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"Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare System"  
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Thank you for allowing me to be here today. Whenever I speak about foster care, I am aware that I speak for myself, but that I also have the privilege of speaking for other foster children. Fortunately, I was able to bring the perspective of some of them with me today in the form of a DVD that was created by a speaker's bureau of current and former foster children in my state. I have provided copies for those present today, but if anyone would like one who may be unable to get a DVD today, they can acquire a copy through Tammy Mahan at Children and Families of Iowa, by calling (515) 288-1981.

Just to say a bit about me, I spent ten years in six foster care placements in Iowa. I had mixed experiences within the system, but do not hesitate to say that I feel the system saved my life. My birth mom was born mentally challenged and spent some time in foster care herself due to being part of a rather dysfunctional family. When I was born, her biological parents helped her care for me, which they did to the best of their ability, but we still lived in filth and poverty. When my grandmother died unexpectedly, it set off a chain of events that ended with my mother in a home for adults with disabilities and me in foster care.

When I was in care, I sometimes told my social worker what I thought was wrong with the system. She helped me fix the things that were possible for her or I to change but she told me a few times that some of the things, I would have to wait to change until I was grown up. I think it was simply meant to quiet me down, but it made me think. As I grew older, I became aware of, not just the flaws, but the benefits foster care is able to offer to children and the precarious nature of the funding streams of some wonderful programs. I would like to use a few of these as examples to demonstrate how a foster child's prospects are shaped.

When I was in school, my social worker was able to access funds to help me pay for extra-curricular activities. This funding came largely from Decategorized money, a type of flexible funding. After I aged out, the state of Iowa cut funding to child welfare. Decat funds took a major hit. Since then, it has never been restored to the same level as when I was in care. More flexible funding from a national level, with the required accountability measures in place, would lend itself not only to helping children join school activities, but could be used as needed to better educate professionals about the needs of foster children on their caseloads, rehabilitate birth families or to meet a host of other needs that could vary from state to state.

While I am on the subject of rehabilitating birth families, I would like to address the perception that services provided to birth families who do not achieve reunification before the child ages out or is adopted are a waste. People who think this way do not realize that, just like my mother, the vast majority of former foster children return to their birth families after they reach the age of 18. This includes some adoptees. The fact is, the legal bond can be severed, while leaving the emotional one still very much intact. Anything that is done to help the family function better in the meantime is thus not wasted, because there is a high possibility that the child will attempt to reconnect with them later and it is best for the family to be at its most functional possible, so as to be able to have an appropriate, reciprocal relationships and not derail a young person at this critical time in their life.

Next, I would like to address Medicaid and its impact on foster youth. When I was in care, Medicaid covered ophthalmology, orthodontics and dermatology. It is not always the case, however, that foster children are able to get the medical help that I received. Medical professionals hesitate to accept Medicaid because of low reimbursement rates and an extended length of time before they are paid. When offices do accept Medicaid, it is often for a limited number of patients and once those spots are full, they accept no more Medicaid. As an example, in my area, there are orthodontists with waiting lists several years long for Medicaid patients.

I would also like to talk a bit about the programs that have been created due to the Foster Care Independence Act of 1999. In Iowa, it has allowed us to create:

- Aftercare, which provides self-sufficiency advocates and direct vendor payments
- The first of two statewide foster youth advisory boards
- Eight Transition Planning Specialist positions to help teens prepare to age out of care and a program manager to oversee them
- Statewide life skills conferences for teens in care
- A statewide life skills curriculum that is distributed to all teens after their sixteenth birthday if it is likely that they will age out.

Beyond what I already listed, my favorite parts of this bill are that it allowed for foster children to continue to receive Medicaid coverage until their 21st birthday, which is especially helpful to college students and that the act acknowledged that there might be children for whom reunification and adoption are not always the best option. This has paved the way to being able to discuss options like subsidized guardianship, which is part of the presentation of my fellow panelist, Joe Kroll, of the North American Council on Adoptable Children.

A relatively new program that is benefiting foster children nationally is the Education and Training Voucher Program or ETV. Thanks to good legislation, foster children all over our country who might not have had the chance, may be able to attend college, beauty school, police academy or other post-secondary training. This program is even available to foster children adopted after the age of 16. There is one problem, however. Some foster parents are unable to afford to send their adopted children to college and may be inclined to hold off on adopting children until after their 16th birthday. I cannot condemn prospective adoptive parents for doing this, as they only want the chance to educate their child. I feel, however, that this practice can add to unstable feelings a child in foster care may experience. Lowering the age at which a child could be adopted and still qualify for ETV to 13 would help.

I alluded to it before, when I was talking about flexible funding, but I wish to also say directly, that social workers and attorneys working with foster children are not always aware of the needs of foster children. This may be partially due to the fact that the positions are poorly paid. When they realize their salary will not allow them to cover their student loans and other bills, the best candidates may go elsewhere. A forgivable loan program for professionals going into child welfare could potentially increase the pool of competent applicants for social work and guardian ad litem positions, diminish the number of incompetent workers hired, lessen burn out, decrease turn over, and maybe help the child feel more connected to an adult in their life.

I have a sense of normalcy, of belonging and of accomplishment today because of the chances offered to me by the foster care system and its assorted programs. I have hope that even better things will be offered to generations of foster children to come. Without the boost various programs gave me, I might never have

finished high school, stayed away from alcohol and drugs, gone to college and been an intern on Capitol Hill the summer after I received my bachelor's degree. There are foster children in each of our states who can achieve even better outcomes than I have, but it cannot happen unless they have access to appropriate programs and at least one lifelong connection to a caring adult who will be there for them no matter what. More than anything, it is the support of the adults in my life that helped me to come through the system intact. The lifelong supports in my life include two sets of foster parents, my social worker, a transition planning specialist, and the families of two of my friends. For other foster children, it might include a teacher, a coach, a mentor, a therapist or a member of the clergy. The point is that the connection be lifelong and supportive.

In conclusion, the foster care system is a work in progress. It has made huge strides in only a few decades, but it still has much room for improvement. Each state, each county and each child is different from the next. We cannot customize the people to fit the services available and so we must tailor the options to the people being served. This is the best way to end the cycle that keeps feeding generation after generation of children into the foster care system.