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P R O C E E D I N G S

PANEL ONE: IMPLEMENTATION OF PARENT TRAINING PROGRAMS

MR. HASKINS: -- when it ends, they're not around anymore. So, especially at my age, it's always good to be around. Ninety percent of life is showing up, and here I am.

So, it's very nice to see the conclusion 12 years later. That's pretty good in this city, 12 years. You know, most of you don't stick with stuff that long. So, I'm very pleased about that.

I want to begin with some thanks, first to Mary Bruce Webb, who is in the audience right here in front. And Mary Bruce Webb has been the quarterback, the honcho, the person from the very beginning to the end of this study, and now, I am happy to say that there will be another study.

This one has gone so far for six years. There's a fifth -- I'll talk about this in just a minute. There's a fifth wave of data collection, which will finish in December, and in March, there will be another whole study. So, we're learning a lot, as I'll talk about in just a moment.

So, Mary Bruce, thank you. I also want to thank the Casey Foundation. I think a recent study shows that 96.2 percent of the activities having to do with child protection in the United States are supported by Casey funds.

So, we're very pleased to have some Casey funds, and not just for this event and all of our other events. They're a main supporter of our center. But in addition to that, they helped pay for the publication of this book.

I know all of you will be shocked to hear that books of this sort usually sell like 83 copies or something like that, and I have 46 relatives, so that accounts for approximately half the sales. So, it's goods to subsidize these books so the Brookings Press doesn't go out of business.

And then, I also want to thank my co-editors once again, Mary Bruce Webb, who held the whole thing together and especially helped us on one of the chapters. And I won't say which one until right at the end, which we decided needed total overhaul, and she jumped into the breach, and that was really terrific.

And Fred Wulczyn, who is going to moderate the first panel -- and Fred was really a terrific editor and actually is sort of the godfather of the way we organized this project. The ideas are primarily his. I specialize in stealing other people's ideas and claiming them as my own, and it was Fred's ideas that I stole in this case. So, Fred, thank you very much.

So, let me just give you a very brief overview of the study, very brief. For those of you dying to know more about it, chapter one goes into some detail. And if you want to know still more, you can call Mary Bruce and she can send you hundreds of pages of documents about this study, because it's really an amazing elaborate study with tons of data in it.

It was authorized by the 1996 Welfare Reform Bill, a very small obscure provision that I think probably about 11 people knew about. And it was

to fund this great longitudinal study. And we did it because of two things that were then very clear.

And to be absolutely honest, there are very few members of Congress who followed this issue except in some, you know, go to their district and say something to their district. But to really follow it and know about the federal legislation -- Federal Legislation, Title 4E of the Social Security Act is very complex.

So, there were only relatively few people, and one of them was Nancy Johnson on the Ways and Means Committee. And either Moynihan -- I could never figure this out -- or his staff understood pretty well. So, they were immediately attracted to this idea, so we could call it bipartisan. And actually, we agreed to it, tucked it away in a bill, and it never came up. So, we passed it. Six million -- is it six million a year for on and on and on still? Money is still rolling in. Mary Bruce takes about half off the top and uses the rest to do research.

And we wanted to do two things. First, we want to describe the nation's child protection system. You'll notice I have system in quotation marks there, because we don't have a national child protection system. We have a million county systems, and they differ a lot.

So, nobody really knew what the characteristics of the kids were, of the people in the system, of the courts and so forth. So really, a major purpose of the study was simply to describe what actually goes on out there.

And then the second thing Nancy Johnson and a few others were really focused on, we need to know more about child outcomes. And that was something that the system did not do a very good job of, producing good information about child outcomes. So, we have a fair amount of information about child outcomes in the study.

So, those are the two things that Congress was -- I say Congress, but a few people in Congress, and everybody else went along with them. And that's why we did this study.

So, there's a very elaborate sampling plan devised primarily by brilliant minds at HHS, of which there are many and also at the Research Triangle Institute, real experts in the stuff. The probability counties get in the sample is proportionate to how big the county is. You have to have that to have a national random sample.

So, once you identify the counties, and some dropped out and some additional ones were selected and so forth, then they're a random selection. You start with reported cases of abuse or neglect and then a random sample of the confirmed cases in 5,501 kids.

In addition, we hoped and we were very pleased that they decided to do a second sample, because a lot of kids don't get taken into foster care, and some of them don't stay in there very long. If you really want to get information about foster care itself, then it's a good idea to take a specific sample of kids who've been in foster care one year, because the research shows if you get a

sample that's been in one year, they're going to be in for a long time. I mean, that's the probability.

So, there -- that produced a sample of 727 kids, selected because they had been in foster care one year, and that gives a lot of information about what happened to them as they struggled through the system.

And then -- and a kind of surprising benefit, the National Institute of Mental Health decided that they would do a companion study. And they took some of their copious resources. I mean, those guys, they have serious money over there. And they decided they would do a study of the institutions in the same counties of the policies and the practices of the institutions that provide either physical health or mental health, so you can actually correlate these two things, what happens with the kids and the families and the availability and how they -- what their practices and policies are at these institutions that deal with physical and mental health. And there's actually a paper in the volume that tells about that.

So, what kind of measures did we get? As I said, if you dropped the computer printouts just to describe all the measures on your toe, you'd have a broken toe. It's amazing how much data is produced by a longitudinal study. And in this case, they have information from records, from social workers, from parents, from children, and once the kids went to school, information from the school and from the teachers.

And there are five different times of data collection at baseline, so the kids are various ages, as you would expect from a sample. And it reflects what the actually age is of kids in proportion in the actual child protection programs in the country. And then you follow those kids as long as you can. Attrition is always a problem in a longitudinal study, but this one did a wonderful job of preventing attrition.

And so you back at 12, 18, 36, and now, the last sample, I think about the average would be something like 6 and a half years of following these kids that are longitudinally in the child protection system. And we've never had anything like this that could claim to be nationally representative, so it's a great achievement.

And then finally, child measures -- at the end of the first chapter is a 13 page appendix that lists the measures. So, for those of you who are really curious about this kind of thing, take an hour and a half and look through the measures.

Now, this is just a select set of the findings, and I do want to mention a few of them because I think they're quite fascinating. The first one was absolutely astounding to me. I have a slight background in disability because I was with the Frank Porter Graham Center at the University of North Carolina for many years, and that's all about disability.

And I was amazed to find that a very nifty study here showed that about 58,000 kids are qualified for federal dollars to get disability treatment and

17,000 of these kids are actually receiving it. I mean, this will give you an idea about the efficiency of the system. This money is available and yet, it goes unused by kids who are actually identified by the child protection programs in the country.

Thirty percent of the women involved in the system are abused. Ninety percent of the agencies -- this is to have my one way to set up Dr. Barth -- is that ninety percent of the agencies that are in the study use some type of parenting program, which makes sense because the problem in child protection is parents do the wrong stuff. Half the kids have mental health problems and so forth. You can see this.

I want to mention the last one, because I think one goal of child protection is to develop ways to predict which families are going to be difficult. If you could do that, we could save a lot of trouble and probably save a lot of kids. And there's actually a study in the volume that looks at this in great detail with some mathematical sophistication, but these are factors all that predict that families will get involved in child protection and could have serious cases.

So, this is a brief overview of the study and now, we want to turn just to one feature of the child protection system, which we think is the most important feature and which is dealt with in several chapters in the volume and that is parent programs.

And to do that, we've invited Rick Barth. Rick is a co-author of six of the fourteen chapters in this volume, so he's been busy. He used to be at

Berkley, then he went to UNC, and now, he's the Dean of the University of Maryland. So, we're very fortunate to have Rick right near us here, in Maryland.

So, Rick, thank you very much for coming.

DR. BARTH: Thank you. Thanks so much. It's a privilege to have been involved with NSCAW for a long time, although it didn't feel like quite such a privilege 10 years ago this month to be staying up many nights writing a 1200 page proposal with RTI to try to figure out what we would do with this.

But fortunately, it has been an enormous success. And I am privileged to have been part of it and today, to have had this content on parent training selected, so that I could give you some of my thoughts and share those of my colleagues, especially Michael Hurlburt and John Landsverk, who were key figures in the thinking that we put into this chapter.

What I want to try to do is briefly talk about the current status of parent training, which comes from this research; talk about the centrality of parent training, which is I think evident to almost everyone who knows anything about child welfare services, but is again evident quite clearly in this research; argue that parent training is indeed improvable, which goes a bit beyond the research to other data that our panelists will speak to and that I'll speak to, and then briefly suggest some policy options for ways to improve parent training and thereby, to improve the outcomes of child welfare services.

So, what are the key functions of parent training in child welfare services? And before I go to that, I do want to say that the term parent training is about 100 years old. It's a revered term. I don't think it's the ideal term. I think we need a better way to talk about services to promote parent effectiveness or parent programs, but I will use parent training in deference to that tradition. And that is how we refer to it in child welfare services.

Parent training comes up in lots of places. The NSCAW data is very clear that most children who become involved with child welfare services will never go into foster care. They'll remain at home, and many of them will not have an open child welfare case. But parent training is involved in those closed cases. Many of the families still get it.

The open cases, it's involved with reunification and also in post-permanency services. A growing part of what we do is working with kids who have already been adopted or are in guardianship and whose parents are still having some challenges in providing them with adequate care.

Parent training, there's evidence that it does improve child development trajectories. And, the other key aspect of this, which is not to be minimized at all, is that the completion of parent training is used by the courts as a signal that things are better, even though most of the information they get is simply that, whether or not parent training was completed or how many sessions were completed. And there really is very little information that crosses to the

courts about the effectiveness of the intervention. It's basically used as a tool to understand -- to monitor whether any intervention took place.

A very key thing about parent training, one of the things that drives me to want to focus on this is that when you're involved with child welfare services, you're always defending it. You're always saying yes, it isn't perfect, but it attempts to be fair. And there's an implicit social contract in that defending of child welfare services, that when we move into families' lives and we become involved with them, that we are balancing our intrusive intervention with the opportunity for them to improve.

And if we really haven't given them the opportunity to improve, then in my view, it becomes very hard to defend that social contract, which in my case would mean it becomes hard to defend my adult life.

So, I'm very concerned that we have an intervention which actually is meeting the objectives of child welfare, which is to actually help people improve and retain the care of their children.

The most common service that we provide is parent training. About 800,000 families each year in our estimation receive parent training. That's a lot of families. Relatively little attention, however, has been devoted to parent training services for children involved in child welfare.

Yet, we know from the epidemiological data about the children involved with the system that there are many developmental deficits and behavior

problems. Ron touched on just a few of those and these are our key aspects of what's going on in child welfare.

The parents themselves describe their children as having lots of behavior problems. And however objective that is, it is a dynamic in the child welfare system. And we also know from a lot of research, most of if not done in child welfare, most of it done either in early childhood development or in children's mental health, that good parenting practices do make a difference.

And in at least some child welfare studies, we see that poor parenting practices predict re-reports. And why do I say in some child welfare studies? Because most often, we don't have a direct measure of parenting practices; we have these sorts of proxy measures. But when we do look at it, it's clear that it is related to re-reports, and that shouldn't surprise anybody.

Ron has already given you an overview of the study. I won't spend that much time on it. But in the data that I'm talking about today, I'm going to be talking about the children who are receiving services in the large study, the 5,501 but who are getting those services at home. And I'm also going to be talking from the caring for children and child welfare part of the study -- I'll actually spend more time on that -- about the organization of delivery of parent training, which has never really been studied to understand how does this roll out. And you'll hear more about this from our panelists, but I'll try to give you an airplane distance view of that.

Let me talk then a little bit about this organization of delivery. I was surprised by some of these findings. And they do make our job of performing parent training complicated, but it is still doable and it's better to know what the complexity is.

So, when we asked them who is the primary provider of parent training for families that are referred from the child welfare agency, about a third of the time, it's the child welfare staff themselves. About a third of the time and only a third of the time, agencies that the child welfare service agency contracts with, they actually have a fiduciary contract with. Another quarter of the time or so, 27 percent of the time, they're agencies that just serve these kids without any particular contract with child welfare. Mental health is involved some of the time and there are other mechanisms. So, there are many different ways that these parent training programs are being provided.

Also, what I thought was quite interesting is that only one percent of them require that a specific program be used. Mostly they leave it up to the provider to decide what should be used. So, the child welfare agencies aren't really managing this very tightly. I think that's fair to say.

I was surprised that in seven out of eight cases the counties reported that these services are delivered in conjunction with non-child welfare services families. So, these are mixed parent training groups. And at least in almost two thirds of the cases, they are provided at no cost to child welfare by community based organizations. So, a lot of the time, again, there's no fiduciary

contract, which does reduce child welfare services' control over what these arrangements are.

Most of the sessions are on less than 15 -- on less than -- you know, on less than 15 occasions, a fairly short period of time for anybody to change their behavior. And in almost two thirds of the cases, they received 20 hours or fewer. Only 10 percent received 30 hours or more, which as you'll hear are sort of our optimal targets and what the other evidence tells us about parent training.

Could effective parent training help? Are these families such that we really don't think that better parent training would make a difference? No, they're not. They are families that can definitely improve. There are tested parent training models with difficult families, most of them with children with conduct problems. But there are lots of studies that have shown that you can reduce child behavior problems, and you can retain them over time.

There's at least a six pack of these programs and maybe even as many as 10 that have been exposed to randomized clinical trials and have shown their effectiveness in sectors other than child welfare services. The ones that have had the most uptake in child welfare services, although there isn't a lot of research about it would be parent child interaction therapy, which they are using in Oklahoma. You'll hear more about The Incredible Years Parent Management Training, which is from Oregon Social Learning Center and Safe Care.

These programs all have a common element. They have a 30 year sharing of roots in social learning, and they have a strong match between the focus of model parent training programs and the developmental needs of children. That is, they are developmentally sensitive interventions. It isn't one size fits all, which is what we often see in agency programs.

They require -- they have certain characteristics. I don't have time to go into all of them, but it's pretty well known what makes them effective parent training programs. We could match what we expect in child welfare to these effective characteristics, although that's rarely done as far as we can tell.

The best study so far is a study in Oklahoma of parent child interaction therapy with physically abused children. Again, they picked out a certain population and addressed it, and they did show considerably better outcomes, much lower reoccurrence, and also demonstrated cost effectiveness.

So, what have we learned from this? We've learned from this study that model programs are generally not in use, that the amount of parent training is frequently lower than model programs would suggest, that child welfare agencies demonstrate little exercise over the content of parent training. And that could be because they're not paying for it. And so one expression of that might be beggars can't be choosers. If you're not paying for something, it's really hard to tell them what to do with it.

Some policy conclusions, our child and family service review doesn't pay explicit attention to parent training programs for the most part.

There's a little bit more in the second round, but that, I think, could be strengthened. We could use this framework of model programs to match up against what our reviewers are looking for.

Instead, we've really focused on interagency coordination and yet we know from Fort Bragg's study, for example, that if you have interagency coordination but you don't have effective services at the end of that coordination, you're not likely to have much of an impact. I think that's where we are in child welfare services.

Let me also say that promoting Safe and Stable Families, Our Family Preservation and Support could be doing more in the parent training realm. We don't have a particular set aside for parent training. I'm not sure of the wisdom of all these set asides, but if there are going to be set asides, parent training ought to be one of them.

The other thing we don't have is there is no incentives for improving parent training. There's no research dollars outside of Safe and Stable Families, and there's no research dollars inside of Safe and Stable Families for the most part that explicitly is dedicated to this and that would allow someone to build a career on this topic, which is the fundamental topic of child welfare over time.

So, those are my remarks, and I think I have time for one or two questions. Yes?

SPEAKER: I wanted to know what kind of -- you refer to some of the programs that have effectively done some homework for the parents. Do you know specifically what kind of homework assignments are effective with parents or a few of them?

DR. BARTH: Well, the kind of thing that they're doing is they're tailoring the homework assignments to the problems that parents talk about in their group. So instead of it being very instructional, they're actually trying to figure out what problems parents have. They're often then calling the parents to see how that goes.

In some of them, they're doing homework assignments related to the parents interacting with their children. For example, in *The Incredible Years*, they actually have groups for the children along with groups for the parents. Most of the time when we have parent training, the children are watching videos or doing something else. But in *The Incredible Years*, they actually have these parallel groups where they're all learning about time out. The kids are learning about time out; the parents are learning about time out. And then at some point, not at the beginning but later on, they start to have that as a homework assignment. That's an example.

SPEAKER: (Inaudible).

DR. BARTH: There are some -- the question was that have they looked at cultural relevance. There are some parent training programs that have done that. Alvie's work at UCLA is an example. He's done a lot on effective

black parenting, taking some of these parent management training programs and trying to see how they work in Southwest L.A. for example.

So, some of that is done, but not a lot of it. And in fact, overall, the amount of examination in this area is really quite limited and certainly the cultural competent part is probably the least attended to.

MR. HASKINS: Take one more.

DR. BARTH: Okay. I get one more question. Thank you.

SPEAKER: Yeah. You know, money is always a big problem in the deal or at least can be part of the problem. And you suggest that there's almost two thirds of children -- of families that are receiving parent training by community based organizations, and you're suggesting that because child welfare services isn't paying for those that there's little control over what kind of parent is being offered.

Do you have any suggestions on how child welfare services might exert some control? The money is not going to come from there necessarily but there are other sources. How can we ensure that the right kinds of parent training are involved in these funded agencies?

DR. BARTH: Well, it's a good question. I think that our panelists will have even better answers than I will. But my first take on that is that there are often sort of MOUs or other kinds of arrangements with these agencies. Sometimes the agencies are also being funded to provide other services like

family preservation services. And it could be that you could bundle those things together.

I think it does speak though to the larger question, which is that we need more flexibility in the way that we fund child welfare services so that when kids have gone home after reunification, we can pay for parent training. We can pay for serious parent training up front. And so, I think it isn't a question of the money not being there but that we often don't have access to it to use for this very fundamental purpose.

DR. BARTH: I think I can get one more question because Ron's not paying attention.

SPEAKER: In terms of a progressive strategy, what is the process by (inaudible) families who have not been through child welfare system?

DR. BARTH: Well, I think it's very similar. When we -- in NSCAW, we don't look at all families not involved with child welfare; we look at those that were reported, investigated, and then bounced off the system. And they don't look that different on any given day than the families that enter through.

So, the substantiated and unsubstantiated cases don't look that different. So, I think that the same methods really are appropriate for both.

Thank you very much.

MR. WULCZYN: Okay. So, we're going to now move to the panel format, and it'll be my job to moderate this panel. I'll introduce very briefly the panelists we have. You have their bios in the packets that you picked

up on your way in, so I won't go into their extensive backgrounds, other than to introduce Kathy Simms to my left, Marc Cherna to my left. They're both public child welfare administrators, and I think will be able to answer in particular the question about implementation and finance and how do you do this the right way.

And to my right is Bernadette Blount. She's with the Child Welfare Organizing Project in New York City and is a parent. And so, we thought it would be important to have the views of a parent here today.

So, without further ado, let me turn it over to Kathy, if we want to start from left to right. And then after we've heard from our speakers, I'll pose a few questions to get the conversation started, but then we'll open it up to the members of the audience as quickly as we can thereafter.

So, without further ado, Kathy?

MS. SIMMS: I'm here to talk about the experience that we've had in Oklahoma in a statewide implementation of an evaluation project regarding services for families who have either accepted the services voluntarily or are court ordered to receive the services.

We had a particular concern in our state that we were providing a lot of funding for a lot of programs that weren't necessarily effective. And so, we developed, in a partnership with the University of Oklahoma and then ultimately with some funding from CDC and NIH, put together an evaluation project that ended up being a statewide project.

We basically divided up the state into two pieces, standard care services, all of these are home based services and then a model that we had looked at in cooperation with the University of Oklahoma, the Safe Care model that John Lutzger had used with neglectful families.

In Oklahoma, about 85 percent of our confirmations involve neglect, and we were concerned that our services, particularly for those families, weren't necessarily very effective, that we were not meeting the needs of the families, that we had applied a one size fits all approach, and that it wasn't working very well.

So, we put together that project, and then we had two other projects that are county based initiatives, and they were mentioned by Rick earlier. The Parent Child Interaction Therapy Project through the University of Oklahoma was something that was centered in Oklahoma City and was focused in one particular parent training project that we have. And we put that in as the model and then had services as usual available in that project.

We didn't actually pay for the specific parent child interaction therapy module, but we paid for the overall parent training program, so we were able to influence it that way.

And then our final piece is called the high risk prevention model, which basically uses the Safe Care Model that is being evaluated as a statewide process, but it looks at a different population of families. It looks at those families who have not yet received multiple referrals of child abuse or neglect.

To be a part of that particular project, you have to have received no more than two prior referrals of abuse or neglect to the child welfare system and referrals are not made typically by the child welfare system. We're trying to attract referrals from other sources.

So, this has been kind of a wealth of information that we've had in our state that's given us an opportunity to look at all different types of projects and particularly, the Oklahoma Children Services Project, the statewide project, has been the one that has obviously had the biggest amount of information, biggest amount of funding put in, serving about 2,000 families annually. They're the families that are fairly typical of families in terms of the issues that we deal with commonly in the child welfare system, families with concerns about poverty, concerns about substance use, family violence, some of the other issues that are fairly commonly identified as risk factors in families where there has been abuse or neglect identified.

We applied the model with a project that we looked at in terms of those contractors that we had. We put in place a competitive bid process. We had providers bid across the state. They bid for either the services as usual project or for the project that would include the Safe Care Model.

So, we've worked very closely now with the agencies. We've had a very stable group of agencies. We've been implementing this project since about 2003. We're coming to the end of our final bid process this year. We will

be re-bidding it and taking a look at, you know, what we want to keep in the project and what we want to move forward with.

So, what's been interesting about it is that we've had the chance to take a look at can you use an evaluation process in a statewide program, which is what makes it kind of unique. We've gone beyond just a county and that has been a very difficult process. One of the things that I think has been really important to the researchers is to learn about the child welfare system and learn that it's a very unique animal and that you almost have to not only look at the model but how you fit into a child welfare system.

It's a very complicated system that involves a lot of preparation, a lot of cooperative arrangements, lots of work even down to the worker level, informing them of the different services that are available. If you go in and say here's a new model and we want you to embrace it, it takes a long time for child welfare systems to move towards new models. You do have to support the efforts with funding. We had to say in our bid process that you will use this particular mode and you will cooperate with the research involved in the model to participate and receive our funding. That was the key piece of it.

So, we put the researchers -- embedded them in with the agencies and developed processes where they had ongoing involvement with the different agencies and were very much involved in then what we called the ongoing consultants or fidelity monitoring of the actual research project. That was a key piece of it.

So, what we've learned from this process is that it's been a very, very complicated process to marry a big statewide research project with a child welfare system. But we feel very committed to it. We feel like we're learning a lot about the services that are effective with the families that we work with.

We've had a number of things that we've needed to add to the programs as we've gone along. And as we've noted those particular issues, we've added them in. We added in a motivational interviewing component. We've added in safety planning for domestic violence. We're looking at adding in a module that is more focused on behavior problems for older children because we were finding that our particular program wasn't necessarily effective with that population.

It's a nine month process. The staff that work in this particular program are case management staff, so bachelor's level. So, we really are looking at the way a child welfare system normally works, which is sort of bare bones. And we've just had the support of these different entities to help us build in actual research components.

MR. WULCZYN: Thanks, Kathy.

MS. SIMMS: Uh-huh.

MR. WULCZYN: Marc, go ahead.

MR. CHERNA: Okay. Morning, everybody. I'm part of a system in Pennsylvania that is a state supervised but county administered system, so somewhat different than Oklahoma.

In Allegheny County, we have about 1.3 million people, 135 municipalities, and 90 neighborhoods, so we're really a community based system in the way we work.

We have an integrated Department of Human Services, which really helps us to provide services holistically. We have a philosophy of prevention first, trying to keep people out of our formal government systems. If they have to come in, we really deal with family stabilization and strengthening. We take the philosophy that the vast majority of children love their kids, want to do what's right for their kids, and often kind of need some assistance and support to help them to keep their kids free of harm.

We do placement as a last resort. We have -- and if we do that, it's always kin first, relatives first, siblings together, and placements in their own community. We have about 8,000 active children. Only about 23 percent are 5 and under. About 2400 children in placement, of which over 80 percent are with foster families and two thirds of those are with relatives, and over 90 percent of our siblings are together.

We do an awful lot of parent training, sometimes alone but mostly as components of other in home and support services. We pay for all of it and we contract for all of it with community based organizations who are in the communities that the people live.

We do -- it's going to either be voluntary or court ordered. We do a lot of preventive things and voluntary ones, but there's an awful lot of court

ordered parenting training. We find it's a great door to get families other kinds of help that they need. It's less stigmatizing. Parents are often much more willing to accept help in terms of how to deal with their children, and then it gives us the segue to get at some other services.

On the prevention side, we have about 27 family support centers that we fund and 3 home visiting programs. All of them do parenting training. All claim to be evidence based programs. About two thirds of them use Parents as Teachers, others use the Nurturing Program, others use the Positive Parenting Program.

For the ones who are active in children and youth, they're primarily court ordered. The judges almost universally will say get parenting as part of the court orders. We have about 13 community based agencies that are delivering this service as well as others, and they do the Nurturing Program, Parents as Teachers, The Step Program.

And some develop programs internally and swear by them and claim to have evidence that it works. One with Arsenal, Dr. Spock had started that program when he was in Pittsburgh, and they say he knew better than anybody and that's the program they stay with.

We have a Values for Life. It's really based for African American families more than anything else. And they claim to have some really good results and we certainly see that.

Programs are at least two to four months duration. All of them are over 20 hours. About 75 percent of the court ordered folks get through it, and the vast majority keep their children with no reoccurrence of maltreatment.

Some of the common practices are modeling, 101 contexts, parent and child interactions, easy to understand materials, things on child development, a lot of peer support, and a lot of individualizing to meet particular needs. And one of the components is meeting families where they're at and using incentives to keep people engaged and to get them engaged.

Some of the key factors are relationships are more important than the curriculum. We find it's the people making the connection is the most important thing in building trust and engagement. It needs to be intensive and interactive. We need flexible curriculums to adapt to different age groups. What will work for toddlers are not going to work for adolescents.

We separate the groups between our voluntary and our court ordered. That's one of the things that were mentioned by Rick earlier on. We find that it really messes things up when you have people who want to be there versus people who are forced to be there.

We segue a lot of the folks who complete them into parent support groups, Parents Anonymous, the family support centers, and the other kind of supportive services, so it's an entrée into other ongoing longer term relationships. And we bring in other services as appropriate. As we're working with families,

we may bring in mental health services or drug and alcohol services or help with management and things like that.

One of the really main issues is cultural competence. Different ethnic groups have different values and different practices. And what's acceptable to one ethnic group is not acceptable to others. And separating -- for the workers to really separate the personal from the professional, because there's a real tendency to get very enmeshed with the family and being able to be objective as you're going along with that.

But we feel this is money well spent. This is something that everybody should be doing. It's a priority. It really reduces placements and it really helps to keep kids safe.

I'm done under my time limit.

MR. WULCZYN: Thanks, Marc.

Bernadette?

MS. BLOUNT: I really don't even know what to say right now. I mean, this man has just said so much and -- my name is Bernadette Blount. I'm a parent organizer with the Child Welfare Organizing Project.

I am a survivor of the Administration for Children's Services. My children were in care for two years. And one of the first things that were mandated to me were parenting classes. They didn't ask me did I need parenting classes; they just told me I had to take them, never mind that I already had four children.

The classes that they gave me were no good at all. It was three months of wasted training. It was giving me classes on how to administer Tylenol to my 15 month old. I didn't need classes like that. I needed a class to deal with the child that had ADD, and I also needed a class to deal with two adolescents, a 13 year old boy and a 14 year old girl, which that's the problems that I had that I did not know how to deal with them.

It was 12 weeks of wasted training. It should have been tailored to my family. They should have asked me what I needed first or what I felt was the problems in my household and how I needed help. And I would have definitely told them that I did not know how to deal with a child that was diagnosed with ADD. I would have told them that I needed help dealing with adolescents.

There is a big cultural difference between the worker that I had and the way and the dealings that I had with my family. Cultural competence and training needs to also be incorporated in parent training. There are different beliefs, different cultures, and my beliefs should not have been put aside because you as a social worker or a agency felt that that wasn't the way that it should have been done.

Give me good sound alternatives. Don't tell me not to do something and don't give me a choice of what else to do -- then, if that's all I know, what else am I supposed to do? My agency didn't give me alternatives, which is why I am one of those reoccurring ones that have had a child replaced

back in the system, because you didn't give me good sound alternatives. You didn't ask me my opinion; you just told me what I could and couldn't do.

Give me a solid plan and then stand by me once you give me this solid plan. Don't just give me a plan and just tell me to go and send me and my four children back out after two years of us being separated.

MR. WULCZYN: Okay?

MS. BLOUNT: Oh, yeah.

MR. WULCZYN: All right. Great. Thank you very much.

So, well, obviously, there's a lot of change afoot. I sometimes think that the opportunity for radical change in the child welfare system has receded along with my hairline.

But actually, I think the opportunity to talk about parenting classes, parent training, strategies for effective parenting, however we want to talk about it, I think is a sign that the field is maturing and that there's opportunities for developing interventions as opposed to simple philosophies and ideology, which is what has been driving the system for a long period of time.

But obviously, in the remarks that we've heard today, there's a lot of challenges that lie ahead. So, let me start off with Bernadette and ask how is it that the child welfare system can engage families?

You have a lot of experience working with the Child Welfare Organizing Project. How is it that parents can become more involved in the

design and implementation of programs that meet the kinds of expectations that you as a parent have in terms of programs?

MS. BLOUNT: Well, like I said earlier, if they would have asked me what were the problems that were reoccurring in my household, if they would have just simply brought me to the table to talk to me instead of dictating to me of what I had to do, what I had to complete in order to put my family back together.

I knew what I needed to keep and to put my family back together. I just weren't asked or I wasn't engaged. I had to literally force myself and force the agency to listen to me because if you weren't going to listen to me, then there was no point of doing this because it's wrong. It felt wrong. So, I had to literally force the agency to listen to me.

MR. WULCZYN: Marc, you have placed a great deal of value on connecting with parents in the context of community. How do you suggest the system look at the problem of engaging not only individual families in the context of their individual work but in terms of engaging families in the context of planning parent training? How do we engage families better to shape what we do?

MR. CHERNA: Well, I'm right with Bernadette and that's what we try to do in practice that, you know, all families are at the table. Well, I shouldn't say all, but the vast majority of families are at the table. If at all possible, bring the families to the table and asking -- really asking them and having them drive the process.

We do a lot of family group decision making, where families drive what they need and based on what they need, we try to develop that. With all of our family service plans, families are the ones who drive that. It is never given to them by a worker saying this is what you must do. And if families take ownership, and families do know better than anybody in a lot of ways what are the things that would be helpful.

And then we have to put aside well, we know what's best and really work together as partners in terms of doing this. And in most cases, that works out very well, I think.

MR. WULCZYN: Kathy, there's -- just let me ask a few more questions, and then we'll get to the audience.

Kathy, there's -- you talked about model fidelity and the idea that these are programs that go about the task of working with parents in particular ways. How do you deal with the model fidelity question and the idea that you want to stick to a script but at the same time, it's quite clear that parents have a lot of value that they can bring to that? How do we think about blending those two imperatives?

MS. SIMMS: I don't think the script so much has to do with your work with the family, because one of our big tenants is nothing about us without us. That's a big issue to us. We want the families involved in what happens with them. What is structured is really the kind of -- the way that you present the information or the way you work with the family, that there isn't a process where

you walk in the door and whatever the crisis is is the only thing that occurs in the home visitors contact with the particular parent.

It's critical that you get the input from the families as to what they need. That's a big guiding force in all of the service provision. That's particularly important in the ancillary services that you get for the particular models. For example, if you did have a parent who is having concerns about a child that had learning difficulties, then you're to hook up that family with the kind of services or you're to provide them that particular information. You're to get them what they need.

(Drop words)

SPEAKER: -- Institute for Independent Living, and my question is about disability and the mental health children. And my question is, are there any evidence-based reproducible protocols that you can use with children with disabilities where you have the outcomes as improved child development trajectories.

MR. WULCZYN: I'm not --

MS. SIMMS: I'm not --

MR. WULCZYN: Rick, do you want to --

DR. BARTH: Are you talking about developmental disabilities or mental health problems?

SPEAKER: Mental health or disabled. There are children that have problems in the system, and you know, they need special attention and it

would seem that there would be some protocol that parents could use to actually deal with these problems.

DR. BARTH: And there are.

SPEAKER: My question is where are the protocols?

DR. BARTH: Uh-huh. The state of California Office of Child Abuse Prevention has put up an evidence based website. It's called the Child Welfare Evidence Based Clearing House. And they've actually tried to identify programs that are effective with kids who are like the kids in the child welfare system, who have conduct problems or mental health problems very often.

And they've identified a number of those programs which they see as being very promising. Then they've tried also to see which of those have ever been tried and tested thoroughly within child welfare. That number so far is still zero, but there's a good number of candidate interventions, these protocols that have been shown to be effective with children in the Tanner Program and mental health and early childhood education.

So, there are quite a few programs, some of them having been developed for as long as 30 years that are -- could be transferred over to child welfare, I think not without some complexity, because it is a different system, but with serious effort and it could be more effective than what we have now.

MR. WULCZYN: Did you have a question?

SPEAKER: (Inaudible).

MR. WULCZYN: Can you use your microphone, please?

SPEAKER: Pardon me. Again, in strengthening the parents who are at risk of coming into the child welfare system, who are not mandated -- again, we find it very difficult. We have a daycare. What kind of training would be appropriate for the daycare parents that might prevent them from being engaged again?

I'm very much about not getting our paths on that road. And what is your experience and or recommendations for making this a broader audience so that parents are equipped with the skills they need so that they don't get to the notice of the department?

MR. CHERNA: Well, we do a lot of that. We have a lot of family support centers. We have 33 in the county of which we fund 27 of them. And they are driven by parents. Parents decide in the community, you know, that they want one. They decided, you know, we do some community organizing and they decide who they want to run it. Parents are the majority of the board, and parents decide the programs, and parents decide the staff and all the rest of it.

So, there is a very welcoming and -- well, it's driven by community residents to do this. Parents bring in others, you know, and they get folks, and almost all of them and every one that we fund does parent training. They do a lot of home visiting, so they'll reach out to folks who are not so willing to come in but other parents have identified that, you know, my neighbor could

use some assistance, so it becomes more like that because our goal is to keep them out of the system.

We don't want them to abuse or neglect their kids. If you can help provide those services early on, it's much, much better off. Plus, we do early intervention in every one of them. They all get developmental screens, you know, so we're very aggressive in identifying if any child would qualify for the early intervention program and getting them the services.

SPEAKER: Hi. Carol Dunsberg with the (inaudible). My question for the panel is I'm wondering in your model programs, are any of them incorporating sharing parenting with foster families and group families who've been reunified or any sort of respite here for the parents.

MR. CHERNA: For us, it's not part of the formal parent training program, but there are services and supports and informal kind of arrangements and things like that around that. And you know, we've done some family to family and there certainly is that connection that continues. And most of our placements are with relatives, so there is always that kind of connection. It goes back.

MS. SIMMS: One of our -- one component of our program is that we can work with families where the children have been placed in a kinship home, whatever and we can work with the kinship home in cooperation with parents. But it's a very small component of the program, but yes, we have other avenues of respite care and that type of thing.

SPEAKER: How do you work with the Birth to Three Program, the school systems in terms of early intervention and domestic violence organizations in these areas?

MR. CHERNA: Well, the birth to three and the early intervention piece is part of my Department of Human Services, so we ensure that there is really close cooperation and collaboration. We are aggressive in doing developmentals on every child under three to make sure, you know, doing the screenings, you know, the ages and stages screenings and everything else to make sure if a child is eligible, they get that service.

SPEAKER: In the course of that, do you do the whole family?

MR. CHERNA: Well, the early intervention is really what is zero to three.

SPEAKER: More child focused, yeah.

MR. CHERNA: But we do look at it holistically, yes. So, once we're in homes, I mean if a mom needs some -- is depressed, you know, we -- once she -- we have a trust established and all that, she's much more willing to then get that help as opposed to saying right up front, you know, you need to go and I'm not crazy, you know, such a stigma. So, it's gaining trust and then being able to do that, same thing with drug and alcohol services or any other kinds of supports, you know, help with budgeting and basic home skills and everything else.

MR. WULCZYN: I'm going to go to the back of the room and then we'll come back to the front.

SPEAKER: (Inaudible) possibilities of child welfare is an institution. And I wonder if essentially what we have in the parenting classes is the velvet glove if you will as experienced by people who are receiving services and how you deal with that.

MR. CHERNA: I didn't catch the last sentence you said. It kind of --

MS. SIMMS: Yeah.

SPEAKER: My question is how do you deal with that?

MR. WULCZYN: Why don't you stand up? I think it is a little hard to hear you.

MR. CHERNA: Yeah because it's hard to hear you.

MR. WULCZYN: With the air conditioner on, it's a little hard to hear. Sorry.

SPEAKER: The question is how do you deal with that imbalance in power --

MR. CHERNA: Okay.

MS. SIMMS: Uh-huh.

SPEAKER: -- with the people who providing services, whether they're social workers with the agency or contract employees for community based services.

MR. CHERNA: Certainly with the court ordered, it's a difficult thing because there is -- you know, when you have a court order, if you don't comply with that court order, you really run the risk of losing your children, having children placed and all of that. So, there's an inherent imbalance in that.

But that being said, I mean, there are still ways of really engaging parents and giving them a lot more say in what happens on this stuff. You know, and it's a difficult thing, but we certainly try not to be the authoritarian group on this thing.

MS. SIMMS: I think you're naturally authoritarian like you say. I think the basic thing that we have to recognize is that it's there and that we acknowledge it and that we -- in the approach that we have with families, that we keep that in mind, that there's going to be an imbalance of power, perceived or otherwise.

Voluntary families obviously in our system have the ability to say they don't want the service. As Marc was saying, the court ordered families have less involvement in the ability to say no.

But a lot of it is that we have to have a philosophy that we don't -- that we're aware of our power and that we don't misuse it and that we keep that in mind at all times that that is there and that the perception does impact our interaction with the family and that we've got to make sure that we do things that try to mitigate that.

MR. WULCZYN: One more question.

SPEAKER: Naomi Gold, the Administration for Children and Families. And this is a question for Kathy. Implementing research in any system often presents a challenge of the different timelines that the system and the services have to invest heavily in the requirements of the research early on that it can take quite a while for the results to come through.

MS. SIMMS: Uh-huh.

SPEAKER: You talked about finding the experience very rewarding, and I wonder if you could tell us a little about how that came about.

MS. SIMMS: I think it's been a relationship with the University of Oklahoma's staff has been what's been critical. We really have a very close working relationship in that they work with our contractors directly and with the state agency directly. And so, we've really had maybe not the actual what you would consider research findings level of information, but we've had the day to day interaction findings information available to us. And that's been critical.

We can go in and say this isn't working; let's see what movement we can do within the confines of the research to adjust to this, and we've been able to do that. And that's been the critical piece of it.

MR. WULCZYN: I'll take the moderator's prerogative here and pose the final question. We're in Washington, and I think it's important that, you know, there's always an expectation that Washington will be able to help solve this problem, whatever and however we might define the problem.

So, from your various perspectives, how would you answer the question if Washington were going to send help -- if Washington were going to send help, what advice would you have for them as they try to give shape to that?

MS. BLOUNT: First -- they have to be willing to share the power. They have to be willing to have the very people that are being served to be major stakeholders at the table to help them -- we really can help you if would give you the opportunity to help you to help ourselves and our families. But we have to be a major part of the conversation and of the decision making, not just to the conversation to say okay, we had them at the table, of the outcomes.

MR. WULCZYN: Great. Marc?

MR. CHERNA: Washington could really help by changing the way financing is done for child welfare agencies to incentivize prevention and keeping kids in there homes instead of providing all the federal support for placement and then making it impossible to get it with all the look backs and all the requirements around that. Give money for the services and not all the money to deal with all of the bureaucratic administrative things that cost all of us counties and states a fortune to try to keep the money that you give us.

If your intent is to try to keep kids safe and keep kids in their homes, then change the financing to do that. Title 4B gets nothing compared to Title 4E or all of the other things. When you spread it out over 50 states and all the counties, it becomes nothing.

-- When you spread it out over 50 states and all the counties, it becomes nothing. The last issue is around evidence-based practice and research. There's not a dime that comes out to any counties or states to do any evaluations on anything. So everybody wants it and everybody asks for evidence-based practice, but where is the funding to do that, it doesn't exist. Washington wants to help, they should start investing in that.

MS. SIMMS: And I agree with everything that Marc said from the state perspective. And the main issue is that we see that the major risk factor is repeat referrals and contact with Child Welfare, and it's really clear that we can make a difference if we can get to families before they enter the Child Welfare system, and at least we can provide early intervention services of some sort, and certainly they need to be looked at. We don't want to just go out and do these feel good prevention programs, we all know that doesn't work.

But if we really provide some services and interact with the families and make sure that we're providing the services the families need before they get into the Child Welfare system, and if that ends up being the focus of the funding that state agencies can obtain.

PANEL TWO: EFFECTIVENESS OF PARENT TRAINING PROGRAMS

MR. HASKINS: So Kathy, Marc, thanks very much for your help, helping us understand the issue. Okay. Thank you very much. The last panel was excellent, and not only that, but I think they warmed up Nancy Johnson, as you'll see in just a

minute. Well, we certainly have a spectacular second panel. I don't recall that I've seen a panel of such diverse, terrific people that have such a background in this area.

First, of course, we have Nancy Johnson, who was the actual Chair of the Subcommittee that has jurisdiction over both the 4E and 4B program. And Chairman Johnson has a long history of involvement in this issue, as I implied before. There are lots of members of Congress who don't necessarily have great expertise in the programs that they oversee, but Ms. Johnson is a huge exception. I think people on both sides of the aisle knew that.

And then we have Jane Knitzer, who's the head of the -- she's the Director of the National Center for Children in Poverty and it has been for several years quite a distinguished organization in New York City. And she has quite a diverse background; she has a great background in this area. And it just so happens that at this very moment, she's doing several projects directly to do with the role of parents in the child protection programs in the country, so it works out perfectly.

And then we have a Judge from the District of Columbia, Anita Josey-Herring, thank you so much for coming. The District has a relatively new family court, and she's the head of the family court, and so we're very pleased to have her. So we have a national legislature, a researcher, and a Judge, so we have quite a number of perspectives represented here. We're going to follow the same format as

the last panel, brief opening statements, and I'll pose a few questions, and then we'll save the majority of time for questions from the audience. So, Chairman Johnson.

MS. JOHNSON: Thank you very much. It's really an honor to be here with so many of you that are really working hard to understand what works with children and families and how we can do a better job. It is truly discouraging as a legislator to be here this many years after I became Chairman of the Committee. I was on the Committee for many years before that and find that half the children are still in placement three years or more.

And when you combine that with the statistics about how young these children are, it means that they're spending their most developmentally important years. Now that we know so much more about brain development, where their minds and emotional patterns are being set in a fractured and intense environment, it's truly a tragedy, and we really have to do a better job.

Before I was elected to the State Senate in Connecticut, I was Chairman of the Child Guidance Board or Treasurer for 12 years, and then when I was elected to the State Senate, I introduced legislation, this is in the '70's in Connecticut, which is fairly progressive, to put the first parent aids in families to prevent out placement, and the majority leader at that time was Joe Liebermann. I had never been involved in politics, and I had this great idea, and I knew it was what the agency needed and wanted, and I asked him if he would co-sponsor the bill. In my business, you just

don't do that. I was a Republican elected in the democratic, and I was expected to be only there two years.

And anyway, to his great credit, he didn't co-sponsor it. It was the first year we were beginning to have deficit problems, but he saw that it got through, and he saw that it got some funding.

And so it was really a good lesson to me and also a good lesson to the agencies that you can get the money, there's still a long trail to make change. So it's been very interesting to hear some of the things that are going on, and I appreciate this opportunity to be here.

But we do have to do a better job. And part of the problem, and one of the reasons we put this mandate in the welfare bill was because we had so little knowledge on which to base -- we were stuck with a conflicting opinion, and then there's great tension in Washington between those who want federal control, remember the old day care debate, when someone upset the ratios from Washington, versus local control and letting local groups, as in Oklahoma, work out those things and learn from it. So we did introduce and worked many years on granting all these monies so that we could switch the incentives from this terrible system that gives you big money if you remove the child and practically no money if you don't.

But we never could get the states to have confidence that there wouldn't be another crack cocaine incident or something that would send the numbers skyward,

and we never could work out an agreement about what would trigger the relief of the cap in such a case.

I was very fortunate as Chairman to have Ben Cardin as my ranking member. It gave us tremendous opportunity to really think about the problems, because both of us had a good deal of front line experience and kept in contact with front line people when we were in Congress, but I can't emphasize strongly enough, you've got to get your Congress into your system, to go visit with families, to understand it, to learn, because the deficit in Washington about the real world facts is increasing, it's not decreasing, and the answers are there.

We spend 6.3 billion a year on 4E and 4B, but we're told what to do, and those decisions about what to do were made, what, 15 -- 20 years ago. So we have to be more respectful of the individual family, but we also have to be more aggressive, more forceful in using what we know to lay out what are good options. My time is running out, so I want to just say, this is not about training, it's not about parents training, it's about education. I remember in college the seven stages of child development; we have nothing of that standing about the stages of adult development or even adolescent development.

This is about educating parents; this is about giving them an opportunity. If you make the parallel to welfare to work, what women needed to know was, that there were jobs out there, and they were prepared, they just didn't know the names of the skills they were already using in life that were applicable in the work world.

This is a subject of great interest to me because I was very depressed after being at home with my children for many years, went back to my college, they took all my volunteer work where I had started programs and marketed the services --

MR. HASKINS: And they said you were qualified for Congress.

MS. JOHNSON: -- and they said I was qualified. They did a functional resume. No, they didn't say I was qualified, but they did a functional resume, and I could at least see what was happening. And then after we did welfare to work, I went to one of the first training groups in my own home town, and this young woman is sitting there, she had volunteered at the hospital to answer phones, and the instructor was translating what she -- the skills she was using there to a number of work place settings. So this is just an education project, and if the parent doesn't have good education about their own circumstances and the complexity of an ADD child or adolescents in a modern world where violence is all around us, why would they know, why would they know how to deal with a child who's growing up in the midst of violence that none of our generation experienced.

So we need to get away from the concept of training and into the concept of adult education. And I'm pleased to see that the knowledge base is so much higher out there, and I think it's time that we tried to get the policy in place.

And we even have recently 200 million a year to help leverage the changes. So it is there to be done, it's not all that big money. But it also true that the

community has to understand what it wants done. And I was delighted to see that the criteria for these kinds of programs is now understood enough, because the law needs to just set out structures and criteria, not details, and understand that Oklahoma could do that and still retain the worker person relationship that, in the end, is the only relationship that really matters and brings the family through. Thank you.

MR. HASKINS: Jane Knitzer.

MS. KNITZER: Thank you. I'm delighted to be here. I think this is a really important conversation, and I think this is a really important book, and I just want to thank all of you who put it together, and you for supporting it and taking the lead. We haven't had this kind of information. I think the spotlight that it turns on effective parenting practices and on what's really happening at service delivery level gives us a whole new way of talking about the next generation of reform and policy change, so thank you.

I wasn't paid to do that. What Ron asked me to do is talk about two questions, the easy ones, why so little take-up of this knowledge, and what should we do about it, okay. Well, you've already heard, almost everybody has addressed that.

I do want to say that what I'm about to say has been informed by this work that we're doing -- family programs. We want to do an initiative to improve parenting for parents in the Child Welfare system, and by this meeting that we just

had at NCC, we brought researchers and policy-makers and practitioners together to help us think about how to really use this report and leverage some more significant change around the country. And both Mary Bruce Webb and Ron were terrific at that meeting.

I want to start by saying, okay, listen to the context. Less than one percent of the counties in the 92 county study were actually using specific evidence-based kinds of strategies. There are exceptions, and we're learning about how they're managing to do it. But why so little take-up? Six key barriers: one, lack of awareness. I don't actually believe that most people in the Child Welfare system know about these kinds of programs. The research behind this has been driven by the mental health system, and sadly, after God knows how many years of trying to get the mental health and Child Welfare systems to talk together, they don't.

Even if awareness, it's difficult to change the child welfare culture. There's huge skepticism about the very meaning of evidence-based, and people translate that into cookie cutter, although God knows we're doing cookie cutter now. And so we've got some communication challenges.

Seventy percent or so of the training is delivered by a large provider network, so it's not easy to manage the cultural shift. And I think the major shift is how to really partner with families in a different way with different levels of respect. That doesn't come easily to any of the systems. And also a new way of thinking about accountability.

What are observable changes in parenting behavior, not whether or not they show up for classes. Lack of adequate tools and templates, uncertainty about how to assess what individual families need and how to mesh it. No clear template for reporting to the courts. The Judges in our meeting said this very clearly. No real consensus about what measures to use to check outcomes. Lack of guidance and models for engaging communities and strategic planning. I actually believe that's really one of the most important. If we want states and communities to do strategic planning, we need to develop some tools to help them do an analysis of how much they're spending, of what parenting support they're using now, and how to move.

Lack of clear fiscal analysis, we don't have much cost benefit data, and we certainly don't know how much money communities and states are spending on parenting now, and it is a huge amount of money, and we need to reclaim that money and use it better. And no structure incentives to support the kinds of structure changes, particularly with policy issues.

So what can we do about it? Three take home messages; under which the -- is in the detail, lots and lots of possibilities. The bottom line I think is to change the culture of expectations about the work of child welfare agencies with respect to parents.

I don't think it's been a central part of thinking about child welfare reform in any significant way, and yet we know from all developmental research that

parenting, effective parenting, is the best protective factor that we could have for children.

Two, and underneath that, to change the culture, we need policy incentives for using research and form strategies and to require observational evidence of change, and two, we have to invest an infrastructure, pardon the expression, training and support, to get to that understanding how adults learn and how to engage it. Whatever the model, its effectiveness depends on the facilitation, period, okay. It's the relationship that the other panel talked about.

And I think we need to build a strong developmental framework. And as an early childhood, spending a lot of my time in an early childhood community, I think we really ought to do some special policy and support focus on younger children, that that's where we could really get some long term payoff.

And we've got an early childhood community that is, in fact, trying to embed some practices to help more intensive families with more intensive needs, and we have some programs like incredible years that were tested in early childhood populations, second thing.

So the first one, change culture of expectations; two, promote state strategic, state and local planning, and fiscal analysis, and supports for reinvestment, and that's a huge thing, obviously. But at the very least, we have to map the fiscal spending right now. That gives us the basis for change.

Two, we have to test out different approaches to help states and communities engage in strategic planning. And the federal government should support state-wide initiatives and demonstration efforts. Three, we need to support - research strategy. Certainly we need more research on what works, on what works for different cultural groups. We need strategies about how to link with intervention supports like peer supports that can sustain the gain, and secondly and urgently, we need help in how to take those lessons to scale. We need implementation research. That's a huge gap in absolutely every area of human services. We don't know how to take what we know to scale.

So I want to end just by saying I second Congresswoman Johnson in saying we need to give parents opportunities in much more serious ways than we have tried to do in child welfare. Thank you.

MR. HASKINS: Thank you. Judge Josey-Herring.

JUDGE JOSEY-HERRING: Thank you so much for having me here. And this is a wonderful book. I had an opportunity to read it on my way to San Francisco in preparation for this conference.

But I've been working on the board for about seven consecutive years as either a Deputy Presiding Judge or the Presiding over family court and am intricately involved with these issues more on a practical level, and so I'm happy to see a book like this using research to improve policy and practice, because often times policy

doesn't really match up with what's happening on a practical level or in terms of the day-to-day issues that families who are dealing with the court system is dealing with in terms of managing issues and so on. But this book provides a lot of very helpful information about different aspects of families or children who are -- areas that really need to be focused on and understood in terms of each family and each child in order to provide appropriate services that are likely to really get you the kinds of outcomes that we're all hoping for these children and families.

In our world, that is, in the court system, we are faced with a stark recognition that a lot of kids are not kept safe and are not protected. And so while it is our goal certainly to do everything we can to keep families together, as we are managing those families, we feel extremely responsible for keeping those kids safe, keeping them protected, and in working with the parents and educating them and finding out what their issues are and giving them a voice, we find that we can be much, much more productive and get better outcomes.

In 2003, here in D.C., I worked with a bunch of city and stakeholders to establish a family treatment program which is a program, it's a substance abuse program for parents who are really high end substance users, ten to 15 years, and mostly crack, who have been charged with neglect, who are permitted to come into the system or into a residential treatment setting about six to nine months with up to four children of their -- ten years and younger. That's been really, really helpful in our jurisdiction, although, you know, when you talk about bringing up the scale, of

course, that's fairly expensive. But what we've seen is that we've been able to address in that setting, given the driving problem or one of the major driving problems for child abuse and neglect here, substance abuse in the District, our primary sort of reason for why kids are coming into care, whether it's the actual charge -- that's what's really happening, even if it's a dirty house case or something like that, we've been able to address in that setting by having a collaboration of mental health profession, substance abuse, early childhood professionals, and not just have parents education, but do observational and redirecting, observational parenting, because the parents are right in the facilities with their kids, you have professionals on staff who can work with the families in terms of rewarding them or being very supportive of them as they are learning to parent appropriately and giving them some feedback or redirection and that's not happening.

And so we've been able to hit a lot of the different big areas or the domains or subject areas by virtue of having these mothers in this setting with their children, and we've gotten some really good outcomes.

We understood that collaboration and bringing together different systems and educating all of the different stakeholders about why certain professionals did certain things and what their ethical limits were and what their main considerations were and what levels of flexibility people could have in trying to work together collaboratively, and we recognize that that was the most effective way to get things done, and so that's really been a good program here.

Educational outcomes for children are something else that we focus on in our system, and this book goes into -- in a variety of ways. That is absolutely critical, but educating parents, a lot of our parents are products of generational cycles of neglect and abuse, substance abuse, et cetera, and therefore, we really try to not treat them as -- they're not strong stakeholders, but we work with them at the level that we find them and we try to build them up so that when we unify kids, the kids are going to be in a stable setting with a parent that is learning or has learned to begin parenting in a way that's going to really lift their self-esteem, but the -- a protective environment where the kids can actually thrive.

If we find that we're in situations where that's not possible, it is our obligation to protect children, to get them into permanent placement within a reasonable period of time. I think all over the country, as the FSR shows, that everybody is struggling to meet the needs of the Adoptions and Safe Families Act, but every year we're looking at data to drive -- to look at the timelines that are implemented by law on the federal and local level to drive our policy and practice, really to provide a front loading of services and recognition that foster care is not something that benefits kids, nor is it permitted by federal law, and so we really try hard to front load services.

And we're successful in a lot of cases. In cases where we're unsuccessful, I think those are the areas that we really need to focus on. How do we engage that parent that continues to say they're coming to a visit and doesn't and the child gets

devastated and the foster parent or kinship care person has to deal with the effects of that and the child is suffering because their parent is not yet at a point where they can focus on the impact of that on the child.

And so we're constantly balancing the need for the families to be together, but also looking at what is happening to the children as we go along.

MR. HASKINS: Great, thank you very much. I'd like to ask both a practice question and a policy question, and let me begin with a practice question. No one has talked about time. And one of the main intents of -- legislation, and most people in this room are probably familiar with, was to get the system to move more quickly and make decisions about kids much more quickly and get them out of the system. Ms. Johnson -- saying she was very disappointed to see that, after three years, 50 percent of the kids are still in the system. So here's my question. If you're going to work with parents, it's not like it's a month long process or even six months maybe, it could be a long term process.

Do you see any tension between the need to have -- give parents a full chance and involve them in programs, and yet, from the kids perspective, to make a fairly quick decision about whether we're going to go to -- well, I'm asking the whole panel, and especially the Judge who has to make these decisions, or would you see it as a way to move more rapidly to a decision because the law requires reasonable efforts to make sure that the parents really can't do it before you make a decision of this sort?

MS. JOHNSON: Well, I think the statistics show in a sense that the law is all wrong, because we're beginning to deal with the parents and children at such an advanced stage of disintegration of relationships.

Let me just give a sentence of two. I do a lot of work in health, and our health system is an illness treatment system. And I grew up in a world in which if you got sick, you went to the doctor, hopefully the doctor made you well or whatever. Now, because we can correct so many illness systems so they don't threaten your life, but not so you can get well, we no longer have an illness treatment system. We have a health and wellness system that's really quite good after it diagnoses an illness at keeping you healthy and well. Look at cardiac care; look at what we know about diabetes. And we're now in the process, whether it's -- and we implanted this in the Medicare Modernization Act, it's too bad it never got talked about, but what we implanted in the Medicare Modernization Act was flipping that back to when you come in to Medicare, you get a physical, and at that time, we begin to look at what are the chronic illnesses that you have or are likely to have.

And if you can diagnose things early and you can get the system to pay attention, and this is what employers are into now. So basically we don't really understand it, and we need to understand it before we make these changes in the system. We're in the process of moving from an illness treatment system to a health and wellness system, and we're going to do this whether we like it or not, we'll do it poorly or we'll do it well.

But the problem with our senior population is that now they're living decades with five or more chronic illnesses and seven or more doctors and 12 or more pharmaceuticals, and so 20 percent of the seniors are using 80 percent of the dollars.

Now, look what's happening with the situation in foster care, most of the dollars are going to out placement. That's after you've had your heart attack. That's the cardiac care piece. And what we tried to talk about years ago was flipping it to a health and wellness system. And we know a lot more about that, but you need to really begin to talk about the big picture at home so people can see. We've talked -- about it, if you can keep kids out of delinquent settings, it's much cheaper and all that stuff. But we haven't put it in the context of the knowledge base that we're developing, to be able to early identify and to then use that better.

So we're early identifying in the under three, we have a lot of special early identifying, but we're not taking that beyond the child into the family, and some of the systems recommendations that you've all made both here and in the court, we tried to legislate that Judges would have to be -- would have to learn more about the system that could support the child, you can only do so much from Washington in doing that.

So I think this community strategic planning and all those are major important, but we have to get more aggressive and we have to understand ourselves, because this is exactly what's wrong with the health system. You have to change the law.

You can't create this new system without breaking through some of the old sideposts that feed the old system, and we're now getting better -- so that's --

MR. HASKINS: So, Jane, do you see a tension between time and --

MS. KNITZER: I think there's a perceived tension. I think we have an obligation to do better on knowing whether or not children can safely be returned, and I see this as a way to do it. And, you know, I think we have to know more about what works for which parents. But there is time enough to do some of these.

I mean you look at the data from NASCAR, and I can't remember, it was 20 -- 30 hours, ten percent only had 30 hours, but there are 30 hours between when you have to make a decision and what's going on to the families that we can certainly use better than we are now.

So I think the perception may be greater than the reality. And I think we've got to do this. How much do we need for good enough parenting? That's really the question for child welfare.

MR. HASKINS: Judge.

JUDGE JOSEY-HERRING: Well, I think that data has certainly taught us in the District of Columbia that we had not been sharply focused on how long kids were seen in care. And so I think in that regard, the law is helpful, the Adoption and Safe Families Act, because we're held to the CSSR's.

All of the jurisdictions throughout the United States are required to prepare to be visited every couple of years or so to find out whether, in fact, they are paying attention to children. Sometimes in court you get -- reports, and at least in our jurisdiction, we only know a child is in foster care, we don't know the particular home, we see the foster parents from time to time in court because they are permitted to come to court proceedings.

But one of our magistrate judges, for example, grew up in New Jersey and was in the foster care system, and apparently there were many court reports that indicated she and her sister were doing fine, but in fact, they were living in a box in the back yard of a foster parent's home and had not been regularly visited by a social worker.

So I think there are important reasons to have laws, regulation, oversight, and monitoring in order to make sure kids are safe and things are happening in the way that they need to. Timing is important, of course, because we understand that we have 12 to 14 months essentially under AFA to either reunify the family or get the kids to permanency, and that's why front loading services and doing evaluations, trying to figure out what the issues are, we have family team meetings, we do all of that up front so that we can get on it and start providing services.

We have one court system here and one agency that deals with child protection issues, although they contract out some of the case management, but not all. As I travel throughout the country, and I was just at a meeting with the National Council -- Family Court Judges, some systems are extremely fragmented, and it is

really a nightmare trying to get services delivered to parents. And so the timely delivery of services is critical if we have a true expectation that these parents are going to be successful and get their kids back, or at least have a great shot at it.

And so timing is really critical when you think about the development or the developmental phases that a child is going through. Having a kid drift in foster care or in out placement without having some rigor for seeing to it that everybody understands that time is important would be very detrimental to children.

MR. HASKINS: So let me ask a funding question. And for the few people in the audience that might not know the background in this, as Ms. Johnson said, there are \$6.3 billion and it goes up virtually every year and will continue to go up, that's primarily in maintenance payments in foster care and adoption, there's some in administration, as well, and a little bit in training, and the proposal has been made in Congress for 15 years now, and Nancy Johnson herself held hearings on this and sponsored legislation to basically give that money to the states and say, use it as parent education or parent training or whatever else you think would be good, including -- education, as far as I know, this is the first time that there's really good evidence that --

MS. JOHNSON: -- that children's developmental needs are what -- it's important for parents to understand that, because the three year old keeps sticking their -- or the crawler is sticking their finger in the light socket, and the parents have

said no, no, no, don't do that, and then whacks at the child, and whacks the child, because the parent thinks the child is being deviant.

It's important for the parent to know that at that point, I'm sorry, I meant to say three months, I think I said three years, that the child's brain is not developed enough to really -- they have short term memory, and so it may not be that the child is just defying you, but that at this particular stage in this child's life, this behavior which might be dangerous or annoying is actually age appropriate.

And so getting information like that is very helpful. Understanding that, for example, being able to recognize when your child has a problem that's significant enough for you to take them to a specialist is also important.

And so education around understanding children and managing your reactions to their behavior, understanding the need to feed them properly, and what kind of foods they should eat, that they need rest and so on is not something that just comes naturally for a lot of people. And so I think it's important to provide that information to parents. I also think it's important to understand that parenting is stressful, and so any -- and people -- I love kids, but parenting is stressful, and for a lot of people coming into the child welfare system, whether they're court involved or being managed by the agency and the community, they have very complex lives and stressful lives, and so having opportunities for parents in addition to education is critically important.

MR. HASKINS: Jane.

MS. KNITZER: I think the answer to your question, Ron, is that we absolutely need to create policies that reverse the fiscal incentives. Whether or not an open ended law granted to state is the way to do it, I'm not the one to engage in this. We are a national organization, but we are not Washington focused.

I also think, though, there's a deeper issue, and that is, the evidence is that we're not spending smart, period, and we ought to be using that to refrain what we allocate the dollars for.

And the other piece of that is, we shouldn't only use the excuse that we need more money. There's plenty of money in the system right now that's being badly spent and we need to help states and communities figure out how to analyze it. So, yes, God knows that kind of change is long overdue. I just want to say I did a study on child welfare in 1978 called Children Without Homes, and that was a major recommendation. So I would, you know, I mean we haven't been able to shift the incentives anymore than we're being very effective with the health care system. It's a constitutional problem that we have with our policies that we intervene after the crisis.

MR. HASKINS: So your contribution is we're doing wrong 30 years, right?

MS. KNITZER: Yes, that's right, that's my contribution.

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MS. JOHNSON: I would point out that actually the State Waiver System has a great deal more potential than states have taken up. In fact, there is a comprehensive waiver that you can get so you do get control of all the money legally, and it would be interesting to know how Oklahoma managed the money.

And in the half of the state where you've done this preventive approach, are you actually saving on placement dollars, and you know, what's the -- what was the cost and what are the savings and how do they work for you?

MR. HASKINS: Are you going to be able to answer questions like that?

SPEAKER: I think at this point, I don't (inaudible)

MR. HASKINS: Questions from the audience, yes.

SPEAKER: I have two questions. I wanted to know --

MR. HASKINS: Give us your name first.

SPEAKER: My name is (inaudible) but I'm from Howard University. When that parenting training for education has to take place, in high school, when you apply for license for marriage? I think it should start much earlier before you become a parent, because I think it requires a lot of training.

And the second issue, a lot of people have children and parents have really difficult problems, but they never get into the system, like a lot of mental and

emotional abuse that goes on in the house which is very difficult to prove, because you don't have bruises, and how a judge would order for some behavior or therapy if an evaluation is not done in the order -- just doing it for the sake of following the judge order -- they're making an effort to change.

JUDGE JOSEY-HERRING: Well, in our system in the District, unlike in some other jurisdictions, we do not have jurisdiction over cases that are not petitioned as neglect or abuse cases. And there's a statute passed by the City Council that's been on the book for many years that permits the child welfare agency to manage cases in the community to prevent them from coming into our system.

As a Judge, and speaking on behalf of my colleagues, we have a lot of concerns, quite frankly, about how well that initial decision-making gets done based on some of the facts and circumstances of cases that we see coming into the system many years later that have been under agency oversight for several years, where the facts and circumstances of the cases were fairly horrific a long time ago, and by the time we get the case, the family is in a very desperate, deepened situation which requires a tremendous amount of attention and resources.

And so while I'm in favor of not bringing every case into the system, because the court has no review, monitoring ability, or oversight on those community cases, I feel, quite frankly, that we should have, and I feel that maybe some standard should be developed at least for the District so that Judges can be more actively involved in cases which meet certain criteria, for either violence in the home, sexual abuse, rape,

and so on, and not get that case three years later, and understand that that case was managed in the community.

And even though referrals were made by the child welfare agency, those referrals essentially were a piece of paper given to really a person who is not all that capable of managing a whole lot, and then nothing ever really happened because there was no follow through. And, you know, then we get the case after there's a real tragedy or something. And so that's a real problem. So we have no ability in non-court order cases to order any evaluations. In court order cases we can order all kinds of evaluations and services, and we actually do. And we try as best as we can not to over evaluate people. And we have a system now for looking into all of our governmental data banks to figure out whether people have been evaluated within the last year on any subjects that we're looking for that might be helpful so that if we are ordering evaluations, we can get those reports to the professionals so that they don't have to do full scale repeat evaluations for us to figure out what's happened.

MR. HASKINS: Nancy Johnson.

MS. JOHNSON: I just want to say briefly that your issue about when do we start this training is really an important one, because if you're going to develop a preventative system, given the circumstances that so many of our children are facing now as high schoolers that, frankly, we didn't face for a decade later, you do need to have parenting classes in high school, but they need to be human development

classes, they need to understand something more about what to assume about child development so they can get some perspective on adolescent development.

They also need to be exposed to stages of adult development. They won't remember them, but it will give them that sense that life grows and changes. And then in this, we really have to get far more serious about this, because this kind of education has shown to help prevent -- reduce the rate of teen pregnancies. But we also have to help kids learn how to budget, how to manage money, because they get credit cards at such a young age, and then the arrearages issue. There are many financial things that just destroy a kid's life before they're old enough to even notice.

And as we move into a defined benefit world, they are going to need to learn the essentials of at least knowing how money accumulates and how they can be secure in their retirement. You can reduce this to quite simple terms, both the budgeting and the pension management, but in every aspect of our lives, people are going to have to take more responsibility and they're going to need more knowledge to do it.

So the shows are really much more serious, and if we could combine these things, then we'd sort of stigmatize parent training. But it should be relationships and life knowledge.

MR. HASKINS: Okay. I'm going to ask for the impossible here. There were a whole bunch of questions -- take as many as I could, so I'm going to urge people to

ask brief questions and the panelists to give brief answers. Go ahead, right there on the --

MS. DAVISON: Hi, Karen Davison. My question is really two-fold. Both panels have talked about partnering with parents. And there are two programs, National Headstart and also Children Advocacy Centers. I wondered if the sample included any kids or tracked those kids such as you could determine the effectiveness of parenting partnership programs in both Children Advocacy Centers and in National Headstart.

MS. KNITZER: The Incredible Years, which is one of the group focused parent training programs, has been tested through eight randomized control trials, must of them in Headstart, okay. We have really powerful evidence about its effectiveness with Headstart type parents.

I want to say one thing about this that I don't think we talked about, and that is, we all believe in parent training; the problem is that we spend a lot of money and that we waste it, okay.

What's really important about the conversation today are the characteristics of that parent training. And we're really talking about three things, one, it's relationship based, it helps parents understand limits in managing behavior, and the third most important thing is that it allows invivo practice. It's not just didactic, okay.

And I think it's really important that we had that conversation and that everybody knows that that's really what we're talking about, because there's a lot of stuff that is not -- you don't test it out, so that's the answer, and yes, we do have lots of work that way.

MR. HASKINS: You go to the back there, the lady in the black jacket.

MS. YUCHO: Hi, I'm Vickie Yucho with the Center for Alexandria's Children, which is a child advocacy center. And I'm concerned about the conversation today really not looking at the complexities of the problem, and that parent training or parent education is one piece of the puzzle, but with this, you know, ongoing cycle, we're not talking about poverty, domestic violence, substance abuse, mental health, previous trauma, and thank you --

MR. HASKINS: Julie, will you find out what that is?

(Pause)

MS. KNITZER: Vickie, your question is profoundly important. And one of the things we didn't talk about was on the key findings is a glimmer into the characteristics of the parents, okay. And so we need to know -- remember I said what will help sustain the gains and what has to happen at the same time and what are the issues in another question is, we don't have a way to address the parent treatment needs in the context of child welfare, and that's what we also need to go for.

MS. JOHNSON: And I was going to say, I think I mentioned collaboration with various stakeholder agencies who are responsible for providing services or other community partners, and you have to do that in order to effectively address the needs of the parents. Obviously, programs have to be geared toward education levels and experienced levels of parents, and so I think -- I feel that some of those things are implicit. But in terms of -- I mean you're managing a number of different issues. These are very complex families. Having good parenting classes alone will not fix the problems, particularly when you're dealing with poverty, mental health, substance abuse, lack of housing, all those other things.

But I think this is a critical area. It's really a fundamental building block to really give them some experience that they may not have had ever, so that that experience can be transmitted over generations.

MR. HASKINS: Rick, did you want to add something to this?

MR. BARTH: Just to say that I agree with the parenting (inaudible) and another thing that I think is really important is that some of these other problems (inaudible) they can be addressed indirectly to parenting. There's quite a bit of evidence to suggest that problems in parenting are major causes of (inaudible)

MR. HASKINS: Another question. Pass it to your right. SPEAKER:
This question is primarily for Ms. Johnson or for Ron. Why do you think that states

were willing to take the bargain and flexibility for block grants -- and what's different about child welfare?

MR. HASKINS: I will say one thing very quickly, and that is, the states really fought to get a block grant in child protection at the time. We already had a draft, we redrafted it. But they didn't have enough -- they weren't unified. I think it was very much like Medicaid -- we almost had a Medicaid block grant, too, and the states were really divided on that.

They were less divided on a block grant for child protection, but there wasn't the same pressure from the states, and I think it's for the reason that there were states that were a little bit dubious about it, and especially in the context of going to a block grant for child care and -- and so forth, they just didn't want to go too far, so they decided -- and child care and then we'll see what happens later.

But I've always felt that we've had gradually growing, for at least a decade now, more and more states wanting to have a block grant or some form of a block grant. When we first proposed this back in '92, then APWA actively opposed this, aggressively opposed this, and they no longer do that, so that's just one example.

But I think there is a growing feeling that we really have to do something to rearrange the financing so that the incentives change.

MS. JOHNSON: Major change is hard, it's really hard. And the stakeholders fear what they might lose, so it makes it harder. But at least in welfare, it was about

people going to work, we knew more about job training, we also knew that people needed to work, and we knew that they brought in a sense of not working, of not being productive, was so isolating to women that we just couldn't tolerate it anymore.

In other words, the weaknesses of the old system had become so evident that the consensus for change was great. But remember, we passed a welfare reform bill three times before we finally passed it. And that's not a bad idea, because it actually evolved a lot through that process, the stakeholders got a lot more input into it, and then remember, we really had to work hard to stay true to our promise that we wouldn't cut the money even as the numbers drifted off.

Now, that same kind of consensus we came close to building in the child welfare area, because the child welfare league did come around from an opponent to a genuine supporter. But the last about six or eight years have been increasingly fractious in Congress, sometimes -- not just --

MR. HASKINS: Well, I didn't know that.

MS. JOHNSON: -- not just entirely partisan, but each group sort of demanding its own way. So whether it's in health care, in job training, in labor law, I mean there's consensus in each of those areas. I mean look at the immigration debate, I mean it's shameful, because each piece is just so anchored in its view of the truth. So sometimes it just takes a long time to build consensus. But I think the time

has come in this area, because we do know a lot more. There is also one aspect to this that is unique, and that is, mental health has always been something the public never dealt well with, and they consider -- well, there's all those stereotypes around families that have had difficulty.

And so I think we're getting over that. The mental health parody debate is finally evolving. The studies have shown that mental health parody doesn't cost employers a lot of money. And actually when you add in lost time and things like that, it's a good thing.

And as we move to a more preventative health system, I notice Tommy Thompson got depression screening, you probably didn't know it because I don't know why you would, but we couldn't get depression screening in the welcome to Medicare physical, because CBO made it cost so much. But afterwards, he slipped it in. Because, of course, you want to have -- help people deal with depression.

So as we learn more, we are in a better position. So I wouldn't be at all discouraged, because you can make change, in this area, you can make change without our changing the law much, and then as your experience grows and confidence grows, then we can change the law with sort of no controversy.

MR. HASKINS: You're referring to the waiver process?

MS. JOHNSON: Yeah, uh-huh. And just the creativity of communities. So I do hope that you'll really be aggressive in pushing forward as we know more,

because I do think that if you're unified, you can overcome any fractions in the Congress, because most of them don't know much about it at all.

MR. HASKINS: Go ahead.

MR. BURCH: Tom Burch from National Child Abuse Coalition. In talking about parent training this morning, we hear a lot about the importance of relationship building and early intervention, and there are two strategies that come to mind, one is the family group decision-making, which has already been mentioned, also alternative response.

And I'm wondering, going back to the first panel's question, what can Washington do, what do you see as ways in which we can build in either as incentives or directives, whether it's the Child Abuse Prevention and Treat Act or the Title 4 legislation, to encourage family group decision-making or alternative response, if these are ways that we should be emphasizing.

MS. JOHNSON: I can't emphasize enough, you must educate your members. I mean I went to -- there's several organizations I've followed, and I got Connecticut to take one of the waivers and to work on some of this in a collaboration, but you know, one of the ones I've worked closely, very closely with, and when I was in the State Senate and early in Congress, there was a lot of reward, you know, helping kids behave right and get a reward.

Well, really life isn't like that. So to watch this whole residential facility for children with serious emotional problems, one of them moved to character -- one of them moved to relational rewards, and of course, it's much better and it's much more transferable when you leave and go back with your family.

But if I hadn't sat there and listened to the staff and then talked with the kids, I wouldn't have gotten it, see. So there is a lot more you can share with your member than you're sharing.

I used to go visit factories all the time, from which I learned, you know, trade problems, resource problems, labor problems, capital investment problems, you can go through that same litany of normal problems in the different child care components, and you need to take seriously educating your member and also educating your state reps and state senators, because in the next round, we not only have to be more preventative, but we have to be more collaborative. All that money out there for domestic violence, this is about families.

MR. HASKINS: So I counted three on's. I'm going to make this the last question, who wants to ask it? How about that, we answered all the questions. Thank you very much, you've been a great audience.

MS. JOHNSON: Thank you very much.

MR. HASKINS: And thank the panel.

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