Testimony before the
District of Columbia Council
Committee on Human Services

Roundtable on Repairing the Safety Net
One Year After Jacks

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Good afternoon, Chairman Wells and members of the Committee on Human Services. My name is Judith Sandalow, and I am the Executive Director of the Children’s Law Center in Washington, DC. I am testifying today on behalf of the Children’s Law Center regarding how well our child welfare system is doing and what needs to be improved to ensure we have a safety net that truly protects all the District’s children and families. One year after the tragic death of the Jacks children, it is important that we reaffirm our joint commitment to preventing similar tragedies from occurring again. I am encouraged by this Committee’s sustained attention to creating and implement a comprehensive abuse and neglect prevention plan.

For our safety net to truly function properly, we will need to expand programs that support families and this will cost additional dollars. I am mindful that the District is facing a large budget shortfall, so I want to address the cost concern first. Before committing additional funds, there are ways we can improve our efficiency to better spend existing dollars and utilize all federal funding to our maximum benefit. One key area for improvement is the District’s Medicaid system. Our current Medicaid billing system is too complicated; numerous government agencies – including DCPS, CFSA, DMH and DYRS -- each have their own system and processes for claims submissions and provider enrollment. Due to this complicated set-up, many providers simply refuse to contract with Medicaid at all; lawyers in our office have come across many providers who accept Maryland and Virginia Medicaid but refuse to accept DC Medicaid because it’s too burdensome for them to seek reimbursement. This leads to a shortage of providers and results in low-income children being

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1 The Children’s Law Center helps children in the District of Columbia find safe, permanent homes by providing free, comprehensive legal services to children, their families and foster and kinship caregivers. The Children’s Law Center is the largest civil legal services organization in the District of Columbia and the only organization that provides comprehensive representation to children. We provide comprehensive representation to more than 1,000 children and families each year. Every day, our attorneys work in Family Court to obtain legal security for children and the family members who take care of them. Sometimes we represent children directly. Sometimes we represent foster parents or relatives. Still other times we represent birth parents. Whoever we represent, we focus on meeting the child’s health and educational needs and providing the child with a safe and stable home.

unable to get necessary treatment without unacceptably long delays. This fall, outside consults studied the District’s Medicaid program and issued a report with recommendations.\textsuperscript{3} The report found that because of the District’s complex billing process we are not fully utilizing our federal Medicaid dollars.\textsuperscript{4} A key recommendation was to procure a single “administrative service organization” to provide the necessary Medicaid billing for all District agencies.\textsuperscript{5} Creating one billing agency would not only streamline the process, it would also allow the Council, and the public, to hold one entity firmly responsible for ensuring the billing process runs smoothly and efficiently. I hope the Council will work with the Administration to ensure this happens and that the District uses Medicaid dollars in the most beneficial and efficient manner possible.

In addition to fixing Medicaid and maximizing federal funds, the District should invest in abuse and neglect prevention programs which save the District money in the short and long term. The home visiting program, which I discuss in more detail later, is a good example of a program which research shows will save the District money. – as much as $5.70 for every dollar spent. The Rapid Housing program, which provides $5,000 in rent assistance to families, saves more than $30,000 \textit{in the same year} when it prevents a child from going into foster care.

As I turn to the components of a strong safety net, I’d like to take a moment to articulate why it is so important. A robust safety plan prevents abuse and neglect. It strengthens families and helps to keep them together. It acknowledges that healthy adults in well-functioning neighborhoods are necessary to keep children safe. Once a call is made to the hotline, the safety net has failed. While it’s critical to have a functioning abuse hotline, we should strive for the day when that hotline will cease to ring at all. I want to discuss four steps the District should take to prevent child abuse and neglect – expanding substance abuse and mental health treatment options for

\begin{itemize}
\item[3] Id.
\item[4] Id. at 4
\item[5] Id. at 6.
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parents, expanding our home visiting program, expanding key family preservation services and reducing child poverty.

First, the District is in dire need of improved adult mental health services and improved family-centered substance abuse treatment. In case after case, lawyers in our office see children put at risk by parents with serious mental health problems and addictions. When parents reach out for help, too often the District fails to offer them services in a timely and effective manner. Once the safety net has failed, foster care becomes a primary means of response. The District needs more comprehensive treatment options for adults with substance abuse problems and those suffering from mental illness, especially services structured to allow children to remain with parents during treatment.

Second, the District should dramatically expand its home visiting program to serve all at-risk parents and families. Home visiting programs provide support services from nurses, social workers and mental health providers to mothers from pregnancy through age five. We applaud Chairman Wells for your leadership on this issue and for providing $500,000 for such program in FY09, and we encourage you and your colleagues to increase this funding next year. Local research shows that the District’s home visiting program improves parenting and prevents abuse and neglect. National research shows that programs cut abuse nearly in half, and reduce delinquency and other negative outcomes as children grow up. During tough fiscal times we must resist the pressure to cut programs and remember to carefully consider the long-term gains of our investments. Home visiting programs make great financial sense: the Rand Corporation reported that the benefits of such


7 Nurse-Family Partnership, Research Evidence http://www.nursefamilypartnership.org/content/index.cfm?fuseaction+showContent&contentID=4&navID=4
programs combine to save $5.70 for every dollar spent. We know programs like this will protect children; expanding these programs is a sure way to save lives, reduce the District’s disturbingly high infant mortality rate and reduce the high number of young children who enter the District’s neglect system.

Third, the District needs to dramatically improve some of the key family preservation services that keep families safely together and out of the child welfare system. In most situations, children are best protected and best served by bringing services to their family. Wrap-around services, intensive multi-systemic therapy, school-based mental health services, rapid housing funding and other financial supports, to mention just a few interventions, can protect children and preserve families. And these services need to be community-based and accessible throughout the District.

Fourth, the District needs to recognize the connection between children’s safety and children’s poverty. Thirty three percent (33%) of DC’s children live in poor families (families making less than 100% of the federal poverty line) and 53% of our children live in low-income families (families making less than 200% of the federal poverty line). In 2006, Wards 7 and 8, DC’s poorest wards, had the largest number of child fatalities. Children living in Wards 5, 6, 7 and 8 accounted for three quarters of all child fatalities. Children living in DC’s poorest neighborhoods are seven times more likely to face abuse or neglect than those in DC’s wealthiest neighborhoods. Research shows that fighting poverty reduces child neglect; one study predicts that a ten percent

9 The District’s infant mortality rate is nearly twice the national average. Kids Count Data Center, http://www.kidscount.org/datacenter/profile_results.jsp?r=10&d=1&c=6&p=5&cx=1d0&cy=1
12 District of Columbia Child Fatality Review Committee, 2006 Annual Report at 11
13 DC Fiscal Policy Institute, Disparities in the District: Poverty in Major Cause of Social Problems in the District of Columbia
increase in TANF rates will reduce neglect by thirty-nine percent. To protect children, the District must more effectively tackle the challenges of child poverty.

With all of these steps, the question is not what to do. We have the knowledge to identify programs that work. There are many in the government and in the advocacy community who understand what has to happen. The question is whether the District’s leaders will take the steps necessary to expand programs that work, to develop services that meet the District’s needs regarding mental health, substance abuse, and poverty, and to make agencies that serve our families and protect our children work together. I hope that the District’s leaders choose to dramatically expand efforts to prevent abuse and neglect and protect children. If the District’s leaders choose this course, I and many other advocates stand ready to do everything in our power to help them succeed.