

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT  
OF FLORIDA IN AND FOR THE COUNTY OF DADE

SPRING TERM A.D. 1989

FINAL REPORT OF THE GRAND JURY

FILED

November 15, 1989

Circuit Judge Presiding

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### CHILD WELFARE: A SYSTEM UNDER SIEGE

For the past six months, the Dade County Grand Jury has been studying the plight of abused and neglected children in Dade County, and how they are served or not served, by public and private agencies. During our investigation, the tragic circumstances of the death of two-year old Bradley McGee while he was supposedly under the "protection" of the Department of Health and Rehabilitative Services (HRS) and the "care" of our child welfare system evoked public outcry and our outrage. That outrage mounted as we read daily reports and reviewed cases of children who died or whose lives will be forever scarred because our child welfare system failed them.

Our community, like much of the nation, has suffered the breakdown of institutions, which have traditionally been the backbone of our society. The institution of the family has traditionally exercised a profound influence on human growth and development. While the rate of divorce dramatically rises and the traditional family institution disintegrates, the scourge of drugs continues to devastate our community. The innocent victims of these societal ills are our children.

One out of five children in the United States lives in poverty. Children are the number one growing homeless population. Reports of child abuse and neglect have nearly doubled in the past year. Teenage pregnancy and school dropout rates are at an all time high. Within the last year, nearly 1,000 known cocaine exposed babies have been born at our county hospital. Seventy-five percent of all cases in the child welfare system are drug-related. The results of unidentified and untreated addiction have overwhelmed an already exploding child welfare system and rendered it dangerously ineffective.

The public and private sectors must band together to save our children to insure the survival of our society. Studies advocate the need to identify families at risk and intervene before family dysfunction escalates into a crisis triggering

the child welfare system. Proactive and innovative prevention and intervention programs must be established to salvage children and their families where possible. People who interact with children regularly, such as teachers, school counselors and administrators; clergy, parks employees, social workers and welfare administrators should be trained to recognize symptoms of family dysfunction and subtle signs of child neglect and abuse, and provide appropriate intervention. Community facilities should be established in targeted areas of need and staffed with social workers, drug counselors, psychologists, teachers and medical professionals to triage the dysfunctional family. Family members should then be referred to appropriate programs specializing in drug treatment, day care, parenting skills, nutrition, housing, vocational skills and employment.

Children having children present special problems. They frequently drop out of school with little preparation to undertake the responsibility of parenting. Our community should first address the problem of the lack of day care facilities to enable these child-mothers to return to school, learn parenting skills and to complete their education and/or obtain vocational training. We must make available sufficient parenting skills courses to service the needs of not only these new child-parents, but all dysfunctional parents in the community. Everyone receiving public assistance should be required to complete these classes.

The impact of drug abuse upon the user and the family has led juvenile judges and other experts to question Florida's law which favors reunification of the family over the best interests of the child, where the two conflict. While we agree that the family unit remains the cornerstone of our society, it must be recognized that sometimes children are born into situations where there is, and will continue to be, no functioning family in which a child can thrive. We join in questioning this legal directive in all cases, and urge the legislature to consider modifying the law to give the best

interests of the child equal importance and weight.

During our term, we visited shelter and foster homes, the neo-natal unit at Jackson Memorial Hospital where we saw "cocaine babies", the Juvenile Court and drug rehabilitation programs. We heard from HRS representatives, shelter and foster parents, pediatricians specializing in the care of child-victims of substance abuse, experts in drug rehabilitation, juvenile judges, and guardians ad litem. We have reviewed numerous HRS and Juvenile Court files concerning children who have been victimized by the child welfare system in Dade County.

In the short time that we served it was impossible for us to fully address the milieu of root causes resulting in the victimization of children . We have formed some very definite opinions and recommendations about the glaring deficiencies of our child welfare system. We issue this Report in the hopes that the grave problems which threaten the survival of our community, our state and our nation, will not be given "quick fix" treatment without careful study. We sincerely hope that the plight of these children will finally be addressed as comprehensively as any other national crisis would be.

#### LACK OF AVAILABLE AND EFFECTIVE DRUG TREATMENT PROGRAMS

There are thousands of children in the child welfare system in our district, and seventy-five percent of these children and/or their families are afflicted with alcohol or drug-related problems. The family which is dysfunctional because of substance abuse presents special needs. A new generation of abandoned children is being raised (or not raised) by grandmothers, aunts and other relatives, many of whom cannot cope with the burden thrust upon them.

Our already heavily burdened child welfare system is being further taxed by the exploding number of babies affected by substance abuse while in utero and born with that affliction. The inter-relationship between lack of effective and affordable

substance abuse programs in this community and the child welfare system is critically glaring.

The advent of crack cocaine has resulted in a dramatic rise in drug abuse by women. Crack cocaine is described to us by its users as immediately addictive. The quest for this drug totally consumes a user's life. We shared the tears of recovering addicted women, who described selling their food stamps, their bodies, and even their children, to get money for crack. Their descriptions of the depths to which they would lower themselves while using crack correspond to medical studies we have read.

The crack cocaine epidemic has caused a generation of mothers to abandon their children, both born and unborn, to their quest for drugs. This tragic trend will continue until effective treatment becomes readily available. The explosion during the past few years of child abuse and neglect reports to HRS then is no surprise, and the stress it places on our underfunded and overburdened child welfare system is profound.

Studies have shown that relatively long-term residential programs (i.e. at the very least 6 months) followed by the recovering addicts' closely monitored transition back into the community, offer the greatest hope for success. Yet, shamefully our community severely lacks affordable and effective treatment facilities for expectant mothers or mothers with their newborns. Notwithstanding our predecessors' reports, HRS continues to fail to develop and establish adequate treatment programs that are proven effective for women and children.

There is only one significant program we could locate in our community which provides pre and post-natal care for mothers and well supervised day care for their newborns. The Family Health Center operates such a program which presently targets pregnant substance abusers. It is a high quality program, designed and administered by Toni Shamplain, which tackles the multifaceted problems of drug abusers. It offers an

alternative to living in the drug infested environment of the abuser. It offers a comprehensive continuum of services, including medical care, chemical dependency treatment, psychological services, parenting skills training, and educational and vocational counseling. Each graduate of The Family Health Center program leaves it with newly found self-respect, a job, a new home in a new environment, a savings account cushion, child care skills, and a post-program support system to reinforce recovery.

Comprehensive drug treatment programs such as this one must be supported and encouraged, not only by adequate public and private funding, and tax incentives, but also a by sympathetic application of zoning laws to enable their establishment. We cannot overemphasize the need for comprehensive long-term residential drug programs in our community. It is a disgrace that despite our predecessor grand juries' reports, our community has failed to adequately respond to this critical need.

#### **THE COCAINE-EXPOSED BABY: A SPECIAL PROBLEM**

Our already heavily burdened child welfare system is being further taxed by the skyrocketing number of babies affected by substance abuse while in utero and born with that affliction. Approximately twenty percent of babies born in metropolitan hospitals today are born with cocaine in their systems. Thirty-eight percent of our Dade County dependency cases now involve these "cocaine babies". These babies have a greater incidence of low birth weight, are likely to be born prematurely, and with a higher risk of complications and neurological impairment. Medical professionals fear that they may suffer attention span deficits and have problems in their cognitive and social development.

The potentially astronomical cost of their neo-natal care (which can range between \$90,000 and \$120,000 for a two to three month hospital stay) is only the beginning of the cost the



community may have to bear. Their special educational needs and the long-term cost to society if their special needs are not met have not yet been quantified. We recommend the implementation of a tracking system that would monitor the progress of cocaine babies for the next decade. This data base will enable medical and educational professionals to develop programs to meet any special needs these children may present.

Every Dade County citizen should see babies, whose fragile limbs are not much bigger than our fingers, wired and tubed in almost every available spot! Jackson Memorial Hospital (JMH) now reports an average of 90 "cocaine babies" born there each month. But the number of afflicted babies is really higher because the tests now available only register cocaine use within 72 hours of birth, while cocaine exposure to the fetus may have occurred much earlier in the pregnancy. We did not have available the incidence of cocaine baby births at other Dade County hospitals but we were informed that they are not unique to JMH.

We were particularly concerned to learn that during the course of our investigation, the percentage of cocaine babies being returned to their mothers by the court at detention hearings had dramatically increased. Apparently, some judges do not consider drug addiction or cocaine use by expectant mothers as sufficient evidence to predict or to constitute abuse or neglect. This is so despite our 1988 legislature's requiring health care providers to report drug positive toxicology in newborns to the HRS abuse registry. All new judges who are assigned to the Juvenile Court should undergo special education and training to recognize the dysfunctional family and the inherent risks for abuse and neglect in such families. Babies returned to drug abusing parents return precisely to the same environment in which the mother abused drugs in the first place. Placing babies with relatives may not be safe placement if the drug abusing mother or father also lives in the same household. We are fortunate to have the availability of good shelter care,

absent a safe alternative.

Medical studies substantiate the fact that in many instances, the compulsion to use drugs subordinates all other health, welfare and familial concerns to the acquisition of drugs. In most instances, once returned to her original drug-infested environment, the mother will be unable to resist the addictive force of cocaine, and all traditional parental instincts are then abandoned. According to a recent Californian medical report:

"Substance abusing parents are unstable, move frequently, lack telephones, fail to keep appointments, and drop out of sight when abusing drugs. Friends and often family collude with the substance-abusing person's flight from representatives of authority structures such as universities, legal and medical systems."

In addition, cocaine babies are more difficult to parent: they cry readily and inconsolably, they are extremely nervous and irritable, they eat poorly and are more prone to respiratory problems. An already overstressed and/or addicted parent is unlikely to be able to provide such a baby with the additional care it so desperately needs, so that the baby is at greater risk for abuse or neglect. Disconcertingly, in too many cases when a baby is sent home, the court fails to order protective service supervision. Even inadequate supervision is better than none.

The Florida Legislature should amend Chapter 415 of our statutes to provide that parental drug addiction or abuse of alcohol or illegal substances by an expectant mother be considered prima facie evidence of child neglect or abuse. We further recommend that an adequate number of effective residential drug treatment programs be established so that parents can recover sufficiently to be reunited with their children at an appropriate time.

Our juvenile justice system is under tremendous stress because of the ever increasing caseload, and we commend our chief circuit court judge and those whom he has designated to revamp

case management in that division of our courts. The assignment of a sixth judge to the juvenile division and the designation of two of the six judges to identify and hear "fast track" cases (those without substantial issues) has been helpful. However, all indications are that the number of dependency cases will continue to soar. Therefore we urge them to be vigilant and do whatever is necessary to assure the best and most efficient resolution of these cases under the circumstances. It must be recognized that a period of months (not to mention years) of instability in the life of a baby or a young child may have a long lasting traumatic effect upon the development of that child.

#### THE DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

HRS has the primary responsibility of administering our child welfare system, and its inadequacies and failures have been front page news for most of our term. We are empathetic to the plight of District XI's new administrator, who has only been here one year. He impressed us with his sincerity, credentials, and the administrative changes implemented since he undertook this awesome responsibility. The same should be said of most of the senior administrators with whom we spoke, especially Isabel Afanador-Villalobos, who met with us at length and impressed us with her candor, integrity and professionalism.

However, the inadequate resources allocated to our HRS district, the noncompetitive salaries it offers, and its heavy caseload still do not adequately explain, much less justify, very significant instances of case mismanagement we found in reviewing their files and court files. Several Juvenile Court judges commented to us that cases are being lost by HRS everyday because of poor investigative preparation and poor presentation.

#### HRS PROTECTIVE INVESTIGATORS

An HRS investigation of possible child neglect or abuse is triggered by a telephonic report to the statewide abuse registry in Tallahassee. HRS assesses the degree of risk to the

child and indicates a response time to the district office. Upon the district's receipt of the report, it is referred to an HRS protective field investigator.

In most instances the investigator has the dual responsibility of being a detective, attempting to try to ascertain the truth of the allegation, and being a social worker to tend to the well-being of the child. In cases of sexual abuse, extreme neglect or physical abuse, the police are to be contacted. However, communications between HRS and local police agencies are apparently problematic. We encourage more systematic interaction between these agencies. If there is no police support to perform the investigative function, the protective investigator working alone has the impossible task of interviewing the family, neighbors, and other prospective witnesses, preserving and photographing the scene, while at the same time trying to tend to the needs of neglected or abused children.

The protective investigators are barely trained to tend to the social service needs of a child and the family, and not trained at all in investigatory techniques. We recommend that HRS separate these functions, and establish or utilize a corps of trained detectives who are assigned to work as a team with the "protective investigators". Although protective investigators are called upon to perform the dual functions of trained social worker and detective, their education, training and experience for both functions is virtually nonexistent.

HRS offers its investigators a base starting salary of \$19,800 annually. A bachelors degree in any field, not necessarily social work, and three years of work experience in any field is all that is required. In less than one month's time, a new HRS recruit is expected to learn investigative techniques, HRS policies and procedures, the evidence required for a dependency case, and the availability of community social

service programs.

These workers must provide their own vehicles and pay for their own car insurance, as they respond to reports across Dade County. They are not provided with cameras to record their findings, and go into extremely volatile situations unarmed and alone. This salary is pitiful and shameful when compared to police departments and the public schools, which offer their new employees approximately \$26,000. More shockingly, the County offers its unskilled laborers such as assistant zookeepers more money than it pays those who service our children. It is no wonder that HRS has problems attracting competent and experienced people! HRS must be empowered to offer competitive salaries and upgrade the educational and experience prerequisites for these front-line positions.

The protective investigators must be well trained before they assume this enormous responsibility. The present 140-hour training program for these protective investigators is acknowledged even by HRS administrators to be woefully inadequate. A newly recruited Dade County police trainee must, and is paid to, attend four months of classes at the police academy to learn investigative techniques and skills, followed by lengthy training in the field with a senior officer. Local HRS administrators are torn between allocating inadequate dollars to additional positions, increasing salaries or enhancing training services. The result is that inadequate investigations are poorly presented in court, predictably causing cases to fail for lack of supporting evidence. The victim again is the child who is returned to the still dysfunctional setting which threw him into the child welfare system originally.

These underpaid, undertrained investigators determine whether a case should be pursued by HRS for detention and ultimately for dependency. HRS rules now require the investigator to complete and file a risk assessment form which categorizes various risk factors to support his determination. If properly completed, that form profiles the degree of risk to

children by the use of recognized and recognizable, objective criteria.

Recently a fatal tragedy occurred which could have been averted if the protective investigator had followed HRS policies by properly assessing risk. A protective investigator had responded to a home where abuse and neglect were alleged. The investigator interviewed the mother and found her to be disoriented, disaffected, and noted that she had mental problems. Upon his independent examination of the children, he saw scars from earlier abuse. HRS files and police reports show that there had been a history of domestic violence in the home and that both HRS and the police had received several calls concerning this family from 1986 through this year.

Five days later, the investigator inexplicably ceased pursuing the case. Had he completed a risk assessment form before dropping the case, the profile would have indicated "high risk" based on numerous factors, and a detention hearing and a dependency petition seeking safe placement for the children should have followed.

Instead the case was considered "unfounded", effectively closed, and buried from view. Two weeks later, the final tragedy occurred. No supervisor had reviewed the files or had become aware that a risk assessment had not been conducted for the children. It is imperative that a trained supervisor review each case prior to closing it as "unfounded". During our term there were too many tragedies caused by such poor decisions by protective investigators without supervision.

#### HRS PROTECTIVE SERVICES SUPERVISION

There has been an 83% increase in the number of protective service cases in one year. The protective services program was ill-designed and underfunded from its inception. Conceptually, each caseworker was to carry 20 cases. Presently each caseworker carries 117 cases. The reality is that existing

caseloads, compounded by an inability to attract competent, qualified workers, has doomed the program to certain failure. This program must be adequately funded immediately, for if it is not, further abuse and neglect or perhaps death are certain to occur.

HRS protective service counselors assume the social service responsibility to a child and/or the family at some time between two weeks and three months from the time a child enters the system. These counselors should further identify a child's needs, schedule and supervise family visitations, ensure immunizations and medical care and provide transportation. These counselors are to regularly visit the child to ensure that care for the child is adequate, whether the child is in shelter or returned to the family under protective supervision.

These workers, who are entrusted with tending to the immediate and complex needs of traumatized children start at a base salary of \$16,890 annually. Only a basic college degree (any major will suffice) and one year of work experience (almost any job will suffice) is required. They receive virtually no training before assuming these responsibilities. They do not have the use of HRS' computer system, such as it is, so that their records of the approximately 3,500 children under protective supervision must be maintained manually.

We were alarmed to learn that in the last few months the number of cases court ordered to protective services supervision has declined substantially. Voluntarily agreed to protective services lack the "teeth" of judicial command. Too many of the families who enter into voluntary plans of protective services drop out. We believe that it is incumbent upon the court to impose protective services in all dependency cases.

#### THE CHILD PROTECTION TEAM

Only children who have been victims of serious physical abuse or other complex circumstances are offered the services of

a child protection team. This team is comprised of medical, psychological, and social service experts. It performs a diagnostic evaluation of the family situation and provides expert testimony to the court for dependency purposes. There is effectively only one such team in our community. Unfortunately, due to the heavy volume of cases this team can presently service only severely abused children and other extremely complex cases. Additionally, there is a one month waiting list for this evaluation.

The child protection team approach offers the best hope for comprehensive diagnosis of family dysfunction and required counseling services. We strongly urge that an adequate number of child protection teams be established throughout the community so that every case can be so evaluated. We believe this is desperately needed, except in cases where there is obvious and undeniable abandonment or neglect. These teams must be available 24 hours a day. The legislature must provide additional funding to establish these additional child protection teams.

#### GUARDIAN AD LITEM PROGRAM

Because of the need to designate an adult caretaker whose sole concern is the best interests of the child, the guardian ad litem program was founded. These court-appointed guardians are trained volunteers from all walks of life who independently investigate these often highly charged family situations. The guardian ad litem is effectively a child's advocate throughout the dependency process. Unfortunately only 57% of our shelter children and even fewer of those in foster care have guardians. Every child who enters the system should have a guardian for the entire time that child is under state supervision, regardless of where the child is placed. This community is extremely fortunate to have these 350 dedicated volunteers, but, more are desperately needed. Civic and professional organizations in our community should be urged to recruit their members as additional guardians to participate in



this program. This program offers a unique opportunity for the private and public sectors to work together in assuring the protection of these vulnerable, neglected and abused children.

#### MEDICAL AND THERAPEUTIC SERVICES FOR SHELTER AND FOSTER CHILDREN

HRS recently implemented a commendable model program for the delivery of medical services to children in shelter care. At each detention hearing, the judge now enters a routine order authorizing immunizations and medical care for children entering shelter care. HRS has finally attempted to respond to the problem shelter and foster homes have had of obtaining medical histories and medical care for these children. It now develops a medical dossier for each child entering shelter care to accompany the child as he or she moves through the system. Theoretically each child admitted to shelter care is immediately issued a medicaid card. However, delays in delivering these cards to shelter parents continue, thus placing an unwarranted burden on the shelter parent or delaying treatment for the child.

In addition, shelter and foster parents related their difficulties in finding private physicians who will accept medicaid. The long waits at public clinics are also a problem for shelter and foster parents who have several children. In addition, medicaid does not cover such items as orthodontia, orthopedic shoes, pharmaceuticals, and other health aids. We urge our medical community to join forces and mobilize to address these needs just as other professionals have begun to do. If each orthodontist would agree to provide braces for a few foster children, and pharmacies and providers of therapeutic appliances would each contribute a relatively small amount of those items, these children would not have to be stigmatized by conditions which are readily remediable.

HRS has recently developed some transportation availability for sick or injured shelter and foster children. However, several shelter and foster parents related their frustrations with transportation delays especially in cases where

immediate medical care is required. This is especially a problem for shelter or foster parents who have several children in their home. These parents are not permitted to leave other foster children in their care with anyone who is not HRS approved. Unfortunately, there is virtually no respite care in our community for these caregivers. Every child should receive timely medical care because anything less is inexcusable.

We hope that the transportation grant will be renewed and expanded. We commend Dade County for contributing this greatly needed service. We recommend that HRS consider the cost efficiency of contracting this service. We also urge HRS to medically screen every child who enters or is now in foster care so that each child has a developed medical history available to treating physicians.

Studies show that a substantial number of children in foster care have significant developmental, emotional and medical problems. Foster parents related their difficulties in obtaining greatly needed long-term therapy for their needy youngsters. There are several community programs which offer short-term (i.e. up to six weeks) psychological therapy for dependent children. However, we desperately lack community resources for the longer term therapy needed by so many of these children.

Sexually abused children are especially in need of long-term counseling, and there is virtually none available. These vulnerable children require a continuity of professional care if therapy is to have any chance of success. Just as we have developed excellent public health facilities and clinics, our community must develop and make available excellent public mental health facilities.

#### FOSTER CARE

When a child has been determined by the Court to be dependent, but the parents wish to be reunited with the child, they must sign a performance agreement with HRS, and the court. It specifies exactly what the parents must do within six months

to regain custody of the child. Pending compliance with that agreement the child is placed in a foster home, which may be a residential or group setting. Today, there are approximately 2,032 children in foster homes in our community, and their foster care is supervised (or not, as the case may be) by HRS foster care workers.

These caseworkers are required to visit each foster child in the foster home each month. Workers are to assure and supervise the provision of services to these children, including medical care, psychological counseling, and resolution of school placement problems. HRS has candidly admitted that these workers do not visit foster children as frequently as they should.

A recent tragic case of severe injury to a foster child might have been averted if that policy had been followed. In that case, the mother, a long term chronic polydrug abuser, had abandoned her children. The youngest, a "cocaine baby", was placed in residential foster care. During the months that the child was being cared for at this residence, the caseworker had minimal telephone contact with the foster mother and did not visit the baby (he tried one time during those 4 months). The child was severely injured while the mother was out of the home for a while. It appears that the foster household was overwhelmed without respite, a condition that might well have been discoverable had the caseworker visited the home.

Our foster care caseworkers now have more than twice the caseload considered appropriate by the Child Welfare League. Existing caseloads average 46 cases per worker. A "case" frequently includes a number of children per family, who may be scattered among separate foster homes. As with other HRS workers, their salary and training are woefully inadequate. The turnover rate is 50% annually because of the burnout factor, which results in a lack of continuity of care for the child.

Our dependency statute requires judicial review of all cases every six months. Parental compliance with the performance

agreement, and the continuation of foster care is determined at these reviews. Due to congested court dockets, these judicial review hearings have been placed on the "back burner". With our current foster care caseload, each of the juvenile judges has hundreds of these cases to review each month, in addition to other demands.

Under the auspices of the United Way, a citizens review board referred to as "The Foster Care Project" was recently formed and funded to assist the court in reviewing foster care cases and ascertaining parental compliance with performance agreements. These citizen reviewers receive 30 hours of training, and devote one day a month to examining these cases. They have been designated as special masters by our circuit court chief judge. Case files are reviewed and all interested parties, including parents, guardians ad litem, foster parents and HRS personnel are summoned to participate in the review process. Their review is then reported to the court, which may adopt it in lieu of the statutory judicial review. This program has been successful in 22 other states, and offers an area of relief to our overtaxed juvenile court system, while protecting the best interests of these dependent children.

Child welfare experts and our statutes say that no child should be in foster care more than 18 months. However, in District XI the average stay in foster care is approximately 39 months, an eternity in the life of an already traumatized child. Florida's laws promote reunifying the family over the best interest of the child. Apparently this is why juvenile judges repeatedly extend the time periods for compliance with performance agreements. This unduly prolongs the length of time a child remains in the limbo of foster care. We believe that the family should be fully supported in its attempt to accomplish the goals of a comprehensive performance agreement. However, if despite 18 months of social service efforts the agreement has not been met and the best interest of the child would be to sever parental ties, then parental rights should be terminated. Every

child deserves the opportunity to seek a healthy parent substitute through the adoption process and to finally enjoy a healthy permanent home.

According to a 1989 report of the Florida Office of the Auditor General, a substantial number of foster children have diagnosed emotional disturbances. They are difficult to control in a residential setting, and have developmental and medical disabilities. The prevalence of these problems increases greatly with the age of the child. Foster parents are given little, if any, training in parenting these children with special needs, and are frequently ill-equipped to care for them. Unfortunately it is no wonder that foster parents confronted with these problems sometimes ask HRS to remove these children. It is not surprising that many older children in foster care with these special needs have undergone multiple placements, sometimes as many as eight or nine.

Foster parents receive little financial support to assist them in fulfilling their responsibilities. They receive approximately \$295 monthly per child, plus a \$200 annual clothing allowance. According to a recent United Way survey of foster parents the inadequacy and delay of this compensation is a major problem. Approximately 68% of foster parents in our community have a combined annual income of less than \$30,000. We were profoundly moved when a United Way executive told us of a clothing fair United Way sponsored for foster children. The children were so grateful to have the opportunity to have that special new dress or shirt, something we take for granted for ourselves and our children.

We recommend that the citizens of our community come to the aid of these generous people and the children they serve. We suggest the formation of a not-for-profit organization to operate one or more "foster parent stores", stocked with goods and merchandise provided by our local merchants. Instead of unloading end-of-season or discontinued merchandise at drastic discounts, local merchants should donate their items for our

foster children.

There is a crying need for good residential and group foster homes in our community. Professionals tell us that some foster children have a better chance at thriving in a family setting. Other children, particularly teenagers who have been victimized for many years, will accommodate more successfully in a well supervised group home with the support of readily available therapeutic services.

Given the paucity of group homes in our community, we were dismayed to learn that the TASC home operated by Children's Home Society, which has 24-hour a day professional staff coverage for its children and receives \$49 per day per child under its contract with HRS, rejects children with behavioral problems. It is precisely these children who need the structured environment TASC provides, and we believe TASC is adequately compensated to do so. We understand that by contract TASC is required to service these children. If so, HRS should insist upon compliance with its contract with TASC, and do what is necessary to enforce it.

HRS should establish clusters or pods of residential and professionally supervised group foster homes in our community, with nearby medical and therapeutic services. We should provide not only maintenance and sustenance, but also enrichment activities for these children. They should be given the same opportunities we give our own children such as visits to the zoo, museums, concerts, sporting events, and the like. Unfortunately, these types of activities are too frequently beyond the budget of many foster parents.

Since many of the children who enter the child welfare system are directly or indirectly innocent victims of drug abuse, the proceeds of property confiscated as the result of drug law violations should be channeled into the child welfare system which so desperately needs an infusion of funds. We are told this is a complex procedure involving the coordination of local,

state and federal agencies. We urge these agencies to return funds derived from confiscations in our community back into our community.

#### TERMINATION OF PARENTAL RIGHTS AND ADOPTION

If parents of dependent children fail to comply with their performance agreements, HRS should proceed to terminate parental rights. The statute now provides that parental rights may not be terminated if non-compliance was for reasons beyond the parents' control. Thus dependent children of parents who are serving long-term prison sentences, or parents who are severely and chronically mentally ill are left to languish in foster care. Whether the cause of the abuse or neglect is under the parents' control should not be the controlling factor. The primary factor should be the impact upon the victimized child.

We believe that parents of dependent children should have a reasonable opportunity to demonstrate their competency to parent. Comprehensive social services should be identified and provided to support the family's attempt to reunify. However, we also believe that the best interests of the traumatized child demand that a permanent environment be provided for that child as soon as practicable. Thus, we urge the legislature to further amend the law to allow parents of a dependent child no more than 18 months from the determination of dependency or the entry of a performance agreement to comply and justify the return of the child. Failing to do so should result in the termination of parental rights so that the child can be permanently placed.

#### CONCLUSION

We decided to concentrate on the child welfare system because we eighteen diverse members of this community unanimously believe that our children represent our hopes and dreams for the future. We each leave our service enriched by it. Although time did not permit us to fathom the root causes that lead to child abuse and neglect, we hope our Report will be instrumental in

diverting the downward spiral of the lives of these children.

Last year Dade County voted for the creation of a Juvenile Welfare Board comprised of public and private community leaders. This Board was created to supervise and coordinate all local child welfare agencies and programs. Unfortunately, voters rejected the funding of the Board, thus preventing its operation. We believe that the confusing wording of the proposition, and a failure to effectively market the need for this board caused its defeat. This issue must again be brought before the public, this time well explained and advocated. We trust that in light of all of the attention focused recently on the problems of the child welfare system, our community will respond.

We as taxpayers are certainly mindful that many of our recommendations, if implemented, will have to come from our pockets. We are keenly aware that our voters have "read the lips" of government leaders. We are also keenly aware and ashamed that our state is among those which allocates the least amount of its tax dollars to human services. But while we investigated the abuses of our child welfare system, we also saw ultimate products of child abuse and neglect: those who later became abusers and/or abusive to others.

Thus we leave our service convinced that our community must either pay now, or pay more later. It will be far less costly, both in dollars and in human suffering, to pay now and leave a legacy of hope instead of despair. Our citizens respond immediately and generously to crises elsewhere, such as earthquakes, famine, and children with devastating physical illnesses. When will we learn that we have children in crisis in our own back yard? When will we learn that we must care for our own?



CAPITAL AND OTHER CRIMINAL CASES PRESENTED TO THE GRAND JURY

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
CHRISTOPHER WINT, also known as MARK TAYLOR, and ATHOL LAWRENCE	First Degree Murder First Degree Murder Attempted First Degree Murder Armed Robbery Armed Burglary	True Bill
GARY LEE WILLIAMS	First Degree Murder Attempted First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
ANTHONY JAMES PHILLIPS	First Degree Murder	True Bill
CHERYL ANN DAVIS	First Degree Murder Armed Robbery	True Bill
JOSE CALDERIN CANTILLO, also known as JOSE CALDERIN, also known as "PEPE"	First Degree Murder Attempted First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
MIGUEL RAMIREZ and EDUARDO FERNANDEZ-CARDULLI	First Degree Murder	True Bill
DANILO ARGUDIN	First Degree Murder Unlawful possession of a Deadly Weapon while Engaged in a Criminal Offense	True Bill
RAFAEL ENRIQUE RIVERA	First Degree Murder Unlawful Possession of a Firearm while Engaged in the Commission of a Felony Shooting or Throwing Deadly Missile into Occupied Building or Vehicle Unlawful Possession of a Firearm by a Convicted Felon	True Bill
JOSE ROSELL SIERRA	First Degree Murder	True Bill
GEORGE HENRY VOLKER, III	First Degree Murder	True Bill
STERLING BAKER	First Degree Murder Armed Burglary	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
KENNIE LEE BROCK, also known as "SWEET PEA", HORACE RILEY	First Degree Murder	True Bill
ROBERT L. CARTER	First Degree Murder First Degree Murder Unlawful Possession of a Firearm During the Commission of a Felony	True Bill
TIMOTHY OLIVER	First Degree Murder	True Bill
DAVID BERTRUM INGRAHAM	First Degree Murder Unlawful Possession of a Firearm by a Convicted Felon	True Bill
TIMOTHY OLIVER  (Prev. presented 6/14/89)	First Degree Murder Unlawful Possession of a (Firearm by a Convicted Felon	True Bill
NAPOLEAN AGUSTA VILABOA	First Degree Murder Unlawful Possession of a Firearm during the Commission of a Felony	True Bill
LUIS NORBERTO QUINTERO	First Degree Murder	True Bill
COLIN RICHARD GRAY, RICARDO HUGH GRAY and SEAN WADE BROWN	First Degree Murder Armed Robbery	True Bill
ALEPHONIA LEWIS	First Degree Murder Armed Robbery Attempted First Degree Murder Attempted Armed Robbery Armed Burglary of a Conveyance	True Bill
RANDY STEVEN MARTIN	First Degree Murder	True Bill
CHRISTOPHER LEA	Second Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
LAVARITY ROBERTSON	First Degree Murder First Degree Murder Robbery with a Firearm Armed Burglary	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
KARL KIRKLAND STEWART	First Degree Murder Attempted First Degree Murder Attempted Armed Robbery Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
GIUSSEPPE FRANCESCO CONCEPCION	First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
JOSE BRITO, also known as JOSE EDUARDO BRITO-ACOSTA, also known as EDUARDO ACOSTA BRITO, also known as "EDITO" (prev. presented 7/13/88)	First Degree Murder Armed Robbery	True Bill
EDUARDO OLIVA	First Degree Murder	True Bill
OCTAVIO SANCHEZ "A" and JOSE ROLANDO PERALTA "B"	First Degree Murder Attempted First Degree Murder "A & B" Attempted Armed Robbery "A & B" Burglary "A & B" Trafficking in Cocaine "A & B" Shooting or Throwing Deadly Missile into Occupied Building or Vehicle "A & B" Unlawful Possession of a Firearm while Engaged in a Criminal Offense "A & B"	True Bill
ANDRE PINDER	First Degree Murder Attempted Armed Robbery Armed Robbery Armed Burglary Possession of a Firearm	True Bill
ARTHUR JAMES STREETER, JR.	First Degree Murder Armed Robbery Burglary/Assault Grand Theft	True Bill
ANTHONY DeJUAN FAIL	Armed Robbery Attempted First Degree Murder	True Bill
ANTHONY DeJUAN FAIL	Attempted First Degree Murder Attempted Armed Robbery	True Bill
MICHAEL SMALLS	First Degree Murder	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
RUPERTO GONZALEZ	First Degree Murder Armed Burglary with an Assault Aggravated Assault Armed Kidnapping Armed Kidnapping Possession of Weapon in the Commission of a Felony	True Bill
SUZANNE LEE CRIDER	First Degree Murder Armed Burglary with an Assault Possession of a Weapon During the Commission of a Felony	True Bill
EXPEDITIO CLASS, also known as JOSE DEL CARMEN DIAZ-ANGEL, also known as GONZALO CHACON	First Degree Murder	True Bill
GODFREY ERA and VALENCI WILLIAMS	First Degree Murder Armed Robbery Possession of a Firearm while engaged in a Criminal Offense (A) Possession of a Firearm while engaged in a Criminal Offense (B)	True Bill
ROLAND NATHANIEL STEWART	First Degree Murder	True Bill
FELIX MERINO CARBONELL, and LAZARO GONZALEZ	First Degree Murder Burglary/Assault Robbery	True Bill
JAMES CONRAD BASS	First Degree Murder Attempted First Degree Murder Armed Kidnapping Armed Kidnapping Possession of Cocaine	True Bill
LARRY JAMES LEE, III	First Degree Murder Shooting into an Occupied Vehicle	True Bill
LUZ ESTELA CARMONA, JOHN EDWIN CARMONA, DARIO ALFREDO MEJIA-CATANO, FREDY MAURICIO GARCIA-GALLO	First Degree Murder	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
KEVIN RAYMOND JOHNSON, and RANDY GEORGE	First Degree Murder Attempted Armed Robbery Attempted First Degree Murder	True Bill
DONALD RHOADS	First Degree Murder Burglary of an Occupied Dwelling	True Bill
ROYCE MONTREAL REED also known as ROYCE MONTREAL GREED (A) and ALVIN WILLIAMS, JR. (B)	I. Kidnapping II.-VI. Sexual Battery (5 counts) VII. Grand Theft Second Degree VIII. Robbery IX. Unlawful Possession of a Firearm while engaged in a Criminal Offense X. Carrying Concealed Firearm	True Bill
JAMES FRANKLIN McCOY and CHARLES MICHAEL ROBINSON	First Degree Murder False Imprisonment	True Bill
JOSE BOTTINO	First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
ORLANDO HERNANDEZ	First Degree Murder	True Bill
IGNACIO A. PORRO	First Degree Murder First Degree Murder Attempted First Degree Murder	True Bill
ELISA GOM	First Degree Murder	True Bill
ENRIQUE FERNANDEZ	First Degree Murder	True Bill
JIMMIE LEE SESSIONS	First Degree Murder Shooting a Deadly Missile into an Occupied Building or Vehicle	True Bill
RANDY WASHINGTON	First Degree Murder Attempted First Degree Murder Unlawful Possession of a Firearm while engaged in a Criminal Offense	True Bill
JOHN CARLIE, also known as CARLOS	First Degree Murder	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
JAMES PEOPLES	First Degree Murder Burglary Attempted Robbery Attempted Second Degree Murder (Felony) Kidnapping Shooting within or into an Occupied Public or Private Building Unlawful Possession of a Firearm while engaged in a Criminal Offense	True Bill
JOSEPH GOLPHIN, also known as "KILLER JOE"	First Degree Murder Kidnapping	True Bill
PRINCE TURNER, JR.	First Degree Murder	True Bill
COSMON LLOYD BARRETT	First Degree Murder Unlawful Possession of a Firearm during the Commission of a Felony	True Bill
ANTONIO BROWN and ROCHENEL DANIEL	First Degree Murder Attempted First Degree Murder Kidnapping Kidnapping Kidnapping Kidnapping Robbery Robbery Burglary Grand Theft	True Bill
JUAN PABLO SILVA	First Degree Murder Attempted First Degree Murder	True Bill
JAMES EDWARD BROOKS	First Degree Murder Unlawful Possession of a Firearm during the Commission of a Felony	True Bill
ARTURO PEREZ, JR., and REYNALDO CASTILLO	Armed Kidnapping Armed Burglary First Degree Murder First Degree Murder Grand Theft Third Degree Unlawful Possession of a Firearm during the Commission of a Felony	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
RONALD EDWARD ATKINS, also known as FRITZNER LYS	First Degree Murder First Degree Murder Attempted First Degree Murder Carrying a Concealed Firearm	True Bill
TONY TYRONE JONES  (prev. presented 4/20/88)	First Degree Murder Robbery (Armed) Burglary (Armed) Grand Theft	True Bill
KEVIN LAMAR ATWELL	First Degree Murder	True Bill
WESLEY EUGENE JOHNSON, also known as TONY JOHNSON	First Degree Murder Grand Theft Auto Possession of a Firearm While Engaged in a Criminal Offense Possession of a Firearm by a Convicted Felon	True Bill
JOSEPH STEVEN CARROLL	First Degree Murder	True Bill
GUSTAVO SALCERIO	Attempted First Degree Murder Attempted First Degree Murder Armed Robbery Armed Robbery Attempted Armed Robbery Attempted First Degree Murder First Degree Murder Possession of a Firearm by a Convicted Felon	True Bill
MICHAEL JOHN BAPTISTE	First Degree Murder	True Bill
ROGER LEE SMITH and ANTHONY MOBLEY	First Degree Murder (A,B) Armed Robbery (A,B) Unlawful Possession of Firearm while Engaged in a Criminal Offense	True Bill
CHRISTOPHER GREEN and RONNIE CLARK	Attempted First Degree Murder Armed Robbery Aggravated Assault Aggravated Assault	True Bill
JOSE MANUEL PEREIRA, also known as JOSE CASTANEDA	First Degree Murder Carrying Concealed Firearm	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
ARTHUR JAMES STREETER, JR., and TIMOTHY DON EVANS  (prev. indicted 8/2/89)	First Degree Murder Armed Robbery Burglary/Assault Grand Theft	True Bill
JESSIE SMITH, also known as JESSIE FOOT	First Degree Murder Burglary of a Dwelling while armed and/or Committed an Assault Shooting a Deadly Missile within a Private Dwelling Possession of a Firearm in the Commission of a Felony (First Degree Murder) Attempted First Degree Murder Shooting a Deadly Missile at an Occupied Vehicle Possession of a Firearm in the Commission of a Felony (Attempted First Degree Murder)	True Bill
ERIC SCRIVENS	First Degree Murder Attempted Armed Robbery	True Bill
POMPEYO FLORES HUERTA and TIRZO GARCIA	First Degree Murder Armed Robbery Armed Burglary	True Bill
IRA JOE JORDAN	First Degree Murder Aggravated Assault Possession of a Firearm during the Commission o of a Felony	True Bill
JOSEPH GOLPHIN, also known as "KILLER JOE", and LUCIOUS KEARSE, also known as "LUKE"	First Degree Murder Kidnapping	True Bill
ANTHONY SIMON	First Degree Murder	True Bill
OSVALDO GUERRERO, also known as "APA"	First Degree Murder	True Bill
LEON FLYNN, also known as MacARTHUR STEWARD	First Degree Murder Armed Burglary Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill



<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
BOB FIJNJE, also known as BOBBY FIJNJE	Sexual Battery Sexual Battery Sexual Battery Sexual Battery Lewd and Lascivious Assault Sexual Battery Sexual Battery Sexual Battery	True Bill
KEITH ANTHONY DAYE	Murder Second Degree Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
BARRY RAY LANG, "A", and WILLIAM RAY LENNON, "B"	First Degree Murder Robbery Possession of Controlled Substance "B" Driving while License Suspended "B"	True Bill
BILLY JOE GRIER	First Degree Murder Attempted First Degree Murder Armed Robbery Trafficking in Cannabis Use of a Firearm in the Commission of a Felony	True Bill

#### ACKNOWLEDGMENTS

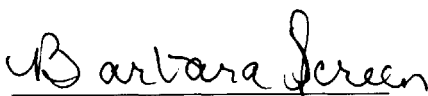
We would like to express our thanks to His Honor George Orr, Chief Judge Gerald Wetherington, and State Attorney Janet Reno. We would like to thank the people who made our term run so smoothly: George Barnes and Harry Kessman, our Bailiffs who took good care of our needs and comfort; Rose Anne Dare, Administrative Assistant to the Grand Jury who tirelessly and graciously expedited mountains of paperwork for our research. We especially want to thank, on behalf of all of our community, Chief Assistant State Attorney Katherine Fernandez Rundle. Her keen mind, usually three steps ahead of ours, coupled with her dedication, made the enormous task we undertook more manageable and her ready smile and limitless patience made it more pleasurable.

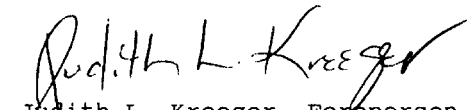
During our Term we heard numerous capital crime cases. We acknowledge the professionalism of all the Police Departments, including Metro-Dade, City of Miami, Hialeah, Miami Beach and North Miami in the performance of their duties. Additionally, we wish to acknowledge the dedication of our police who put their lives on the line daily in the performance of their work.

Time did not permit us to explore the root problems which drive people into the drug culture, and as we stated in our Report, the children whose plight we explored are but a symptom of the underlying ailment. We urge our successors, and those in leadership positions in our community, to investigate those problems, consider departments, agencies and programs which presently exist and recommend courses of action to ameliorate those conditions.

Respectfully submitted,

ATTEST:

  
Barbara Screen  
Clerk

  
Judith L. Kreeger, Foreperson  
Dade County Grand Jury  
Spring Term 1989

DATE: November 15, 1989