

[Additional statement added by Mrs. McCarthy on February 12, 2015]

I am in support of the bills providing policy oversight- and my advocacy for a systemic change remains.

To: Representative Seaton and the Health and Social Services Committee

Date: February 12, 2015

Re: HB 27 and HB 28

My Background

- 28 years experience as a clinical social worker
- 8 years experience in Canadian Child Protection System
- Currently: Statewide Director of Independent Living, Access Alaska Inc.
- Court recognized expert in child and family therapy in CINA matters

My focus:

1. HB 27 “An Act relating to the duties of the Department of Health and Social Services; relating to hearings on permanent placement of a child in need of aid; relating to school placement and transportation in foster care etc.”
2. HB 28 “An Act relating to the foster care independent living transition program; and establishing and relating the foster care independent living transition program fund.”

Rep Gara, I applaud your efforts at HB 27 and HB 28 to:

- Keep children with biological families who are able to provide safe care
- Create a provision that ensures that children who remain in foster care beyond 24 months, will return to court every 6 months to ensure that OCS is utilizing due diligence
- * That OCS will recruit appropriate foster families and adoptive families, and ensure biological families are fully considered as adoptive families
- Recognize the transitional needs of children and the importance of teaching independent living skills to youths transitioning out of OCS care

My concerns:

1. The systemic structure of the organization of OCS places too many demands on staff – resulting in a system constantly in crisis. Pivotal, this has to do with the unintentional failure of the OCS structure to hold a positive regard for the strengths and value of families.
2. Building a relationship with the family is not a key or focal point of OCS interventions which can result in an adversarial custody dispute, often from the initial point of intervention.
3. One OCS staff cannot adequately attend to a parent's treatment plan and a child's treatment plan due to numerous factors including: caseload demands, clinical training and a lack of focused shared community services with dedicated stakeholders.
4. The current system of mediation is unsuccessful because OCS workers lack time and incentive to create relationships that support change with their clients. Some workers utilize TDM meetings to do some semblance of casework or justify the lack of casework to their supervisors, GAL's and interested parties. This tends to solidify the appearance, rightly or wrongly of OCS's incompetence and/or indifference to the needs of the child(ren) and their family.

My experience has been collaborating with caring and dedicated OCS workers who are overwhelmed and just trying to take care of the latest crises on their caseloads. At some point managing crises appears to continue to be the norm.

Summary:

A report released January 30, 2015 entitled "Shame on U.S." (Children's Advocacy Institute) reported in "The Hill", sadly shows that "40 states and the District of Columbia failed to achieve substantial conformity to the outcome measures related to permanency, safety and family/child wellbeing." This must change and it is a community-based change that is required.

1. The attitude, competence and implementation skill of the OCS worker are critical factors that cannot be divorced in practical daily application, or we will continue as a state, to fail those innocents who are our children. It takes courage and trust for a parent in a relationship with an OCS worker to speak the truths of abuse and traumatized children. Building relationships that support child safety must be the philosophy and daily practice of OCS.
2. OCS must take the lead with an active dialogue regarding the integration of broader community services that ensure child protection services at the right time, specialized family skill building services at the right time and the respect of the integrity of the family as the central premise of child protection intervention.

3. Internally, OCS must further align itself to a shared services, community based model of care that supports and strengthens its' commitment to families and children. I believe it will be through a shared service model that an entire community is responsible for sustained child and family safety.
4. I strongly believe that the needs of children in OCS custody are great. I would urge that children in state custody be assigned their own specific OCS social worker to ensure that the overall wellbeing of the child as well as their needs are being addressed in their placements. Many of our foster children experience disabilities that are not being fully addressed by well meaning but over loaded OCS staff. Also, this OCS social worker would provide support to the foster family in meeting the needs of the foster child.
5. I strongly believe that the needs of parents whose children are in OCS custody, are great. I would urge that parents who are fighting to regain custody of their children be assigned their own OCS social worker, entirely focused on supporting the parent(s) and their treatment plan. OCS must strive to support parents to build families who are safe to raise their children.
6. More legal oversight when the 24 continuous months in State custody has been passed does not adequately address the needs within this burdened system - it adds to the cost of the State caring for children, but not to the success of building safe families. Reuniting children with safe families will decrease costs - this will require more front end intervention that is focused.

The costs of the impact of child abuse annually per year in the US is estimated at \$80 billion (CAI, "Shame on U.S.") per year; I know we can make a change; our children's lives depend on it. I have done this work in Canada. I continue to do parts of this work in my clinical private practice and I provide leadership in this work for youths in foster care who are in Access Alaska's Youth in Transition Program. I am not in support of the bills as written.

I send out my sincerest thanks and support to my colleagues at OCS who continue to work for the safety of children and families.

Respectfully,

Cathy McCarthy, LCSW