



**Written Testimony of
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**Before the
Subcommittee on Income Security and Family Support
Ways and Means Committee
U.S. House of Representatives**

**Hearing on Fostering Connections to Success and Increasing Adoptions Act of
2008 (P.L. 110-351)**

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Good Morning, Chairman McDermott, Ranking Member Linder, Representative Van Hollen, and Members of the Subcommittee.

I am Brenda Donald, Secretary for the Maryland Department of Human Resources (DHR). I am also a member of the American Public Human Services Association and a board member of the Child Welfare League of America.

I appreciate the opportunity to testify before you today. Thank you for legislation that recognizes the importance of permanency and well-being for the children who are involved in the child welfare system.

As the Secretary for the Maryland DHR, I provide leadership for nearly 7,000 employees who provide foster care, adoption and protective services to 8,880 children, collect and distribute child support payments and administer temporary cash, food stamps and medical assistance to families. DHR delivers these programs and services to 600,000 people annually, through 24 local Departments of Social Services.

Maryland's *Place Matters* Reform

Shortly after I was appointed secretary in February 2007, Maryland launched a comprehensive child welfare reform agenda known as *Place Matters*. *Place Matters* has four primary principles: keep a child with his or her family as long as it is safe to do so; when a child must come into foster care, place that child with his or her own relatives whenever possible; place a child as close to his or her original community as possible; and minimize the length of stay for children in foster care.

Since the inception of *Place Matters*, Maryland has made some significant progress. In July of 2007, there were 10,300 children in foster care. Maryland has 13 percent fewer children in care today. Maryland has also reduced its historic reliance on group homes. Whereas two years ago more than 2,000 foster children lived in group homes, today, fewer than 1,200 do (roughly 13 percent of children in foster care). This represents a more than 40 percent decrease in the number of children placed in group homes. Today the department is placing more children in family homes than it did at the outset of *Place Matters*. The percentage of children residing in a family home has increased from 68 percent two years ago to 72 percent today. Maryland is seeing an upward trend in the number of children leaving foster care through increased adoptions, reunifications and guardianships. In fiscal year 2007, Maryland helped 597 children get adopted. In 2009, Maryland finalized 773 adoptions – a 29 percent increase.

Maryland's comprehensive *Place Matters* approach to child welfare reform is consistent with the intent of the Fostering Connections and Increasing Adoptions Act. Indeed, the Act provides a catalyst and foundation to support further progress. However, today's economic environment provides challenges in implementing the new legislation. The legislation is complex and involves policy and procedural changes across many different units within the agency.

Over the last two years, Maryland has not experienced significant cuts in its child welfare budget but, like most states, we have had several rounds of furloughs and reductions in vacant positions.

The next two fiscal years are projected to be dismal, and it is likely that we may have to consider cuts in child welfare for the first time. Clearly, the economic environment does not leave much room for the implementation of new programs or unfunded mandates.

WHAT STATES NEED TO IMPLEMENT THE ACT

Optional Provisions

At the time Congress passed *Fostering Connections*, Maryland was one of only a handful of states that had both extended care to youth until age 21 and provided subsidized guardianship payments. However, even Maryland is struggling to implement these optional provisions and the host of new requirements. For example, Maryland is in the midst of assessing how our extended care and subsidized guardianship programs differ from what is outlined in the law, and deciding if and how our state programs can be revised to meet federal requirements.

Guardianship Assistance Program

Maryland provided subsidized guardianship payments before the Act was passed. In 1997, Maryland's Subsidized Guardianship program began as a five-year federal demonstration waiver project. In 2006, the Maryland General Assembly authorized state money to continue the program and fund guardianship subsidies for 500 children, including approximately 200 children from the 1997 demonstration project and 300 new children. This program offers financial assistance to families who obtain guardianship of children who are court-committed to a local department of social services. Maryland is in the process of assessing whether our current program meets federal requirements of *Fostering Connections*. Our initial projections call for a recoupment of approximately \$600,000 annually when the *Fostering Connections* guardianship program is fully implemented. Our intention is to reinvest those funds to support other *Place Matters* child welfare programs.

Kinship Providers

Currently, Maryland makes foster care payments to some 700 relatives providing care to 900 children. Another 1,700 children, also placed with relatives, receive a subsidy through "child-only" TANF dollars. These two populations are provided the same services, are tracked in the state's automated child welfare system, and are included in the AFCARS reporting population. The only difference is the mechanism through which they are financially supported to provide care for their kin.

In Maryland, all relatives are offered the option of becoming foster parents. However, two thirds of our relatives choose to receive TANF child-only payments. Many relative caregivers feel a moral responsibility to accept a child into their home instead of allowing them to be placed in non-relative foster care, but see the arrangement as temporary – anticipating that the child will be reunified – and do not want to go through the full foster care home study.

Relatives who do opt to become foster parents must go through the same approval process and meet all the state standards to provide foster care. They are paid the regular foster care board rate. These children are generally IV-E eligible for federal reimbursement. TANF child-only homes go through a modified home study that includes all the safety checks, but does not require

Maryland's PRIDE training and waives non-safety requirements such as space. Under the Act, relatives who do not receive foster care maintenance payments are not eligible for guardianship assistance. The requirement under the Fostering Connections Act significantly differs from how Maryland's current program operates. Maryland is analyzing what impact the requirement to be a licensed foster parent will have on our program.

There are yet other relatives caring for children on child-only TANF grants where the child is not being served by the state protective service system. As such, these children are not in our custody nor are they tracked for AFCARS reporting. In these situations, the child's parent(s), without the involvement of any local office, voluntarily make arrangements to place their child with a person who meets the federal requirements of child-only TANF payments. Custody is not required and the caregiver applies for TANF based on the child's resources. The TANF office provides Consent for Healthcare and Education Affidavits giving the authority to enroll the child in school and obtain health care.

Using TANF funds for child welfare services provides a vital support for relative caregivers. Many of these families are not known to the child welfare system, and bringing them into the system would not only be a significant workload issue, it would also potentially present a psychological problem for families. Additionally, child-only TANF grant funding is less costly than claiming Title IV-E foster care maintenance payments. Including both child-only TANF-funded foster children, as well as those who are not known to the system into the foster care payment funding stream will have significant budgetary impacts on child welfare systems.

Mandatory Provisions

Older Youth

Prior to Fostering Connections, Maryland provided a robust support system for older youth. Maryland supports eligible young adults ages 19-21 if they have a disability or remain in an educational or vocational program or are working at least part-time. Of course, these youth are currently not eligible for Title IV-E reimbursement. When the Fostering Connections provisions become effective, they will generate significant additional federal funds for us to reinvest in *Place Matters*.

Policy is already in place that meets virtually all of the new requirements. Maryland regulations stipulate that youth ages 14 to 21 who are committed to a local department shall receive independent living preparation services, regardless of the type of placement. The Ansell-Casey Assessment Tool is administered to youth, ages 14 to 18, on an annual basis and provides age-appropriate benchmarks and skill development for youth.

Core services for transitioning youth include: education, employment, health and mental health services, housing, and life skills. Plans must be updated every 180 days. Statutory law requires that youth age 16 and older must have a judge review their transition and permanency plan every six months (except for youth who left care and signed a voluntary agreement for services). Children who leave care and feel the need for services, may access the full range of services except for re-entry into a foster care placement. Maryland has a tuition waiver program to enable

youth to attend state institutions for post secondary education at no cost and provides some financial support for supplies and room and board. Chafee funds and education training vouchers (ETV) are available.

Maryland has a Semi-Independent Living Program that provides youth opportunities to learn and practice independent living skills while living in an apartment that is supervised by a licensed provider or the local department of social services. This option is available for youth ages 16 to 21 who have demonstrated sufficient maturity to manage money and maintain eligibility by remaining enrolled in and regularly attending school, or who are in vocational training or maintain journeyman employment.

After-care services are available on a voluntary basis to youth ages 18 to 21 that were in out-of-home care on their 18th birthday and exit out-of-home care on or after their 18th birthday. After-care may be provided for up to six months, and includes limited financial assistance, assistance towards room and board, counseling, employment assistance, assistance in accessing and receiving medical services and other appropriate services. Maryland also extends Medicaid to youth who remain in the system and former foster youth through their 21st birthday.

What we still require guidance for is whether we can make payments directly to youth who stay in care, what can be considered a “supervised independent living setting,” what types of “medical conditions” might opt youth out of educational or work provisions, and what types of ongoing court supervision is required.

Education

Maryland recognizes that there is a fundamental state responsibility for children to experience a seamless progression from preschool through college to lifelong learning and successful employment. The Fostering Connections legislation provides a good foundation for supporting this philosophy and encouraging the partnerships required to implement it. But states will need time and support to realize this goal.

When a child enters placement, DHR makes every effort to keep the child in his or her own school district. This can be a challenge. When a child must be placed outside their home school district, Maryland requires that enrollment in school must happen within five days. In order to minimize disruptions to a child’s educational well-being, state law and regulations (enacted in 2008) facilitate the prompt enrollment in school of children in state-supervised care by expediting the transfer of their educational records. State regulations require a caseworker to enroll a child within five days of an out-of-home placement unless factors outside the control of the local department of social services prevent enrollment. A school may not prevent a child from enrolling because it does not have the child’s school records. The child’s sending and receiving schools must work together to transfer the child’s school records within one week. Within 10 days of enrollment, the placement agency caseworker must identify and provide contact information to the child’s receiving school regarding who is authorized to make educational decisions for the child.

DHR has worked very closely with the Maryland State Department of Education on enrollment issues. However, implementation of the Act requires considerable cooperation and collaboration with local education authorities. The Act will require States to grapple with issues of attendance

records, transportation, and the responsibility parties for the associated costs. Meeting this requirement of the Act will require negotiation that will undoubtedly take longer than the time allotted by the Act.

Relative Notification

Maryland recognizes that children belong with families, especially their birth families or relatives. State policy requires that efforts be made to place with relatives first, rather than unrelated foster parents. Maryland is aggressive in seeking relative placements. The court makes inquiries of the parents at the initial shelter hearing, and agency staff gather information at the family team meeting that takes place when a child is at risk of removal, or within three days of placement.

Although current Maryland law and policy align with and meet the requirement of the federal mandates, Maryland hopes to be awarded a Fostering Connects grant to further expand family finding activities, which we currently do in on a few counties.

Sibling Connections

All siblings must be placed together unless there is compelling reason for separation. The only acceptable compelling reason is where it is not in the best interest of the child. Case files must document in the child's case plan whether the child is placed with siblings and explain why if siblings are separated. The case plan must also include an appropriate visitation schedule. Special recruitment efforts are made to find foster families to reunify separated siblings and take large sibling groups.

Health Oversight

The federal law emphasizes pursuing appropriate health care for children in out-of-home placement, and this is also a state priority. The current statewide system meets many of the federal requirements, but Maryland has requested an extension on the full implementation of this provision. DHR is currently in discussions with the Maryland Department of Health and Mental Hygiene (DHMH) to develop a plan that will meet the requirements of the Act. There is discussion about the benefits of electronic information sharing, but this would require legislative approval for the database linkage and funding for technology upgrades needed to implement.

All children who come into care have a comprehensive health screen within five days and a comprehensive assessment within 60 days. All children have a health passport that is maintained on the SACWIS system. This centralized data collections ensures that the current caregiver, medical providers and caseworkers have access as needed to the child's medical records. The passport follows the child when the child exits care.

DHR has recently implemented a comprehensive health care program in Baltimore that we believe aligns closely with the Act. Under the management of the City Health Department and in conjunction with DHR, DHMH, Medicaid and health care providers, Baltimore City has nurse care manager assigned to each child. These nurses do not provide direct medical care but are consultants to the child's caseworkers to ensure that appropriate medical, dental and mental health care services are provided. DHR would like to take this model statewide; unfortunately, expansion of the health care model is not in the 2010 budget.

Conclusion

In summary, thank you again for the Fostering Connections and Improving Adoptions legislation and inviting states to share some thoughts about implementation opportunities and challenges. As I discuss with my colleagues what is missing, inevitably front end services are on everyone's lists. We cannot emphasize strongly enough the benefits of maintaining children safely at home when at all possible. Funding and support for preventive services are greatly needed.

Maryland has adopted a results based framework for improving the lives and well-being of children. As part of this framework, Maryland has affirmed that children should be safe in their homes and communities. In order to achieve the purpose and goals of family stabilization and to prevent placement, DHR provides a continuum of programs designed to meet the needs of individual families in crisis or at risk of dissolution. The services are designed to ensure the immediate safety of the child and strengthen the parents and/or caretakers capacity to provide minimal care and a safe environment.

These intensive in-home services include counseling; training in parenting skills and child development; crisis intervention; purchase of basic goods and services (e.g. food, clothing shelter, family planning, parenting skills, respite etc); and specialized services (e.g. diagnostic testing, medical care, substance abuse treatment, etc.). Two person in-home family support teams consisting of a caseworker and an aide carry small caseloads no larger than six families. Services are available 24 hours a day, seven days a week.

Another critical need is that all children and families found to be in need of public child welfare services should be eligible for federal support. Title IV-E options should be applied equally to all children and open for non-relative placements. De-linking foster care and guardianship assistance from the 1996 AFDC requirements would make more children eligible for IV-E and provide a new infusion of federal funds, freeing up more of the state's general revenues to support front end services and enable the development of specialized services where needed.

In these tough economic times, we look forward to working with you to continue our efforts to keep children safe and strengthen families. We are committed to not only meeting, but setting a new, higher national standard for serving vulnerable children and families.

Thank you for the opportunity to testify, and I'm happy to answer any questions you may have.