaluating true outcomes for children will we be able to assure that our changes are in our children's best interests. I apologize if this also ends up being in the interest of any providers, whose only job, after all, is to take care of children and help them thrive.

If we don't slow down, what has happened in other states who have attempted similar sweeping changes may happen in Virginia: providers and resources leave or close up shop, and when children's needs no longer can be met by the community, they end up in juvenile detention or worse. These states are finding it takes much longer to rebuild the private provider sector than it does to destroy it.