

EXHIBIT 1

Mr. Steven Roach
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Re: *Buck, et al. v. Gordon, et al.*
U.S. District Court for the Western District of Michigan
No. 1:19-cv-00286

EXPERT REPORT

Pursuant to Rule 26(a)(2)(B) of the Federal Rules of Civil Procedure, I submit this expert report on behalf of Plaintiffs St. Vincent Catholic Charities (“St. Vincent”), Chad and Melissa Buck, and Shamber Flore. This report is submitted on behalf of these Plaintiffs only.

1. Statement of Qualifications:

I have personal experience partnering with the state of Illinois to provide exemplary foster care and adoption services as a private charity. For more than 33 years, I have worked for Catholic Charities in Illinois. I now serve as the Executive Director of Catholic Charities for the Diocese of Springfield. For over 40 years, the Illinois Department of Children & Family Services partnered with Catholic Charities across the State to provide foster care and adoption services. During this time, Catholic Charities provided effective care and both interim and permanent loving

homes for tens of thousands of vulnerable children. The State publicly declared that our partnership should serve as a national model; and Catholic Charities agencies across the State ranked among the highest in providing positive outcomes for children, according to the State's own evaluation system. Furthermore, the Council on Accreditation verified that my agency, Catholic Charities of the Diocese of Springfield, met the most respected best practice standards in the industry.

I have firsthand experience and knowledge as to how the foster care and adoption system can serve or, alternatively, fail to serve vulnerable children. I also have firsthand experience and knowledge regarding the closure of a Catholic foster and adoption agency as a result of a state's decision to stop partnering with that agency, and what effect this has on the children served by the state's foster care and adoption system because I unfortunately went through that process with my organization. Michigan, like Illinois, partners with private child placing agencies to care for children in need. Accordingly, my experience in Illinois is similar to, and can provide insight into, the likely result in Michigan should St. Vincent Catholic Charities and other Catholic agencies across the State be forced to close.

A true and correct statement of my work and qualifications is attached hereto. I have received no fees for the preparation of this report.

2. Statement of Data and Other Information Considered in Forming Opinions:

In preparation for this report, I relied upon my experience as a longtime employee of Catholic Charities in Illinois and as the Executive Director of Catholic Charities for the Diocese of Springfield, as well as my training and knowledge as a foster care and adoption provider in the State of Illinois. I also relied upon reputable studies, cited throughout this report, that support my knowledge and experiences.

3. Statement of Basis for Opinions Expressed:

The opinions expressed in this report are based upon my knowledge, training, skills, experience, and observations as a longtime employee and the current Executive Director of Catholic Charities of the Diocese of Springfield.

4. Opinions:

In my opinion, the closure of St. Vincent would harm vulnerable children and undermine Michigan's child welfare system. First, it would cause caseworker disruption. This disruption would directly harm the foster children placed with St. Vincent who have learned to trust and depend on their caseworkers. Second, the closure would exacerbate the already chronic shortage of quality foster and adoptive homes for children. This would lead to longer waits for adoptions, increased reliance upon group homes and institutional settings, and would increase the number of children aging out of the system without a permanent family. The closure of

St. Vincent would have negative effects on vulnerable children.

A. Caseworker Disruption Harms Foster Children

Caseworker disruption creates a serious harm for children in the foster care system. Children learn to trust and depend on their caseworker throughout their journey to either family reunification or an adoptive home. Foster children, particularly those who experience multiple moves or extended periods of uncertainty, will learn to trust and depend on their caseworker more than anyone else. Sometimes, the caseworker is the *only* person the child trusts. The closure of St. Vincent would disrupt these important relationships and cause trauma for children who have already experienced disruption and uncertainty.

Studies show that caseworker disruption also dramatically decreases the likelihood of a child finding permanent placement. A 2005 study from Milwaukee County, Wisconsin found that children had a 74.5% chance of achieving timely permanency if they had only one caseworker during their time in the system.¹ However, children who were forced to switch to a second caseworker had only a 17.5% chance of achieving timely permanency.² And those who experienced six or more caseworkers had only a 0.1% chance.³ Similarly, a 2008 study by the

¹ Connie Flower et al., *Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff* 4 (Jan. 2005), https://www.uh.edu/socialwork/_docs/cwep/national-iv-e/turnoverstudy.pdf.

² *Id.*

³ *Id.*

University of Minnesota School of Social Work found a correlation between caseworker turnover and increased placement disruptions.⁴ These studies comport with my personal experiences in the field.

If St. Vincent closes, its caseworkers will have to find new jobs, and the children it serves will have to transfer to other agencies, meaning that those children will have to adjust to new agencies and new caseworkers and are likely to suffer further trauma as a result. This will end the one relationship many of those children have come to trust and depend on. The loss of caseworker familiarity with foster children and families also decreases the likelihood that children will be placed with siblings or reunited with prior foster families with whom they have already bonded. This disruption will lead to even further uncertainty, reduce the likelihood of sibling reunification, and dramatically decrease their odds of finding permanent homes in a timely manner, if at all.

⁴ Annette Semanchin Jones, Susan J. Wells, *PATH/Wisconsin - Bremer Project: Preventing Placement Disruptions in Foster Care* iv (Jan.15, 2008), http://cascw.umn.edu/wp-content/uploads/2013/12/Path_BremerReport.pdf.

B. There is a Chronic Shortage of Quality Foster and Adoptive Homes for Children

The United States faces a chronic shortage of quality foster and adoptive homes, and Michigan is no exception. This shortage has been exacerbated by the opioid crisis. This leads to several adverse outcomes for children. This includes more placements in group or institutional settings, rather than individual family homes, which are considered the best placement for most children. It includes longer waits for children in need of adoptive families and the overuse of existing foster homes, which can cause foster parent burnout and increased turnover in the system. And it includes higher numbers of children who “age out” of the foster care system without ever finding a permanent family. Children who age out, on average, fare much worse than children who end up in loving foster homes. One in five will become homeless at age 18, only half are employed, and less than 3% graduate from college—not to mention the increased likelihood of an unplanned pregnancy and of suffering from PTSD.⁵ When an effective agency with a long history of recruiting thousands of foster and adoptive parents is forced to close, the result is fewer homes for children and an increased likelihood of negative outcomes for children in the system. I have seen this harm firsthand in the state of Illinois.

⁵ Wayne Winston Sharp, *The Human, Social, And Economic Cost of Aging Out of Foster Care*, Adoption Advocate (May 2015), <https://www.adoptioncouncil.org/files/large/c29246a29debe09>.

According to one survey, Illinois has had the most significant decrease in available foster homes between 2012 and 2017 of any state that made this data available. Illinois lost 1,547 foster homes in that time period, meaning these homes no longer available for foster children.⁶ This data is consistent with my own observations and experience.

Both my personal experience and the studies discussed above confirm that similar harms will occur in Michigan if agencies like St. Vincent are forced to close. While other agencies may be able to absorb their immediate caseload, transferring children from one agency to another causes unnecessary trauma and disruption for children and is not in their best interest. Worse still, the loss of St. Vincent—an agency that has effectively recruited foster families for decades—will mean fewer foster and adoptive families overall. Some prospective parents St. Vincent *would* have recruited will instead choose not to foster or adopt. Some will be less likely to join the system because there is no longer an agency that shares their religious beliefs. Faith-based agencies like St. Vincent are effective in recruiting through churches or other ministries, and recruitment will decline as the number of agencies investing in such outreach declines. You cannot replace the numerous benefits of a faith-based adoption agency by merely transferring the children in their care elsewhere.

⁶ *Foster Care Housing Crisis*, Chronicle of Social Change, Appendix A at 13-14, <https://chronicleofsocialchange.org/wp-content/uploads/2017/10/The-Foster-Care-Housing-Crisis-10-31.pdf>.

The impact will be multiplied if it is not only St. Vincent, but multiple Catholic agencies throughout the State who are forced to close their doors.

According to the United States Department of Health & Human Services, there are almost 12,000 children currently in need of a permanent home in the state of Michigan.⁷ Approximately 600 of these children will be forced out of the foster care system without a family—a direct result of the State’s chronic shortage of quality foster and adoptive homes.⁸ This will cause immediate and lasting harm to some of the State’s most vulnerable children, leaving many without the necessary skills, resources, or support they need to be successful. Children will suffer because they were failed by the system on which they depend.

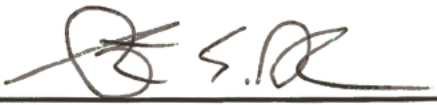
⁷ U.S. Department of Health & Human Services, *Children’s Bureau*, <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/michigan.html>.

⁸ Child Trends, *Transition-Age Youth in Foster Care in Michigan*, https://www.childtrends.org/wp-content/uploads/2017/09/Transition-Age-Youth_Michigan.pdf; Kristi Tanner, *More than 900 Michigan foster care youth age out*, Detroit Free Press (Jan. 31, 2015) <https://www.freep.com/story/opinion/contributors/raw-data/2015/01/31/michigan-foster-care-youth/22621127/>.

5. List of Cases Testified to At Trial or by Deposition as an Expert:

I have never testified as an expert in court.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.



Name



Date

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Steven Roach is the Executive Director of Catholic Charities in the Diocese of Springfield in Illinois where he has held that position for the last 20 years. For 33 years, Mr. Roach has worked for Catholic Charities agencies and institutions across Illinois including the communities of Chicago, Rockford, Springfield and Alton. Throughout his entire career, Mr. Roach has developed and managed child welfare programs that serve abused and neglected children. In the 1990's, Mr. Roach developed the Catholic Charities *Treatment Foster Care Program* and the Catholic Children's Home *Learning Independence For Tomorrow (L.I.F.T.)* program which have provided stable and effective placements for hundreds of DCFS children who are wards of the State of Illinois.

During his tenure as executive director, Mr. Roach directed the agency to its first ever national accreditation through the Council On Accreditation (C.O.A.) of New York and under his leadership annual giving to Catholic Charities has increased by over 400%. Mr. Roach has continually developed a wide array of social service programs including the Catholic Charities *Legal Services Program (CCLS)*, the *St. Francis Community Clinic*, the *St. Anne's Residence*, the Catholic Charities *Mobile Food Pantry* program and the brand new *Health Connect* program through a partnership with St. Mary's Hospital in Decatur.

Mr. Roach has served as Chairman for the Social Services Department of the Catholic Conference of Illinois, as a board member of the Illinois Catholic Health Association and as a member of the Catholic Charities USA Social Policy Committee in Washington, D.C. Mr. Roach also serves as the Director for Community Services for the Diocese of Springfield in Illinois supervising the Office for Pro-Life Activities & Special Ministries. In 2002, Mr. Roach received the *Magnificat* Award from the Springfield Diocese for "outstanding service to God & Neighbor." A graduate of Marquette Catholic High School in Alton, Mr. Roach holds a Bachelor's Degree in Psychology and a Master's Degree in Business Management. Mr. Roach is married with three children and currently resides in Godfrey, Illinois where he is a member of St. Mary's Parish.