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Testimony to Joint Committee on Child Welfare System Oversight

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I am here today to share my experiences with the Kansas child welfare system and ask for your help in facilitating meaningful reform.

The purpose for me speaking with you today is not to criticize or be unkind. My purpose is to raise awareness of what is going on with Kansas child welfare, specifically in regards to the administration of CINC actions, and to use those experiences to highlight opportunities in the system for meaningful reform.

My husband and I became foster parents to help our child who was a Child in Need of Care, retained legal counsel and entered as 'interested parties'. The case took almost 9 years to reach a conclusion. The road was rough, emotionally damaging to our child, and filled with bureaucracy. Our fight for the best interests of our child came with a price tag of \$150,000.00. That is not including other ancillary expenses such as lost time from work and school, mileage, doctor visits that weren't covered by Sunflower and many others.

Events that led to the 9-year CINC action were:

1. Bio parent termination of rights overruled by Appellate court due to mishandling of CINC action by KVC and DCF.
2. Continuances being granted by the Court (more than 10).
3. A falsified ICPC (Interstate Compact on the Placement of Children).
4. The bio parents attempted illegal private adoption with a family member.
5. Bio parent allowed to indulge in atypical behaviors and general disregard for the sanctity of the CINC action by KVC/DCF.

The experience made us question the process design and made us ask what is truly the objective? Is the objective to serve the parents or to serve the most innocent and vulnerable citizens – the children involved?

Observation 1 – The initial objective is *always* reintegration.

Why isn't there a *meaningful* evaluation period for the family (parents, children and extended family) by an impartial 3rd party (i.e. someone not connected to the case who does not have an agenda of reintegration)? This would not be a 'one and done' objective as this would need to be over a period of time.

Sometimes it takes a while for a person's real intent and character to show. Instead of running head-long into reintegration, take some time to get to know the people involved, really know them. If reintegration is always the objective, why are we subjecting children to the trauma of being removed from their homes and instead providing more robust in-home services and support?

Observation 2 – Reintegration plans are basically the same "1 size fits all". A home, car, job, and bank account are typically all that is required for reunification. There may be other tasks on the plan, but KVC and DCF have the authority to remove or downplay the importance of tasks. We found the case plans to

be very high level and, in many instances glossed over and downplayed serious issues such as drug testing, relationship with the child/family dynamic and tasks not completed.

There is a Court Report that is submitted by KVC and DCF to the presiding Judge. There is the case plan administered by KVC. The content and tone of these documents can vastly differ. We question why are they not the same? There should be a more customized approach to each reintegration plan for certain bio parents.

For example, there should be specialized reintegration plans for parents:

- Who have sexually abused their children.
- Who are battling addictions.
- Who are physically and/or emotionally abusive.
- Who are involved or have been involved in human trafficking/promoting prostitution.
- Who are involved or have been involved in illegal drug trafficking.
- Who have meager parenting skills or are neglectful.

There is a lot of focus on fixing broken children to send them home to deal with broken parents, but no significant efforts to fix broken parents so they can sustain a home suitable to meet the social, emotional, and physical needs of their children. The one size fits all reintegration plans do not address the key issues. There needs to be very specialized and customized plans for parents that fit in these categories and more.

In our case, the KVC caseworkers and DCF downplayed or were unable to identify a lot of serious issues. Past behaviors of the bio parents must be acknowledged regardless of when they occurred. In our case, the bio parent had drug tests that showed evidence of use and failed drug tests. The bio parent was on a color code but refused to abide and would test only on the days of visits with the child. This was allowed and even down-played by the State and the Court.

In addition, KVC did not verify back to the source documentation submitted by the bio parent. This was substantiated by the denied ICPC that stated bio parent “failed to provide any required documents” (lease for apartment, car title, proof of income, etc.) I find it interesting and concerning that if another State could make this determination, why couldn’t KVC/DCF? It seems the standards for parenting and task completion are quite meager. Again, if the goal is reintegration and the standards are so low why are we bothering with this painful process? What are we trying to accomplish?

Observation 3 – Our child’s case was very difficult and complex. It involved complex family relationships, generational trauma and abuse, and people that were willing to lie and deceive in order to get their way. Yet KVC handed the case over to their **newest and most inexperienced** case workers time and again (10 different case workers in almost nine years). While I have no doubt these case workers had their degrees in Social Work and/or Early Childhood Development, that is academics. These complex situations require case workers with real life experience. To expect a person with little to no life experience and the base minimum of training to make life altering decisions for children is unrealistic. Many of the case workers weren’t even parents themselves. Many professions require extensive internships, apprenticeships, or residencies before releasing new employees into the real work on their own. Why not the same for case workers, who again, wield a great deal of influence in truly life altering decisions of children?

We had several case workers who turned out the same court report and case plan again and again – there were no revisions or modifications. It appeared that no one had reviewed or provided a 2nd review at a manager level – or if they did, no one noticed or cared. They were just copied and pasted. And, we had several case workers who were willing to misrepresent the facts to keep reintegration on track. I'm happy to provide the committee with examples if time allows.

Observation 4 – The bio family seems to be the only option for permanency.

While the bios may in some instances be 'known' to the child, is this truly the best place for them? Often the issues that caused the child to be removed from their home are due to repeated/generational traumas. We were told by several KVC workers that "their studies show that children who are with bios do better in life" and if we did not support the relationship between our child and the bios we would risk losing our child because we were 'sabotaging' reintegration.

A family member stepped forward stating they were interested in adopting our child. This family member had previously seen our child 1 time in their entire life. There was no attachment. There was no bond. This also created yet another delay in our case while we waited for this opportunity to be 'vetted' and it took over a year. The family member had an ICPC performed by their state of residence. That state concluded that there were serious concerns about placing the child in the family member's care.

But this didn't cause anyone to stop and consider what was best for the child. The child started having serious behavioral and emotional problems after visits with the family member. KVC again dismissed the behaviors as 'normal'. But eventually, the family member *walked away* when they found out they had to complete a full legal adoption before they could take the child out of Kansas.

Observation 5 – Visits, family therapy and parenting classes are conducted by KVC employees (usually case workers) who have a vested interest in reunification.

If KVC is handling all aspects of the CINC case and their only objective is reintegration how can the best interests of the child actually be achieved? Should KVC, or any service provider, be the only resource for all aspects of a CINC case? For all CINC cases the answer is probably not. Instances involving marginal parents as highlighted previously should be handled by third party professional family therapists and parenting group therapy.