



DC Family Policy Seminar

A community service project of Georgetown University

Finding Families: DC's Foster Family Deficit



BACKGROUND BRIEFING REPORT

The DC Family Policy Seminar provides District policy-makers with accurate, relevant, non-partisan, timely information and policy options concerning issues affecting children and families.

The DC Family Policy Seminar is part of the National Network of State Family Policy Seminars, a project of the Family Impact Seminars, a nonpartisan public policy institute in Washington, DC.

A collaborative project of the Georgetown Public Policy Institute (GPPI) and its affiliate, the National Center for Education in Maternal and Child Health (NCEMCH).

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Abstract

The child welfare system in the District of Columbia faces several major challenges. More children need foster care than the system can currently handle. Much of the care provided does not best serve the needs of children. In addition, since 1991 the District's child welfare system has been in receivership as the United States District Court for the District of Columbia found that the system "was operated in violation of federal law, District law and the United States Constitution" (Hogan, 1995).

The Receiver, Child and Family Services, and others in the District are now taking steps to address these problems. This seminar, the 18th in a series sponsored by the DC Family Policy Seminars, is a joint collaboration between Georgetown University and the National Center for Education in Maternal and Child Health. This seminar will focus on the foster care problems the District faces, the local initiatives aimed at resolving these problems, and initiatives being implemented in other parts of the country to address similar problems. The purpose is to bring different ideas to light and to discuss alternatives that District service providers, agencies, and citizens can use to address the problems. The policy objectives of this seminar are to address (1) the state of child welfare in the District and the nation, and (2) ways that the child welfare system can be improved, specifically through the recruitment of foster parents.

We hope that this seminar will provide members of the District's policy community with new insights concerning child welfare. If the District of Columbia can improve its child welfare system, the health and well-being of countless children can be enriched.

This report provides a brief introduction to the issues addressed by the DC Family Policy Seminar on February 12, 1998. The authors thank the numerous individuals in the District of Columbia government and in local and national organizations for contributing their time and efforts to this seminar. Special thanks are given to Hilary Kao, Vince Hutchins, Donna Ruane Morrison, Mark Rom, and the staff of the National Center for Education in Maternal and Child Health for hosting this seminar, and to Richard Murphy and the staff of the Academy for Educational Development for providing space and technical assistance.

Finding Families: DC's Foster Family Deficit

This seminar is the 18th in a series designed to bring a family focus to policymaking. The panel features the following speakers:

- **Ron Haskins**, Staff Director, Ways and Means Committee
- **Sondra Jackson**, Deputy Receiver for Program Operations, Child and Family Services
- **John Mattingly**, Senior Associate, The Annie E. Casey Foundation
- **Fred Taylor**, Executive Director, For the Love of Children

This seminar focuses on foster care issues in the District of Columbia and provides research and program information about the challenges facing the child welfare system. The organizers of this seminar hope to encourage increased collaboration among community, government, and business members to strengthen foster parent recruitment in the District. This background report summarizes the essentials on several topics. It discusses the unique and diverse needs of the District's foster care population, provides an overview of the District's approach to recruitment, explains some of the barriers to recruitment, and presents national and local policy considerations. The contents of this briefing report are as follows:

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Introduction

Foster parents form a crucial link in the nation's child welfare system. Most provide temporary placement for children who have a permanent goal of reunification with their biological parents; others serve as pre-adoptive families who eventually adopt after parental rights have been terminated. The function of most foster parents "is to provide a safe and secure environment with minimal trauma to the child over separation—from home and from the normal environment of family, friends and school" (The Annie E. Casey Foundation, *Recruitment, Training and Support*, 1997).

Child welfare experts are calling the public's attention to the large gap between the number of children in need of placement with a foster care parent and the decreasing number of non-relative foster parents. The Annie E. Casey Foundation reports that "fewer than 50 percent of the children needing temporary care are now placed with foster families" (1997). This increases the chance that children may be moved from place to place, separated from their siblings, or placed in an institution instead of with a foster parent. Social workers explain that repeated changes in children's living arrangements add to the instability that these children already experience. These changes also places stress on the social workers who search for appropriate placements and on the existing foster parents who may be overextended because of the shortage of foster parents and the abundance of children needing placement.

The District of Columbia confronts the same shortage of foster parents as the rest of the country. However, the District's child welfare system is beset by additional problems that other localities may not encounter. In 1991, the United States District Court for the District of Columbia found that the child welfare system that served children in the District "operated in violation of federal law, District law and the United States Constitution" (Hogan, 1995). Subsequently, Judge

Thomas F. Hogan imposed the LaShawn General Receivership, a full receivership that makes the child welfare system accountable to the federal district court. Hogan first appointed Jerome Miller as General Receiver; following Miller's resignation (June 1997), Hogan appointed Ernestine Jones in fall 1997. The Receivership works directly with the Child and Family Services Division, part of the District of Columbia's Department of Human Services. (A brief organizational history of the District's child welfare system is presented in Appendix A).

The District of Columbia's child welfare system is "compounded by the 'special case' of the District, which must combine the quality assurance, monitoring, training and resource development functions of a state agency with the direct service delivery responsibilities of a local agency" (DC Agenda, 1997). In fact, *The Washington Post* reported that Ernestine Jones "has spent much of her time figuring out how to structure state functions—setting policy, maximizing funds and ensuring agency compliance with city and federal laws and regulations" (Loeb, 1998). These concerns are layered on top of the other issues that need to be addressed by Child and Family Services.

National Trends and Predictions

Experts have identified the following national trends in child welfare and have made predictions about a further influx of children into the system:

- "The number of children removed from their families by the child welfare system has continued to grow, from 260,000 children in out-of-home care in the 1980's to more than 500,000 in care by 1995"¹ (The Annie E. Casey Foundation, 1997).
- The number of qualified foster families "has decreased by 25 percent—falling from 134,000 in 1984 to 100,000 [in 1991]" (National Commission on Family Foster Care, as cited in Jost, 1997).

- The inability of the child welfare system to absorb these rising numbers compounds the children's length of stay in temporary settings. The Annie E. Casey Foundation states that children "are therefore experiencing much longer stays in temporary settings" (1997).
- Children of color constitute a disproportionate amount of the foster care population. "African American children, who comprised 15 percent of the overall [U.S.] population represented 43 percent of children in out-of-home care, and typically stayed in care much longer than their Caucasian counterparts" (Woodly Brown and Bailey-Etta, as cited in Brissett-Chapman, 1997).
- The impact of the Personal Responsibility and Work Opportunity Reconciliation Act (1996) on children is widely debated. Mark Courtney explains that "advocates claim that reform will 'rescue' families from dependency and move them into the world of work" (1997). However, The Urban Institute estimates that the legislative changes will push approximately 1 million children into poverty (Zedlewski et al., 1996). Opponents of the law argue that this impoverishment will have severe repercussions for children due to "the strong relationship between poverty, child maltreatment, and the placement of children in out-of-home care.... Contrary to popular belief, more children are placed in foster care because of neglect than because of physical and sexual abuse combined" (Courtney, 1997).

District Demographic Profile

As of December 1997, Child and Family Services reported that, of its total caseload of 7,970 children 3,116 were in foster care and 4,854 were in non-foster care. Non-foster care includes 894 families (2,886 children) who are receiving services

as part of the Family Stabilization Branch, also referred to as in-home care. The remaining number of children in non-foster care are siblings of the children who were the subject of the initial report that brought the case to the attention of Child and Family Services. These siblings also benefit from the services provided (K. Kushner, personal communication, January 30, 1998).

The Consortium for Child Welfare, Placement Identification and Referral Office (PIRO) is under contract with Child and Family Services to conduct placement for the District. PIRO estimated that between September 8, 1997, and October 4, 1997, "approximately 38 percent of the children referred for placement were coming into the foster care system for the first time. The loss of the availability of foster homes in the private or public sector has enormous repercussions for these children and their stay in foster care. In addition, it highlights an increasing, not decreasing, need for foster homes" (PIRO, 1997).

Race, Ethnicity, and Age

In August 1997, Child and Family Services reported that, of the total number of children in out-of-home foster care, 97 percent were African American, and the remaining 3 percent are equally divided between Hispanic, white, and other² (K. Kushner, personal communication, November 18, 1997). However, these percentages are not representative of the ethnicity of the District's overall youth population. According to the DC Indices data from 1990, about 77 percent of District children are African American; approximately 18 percent are white; and the rest represent other races. Although this comparison involves data from different years, it is clear that African-American youth are disproportionately represented in the District's child welfare system.

Child and Family Services also estimated the ages of the children in placement as of August 1997. Children younger than 2 were estimated to account for 12 percent of the population, those

ages 3–5, 19 percent; ages 6–10, 26 percent; ages 11–13, 31 percent; and ages 14 and older, 31 percent.

Foster Parents

In 1997, the Foster Home Recruitment, Training and Retention Units (FHRTRUs) produced an annual report profiling individuals interested in foster parenting during 1996–97. Following are the foster parents' demographic characteristics: 94 percent female, 6 percent male; 95 percent African American, 5 percent Caucasian; 56 percent DC residents, 44 percent Maryland residents, 0 percent Virginia residents; 63 percent single, 13 percent married, 19 percent separated, 5 percent divorced; 31 percent ages 21–34, 31 percent ages 35–44; 31 percent ages 45–60, 7 percent ages 61 and older; 33 percent had income of \$10,000, 33 percent had income of \$25,000–39,000, 9 percent had income of \$40,000–\$49,000, and 25 percent had income of \$50,000 or more.

Using a community-based recruitment approach (outlined in the annual report), the FHRTRUs recruited foster parents through a variety of settings, including media, malls, churches, libraries, businesses, and numerous other organizations. As a result, more than 10,000 individuals and families were exposed to the need for foster care, “at a combined savings of about \$10,000 worth of public relations, in-kind donations, and contributions” (FHRTRU, 1997).

In total, the FHRTRUs recruited 535 prospective foster parents in FY 1995–96 and 525 in FY 1996–97. Of the total number who were recruited and also completed the orientation, 100 percent indicated that they planned to continue the foster parent process. However, the report also cited potential barriers to fulfilling the mission of the FHRTRUs. These barriers include “limited staff, lack of recruitment/training budgets and alternation in program mission and objectives” (FHRTRU, 1997).

District Placement

PIRO reported that as of October 12, 1997, 293 children awaited placement and almost half of those were younger than 12 years of age.³ For that age group, PIRO notes, “there were almost three times as many boys as girls awaiting placement between the ages of three to twelve years old.” The trend is reversed in adolescent populations (ages 13–21), in which “the female population was almost twice that of the male.” PIRO suggests this differential may reflect either (1) a response to the need for male placements during the first six months of PIRO (which came on-line February 18, 1997), or (2) the fact that males between the ages of 18 and 21 leave the system for a variety of reasons, while females have a greater need to stay.

In determining placement, social workers consider the child's age, emotional and developmental needs, and siblings when deciding whether to place a child in a traditional foster home, therapeutic foster home, traditional group home, therapeutic group home, kinship care, Emergency Foster Home, Independent Living Program, or Teen Mothers Program (PIRO, 1997). (A Glossary of Terms can be found in Appendix B).

PIRO found that the greatest need for traditional and therapeutic foster homes exists among children younger than age 12. To prevent further increases in the numbers of children awaiting placement and to eliminate the need for numerous children spending the night in the Respite Center, the agency's director has allowed PIRO to place a greater number of children in foster homes than the number stated on its license. “This course of action is taken only after all attempts have been made to identify a home with available vacancies. This practice will continue out of necessity until more foster homes are recruited, foster parents are trained and licensed” (1997).

Overplacement of children in foster homes may lead to new placements for some children when new foster homes are available.

Emergency Foster Care

Emergency Foster Care homes exist to serve as temporary placements for children, and the District faces shortages of these homes as well. Many foster care parents in the public sector “are being exhausted by [their use] as emergency foster homes. Many children are in emergency care facilities longer than they should be due to inadequate placement resources” (PIRO, 1997).

The deficit in the number of foster parents may contribute to burnout among existing foster parents. Exhaustion or burnout may cause families to disengage from the foster care system, thus increasing the need for more foster parents.

Placement Obstacles

The PIRO report cited an additional obstacle to placement—the inability to directly reach either the contract agencies or their foster homes after work hours. If the private agencies or the individual foster homes overseen by the agencies cannot be reached, the placement office must temporarily place a child elsewhere and find another placement in the future.

Although the District reports a total of 397 foster homes with a total of 899 beds, 36 percent (319 beds) are not usable (PIRO). The Family and Child Care Administration reported that 66 percent of the unusable beds are unlicensed, 20 percent are pending licensure, 9 percent are inactive, less than 3 percent are overplaced, and approximately 1 percent are frozen.

Kinship Care

Placement with a relative (“kinship care”) has surged nationwide, particularly among urban African-American families, in reaction to the rush of children who need placement. In fact, the number of kinship caregivers has increased as the number of non-relative caregivers has decreased. The Child Welfare League of America notes that “during recent years, foster care agencies have suc-

cessfully recruited 125,000 relatives to provide homes for children in need of foster care” (Barbell, 1995, as cited in Hunt, 1997). Social policy analysts regard the trend as a return to an “informal child welfare system that operated in black communities before the civil rights movement and the exodus of African-American families from the rural South” (Jeter, 1997).

However, child welfare experts strongly disagree about the costs and benefits of kinship care. Opponents argue that placement in kinship care decreases the possibility that children will find permanent placements such as adoption or family reunification. *The Washington Post* reported on studies demonstrating that children in kinship care experience longer stays in foster care than other children and noted that “critics contend that the higher foster care subsidy (for licensed kinship foster families) actually can interfere with the objective of any child welfare agency: finding a permanent, financially independent home for the children” (Jeter, 1997). Opponents maintain that kinship families face a large financial incentive to keep a child in kinship care because the foster care payment can double or triple a welfare payment (Jeter, 1997). (Note that this argument was put forth prior to the Personal Responsibility and Work Opportunity Reconciliation Act, 1996. Individual states now have the option to develop their own public assistance programs, so payment scales may change.) Opponents also maintain that kinship care can be difficult for some families because of a split in loyalties experienced by kinship care families, who may be uncomfortable telling birth parents they cannot see their children alone or testifying against the birth parents in a court of law.

Proponents argue that “children placed in [kinship care] homes are less likely to bounce around from one foster home to another while a permanent home is being sought. Because of their familiarity with the children, relatives don’t require as much intervention or monitoring from social service workers” (Jeter, 1997). *The Washington Post* article also noted that kinship care averts place-

ment of children in group homes, which are “the costliest foster care living arrangement” (1997). Proponents maintain that the greatest benefit of kinship care is the stability it brings to the situation. Dana Burnell Wilson, program director of the Child Welfare League of America, explained that kinship care “keeps children attached to a family, to a community and to a culture with which they are already familiar” (1997). Wilson also explained that children in kinship care are often less likely to be adopted by the kinship parent because kinship caregivers (such as grandmothers) may feel that the child is already theirs so they do not see the need to adopt the child formally.

In general, kinship caregivers do not have the same legal rights as a parent and they cannot access or procure many services for the child (Rosenbaum, 1998). However, the D.C. Kinship Care Coalition and other advocates have secured options other than legal custody for kinship caregivers. Birth parents can sign medical consent forms permitting parents to sign over to the caregiver the right to seek medical assistance for the child, and school enrollment forms permitting the caregiver to enroll the child in school even if the caregiver does not have legal custody of the child (Generations United, 1998). In addition, caregivers “do not currently need to have legal custody of a child to access TANF [Temporary Assistance for Needy Families], food stamps, disability, or WIC benefits for that child” (Generations United, 1998). These options mitigate some of the legal difficulties of kinship care.

Placement Outside the District

Many District children in need of foster care are placed in care outside the District of Columbia. Data from the Child and Family Services Division reveal that 1,409 (nearly 48 percent) of these children are placed in homes outside the District (K. Kushner, personal communication, November 18, 1997). Anecdotally, critics maintain that when children are placed outside their neighborhood, they are separated from their school, friends,

neighbors, teachers, and other local support networks. Such children must make new friends and find new support systems, in addition to adjusting to a new foster home. Proponents argue that placement with a foster parent outside the District is preferable to placement in an institution within the District.

DC Strategy

Neighborhood Collaboratives

In the “LaShawn Revised Implementation Plan” submitted to the court in March 1997, the former General Receiver, Jerome Miller, outlined action steps to address the need to recruit foster and adoptive parents. This strategy included the following: funding some of the administrative costs for families in need; raising the minimum foster board payment to the U.S. Department of Agriculture average; and expanding support to foster parents (Miller, 1997). The most important part of this recruitment strategy involved neighborhood collaboratives.

Miller worked to revamp the child welfare system by focusing on a child-oriented model of service delivery that “calls for the development of a new, public/private partnership with a broad range of community based non-profit agencies and organizations, the faith community, and other supportive residents” (DC Agenda, 1997). The network of Healthy Families/Thriving Communities (HFTC) Collaboratives includes seven community-based collaboratives⁴ formed “to develop and implement a community- and neighborhood-driven child protection and family support service delivery system” (DC Agenda, 1997). The aim of this decentralized approach is to “addresses the system’s entrenched isolation from the community it is charged to serve,” and will enable the centralized agency to focus on the main responsibility of achieving program outcomes (DC Agenda, 1997).

An article in *The Washington Post Magazine* (May 4, 1997) reported that this decentralization

works by “spreading it out to the neighborhoods of the city through a network of local organizations called collaboratives” (Finkel, 1997). The article noted that some social workers feared that this type of change would undermine their role. Jerome Miller explained that under this approach, social workers would still be at the core of the system but would coordinate their efforts with people active in specific communities. For example, community individuals might recruit foster families in the neighborhood, “so the children wouldn’t have to be shipped away from their friends and school and whatever else might be constant in their lives” (Finkel, 1997). Thus, the District hopes that this effort will decrease the number of children placed outside the District.

Fred Taylor, executive director of For the Love of Children, explained that some of the collaboratives are working to recruit neighborhood families as foster parents for neighborhood children only. Some difficulty in achieving this goal may arise when neighborhood foster parents who have an open bed are asked to accept a child from another neighborhood, and do so because of financial reasons. Whether this concept materializes remains to be seen, since the approach is currently in preliminary stages (F. Taylor, personal communication, January 14, 1998).

Transitions

As noted earlier, the new General Receiver, Ernestine Jones, assumed her duties in fall 1997. Jones has not yet formally unveiled her vision or strategy for the Child and Family Services Division, but recently announced that work has begun on “the task of building a new agency—one that not only addresses the issues associated with [the court order in *LaShawn A. v. Barry*], but also focuses on creating a foundation for good social work practices” (Loeb, 1998).

Thomas C. Wells, Executive Director of the Consortium for Child Welfare, remarked that “what [Jones] has not done is decide how services

will be provided” (Wells, as cited in Loeb, 1998). *The Washington Post* further noted that “Jones has spent nearly all of her time rebuilding agency infrastructure that Miller worked hard to dismantle” (Loeb, 1998). Whether Jones will continue or discontinue the focus on neighborhood collaboratives remains unclear.

National Trend

Neighborhood-based services represent a trend among numerous agencies and governments across the country. For example, The Annie E. Casey Foundation designed a Family to Family Initiative that offers states the opportunity to reform their system and achieve specific goals, including the development of a network of neighborhood-based, culturally sensitive family foster care located in the child’s community; reduced reliance on institutional or “congregate care” by meeting the needs of many more children currently in those settings through provision of family foster care; and increases in both the number and the quality of foster families to meet projected needs (The Annie E. Casey Foundation, *Family to Family*, 1997).

Similarly, the Center for the Study of Social Policy has collaborated with a number of states that are implementing or planning for local governance. The Center explains that new decision-making strategies are at the core of local governance. Thus, localities will make “decisions that are based on a community perspective, not just an agency perspective, decisions that reflect a wide range of community voices” (Center for the Study of Social Policy, *Toward New Forms of Local Governance*, 1996). Noting that the federal pattern of devolution contributes to the importance of neighborhood-based services, the Center affirmed: “Neighborhoods are the place where the ‘buck’ of devolution finally has to stop. Whether they want it or not, and regardless of whether it makes sense or not, local officials and neighborhood leaders will find themselves inheriting many responsibilities which were previously vested with higher levels of government” (Center for the Study of

social Policy, *Neighborhood Strategies to Support Families*, 1996). The Center also noted that the neighborhoods will require the support and collaboration of state and local entities.

In the report *Child Protection: Building Community Partnership*, child welfare experts note the considerable time commitment inherent in the development of community-based approaches (Farrow et al., 1997). Farrow cautions that building community networks will not occur overnight, and that neither the public nor agencies should expect an immediate solution: “Building [community partnerships] requires years of work as communities determine for themselves how to engage more citizens in child safety and organize their resources more effectively” (1997).

Additional Policy Considerations

Federal Waivers

The Clinton Administration has granted waivers of federal regulations to the states so that they can enact reforms. Some of the demonstration projects approved by the U.S. Department of Health and Human Services (DHHS) specifically address deficits in the number of foster parents.

Maryland’s program, for example, will use the funds “to support the care of children in private guardianship. Previously these funds could be used primarily to pay for the room and board of children in foster care only” (DHHS, 1997). Maryland hopes this financial incentive will convince more foster caregivers to become private guardians. The program, according to DHHS, “reflects the knowledge that placement with relatives eases separation trauma. By creating formal, subsidized guardianship arrangements, Maryland expects that such placements will improve service delivery and enhance permanency” (1997).

California also changed the landscape of kinship care with the waiver. Part of its overall plan includes a Kinship Permanence Program that will

place adolescents with relatives in a guardianship arrangement (DHHS, 1997). This arrangement, which will have benefits similar to the Maryland project, aims to ease some of the previously noted legal and emotional entanglements of kinship care.

Similarly, Delaware’s demonstration project “will use federal foster care funds for assisted guardianship placements for children who cannot be reunited with their parents.” DHHS notes that this project avails the system by providing an alternative placement (DHHS, 1997).

Retention

Retention of foster parents is a significant part of the solution. The National Foster Parent Association reports that “as many as 60 percent of foster parents quit in the first twelve months” (The Annie E. Casey Foundation, *Recruitment, Training, and Support*, 1997). In 1989, the U.S. General Accounting Office identified the following problems in recruitment and retention of foster parents: lack of respect from professionals; low reimbursement rates; little or no respite; difficulty obtaining liability insurance; insufficient pre-service and in-service training; and devaluation of foster family care (Ooms, 1990).

In New York City, Leake and Watts used the following methods to provide training and assistance to foster families of children with HIV: training sessions for citywide staff and foster and adoptive parents, held at Hunter College School of Social Work; on-site staff and foster parent training sessions at the offices of other agencies; technical assistance reviews at the offices of other agencies; foster parent support groups; staff support groups; telephone helpline; and a network bulletin distributed to 2,100 persons (Goodbody, 1992).

Reimbursement Rates

In dealing with problems of recruitment and retention, some have suggested raising the reimbursement rate, a stipulated monthly amount with

which families are expected to cover most of the costs of raising the foster child. In 1993, the U.S. Department of Agriculture estimated the cost of caring for a child in a middle-income, two-parent household at \$572/month. Two years later, the American Public Welfare Association estimated that in 1995, foster parents received \$344/month, on average, to pay for the expenses of a two-year-old child (Hunt, 1997). Thus, the financial support given to foster parents rarely covers all of the costs, and, as a result, foster parenting usually involves “considerable financial drain” (Watson, 1994).

In 1990, Michael Reagen stated the following in testimony before the Select Committee on Children, Youth and Families, U.S. House of Representatives: “The traditional foster care model, I think, frankly, is romanticized public-spirited volunteers paid a fraction of the costs of rearing a child, providing home-based care for abandoned children.... The reimbursement rates for foster care are too low to make such care economically feasible for many families” (U.S. House of Representatives, 1990). The Select Committee’s report also cited a need to secure liability insurance for foster families, timely reimbursements, medical coverage for children, and staff support for foster parents.

The Child Welfare League of America states that “approximately 22 percent of foster parents who stop fostering do so for financial reasons” (Barbell, as cited in Hunt, 1997). However, this is not the primary reason that foster parents quit. The Annie E. Casey Foundation noted that “surveys of foster parents repeatedly find that the primary reason they give for dropping out of foster care programs is lack of responsiveness, communication, and support from the foster care system” (The Annie E. Casey Foundation, *Recruitment, Training, and Support*, 1997).

Innovative Recruitment Strategies: Outreach and Education

Professional advertising can be an effective recruitment tool. Connecticut, for example, has contracted with an advertising firm on a pro bono basis to develop an ad campaign for foster parents (K. Barbell, personal communication). As part of the National Foster Care Awareness Campaign in association with the Child Welfare League of America, KCTS Television produced a documentary film by Kathryn Hunt entitled *Take This Heart*. The campaign invites television stations to help “build awareness about foster care and mobilize communities to take action to improve the lives of children in foster care” (Hunt, 1997). One DC television station has received a mini-grant to fund this project (K. Barbell, personal communication, December 1997).

Another innovative strategy is to search previously ignored populations (e.g., the elderly, singles, or low- or fixed-income individuals) to increase the pool of foster families (Goodbody, 1992). Individuals may be unaware that they qualify to become foster parents. In fact, foster parents may be single, married, widowed, or divorced; they may stay at home with the children or work outside the home; they age may range from 21 to retirement age—in fact, retirees are often excellent foster parents (Hunt, 1997). Outreach and education can help tap sectors of the population who might be interested in becoming foster parents but are not aware of the opportunities.

Conclusion

The shortage of local foster parents presents a significant challenge to the District of Columbia’s child welfare system. A variety of factors contribute to the shortage, including a rise in the number of children entering the system, a decline in the percentage of non-relative foster parents, and a high dropout rate among foster parents. The District has turned to kinship caregivers, emer-

gency foster families, and foster parents outside the District to provide relief. The Child and Family Services Division and the rest of the District child welfare community need to evaluate the advantages and disadvantages of these approaches as well as the short-term and long-term effects on the children served by the child welfare system.

The District faces complex challenges in its efforts to improve the child welfare system, because of unique governance concerns, receiver-ship, and tri-jurisdictional dynamics. As stated earlier, the District has a variety of policy options to implement, running the spectrum from systemic restructuring and federal waiver applications to

public relations through media advocacy and grassroots community education.

Ernestine Jones, the recently appointed Receiver, has many options as she prepares a new vision or direction for the Child and Family Services Division. One component that should receive continuing emphasis is the recruitment of new foster parents. Some of the strategies considered have already proved useful in this process, and some new ones should be discussed. Of great importance is the dimension and opportunity for debate that public forums such as the DC Family Policy Seminar offer to the child welfare community and to the District community at large. ■

¹ This influx of youth into the child welfare system has been attributed to several causes: (1) the onslaught of crack cocaine; (2) The Child Abuse and Protection Act of 1974, which requires professionals to report suspected incidents of child abuse and neglect; (3) wider societal recognition of the problem due to increased media coverage; (4) "AIDS and the number of children born exposed to the AIDS virus, most of them abandoned at birth" (Jost, 1997); (5) "An increase since 1985 in the number of children born to teenage girls" (Jost, 1997); (6) "an increase over the past decade in the number of children born to unmarried women" (Jost, 1997); and (7) "an increase in the number of homeless children and children living in poverty" (Children's Defense Fund, as cited in Jost, 1997).

² Numbers do not add up to total provided by Child and Family Services. Percentages are rounded and therefore do not equal 100 percent.

³ This table was replicated from information provided by the Consortium for Child Welfare, Placement and Identification Referral Office.

Age	Traditional Foster Home		Traditional Group Home		Therapeutic Foster Home		Therapeutic Group Home		Independent Living Program		Teen Mother Program	
	M	F	M	F	M	F	M	F	M	F	M	F
0-2	29	16	0	0	4	2	0	0	0	0	2	0
3-6	17	6	0	1	5	3	0	0	0	0	1	0
7-12	16	11	0	0	10	6	1	0	0	0	0	1
13-17	6	14	16	21	13	12	10	8	14	19	0	12
18-21	0	2	1	3	3	4	6	2	9	16	0	6
Total	66	47	16	22	32	23	11	8	14	19	4	19

⁴ The following list from DC Action for Children (1997) encompasses the seven DC Collaboratives:

- The Columbia Heights/Shaw Family Support Collaborative*
Lead Agency: For the Love of Children
- The Edgewood/Brookland Family Support Collaborative*
Lead Agency: Beacon House Community Ministry
- The North Capitol Area Healthy Families/Thriving Communities Collaborative*
Lead Agency: Center City Community Corporation
- The Mid-Northeast Family Support Collaborative*
Lead Agency: Healthy Babies Project
- The East-of-the-River Family Strengthening Collaborative*
Lead Agency: Marshall Heights Community Development Organization
- The South Washington, West-of-the-River Family Strengthening Collaborative*
Lead Agency: Center for Youth Services
- The Far South East Family Strengthening Collaborative*
Lead Agency: Anacostia/Congress Heights Partnership

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Appendix A

Receivership History

The District of Columbia has the first child welfare system in the United States to have its entire system seized by the court (Locy, 5/95). Originally, the Child And Family Services Division of the Family Services Administration of the Commission on Social Services of the District of Columbia Department of Human Services administered the foster care system. In 1989, The American Civil Liberties Union (ACLU) filed the case, *LaShawn A v. Barry* on behalf of the city's abused and neglected children. In 1991, the United States District Court for the District of Columbia concluded in an opinion that, "the system was operated in violation of federal law, District law and the United States Constitution." (Hogan, 1995) Subsequently, "the parties and court-appointed Monitor worked before a backdrop of further legal proceedings to plan and implement reforms which would alleviate the violations." The Court adopted the Monitors' Implementation plan, and the monitor and the parties worked on remedial efforts.

Starting in December of 1992, the ACLU filed three requests that Hogan hold the District Government in contempt of court for their failure to honor the terms of the LaShawn agreement. In response to their third request, on May 22, 1995, Judge Hogan of the US District Court for the District of Columbia noted that "Four years and two mayoral administration later, however, many if not most of the problems remain" (Hogan, 1995). He described the remedial phase as "marked by repeated cycles of noncompliance and sluggish progress, frustration and requests for court intervention, promises to improve, and further non-compliance after a flurry of attempts to make short-term changes." He concluded that "the

defendants either cannot or will not make the fundamental changes necessary to improve the plight of abused and neglected children" (Hogan, 1995). Therefore, Hogan granted the plaintiffs, LaShawn A. et al., motion for contempt and imposed a full receivership (Finkel, 1997). A General Receivership is answerable to Judge Hogan, not to the District of Columbia (Finkel, 1997).

Prior to Judge Hogan's order, no independent child welfare agency existed. Thus, the first task of the General Receiver was to separate responsibility for child welfare from DHS. In addition to resolving the problems noted by Judge Hogan, the Receivership "had to create its own financial, personnel, contracting and budgeting infrastructure, none of which was contained in its own budget" (Miller, 1997).

Several individuals have donned the mantle of Receiver since the court order. On May 22, 1995, Judge Hogan first appointed Dr. Jerome G. Miller as Child Welfare Receiver. *The Washington Post Magazine* noted that "it took him, by his own calculations, eight months just to figure out exactly what he had inherited, including such basic things as the size of his budget. First Hogan told him it was \$56 million, he says, then DHS (the Department of Human Services) said it was actually \$52 million, then one of his own financial people said was well over \$100 million and perhaps as much as \$130 million" (1997). Similar disparities arose with his attempt to determine the size of the staff. Miller resigned in June of 1997.

Wilfred Hamm temporarily replaced Miller but "quit the temporary post... after he did not get the permanent job" (Finkel, 10/97). Effective November 3, 1997, Ernestine Jones gained the permanent

position.

The Center for the Study of Social Policy also plays a major role as court appointed Monitor of the Receiver. On January 6, 1997, the Court ordered the Center to resume a function as Monitor and that the Center file quarterly progress reports with the Court on the Progress of the Receivership. (Center for the Study of Social Policy, Progress Report, 1997).

Appendix B

Glossary of Terms

Family Foster Care refers to the care of children separated from their parents because of abuse, neglect, or other special circumstances who live with unrelated adults licensed or approved as foster parents by a public child welfare agency (CWLA, 1993).

Family foster care maintenance payments: the basic rates at which each state reimburses foster parents for the costs of food, clothing, shelter, daily supervision, school supplies, general incidentals, liability insurance for the child, and reasonable travel to the child's home for visits (CWLA, 1993).

Multiple Placements: A child has lived in numerous foster homes and/or group and residential treatment facilities (Hunt, 1997).

Private Foster Care Agency: An Agency that has a contract with the public foster care agency to provide services to families and children in foster care while the children remain in the state's custody (Hunt, 1997).

Public Foster Care Agency: A state agency with custody of children who have been removed from their homes due to risk of abuse or neglect. The public foster care agency can either provide services directly to the families and children or contract this work out to private foster care agencies (Hunt, 1997).

Residential Group Care is care given to children separated from their parents because of abuse, neglect, or other special circumstances who live in a broad range of settings, including community-based group homes, campus-based facilities, self-contained group care settings, emergency shelters, and secure facilities (CWLA, 1993).

Residential Treatment Settings: facilities or distinct parts of facilities that provide 24-hour-a-day, highly structured, intensive, and planned therapeutic interventions for children and adolescents who have severe mental, emotional, and behavioral disorders (CWLA, 1993).

Therapeutic Care: Children placed in therapeutic foster homes and therapeutic group homes have severe emotional problems. Foster parents, group home parents or other professionals working with these children receive further training around behavior management (N. Lescher, Personal Communication, 01/27/98).

Independent Living Program: a component of the federal Title IV-E Foster Care and Adoption Assistance Program that assists youths in making the transition from out-of-home care to living on their own. All youths age 16 to 18 in out-of-home care, including those who are not eligible for federal Title IV-E, are eligible for the Independent Living Program for six months following discharge from care (CWLA, 1993).the United States under orders of supervision; persons who have lived in the United States continuously since January 1, 1972; aliens granted stays or suspension of deportation; and aliens whose departure INS does not contemplate enforcing.

Appendix C

District Resources

The following section a brief description of services available to children and families within the District of Columbia. This list was obtained through informal surveys with local organizations and advocates and does not represent a comprehensive analysis of local resources. Descriptions are intended for purposes of reference rather than recommendations.

Center City Community Corporation

1190 First Place, N.W.
Washington, DC 20001
Edward Nesbitt, Executive Director
(202) 789-0446

Center City Community Corporation (4C's) is a non-profit, tax exempt organization, incorporated in 1976 to research, design and administer community development programs to improve the quality of life. Center City provides services in the areas of employment, housing, education, crisis intervention and youth development projects.

Center for Child Protection and Family Support, Inc.

714 G Street, S.E.
Washington, DC 20003
Joyce Thomas, President
(202) 544-3144

This community-based, family-centered, child-focused facility provides multidisciplinary prevention services to young families. The Family Support Center focuses on parenting and life management skills education, home visiting, client-planned social/recreation activities, and substance use and violence prevention activities for young children and their families—all in a culturally relevant atmosphere that draws on inherent family and cultural strengths.

Columbia Heights/Shaw Family Support Collaborative

711 A 14th Street, N.W.
Washington, DC 20009
Diane Hiddick, Director
(202) 462-8686

The Columbia Heights/Shaw Family Support Collaborative is committed to strengthening the families of these two neighborhoods. The Collaborative's goal is to build a neighborhood, prevention based family support network in the Columbia Heights and Shaw neighborhoods by building a shared vision for comprehensive family support. By building on community capacity to work with children and families, the collaborative will work to develop a strengths-based, family-focused, neighborhood-based, public/private infrastructure capable of protecting children and preserving, strengthening, and unifying families.

Consortium for Child Welfare

300 Eye Street, N.E.
Suite 106
Washington, DC 20002
Tom Wells, Director
(202) 547-8483

The Consortium for Child Welfare is a collaborative of committed, family-serving, not-for-profit agencies delivering critical assistance to children in the District of Columbia who suffer from abuse or neglect. The Consortium's mission is to develop, strengthen, and improve services to children and families in the District of Columbia's child welfare system. The Consortium member agencies offer a wide range of services to children and families including traditional and therapeutic family-based foster care, group and transitional housing, teen mother housing, national and international adop-

tions, refugee placement, homeless and runaway shelters, family preservation programs, and medical care and mental health programs.

DC Action for Children

1616 P Street, N.W., Suite 420
Washington, DC 20036
Liz Siegel, Executive Director
(202) 234-9404

DC Action for Children (DC Act) is an independent, nonprofit, multi-issue advocacy group dedicated to improving the lives of children and families in the District of Columbia. DC Act advocates for building community wide support for preventive, comprehensive, and integrated services delivered at the neighborhood level. DC Act works with local providers, policymakers, and citizens on behalf of District children and families to ensure that their basic needs are met and their rights protected.

(D.C. Commission on Social Services)

Child and Family Services - Foster Parent Training

609 H Street, N.E.
Fifth Floor
Washington, DC 20002
Sylvester Judge, Director of Foster Parent Training
(202) 727-3161

The D.C. Commission on Social Services Foster Parent Training Program provides foster parent training services to enhance the quality of life for the children and families of the District of Columbia.

East of the River Family Strengthening

Collaborative

3917 Minnesota Avenue, N.E.
Washington, DC 20019
(202) 397-7300
Shirley Profit

The goal of the East River Family Strengthening Collaborative is to develop a community based model for child welfare service delivery that both respects and cherishes the

integrity of families and their values and also provides tools/elements of self-sufficiency and community empowerment. Achieving this goal will contribute to rebuilding the Ward 7 community in a manner that realizes a collective vision for children and families.

Edgewood/Brookland Family Support Collaborative

1345 Saratoga Avenue, N.E., Suite #2
Washington, DC 20018
Cynthia Booker, Co-Director
Louvenia Williams, Co-Director
(202) 832-9400

The Edgewood/Brookland Family Support Collaborative (EBSFC) is a community based network of organizations and residents working together to achieve the common goal of promoting supportive environments to optimize the growth and development of youth, families, and individuals and thus, the communities. EBSFC's mission is to create an infrastructure which supports and strengthens all of the members of the community, individually and collectively. Working from a strengths based focus and through the service efforts of residents and other community stakeholders, the collaborative will ensure that the community is healthy and thriving because of all its members.

Family Health Program Center for Mental Health

2041 Martin Luther King Jr. Avenue, S.E.
Fourth Floor
Washington, DC 20020
(202) 889-5255
Johanna Ferman, Medical Director Chief Executive Officer

The Center for Mental Health's Family Health Program, a national demonstration model, is a comprehensive family-centered program designed to meet the needs of substance-abusing women and men, and prepartum and postpartum women and their children. The program provides cost-effective treatment and rehabilitation by inte-

grating mental health services, substance abuse services, and health-related services into the overall treatment recovery plan for the individual and/or family. These services include family therapy, parent psychotherapy group programs, and parent training programs.

Far Southeast Family Strengthening

Collaborative

2401 Martin Luther King Jr., Avenue, S.E.
Suite 302
Washington, DC 20020
Joy Smith, Director
(202) 889-2102

The Far Southeast Family Strengthening Collaborative is a partnership of residents, agencies and institutions in the Far Southeast community that have come together to create a healthy socio-economic environment through which every child and family has opportunities to achieve their maximum potential and to lead a productive life. Their goal is to develop a plan to better coordinate services to children, youth and families in Far southeast.

Foster Home Recruitment, Training and Retention

Child and Family Services Division
625 H Street, N.E.
Washington, DC 20002
Sylvester Judge, Supervisor

The mission of the Recruitment, Training and Retention Units is to work in concert with Child and Family Services agency staff, various institutions and collaborative organizations to establish a grass roots, community-based recruitment, training and retention service continuum.

Mid-Northeast Collaborative

1507 North Benning Road, N.E., Lower Level
Washington, DC 20002
Isadore Lane, Project Director
(202) 396-2809

The mission of the Mid-Northeast Collaborative is to regain the family through the

development of a community based model. The collaborative hopes to reduce and prevent child abuse and neglect in the mid-northeast section of the District of Columbia by identifying available resources to improve the quality of life for families.

North Capitol Healthy Families/Thriving Communities

45 P Street, N.W.
Washington, DC 20001
Thomas Blanton, Director
(202) 483-9424

The North Capitol Healthy Families/Thriving Communities Collaborative for the LaShawn General receivership is a community based network caring for abused and neglected children, working to build healthy families and a stronger community. The Collaborative's target area boundaries are: Constitution Avenue on the south, Bryant Street on the north, First Street, N.E. on the east and sixth Street, N.W. on the west.

Appendix D

National Resources

American Public Welfare Association

810 First Street, N.E., Suite 500
Washington, DC 20002-4627
Linda Wolf, Acting Executive Director
(202) 682-0100
<http://www.apwa.org>

The American Public Welfare Association (APWA) is a nonprofit, bipartisan organization of individuals and agencies concerned with human services. Its mission is to develop, promote, and implement public human service policies that improve the health and well-being of families, children, and adults. APWA educates members of Congress, the media, and the broader public on what is happening in the states concerning welfare, child welfare, health care reform, and other issues involving families and the elderly.

ARCH National Resource Center for Respite and Crisis Care Services

800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
Linda Baker, Director, Policy Person
(919) 490-5577
75124.3171@compuserve.com
or Lbaker@intrex.net

The mission of the ARCH National Resource Center is to provide support to service providers and families through training, technical assistance, evaluation and research.

Center on Budget and Policy Priorities

820 First Street, N.E., Suite 510
Washington, DC 20002
Robert Greenstein, Executive Director
(202) 408-1095
<http://www.cbpp.org>

The Center on Budget and Policy Priorities is a

nonpartisan research organization and policy institute that conducts research and analysis on a range of government policies and programs, with an emphasis on those affecting low- and moderate-income people.

Child Welfare League of America (CWLA)

440 First Street, N.W.
Washington, DC 20001
Kathy Barbell, Director of Foster Care
(202) 638-2952
www.handsnet.org/cwla

The Child Welfare League of America is a federation of public and private non-profit agencies and organizations dedicated to serving vulnerable children, youth and their families.

Children's Defense Fund (CDF)

25 E Street, N.W.
Washington, DC 20001
MaryLee Allen, Director, Child Welfare and Mental Health Division
(202) 662-3573

The Children's Defense fund exists to provide a strong and effective voice for all the children in America, who cannot vote, lobby or speak for themselves, including children who are abused and neglected.

Family Research Council

800 G Street, N.W.
Washington, DC 20001
William Mattox, Co-Chair, Renewal Director
(202) 393-2100

The Family Research Council (FRC) is an independent, nonpartisan, nonprofit organization that analyzes issues affecting families, and works to ensure that the interests of families are considered

and respected in the development of public policy. Publications include the bimonthly magazine *Family Policy* and the monthly newsletter *Washington Watch*.

Generations United

c/o CWLA
440 First Street, N.W.
Washington, DC 20001
Judith Leavitt, Executive Director
(202) 662-4283

This organization promotes using intergenerational approaches to meet a wide variety of community needs, such as intergenerational child care, education and literacy programs and mentoring projects and programs for at-risk youth and persons with disabilities.

Human Service Collaborative

2262 Hall Place, N.W., Suite 204
Washington, DC 20007
Sheila Pires
(202) 333-1892

The Human Service Collaborative (HSC) helps agencies and communities to develop policies and programs to achieve effective, individualized, comprehensive, family-centered, community-based, and culturally sensitive human services for children, youth, and families; collaboration and service integration across agencies and jurisdictions; and cohesive, flexible systems of care for children, youth, and families at risk. HSC specializes in the integration of child and family service systems (including health, mental health, child welfare, substance abuse, juvenile justice, and education) at the federal, state, and local levels.

National Association of Public Child Welfare Administrators (NAPCWA)

c/o American Public Welfare Association
810 First Street, N.E., Suite 500
Washington, DC 20002
Gretchen Teft, NAPCWA Project Manager
(202) 682-0100

NAPCWA represents the interests of state and

local public child welfare administrators around the country. Its mission is to enhance and improve public policy and administration of services for children, youth and their families.

National Court Appointed Special Advocate (CASA) Association

100 West Harrison Street
North Tower, Suite 500
Seattle, WA 98119-4123
Staff
(800) 628-3233
www.nationalcasa.org

National CASA is a nationwide organization of programs that train community volunteers to speak for abused and neglected children in court. CASA volunteers, appointed by a judge, conduct thorough research on a child's case, review files, talk with parties involved, particularly the children, and make recommendations to the court as to what they believe is best for the child. CASAs also monitor the case, helping to assure the child remains safe until a permanent resolution is reached.

National Foster Parent Association

608 Hanson Street
Madisonville, KY 42431
(502) 825-0097
(1-800) 557-5238
Shirley Hedges, President

The National Foster Parent Association provides services, support and training to foster parents nationally.

National Governors' Association Center for Best Practices

444 North Capitol Street, N.W., Suite 267
Washington, DC 20001
Raymond Scheppach, Executive Director
(202) 624-5300
<http://www.nga.org>

The National Governors' Association (NGA) Center for Best Practices conducts and provides numerous activities and services to governors and

their staff in order to support state efforts to reform the welfare system. NGA works closely with states to share information about state-based initiatives and best practices; synthesize and disseminate information; provide customized research and analysis; and work with governors and their staff to strengthen partnerships with the private sector.

National One Church, One Child, Inc.

317 Winewood Boulevard

Building 7, Room 221

Tallahassee, FL 32301

Patricia O'Neal-Williams, Executive Director

(904) 488-8251

National One Church, One Child, Inc. is an initiative that informs African-American church congregations about the role other congregations and the larger community can play in ensuring permanency for African-American children in foster care systems.

**North American Council on Adoptable Children
(NACAC)**

970 Raymond Avenue, Suite 106

Saint Paul, MN 55114-1149

Jeanette Weidemeier Bower, Project Manager

(612) 644-3036

NACAC@aol.com

The Council advocates for the right of every child to a permanent, continuous, nurturing and culturally sensitive family, and presses for the legal adoptive placement of any child denied that right.

About the DC Family Policy Seminars

The DC Family Policy Seminar (DC FPS) is a collaborative project of the Georgetown Public Policy Institute (GPPI)* and its affiliate, the National Center for Education in Maternal and Child Health (NCEMCH). The mission of the DC FPS is to provide District policymakers with accurate, relevant, nonpartisan, timely information and policy options concerning issues affecting children and families.

The DC Family Policy Seminar is coordinated by Hilary Kao, Project Director, National Center for Education in Maternal and Child Health, 2000 15th Street, North, Suite 701, Arlington, VA 22201. Phone: (703) 524-7802.

*In January 1997, the Graduate Public Policy Program became the Georgetown Public Policy Institute.

To receive additional information about the DC Family Policy Seminar, or to request copies of the following briefing reports or highlights, please contact Antoinette Laudencia or Katherine Shoemaker at (703) 524-7802.

- *Building the Future: Strategies to Serve Immigrant Families in the District.* October 1997.
- *Diverting our Children from Crime: Family-Centered, Community-Based Strategies for Prevention.* May 1997.
- *The Child Care Crisis in the District of Columbia: Can (or Should) Businesses fill the Gap?* March 1997.
- *Feeding our Families: Community Food Security in the District of Columbia.* November 1996.
- *Keeping our Kids Safe: Preventing Injury in DC Schools.* September 1996.
- *Fundraising for Family-Centered Organizations in the District.* July 1996.
- *Strengthening Families: Parenting Programs and Policies in the District.* April 1996.
- *Transitioning from Welfare-to-Work in the District: A Family-Centered Perspective.* February 1996.
- *Helping Families and Schools Get it Done: Mentoring Interventions in the District.* November 1995.
- *Caring for our Children: Meeting the Needs of Low-Income, Working Families in the District.* September 1995.
- *Families that Play Together: Recreation and Leisure in the District.* July 1995.
- *HIV/AIDS: Helping Families Cope.* April 1995.
- *Substance Abuse Prevention and Treatment Programs: A Family Approach.* February 1995.
- *Family-Friendly Welfare Reform: Using Welfare Policies to Strengthen the Family.* November 1994.
- *Preventing Family Violence.* September 1994.
- *Preventing Adolescent Violence.* May 1994.
- *Preventing Teen Pregnancies.* December 1993.

