

Comments for the Record
United States House of Representatives
Committee on Ways and Means
Subcommittee on Human Resources

Hearing on Increasing Adoptions from Foster Care
Wednesday, February 20, 2013, 2:00 PM

By Michael G. Bindner
Center for Fiscal Equity

Chairman Reichert and Ranking Member Doggett, thank you for the opportunity to submit comments on these issues. As always, the Center for Fiscal Equity is available to brief the Subcommittee, individual Members and staff regarding this issue and our approach to it, which we have provided before. We await your invitation to talk.

We write today to urge caution on going too far in encouraging quick adoption. Many children in foster care have been placed there because their families of origin have fallen apart due to drug or alcohol addiction, crimes resulting from such addiction (including violent crimes such as robbery, spousal abuse or murder and prostitution) and mental illness, often with one or both parents deemed by the courts unable to be a fit parent to the child. Economic conditions can also lead to the breakup of families and the use of foster care. While such a litany seems to support quick adoption, we suggest that it need not.

There is an alternative to quick adoption and that is family sponsorship whereby the entire family is sponsored by another family, provided that no one in the fostered family is currently dangerous. Indeed, this happens privately when a sibling takes in relatives during family crises. Turning this into a systematic enterprise, whether trained fostering families are used or families are given a stipend for the extra expenses of food and shelter, will preserve families intact while giving them a time to heal, as healing does eventually happen with the right care.

Trained adoptive families will also help with the crisis of mentally ill adults, many of whom find their mental health care in the community and are instead incarcerated. There must, of course, be safeguards, such as the easy rehospitalization in the event of alcohol or drug relapse or non-compliance with medication regimes – and with that hospitalization extending for enough of a term so that the patient is not just stable, but comfortable for a length of time in either sobriety and/or medication regimes. Deinstitutionalization has turned much of the mental health sector into triage designed to stabilize clients on meds and then send them into community services or families before all side effects are managed. Paying for longer stays in improved facilities, possibly even inviting members of the Catholic Health Association to open new hospitals with federal funding, is both more fiscally prudent and more humane than using jails and the foster care system and adoptive to manage human tragedy.

Thank you again for the opportunity to present our comments. Again, we are always available to members, staff and the general public to discuss these issues.

Contact Sheet

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This testimony is not submitted on behalf of any client, person or organization other than the Center itself, which is so far unfunded by any donations.