

DECLARATION OF KARL DENNIS

I, Karl Dennis, declare that if called as a witness I could and would competently testify as follows:

A. Summary of Observations and Opinions

1. I was the Executive Director of Kaleidoscope, Inc. in Chicago, Illinois (“Kaleidoscope Chicago”), for the past twenty-seven years until my retirement in April of 2001. Beginning in the 1970s, Kaleidoscope pioneered what later came to be known as “wraparound services” for children in foster care. Kaleidoscope also was one of the first programs in the United States to provide intensive in-home services to foster care children and to offer therapeutic foster care.

2. In 1996, the Chesapeake Institute in Washington, D.C., an educational think tank, chose Kaleidoscope Chicago as one of the top five agencies serving children in the United States. In 2002, the Federation of Families created the *Karl Dennis Award for Unconditional Care* in honor of my work in the field of children’s mental health.

3. Kaleidoscope Chicago reaches out to children who are the hardest to serve. Many of our clients are severely emotionally unique; others have mental or physical handicaps. The one thing these children have in common is a history of rejection. One child had a history of 69 prior failed placements.

4. For seriously emotionally unique children, a wraparound intervention is a therapeutically and cost effective way to meet their needs. Wraparound services are (a) most often developed and/or approved by an inter-disciplinary services team, (b) community-based, (c) family-focused, (d) unconditional, and (e) cost effective. Wraparound services are centered on the strengths of the child and family and are culturally competent.

1 5. Therapeutic Foster Family Care provides family living and specialized
2 services to children and youth who would otherwise be placed in institutions. This
3 service is specifically designed to serve those considered the most difficult-to-
4 place, for example children who are seriously troubled and have experienced many
5 previous placements. In my experience, absent Therapeutic Foster Family Care,
6 most of the children in need of this level of service, would be placed in residential
7 treatment centers or psychiatric hospitals where their mental health would, if
8 anything, get worse and where the government would be paying thousands of
9 dollars per month for their placement in these restrictive facilities.

10 **B. Brief History of Kaleidoscope Chicago**

11 6. Kaleidoscope Chicago was originally founded in 1973 to meet the
12 needs of hundreds of Illinois children who had been institutionalized throughout
13 the United States and had no one acting on their behalf. At the time, many private
14 agencies who attempted to find homes for these children lacked the interest or
15 resources to serve these especially challenging children.

16 7. I became the Executive Director of Kaleidoscope Chicago in 1975.
17 Since then Kaleidoscope Chicago has grown rapidly as a community-based, cross
18 cultural, child welfare / children's mental health agency. We initiated some of the
19 nation's first programs to provide wraparound services, therapeutic foster care
20 treatment and in-home service family preservation, and we were the second agency
21 in the United States to offer pediatric AIDS treatment foster care. Our projects
22 have become national role models for agencies across the country, such as the
23 Alaska Youth Initiative, which was one of the first statewide programs to provide
24 wraparound services to foster care children, and, more recently, the Judge
25 Apparent Support Network in Atlanta, Georgia, which provides intensive services

1 to juvenile sex offenders and has recorded one of the lowest recidivism rate for
2 such programs.

3 8. Kaleidoscope Chicago now has over 100 employees. It is supported
4 largely by federal grants as well as contracts with the Illinois Department of
5 Children and Family Services, Department of Mental Health, and Department of
6 Corrections. Kaleidoscope Chicago provides unconditional, highly individualized,
7 and when appropriate, wraparound services to over 600 seriously emotionally
8 unique children and families per year.

9 9. Kaleidoscope Chicago has been selected to provide training programs
10 to organizations in all 50 states of the United States and in several other countries,
11 including Canada, New Zealand and China. A partial list of our training programs
12 includes the following topics: serving the most difficult children (children
13 adjudicated as sex offenders, children who are gang members, children at risk of
14 suicide, children who are violent); case management for multiple need consumers;
15 the wraparound process; federal financial participation; flexibility and creativity in
16 service delivery; planning for least restrictive care; community as part of the
17 treatment team; staff safety in community-based care; treatment foster parent
18 recruitment/training/support/and retention; preparing consumers for independence;
19 community-based treatment in an urban setting; crisis de-escalation; working with
20 people adjudicated as sex offenders in community and family-based settings.

21 10. Besides the award from the Chesapeake Institute, Kaleidoscope
22 Chicago has also received the President's 1000 Points of Light Award in 2000 and
23 the National Honors Program Award from the Annie E. Casey Foundation in 1999.

24 **C. Personal Qualifications**

1 11. In addition to my work at Kaleidoscope Chicago, I have been asked to
2 serve as a consultant on wraparound services and intensive treatment foster care
3 for numerous public and private agencies. In California, for instance, I consulted
4 with Dionne Aroner when the California Legislature was drafting legislation
5 (Senate Bill No. 163) to provide wraparound services to children in the child
6 welfare systems in the State. I have also consulted with the Mosaic Project in San
7 Francisco, Eastfield Ming Quong Children and Family Services in Santa Clara
8 County, and the Seneca Center in Oakland.

9 12. I have also have published many articles about wraparound services.
10 For example, I am a co-author of Child Protection: Building Community
11 Partnerships John F. Kennedy School of Government, Harvard University Press;
12 Toward A Culturally Competent System of Care, on Effective Services for
13 Minority Children Who Are Severely Emotionally Disturbed, and Personal,
14 Family, and Service Utilization Characteristics of Children Served in an Urban
15 Family Preservation Environment. I have also written the forward to Transition to
16 Adulthood A Resource for Assisting Young People with Emotional or Behavioral
17 Difficulties and a chapter in Courage to Care: Responding to the CRISIS of
18 Children with AIDS, Kaleidoscope – Chicago’s STAR Program.

19 13. I have been asked to teach or lecture on wraparound services, child
20 welfare services and similar subjects at close to thirty universities or medical
21 schools, including Harvard University, Yale University and UCLA.

22 14. I am often asked to give speeches or presentations on wraparound
23 services, therapeutic foster care and other individualized mental health services for
24 children with emotional and psychological disorders. In May 2004, I delivered the
25 keynote address to the Third California Wraparound Institute, a three-day

1 conference in Anaheim on wraparound services which was sponsored by the
2 Governor's Office, the Health and Human Services Agency, the California
3 Department of Social Services and the Resource Center for Family-Focused
4 Practice at University of California Davis. I was the Featured Speaker at the
5 annual meeting for the American Psychiatric Association and I was the Keynote
6 Speaker at the annual meetings for the Foster Family Treatment Association and
7 CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder).

8 15. Currently, I am chair of the National Mental Health Association's
9 (NMHA) Children's Committee. In the past, I have served as an advisor for The
10 Children and Adolescents Service System Project ("CASSP"), a project of the
11 National Institute of Mental Health ("NIMH") which gives grants to states to find
12 better ways to serve emotionally and behaviorally unique children.

13 16. I have also served on the advisory boards for several organizations,
14 including NIMH's Technical Assistance Center for Children's Mental Health at
15 Georgetown University, the Georgetown University Child Development Center
16 chaired by Former Surgeon General C. Everett Koop, the Illinois Reform Panel,
17 the Research and Training Center for Children's Mental Health at the University of
18 South Florida, Vanderbilt University Center for Research on Mental Health
19 Services for Children and Adolescents, the Adoption Information Center of
20 Illinois, and the Vera Institute for Justice. And I have served on committees for the
21 International Wraparound Conference, Bureau of Maternal and Children's Health
22 Planning Strategies Committee concerning AIDS, and the Resource Committee for
23 the Minority Initiative CASSP Project.

24 17. For my work in the field of foster care, I have received the following
25 awards: the annual award from the American Association of Community

1 Psychiatrists (2000); “*Making A Difference Award*” from the Federation of
2 Families for Children's Mental Health (1995), the annual Marion F. Langer Award
3 from the American Orthopsychiatric Association (1994), “The WrapAround
4 Lifetime Achievement Award” from the National WrapAround Conference (1993),
5 and the James Brown IV Award from the Chicago Community Trust (1992). On a
6 slightly different note, I was inducted into the National Basketball Hall of Fame in
7 1990.

8 **D. Wraparound Services**

9 18. As mentioned previously, Kaleidoscope Chicago was one of the first
10 agencies to pioneer wraparound services. In our agency, a wraparound
11 intervention is: (a) most often developed and/or approved by an inter-disciplinary
12 services team, (b) community-based, (c) family-focused, (d) unconditional, and (e)
13 cost effective. Wraparound intervention also is centered on the strengths of the
14 child and family and is culturally competent. It includes the delivery of
15 coordinated, highly individualized services in three or more life domain areas of a
16 child and family.

17 19. Let me briefly explain what I mean by the above terminology.

18 a. An “inter-disciplinary services team” should include: (a) the
19 parent and/or surrogate parent (i.e., foster parent or guardian); (b) the appropriate
20 representative of the state (social worker or probation officer) if the child is in
21 custody; (c) a lead teacher and/or vocational counselor; (d) the appropriate
22 therapist or counselor if the child is in mental health treatment, or should be in
23 mental health treatment; (e) a case manager or services coordinator (a person who
24 is responsible for ensuring that the services are coordinated and accountable);(f) an
25 advocate of the child and/or parent; and (g) any other person influential in the

1 child's or parent's life who may be instrumental in developing effective services,
2 such as a neighbor, a physician, a relative, or a friend. In addition, the child
3 should be included on the team unless to do so would be detrimental to the
4 development of the child.

5 b. "Community-based" means that the services should be provided in
6 the local community or rural area where the child and his/her family live.

7 Restrictive or institutional care should be accessed for brief stabilization only.

8 c. "Unconditional care" means that the team agrees to never deny
9 services because of extreme severity or disability, to change services as needs of
10 the child and family change, and to never reject the child or family from services.

11 d. "Strength-based" means that the positive aspects of the child,
12 family and community must be considered and be an integral part of treatment
13 planning and service delivery.

14 e. "Family focused" means that the development of treatment plans
15 and the delivery of services will center around the strengths and the needs of the
16 family and will include the family as part of the decision making process. Family
17 membership is defined by the family itself, and not by the traditional definition.

18 f. "Cost effective" means that every attempt should first be made to
19 utilize available community services and that the total cost should not exceed that
20 of a more restrictive setting.

21 g. "Individualized services" are based on specific needs of the child
22 and/or family, and not on a particular categorical intervention model. These
23 individualized services are both traditional (therapy, therapeutic foster care, etc.)
24 and non-traditional (hiring a special friend, bringing staff to live in a family home,
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1 special recreational services, etc.) Traditional services should be utilized only
2 when they can be tailored to the specific needs of the child and family.

3 h. “Life domains” are areas of basic human needs that almost
4 everyone has. These are: (a) a place to live; (b) family or surrogate family; (c)
5 friends and contact with other people; (d) Educational or vocational pursuits; (e)
6 medical care; (f) psychological/emotional needs; (f) legal especially for children
7 with juvenile justice needs); and (g) safety. There are other specific life domain
8 areas such as cultural/ethnic, spiritual and community needs.

9 i. “Cultural competence” means that services need to be designed
10 and delivered which incorporate the religious customs, regional, racial, and ethnic
11 values and beliefs of the families we serve.

12 20. In my experience, wraparound services need to have each of these
13 elements in order to be effective for seriously emotionally unique children.
14 However, where all of the elements come together, I have seen wraparound
15 services literally transform the lives of children served by Kaleidoscope Chicago.

16 21. The story of one of our clients, Mary (her name has been changed),
17 provides a window into this transformation process. When Mary came to
18 Kaleidoscope, she was an older teenager, had lived in several failed foster home
19 placements and had been in many schools. She was suicidal, struggling with
20 substance abuse, and diagnosed as a borderline personality disorder. The
21 Kaleidoscope Chicago staff team immediately worked with community mental
22 health services, school counselors, and other community supports to encircle Mary
23 with the services she needed so she could transform her self-destructive behavior
24 by focusing on her strengths. With this support, Mary went on to graduate from
25 National-Louis University in Evanston, Illinois. Kaleidoscope Chicago staff

1 became her mentors and family and helped enable Mary to continue her education
2 at the University of Illinois/Chicago where she received her Masters of Social
3 Work. Today Mary is married to a teacher, the mother of a young daughter, and
4 she is working to organize day care centers. She still keeps in touch with her
5 family at Kaleidoscope Chicago.

6 **E. Therapeutic Foster Family Care**

7 22. Kaleidoscope Chicago's Therapeutic Foster Family Care provides
8 family living and specialized services to children and youth who would otherwise
9 be placed in institutions. This service is specifically designed to serve those
10 considered the most difficult-to-place—children who are seriously troubled and
11 have experienced many previous placements, who are living in institutions, who
12 live with severe mental illness and/or with multiple handicaps, who are pregnant or
13 parents and who are medically fragile and affected by AIDS.

14 23. Therapeutic Foster Family Care has the following objectives:

- 15 a. to serve children regardless of the severity of their behavior
16 problems, emotional disorders, disabilities, or medical conditions;
- 17 b. to ensure that children and youth not be denied the experience of
18 family and community life;
- 19 c. to help children, youth and their families live as normally and be as
20 self-sufficient as they possibly can;
- 21 d. to help children by helping their families;
- 22 e. to provide necessary supports to, if at all possible, keep children in
23 their home with their families; and
- 24 f. to help older youth learn to become self-sufficient, whether they
25 live with families or not.

1 24. At the center of Therapeutic Foster Family Care are our professional
2 foster parents. Some foster parents are recruited through the mass media
3 (newspaper advertisements, public service announcements, and such), but most
4 come to us by word of mouth - one of their friends, neighbors or parishioners has
5 been a Kaleidoscope Chicago professional foster parent or staff member. We then
6 train these parents and pay them to work as foster care professionals with the
7 children they accept into their homes. Kaleidoscope Chicago promotes a positive
8 approach to parenting, focusing on building children's self-esteem and maintaining
9 realistic expectations. Foster parents must complete a formal, structured pre-
10 service training course before accepting children into their homes, and they must
11 participate in regularly scheduled in-service training classes thereafter.

12 25. Our foster parents must be able to make a strong commitment to take
13 a seriously emotionally unique child into their home, and they must be willing to
14 accept this child as part of their own family on a long-term basis without the
15 possibility of rejecting the child. Prospective foster parents are trained to expect
16 misbehavior and testing from their foster children, who have learned by experience
17 to try to evoke abuse and rejection. We require that one foster parent in each
18 family be available on a full-time basis to care for the child placed in their home.

19 26. With each child assigned to Kaleidoscope Chicago, planning begins at
20 admission, with a formal assessment of the child's strengths and needs and a
21 careful matching of child and foster family. The initial staffing takes place upon
22 admission, and formal planning conferences are held at three month intervals.
23 Teams update plans a minimum of once a quarter. Staff and foster parents actively
24 participate in Illinois Department of Children and Family Services (“IDCFS”)
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1 Administrative Case reviews and in planning done with other agencies and the
2 courts.

3 27. Typically, only one child is placed in a foster home, although
4 sometimes two children will be placed in one home if they are siblings. In the case
5 of the Adolescent Parents Service, one family unit (adolescent parent and children)
6 is placed in each foster home.

7 28. Therapeutic Foster Family Care staff confers with foster parents *at*
8 *least* weekly to provide supervision, support, and assistance in securing specialized
9 treatment services. Kaleidoscope Chicago also provides emergency consultation
10 and crisis intervention on a 24-hour basis.

11 29. Kaleidoscope Chicago provides the following services directly to the
12 children in Therapeutic Foster Family Care: treatment planning, casework services,
13 including a minimum of two treatment sessions per month, individual, group, or
14 family therapy by qualified therapists, as needed, planning and supervising visits
15 with birth or extended family members, educational planning, vocational
16 assessment and job services, and recreation.

17 30. On behalf of these children, Kaleidoscope Chicago acts as a liaison
18 with: (a) schools or other educational resources, (b) employers or job training
19 programs, and (c) churches, youth groups, and other community resources.
20 Kaleidoscope Chicago also secures for these children specialized clinical services,
21 routine and specialized medical treatment, dental and eye care, day care for teen
22 parents.

23 31. The common service goals for all children and youth in Therapeutic
24 Foster Family Care are to stabilize their behavior, help them learn to live with
25 families in the community, and to keep them out of institutions. Additional

1 treatment goals are to promote self-respect and maturity by building self-esteem, to
2 provide structure and limits, to encourage responsibility and control, to help
3 resolve trauma from loss and separation, to provide role models, and to teach
4 alternatives to misbehaving. Every plan for a child is individualized and based on
5 the strengths of the child and foster family. Service outcome goals are also
6 individualized.

7 32. The professional foster parents are expected to provide a nurturing,
8 family environment, 24-hour supervision, discipline that encourages responsibility
9 and caring, transportation of youth to activities and appointments, participation in
10 the children's school and community activities, advocacy on behalf of youth, role
11 modeling and parenting education (Adolescent Parents Service).

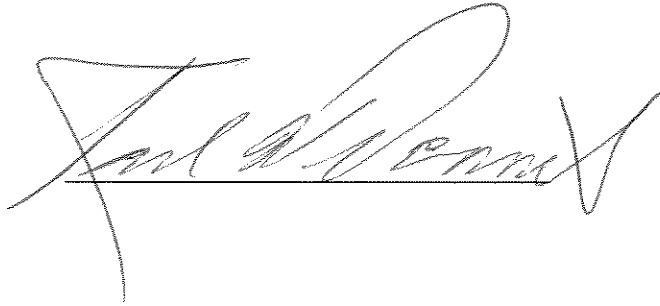
12 33. Absent Therapeutic Foster Family Care, most of our children would
13 be placed in residential treatment centers or psychiatric hospitals where their
14 mental health would, if anything, get worse and where the government would be
15 paying thousands of dollars per month for their placement in these restrictive
16 facilities.

17 **G. Conclusion**

18 34. Based on my experience, both wraparound services and
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therapeutic foster care are essential services for children who are seriously emotionally unique.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 8/30/05 in Michigan City, I.N

A handwritten signature in black ink, appearing to read "Karl Dennis", written over a horizontal line.

Karl Dennis