Testimony of Kathleen Creamer
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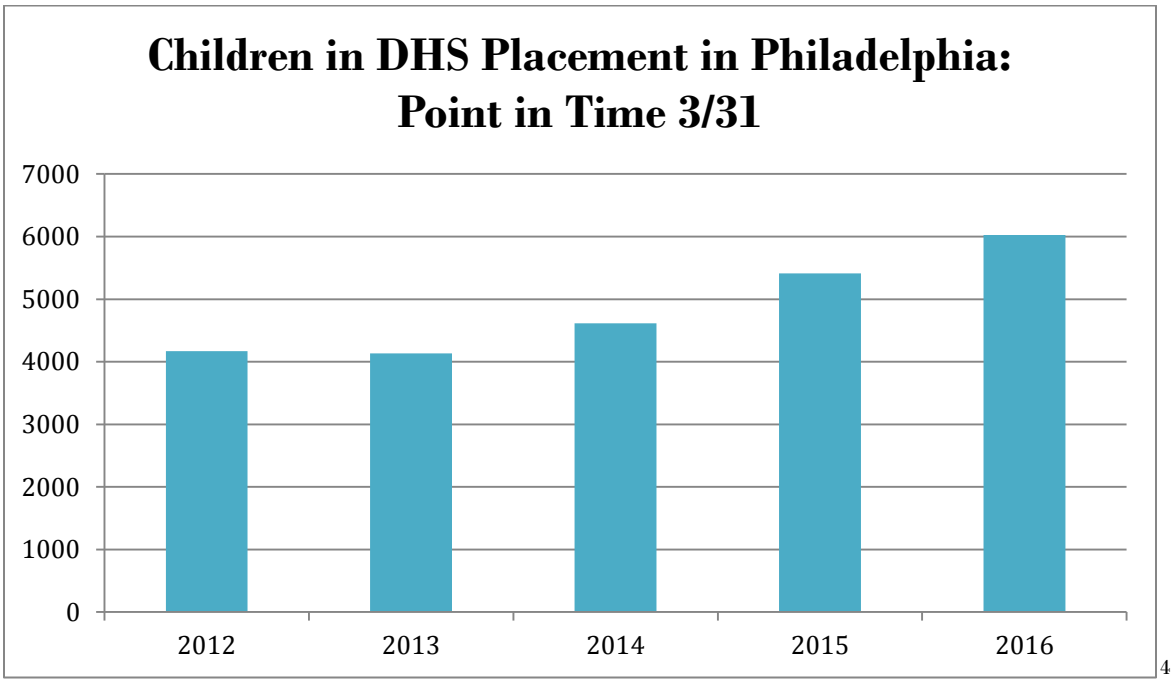
Good afternoon Chairwoman Bass and members of City Council. Thank you for the opportunity to testify on this very important issue.

My name is Kathleen Creamer and I am the managing attorney of the Family Advocacy Unit at Community Legal Services. For over three decades, the Family Advocacy Unit at Community Legal Services (CLS) has represented thousands of low-income parents in child welfare cases. We have a unique interdisciplinary practice model and a demonstrated commitment to holistic, high-quality parent representation. In addition to individual representation, Community Legal Services engages in systemic advocacy at the local, state and national level to foster positive outcomes for children and families in the child welfare system.

When DHS identified the Improving Outcomes for Children (IOC) initiative as an innovative, evidence-based model designed to serve families in their own communities, CLS was supportive and served as a participant, along with many other stakeholders, in the development of the model. We continue to support the goals of IOC, including improved, community-based services to families, a reduction in the number of children in foster care, and an increased use of kinship placement. We also continue to collaborate with Commissioner Shapiro and her staff to realize the goals of IOC, and commend her dedication and commitment to these goals. We are encouraged by some of the early successes of IOC including: increased use of kinship placements, more children placed in their own communities, and a reduction in the use of group homes and other forms of congregate care. Unfortunately, though, since the implementation of IOC, many of its initial goals have not materialized, and on many key indicators the performance of Philadelphia's child welfare system has deteriorated significantly. Many of these challenges are reflected in Pa-DHS' recent report placing DHS on a provisional license.

We believe the challenges facing IOC are directly correlated to the astonishing rise of children in DHS custody over the past several years. In 2012, when CUAs first began taking cases, there were just over 4,100 children in DHS custody. Today, there are 6,100 children in DHS custody, which represents a 50% increase in our placement population. A recent analysis shows that Philadelphia has the *highest rate of child removal of any large city in the country.*[1] When that data is controlled for poverty, we have the second highest rate of removal in the country, bested only by Maricopa County, AZ.[2] Our removal rate, controlling for child poverty, is three times that of New York City and four times that of Chicago.[3]



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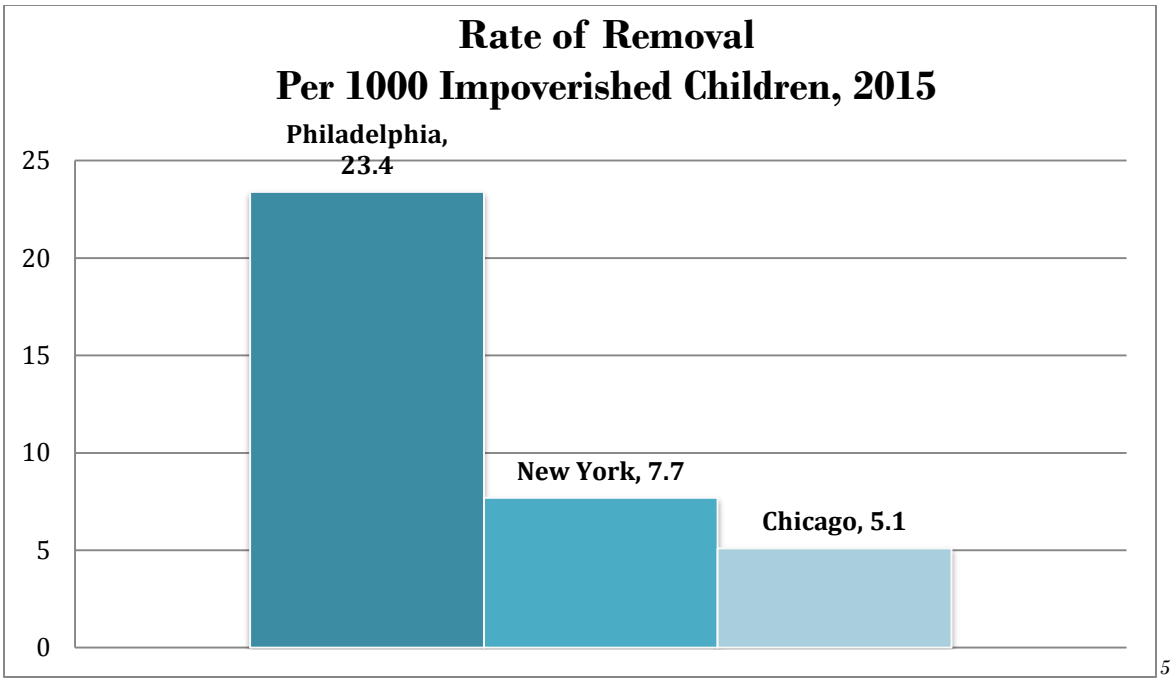
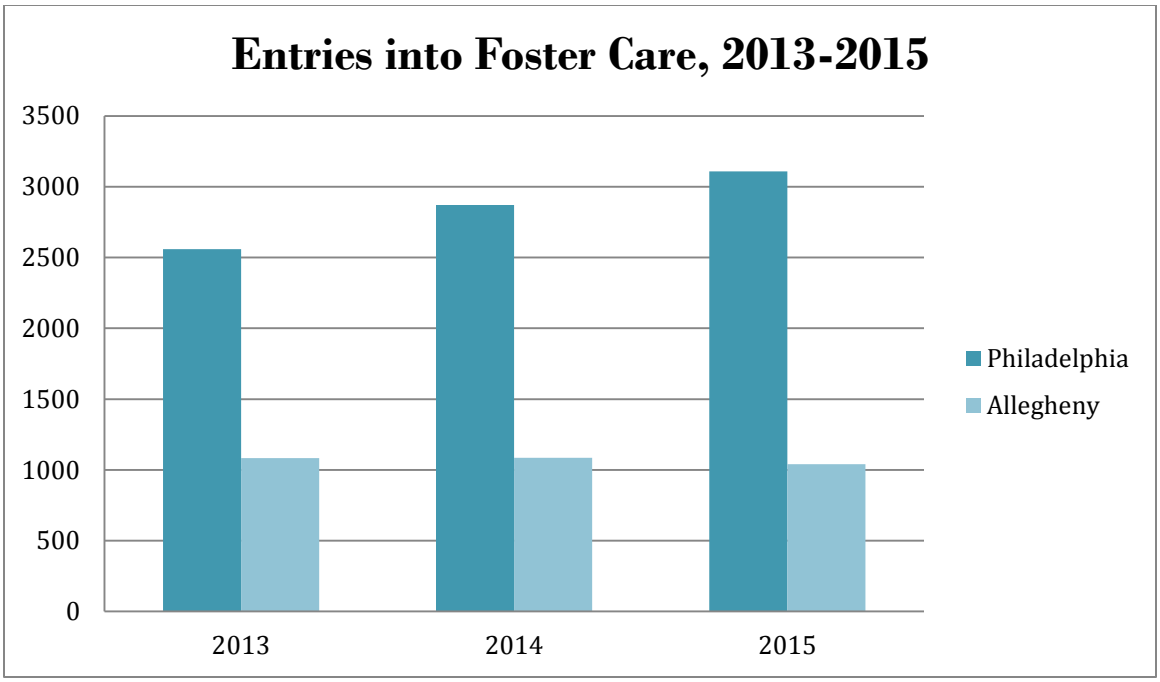
[1] http://www.nccpr.org/reports/2015BigCityROR.pdf
[2] Id. This measure looks at the rate of removal per 1000 impoverished children, and shows that Philadelphia removes more of its impoverished children than any city other than Maricopa County (Phoenix), AZ.
[3] http://www.nccpr.org/reports/2015BigCityROR.pdf
[4] Source: Data Report to the Community Oversight Board, April 29, 2016



We recognize that the changes to the Child Protective Services Law (CPSL) led to a flood of hotline calls and a dramatic increase in the workload of the hotline and intake units at DHS. We admire the diligence with which many individual DHS workers met the challenge of burgeoning caseloads in what is already a high-stress, challenging job. But it is important to note that while the CPSL does require more people to report abuse, nothing in the CPSL changes the *interventions* that DHS must offer at-risk families. By keeping the focus on family preservation whenever possible, other counties in Pennsylvania have been able to ensure that the CPSL has not meant that more children needlessly enter foster care. The experience of Allegheny County, which has the second-largest population in Pennsylvania, is instructive. In the wake of the changes to the CPSL, Pittsburgh has actually seen a *decrease* in the number of children in placement.

[5] Source: http://www.nccpr.org/reports/2015BigCityROR.pdf



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Philadelphia's very high placement population is troubling for two reasons: first, we know that most children do better in their own homes, and that foster care is an intervention that can lead to poor long-term outcomes for children; second, the high placement population is crippling the CUAs and making the goals of IOC nearly impossible to realize.

I would like to spend a moment discussing why a rise in our placement numbers is bad for Philadelphia's children. A key goal of IOC from its inception has been that "more children and youth will be maintained safely in their own homes and in their own communities while their families get services."[7] This is a commendable and necessary goal because there has been a growing understanding among child welfare experts that foster care is an intervention that should be avoided in favor of supportive, in-home interventions unless absolutely necessary. To be sure, foster care is a critical and necessary lifeline for children facing uncontrollable safety threats like physical or sexual abuse, severe mental health challenges, and deep drug dependency. However, it is also a risky intervention that inflicts trauma on children and families and is often associated with poor long-term outcomes. A landmark

[6] Source: http://www.papartnerships.org/socw2016
[7] http://dynamicsights.com/dhs/docs/Chronicle.pdf

longitudinal study conducted by M.I.T. compared children on the margins of placement with those that were removed from their homes and found that children placed in foster care are far more likely than other children at risk of foster care to commit crimes, drop out of school, join welfare, experience substance abuse problems, or enter the homeless population.[8] In recognition of the importance of keeping children safely at home whenever possible, Casey Family Programs has called on the child welfare system to reduce its foster care population by 50% by the year 2020.[9]

The rising placement population is also concerning because it directly undermines the goals of IOC. The increasing placement rates have led to an untenable workload for the new and often inexperienced case workers who are tasked with serving our most vulnerable families. The initial goal of IOC was to ensure that each caseworker had manageable caseloads that ensured that families in crisis were provided with high-quality, supportive services. Each CUA worker was to have no more than 10 families on her caseload. In the wake of the increased foster care placements and in-home services, the maximum caseload for each CUA worker was increased to 13 families, a number that is out of line with national recommendations and diminishes the ability of workers to provide individualized, intensive services to families.[10] Even more troubling, the most recent data presented to the Community Oversight Board in April suggests that 49% of CUA workers have caseloads exceeding the already-untenable 13 family cap.[11]

The reality is that most families involved with the child welfare system have real and challenging problems and need the individualized and intensive help that was envisioned by IOC. Our clients come to us facing extreme poverty, challenging school environments, domestic violence, inadequate housing, histories of trauma, and addiction and mental health issues. We know from experience that most of our families can succeed, but their success often hinges on the quality of the support they receive. In the wake of IOC implementation, our families have not yet realized the vision of intensive, individualized supportive services

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[8] *See* Joseph J. Doyle, Jr., *Child Protection and Child Outcomes: Measuring the Effects of Foster Care,* 97 AM. ECON. REV. 1583, 1583-84, 1607 (2007).
[9] http://www.casey.org/about/
[10] The Child Welfare League of America recommends a caseload of 12-15 foster children per 1 social worker. A caseload of 13 families can easily mean that a worker is responsible for 30 children, double the recommended caseload. See http://66.227.70.18/newsevents/news030304cwlacaseload.htm
[11] Data Report to the Community Oversight Board, April 29, 2016

designed to stabilize families and keep children safe. Instead, they have experienced the chaos and disruption that comes with caseworker turnover unlike anything that we have experienced in over 30 years of representing parents. It is not uncommon for a family to experience having 4, 5, or even more CUA workers over the life of their case. We hear frequently from CUA workers that given their unreasonable caseloads, they are overwhelmed, over-stressed, and are having trouble meeting their obligations to the families that they serve.

If IOC is to succeed, it is critical that we ensure reasonable caseloads so that families can get the help they truly need. It is imperative that there be a significant reduction in our foster care population and a renewed focus on prevention and serving families in crisis. One of the key reforms in the wake of the Danieal Kelly tragedy and the resulting Child Welfare Review Panel report was the implementation of a safety model of practice. DHS made a commitment to assessing families not according to their poverty or other subjective factors, but according to their ability to safely parent their children. Only children facing active safety threats were to be accepted for DHS services. And, DHS committed to deploying its prevention and in-home services to ensure that children would be removed from their homes *only* when they were experiencing safety threats that could not be addressed by supportive services.

Instead, all too often, we are seeing children removed or experiencing lengthy stays in foster care for issues that quality prevention services could ameliorate, like housing instability, truancy, a teen's behavioral problems or a parent's recreational marijuana use. It must be noted that not only are unnecessary placements bad for individual children and families, but they also create *more* risk to vulnerable children by flooding the system and overwhelming the ability of case workers to focus on our most at-risk families. While it is admirable that DHS is endeavoring to assist so many needy families, there is a very real risk that overburdened case workers will miss or be unable to attend to serious safety threats posed by families that are truly in crisis.

It is imperative that DHS refocuses on safety and limits its CUA referrals to families where safety threats are clearly documented. DHS must reassess its prevention and intake services to ensure fidelity to the safety model of practice. The safety model of practice must be implemented in a way that ensures that families are being provided services to prevent unnecessary removals and that children are being removed from their families only when it is truly necessary.

In sum, the success of the IOC model depends on ensuring case workers have manageable caseloads that allow them to provide high quality services to vulnerable families, and that success is currently threatened by the overwhelming number of children in placement. We commend Commissioner Shapiro and her team for the seriousness and diligence with which they are taking on these challenges. We are encouraged that Commissioner Shapiro is reviewing their array of prevention services to ensure that these services are truly in line with DHS' mission and focus on child safety. We also support the Commissioner's plan to engage Casey Family Programs to review the operations of the intake unit. We continue to believe in the promise of IOC, and know that a community-based model, if implemented with adequate resources and focused on families truly in crisis, is the best model for children and families. Thank you for your consideration of my comments.