

State of DENIAL

**Why Rhode Island's child welfare system is so dismal –
and how to make it better.**

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Why Rhode Island's child welfare system is so dismal – and how to make it better.

A report from the National Coalition for Child Protection Reform

By Richard Wexler, NCCPR Executive Director

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CONTENTS:

The kid auction	3	The special Hell of	
The long history of failure	5	parking place shelters	32
How DCYF makes children less safe	6	The role of the Child Advocate	34
<i>When DCYF is an abuser's best friend</i>	7	The children wronged	
Rhode Island's obscene rate of		by "Children's Rights"	35
child removal	9	War against grandparents?	38
Why family preservation works	10	Foster parent pay	42
Institutionalization makes everything		"Mercenary motherhood"	43
Worse	11	The good news in CR's Complaint	45
<i>The Glen Mills Judge Jeremiah</i>		The sham of "accreditation"	46
<i>doesn't know</i>	14	<i>Kentucky fried child welfare: Soaked in</i>	
Crises of conscience	17	<i>sleaze – but fully "accredited"</i>	48
<i>When institutions go bad</i>	20	Changing the rules: Recommendations	49
Don't say no, just "yes, but..." it to death	22	<i>As Maine goes, so can Rhode Island</i>	51
If all else fails, they'll try fear	23		
How institutions impede adoption	24		
The other kind of "cost"	24	Link to Appendix A:	
"Out-of-state, out of mind"	25	<i>Due Process Agenda</i>	55
<i>Spending so much more,</i>		Link to Appendix B: <i>Twelve Ways</i>	
<i>getting so much less</i>	26	<i>to do Child Welfare Right</i>	55
<i>Your tax dollars at work</i>	27	Appendix C: <i>Review of the literature</i>	
<i>How to tell a college from a residential</i>		<i>on the harm of institutionalization</i>	56
<i>treatment center...</i>	31	Endnotes	61

ABOUT NCCPR

The National Coalition for Child Protection Reform is a non-profit organization whose members have encountered the child protection system in their professional capacities and work to make it better serve America's most vulnerable children. **Board of Directors: President:** *Martin Guggenheim*, former Director of Clinical and Advocacy Programs, New York University School of Law. **Vice President:** *Carolyn Kubitschek*, attorney specializing in child welfare law, former Co-coordinator of Family Law, Legal Services for New York City. **Directors:** *Elizabeth Vorenberg*, (Founding President) former Assistant Commissioner of Public Welfare, State of Massachusetts; former Deputy Director, Massachusetts Advocacy Center; former member, National Board of Directors, American Civil Liberties Union; *Annette Ruth Appell*, Associate Dean for Clinical Affairs, Washington University Law School, St. Louis, former Associate Dean for Clinical Programs, William S. Boyd School of Law, University of Nevada, Las Vegas; *Marty Beyer, Ph.D.*, clinical psychologist and consultant to numerous child welfare reform efforts; *Ira Burnim*, Legal Director, Judge Bazelon Center for Mental Health Law, Washington, DC; former Legal Director, Children's Defense Fund; former Staff Attorney, Southern Poverty Law Center; *Prof. Paul Chill*, Associate Dean, University of Connecticut School of Law; *Prof. Dorothy Roberts*, Northwestern University School of Law, author *Shattered Bonds: The Color of Child Welfare* (Basic Civitas Books: 2002); *Witold "Vic" Walczak*, Legal Director, Greater Pittsburgh Chapter, American Civil Liberties Union Foundation of Pennsylvania; *Ruth White*, Executive director, National Center for Housing and Child Welfare, former Director of Housing and Homelessness, Child Welfare League of America. **Staff:** *Richard Wexler*, Executive Director. Author, *Wounded Innocents: The Real Victims of the War Against Child Abuse*. (Prometheus Books: 1990, 1995).

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Overview: The kid auction

Every week, a bizarre sort of auction plays out at the Intake Center of the Rhode Island Training School, where young people who have gotten in trouble with the law are parked while the adults who control their lives decide what to do with them.

The buyer is the State of Rhode Island. The sellers are the purveyors of “residential treatment” and other forms of institutionalization for young people, programs for which there is overwhelming evidence of failure. Purveyors of these programs from all over America flock to Rhode Island, which warehouses proportionately more children in institutions than any other state.

The merchandise? Kids.

Some have committed serious crimes. Others may be there for what Rhode Island calls “waywardness” – offenses like truancy that are crimes only because the “offenders” are young people.

Many probably first came under the control of the state through its foster care system; taken from their parents, often needlessly, when they were much younger. Once they commit a crime, the people who work in the child welfare division at the state Department of Children, Youth and Families, can hand them over to the people who work in the juvenile corrections division of DCYF.

The marketing is fierce, and it's aimed directly at the young people.

According to an insightful story in *The Providence Journal*:

Michael Gingras, a clinical social worker at the intake center, said some providers spend a half-hour or more talking with the juveniles at the intake center and showing them brochures.

“It's not unusual for kids to get interviewed at lunchtime and say, ‘I want to go there!’ Gingras said. “Then they get interviewed [by someone again] at dinner time and say, ‘I want to go here!’”¹

Rhode Island's kid auctions are emblematic of almost everything wrong with its dreadful child welfare system. Rhode Island relies more than any other state on what is both the worst and the most expensive option for the overwhelming majority of children, institutionalization – and it ships a shockingly high number of those children out-of-state.

Rhode Island's kid auctions are emblematic of almost everything wrong with its dreadful child welfare system.

At least two Rhode Island young people are institutionalized nearly a thousand miles from home, not even seen by their legal “parent,” DCYF, except once every six months. And such rare visits are standard procedure for children placed in distant institutions. One expert called that “officially-sanctioned neglect.”

It all raises questions about how much key decision-makers in Rhode Island actually know about best practices – and worst practices – in child welfare.

The man who was, until last month, the state's chief Family Court Judge, Jeremiah S. Jeremiah, Jr., was such a fan of institutionalizing children that he actually bragged that the staff of one big Rhode Isl-

and residential treatment center called him their “director of admissions.”²

When Judge Jeremiah fell in love with an out-of-state institution, Glen Mills, in Pennsylvania, he urged the head of the state’s Court-Appointed Special Advocates program, Andrew Johnson, to get a personal grand tour of the place. He did, with Glen Mills paying Johnson’s airfare. (Johnson says there is no conflict of interest because CASAs play no role in the kinds of cases where children are sent to Glen Mills.³)

But Johnson lacked the expertise, or the time, to fully evaluate Glen Mills (see *The Glen Mills Judge Jeremiah doesn’t know*, p. 14).

Rhode Island tears apart families at a rate nearly 80 percent above the national average, and a rate more than double and triple the rate of states that are, relatively speaking, models for keeping children safe.

Not only does all this do enormous harm to the young people, it drains scarce resources from far better options. Institutionalization consumes nearly 70 percent of the DCYF budget. It helps explain why DCYF has whined about not having enough money even as it spends on child welfare at the fifth highest rate in the nation, a rate more than two-and-a-half times the national average and a rate double to quadruple that of states widely-regarded as, relatively-speaking, models. (For the full comparison, methodology and sources, see NCCPR’s publication *A Rough Guide to Comparative Child Welfare Spending*).

But that is only part of the problem.

At the root of the problem is one simple fact: Rhode Island takes away huge numbers of children who could have remained safely in their own homes, had DCYF offered families the right kinds of help.

Rhode Island tears apart families at a rate nearly 80 percent above the national average, and a rate more than double and triple the rate of states that are, again, relatively speaking, models for keeping children safe.

Not only does this do enormous harm to the children needlessly taken, it also overwhelms the child welfare system, leaving workers no time to find children in real danger – and that is almost always the real reason for the horror stories that make headlines.

Wrongful removal makes all children less safe. Wrongful removal drives everything else. It is the elephant in the room.

But both DCYF and the group that now is suing DCYF over child welfare are, to use that favorite child welfare caseworker’s phrase, “in denial” about the problem.

All over the country, the group that, with astounding arrogance, calls itself “Children’s Rights” (CR), has a long, sad history of pretending the elephant isn’t there – though in Rhode Island the elephant is so large even CR has given it a passing glance – acknowledging that DCYF “sets families up for failure...”⁴

The trial court dismissed the suit, but an appellate court reinstated it. That was the right decision on principle. But given CR’s track record, the lawsuit, as it stands now, is unlikely to make things better – and it might actually make the Rhode Island child welfare system even worse.

For Rhode Island’s children to benefit the lawsuit intended to reform the child welfare system must, itself, be reformed.

The long history of failure

It may be the only time in its history when leaders of DCYF were forced to come face-to-face with large groups of families they had harmed: It happened in late 1998 at a series of hearings held by one of those obligatory blue-ribbon commissions public officials name when they're under pressure and want to duck an issue.

Sixty-eight witnesses at six hearings told what *The Providence Journal* called "heart-rending stories."

"DCYF has done a number on our lives, mentally, financially and physically," said a grandparent whose children were in the agency's custody. "The horror stories we hear about DCYF are true."

The director of DCYF at the time, Jay Lindgren, co-chaired the commission. He acknowledged being "taken aback" by the ferocity of the criticism – but none of it moved him one bit.

In response to heartfelt pleas, Lindgren and others from DCYF offered only smugness and arrogance. According to the *Journal*, Lindgren agreed there might be something to those complaints that could be solved by giving his agency even more money.

But when it came to allegations that DCYF abuses its powers, or is insensitive to children and families or members of minority groups, Lindgren said only a "very, very small fraction" of those complaints were legitimate.

His assistant director, Thomas Dwyer, was even more smug. In comments dripping with condescension he declared that: "Often it's not possible to remove a child from a parent and not anger the parent."⁵

Nevertheless, Lindgren insisted things would get better. In a comment suggesting he felt *he* was the real victim for even having to listen to critics he said: "If we weren't serious about making changes

we wouldn't be going through this."

But, of course, he wasn't serious and there was no real change.

The same sort of arrogance was on display, this time from the very top, nearly a decade later after the group calling itself Children's Rights filed its lawsuit.

DCYF has whined about not having enough money even as it spends on child welfare at the fifth highest rate in the nation.

Though CR does a poor job of fixing child welfare systems, it does a good job of documenting part of the harm they do to children – the dreadful conditions in foster care itself. The Complaint filed in the Rhode Island suit is no exception.

When the lawsuit was filed, Gov. Don Carcieri promised to "get to the bottom" of the allegations.

"Are the allegations in fact true?" Carcieri said. "Do we have any failings in terms of procedure or policy? Do we have possibly some bad decisions being made? I don't know any of that right now, but we're going to get to the bottom of it."⁶

The bottom was reached with remarkable swiftness. A mere 24 hours later, the Governor declared, in effect: Nope, no problem here.

He accomplished this by focusing solely on something CR didn't allege – that DCYF was harming children on purpose.

"From our initial review, it appears that DCYF, the caseworkers, and the supervisors acted appropriately," the governor said in a written statement. "The decisions that were made regarding the placement of children appear to have been made with the

intent to ensure their safety and well-being. It does not appear that anyone knowingly put children in harm's way."⁷

But the lawsuit doesn't claim that DCYF *deliberately* tries to harm children – only that they are repeatedly harmed while in DCYF's care.

But it is one particular statement from former DCYF director Lindgren back in 1999 that best explains everything wrong with the agency then – and now.

According to the *Journal*:

Rhode Island [Lindgren] notes, has some of the most aggressive laws in the country when it comes to protecting children. ... These laws, says the DCYF director, have helped make Rhode Island "a very safe place for kids."

How DCYF makes children less safe

In fact, the laws, and DCYF's take-the-child-and-run mentality, have done nothing of the kind. On the contrary, they have made all of Rhode Island's vulnerable children less safe.

Lindgren's claim is common among mediocre leaders of lousy child welfare systems. Usually they argue that only adults suffer when children are wrongfully removed and they have to "err on the side of the child."

In fact, there probably is no phrase in the child welfare lexicon that has done more harm to children than "err on the side of the child."

- When a child is needlessly thrown into foster care, he loses not only mom and dad but often brothers, sisters, aunts, uncles, grandparents, teachers, friends and classmates. For a young enough child it can be an experience akin to a kidnapping. Other children feel they must have done something terribly wrong and now they are being punished.

Study after study has documented the way this can cripple children for their

entire lives.

One study of foster care "alumni" found they had twice the rate of post-traumatic stress disorder of Gulf War veterans and only 20 percent could be said to be "doing well."⁸ How can throwing children into a system which churns out walking wounded four times out of five be "erring on the side of the child?"

One study of foster care "alumni" found they had twice the rate of post-traumatic stress disorder of Gulf War veterans and only 20 percent could be said to be "doing well." How can throwing children into a system which churns out walking wounded four times out of five be "erring on the side of the child?"

Two more studies, of 15,000 cases, are even more devastating. Those studies found that even maltreated children left in their own homes with little or no help fared better, on average, than *comparably-maltreated* children placed in foster care. The children left in their own homes were more likely to be employed, less likely to become pregnant as teenagers, and less likely to get in trouble with the law.

And sometimes the abuse can be inflicted with mind-boggling cruelty.

Consider the case of David, cited in CR's lawsuit.

At age two, David was institutionalized – the worst possible place for a very young child. He was parked in two differ-

When DCYF is an abuser's best friend

Like many abusers, Raul DeRosas Quintero was skilled at manipulating his victims. He knew how to control his girlfriend, Rosalia Lopez-Navor, through terror and intimidation.

It wasn't really that hard. If she didn't do exactly as he said, he would hit their child.

When he did start hitting the child, Lopez-Navor fled with the child – but the illegal immigrant from Mexico couldn't speak English and quickly got lost in Providence. She wasn't used to being out on her own – DeRosas Quintero almost never let her out of the house.

And why didn't she go to the police? Because, DeRosas Quintero told her, if she talked to the police “they would remove my child and deport me.”

The abuser was right.

When authorities found out what was going on, they did indeed take away Lopez Navor's son.

And when she gave birth to another child – months after the abusive father had been deported – that child was confiscated at birth, and never returned.

It didn't matter to DCYF that Lopez Navor was living in a women's shelter and that her own mother and come to the United States – legally – to be a resource to help her care for her children.

Because Lopez Navor had “failed to protect” her first child from the real abuser, she was presumed unable to protect any child of hers, ever. So both children, one a Mexican, the other a U.S. citizen, were consigned to the Rhode Island foster care system.

And though Lopez Navor had offered to return to Mexico with the children and accept supervision from Mexican child welfare authorities, DCYF decided that, somehow, the children would be better off with total strangers. Lopez-Navor's parental rights were terminated – or rather, her children's rights to their mother were terminated – and Lopez Navor was deported.⁹

Child welfare agencies are more secret than the CIA. They can hide their blunders behind pious claims about “confidentiality.” And in Rhode Island, as in most states, even the court hearings usually are secret. But this case was a rare exception, so it offered a rare glimpse of how Rhode Island's take-the-child-and-run mentality harms children – and helps child abusers.

For starters, of course, there is the enormous harm to two young children who will never see their mother again. The younger the child the greater such trauma is likely to be.

That trauma is only compounded in so-called “failure to protect” cases. The older child may blame himself, thinking that, because first his father beat him and now his mother has been taken from him, there must be something terribly wrong with him.

Indeed, this is why a class-action lawsuit settlement in New York City prohibits the city's equivalent of DCYF from taking children of battered mothers just because the mothers have been beaten. One expert testified that taking children from their mothers in such cases is “tantamount to pouring salt into an open wound.”¹⁰

Although the case of Lopez-Navor was not identical, it raises the question of whether Rhode Island's policy in such cases boils down to “please pass the salt.”

And finally, perhaps worst of all: This case gives real child abusers a huge weapon for their arsenal of intimidation.

It's the very weapon Raul DeRosas Quintero used so effectively.

All over Rhode Island, men who beat their girlfriends and their children can turn to those beaten girlfriends and say: “You want to call the cops? Go ahead, call the cops. They'll just call DCYF, and DCYF will take your kids.”

And a lot of the time, the abusers will be right.

ent “shelters.” He probably would have done well with an aunt in Michigan, who was glad to raise David, but when the aunt ran into housing problems DCYF didn’t lift a finger to help. According to the Complaint:

Instead of supporting the aunt so that she could keep David, DCYF brought him back to Rhode Island and put him in a shelter where he had previously stayed.

When he arrived [at the shelter] he refused to get out of the car and pleaded with the caseworker to bring him back to “Mommy Mary.”

Shelter staff approached the car. In one sentence - their “loving” greeting to the now four-year-old boy - they summed up everything wrong with shelters. They told him: “the rules here have not changed.”

David spent much of his life institutionalized – and abused in those institutions. He was 13 - and institutionalized in Massachusetts - when the lawsuit was filed.¹¹

- All of this emotional harm can occur even when the foster home is a good one. The majority are. But the rate of abuse in foster care is far higher than generally realized and far higher than in the general population.

After CR filed its lawsuit, much attention was focused on the fact that Rhode Island has the nation’s highest rate of abuse in foster care itself. But the figures used in support of that assertion actually are a gross *underestimate* of the problem.

Those figures count only the abuse that DCYF, and its counterparts across the country, will admit to. They count only allegations of such reports that are called to DCYF’s attention and substantiated by DCYF and its counterparts themselves.

But when DCYF investigates abuse in a place where DCYF put a child, whether a foster home or an institution, DCYF is, in effect, investigating itself. So there is an enormous incentive to see no evil, hear no

evil, speak no evil and write no evil in the case file.

So while officially, 1.5 percent of Rhode Island foster children are abused each year, independent studies suggest the real figure is vastly higher.

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The alumni study cited earlier found that one-third of foster children said they’d been abused by a foster parent or another adult in a foster home. (The study didn’t even ask about one of the most common forms of abuse in foster care, foster children abusing each other).¹² Several other studies have found similarly-alarming rates of abuse.¹³

Most important for an institutionalized state like Rhode Island, the record for abuse in institutions is even worse.

As for Rhode Island’s standing as worst-in-the-nation, that’s quite possible, since the more a foster care system is overwhelmed with children who don’t need to be there, the less safe it becomes, as agencies are tempted to overcrowd foster homes and lower standards for foster parents. And Rhode Island definitely is among the worst in the nation when it comes to wrongful removal.

If a child is taken from a perfectly safe home only to be beaten, raped or killed in foster care, how is that “erring on the side

of the child”?

- But even that isn’t the worst of it. Everyone knows how badly caseworkers are overwhelmed. They often make bad decisions in both directions – leaving some children in dangerous homes, even as more children are taken from homes that are safe or could be made safe with the right kinds of services. The more that workers are overwhelmed with children who don’t need to be in foster care, the less time they have to find children in real danger. So they make even more mistakes in both directions. That almost always is the real explanation for the horror-story cases that make headlines.

Foster care is an extremely toxic intervention that must be used sparingly and in small doses. But for decades, Rhode Island has prescribed mega-doses of foster care.

None of this means no child ever should be taken from her or his parents. Rather, it means that foster care is an extremely toxic intervention that must be used sparingly and in small doses. But for decades, Rhode Island has prescribed mega-doses of foster care.

Rhode Island’s obscene rate of child removal

NCCPR determines a state’s propensity to take children from their parents by dividing the number of children taken away over the course of a year, by the number of impoverished children in that state.

Each state reports entries into care to a federal database¹⁴ using standard federal

definitions. Using that measure, in 2008, the most recent year for which data are available from all states, the national average was 20.2 children removed for every thousand impoverished children.

The rate for Rhode Island was 37.5 – nearly double the national average, and the 11th highest rate-of-removal in the country. Figures supplied by DCYF for Fiscal Year 2009, the most recent they have for entries, show that entries declined¹⁵ but so slightly that the rate of removal still was 35.8 – still 11th worst in the nation.

We could have simply compared the number of children removed to a state’s total child population. But then all the states with high rates of removal and high child poverty rates would complain that this was unfair because we didn’t consider a risk factor for actual abuse, (not to mention the factor most often confused with “neglect”) – poverty.

But, just for the record, when entries are compared to total child population, Rhode Island’s record is even worse – eighth worst in the country.¹⁶

This index measures entries into care, the number of children actually taken away from their parents over the course of a year. That is different from measuring the number of children trapped in foster care on any given day.

But again, just for the record, when it comes to trapping children in foster care, Rhode Island also performs dismally. The proportion of Rhode Island children trapped in foster care on any given day in 2008 was ninth worst in the nation when poverty is factored in, sixth worst when compared to the total child population. (For full details see the *NCCPR Rate of Removal Index* and the data chart on page 26).

By July, 2010, Rhode Island still was worse than all but 12 other states when poverty is factored in, and worse than all but eight other states compared with total child population – and that assumes no other state

improved.

Rhode Island fares even worse when it is compared not to the national average but to states with track records for being, relatively speaking, national models.

One of those states is one few people would expect.

- Thanks to a class-action lawsuit, Alabama rebuilt its entire child welfare system to emphasize keeping families together. Alabama takes away children at one of the lowest rates in the nation. But the state has cut the rate of reabuse of children left in their own homes in half, and the independent, court-appointed monitor has found that children are *safer* now than they were before the changes.¹⁷ The *New York Times* featured the Alabama reforms on its front page.¹⁸ Alabama takes children at less than half the rate of Rhode Island.

- That's also the lesson from Illinois. In 1997, at any one time, more than 50,000 children were trapped in all forms of substitute care. Today the number is under 16,000. Illinois takes away children at an even lower rate than Alabama. And in Illinois, as in Alabama, independent court-appointed monitors have found that, as the number of children taken away has declined, child safety has improved. Illinois takes children at less than one-third the rate of Rhode Island.¹⁹

The lawsuits in Alabama and Illinois also have a crucial factor in common: They were *not* brought by the group that calls itself Children's Rights. (The Alabama suit was brought by the Bazelon Center for Mental Health Law, whose legal director is a member of NCCPR's board of Directors).

Why family preservation works

States that rebuild to emphasize safe, proven programs to keep families together improve child safety for two reasons. First, as noted above, this frees up workers' time to find the relatively few children in real

danger. But also, most children seen by DCYF workers are nothing like the children in cases that, rightly, make headlines.

It is extremely difficult to take a swing at "bad mothers" without the blow landing on their children.

Most parents who lose their children to foster care are neither brutally abusive nor hopelessly addicted. Far more common are cases in which a family's poverty has been confused with child "neglect." Several studies have found that 30 percent of America's foster children could be home right now if their parents just had decent housing.²⁰ And single parents, desperate to keep their low-wage jobs when the sitter doesn't show, may have to choose between staying home and getting fired, or going to work and having their children taken on "lack of supervision" charges.

Other cases fall between the extremes, the parents neither all victim nor all villain. What these cases have in common is the fact that there are a wide variety of proven programs that can keep these children in their own homes, and do it with a far better track record for safety than foster care.

One of those in-between cases came before Judge Jeremiah last December.

Clearly there were problems in the family – but nothing that couldn't be solved by bringing help in instead of tearing the children out.

Indeed, the most serious charge against the mother was that she'd gotten extremely upset at the prospect of DCYF taking away her children. She was never accused of abusing them.

Yet the children were torn from her

and placed in separate foster homes. Then, a newborn was confiscated from the mother at birth – with no assessment of the danger to that child at that time, but solely because DCYF already had taken the other children.

To his credit, Judge Jeremiah quickly cut through the fog and the psychobabble agencies routinely use to hype their cases.

And this time, Judge Jeremiah knew the confusion of poverty with neglect when he saw it.

It was another of those rare cases a reporter was allowed to see, and according to *The Providence Journal*:

During the hearing, Jeremiah repeatedly interrupted [DCYF's lawyer], suggesting at one point that DCYF was going to extremes to keep the family apart. She said that the baby was taken away because the three other children are in DCYF custody. She also said that the three children had been removed because of "issues of domestic violence."

Jeremiah shot back that DCYF removed the three children because they did not have any electricity in their apartment.²¹

Other “in-between cases” involve drug abuse. And that raises another question: Why even bother with parents – usually mothers -- in these cases? But the reason to “bother” is not for the sake of the parents, but for their children.

University of Florida Medical Center researchers studied two groups of infants born with cocaine in their systems. One group was placed in foster care, the other with birth mothers able to care for them. After six months, the babies were tested using all the usual measures of infant development: rolling over, sitting up, reaching out. Consistently, the children placed with their birth mothers did better. For the foster children, being taken from their mothers was more toxic than the cocaine.²²

It is extremely difficult to take a

swing at “bad mothers” without the blow landing on their children. If we really believe all the rhetoric about putting the needs of children first, then we need to put those needs ahead of everything – including how we may feel about their parents. That doesn't mean we can simply leave children with addicts – it does mean that drug treatment for the parent almost always is a better first choice than foster care for the child.

The fact that the overwhelming majority of cases are nothing like the horror stories also helps explain the findings from those two giant studies which found that, in the typical cases, children left in their own homes fare so much better even than comparably-maltreated children placed in foster care.

Institutionalization makes everything worse

Imagine, for a moment, that we were building a child welfare system from scratch.

Suppose somebody said, “I've got a great idea! Let's take young people we claim have the most difficult problems and the worst behavior, and throw them all together in one place – just at the time in their lives when they are most influenced by their peers.” If anyone suggested that, people might well wonder about *his* mental health.

Yet that is exactly what we do.

That helps explain why institutionalization is, by far, the worst option for children. The nation as a whole still consigns far too many children needlessly to institutional “care.” And Rhode Island is the child warehousing capital of America, with a rate of institutionalization that is worst in the nation and vastly above the national average.

Of course, the current system wasn't planned. It's a sad accident of history and failed assumptions. Often today's “residential treatment centers” are simply yesterday's orphanages with a fancy new name.

Often these are venerable institutions with blue-chip boards of directors embedded in the business, political and religious elites of their communities. So nobody even questions whether these institutions are needed or if they work (indeed, as noted at the start of this report, the former chief judge of Rhode Island's family court bragged about being nicknamed "director of admissions" for an institution.)

Those boards make for a powerful "foster care-industrial complex" that can beat back any challenge to their existence and thwart better alternatives - either directly or simply by using up all the money that might be used to fund such alternatives.

That helps explain why, decades after the problem of misuse and overuse of institutions was identified in Rhode Island, so little has changed.

Committees, commissions and task forces have zeroed in on the problem since at least the late 1970s.²³

Yet in 2001, the Rhode Island Public Expenditure Council reported that DCYF "continues to assign priority to high-end treatment and support services, compared to the relatively fewer resources devoted to primary and secondary prevention and intervention."²⁴

Two years later, the report of a System of Care Task Force named by then-Governor Lincoln Almond declared that for two decades growth at DCYF had been "biased in favor of residential treatment to the detriment of the development of community-based capacity that supports and engages families as partners in the helping process with children."²⁵

And the whole enterprise is built on a set of false premises - a foundation of sand.

The first false premise in the Rhode Island child welfare debate is the claim that all institutionalized children need to be in substitute care at all, let alone in expensive,

largely worthless institutions. But there are many more.

Rhode Island is the child warehousing capital of America, with a rate of institutionalization that is worst in the nation and vastly above the national average.

There probably is no group in child welfare more skilled at public relations than the foster care-industrial complex. They offer up lovely brochures, and offer tours of beautiful campuses, all the while uttering soothing platitudes about the "structure" and "stability" they supposedly provide to young people.

Oh, it's not that they're *against* families, they tell us. It's just that the children they take supposedly are only those who are so difficult and so disturbed that they can't handle a family setting.

There are just two problems with all this: 1. The claims are not true. 2. Institutionalizing children doesn't work.

It takes five single-spaced pages just to summarize some of the research about the harm of institutionalization (see Appendix C). The North American Council on Adoptable Children (NACAC) has reviewed much of this scholarly literature.²⁶ The findings are grim:

- In one study, 25 percent of adult women institutionalized before age five exhibited a personality disorder, compared to none in a control group. The institutionalized women had a great deal of difficulty functioning as parents themselves.

- According to NACAC's analysis, "Children denied the opportunity to form a consistent relationship with a caregiver in

their early years, such as institutionalized children, are at serious risk for developmental problems and long-term personality disorders.

“Teens [in institutions] described a powerful code of behavior dictated by an institutional peer-group subculture, encompassing drugs, sex, and intimidation.”

“Even good institutions fail to provide children with long-term, stable affectionate relationships that are critical to later social relations.”

- Though institutionalization is worst for younger children, even teenagers fare worse in institutions than in other settings. Institutionalized teens fared worse even than teens in foster homes according to one major study.²⁷ And a survey of teenagers with a history of long term, out-of-home placement, published in a leading scholarly journal, revealed that the teenagers found institutions to be a significantly worse option than their own families, care by relatives, adoption, or even foster care.²⁸

The NACAC review aptly summed up the study findings: The teens felt “less loved, less looked after, less trusted, less wanted ...Teens described a powerful code of behavior dictated by an institutional peer-group subculture, encompassing drugs, sex, and intimidation.”

This makes even more striking the fact that the out-of-state institution Judge Jeremiah loves so much, Glen Mills, says that behavior is managed through “peer pressure” and “group confrontation.”²⁹ (See *The Glen Mills Judge Jeremiah doesn't know*, p. 14).

The younger the child, the greater the harm to that child if she or he is institutionalized. The research on the harm of institutionalization is so overwhelming that the federal government rates state child welfare systems in part on their ability to *reduce* the number of children under age 12 in institutions.³⁰

In New Jersey, a consent decree bans the placement of young children in group homes or institutions – and the state has been remarkably successful. Today, of all foster children under age 10, only three percent are in any form of congregate care.³¹ The same settlement bans parking any child under age 13 in a so-called “shelter” – and the state has been remarkably successful there as well. Between July 1 and December 31, 2009, one child under age 13 was placed in a shelter. Not one percent – one *child*.³²

Compare that to Rhode Island.

In the Fall of 2006, the most recent year for which data are available from all states, Rhode Island placed 38.6 percent of its foster children in “congregate care” – meaning group homes or institutions. The national average is less than half that.³³ As of July 2, 2010 Rhode Island’s record actually is slightly worse: 39.5 percent of its foster children are warehoused in “congregate care.”

CR’s lawsuit alleges a much higher figure. According to the lawsuit Complaint, in February 2007, 48 percent of children were stashed in group homes and institutions – nearly triple the national average.

Among children under 12, an astounding 19 percent were trapped in group homes or institutions – again, more than double the national average.³⁴

Of course, few institutions call themselves orphanages anymore. Taking a cue But “residential treatment” doesn’t work either.

Not that they don’t have success stories – of a kind. Almost every RTC can trot out one or two young people who did well.

The Glen Mills Judge Jeremiah doesn't know

Rhode Island's recently-retired Chief Family Court Judge, Jeremiah S. Jeremiah, Jr., can't seem to contain his enthusiasm for the Glen Mills School an orphanage/reformatory in Pennsylvania.

In the months shortly before his retirement he tried to send at least a dozen children there – though even DCYF didn't think it was a good idea.

And Jeremiah didn't stop there. According to *The Providence Journal*:

[I]n late January of this year, Jeremiah suggested that Andrew J. Johnson, a lawyer and director of the Rhode Island Court Appointed Special Advocate's office, visit Glen Mills to see what their program has to offer. Johnson flew to Philadelphia, at the school's expense, where a school van drove him the 22 miles to the school in Concordville, Pa. He met with admissions officials, toured the campus and talked to students.

"It's a remarkable place," Johnson said after he returned. "Step on the campus and it's like a prep school or a university"

Johnson recalls the purpose of the trip a little differently. He says Jeremiah asked him to go to Glen Mills "to check up and see how the children who were there were doing" because no one from DCYF had actually inspected the place in a year.

Even the Child Welfare League of America ... appears to have a problem with officially - sanctioned "peer pressure" and "group confrontation" as ways to keep kids in line.

Johnson says there was no conflict of interest in Glen Mills paying his airfare because CASA is not involved with the kinds of cases in which a child might be sent to Glen Mills.

Of course, Glen Mills had plenty of time to prepare for the visit. But, Johnson says, that was no problem because "I wasn't going down to check the place out *per se* or I don't have the qualifications to say whether a place should be accredited or whether a place is doing a good job, my number one duty was to go down and check in with the children person to person and speak with them to see how they were doing, and that's what I did."

His visit, Johnson says, was "a cursory visit to go down, let the children know, you know, that the court was interested in what they were doing and how they were doing and their impressions of Glen Mills."

Johnson says the advance notice also was no problem because DCYF had not actually heard any complaints from the Rhode Island children at Glen Mills. (Of course, since no one from DCYF had visited in at least a year, it's not clear how those complaints would have reached Rhode Island authorities.)

Glen Mills boasts of using "peer pressure" and "group confrontation" to manage behavior. Johnson said he didn't see any of that during his brief time at Glen Mills. Asked his opinion of these techniques, Johnson said: "I'm not an expert in that field, so I don't have an opinion into their treatment."

Had Judge Jeremiah or DCYF sent an expert on a surprise inspection, they might have learned about another side of Glen Mills - a side revealed by the Wilkes-Barre (Pa.) *Times Leader* last year.

The newspaper told the story of 14-year-old Phillip Swartley, who was sentenced to Glen Mills after "he and a friend entered several open cars ... and stole some change, a pre-paid cell phone and a portable music player." The experience at Glen Mills so traumatized Swartley that today he can't bear to be in a crowd – including a school.

According to *The Times Leader*:

He was released from custody eight months ago, but said he still can't shake the feeling that he's about to be "jumped" every time he walks into a crowd.

It's a defense mechanism he developed following his stay at the Glen Mills reformatory school near Philadelphia.

His fear became so intense that his mother had to remove him from school. He's now educated at home by tutors.

"Once he got released home, every time I'd try to get him to go to school he'd curl up in a ball and become physically sick," Amy Swartley said.

At Glen Mills, Swartley said he found himself thrown in with dozens of juveniles, many of whom had committed far more serious crimes than he had. At 5 feet, 5 inches tall and 100 pounds, he was an easy target.

"Kids would try to take your sneakers because you were the new one. I couldn't do anything about it. If I told the staff, everyone would say he's a snitch. That would make it even worse so you were better off keeping your mouth shut," he said.

Things were extremely regimented and he often had trouble dealing with the staff.

"Sometimes they'd have you standing there for hours with the staff yelling in your face. They expect you not to make any facial expressions, not to look away or look down," he said. "I understand we're juveniles and we did wrong, but you don't have to treat us like we killed somebody."

[The judge] had sentenced Swartley to an indefinite stay at the school. He was released after the Juvenile Law Center in Philadelphia, a juvenile rights advocacy group, filed a court petition on his behalf.³⁵

Even the Child Welfare League of America, the giant trade association that repeatedly champions the interests of institutional "providers," appears to have a problem with officially-sanctioned "peer pressure" and "group confrontation" as ways to keep kids in line.

This is from their so-called "standards of excellence" for "residential services":

"The following practices shall be prohibited under any circumstances: corporal punishment such as slapping, spanking, paddling, or belting; marching, standing or kneeling rigidly in one spot, or any other kind of physical discomfort; denial or deprivation of sleep or nutrition; denial of access to bathroom facilities; verbal abuse, ridicule, humiliation, training or shaming or sarcasm; punishing a group of children for the actions of one or a select few; withholding family visits; other impingements on the basic rights of children to care, protection, safety, and chemical, mechanical or peer restraint." [Emphasis added].³⁶

"Once he got released home, every time I'd try to get him to go to school he'd curl up in a ball and become physically sick."

--Mother of a child sent to Glen Mills

Of course it's possible that Swartley's case is an aberration and everything is fine at Glen Mills (except for the fact that sending kids out-of-state is inherently harmful no matter how good the facility is, and except for the fact that there are far better alternatives to institutionalizing children at all).

But just in case, it might make sense for DCYF and/or the courts to send someone to Glen Mills who really is an expert – without telling the institution first.

Even if the state has to pay the airfare.

In fact, when institutionalized children do well it is almost always a testament to their own extraordinary resilience. Yes, once in awhile they might find a good therapist or teacher at an institution. But the institution itself is not needed to give children good therapists and teachers.

So the research proves it, leaders of institutions themselves say it, and even the former head of their trade association admits it: There is no evidence that residential treatment works.

Typically, when children at institutions get better it's not because of the institution – it's *in spite* of the institution.

And it is interesting to see how often even young people cited as success stories by RTCs are back working at the RTC itself, unable to cope with any other setting.

When the flagship campus of KidsPeace, one of the nation's largest providers of what might best be called McTreatment, came under fire for using "restraints" 2,900 times in a year, and sending seven children to the hospital with broken bones³⁷ (the institution says it has now fixed the problems) all the place could do to show "success" was to trot out its own self-evaluations and refer a local reporter to a graduate who was managing to hold down a steady job and was in a "two-year relationship."

What was her experience at the RTC like? Apparently not great for her self-esteem. According to a local newspaper story:

In her more-than two years at Kids-

Peace she was assaulted, or assaulted others, several times, and was restrained countless times, she said. "Deserved most of it," [she] recalled....³⁸

More important, none of the claims of the residential treatment industry holds up to objective scientific scrutiny.

- A review of the scholarly literature by the office of the U.S. Surgeon General found only "weak evidence" for the success of residential treatment.³⁹

- A second review, by the University of North Carolina, found "when community-based services are available, they provide outcomes that are equivalent, at least [to residential treatment centers]."⁴⁰

- Another study found that when children aged ten and older left residential care, for 59 percent of them their next stop was detention, a psychiatric hospital, another residential placement or an unknown destination - because they'd left residential care by running away from it.⁴¹

- A longitudinal study – looking at what happened to young people seven years after leaving residential treatment - found the results were even worse. Seventy-five percent of them were back in the only places they understood – institutions. They were in psychiatric centers, and jail.⁴²

Even the former head of the Child Welfare League of America, acknowledged the lack of evidence that residential treatment works.

In a speech to providers that may have been made public by mistake, former CWLA President Shay Bilchik admitted that they lack "good research" showing residential treatment's effectiveness and "we find it hard to demonstrate success."⁴³ (Of course, being the head of a trade association at the time, Bilchik's "solution" was to let RTCs take in children with less serious problems – so the RTCs could then "solve" them!)

Crises of conscience

Perhaps most significant, every once in awhile the people running an RTC have a crisis of conscience. It's happened at least twice in the past decade.

Both times, people running the institutions studied their own programs, - and found that they weren't working.

"The state would ask us at the end of each year what we did with their money," says Patrick Lawler, CEO of Youth Villages in Tennessee, "and we would tell them the truth. We spent it."⁴⁴

EMQ Child and Family Services in Northern California had a similar crisis of conscience. Both institutions radically reformed; rebuilding their programs to empty most of their residential beds – EMQ closed 87 percent of them -- and instead bring the help to the children, not in institutions, but either in their own homes or foster homes. As Lawler explained:

In the 28 years I have been entrusted with caring for other people's children, some of whom come from dire circumstances, I have learned firsthand there is no substitute for a child's birth family. I used to think we could do a better job of raising these children. We know better now. The best way to help a child is to help his or her family. Extensive research bears this out.

*We studied the research, redesigned our existing programs and developed new ones to ensure that the emphasis is on strengthening the child's family...There are sad circumstances when children cannot be placed with their birth parents or relatives. In these cases, foster and adoptive parents play vital roles in ensuring long-term success for these children.*⁴⁵

EMQ and Youth Villages had more than a crisis of conscience in common: For both, the biggest obstacle to reform was not finding better ways to help the children. Rather, it was the foster care-industrial com-

plex, or what EMQ itself calls "the group home industry" – which tried to stop the states from reimbursing these innovative alternatives.⁴⁶

So the research proves it, leaders of institutions themselves say it, and even the former head of their trade association admits it: There is no evidence that residential treatment works.

"The state would ask us at the end of each year what we did with their money," says Patrick Lawler, CEO of Youth Villages in Tennessee, "and we would tell them the truth. We spent it."

But instead of facing up to the fallacy, the group home industry cites the very severity of the children's problems as justification for the industry's existence.

They piously proclaim that they wish these children could be cared for by families – really they do – but, they say, it's just not possible; the children's problems are too severe. After all, they say, many of the children already have been through multiple foster home placements and it didn't work – or, to use the charming phrase often heard by RTC operators, "these children blow out of foster homes."

Once again, there are two problems with this argument.

First, the problems are not always so severe:

This is what a single mother in the Bronx named Rose Mary Grant had to do every week, just to get to the RTC that housed her 11-year-old son, Issa, as described in a keenly-observed story in the

Westchester County, N.Y. *Journal-News*.

“Starting from her brick apartment tower, Rose walks a block to Gun Hill Road, takes the 28 bus to the subway station, catches the 5 train to Harlem, makes her way down 125th Street, boards the Metro-North train to Dobbs Ferry, and rides a shuttle ... At each step, she places two metal crutches ahead of her and swings forward on two prosthetic legs.”

But Issa was not paranoid, he was not schizophrenic, he was not delusional. And he did not “blow out” of anybody’s home. The only label pinned on him was Attention Deficit Hyperactivity Disorder. Sometimes, at home, he was seriously out-of-control. But his handicapped, impoverished single mother couldn’t do what middle-class and wealthy families do: find a good psychiatrist and hire home health aides.

And there was no mechanism in New York to pay for better alternatives. So instead, mother and child suffered for a year, while taxpayers shelled out at least \$86,000 to warehouse the boy in residential treatment.⁴⁷ (It’s less likely to happen today – this particular institution also has had a crisis of conscience and is working to reduce institutionalization.)

The claim about taking in only children with the most serious problems rings hollow for another reason: Often, when children really do have serious problems, the institutions will do everything they can to avoid taking the child in – or they’ll throw the child out.

There’s even a term for it in the industry – “creaming,” as in skimming the cream.

Judge Jeremiah’s favorite institution, Glen Mills, in Pennsylvania, has turned creaming into an art form.

The Providence Journal reports that the school does not admit fire setters, sex

offenders - or children who take psychotropic medication for behavioral or mental health problems. The latter category alone probably rules out one-quarter to one-third of all foster children. In fact, though being abused and being in foster care itself are highly-likely to cause mental health problems, no children with mental health problems can go to Glen Mills because it’s not licensed to provide mental health services.⁴⁸

The reasoning of the foster care-industrial complex is circular, and it is cruel: Deny families the support they need to make a placement work, then justify your institution’s enormously-expensive existence on grounds that the children couldn’t stay in families.

Presumably, Judge Jeremiah knew these rules. Yet apparently, he didn’t do enough “creaming” on his own. Because of 12 young people he referred to Glen Mills, nine were rejected.⁴⁹

All of which raises the obvious question: If all of the children taken have no mental health problems, why, exactly, do they have to be institutionalized at all, much less hundreds of miles from home?

If a child with real problems somehow gets in anyway, that doesn’t mean the institution has to keep him. If you simply decide that the children who really are difficult can’t “benefit” from what the institution has to offer and throw them out, you can make the institution look more successful – while leaving the children who need the

most help to fend for themselves.

Of course, as this suggests, some children in institutions do have serious problems. But for these children as well, there are far better alternatives. Yes, sometimes such children fail in families. But that is almost always because those families, be they birth families or foster families, didn't get the help they needed. And that's because the money that could buy that help is being thrown away on institutionalizing children.

Wraparound moves the system, instead of moving the child.

The reasoning of the foster care-industrial complex is circular, and it is cruel: Deny families the support they need to make a placement work, then justify your institution's enormously-expensive existence on grounds that the children couldn't stay in families.

EMQ broke this vicious circle. So did Youth Villages. And so does Milwaukee County, Wisconsin's pioneering Wraparound Milwaukee. As the *Journal-News* reported:

[Wraparound] cut the number of Milwaukee children in RTCs by 90 percent, dramatically shortened their stays, reunited hundreds of families, reduced the incidence of crime and saved millions of dollars in treatment costs. It became a national model for treating emotionally disturbed children, offering a more effective and economical means of helping youngsters without the traditional reliance on costly and controversial institutions.

"Wraparound Milwaukee demonstrates that the seemingly impossible can be

made possible: Children's care can be seamlessly integrated. The services given to children not only work, in terms of better clinical results, reduced delinquency, and fewer hospitalizations, but the services are also cost-effective," the President's New Freedom Commission on Mental Health said in October. ...

Institutions have long argued that their role is crucial because most of the children have no stable homes. But Wraparound advocates say institutions have been too quick to write off families; Wraparound seeks out families and finds ways to make them work.⁵⁰

Children in Wraparound programs don't "blow out of foster homes" – they may never even need to be *in* foster homes, because all the help the birth family or the foster family needs, at the intensity the family needs, is brought into the home. Wraparound moves the system, instead of moving the child.

Still more evidence of the extent of needless institutionalization, and needless substitute care, can be seen in what happened when Illinois changed the financial incentives.

As noted earlier, In 1997, a child was more likely to be trapped in foster care in Illinois than in any other state – there were more than 50,000 children in foster homes, group homes and institutions at any one time.⁵¹

Then the state changed the incentives for private agencies holding children in substitute care. Instead of rewarding the agencies for each day they kept the child in care, they started rewarding the agencies for providing safe, permanent homes for children.

Remember all those children institutionalized supposedly as an absolute last resort, because there simply were no alternatives? Turns out there were alternatives.

When the financial incentives

When institutions go bad

All of the harm done to children when they are institutionalized occurs even in good institutions with dedicated, caring staff. The simple fact that institutionalization is so inherently harmful makes Rhode Island's worst-in-the-nation record for institutionalizing children inexcusable.

But sometimes it gets even worse. The problem seems to be inherent in "congregate care," since all over the country, even institutions reputed to be among the very best have had serious difficulties.

- SOS Children's Village in Florida repeatedly has been cited by backers of institutionalizing children as proof that such places can work. But between 1999 and 2001, 33 reports were filed with Florida's child abuse hotline alleging abuse of children at the 50-bed facility; 21 were "substantiated" or "indicated." During the same time period 13 "house parents" and 14 "parent assistants" quit or were fired. (So much for institutions providing "stability.")⁵²

- As is noted elsewhere in this report, another facility touted as a national model, even featured on national television when former House Speaker Newt Gingrich first proposed shipping poor people's children off to orphanages, was the main campus at Maryville, near Chicago. But then Maryville was revealed as a place of terror for many of the children confined there, according to documents obtained by the *Chicago Sun-Times*. The newspaper reported that "the place is often up for grabs, with staff struggling to handle suicide attempts, sex abuse, drug use, fights and vandalism..."⁵³

“[E]ven a 22-month-old knew the word ‘meds.’”

--*Los Angeles Times*

In 2001, police were called to Maryville 909 times.⁵⁴ After a 15-year-old left her Maryville "cottage," was gang raped by other Maryville residents and escaped from her attackers, she says the kindly staff at her "cottage" wouldn't let her in until they had filled out a report about her "running away."⁵⁵

In 2004, Illinois pulled all 270 state wards out of Maryville⁵⁶ – something it could do because it had done such a good job of reducing needless foster care and institutionalization. As a result, in Illinois, substitute care is no longer a "sellers market."

- In 2007, scandal engulfed a huge player in the residential treatment industry, KidsPeace. There were 2,900 "restraint incidents" in a single year at the main KidsPeace campus in Pennsylvania – a rate that even the former head of Boys Town called "a crisis proportion." There were seven incidents of broken bones. The State of Pennsylvania suspended new admissions and put the campus' license on "provisional status." A KidsPeace facility in Upstate New York was taken over by another agency after what a former high-ranking staffer said were too many kids, too few staff and "several very scary incidents."⁵⁷

The Washington Post tells this story about a resident at a facility run by another big national outfit, Devereux:

At first, Kenny liked Devereux.

"It looked all pretty from the outside, like a resort almost," he would recall.

Devereux counselors told Kenny he could earn privileges with good behavior. But Kenny, then 15, stumbled. He smoked marijuana and had sex with girls on his unit. There were rival factions of teens at the center, and they frequently got into fistfights. Kenny was among them. Combative children were strapped into "safety coats" and injected with Thorazine, a powerful psychotropic drug, Kenny later would say. ...

*The streets had prepared Kenny for the treatment center. In many ways, it was a culture he recognized. Tough kids were respected. Weak ones became prey. Kenny was one of the tough ones. ...*⁵⁸

Representatives of the industry generally respond by arguing that the problems are isolated and/or fixed. In some cases, both are correct. The *Post* story did not claim that the problems

were endemic to Devereux, SOS Children's Village has not had further reports of problems, and Pennsylvania has restored a full license to KidsPeace, which reportedly has significantly reduced the number of restraints.

But young people forced to live in these places don't always view the problems as "isolated." As is noted elsewhere in this report, a comprehensive study of institutionalized teenagers found that they "described a powerful code of behavior dictated by institutional peer-group subculture, encompassing drugs, sex, and intimidation."

"The streets had prepared Kenny for the treatment center. In many ways, it was a culture he recognized. Tough kids were respected. Weak ones became prey. Kenny was one of the tough ones. ..."

--*The Washington Post*

Another study found three times more physical abuse and twice the rate of sexual abuse in foster homes than in the general population. But in group homes there was more than ten times the rate of physical abuse and more than 28 times the rate of sexual abuse as in the general population, in part because so many children in the homes abused each other.⁵⁹

And the very nature of institutionalization makes such problems difficult to avoid. Foster children are institutionalized against their will; their parents are powerless to prevent it and powerless to see what conditions are really like or advocate for their children when they have been harmed. And since these are mostly institutions for the poor, they easily can become poor institutions.

That helps explain why, for example, a Los Angeles County Grand Jury report found, according to the *Los Angeles Times*, that "*Many of the nearly 5,000 foster children housed in Los Angeles County group homes are physically abused and drugged excessively while being forced to live without proper food, clothing, education, and counseling...*"[emphasis added]⁶⁰

A year later, the *Times* found that "children under state protection in California group and foster homes are being drugged with potent, dangerous psychiatric medications, at times just to keep them obedient and docile for overburdened caretakers...Under the influence of such drugs, children have suffered from drug-induced psychoses, hallucinations, abnormal heart activity, uncontrollable tremors, liver problems, and loss of bowel control..."

The *Times* found that it happens to children as young as age three "and even a 22-month-old knew the word 'meds.'"⁶¹

Indeed, the misuse and overuse of psychiatric medication on institutionalized foster children has been the subject of scathing reports and newspaper exposes across the country.

In 2003, a study of group homes and institutions in New York, done by the group that calls itself "Children's Rights" revealed what *The New York Times* described as "a daily life full of barbarisms..."

*"Teenagers recount being raped, having their rooms set on fire, being pressed to join gangs and routinely having their few nice possessions stolen. Insiders and outsiders ... agree that staff members not only fail to protect children but also engage in violence and intimidation themselves."*⁶²

Such exposes almost always set off a cycle. The legislature holds hearings, perhaps a new law is passed, the institutions come under closer scrutiny – for a while – they produce their "corrective action plans," and things improve. Until everyone forgets and the cycle begins anew.

What else should one expect when a vulnerable population that is often feared is taken from those who truly love them and then sent behind closed doors, out of sight, out of mind – and, in the case of Rhode Island, often out of state. And again, unlike family foster care, which can be a good alternative for some children, institutionalization is inherently harmful, and so should be used far more rarely than it is used today.

Even if an institution can avoid going bad, why take the risk? Why not truly "err on the side of the child" and avoid institutionalizing children entirely in many more cases?

changed, lo and behold: The “dysfunctional” became functional and the “intractable” became tractable. Today, fewer than 16,000 children are in Illinois substitute care on any given day, and Illinois takes away children at one of the lowest rates in the nation.⁶³

And again, as noted earlier, it’s all been done while improving child safety.

Don’t say no, just “yes, but...” it do death

So how does an industry with a largely worthless product fight reform? The foster care-industrial complex will never say no to reform. Rather, they try to “Yes, but...” it to death.

First, they pretend they’re not institutions at all. “How can you call us an institution?” they say. Look how beautiful the grounds are. The children live in pretty cottages. They have “house parents.” It’s so “home-like.”

Apparently, that was enough for Andrew J. Johnson, the director of Rhode Island’s Court-Appointed Special Advocate program. As is noted at the start of this report, at Judge Jeremiah’s urging, Johnson went out to visit Glen Mills.

“It’s a remarkable place,” Johnson gushed. “Step on the campus and it’s like a prep school or university...”⁶⁴

For more on Johnson’s visit, and what he may have missed, see *The Glen Mills Judge Jeremiah doesn’t know*, p. 14.

But children are not fooled by pretty buildings and beautiful grounds. Children know the difference between “home-like” and home. They know the difference between a Potemkin Village family and a real family.

No matter what it may look like, a building that houses large numbers of children, most of them strangers to each other, to be cared for by paid staff hired to dispense indiscriminate pseudo-love to whoever walks in the door - staff likely to change every year or two or, in some cases, with

every shift - is not a home. It’s a dormitory. And a collection of dormitories is an institution.

“Structure” is a euphemism for the almost sadistic never-ending game of “May I?” that constitutes life in a group home or institution.

Then, they’ll claim that the institution provides “structure” and “stability.” Stash the children in our institution, they say, and they won’t bounce from foster home to foster home.

But stability means that the *human beings* in a child’s life remain constant. Between the shift changes and the staff turnover, a child in an institution may have to cope with ten different caregivers – none of whom loves him – in a single day.⁶⁵

Even in institutions using “house parents,” those house parents typically quit every year or two, making an institution every bit as unstable as multiple foster home placements.⁶⁶

The way to prevent children from bouncing from foster home to foster home is to take away fewer of them in the first place, and provide the necessary support for the rest – as EMQ, Youth Villages, and Wrap-around Milwaukee all have proven.

As for “structure,” that’s a euphemism for the almost sadistic never-ending game of “May I?” that constitutes life in a group home or institution.

As one former group home resident has written: “You have to ask permission for everything: to get food from the fridge, cook, watch TV, use the phone, go in the backyard or take a shower.”⁶⁷

Listen to a family that became men-

tors to a resident of a group home and invited him to spend his weekends with them:

*His first visit we're all waiting for him to come down to breakfast. I go up, he'd been in the group home so long, he was making hospital corners on his bed. He thought he couldn't eat breakfast until the bed was perfect.*⁶⁸

Children don't need this kind of rigidity – but institutions do. They need it in order to keep large numbers of troubled children in line and prevent their institutions from descending into chaos. So they turn around and claim that, by amazing coincidence, all the things that ensure that their institutions run smoothly happen to be “therapeutic” for children.

"His first visit we're all waiting for him to come down to breakfast. I go up, he'd been in the group home so long, he was making hospital corners on his bed. He thought he couldn't eat breakfast until the bed was perfect."

The foster care-industrial complex will piously proclaim that they, too, favor alternatives. Really and truly. They tell us that they, too, love foster homes, and therapeutic foster homes – and they absolutely *adore* Wraparound – just as long as these siphon not a single child, or dollar, from their institutions. That is essential, they claim, because, after all, there always will be *some* children who need to be institutionalized; they'd hate to see a system that didn't have a full “continuum of care” and we must

guard against anything that smacks of “one size fits all” etc. etc.

The argument goes beyond disingenuous all the way to Orwellian. For large numbers of Rhode Island children, one-size-fits-all is what Rhode Island offers now, and the one size is substitute care – with enormous emphasis on institutionalization.

It is, of course, impossible to get away from one-size-fits-all when the foster care-industrial complex is hogging all the money that could be used for alternatives.

If all else fails, they'll try fear

If trying to “yes, but...” reform to death fails, the industry tries scare tactics. Here's what the *Westchester Journal News* found in Milwaukee:

"I remember meeting with groups of people and folks saying, 'Let's get some reports out that show they (Wraparound) are going to start hurting kids now,' said Cathy Connolly, president of St. Charles Youth & Family Services, which operates Milwaukee's largest institution. "Well, nobody could ever bring the reports to the meetings, 'cause there were none that existed that said we were doing anything all that great. We didn't really have any solid anything that demonstrated we were able to fix kids."

Connolly and her colleagues lobbied fiercely for the status quo. She was remarkably candid about the reason:

"There were a couple big fears... The first was, 'How are we going to financially sustain ourselves?'"

Eventually, however, Connolly's agency embraced the new approach. She told *The Journal News*:

*"I think, looking back on it now, what we're doing for kids today is far more helpful."*⁶⁹

How institutions impede adoption

It is no secret that NCCPR strongly supports doing far more to prevent children from ever being taken from their parents, and far more to reunify children after they are taken away. We've often criticized an "adoption-at-all-costs" mentality that pushes adoption at the expense of other forms of permanence.

But we also believe that some children truly can't return to their parents. For many of these children, adoption is, sometimes literally, a lifesaver. It is a vitally important part of any child welfare system, and a crucial means of achieving permanence for children.

But the adoption experts will tell you: One of the biggest barriers to adoption is institutionalization.

A foster child's best shot at adoption is by someone he or she already is living with, who knows them and loves them – in other words, a relative or a foster parent. In Rhode Island, it's estimated that 90 percent of the foster children adopted in 2006, the most recent year for which data are available, were adopted either by relatives or by foster parents.⁷⁰

The North American Council on Adoptable Children is the nation's leading authority on adoption of foster children; they also are experts on the harm of orphanages. According to NACAC's executive director, Joe Kroll:

*Institutions ... deny children their best chance for a family. Nationally, most children are adopted by foster parents or relatives. ... Because they are not placed with foster parents or kin, institutionalized children lose their best hope for adoption.*⁷¹

The other kind of "cost"

The primary reason to oppose institutionalizing children is the cost to those children's psyches and their futures. But there also is a high cost to taxpayers. Because the

cost of warehousing children in institutions is staggering.

Rhode Island pays residential treatment centers anywhere from \$134 to \$370 or more per day per child.⁷²

Nationwide about 17 percent of children are in congregate care (institutions plus group homes), but paying for that care eats up 45 percent of all foster care spending.⁷³ So imagine what happens in Rhode Island, which institutionalizes children at more than double the national rate.

Actually, we don't have to imagine: In Rhode Island, the 2001 report of the Rhode Island Public Expenditure Council found that DCYF was spending 62 percent of its budget on substitute care and only six percent on prevention. Fully 20 percent of the budget was spent on institutional "care" for 400 children – five percent of those served by DCYF.⁷⁴

By 2007, it had gotten worse – nearly 70 percent of the DCYF budget – the entire budget, not just the child welfare part – was going to institutionalizing children.⁷⁵

There also is a perverse financial incentive. Agencies are paid for every day they hold a child in foster care. So there is an incentive to insist that the children can't possibly go home or be adopted either.

All of this helps explain why even though Rhode Island spends on child welfare at one of the highest rates in the nation, it still has such a dreadful child welfare system.

To the extent that there is any good news in this, it is that Rhode Island does not need to spend more to create a first-rate child welfare system – it only needs to spend smarter.

As Joe Kroll of the North American Council on Adoptable Children has written:

If only a portion of the money needed to maintain an orphanage was invested in supporting birth families, finding relatives, and foster and adoptive family recruitment,

*training, and support, children would not need to move from place to place. Wrap-around services, treatment or multidimensional foster care, and intensive post-adoption services have all proven to keep older children with serious special needs in safe, loving families.*⁷⁶

“Out-of-state, out of mind”

As if the fact that Rhode Island institutionalizes children at the highest rate in America isn’t bad enough, Rhode Island compounds the trauma by exporting a startling proportion of its institutionalized children to other states.

The worst problem with this is that it further isolates the child from everyone she or he knows and loves. Even visiting may become almost impossible for parents who may be too poor to afford long trips.

“Not only can you not address your needs in your home environment,” says Allison Barkoff, senior staff attorney for the Bazelon Center for Mental Health Law, “You can’t even make meaningful contact with your family.”⁷⁷

The isolation is nearly total – except, of course, for a peer group of troubled children, at just the age when human beings are most influenced by their peers.

If the child is from Rhode Island, even the child’s caseworker may be gone. Rhode Island subcontracts the job of monitoring children in the most distant out-of-state placements to an organization called Placement Solutions, which it describes as a “utilization review” agency. Their job is to

perform “clinical reviews” by “master [sic] level staff who meet with clinical staff at the facility.”⁷⁸

And even Placement Solutions doesn’t show up very often.

Though the *Providence Journal* reports that DCYF is required to visit juveniles placed out of state “at least once per month, or more frequently as needed”⁷⁹ DCYF says Placement Solutions makes visits only once every *six* months. Even children in nearby states are visited only once every three months.⁸⁰

Nationwide, it is almost unheard-of for visits to be so rare as a matter of policy. And DCYF offered no explanation for why children who are farthest from home are presumed to need only half as many visits from the agency as those placed closer-by.

The isolation is nearly total – except of course for a peer group of troubled children, at just the age when human beings are most influenced by their peers.

That’s the best-case scenario. That assumes that while the institution may not be doing the young people any good, at least it’s not abusing them.

But you never know.

Dr. Ron Davidson is director of the Mental Health Policy Program at the University of Illinois at Chicago (UIC) Department of Psychiatry. Since 1994, Davidson and his staff have conducted over 400 reviews of psychiatric hospitals and residential treatment centers in a dozen states on behalf of the Illinois equivalent of DCYF, the Department of Children and Family Services (DCFS).

Davidson has been a key consultant to the reform effort that transformed child welfare in Illinois. One of Davidson’s first assignments was to fly around the country with his team of UIC clinicians to inspect the RTCs where Illinois was then sending nearly 800 children each year.

Spending so much more, getting so much less: The numbers tell the story.

	Rhode Island	National Average
Number of children taken from their parents per thousand children.	6.0 per thousand (2009)	3.7 per thousand (2008)
Number of children taken from their parents per thousand impo- verished children.	35.8 per thousand (2009)	20.2 per thousand (2008)
Number of children trapped in foster care on any given day per thousand children.	9.4 per thousand (July 2, 2010)	6.2 per thousand (Sept. 30, 2008)
Number of children trapped in foster care on any given day per thousand impro- verished children.	55.6 per thousand (July 2, 2010)	34.1 per thousand (Sept. 30, 2008)
Percent of children in “congregate care” (Group homes and institutions).	39.5 percent (July 2, 2010)	16.7 percent (Sept. 30, 2006)
Child welfare spending per child, 2006	\$874 per child	\$349 per child
Child welfare spending per impo- verished child, 2006	\$5,238 per impro- verished child	\$1,977 per impro- verished child

NOTE: We believe the fairest comparison is one which factors in poverty, but for the record we’ve provided data based on both the number of impoverished children and the total number of children.

All national data are for the most recent year publicly available.

Sources:

Population: U.S. Census Bureau, Current Population Survey, Annual Demographic Survey, 2008 Annual Social and Economic Supplement, available online at http://www.census.gov/hhes/www/cpstables/032009/pov/new46_100125_03.htm (Our estimate for impoverished child population averages this figure with the estimates for the previous two years).

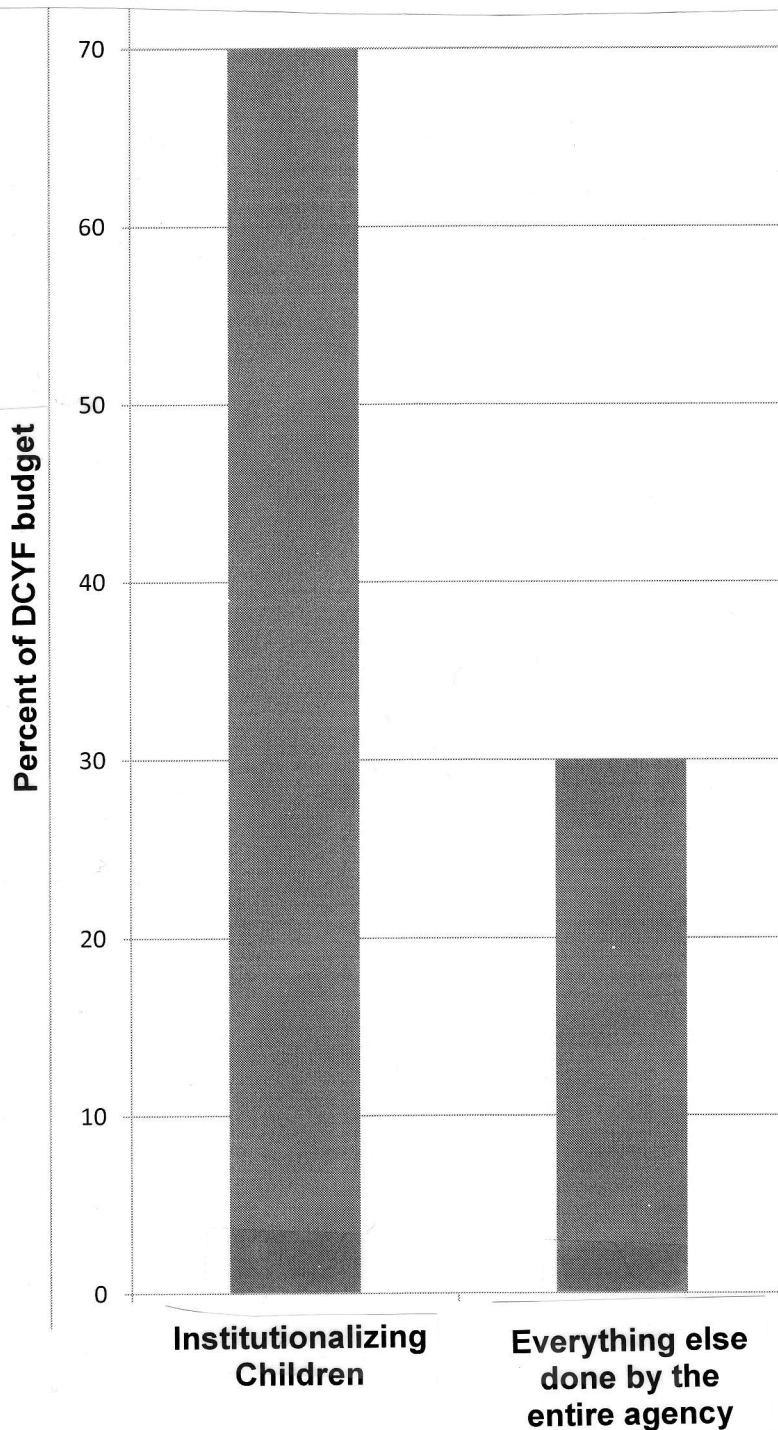
Children removed from their homes and in care, national average: U.S. Department of Health and Human Services, Administration for Children and Families, *Foster Care FY 2002 - FY 2008 Entries, Exits, and Numbers of Children in Care on the Last Day of Each Federal Fiscal Year*, available online at http://www.acf.hhs.gov/programs/cb/stats_research/afcars/statistics/entryexit2008.htm

Percent in congregate care, national average: Child Welfare League of America (CWLA), National Data Analysis System. Go to this url: http://ndas.cwla.org/data_stats/access/predefined/Report.asp?ReportID=384 and follow instructions for creating a table.

All Rhode Island data except spending: Personal communication, Joanne H, Lehrer, Chief of Staff, Department of Children Youth and Families, July 8, 2010.

Spending: Kerry DeVooght et. al, *Federal, State and Local Spending to Address Child Abuse and Neglect in SFY 2006*. Washington, D.C.: Child Trends, December, 2008). Available online at http://www.ChildTrends.org/Files/Child_Trends-2009_02_17_FR_CWFinancePaper.pdf

Your tax dollars at work: THE RHODE ISLAND DCYF BUDGET AT-A-GLANCE



Source: Office of the Governor, *DCYF Financial Review Team recommends reforming system of care to reduce costs & meet care goals*, press release, May 1, 2007, available online at <http://www.ri.gov/press/view.php?id=4056>

After the first few out-of-state visits Davidson and his colleagues were stunned by the consistently poor quality of care and treatment services in these facilities, a reaction that soon turned to outrage as they uncovered one horror story after another.

In a summary report to DCFS, Davidson described what he found as “the interstate trafficking in children for profit.”

When it comes to finding out what’s really going on at an institution, Davidson says, there are a few basic rules:

Rule #1: *Don’t tell the RTC you’re coming in advance.* That way the institutions can’t put on the “dog and pony shows” traditionally employed when they know caseworkers are about to show up for a scheduled visit.

Rule #2: *Don’t rely on “accreditation” or the usual once-over-lightly inspections typically performed by child welfare agencies.*

Davidson recalled that all of the psychiatric hospitals and RTCs the UIC teams evaluated since 1994 had routinely been visited by various state government departments of health, human services, mental health or public health (often as part of Medicaid/Medicare compliance audits conducted for the federal government).

All of these hospitals (and many RTCs) had typically been surveyed as well by the Joint Commission on Accreditation of Healthcare Organizations and some had even received JCAHO’s highest ranking: “accreditation with commendation.”

The UIC teams were therefore especially dismayed to discover serious deficiencies in facilities that had been surveyed by state inspectors and/or JCAHO accreditation teams only weeks (and, in one case, *three days*) before UIC’s arrival.

And Rhode Island should not count on an institution’s home state to ensure quality.

Davidson recalled the official in one state who admitted his agency was fully aware of hideous conditions in one facility but did not close it down because, he said, “if we had taken away [this agency’s] operating license, we would have had no other place to put our kids – and we needed these beds.”

Indeed, with its obscenely-high rate of child removal, Rhode Island has plenty of incentive of its own to ignore conditions at out-of-state institutions while keeping the children, in Davidson’s words, “out of state, out of mind.”

As noted earlier, Davidson’s work was part of a much larger reform effort which focused on curbing the misuse and overuse of substitute care in Illinois. This meant that Illinois was no longer a “sellers market” for residential treatment, and Illinois could bring those 800 children home.

In contrast, with an average of 108 of its 2,207 foster children⁸¹ – nearly five percent - in some kind of out-of-state placement, Rhode Island today is, proportionately, worse than Illinois ever was.

Of course, some of the Rhode Island out-of-state placements might be right over the state line in Massachusetts or Connecticut, quite close to the children’s homes – this is the one kind of exception Illinois allows. But we don’t know because in the six weeks since we first asked, DCYF has been either unable or unwilling to provide a list. The agency claims 80 percent of the children are in nearby *states* – which is not the same thing as near to their homes.⁸²

But we know about two of them. The first, of course, is Glen Mills, which brings us to:

Rule #3: *When sending people to examine institutions caring for your most vulnerable children, send experts.*

The pitfalls of sending non-experts on pre-announced visits are illustrated by Andrew Johnson’s visit to Glen Mills.

Johnson had the best of intentions, but he emphasized that he's no expert, and the reporting of the Wilkes-Barre, Pa. *Times-Leader* suggests he may have missed some things. (See *The Glen Mills Judge Jeremiah doesn't know*, p. 14).

But if the quality of care was suspect, Davidson's team found that the RTCs were unsurpassed in one area: marketing.

And Glen Mills isn't the only potential trouble spot. Though DCYF did not provide a list, DCYF confirmed information obtained by NCCPR that the agency uses an institution in Savannah, Georgia – 994 miles from Providence - run by Universal Health Services, a giant, for-profit chain. DCYF says two Rhode Island children are there now. No DCYF representative has visited them since February 11,⁸³ and, as noted earlier, such children are visited only once every six months.

Davidson noted in an e-mail that “if a parent behaved that way, most child welfare agencies would consider initiating an investigation for neglect. But then, *officially-sanctioned neglect* – that is, entrusting the children to strangers in different states is euphemistically rebranded as treatment, not *dumping*.” [Emphasis in original.]

But it gets worse.

In December, 2006, the Service Employees International Union issued a scathing report about UHS, based largely on public records in the states where the firm operates. Three former presidents of the American Psychological Association endorsed the report.⁸⁴ In a press release, SEIU said that the report:

*documents cases of understaffed facilities and poor case management leading to sexual abuse, runaway patients, physical assaults on patients, violations of patients' rights, and patient dumping in several states.*⁸⁵

One of the sexual assaults took place at the UHS facility used by DCYF.⁸⁶

DCYF was unaware of this report until it was called to their attention by NCCPR.⁸⁷ Although we first asked DCYF about the report on June 17, they did not respond, and apparently did not obtain the report until July 8. (No one at DCYF asked us for our copy). DCYF then said they had seen it too recently to comment on whether it gave them any concerns about placing children at UHS Savannah.

That SEIU report isn't the only one raising troubling questions about UHS.

This year, the U.S. Department of Justice charged a UHS residential treatment center in Virginia with Medicaid fraud, alleging that the institution billed Medicaid for services it never provided.

Said Timothy J. Heaphy, United States Attorney for the Western District of Virginia:

*We will not sit idly by and allow healthcare providers to take advantage of troubled children in order to feed their own desire for wealth. The Medicaid system was designed to help the most vulnerable among us, not to line the pockets of fraudsters.*⁸⁸

But if the quality of care at the places they visited was suspect, Davidson's team found that the RTCs were unsurpassed in one area: marketing.

Davidson describes a scenario from before Illinois brought its children home that is remarkably like Rhode Island's kid auctions:

“Some of the RTCs had full-time representatives in Chicago hustling referrals

from juvenile court judges and caseworkers,” Davidson said. And the marketers were delighted to fly the judges and caseworkers out to their facilities for guided tours – at the institutions’ expense.

Of course, not everyone sees a problem. Judge Jeremiah couldn’t understand what all the fuss was about. He derided concerns about sending children far from everyone they know and love as a “Rhode Island mentality,” telling *The Providence Journal*: “Kids grow up and they go away to college, right?”

In case his successor, or any other judge, harbors similar misimpressions about the similarity between forcing a child into an out-of-state institution and sending a child to college, we’ve provided a chart on page 31 explaining the differences.

Davidson was dismayed by Judge Jeremiah’s comment, calling it “ill-informed.”

“Among the basic human rights these youths have is the right to equal treatment, including the right to receive care close to their families and communities. Such rights formed the basis of the federal court lawsuit that reformed Illinois’ child welfare system,” Davidson added, “so perhaps it’s time we had such a public conversation with our colleagues in Rhode Island.”

Of course, just because an institution is in one’s home state doesn’t guarantee it’s not abusive. That lesson also was learned in Illinois.

Back when former House Speaker Newt Gingrich suggested throwing poor people’s children into orphanages, media flocked to Maryville, near Chicago, to see an orphanage that, supposedly, was a national model. There were the usual dog-and-pony shows, complete with video of children hugging Maryville’s longtime director – who also had a giant bronze statue of himself installed right at the entrance.

But then, Maryville was revealed as a place of terror for many of the children confined there, according to documents obtained by the *Chicago Sun-Times*. The newspaper reported that “the place is often up for grabs, with staff struggling to handle suicide attempts, sex abuse, drug use, fights and vandalism...”⁸⁹

Sometimes “model” institutions are just models of deception.

In 2001, police were called to Maryville 909 times.⁹⁰ After a 15-year-old left her Maryville “cottage,” was gang raped by other Maryville residents and escaped from her attackers, she says the kindly staff at her “cottage” wouldn’t let her in until they had filled out a report about her “running away.”⁹¹

But because Illinois was, and is, taking away children at one of the lowest rates in the country, and because Illinois is not allowing children to languish in substitute care while private providers rake in *per diems*, Illinois did not have to turn its back on the abuse.

On the contrary. In 2004, Illinois pulled all 270 state wards out of Maryville.⁹²

Maryville is still another reminder that we should never be fooled by pretty grounds and a great PR machine – sometimes “model” institutions are just models of deception. (For other examples, see *When institutions go bad*, p. 20).

Davidson says he’s encouraged by the fact that DCYF officials opposed Jeremiah’s attempts to ship more children out of state and say they want to reduce institutionalization in general.

“It’s reassuring to see that my colleagues in Rhode Island’s DCYF have fig-

How to tell a college from a residential treatment center, detention center, orphanage, reform school or other juvenile institution:

Rhode Island's former Chief Family Court Judge, Jeremiah S. Jeremiah, Jr., can't understand why there is a problem with him forcing children into detention centers, reform schools, residential treatment centers or other juvenile institutions in other states, hundreds of miles from their homes. The judge didn't see what all the fuss was about, deriding such concerns as a "Rhode Island mentality" and telling The Providence Journal: "Kids grow up and they go away to college, right?"

Judge Jeremiah retired on June 30. In case his successor, or any other judge, harbors similar misimpressions about the similarity between forcing a child into an out-of-state institution and sending a child to college, we've created this handy chart:

	COLLEGE	OUT-OF-STATE JUVENILE INSTITUTION
ADMISSION	Young people attend Voluntarily.	Young people are forced into the institution by a judge and/or DCYF.
DEPARTURE	Students are free to leave at any time.	Residents must endure institutionalization until the judge and/or DCYF lets them out.
PEER GROUP	Mostly other eager young people looking forward to the freedom of young adulthood.	Other young people who may have committed crimes, have behavior problems or engaged in other anti-social behavior, and have been deprived of their freedom.
VISITING	<ul style="list-style-type: none"> ●Parents can visit at any time. ●If parents can afford to send child to college, they probably can afford to visit their children or help children return home for visits. 	<ul style="list-style-type: none"> ●Parents can visit only if and when the institution allows it. ●Parents typically are poor and often cannot afford travel to out-of-state institutions.
OUTSIDE SCRUTINY	Since family and friends can visit anytime and students are free to leave, it is difficult to hide abuse or poor conditions.	Almost no scrutiny except for cursory inspections by strangers who don't love the residents.
SOURCE OF PAYMENT	Students and/or parents, who are free to leave - creating incentive to maintain quality and avoid becoming a hell-hole.	Government – and the longer the institution holds the child, the more it gets paid. No incentive for quality.

ured out where they want to take their system,” Davidson added, “but the next step should be to confront the opposition to change – some of it well-intended or simply ill-informed, I’m sure, but another part of it no doubt arises from entrenched political or economic quarters that have vested interests in keeping the Rhode Island system locked into certain dysfunctional policies.”

As Davidson put it: “Sadly, there is a certain element within the child welfare industry that tends to look upon kids in the way that, say, Colonel Sanders looks upon chickens.”

The special Hell of parking place shelters

They are among the most sacred cows in all of child welfare, and no wonder. Donors love them. They can get a plaque on the wall for giving money or furniture or, if they’re really rich, donating a whole building. The volunteers love them. They can turn real flesh-and-blood human beings into human teddy bears who exist for the volunteers’ gratification and convenience, even as they convince themselves they’re helping children. When they get bored with their human teddy bears, they simply hand them back to the shift staff.

In short, they’re good for everyone but the children.

They are “shelters” - those first-stop parking place institutions in many communities where children are deposited for a few days or a week or a month or, often, longer, supposedly to be examined and “assessed” by “trained staff” in order to prepare them for exactly what they would have gotten without the shelters – usually a succession of foster homes.

Shelters are exercises in adult self-indulgence and adult self-delusion. As with any form of orphanage, and that’s really what shelters are, a whole rationalization industry has grown up around them. As with the residential treatment centers, the

people who run the shelters point to how pretty they are and say they’re “home-like” – as if children are fooled by pretty paint and cute pictures on the walls.

They offer the same rationalizations about “stability” – even though they are typically staffed in shifts, making it an incredibly unstable experience for the child.

Yet, according to CR’s lawsuit, these awful places are the first stop for 29 percent of Rhode Island foster children.⁹³

“Sadly, there is a certain element within the child welfare industry that tends to look upon kids in the way that, say, Colonel Sanders looks upon chickens.”

--Dr. Ronald Davidson

Those children included David, the little boy warehoused in a Rhode Island shelter at age two and again at age four – when he was told “the rules here have not changed.”

The parking place industry claims shelters can “assess” children and “stabilize” them, so that they can find the right foster home for the child when he or she leaves.

That was the theory in Connecticut, when the child welfare agency there set up a network of such shelters in 1995, after a foster-care panic - a huge spike in removals of children from their homes in the wake of a high-profile child abuse death.

But a comprehensive study of the shelters by Yale University and the Connecticut child welfare agency itself found that the shelters are a failure. The children who went through the shelters tended to have worse outcomes than those who didn’t. The only thing the shelters were good at was

wasting huge sums of money.⁹⁴

Good child welfare systems don't take so many children in the first place, so they have plenty of room in good foster homes for any child who really needs it – enough room to make the best possible match for any child at any hour of the day or night.

Shelters are exercises in adult self-indulgence and adult self-delusion.

But just as in Rhode Island, in Connecticut, research is no match for political clout and adult self-indulgence. Take away our human teddy bears? Never! As the *Hartford Courant* put it:

*Three years after a study that showed short-term group homes for first-time foster children are a costly failure, the state Department of Children and Families is still funneling hundreds of children through the facilities each year.*⁹⁵

But that doesn't mean Connecticut DCF didn't take action. The agency used to have the study up on its own website. But after the *Courant* story came out, DCF removed the link.

But a few better child welfare systems have broken the mold.

Alabama's consent decree required rebuilding the system to emphasize keeping children out of foster care in the first place. That meant putting strict limits on shelters. The following is from *Making Child Welfare Work*, The Bazelon Center's book about the consent decree:

Because it is so traumatic to uproot a child, an important goal of [the Consent Decree] is to have the child's first place-

*ment be the only placement ... To minimize moves, the decree outlaws the use of shelter care except under unusual circumstances. Workers are not permitted to park a child in a shelter while they look for a more permanent placement, unless the child can receive the full range of necessary services while in the shelter and "it is likely that the [child's] stay in foster care will not extend beyond his/her stay in the shelter." What this meant was that counties had to develop a sufficiently large and flexible array of [placements] so they could place children directly...to the setting determined as most appropriate for meeting the child's needs.*⁹⁶ [Emphasis in original].

The settlement between the New Jersey child welfare agency and the group that calls itself "Children's Rights" is, in some ways, even more far-reaching; it bans placement of children under age 13 in shelters, period. And it's succeeding. As noted earlier, during the entire second half of 2009, one child under age 13 was placed in a shelter. Not one percent – one child.⁹⁷

Unfortunately, CR has not always won, or even fought for, such settlements. The Connecticut shelters were built despite the fact that CR settled a suit against that state several years previously. CR did not win similar protections for the children of Michigan; indeed, CR's Michigan settlement includes a special exemption for shelters.

The New Jersey settlement was the exception, not the rule, in part because CR did not design it on its own, it had help from the Annie E. Casey Foundation. (The Casey foundation is a former funder of NCCPR.)

The final argument is the one in which the shelter operators admit shelters are a lousy option but, they claim, there simply is no alternative. There just aren't enough foster homes, they say.

But it is easy to see that this is just one more rationalization. This is obvious

when one looks at who shelters typically take in and who they leave out.

Everyone in child welfare knows the group for whom it is hardest to find a foster home: teenagers, especially teenagers with behavior problems. To the extent that there is ever a “need” for a shelter or some other form of “congregate care” it would be for teens. Younger children are easy to place and babies easiest of all.

Yet nationwide, most of these shelters are only for children age 12 and younger. There is no better indication that shelters really exist to serve the adults who work and volunteer there. After all, a teenager who’s been through removal from his or her home is as likely to spit in your face as to throw his arms around you. They don’t make good human teddy bears.

So the shelters usually stick to children 12 and younger.

It doesn’t have to be this way. New Jersey’s success proves it. And a recent report from the Casey Foundation documents how Virginia, New York City, Louisiana and Maine all did the same. (The case of Maine is especially instructive and is discussed later in this report; see *As Maine Goes...*, p. 51.) Not only did reducing institutionalization provide enormous benefits to the children themselves, it also proved to be a trigger for more far-reaching reform.⁹⁸

The role of the Child Advocate

One of the reasons the Maine child welfare reform has been so successful involves the role of the state’s independent child welfare ombudsman, the equivalent of Rhode Island’s Child Advocate.

In Maine, the ombudsman understood the enormous harm being done to children by the state’s former approach to child welfare – which was almost exactly like the approach Rhode Island takes now: quick to tear apart families and quick to in-

stitutionalize children. When Maine launched its reforms, the ombudsman supported them, and he defended those reforms against powerful private agencies that tried to undermine them.

While Rhode Island’s Child Advocate, Jametta Alston, is undoubtedly as dedicated and passionate about trying to help children as any in the country, she doesn’t understand the key role wrongful removal plays in driving all of the state’s other problems. As a result, her tenure has been largely ineffective.

The Governor refused to reappoint Alston automatically when her term expired. She reapplied for the job, but a search committee recommended four other finalists.

The Governor has been accused of refusing to reappoint Alston because she joined CR in filing the class-action lawsuit against the child welfare system. That may be true, but it’s hard to see what the Governor gains, since the suit can proceed with or without the participation of the Child Advocate’s office.

Alston is allowed to keep her job until the State Senate confirms a replacement. But the Governor failed to nominate a replacement before the Legislature adjourned, so it’s likely that Alston will have the job at least until a new governor takes office in January.

If, in fact, a new governor names a new child advocate, that advocate should be just as independent as Alston, but more knowledgeable about what works, and what doesn’t, in child welfare.

At one point, Alston even seemed to suggest that, in response to the lawsuit, Rhode Island actually was trying to do too much to keep families together.⁹⁹

That kind of error may explain what probably was Alston’s single biggest mistake: choosing the wrong partner for her lawsuit.

The children wronged by “Children’s Rights”

The finest work of journalism ever written about child welfare is *The Lost Children of Wilder: The Epic Struggle to Change Foster Care* (Pantheon: 2001), by Nina Bernstein, who formerly covered these issues for *The New York Times*. A finalist for the National Book Award, *Lost Children* tells the story of American child welfare through one class-action lawsuit brought against New York City’s foster care-industrial complex in the early 1970s, by a young lawyer for the New York Civil Liberties Union named Marcia Lowry.

The arrogance of the organization is summed up in its name -- “Children’s Rights” – as though the one thing children crave most is the “right” to be taken from everyone they know and love.

In one of the book’s most compelling passages, Bernstein describes what Lowry and her team of low-paid public interest lawyers faced when they met their opponents at “the august Wall Street firm that had taken the lead in the agencies’ defense

...
Their conference rooms had the ambiance of a very exclusive men’s club: cigars were smoked, and servants padded about discreetly replenishing drinks and replacing ashtrays. Occasionally, the pin-striped formality might be punctuated by a manly guffaw or the flash of cuff links as one attorney clapped another on the back over some shared joke. ...The ... gatherings were like convocations. Just walking into the room meant drawing the collective gaze of a doz-

en men who seemed to think you should be wearing an apron.

In the early days, being treated as an interloper there had been part of the thrill of the case for Lowry, a kind of confirmation that she was doing battle for the weak.¹⁰⁰

That was then.

Lowry long ago left the Civil Liberties Union, and concerns about civil liberties, behind. Now she runs her own multi-million dollar operation, and hobnobs with celebrities at glitzy fundraisers. Corporate raider Carl Icahn once chaired her Board of Directors.¹⁰¹

As for big, powerful law firms, they’re now Marcia Lowry’s best friends, gladly donating their services. Although it hasn’t gotten much attention, CR’s other local partner in Rhode Island is Weil, Gotshal & Manges, a 1,200-lawyer international firm whose Providence office specializes in “Buyouts & Venture Capital Investment” according to the firm’s website.¹⁰²

The arrogance of the organization is summed up in its name. Formerly “Children’s Rights, Inc.,” it’s now simply “Children’s Rights” – as though the one thing children crave most is the “right” to be taken from everyone they know and love; as if an organization made up overwhelmingly of affluent adults, and whose senior staff is entirely white, understands the rights of overwhelmingly poor, disproportionately minority children.

CR is the 800-pound gorilla of child welfare litigation. And CR tends to treat child welfare agencies the way child welfare agencies tend to treat families: Like dirt.

The agency is presumed utterly incapable of walking and chewing gum at the same time, and early CR settlements, in particular, included the equivalent of detailed instructions on how to do both. The group’s first settlement in Connecticut included 160 pages of minutiae, including requirements for one training manual after another. One

of those manuals allegedly included things like a requirement that the classrooms where training takes place contain wastebaskets.¹⁰³

But agencies respond to such treatment no better than families.

So before the Bazelon Center for Mental Health Law sued Alabama, they studied CR's work, concluded it had produced "only modest success" and decided to take a far different approach.¹⁰⁴ And when the original settlement in Illinois wasn't getting results, plaintiffs there moved away from a CR-style approach and began adapting Alabama solutions.

As Marcia Lowry became more and more comfortable with the rich and the powerful, she became less and less interested in stopping children from being taken from their parents in the first place.

As a result, as noted earlier, Alabama and Illinois today are national leaders in child welfare reform, while most of the places Marcia Lowry has sued remain mired in mediocrity.

Worst of all, as Marcia Lowry became more and more comfortable with the rich and the powerful, she became less and less interested in stopping children from being taken from their parents in the first place.

The civil liberties lawyer who once brought a child to Congress to testify about being needlessly torn from his mother¹⁰⁵ has been replaced by the friend of the rich and powerful whose website has included the false claim that "only the most severe cases of abuse and neglect result in children being

removed from their homes and placed in foster care."¹⁰⁶

Nevertheless, until CR filed a suit against the system in Michigan, we had never opposed CR bringing a lawsuit in a particular state. And we don't oppose their suit in Rhode Island. Rather, we believe it is vital that Rhode Island's Child Advocate (whoever it may be) demand a very different kind of settlement from the kind usually negotiated by CR.

We've even defended CR against the two most common criticisms leveled against the group, that it is only in it for the legal fees and the money spent on litigation would be better spent on services.

In fact, Marcia Lowry could have made far more money in some firm like, say, Weil, Gotshal. Like Jametta Alston and so many people who get child welfare wrong, Lowry is well motivated. And CR's response on the cost of litigation is correct: Stop running lousy systems and you won't get sued.

Most important, until Michigan, CR always had sued agencies so dreadful and so uninterested in reforming on their own, that even a CR suit probably would bring about at least marginal improvement. Rhode Island may be in that category. And, until Michigan, while CR's proposed remedies could be astoundingly hypertechnical and tended to emphasize process over outcomes, CR rarely had sought remedies that actually would do harm.

Their skill in simply calling attention to problems could help a little, and some of the systems with which they settled improved around the edges.

Sometimes CR got lucky. Some other organization, like the Casey Foundation, would step in and craft better solutions than CR itself would ever think of. That happened in New York City and New Jersey.

And CR used to be strong on one of

the very issues at the heart of Rhode Island's problems: the enormous harm of congregate care. It was their original settlement that made it illegal to institutionalize young children in New Jersey; and, until the first director of their policy arm left the organization, they were issuing good reports on the harm of "shelters," the problems with group homes in New York City, and the harm of the "back to the orphanage" movement.

But in Michigan, CR crossed some crucial lines. CR's behavior in that state, and some of its subsequent actions, raise grave concerns about the kind of settlement the organization may seek to inflict on Rhode Island.

- In Michigan, for the first time, CR sued a state that was, at the time, beginning to improve on its own – and both the suit and the settlement set back those improvements.

The settlement requires Michigan to cut caseloads. But instead of requiring Michigan to do that by controlling needless removal of children and bolstering programs to keep children out of foster care, the settlement allows Michigan to slash its already meager funding of prevention and family preservation in order to fund a child abuse investigator/foster care worker hiring binge. And that's exactly that the state is doing.

- The settlement also has led to the expulsion of hundreds of children from the homes of grandparents and other relatives because those relatives were unable to meet pages of hypertechnical licensing requirements, many of them unrelated to health and safety.¹⁰⁷

- The lawsuit attempted to win foster parents a giant pay raise – another obsession of CR's, and something they're apparently aiming for in Rhode Island (see page 42). This would only further divert funds from alternatives to taking away children in the first place.

- And the settlement does almost

nothing to control Michigan's overreliance on institutionalization, which is a serious problem there, though not as bad as in Rhode Island.

Whether intended or not, CR's Michigan lawsuit read like a thinly-disguised attempt to transfer resources away from birth families and into the pockets of private agencies and middle-class strangers serving as foster families to poor people's children.¹⁰⁸

In recent years, CR has gone from simply ignoring the problem of needless removal of children to outright hostility to efforts to keep families together.

And Michigan was just the beginning. In recent years, CR has gone from simply ignoring the problem of needless removal of children to outright hostility to efforts to keep families together.

- In Tennessee, CR successfully strong-armed the legislature into repealing a law that took a tiny step toward balancing the profound incentives judges face to take children needlessly with a small incentive to think of better options.¹⁰⁹

- In Georgia, CR is seeking to undermine alternatives to full-scale child abuse investigations that have reduced entries into foster care and demonstrably improved child safety. Indeed, the monitor for CR's own settlement in Georgia declined to help CR in this effort.¹¹⁰

CR also has a longstanding tendency to view the noble goal of "permanence" for children almost exclusively in terms of adoption. Its settlements sometimes include quotas for adoptions, with no comparable

incentives for keeping families together. And CR pushes these quotas even though Marcia Lowry herself has suggested they are dangerous, telling a Congressional committee:

*Congress should realize that far too many states ... when they do, for example, raise their adoption numbers, are doing so by including many clearly inadequate families ... along with the genuinely committed, loving families who want to make a home for these children, just to 'succeed' by boosting their numbers.*¹¹¹

Such contradictions are not unusual. CR is opposing even the most minimal efforts to curb needless removal of children even though Lowry acknowledges the enormous risk of abuse in foster care. According to Lowry:

*I've been doing this work for a long time and represented thousands and thousands of foster children, both in class-action lawsuits and individually, and I have almost never seen a child, boy or girl, who has been in foster care for any length of time who has not been sexually abused in some way, whether it is child-on-child or not.*¹¹²

None of this bodes well for any settlement CR seeks to impose on Rhode Island, particularly since the Complaint CR filed in Rhode Island includes some of the same themes that steered Michigan in the wrong direction.

War against grandparents?

President Obama speaks often of how important his grandmother was in his life. The President was raised for eight years by Madelyn Payne Dunham who, sadly, died just before the election. Today, we would call it "informal kinship care" or "private kinship care."¹¹³

Children who have the potential to become the next Barack Obama, but happen to live in Rhode Island, may not be so fortunate.

That's because the 10th floor apartment in Hawaii where the President was raised probably would not have qualified under the page after page of hypertechnical requirements any foster parent, including a relative, must meet before becoming licensed or certified in Rhode Island.

The 10th floor apartment in Hawaii where President Obama was raised by his grandmother probably would not have qualified under the page after page of hypertechnical requirements any foster parent, including a relative, must meet before becoming licensed or certified in Rhode Island.

And if CR gets its way, things may only get worse.

When children really can't remain safely in their own homes, the next best option almost always is placement with a grandparent or another relative.

Study after study has shown the enormous benefits of what is commonly called kinship care.

Kinship care is still foster care, and even grandma is no substitute for leaving children in their own homes. But when that truly is not safe, then at least if a child is placed with grandma, it cushions the blow. The child is with someone he knows and loves. And odds are the placement is in his own neighborhood, so he doesn't have to change schools and lose all his friends.

Kinship care also lessens one of the most damaging problems of foster care,

moving children from foster home to foster home. People who love you are far less likely to give up on you than total strangers. So grandparents and other relatives are more likely to put up with behavior that might prompt strangers to either reach for the psychiatric medication or throw the child out.¹¹⁴

Because grandparents bring an extra ingredient to the mix – love – it should surprise no one that kinship care generally is safer than stranger care.

That helps explain why in Florida, for example, where the child welfare agency is trying to crack down on the misuse and overuse of sometimes dangerous psychiatric medication, while 26 percent of institutionalized foster children and 21 percent of foster children placed with strangers are on such medication, only four percent of foster children are medicated when they are placed with relatives.¹¹⁵

A study by the Children's Hospital of Philadelphia found that children placed in foster care with relatives had fewer behavior problems than children placed in stranger care.¹¹⁶

Most important, several studies have found that kinship care is *safer* than stranger care.¹¹⁷

And now a new study has advanced our knowledge still further. This latest study found that children in kinship care did far better than children in stranger care on multiple measures of safety, permanence and well being. *And it found no difference in these beneficial outcomes between licensed and unlicensed kinship homes.*¹¹⁸

Again, because grandparents bring

an extra ingredient to the mix – love – it should surprise no one that kinship care generally is safer than stranger care. But the hostility toward families that permeates child welfare systems, and the stereotypes that poison public perceptions, both extend to extended families.

It's all summed up in one pernicious little smear: "The apple doesn't fall far from the tree." If mom is abusive, it is claimed, it must be because grandma has failed in some way.

For starters, this assumes that if mom is doing a poor job raising the children it has to be grandma's fault. In fact, there are any number of times when a grandparent may raise four children under circumstances of poverty and need that many of us can't possibly imagine, and have three of them become happy, healthy productive adults. The fourth is lost to the lure of the streets. When that grandmother then comes forward, at a time when finally she should be able to rest, and offers to take care of that child's children, she should be treated as a hero, not a suspect.

And, as one of the nation's leading experts on kinship care has said: "a tree has more than one branch."¹¹⁹

Rhode Island's proportion of children placed with relatives is roughly the national average. But good systems place at least one-third of their children with relatives, and some place more than half in kinship homes.¹²⁰

Unfortunately, CR's lawsuit may threaten even the mediocre record of Rhode Island.

That's because of one of CR's obsessions: Licensing.

Before a stranger can become a foster parent, all states require an elaborate licensing process. Some of the requirements are essential, like a basic criminal records check and a check to be sure the home is not a firetrap. But many other licensing re-

quirements are geared more to middle-class creature comforts than to basic health and safety.

Rhode Island regulations allow kinship caregivers to be “certified” instead of licensed. But that allows exemption from only a couple of these standards.¹²¹ So, if anything, the regulations are too strict.

For example, Rhode Island requires that every foster home have two means of egress. Apartments typically have one – that’s the requirement that might well have tripped up President Obama’s grandmother.

The regulations also require a separate bed for every foster child. There are minimum square footage requirements, a requirement that no bedroom be used for any other purpose, and a requirement that no child over the age of one, not even a toddler, sleep in the same room as an adult.

Because most children taken from their parents are poor, odds are their grandparents and other relatives are poor. So they may be unable to meet all of these and similar requirements.

Rhode Island foster parents are required to have “reliable transportation.” But poor people in isolated communities, dependent on limited public transportation, might not.

Some requirements are beyond the control of renters, such as specifications for the outside storage of garbage.

Still other requirements appear to be imposed as an attempt to substitute for the most important ingredient in any home: Love. They make sense for the homes of strangers, but not grandparents.

For example, grandparents who become licensed foster parents are not allowed to spank their grandchildren. They can’t send them to bed without their supper either. They can’t make them do “physically strenuous exercise or work” though they are expected to “involve each child, as age and circumstances permit, in routine household

maintenance.”

Foster parents also are required to “provide the child with a minimum of three (3) well-balanced meals, or the equivalent, each day at regular times...”¹²² How many single grandparents, still working, in part because they need to raise their grandchildren, can pull that off every day?

Many licensing requirements are geared more to middle-class creature comforts than to basic health and safety.

All of these things are sensible goals and good child rearing practices. They make sense in a vacuum – but not when denying a license to a grandmother who can’t meet all of them means consigning her grandchild to the care of strangers or worse, institutionalization.

Of course licensing has special appeal in Rhode Island. In one of the most notorious cases in the past decade, Thomas “T.J.” Wright was killed by his unlicensed foster parents – an aunt and her boyfriend.

But as CR itself admits in its own Complaint, the aunt and her boyfriend weren’t merely unlicensed, they had not been screened at all. They had not been checked for criminal records or histories with DCYF, and no references had been checked.¹²³

It is possible to accomplish such basics without throwing in the minutiae of page-after-page of regulations geared to middle-class creature comforts.

Given all the benefits that being with a grandparent or other relative can provide for a child, if grandparents are not a danger to their grandchildren, live in a home that meets minimum standards, and meet the

same standards for not abusing children that are applied by law to all parents, that should be enough. (And when the home doesn't meet those physical standards, DCYF should help them fix the home, or move). That would have been enough to save T.J. Wright.

The group that so arrogantly calls itself “Children’s Rights” doesn’t know much about either children or rights. Because if you ask almost any child who is old enough, he’ll tell you himself: If mom and dad can’t take care of me, I have a right to be raised by grandma and grandpa.

But CR appears poised to push Rhode Island in the opposite direction. In its Rhode Island Complaint, CR objects to placing any child with a relative until every step in what can be a prolonged licensing/certification process is completed.¹²⁴ And what does the child do during that time? He waits, at best in the home of a stranger or at worst in a shelter.

In fact, once DCYF knows that the grandparents are not violent criminals or child abusers and the home meets minimum standards, it is entirely reasonable to place a child there while the rest of the licensing/certification requirements are met.

And CR’s recent track record suggests things could get even worse.

In Michigan, CR’s settlement demands that all foster parents, kin and stranger, be formally licensed. The result: Hun-

dreds of children have been thrown out of the homes of relatives who either couldn’t meet every one of requirements or simply were too suspicious of Michigan’s equivalent of DCYF to go through licensing.¹²⁵

And one look at CR’s Rhode Island Complaint illustrates the irony of the group’s stance. Recall the case of David, doomed to a life of institutionalization by DCYF. One loving relative stepped forward – an aunt in Michigan. But she had to give David up because of housing problems.

This was before the Michigan settlement, of course. But now, thanks to CR, such tragedies are likely to happen more often to other children just like David.

In fact, CR’s own primary justification for its war against grandparents isn’t safety, it’s money. Under federal regulations, unless a foster home is licensed, the state can’t receive federal reimbursement for the case. And if it *is* licensed, the state must pay the grandparents as much as it does strangers. So CR would argue they’re only trying to help.

That is in keeping with the way CR seems to see children: as numbers on a spreadsheet or files on a shelf. All that detail about exactly when foster children shall receive their meals is probably music to CR’s ears.

But see children as flesh-and-blood human beings and other solutions come to mind, such as pressing to change the federal regulations and demanding that states simply reimburse grandparents the same way they reimburse strangers, using state funds to do it, if necessary.

The group that so arrogantly calls itself “Children’s Rights” doesn’t know much about either children or rights. Because if you ask almost any child who is old enough, he’ll tell you himself: If mom and dad can’t take care of me, I have a right to be raised by grandma and grandpa.

So a top priority of whoever be-

comes Rhode Island's next Child Advocate should be ensuring that CR doesn't bring its war against grandparents to Rhode Island.

Foster parent pay

CR's other obsession is raising pay for foster parents. This reflects both poor priorities and the class bias that permeates CR's advocacy. They find it much easier to identify with middle-class foster parents than impoverished birth parents.

- It makes no sense to take money that could be used for safe, proven alternatives to foster care and spend it instead on giving even more to foster parents who already get more financial help to care for other people's children than poor people get to care for their own.

- It makes no sense to take money that could be spent on day care so children don't lose their parents because of "lack-of-supervision" charges and give it instead to foster parents who already make more than the birth parents do – and who may be eligible to have the state subsidize day care for those very same children when they become their foster children.

- It makes no sense to take money that could go to a rent subsidy so a child's own home can be made safe and spend it instead on a raise for the strangers taking the same child into their middle-class foster home.

CR doesn't say how much more it wants foster parents to get – but its Complaint implies that rates should be more than double what they're getting now. That kind of giant raise would make Rhode Island foster parents among the highest-paid in the country – even though there is no evidence that low pay is a major reason for any alleged "shortage" of foster parents.

The issue is not that foster parents are undeserving. Most foster parents care deeply about the children they take in. Many are true heroes. They take understandable of-

fense at claims that they are "in it for the money."

Often, however, their reply to the allegation is that they can't be in it for the money because they get so little money. If Rhode Island foster parents get the kind of raise CR seems to have in mind, that argument no longer would be valid.

While it still might be difficult for a good parent to provide absolutely everything a child needs without dipping into her or his own pocket – something good foster parents who really love their foster children are glad to do – the raise would make it relatively easy for bad foster parents to, in effect, turn a profit. Thus, in addition to all the other problems, a big pay raise would create an incentive for the wrong people to go into foster parenting.

Indeed, the pay raise issue raises much deeper questions: What is a foster parent? What is society's "social contract" with foster parents? Is a foster parent simply a worker who should be compensated for every dime expended on behalf of a child taken into her or his home? Or is a foster parent engaging in an act of charity, someone for whom helping, caring for and, often, loving a child, creates psychic satisfaction such that dipping into one's own pocket – a little – is reasonable?

CR is so obsessive about the issue that they issued a bizarre, and highly-misleading, report on the topic in 2007.

The report claims to compare the amount each state now offers foster parents to a so-called "minimum adequate" rate.¹²⁶

But the current rate figures cited in the report are artificially low, and the estimate of what would be a "minimum adequate" rate is artificially high.

For starters, the report looks only at the so-called base rate in each state. In other words, the lowest monthly rate paid to foster parents for children at ages 2, 9 and 16. But most states don't have just one rate per age

Another perspective on foster parent pay

Mary Callahan is a foster and adoptive parent from Maine. As is discussed elsewhere in this report, she played a key role in transforming child welfare in that state. Below, an op ed column she wrote for the Los Angeles Times about foster parent pay.

Los Angeles Times

latimes.com

TUESDAY, OCTOBER 16, 2007

Mercenary motherhood

A foster mom has second thoughts about parenting for pay.

By Mary Callahan

IT MAY SEEM LIKE a no-brainer to say that foster parents should be well paid. They are good people doing the hard work of raising someone else's kids. Right?

Fifteen years ago, I was one of those people. I took good care of the kids who had been placed in my home after being removed from their birth families for various reasons — usually neglect: once because of a severe spanking, another time for “rough handling on the way to the car” when a child was suspended from school. But I also shopped around for the foster-care agency that paid the best, and I took the harder-to-place kids for the same reason.

I justified my pay by saying it was just like my other profession, nursing. I enjoyed taking care of patients, did a good job, but I still expected a paycheck. It took one particular foster child to show me the big difference between nursing and foster parenting.

I don't say “I love you” to my patients.

Michael moved in with me at 9 and at first just enjoyed the benefits of my financial status. He settled in, began to trust me and believed me when I said he was a great kid and I was proud to be his mother — if only temporarily. Kids in foster care need love, acceptance and affirmation even more than our own kids do. But try convincing them you were sincere when they find out how much you were paid for your parental love. They don't stay 9 forever. Some foster children stay with a family for years, and eventually they are old enough to question where the money for the vacations and the second car came from.

I'll never forget the look on Michael's face when he returned from a visit with his mother and asked me, “Did you, like, inherit money or something? 'Cause my mom works all the time and she only has two pairs of shoes. You hardly work and you have about 100.”

I didn't have 100 pairs of shoes, but I was well paid for raising him, while his mother would have paid anything to have the opportunity. But she had nothing to pay. She had lost her kids when, at 18, she called the state for help after her husband deserted her. She had no family to fall back on, as she was a former fos-

ter child herself. Her poverty cost her the right to raise her own kids.

It seemed wrong to Michael because it was wrong. Money can put blinders on you, but since I took mine off and adopted my last two foster kids, I can see many reasons why it is wrong to pay foster parents too much.

- It creates a disincentive to adopt.
- It creates a conflict of interest when a foster parent has to report on how family visits are going.
- It makes kids look down on their own families.
- It attracts people who don't even like kids.

■ Worst of all, it deals a blow to the child's self-esteem when he learns someone had to be well paid to love him.

Some foster parents are now complaining that they are not paid enough. A coalition of advocates for foster families in California, for example, has filed a federal suit alleging that what the state pays is less than what it costs to board a dog in a kennel. At first glance it seems that we, as a society, must care more about dogs than kids. But boarding dogs is a “for profit” business. Taking foster kids should be a calling.

California has the most foster children of any state — 75,000 — and about 19,000 licensed foster families. One study found that state reimbursement for care ranges from \$425 a month for a 2-year-old to \$597 for a 16-year-old. A state agency disputes those figures, estimating the average at \$680.

I'm not saying that foster parents shouldn't be paid at all. Most are middle-class families that don't have a lot to begin with. But how can foster parents say, as some do, “I love him as if he were my own,” if they are not willing to make some sacrifice?

But if there aren't enough foster parents who will do it for just a little financial help, maybe we should look back to the people who already love the child, without conditions — the birth family. Yes, there may be cases, such as an abusive parent, in which a child cannot be returned to his or her family. But in many instances, such as Michael's, pay the birth family the amount that would be paid to foster parents to help them stay together in the first place.

And if it is still necessary to have a stable of “professional parents,” such as I was, they should be labeled that. The children should know them from the very beginning — not as foster parents but as paid parents.

MARY CALLAHAN is author of “Memoirs of a Babystealer.”

group. Rather they adjust the rates for how difficult the child's problems are perceived to be.

The rates quoted in CR's Rhode Island Complaint are the "standard board rate."

But according to the DCYF Foster Parent Handbook, there also is a "Supplemental Board Rate" for children whose needs "exceed normal limits of care, service, and supervision for a child of that age."¹²⁷

Furthermore, because these payments are considered "reimbursement" they're tax-free. And foster parents don't have to pay for their foster children's health insurance – it's covered by Medicaid.

Even more insulting to foster parents are the premises behind CR's calculation of what is a "minimum adequate" rate of reimbursement. A phrase like that conjures up images of providing just enough money to give a child food, clothing and shelter. One assumes that the rest will be provided by foster parents – because they care about the children they are taking in.

But no. CR argues that, even when foster parents have taken in a child because of a lack of supervision charge after birth parents could not afford day care, the foster parents should be reimbursed for sending that same child to day care.

And the money that could have gone to birth parents to pay the rent? It should go to foster parents to cover any "extra" cost on their utility bill because their foster child left the lights on – or, maybe, opened and closed the refrigerator a few times (now that he's out of the group home and doesn't have to ask permission).

But there's more: That "minimum" reimbursement rate includes every penny a foster parent spends on after school activities and admission to movies and amusement parks. CR even wants the government to pay a foster parent to buy his foster child a toy or a video game.¹²⁸

But would anyone really want to

place a child with a foster parent who demanded government reimbursement for buying the child a teddy bear?

CR argues that the current rate structure "drives away potential foster parents..." but they offer no evidence for the claim.

Indeed, foster parents are, on the whole, better than CR gives them credit for.

Would anyone really want to place a child with a foster parent who demanded government reimbursement for buying the child a teddy bear?

For starters, even in its own report, CR offers no evidence for the proposition that lower rates worsen foster parent shortages. And there is no evidence that states paying higher rates have less of a shortage. Indeed complaints of such a shortage are chronic in Arizona, even though that is the one state (along with the District of Columbia) where CR claims foster parents are paid enough.

Of course, if a foster parent is asked, "Would it help if you got more money?" he or she will say yes. Even a slightly less loaded question, like: "Would more money make you more likely to remain a foster parent?" will, of course, get an affirmative response.

But when foster parents are asked open-ended questions like: "What are the factors that would make you more or less likely to remain a foster parent?" money tends to rank low on the list. Far more important to foster parents are things like being given adequate information about the children in their care, being consulted about their foster children's problems, and, most important, being treated with dignity and respect.

According to the National Council for Adoption, “among foster parents who had quit the system, the two most frequently cited reasons for doing so were lack of agency support and poor communication with a caseworker.”¹²⁹ (Indeed, NCCPR often asks foster parents to reflect on how they are treated and then consider that, if this is how the system treats them, they might want to imagine how the system treats birth parents).

The things one really needs to do to get and keep foster parents are things money can't buy.

The best way to reduce a “shortage” of foster parents is to curb the demand rather than increase the supply. Thus, if whatever money CR wants to spend on the pay raise went, instead, to things like day care, rent subsidies, drug treatment and other ways to support children in their own homes, fewer children would be taken away in the first place, and there would be less need for as many foster parents.

Perhaps CR believes foster parents are so greedy that they won't do the job unless they are repaid for every toy they buy a foster child. We disagree.

The good news in CR's Complaint

Not everything in the Complaint is problematic. Two items could pave the way for a decent settlement.

- The Complaint recognizes the enormous harm of institutionalization – and Rhode Island's gross overuse of it. That raises the possibility that an eventual settlement might be more like New Jersey's, with its strict controls on institutionalization, than the one CR inflicted on Michigan.

- In an extraordinary move for CR, the Complaint even acknowledges that Rhode Island isn't doing enough to reunify families. According to the Complaint:

The chronic failure of DCYF to achieve timely and appropriate reunifications is the direct result of a combination of

known and preventable shortcomings.

First, DCYF fails to exercise reasonable professional judgment in deciding whether it is appropriate and in the individual child's best interests to attempt reunification in the first place.

Second, DCYF fails to make timely and appropriate assessments of the services children and families will need in order for reunification to succeed.

Third, basic reunification support services for parents, such as parenting classes and substance abuse counseling and treatment, are in short supply and often subject to long waiting lists.

Fourth, even when reunification support services are provided, they typically begin only after the child has already been returned to the home; little or nothing is done to create the conditions for successful reunification in advance of the child's return home.

Fifth, the services, even when provided, are inadequate to sufficiently support parents with the demands and stresses of parenting emotionally and behaviorally challenged children

And finally, high worker caseloads preclude the regular parent-child visits needed to support the reunification process, since visits must generally be arranged and supervised by a caseworker.

But the Complaint addresses only the failure to reunify families *after* the children have been taken away. There is not a word about Rhode Island's obscene rate of child removal – it's penchant for taking away far too many children needlessly in the first place.

In the past CR has argued that it is precluded from suing on behalf of children who are not yet in foster care.¹³⁰

That's disputable. Indeed, in one of the extremely rare cases in which a family preservation program helps *middle-class* families, CR did go to court when Connecti-

cut threatened to cut it.¹³¹ And, of course, CR raced into court to stop Tennessee from doing more to keep families together.

It is quite possible, depending on the circumstances, for an agency to become fully "accredited" without the "accreditors" so much as laying eyes on one real live foster child.

But this much is indisputable: Prevention and family preservation can be included in a settlement – CR simply doesn't do it unless someone else pushes them to do it. And settlements don't have to *undermine* prevention and family preservation, as CR's has done in Michigan.

The sham of "accreditation"

There are real solutions to the problems besetting child welfare in Rhode Island, and we'll get to some of them below. But first, we need to address one phony "solution" that the Legislature should reconsider:

With all the real problems facing Rhode Island's child welfare system, could anything be dumber than throwing away \$300,000 to pay an organization created by child welfare agencies themselves to give DCYF a phony seal of approval?

Yet that is what Rhode Island is preparing to do – provided the Legislature comes up with the money.

A new law calls on DCYF to seek "accreditation."¹³²

Accreditation is s sham.

Accreditation is a way for agencies to get an unearned seal of approval by keep-

ing their paperwork in order - and then throw it in the face of critics, in order to prevent real change. That's why child welfare agencies rush to embrace the idea whenever the alternative is real reform.

It is quite possible, depending on the circumstances, for an agency to become fully "accredited" without the "accreditors" so much as laying eyes on one real live foster child.

That should come as no surprise considering who invented the group that does the accrediting, the so-called Council on Accreditation: The Child Welfare League of America – the giant trade association for child welfare agencies themselves.

Accreditation is simply the agencies running around giving each other pats on the back. It's self-policing and the self-policeman always is the laziest cop on the beat.

A few basics about accreditation:

- The accreditors don't inspect foster homes.
- The accreditors don't do surprise inspections of anything. Although the executive director of COA, Richard Klarberg, recently told *The Providence Journal* that COA has the "discretion" to do surprise inspections, as the *Journal* story put it, "in response to information and complaints,"¹³³ he did not say how often, if ever, it's actually happened. And his comment that such inspections can be done, "in response to information and complaints" is, in effect, an admission that this is not a routine part of the accreditation process.

And Klarberg's claim contradicts previous statements from COA that group homes and institutions get "no more than" a month's advance notice. (There were no inspections at all until a newspaper exposed this fact, something discussed in more detail below).

- They inspect group homes only if the agency seeking accreditation is running

them directly. (So, if, for example, DCYF subcontracts all its direct care for foster children to other agencies, it can be accredited without the accreditors ever meeting a foster child. And, of course, they don't visit the out-of-state institutions to which DCYF farms out so many children.)

- The accreditation process does nothing to examine whether a decision to remove a child in the first place is appropriate.¹³⁴

In short, the "Council on Accreditation" doesn't really accredit agencies at all. It accredits file cabinets.

The "Council on Accreditation" doesn't really accredit agencies at all. It accredits file cabinets.

Last year, the State of Missouri won accreditation. The child welfare agency made a point of noting that the accreditors really did talk to foster families. What they did not say, until the *Springfield* (Mo.) *News-Leader* asked, is that the foster families were handpicked by the agency itself.¹³⁵ This is a bit like when the Red Cross interviews POWs while the prison guards watch. And it's not clear if the accreditors bothered to speak to birth parents at all.

A look around the country at the few systems that are generally considered "models" shows that one is, indeed, accredited. The rest are not.

But the reality behind accreditation is even worse:

We first learned about accreditation 11 years ago, from two superb former reporters, Debra Jasper, then with the Cox-owned *Dayton Daily News* and Elliot Jaspin, then with Cox's Washington Bureau – and before that, *The Providence Journal*. They

did a series of stories about a big private agency. Among the findings:

- Foster homes that were wretched.
- Group homes that were worse.
- The head of the agency had a conviction for contributing to the delinquency of a minor - a foster child who had been in his care.¹³⁶

• Oh, and one more thing: The agency was "accredited."¹³⁷

Even more revealing was what happened when Jasper and Jaspin took their findings directly to CWLA:

When they e-mailed their findings to CWLA's acting director, (who is not the current director) she should have said that such conditions would not be tolerated in a CWLA member agency. But she didn't. *The Dayton Daily News* describes what happened instead:

After reading the series, Shirley Marcus Allen, the league's director, sent an e-mail to Joyce Johnson, the group's director of public relations, saying 'These are all horrible stories. I have no desire to talk to the reporters on this if I don't have to. Find something more positive for me to report on.' Although intended as an internal document, Allen sent the e-mail to the newspaper by mistake.¹³⁸

But what about a public agency? Would it have to meet high standards to gain accreditation? Apparently not.

Kentucky's failures, which, in some cases border on corruption, are documented in a scathing report from the inspector general for the state's human service agency.

Everything the inspector general found in a cesspool of incompetence and despair was going on even as the Council on Accreditation bestowed upon Kentucky its seal of approval.

To see just how bad a system can get and still win accreditation, see the excerpts from the Inspector General's report on p. 48.

Kentucky fried child welfare: Soaked in sleaze – but fully “accredited”

The State of Kentucky long has bragged about being "accredited." The "seal of approval" from the so-called Council on Accreditation is right on the home page of the website of their child welfare agency, known as the Department for Community Based Services (DCBS).

But judging by a 2007 report from the inspector general for the state's human services agency, that's nothing to brag about. Here are some highlights – all are direct quotes:

- *The decision to remove a child from their parents' home is often completed under subjective standards, especially when the allegations involve neglect or dependency issues. ...Cultural and socio-economic status issues are often interpreted as creating an inadequate environment for children. For example, a home that is cluttered, or not as clean as the worker would like, may be described as "filthy" to the court. Children are removed because the home is dirty versus unsafe. ...*

- *Some Lincoln Trail Region DCBS employees displayed a prevalent attitude of omnipotence in interactions with clients and community partners. ... Statements reflecting personal bias against clients were used in documenting incidents and situations in the files. Calls routinely were not returned to community partners or clients. DCBS staff complained that other staff made comments reflecting racial stereotypes. ...*

- *Hardin County staff has reported that other social service workers have boasted about making it difficult for clients to work with DCBS staff. Social service workers have laughed at parents as they advised them they were removing their children and during the removal process. Social service workers have called clients indecent names in the hallway and offices of the Hardin County DCBS office. One social service worker struck and cursed a biological parent during a visit with his child ... [emphasis added].*

- *Requirements were routinely included on case plans that were expensive, relative to the client's financial situation; required unnecessary travel; and were not relative to the family's issues, as identified by the worker. ... While a case plan should not be easy, some case plans were intentionally written to be too difficult to complete.*

- *There is no mechanism to assure or verify services necessary to assist families in reunification were provided to them. Parents have been required to pay for assessments that were court-ordered to be paid by DCBS. There is no objective method to determine when a case plan is completed. ... Various DCBS staff mandated differing results to fulfill the same case plan requirements, even to the extent that workers contradicted court findings.*

- *One court officer stated children are sometimes left in foster/adoptive homes instead of being returned to their parents, not because their parents are unable to keep them, but because the foster/adoptive homes are better.*

- *Prior to a complaint from the Hardin County Attorney's Office, in November 2005, workers were routinely using a "Verbal Order" of the court to remove children, during normal business hours, instead of contacting the County Attorney's office for a removal petition. The County Attorney complained after workers failed to follow-up with the submission of the required petition, or the facts in the petition filed later did not match the information relayed to the judge verbally, and would not have resulted in the issuance of an Emergency Custody Order ... [emphasis added].*

- *Parental visitations were changed or cancelled without proper notice to the parents or foster parents. One father was ten minutes late to his scheduled visit and was told he was not permitted to visit with his child. As the father was walking across the parking lot, to enter his car to leave, his child rode by him in another vehicle. The worker had cancelled the visit, because the father was tardy even though both the father and child were present in the DCBS building.¹³⁹*

How odd that the “accreditors” didn’t notice any of this.

So, now the State of Rhode Island has an interesting choice for spending \$300,000:

- It could provide a year of \$600-per-month rent subsidies to 41 families, so the children in those families are not taken away because they lack decent housing.

- It could provide a year of \$100-a-week subsidies to help provide day care for 57 children, so those children are not taken away on “lack of supervision” charges.

- It could use that money to keep all the children in 60 families safely together through Intensive Family Preservation Services interventions.

- Or it could spend the money to gain a pretty seal it could put on the DCYF homepage attesting to the fact that DCYF is “accredited.”

Changing the rules: recommendations:

When little David was taken from his loving home and returned to a shelter in Rhode Island, the first words to him from the shelter staff were: “The rules here have not changed.”

For the sake of David and all the other Rhode Island children like him, it’s time to change the rules.

RECOMMENDATION 1: The Child Advocate should redirect the Rhode Island class-action lawsuit. She or he should demand a better settlement than CR ever would negotiate on its own, one built around reducing the rate at which children are torn needlessly from everyone they know and love.

CR brought the Rhode Island class action lawsuit in partnership with the Office of Child Advocate. There has been speculation that a new child advocate, if one is appointed, will drop the suit.

Even if that were a good idea it wouldn’t change anything. CR and its other partner, Weil, Gotshal, would remain free to carry on. And it’s not a good idea. No law-

suit at all would leave Rhode Island children no better off than they are now. Odds are it will take a two-by-four as big as a class-action lawsuit to get the attention of the next Governor, the Legislature, and DCYF.

Everything the inspector general found in a cesspool of incompetence and despair was going on even as the Council on Accreditation bestowed upon Kentucky its seal of approval.

Rather, if a new governor names a new child advocate, that new child advocate should demand a radical change in direction for the suit. The child advocate should examine the Alabama settlement, and the evolution of the settlement in Illinois and take a similar approach in Rhode Island.

When it comes to what the Rhode Island system ultimately should look like, the new Child Advocate, if there is one, should be among the first to follow Recommendation 2 below.

RECOMMENDATION 2: Visit Maine. As noted earlier in this report, ten years ago Maine had a system almost as bad as Rhode Island’s – in one respect, kinship care, Maine was even worse.

Today, Maine has a child welfare system that is, relatively speaking, a national model. (See *As Maine goes...* p. 49).

There is nothing Maine did that can’t be done in Rhode Island. The Child Advocate, leaders of DCYF, staff from the Governor’s office – or, better yet, the Governor, and legislative leaders, should go to Maine and learn how it’s done.

If DCYF leaders refuse to go, or they

go and refuse to heed the lessons, then the next governor of Rhode Island should do what the governor of Maine did with key figures in his child welfare agency leadership when he took office in 2003: Get rid of them.

The biggest addiction problem in child welfare is not substance-abusing parents, though that problem is serious and real. The biggest addition problem in child welfare is big, powerful, old-line, child welfare agencies, with their blue-chip boards of directors embedded in every community.

These agencies are *addicted* to their *per diem* payments. And they are putting their addiction ahead of the children.

RECOMMENDATION 3: Bring the children home: Over three years, bring all the children placed out-of-state back to Rhode Island. Illinois has no children institutionalized outside its borders; New Jersey has only 44 children placed out-of-state.¹⁴⁰ These states recognize that forcing a child into an institution hundreds of miles from everyone he or she knows and loves is not the same as sending a child to college. And bringing the children home is not a “Rhode Island mentality” – it’s a best practice mentality.

RECOMMENDATION 4: Over

five years, ban the placement of young children in institutions. Institutionalization is, by far, the worst form of “care” – it corrodes the psyches of children and typically leaves them prepared for nothing in later life except more institutionalization.

The younger the child, the greater the harm. That’s why, as noted earlier, New Jersey’s consent decree bans the placement of young children in institutions – and that state has been 97 percent successful in preventing such children from being institutionalized.

RECOMMENDATION 5: Cut overall institutionalization to no more than the national average within three years, then further reduce it to ten percent of all children in foster care within six years, by building a comprehensive infrastructure of Wraparound and other alternative services. Illinois already institutionalizes only about eight percent of its children, Maine institutionalizes only ten percent. Six years is plenty of time for Rhode Island to approach where Maine and Illinois are already.

RECOMMENDATION 6: Ban “creaming.” In the very rare cases in which children must be placed in a group home or an institution, the state should create “no reject, no eject” contracts. In other words, they don’t get to choose children who don’t have much in the way of problems to begin with and turn away the rest.

Once Rhode Island curbs institutionalization and it’s no longer a “sellers market” for the “residential treatment centers” and other orphanages, DCYF should have little trouble getting the institutions to accept this - since the alternative will be going out of business.

RECOMMENDATION 7: Change financial incentives. At NCCPR we tend to be tax-and-spend liberals and proud of it. We believe strongly in throwing money at problems. But the problem in Rhode Island

As Maine goes, so can Rhode Island

In the Fall of 2000 a young mother named Christie Marr wrote a letter to a foster mother, Sally Schofield.

The Maine Department of Human Services had taken Christie's two children, five-year-old Logan and three-year-old Bailey, and placed them in foster care with Schofield, who also was a caseworker for DHS.

Christie never beat Logan, never tortured her, never sexually abused her – never harmed her in any way. Christie Marr's real crime was being poor in a state that, at the time, was among those most likely to confuse poverty with neglect.¹⁴¹

Christie's letter first was reprinted by journalist Terrilyn Simpson, in *Logan's Truth*,¹⁴² her excellent account of the case:

Dear Sally,

My name is Christy. I'm Logan and Bailey's Mom. I'm writing this so you can know and understand my children. I thought I would let you know their likes and dislikes.

Logan - she likes butterflies, pizza (what kid doesn't?), flavored noodles, pitted black olives (she likes to put them on her fingers), white cheese, grape soda, Babes in Toyland (her favorite movie) the Cartoon Arthur.

Logan's dislikes - peas, fish sticks, going to bed early, not picking out her clothes.

Bailey's likes - her brown teddy bear blanket (she takes it everywhere, including visits), dry cereal, pitted black olives, cheese, eggs, cooked carrots.

Bailey's dislikes - having her poopie diaper changed (if you haven't noticed), someone taking her pacifier, fish sticks, someone feeding her (she likes to do it herself).

Please ask [caseworker] Allison Peters what the kids are allergic to. I don't blame you for not wanting me to know who you are, I will respect that.

Regardless of what you have heard or read, I love my little ladies with all my heart. I have never hit, spanked or put my hands on my girls. I do respect my children. I'm not saying you would or wouldn't, but Please don't hit or hurt my children. The girls have already been through enough they don't need the added stress in their life.

Every night I look up at the sky about 7:45pm and say goodnight to my girls.

In closing, I want to thank you for taking the time to read this. Please tell the girls before they go to bed I love them and give them a big hug and kiss.

Thanks again!

Christy

A few months later, during a supervised visit, Logan complained about being hurt by Schofield. She can be heard on a home video. But DHS did nothing.

A few weeks later, Logan Marr was dead.

Sally Schofield had taken Logan to the basement, and bound her to a chair with 42 feet of duct tape. She died of asphyxiation.

It happened on January 31, 2001.

Maine DHS immediately tried to spin the case as an aberration, as agencies always do when children are harmed in foster care. And legislators initially reacted by looking at only the narrowest of issues, like background checks and licensing standards.

But at the urging of NCCPR and an outraged foster parent, the state's media went deeper. What they found was a system that took away large numbers of children needlessly. They found a system that held children in foster care at one of the highest rates in the nation. They found a system that grossly overused institutions and underused extended families.

And they found in Kevin Concannon a DHS Commissioner so callous that he would not even tell Christy Marr he was sorry about what happened to her daughter - until Christy went public with that fact.¹⁴³

All those gains for children by being kept in their own homes or placed with relatives instead of strangers or kept out of institutions have been accomplished with no compromise of safety.

In other words, they found a system in Maine in 2001 remarkably like the system in Rhode Island in 2010.

That changed the focus of reform efforts. And those efforts were given a huge boost by that fed-up foster parent.

After initially believing all the terrible things DHS said about birth parents, Mary Callahan also started looking deeper. She found that almost every foster child placed with her could have remained safely with their own parents had those parents simply gotten the same help she received as a foster parent.

She was appalled by the private child welfare agency functionary who told her: "We need 60 kids to make payroll and we only have 61. We can't talk about adoption or reunification until we get our numbers up."

(The comment is remarkably similar to one by Brother Brendan Gerrity, president of a Rhode Island residential treatment center, Ocean Tides. Said Gerrity: "You've got to make sure you keep the beds filled."¹⁴⁴ Though Gerrity insisted he did this by closing beds, the incentive to prolong foster care is obvious. And when Illinois changed those incentives, the state's foster care population plummeted.)

Callahan wrote a book about her experiences, *Memoirs of a Babystealer*, and she organized the Maine Alliance for DHS Accountability and Reform, which held a series of demonstrations.

A new governor, John Baldacci, listened.

He threw out Concannon and his cronies, and brought in bold new leadership. They, in turn, sought help from some of the nation's leading child welfare experts, the Annie E. Casey Foundation's Child Welfare Strategy Group (the Casey Foundation is a former funder of NCCPR) and the Child Welfare Policy and Practice Group, an organization founded by Paul Vincent, a leader of the reforms in Alabama.

The transformation has been stunning.

Less than a decade after it was mired in failure, the Maine child welfare reform was a finalist for Harvard's prestigious Innovations in American Government awards.

Today Maine takes away 14 percent fewer children than it did the year Logan Marr died.¹⁴⁵ And since 2003:

- Maine has nearly tripled the proportion of children placed with relatives; Maine now exceeds the national average.
- The overall foster care population is down by more than a third.
- Most remarkable: The proportion of Maine foster children who are institutionalized has been cut by at least 73 percent.

In November, 2003, Maine had 28 percent of its foster children in group homes and institutions and only ten percent with relatives (and even that ten percent was an improvement

from the Concannon era, when it was only four percent).¹⁴⁶ By April, 2009, that had reversed – 27 to 30 percent were with relatives and only ten percent were in so-called “congregate care.”¹⁴⁷

The change didn’t come easily. The state’s “foster care-industrial complex” its powerful network of private providers of “congregate care” spread scare stories and false rumors. But the media and the public refused to buy the snake oil the foster-care industrial complex was selling.

The media and the public refused to buy the snake oil the foster-care industrial complex was selling.

And the data are clear: All those gains for children by being kept in their own homes or placed with relatives instead of strangers, or kept out of institutions have been accomplished with no compromise of safety, as evidenced by the key measure used by the federal government, reabuse of children within six months.¹⁴⁸

So it’s no wonder that less than a decade after it was mired in failure, the Maine child welfare reform was a finalist for Harvard’s prestigious Innovations in American Government awards. (The winner was another outstanding alternative to institutions, Wraparound Milwaukee, discussed on page 19.)

The transformation in Maine was not done by magic. It was a result of hard work, visionary leadership and the courage to stand up to powerful vested interests. There still is work to be done. But there is nothing that happened in Maine that can’t happen in Rhode Island, if state leaders have the will to do it.

And in Maine today, it is far less likely that any mother ever will have to write a letter like the one Christy Marr wrote to Sally Schofield.

is not lack of money. The state spends at one of the highest rates in the nation. The problem is that it wastes a huge proportion of that money on needless foster care, especially needless institutionalization.

That will never change as long as the state’s residential treatment industry is paid for every day it holds children in foster care.

The biggest addiction problem in child welfare is not substance-abusing parents, though that problem is serious and real. The biggest addition problem in child welfare is big powerful, old-line, child welfare agencies, with their blue-chip boards of directors embedded in every community.

These agencies are *addicted* to their *per diem* payments. And they are putting their addiction ahead of the children.

Of course, these agencies piously proclaim that they don’t even think about

this (except when they slip up and talk about how they have to keep their beds filled - see, *As Maine Goes...* page 51). That’s understandable. We all know that addicts sometimes are – in denial. So they tell us that every placement is essential, and, don’t you see, these cases are oh, so complex and the children have to be with us for such a long, long time.

The Illinois experience illustrates that this is nonsense.

Change the financial incentives, and the agencies themselves will find all sorts of ways to do better.

RECOMMENDATION 8: Get help from the same people who helped Maine. Maine brought in new, highly-skilled leadership to transform child welfare. But even those leaders needed help to move a system filled with deeply-entrenched spe-

cial interests wedded to the status quo. They got that help from what is now the Annie E. Casey Foundation's Child Welfare Strategy Group and the Child Welfare Policy and Practice Group, founded by Paul Vincent, a leader of the reforms that transformed Alabama.

Casey's consultants specialize in one of the problems at the heart of the failure in Rhode Island, the misuse and overuse of institutionalization. They've found that zeroing-in on this issue first is a great way to generate the will, the enthusiasm – and the financial savings – needed to transform entire child welfare systems.

Rhode Island should ask these organizations for the same kinds of help they gave to Maine.

RECOMMENDATION 9: If people involved in Rhode Island child welfare want to visit out-of-state institutions, they should be required to do it on their own dime – or with reimbursement from the state.

RECOMMENDATION 10: Stop the kid auctions. Young people should have a say in where they are placed. Indeed, Casey's consultants found that they are an outstanding source of good ideas, often naming relatives or close family friends nobody else knew about or thought about. They always should be consulted and listened to.

But that's very different from exposing them to slick sales pitches from residential treatment centers competing for the fat per diems the state will pay if the young people wind up placed with them.

Rhode Island's kid auctions should end immediately.

OTHER RECOMMENDATIONS: NCCPR has a series of general recommendations for all state child welfare systems. They're in our *Due Process Agenda* and in our list of *Twelve Ways to do Child Welfare Right*, included as appendices A and B to this report.

Those recommendations include:

- Opening all court hearings and almost all documents in child welfare cases to the press and the public.

- Allowing agencies like DCYF to comment on specific cases (so at least if they're stonewalling they can't claim the law forces their silence).

- Providing high - quality defense counsel to indigent parents.

- Raising the standard of proof in child welfare cases

- Requiring all interviews in child abuse investigations to be, at a minimum, audiotaped.

There also are recommendations concerning best practices for the kinds of services that can reduce needless foster care.

Appendix A:

<http://www.nccpr.org/reports/dueprocess.pdf>

Appendix B:

<http://www.nccpr.org/reports/twelveways>

Appendix C starts on following page

**CLINICAL STUDIES, SURVEY REVIEW, AND PEDIATRIC RESEARCH
ON RISKS AND HARM TO CHILDREN AND YOUTH
SUBJECTED TO
LARGE RESIDENTIAL INSTITUTIONS**

This literature review was prepared by Richard A. Wayman, J.D., director of the Street-Works Collaborative, an agency helping homeless youth in Minnesota, based on research by Mary Ford of the North American Council on Adoptable Children. Used with permission.

Survey of Scholarship concludes that institutions produce harm and poor outcomes for youth and children.

An article written in 1996 surveyed 100 years of research and medical knowledge to inform the public policy debate as to whether orphanages or large residential institutions should replace existing policies which place a priority on keeping children in family-based settings. The article's abstract concludes,

"This special article explores a century of pediatric and child psychiatry research covering five areas of potential biologic and social risk to infants and young children in orphanage care: (1) infectious morbidity, (2) nutrition and growth, (3) cognitive development, (4) socioaffective development, and (5) physical and sexual abuse. These data demonstrate the infants and young children are uniquely vulnerable to the medical and psychosocial hazards of institutional care, negative effects that cannot be reduced to a tolerable level even with massive expenditure. Scientific experience consistently shows that, in the short term, orphanage placements puts young children at increased risk of serious infectious illness and delayed language development. In the long term, institutionalization in early childhood increases the likelihood that impoverished children will grow into psychiatrically impaired and economically unproductive adults." (Frank, Klass, Earls, & Eisenberg, 1996)

Institutionalization has long-term, psychosocial effects on children into adulthood

81 adult women who were institutionalized before age five was compared in research with 41 women never admitted into residential care. The study revealed that institutionally-reared women showed higher rate of poor psychosocial function and severe parenting difficulties in adult life. A quarter of the institutional children grew up to be women with personality disorders, while none of the women never institutionalized exhibited personality disorders. Finally, the women who were institutionalized as children were predisposed to lives of poverty more than the women who were never institutionalized. (Quinton, Rutter, & Liddle, 1984)

A majority of the research on long-term childhood institutionalization involving multiple caretakers reveal that such care leads to problems with interpersonal relationships for adult survivors. (Wolkind, 1974; Berry, 1975; Rutter, 1981; Quinton, Rutter, & Liddle, 1984; Zoccolillo et al., 1992)

Children institutionalized exhibit lower cognitive and educational advancement

Several studies have documented that children reared in institutions, when compared with children raised in a family-setting, have lower IQ scores and retarded language development. (Goldfarb, 1945; Bowlby, 1951; Provenance & Lipton, 1962; Spitz, 1965; Langmeier & Matajcek, 1975)

Children institutionalized exhibit social impairment with healthy relationships

Several studies have documented that children reared in poor quality institutions (large facility and small number of staff) have increased prevalence of childhood anti-social behavior and unable to form supportive relationships with others. (Goldfarb, 1945; Bowlby, 1951; Provenance & Lipton, 1962; Spitz, 1965; Langmeier & Matajcek, 1975).

Even higher quality institutions (smaller facilities with large numbers of staff) fail to provide children with long-term, stable, affectionate relationships that are critical to later social relationships (Tizard & Rees, 1975). Also, insecurely attached children, such as those who have spent their early years in an institution, may lack empathy, seek behavior in negative ways, exhibit poor self-confidence, show indiscriminate affection toward adults, are prone to noncompliance, and are more aggressive. (Reinhard, 1985; Gomez et al., 1991).

Many youth institutionalized at an early age grow up with social and emotional problems.

Teenagers who were placed in orphanages at early ages, showed more social and emotional problems including higher rates of referral to psychiatric care, and a greater likelihood of disruption in their lives than a comparison group. (Berry, 1975).

A 1983 study compared adopted and foster children to children reared in institutions and found that children reared in institutions are more likely to be inattentive, unproductive, and undependable academically and socially. (Roy, 1983). Another 1975 study that institutionally reared children, in comparison to foster or adopted children, had higher levels of psychiatric referral and problems in personal and social adjustment. (Berry, 1975)

The recent study in 1990 compared 124 adults reared in adoption, foster, and residential care. The study concluded, "those who were adopted and, to a somewhat lesser extent, those formerly fostered experienced more intimate, consistent, caring, and closer attachments to their caregivers compared with those who grew up in residential establishments." (Triseliotis and Hill, 1990, p. 111)

Even teenagers placed in institutions as teenagers did worse than those receiving foster care.

A 1988 study compared teens in foster care to teens provided institutional or residential care. The institutionalized teens have impairments in familiarity and "give-and-take" relationships to a greater degree than teenagers in foster care. The institutionalized teens also exhibited coercive interactions with their institutions' staff while foster teens had a higher pro-

portion of socially acceptable interactions between the teens and their foster parents. (Colton, 1988).

In a survey of 370 teens with a history of long-term, out-of-home placement judged institutions as significantly less supportive than foster care. (Bush, 1980) Teens in institutions felt less loved, less looked after, less trusted, less wanted.

What youth and children need is an opportunity to form a consistent relationship with a caretaker in their early years.

Institutionalized children are at serious risk for developmental problems and long term personality disorders. (Sroufe, 1991)

RESEARCH CITATIONS

Aring, C.D. In defense of orphanages. I *American Scholar*, 1991; 60:575-579

Berry, J. (1975) *Daily experience in residential life*. London: Routledge & Kegan Paul.

Bogan, H., *The Luckiest Orphans: A history of the Hebrew Orphan Asylum of New York, Urbana, IL*: University of Illinois Press; 1992.

Bowlby, J. (1951) *Maternal care and mental health*. Geneva: World Health Organization Monograph No. 2.

Brennemann, J. The infant ward. *Am. J. Dis Child*. 1932; 43:577-584.

Bush, M. (1980). *Institutions for dependent and neglected children: Therapeutic option of choice or last resort?* *American Journal of Orthopsychiatry*, 50(2), 239-255.

Chapin, H.D., Are institutions for infants necessary? *JAMA*, 1915; 65:1-3.

Collard, R. R., Exploratory and play behaviors of infants reared in an institution and in lower- and middle-class homes. *Child Dev*. 1971; 42: 1003-1015.

Colton, M. (1988). Foster and residential care practices compared. *British Journal of Social Work*, 18(1), 25-42.

English, P. C. Pediatrics and the unwanted child in history: foundling homes, disease, and the origins of foster care in New York City, 1860 to 1920. *Pediatrics*. 1984; 75: 699-711.

Frank, D., Klass, P., Earls, F., Eisenberg, L, Infants and Young Children in Orphanages: One View from Pediatrics and Child Psychiatry. *Pediatrics*, Vol. 97, No. 4, April 1996 (pp. 569-578).

Goldfarb, W. (1945). Psychological privation in infancy and subsequent adjustment. *American Journal of Orthopsychiatry*, 15, 247-255.

Gomez, C., Sos, F., Randall, C. & Vaquero, E. (1991). A comparative study of behavior of children reared at home and children reared in institutions: An ethnological perspective. *Infancia y Aprendizaje*, 56, 105-122.

Hodges, J., Tizard, B. IQ and behavioral adjustment of ex-institutional adolescents. *J. Child Psychol Psychiatry*. 1989; 30: 53-75.

Hunt, J. M., Mohandessi, K., Ghodssi, M. Akiyama, M. The psychological development of orphanage-reared infants: interventions with outcomes (Tehran). *Genetic Psychology Monographs*. 1976; 94:177-226.

Josh, K. (1991, September 27). Foster care crisis. *CQ Quarterly*, pp. 707-727.

Langmeier, J. & Matajeck, Z. (1975). *Psychological deprivation in childhood* (3rd ed.). New York: John Wiley & Sons.

Markel, H. Orphanages revisited: some historical perspectives on dependent, abandoned, and orphaned children in America. *Arch Pediatr Adolesc Med.*, 1995; 149: 623-627.

Olds, D. L., Henderson, C.R., The prevention of maltreatment. In: Cicchetti D., Carlson, V. (Eds.) *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. Cambridge, England: Cambridge University Press; 1989:722-763.

Provence, S. & Lipton, R. (1962). *Infants in institutions: A comparison of their development with family-reared infants during the first year of life*. New York: International Universities Press.

Quinton, D., Rutter, M., & Liddle, C. (1984). Institutional rearing, parenting difficulties and marital support. *Psychological Medicine*, 14, 107-124.

Radbill, S.X. Reared in adversity: institutional care of children in the 18th century. *Am J Dis Child*. 1976; 130: 751-761.

Reingold, H.L. The modification of social responsiveness in institutional babies. *Monogr Soc Res Child Dev*. 1956; 215-48.

Reinhard, H. (1985). A contribution to the psychopathology of childhood and youth. *Nervenarzt*, 56 (5), 252-258.

Rindfleisch, N., Rabb, J., How much of a problem is resident mistreatment in child welfare institutions? *Child Abuse Negl*. 1984; 8:33-40.

Rutter, M., Quinton D. Long-term follow-up of women institutionalized in childhood: factors promoting good functioning in adult life. *Br J. Dev. Psychol*. 1984; 2:191-204.

Roy, P. (1983). *Is continuity enough? Substitute care and socialization*. Paper presented at the spring scientific meeting, Child and Adolescent Psychiatry Specialist Section, Royal College of Psychiatrists, London.

Rutter, M. (1981). *Maternal deprivation reassessed* (2nd ed.). New York: Penguin Books.

Shealy, C. N. From Boys Town to Oliver Twist. Separating fact from fiction in welfare reform and out-of-home placement of children in America. *Arch Pediatr Adolesc Med*. 1995; 50: 565-580.

Skeels, H.M., Adult status of children with contrasting early life experiences. *Monogr Soc Res Child Dev*. 1966; 31: 1-56.

Smith, E. P. Bring back the orphanage? What policymakers of today can learn from the past. *Child Welfare*. 1995; 75:115-142.

Spitz, R. (1965). The first year of life: A psychoanalysis of study of normal and deviant development of object relations. New York: International Universities Press, Inc.

Sroufe, A. (1991). Sorting it out: Attachment and bonding. *Early Report: Center for Early Education and Development*, 18(2), 3-4. Minneapolis: University of Minnesota.

Tizard B., Cooperman, O., Joseph, A., Tizard J., Environmental effects on language development: a study of young children in long-stay residential nurseries. *Child Dev*. 1972; 43:337-358.

Tizard, B. & Hodges, J. (1978). The effect of early institutional rearing on the development of eight-year-old children. *Journal of Child Psychology and Psychiatry*, 19, 99-118.

Tizard B., Joseph A., Cognitive development of young children in residential care: a study of children aged 24 months. *J. Child Psychol Psychiatry*. 1970; 11:177-186.

Tizard, B. & Rees, J. (1975). The effect of early institutional rearing on the behavior problems and affectional relationships of four-year old children. *Journal of Child Psychology and Psychiatry*, 16, 61-73.

Triseliotis, J. & Hill, M. (1990). Contrasting adoption, foster care, and residential rearing. In D. Brodzinsky and M. Shechter (Eds.), *The psychology of adoption*, (pp. 107-120). New York: Oxford University Press.

Wolkind, S. N. (1974). The components of "affectionless psychopathy" in institutionalized children. *Journal of Child Psychology and Psychiatry*, 15, 215-220.

Zoccolillo, M., Pickles, A., Quinton, D., Rutter, M. (1992). The outcome of childhood conduct disorder: Implications for defining adult personality disorder and conduct disorder. *Psychological Medicine*, 22, 971-986.

NOTES:

- ¹ Lynn Arditi, "Offenders referred to Pa. school," *The Providence Journal*, March 21, 2010.
- ² *Ibid.*
- ³ Personal communication, Andrew J. Johnson, July 23, 2010.
- ⁴ Amended Complaint, *Sam and Tony M. et. al. v. Carcieri*, #1:07-cv-00241-L-LDA, United States District Court for the Eastern District of Rhode Island, Sept. 7, 2007.
- ⁵ Laura Meade Kirk, "Will 'horror stories' help DCYF improve itself?" *The Providence Journal*, January, 1999.
- ⁶ Eric Tucker, "Governor vows to 'get to the bottom' of foster care lawsuit," Associated Press, July 2, 2007.
- ⁷ Steve Peoples, "Carcieri: Review backs DCYF actions," *The Providence Journal*, July 4, 2007.
- ⁸ Peter Pecora, et al., *Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study* (Seattle: Casey Family Programs, 2005) available at <http://www.casey.org/Resources/Publications/ImprovingFamilyFosterCare.htm>
- ⁹ All information about this case is from Michael Corkery, "Illegal immigrant fights to get her children back," *The Providence Journal*, June 1, 2005 and Tom Mooney, "Mother loses 2nd parental rights case," *The Providence Journal*, September 10, 2005.
- ¹⁰ Decision of U.S. District Judge Jack Weinstein, *Nicholson v. Williams*, Case #00-CV2229, U.S. District Court, Eastern District of New York, March 1, 2002. The section of the decision summarizing expert testimony is available online at <http://nccpr.info/when-children-witness-domestic-violence-expert-opinion/>
- ¹¹ Complaint, note 4, *supra*.
- ¹² Pecora, note 8, *supra*.
- ¹³ For full citations on these studies, see NCCPR Issue Paper #1, available online at <http://www.nccpr.org/reports/01SAFETY.pdf>
- ¹⁴ See U.S. Department of Health and Human Services, Administration for Children and Families, *Foster Care FY 2002 - FY 2008 Entries, Exits, and Numbers of Children in Care on the Last Day of Each Federal Fiscal Year*, available online at http://www.acf.hhs.gov/programs/cb/stats_research/afcars/statistics/entryexit2008.htm
- ¹⁵ Personal communication, Joanne H. Lehrer, Chief of Staff, DCYF, July 8, 2010.
- ¹⁶ Child population and impoverished child population: U.S. Census Bureau, Current Population Survey, Annual Demographic Survey, 2008 Annual Social and Economic Supplement, available online at http://www.census.gov/hhes/www/cpstables/032009/pov/new46_100125_03.htm To get totals for 2007, go here: http://pubdb3.census.gov/macro/032008/pov/new46_100125_03.htm and for 2006 (to create a three-year average) use the same URL but change 032008 to 032007. For our comparison to total child population, only the 2008 data are used.
- ¹⁷ Ivor D. Groves, *System of Care Implementation: Performance, Outcomes, and Compliance*, March, 1996, Exec. Summary, p.3.
- ¹⁸ Erik Eckholm, "Once Woeful, Alabama Is Model in Child Welfare," *The New York Times*, August 20, 2005.
- ¹⁹ Personal communication, Ben Wolf, Illinois Branch, American Civil Liberties Union. Mr. Wolf is the attorney who brought the suit that produced the reforms. See also, Matthew Franck, "The Pendulum," *St. Louis Post Dispatch*, February 2, 2003.
- ²⁰ Deborah S. Harburger with Ruth Anne White, "Reunifying Families, Cutting Costs: Housing – Child Welfare Partnerships for Permanent Supportive Housing" *Child Welfare*, Vol. LXXXIII, #5 Sept./Oct. 2004, p.501.
- ²¹ W. Zachary Malinowski, "Judge hears mom's plea, orders DCYF to return newborn, reunite Woonsocket family" *The Providence Journal*, December 11, 2009.
- ²² Kathleen Wobie, Marylou Behnke et. al., *To Have and To Hold: A Descriptive Study of Custody Status Following Prenatal Exposure to Cocaine*, paper presented at joint annual meeting of the American Pediatric Society and the Society for Pediatric Research, May 3, 1998.
- ²³ Rhode Island Public Expenditure Council, *A Review of the Department of Children, Youth and Families*, January, 2001.
- ²⁴ *Ibid.*
- ²⁵ Rhode Island System of Care Task Force, *Toward an Organized System of Care for Rhode Island's Children, Youth and Families*, January 2, 2003.
- ²⁶ North American Council on Adoptable Children (NACAC), *There is a Better Way: Family-Based Alternatives to Institutional Care* (St. Paul, Minn: 1995) pp. 5-9.
- ²⁷ M. Colton, "Foster and Residential Care Practices Compared" *British Journal of Social Work*, 18(1), 25-42, 1988.
- ²⁸ M. Bush, "Institutions for Dependent and Neglected Children: Therapeutic option of choice or last resort?" *American Journal of Orthopsychiatry* (50)(2), 239-255.
- ²⁹ Arditi, note 1, *supra*.
- ³⁰ U.S. Department of Health and Human Services, *Child Welfare Outcomes 1998: Annual Report*. (Washington DC: 2000).
- ³¹ Judith Meltzer, *Progress of the New Jersey Department of Children and Families, Monitoring Report for Charlie and Nadine H. v. Corzine*, (Washington, D.C.: Center for the Study of Social Policy, October 30, 2008), chart, p.18.
- ³² Judith Meltzer, *Progress of the New Jersey Department of Children and Families, Period VII Monitoring Report for Charlie and Nadine H. v. Corzine*, July 1, 2009 through December 31, 2009, (Washington, D.C.: Center for the Study of Social Policy, April 27, 2009), p.101. Available online at <http://www.thehatcherblog.com/blog/wp-content/uploads/2010/05/Progress-of-the-New-Jersey-Department-of-Children-and-Families.pdf>
- ³³ Child Welfare League of America (CWLA), National Data Analysis System. Go to this url: http://ndas.cwla.org/data_stats/access/predefined/Report.asp?ReportID=384 and follow instructions for creating a table.
- ³⁴ Complaint, note 4, *supra*.
- ³⁵ Terrie Morgan-Besecker, "Crime of punishment?" *The Times Leader*, Wilkes-Barre, Pa., March 1, 2009. The judge who sentenced Swartley, Mark A. Ciavarella Jr. later pled guilty to accepting kickbacks from private juvenile jails to which he had sentenced young people, but there has been no accusation that Glen Mills was a part of that.
- ³⁶ Child Welfare League of America, *Standards of Excellence for Residential Services, 2004* 3:62. Cited in Child Welfare League of America, *Review of Policies and Procedures Relative to the Michigan Department of Human Services' Use Of Restraint And Seclusion/Isolation*, January 19, 2010.
- ³⁷ John Kelly, "A Giant Borrows its Way to Growth, and Risk," *Youth Today*, February 2008.

-
- ³⁸ Matt Assad, "Crisis brings KidsPeace to a crossroads," *The Morning Call*, Allentown, Pa., December 16, 2007.
- ³⁹ Mental Health: A Report of the Surgeon General, available online at: <http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec7.html#tr>
- ⁴⁰ Richard Barth, *Institutions vs. Foster Care: The Empirical Base for a Century of Action*, University of North Carolina, Jordan Institute for Families, available online at <http://ssw.unc.edu/jif/events/Groupcare.pdf>
- ⁴¹ Casey Strategic Consulting Group, *Virginia Children's Services Reform Overview*, Power Point presentation to the Joint Subcommittee on Comprehensive Services for At-Risk Youth and Families, December 5, 2007.
- ⁴² Shawn Cohen, Leah Rae, "Desperate children, haphazard care, Lack of standards, oversight hinder residential treatment," *The Journal News*, Westchester County, NY October 28, 2002.
- ⁴³ Shay Bilchik, "Residential Treatment: Finding the Appropriate Level of Care," *CWLA Residential Group Care Quarterly* Summer, 2005. When the author of this report first confronted Bilchik about his remarks, Bilchik was not aware of the fact that they had been published.
- ⁴⁴ Jamie Satterfield, "Youth Villages lauded as one of nation's best in curbing youth crime," *Knoxville News-Sentinel*, June 6, 2001. See also Bill Alexander, "Radical Idea Serves Youth, Saves Money," *Youth Today* June, 2001.
- ⁴⁵ Patrick Lawler, "Birth family is best for children," *Memphis Commercial Appeal*, March 20, 2001.
- ⁴⁶ Martha Shirk, The Gift of Wrapping, *Youth Today*, June 2003, available online at <http://www.youthtoday.org/youthtoday/a%20june2003/story2.html>
- ⁴⁷ Leah Rae and Shawn Cohen, "Issa's story," *The Journal News*, October 28, 2002.
- ⁴⁸ Ardit, note 1, supra.
- ⁴⁹ Ibid.
- ⁵⁰ Shawn Cohen and Leah Rae, "Wraparound plan delivers success at less cost," *The Journal News*, December 15, 2002.
- ⁵¹ Illinois Department of Children and Family Services, *Signs of Progress in Child Welfare Reform*, April, 2003, available online at <http://www.state.il.us/dcf/docs/SignsProg.pdf>.
- ⁵² Megan O'Matz, "Model children's home falls short of expectations," *South Florida Sun-Sentinel*, April 21, 2002.
- ⁵³ Tim Novak and Chris Fusco, "Reports find Maryville's environment 'dangerous'" *Chicago Sun-Times*, Sept. 6, 2002.
- ⁵⁴ Ofelia Casillas and David Heinzmann, "A troubled Maryville attempts to heal self," *Chicago Tribune*, Sept. 7, 2002.
- ⁵⁵ David Heinzmann and Ofelia Casillas, "Maryville feeling stress of its kids," *Chicago Tribune*, Sept. 8, 2002.
- ⁵⁶ Ofelia Casillas, "Maryville opens doors again," *Chicago Tribune*, June 28, 2007. In 2007, 25 state wards were transferred to the campus from another Maryville program
- ⁵⁷ Kelly, note 37, supra.
- ⁵⁸ Scott Higham and Sewell Chan, "Hospitals to Homes to Centers -- to Jail," *The Washington Post*, July 16, 2003.
- ⁵⁹ J William Spencer and Dean D. Kundsén, "Out of Home Maltreatment: An Analysis of Risk in Various Settings for Children," *Children and Youth Services Review* Vol. 14, pp. 485-492, 1992.
- ⁶⁰ James Rainey, "Grand Jury Cites Abuses in Group Foster Homes," *Los Angeles Times*, April 9, 1997.
- ⁶¹ Tracy Weber, "Caretakers Routinely Drug Foster Children" and "Prescription for Tragedy" *Los Angeles Times*, May 17, 1998.
- ⁶² Leslie Kaufman, "Survey Backs Reputation of Danger in Group Homes," *The New York Times*, November 6, 2003.
- ⁶³ Illinois Department of Children and Family Services, *Executive Statistical Summary*, April, 2010, available online at <http://www.state.il.us/DCFS/docs/execstat.pdf>
- ⁶⁴ Ardit, note 1, supra.
- ⁶⁵ Casey Strategic Consulting Group, note 41, supra.
- ⁶⁶ North American Council on Adoptable Children, note 26, supra.
- ⁶⁷ Brandy Hernandez, "No Respect in the Group Home," *LA Youth*, reprinted in *Youth Today*, February, 2008.
- ⁶⁸ Michael Winerip, "Last Stop Before Adulthood," *The New York Times*, January 6, 2008.
- ⁶⁹ Cohen and Rae, note 42, supra.
- ⁷⁰ U.S. Department of Health and Human Services, *Adoption Data 2006: Prior Relationship of Adoptive Parent(s) to Child, October 1, 2005 to September 30, 2006*, available online at http://www.acf.hhs.gov/programs/cb/stats_research/afcars/statistics/priorrel_tbl6_2006.htm#two HHS warns that the Rhode Island data are only a rough estimate because, incredibly, in many cases DCYF failed even to provide data on who adopted the child.
- ⁷¹ Joe Kroll, "Group care closes doors for children," *Detroit Free Press*, December 3, 2009.
- ⁷² Ardit, note 1, supra.
- ⁷³ Cynthia Andrews Scarcella, et. al, *The Cost of Protecting Vulnerable Children IV*, (Washington: The Urban Institute, December 20, 2004. Available online at <http://www.urban.org/publications/411115.html>).
- ⁷⁴ Rhode Island Public Expenditure Council, *A Review of the Department of Children, Youth and Families*, January, 2001.
- ⁷⁵ Office of the Governor, *DCYF Financial Review Team recommends reforming system of care to reduce costs & meet care goals*, press release, May 1, 2007, available online at <http://www.ri.gov/press/view.php?id=4056>
- ⁷⁶ Kroll, note 71, supra.
- ⁷⁷ Emily Ramshaw, "Far From Home," *Texas Tribune*, June 14, 2010.
- ⁷⁸ Personal communication, Joanne Lehrer, Chief of Staff, DCYF, July 9, 2010.
- ⁷⁹ Ardit, note 1, supra.
- ⁸⁰ Lehrer, July 9, note 79, supra.
- ⁸¹ 108: Ardit, note 1, supra. 2,707: Lehrer, note 15, supra.
- ⁸² Lehrer, July 9, note 79, supra.
- ⁸³ Lehrer, note 15, supra.
- ⁸⁴ Service Employees International Union, *Failure to Care: A National Report on Universal Health Services' Behavioral Health Operations*, December 4, 2006.
- ⁸⁵ Service Employees International union, press release: *UHS Behavioral Health Facilities Under Scrutiny For Endangering Patients*, December 4, 2006.
- ⁸⁶ SEIU, note 84, supra, p.10.

⁸⁷ Lehrer, note 15, supra.

⁸⁸ U.S. Department of Justice, "U.S. Files Complaint Against Virginia Medicaid Providers," Press Release, March 2, 2010.

⁸⁹ Tim Novak and Chris Fusco, "Reports find Maryville's environment 'dangerous'" *Chicago Sun-Times*, Sept. 6, 2002.

⁹⁰ Ofelia Casillas and David Heinzmann, "A troubled Maryville attempts to heal self," *Chicago Tribune*, Sept. 7, 2002.

⁹¹ David Heinzmann and Ofelia Casillas, "Maryville feeling stress of its kids," *Chicago Tribune*, Sept. 8, 2002.

⁹² Ofelia Casillas, "Maryville opens doors again," *Chicago Tribune*, June 28, 2007. In 2007, 25 state wards were transferred to the campus from another Maryville program.

⁹³ Complaint, note 4, supra.

⁹⁴ Allen D. DeSena et. al., "SAFE Homes: Is it worth the cost?" *Child Abuse and Neglect* 29 (2005) 627-643.

⁹⁵ Colin Poitras, "Special Homes Trouble State," *Hartford Courant*, July 23, 2006.

⁹⁶ Bazelon Center for Mental Health Law, *Making Child Welfare Work: How the R.C. Lawsuit Forged New Partnerships to Protect Children and Sustain Families*, (May, 1998) p.5.

⁹⁷ Meltzer, note 32, supra.

⁹⁸ Kathleen Noonan, Dara Menashi, *Rightsizing Congregate Care: A powerful first step in transforming child welfare systems* (Baltimore: Annie E. Casey Foundation, 2010), p.5, available online at

http://www.aecf.org/~media/Pubs/Topics/Child%20Welfare%20Permanence/Foster%20Care/RightsizingCongregateCareAPowerfulFirstStepinAECF_CongregateCare_Final.pdf

⁹⁹ According to a *Providence Journal* story about her lawsuit, Alston praised some recent changes at DCYF, "but noted that they were geared toward keeping children out of the foster-care system. 'We're not dealing with the system that exists for children right now,' she said. 'I really believe that certain things need to happen.'" (Katie Mulvaney, "Child-advocacy groups join R.I. official's appeal" *The Providence Journal*, August 16, 2009.) In fact, the problems "right now" can't be fixed until Rhode Island comes to grips with its obscenely-high rate of child removal.

¹⁰⁰ Nina Bernstein, *The Lost Children of Wilder: The Epic Struggle to Change Foster Care*, (Pantheon: 2001), pp. 145, 146.

¹⁰¹ The affiliation is mentioned in a 1999 press release from Princeton University, *Icahn Family Foundation Gives \$20 Million for New Genomics Laboratory*, available online at <http://www.princeton.edu/pr/news/99/q4/1021-icahn.htm>

¹⁰² <http://www.weil.com/providence/>

¹⁰³ Tom Condon, "DCF Works to Shift Priorities," *Hartford Courant*, December 24, 2000.

¹⁰⁴ *Making Child Welfare Work*, note 96, supra, p.5.

¹⁰⁵ "Former Foster Child Tells Panel of Five Lost Years," *The New York Times*, April 17, 1988.

¹⁰⁶ This page no longer is on the CR website, but it can be found via the Internet Archive (commonly known as the "Wayback Machine" here:

http://web.archive.org/web/20061009012233/www.childrensrights.org/site/PageServer?pagename=Issues_PreventingFCP

¹⁰⁷ For details and full citations, see this post to the *NCCPR Child Welfare Blog*: <http://nccpr.blogspot.com/2010/03/foster-care-in-michigan-war-against.html>

¹⁰⁸ Full details are in NCCPR's two reports on Michigan child welfare, available online at <http://nccpr.info/nccpr-michigan-reports/>

¹⁰⁹ For details and full citations, see this post to the *NCCPR Child Welfare Blog*: <http://nccpr.blogspot.com/2010/03/cr-wins-more-children-will-be-shoveled.html>

¹¹⁰ For details and full citations, see this post to the *NCCPR Child Welfare Blog*: <http://nccpr.blogspot.com/2010/03/cr-tries-to-undermine-foster-care.html>

¹¹¹ Statement of Marcia Robinson Lowry, Executive Director, Children's Rights, *Testimony Before the Subcommittee on Human Resources of the House Committee on Ways and Means*, November 06, 2003.

¹¹² Dana DiFilippo, "Avalanche of Anguish," *Philadelphia Daily News*, January 21, 2010.

¹¹³ The term "informal" sometimes is used to denote a case in which an agency like DCYF arranges the placement, and may require it, but does not take legal custody of the child. In this report, however, the term is used to denote a kinship placement in which a child welfare agency is not involved in any way; something that some refer to as "private" kinship care.

¹¹⁴ Marc A. Winokur, et. al, "Matched Comparison of Children in Kinship Care and Foster Care on Child Welfare Outcomes," *Families in Society*, Volume 89, No. 3, 2008, available online at <http://www.familiesinsociety.org/New/Teleconf/081007Winokur/89-3Winokur.pdf>

¹¹⁵ Carol Marbin Miller, "More Florida foster kids than thought are given mental-health drugs," *Miami Herald*, May, 28, 2009.

¹¹⁶ David M. Rubin et. al., "Impact of Kinship Care on Behavioral Well-being for Children in Out-of-Home Care," *Archives of Pediatric and Adolescent Medicine*, 162(6):550-556. Published online, June 2, 2008, at <http://archpedi.ama-assn.org/cgi/content/full/162/6/550>

¹¹⁷ Studies cited in Mark Testa, et. al., *Family Ties: Supporting Permanence for Children in Safe and Stable Foster Care With Relatives and Other Caregivers*, University of Illinois School of Social Work, Children and Family Research Center, October, 2004, available online at http://www.fosteringresults.org/results/reports/pewreports_10-13-04_alreadyhome.pdf, and Generations United, *Time for Reform: Support Relatives in Providing Foster Care and Permanent Homes for Children*, March 2007, available online at <http://www.kidsarewaiting.org/tools/reports/files/0004.pdf>

¹¹⁸ Winokur, et. al, note 114, supra.

¹¹⁹ Prof. Mark Testa made the remark at a news conference releasing the report cited in note 117. The transcript is available online at http://www.fosteringresults.org/press/pewpress_10-13-04_fednewsbureau.pdf

¹²⁰ CWLA, note 33, supra.

¹²¹ State of Rhode Island, Department of Children Youth and Families, *Rhode Island Foster Parent Handbook*, 2005.

¹²² State of Rhode Island, Department of Children, Youth and Families *Foster Care Regulations 1998* available online at http://www.dcyf.ri.gov/docs/fc_reg.pdf

¹²³ Complaint, note 4, supra.

¹²⁴ Ibid.

¹²⁵ Public Catalyst Group, *Progress of the Michigan Department of Human Services Period Two Monitoring Report for Dwayne B. v. Granholm April 1, 2009 - September 30, 2009*, (Published March 9, 2010), available online at

<http://www.pcg4change.com/PeriodTwoReport.pdf> and see also this post to the NCCPR Child Welfare Blog: <http://nccpr.blogspot.com/2010/03/foster-care-in-michigan-war-against.html>

¹²⁶ Children's Rights, Inc., National Association of Foster Parents, University of Maryland School of Social Work, *Hitting the M.A.R.C.: Establishing Foster Care Minimum Adequate Rates for Children*, October, 2007.

¹²⁷ *Foster Parent Handbook*, note 121, supra.

¹²⁸ Children's Rights, note 126, supra. See also the "technical report" for the study, available online at <http://www.childrensrights.org/pdfs/MARC/MARCTechReport.pdf>

¹²⁹ National Council for Adoption, *National Council For Adoption Releases Report on Parent Recruitment and Training Expenditures*, press release, October 3, 2007.

¹³⁰ Eric Thompson, "Settlement offers real and prompt benefits for foster children," *Milwaukee Journal-Sentinel*, September 29, 2002.

¹³¹ For a discussion and full citations, see this post to the NCCPR Child Welfare Blog: <http://nccpr.blogspot.com/2010/02/using-lawsuits-to-prevent-foster-care.html>

¹³² Lynn Ardit, "DCYF may seek national accreditation" *The Providence Journal*, June 22, 2010.

¹³³ Lynn Ardit, "Accreditation is rigorous, says agency chief," *The Providence Journal*, June 23, 2010.

¹³⁴ Debra Jasper and Elliot Jaspin, "Children often the last to benefit," *Dayton Daily News*, September 26, 1999, and a series of stories on the following four days and personal communications from Richard Klarberg, President and Chief Executive Officer Council on Accreditation for Children and Family Services, October 4, 2001 and Nicole Hazard, Director of Standards and Evaluation, COA, October 16, 2001.

¹³⁵ Kathryn Wall, "Children's Division wins accreditation" *Springfield News-Leader*, January 19, 2010.

¹³⁶ Jasper and Jaspin, note 134, supra.

¹³⁷ Elliot Jaspin and Mike Wagner, "Inspection of foster homes lax," *Dayton Daily News*, October 5, 1999. We're not naming the agency because this happened more than a decade ago, the director in question was fired, and there is no evidence that the agency failed to clean up its act.

¹³⁸ Elliot Jaspin, "Agency may get renewed scrutiny," *Dayton Daily News*, Sept. 30, 1999.

¹³⁹ State of Kentucky Cabinet for Health and Family Services, Office of Inspector General, *Allegations of misconduct by certain employees of the Department for Community Based Services' Lincoln Trail Region related to the removal of children and/or the termination of parental rights based on alleged abuse, neglect, or dependency*, January 10, 2007. The report is no longer available on the Inspector General's website, so we've posted it on ours: <http://www.nccpr.org/reports/kentuckyIG.pdf>

¹⁴⁰ Meltzer, note 32, supra.

¹⁴¹ For full details on Logan Marr's story, see generally, the PBS *Frontline* documentary: "The Taking of Logan Marr," January 30, 2003, transcript available online at <http://www.pbs.org/wgbh/pages/frontline/shows/fostercare/etc/script1.html> See also Terilyn Simpson, "Logan's Truth," *Common Sense Independent*, October, 2002, available online at http://www.asmainegoes.com/COMSENS_1A.pdf.

¹⁴² Simpson, Note 141, supra.

¹⁴³ Paul Carrier, "DHS apologizes for death," *Portland Press Herald*, August 11, 2001.

¹⁴⁴ Ardit, note 1, supra.

¹⁴⁵ U.S. Department of Health and Human Services, Foster Care FY 2002 - FY 2008 Entries, Exits, and Numbers of Children In Care on the Last Day of Each Federal Fiscal Year, available online at http://www.acf.hhs.gov/programs/cb/stats_research/afcars/statistics/entryexit2008.htm Data for 2001 are available here: http://www.acf.hhs.gov/programs/cb/stats_research/afcars/statistics/entryexit2005.htm

¹⁴⁶ CWLA, note 33, supra.

¹⁴⁷ Except as otherwise noted, all figures are from Jonathan Walters, *Fixing a Broken System: Transforming Maine's Child Welfare System*, (Baltimore: Annie E. Casey Foundation, 2009), p.11, available online at http://www.aecf.org/~media/Pubs/Topics/Child%20Welfare%20Permanence/Other/FixingaBrokenSystemTransformingMainesChildWel/AECF_FixingABrokenSystemFinal_Final.pdf and Kathleen Noonan, Dara Menashi, *Rightsizing Congregate Care: A powerful first step in transforming child welfare systems* (Baltimore: Annie E. Casey Foundation, 2010), p.5, available online at http://www.aecf.org/~media/Pubs/Topics/Child%20Welfare%20Permanence/Foster%20Care/RightsizingCongregateCareAPowerfulFirstStepin/AECF_CongregateCare_Final.pdf

¹⁴⁸ U.S. Department of Health and Human Services, *Child Maltreatment, 2008*, Table 3-16, available online at http://www.acf.hhs.gov/programs/cb/pubs/cm08/table3_16.htm