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Testimony before the District of Columbia Council
Committee on Human Services
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Agency Performance Oversight Hearing: Child and Family Services Agency

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Good morning Chairman Graham and members of the Committee. My name is Judith Sandalow. I am the Executive Director of Children's Law Center[1] (CLC) and a resident of the District. I am testifying today on behalf of CLC, the largest non-profit legal services organization in the District and the only such organization devoted to a full spectrum of children's legal services. Every year, we represent over 2,000 low-income children and families, including 500 children in foster care, dozens of children at risk of entering foster care, and several hundred foster parents and relatives of children in foster care.

Introduction

In the past year, the Child and Family Services Agency (CFSA) has made tremendous progress. Since Brenda Donald became the agency's director a year ago, she has taken key steps to build a strong foundation for the agency. She has brought a strategic vision to the agency focusing on four pillars, Front Door, Temporary Safe Haven, Well Being and Exits to Permanency. Success of this vision requires, among other things, fewer children being removed from home, more children being placed with kin and shorter stays in care. The evidence is clear that these changes will lead to better outcomes.

Impressively, this vision has been translated into outcome measurements and action, already resulting in positive change.[2] This has been achieved by taking concrete steps to implement the vision and create a permanent infrastructure to support her reforms. Director Donald has taken dramatic steps to transform the agency, restructuring its divisions, expanding its ability to find and license kin; engaging the family before removal; and expanding its non-adversarial approach, differential response, to keep more children at home with supports. Director Donald has assembled a talented team of senior staff to help implement reform. There is a remarkable new openness in her engagement with community partners. She has begun a systematic revision of all the agency's policies and included the community in the process leading to better policy with community support

and understanding. The leadership team is demonstrating flexibility and creativity in problem-solving. There has been a more sophisticated approaching to funding, for example the application for and receipt of a competitive federal grant to support trauma-informed practices, and application for a Title IV-E waiver to allow for more flexibility in funding programs that help keep children safely at home.

While dramatic and impressive, these reforms are still a work in progress. There are more changes to be made, and the current changes in practice are not fully implemented. CFSA has promising strategies to improve and move forward, but that progress can only be achieved if the agency continues to receive the resources it needs. As fewer children come into care there must be a strategic reinvestment of those resources back into the agency in the form of services and staff.

CFSA's ability to maintain its positive trajectory will also depend on the strength of the other family-serving agencies in DC, including the Department of Human Services (DHS), Department of Mental Health (DMH), Addiction Prevention and Recovery Administration (APRA)[3], the Office of the State Superintendent of Education (OSSE), the District of Columbia Public Schools (DCPS) and the ability of these agencies to effectively work together. As CFSA works to maintain more children safely at home with their families, it will be even more essential that those families be able to access in their communities the housing, mental health treatment, substance abuse treatment and other supports that they need. It should be remembered that CFSA is the child welfare agency, but it is not the entire child welfare system. For all children and families in the District to be safe and healthy, all of the child and family-serving agencies will need to be strong and work seamlessly together.

For purposes of this hearing, however, I will focus on the performance of CFSA.

Kin Placements

CFSA has made a concerted effort to increase the number of foster children placed with kin. Substantial research shows that children in foster care have the best outcomes when they are placed with kinship caregivers. In DC, kinship foster placements are three times as stable as non-kinship foster homes and four times as stable as group homes.[4] They are also more likely to lead to positive permanency outcomes (reunification, adoption, or guardianship) than any other foster care placement.[5]

In the past year, CFSA has taken multiple important steps to develop the infrastructure necessary to maximize kin placements. CFSA developed a new Kinship Support Unit to conduct home studies for emergency kinship licensing and walk kin through the licensing process. Staff from the Kinship Licensing unit are now on call 24/7 to respond to CPA calls. CFSA changed its policy to require that referrals be made to the diligent search unit (to locate parents, grandparents, and other relatives) at the same time that a referral is submitted for an FTM.[6] Diligent Search staff are able to run background checks on kin within 15 minutes of receiving their information. There are staff available to conduct fingerprinting of kin available 24/7 at CFSA.[7] CFSA also applied for federal Family Connections grants to fund intensive family finding and the development of a kinship navigator program, which would help connect kin to the information and supports they need.[8] And CFSA has continued to implement the policy allowing the agency to waive non-safety licensing requirements for kinship homes.

These structural improvements represent major accomplishments, but more work remains to be done. CFSA reports that an impressive 50% of children who were removed in December 2012 were placed with kin as initial placements, but for most of 2012 the proportion of children placed with kin was considerably lower.[9] In Nov. 2012, 17% of children were placed with kin as their initial placements.[10] In the other recent month for which we have data, June 2012, 17% of children were living in kinship foster homes.[11] In a memo provided to CFSA's senior leadership team last winter,

Children's Law Center outlined many recommendations for reforms to improve the rates of kinship placements. CFSA implemented a number of our suggestions, but the agency has yet to address some of the systemic issues we raised, including the current barriers to temporary kinship licensing for kin living in Maryland. When children have kin living in Maryland, those kin can only receive temporary kinship foster care licenses if the children are considered "traditional" (as opposed to "therapeutic") and if the children's cases are managed by CFSA rather than a private agency.[12] Becoming licensed in Maryland is also far more expensive than becoming licensed in DC, as there is no financial assistance provided for the necessary background checks, fire safety inspections, and lead paint inspections. We have also found that sometimes kin are not provided with temporary kinship license applications at FTMs, which leads to delays in the licensing process.

Overall, we have seem great improvement in kin licensing, with many social workers going above and beyond to process temporary license applications within 24 or 48 hours, but it will be important for CFSA to address the remaining systemic barriers in order to further increase kinship placement rates. One way that CFSA might address some of the remaining barriers is through the border agreement with Maryland that we understand is in progress.

Differential Response

In the past year, CFSA has increased its capacity to provide in-home services to families without first initiating an adversarial investigation. This is a significant positive step forward. Across the country, jurisdictions have been moving to this model because of its proven positive outcomes.[13] Pursuant to the Families Together Amendment Act of 2010,[14] CFSA in 2011 established a differential response model that allows it to respond to low-risk reports (e.g., educational neglect, inadequate clothing or food, inadequate shelter) by referring families to the Family Assessment unit. The Family Assessment unit's social workers assess the families' needs, refer the families to appropriate service providers in the community, and can connect them to CFSA's Flexible Family

Services funds to provide resources for housing, transportation, substance abuse treatment, and other urgent needs. Preliminary data on the effectiveness of Family Assessment shows that only 7% of the families were later referred for a traditional child protective services investigation, indicating that in 93% of the cases referred to Family Assessment it was possible to provide supports to keep the children safe at home.[15] During FY 12, CFSA increased the number of Family Assessment units from one (1) to three (3), corresponding to an increase from five (5) assigned social workers to 15.[16] In FY 12, CFSA referred 244 cases to Family Assessment.[17] In FY 13 so far, CFSA has referred 193 families to Family Assessment, putting the agency on track to serve significantly more families through Family Assessment this coming year.[18]

The number of families served through Family Assessment, however, continues to be a small percentage of the number of families who might benefit. Between January and June 2012, CFSA reported that only approximately 2% of hotline calls resulted in referrals to Family Assessment.[19] CFSA plans to address this need for greater capacity by in this coming year converting four (4) additional investigative units to Family Assessments units, for a total of seven (7) Family Assessment units.[20] There will likely be a need for additional expansion in future years, especially because of the increased focus on reporting educational neglect, which has already resulted in an influx of hotline reports in the past year. It will also be important for CFSA to evaluate its implementation of differential response to make sure that the families served through Family Assessment actually receive the services they need. There is a danger that the emphasis might otherwise be on case planning and assessment without adequate follow through to make sure that the plans are put into action.

Initiating Court Cases without Removing Children ("Community Papering")

In past years, I have called to this Committee's attention my concern that CFSA was unnecessarily removing children from their homes. In FY 10, CFSA acknowledged that it had not

filed a court petition before removing 98% of the children removed in that fiscal year, defying the legal requirement that CFSA only remove children without a court order if there is an imminent risk to the child's safety. I do not have current data on the percentage of children removed without a court order, but Children's Law Center attorneys report that they are seeing far more "community papered" cases than in the past. In these cases, CFSA has filed a neglect petition in Family Court but has determined that the children are not in "imminent danger" and therefore they should remain at home with CFSA supervision. This increase in the use of community papering dovetails with a reduction in the number of children who have very short stays in foster care. In FY 11, 25% of children who were removed from their families were returned home in less than a month. In FY 12, that rate decreased slightly – 21% of children who were removed in FY 12 were returned home in less than a month.[21] This data suggests that CFSA is doing a better job of identifying which children truly need to be removed.

However, I caution that there is a risk of CFSA swinging too far in the direction of not removing children when they need to be removed. Our attorneys report that they have been appointed as Guardians *Ad Litem* (GALs) for several children who were not removed from home until long after the circumstances in their homes had become untenable. It is not clear to me whether this is a result of a faulty decision not to remove a child in the first place or if it is a result of the families not receiving adequate support through in-home services. As CFSA works to strike the right balance between removing too many children and removing too few children, I trust that Director Donald will turn her attention to the quality of in-home services, as those services will be critical to allowing as many children as possible to stay safety at home with their families.

Child Protective Services (CPS) Investigations

In FY 13, 21 investigative social workers had caseloads higher than the 12 allowed by the *LaShawn* Implementation and Exit Plan, with 16 of those workers carrying over 15 cases at a time.[22]

The recent *LaShawn* court monitor's report raised some serious concerns about the quality of investigations.[23] We know that in part this is due to the change in law requiring schools to report to CFSA children ages five (5) to thirteen (13) with more than ten unexcused absences and a new focus on compliance with that law. In the coming year, I urge CFSA to consider increasing the staffing for the CPS units and to continue focusing on improving the quality of investigative practices. Making sure that the investigative social workers are not overburdened is critical to many of the agency's reform goals, including engaging kin and reducing multiple foster care placements by making a good match with the first placement.

Pre-removal Family Team Meetings (FTMs)

When a child is at risk of removal, best practice is to bring together the child's family and community supports to develop a plan to avert the need for removal or – if that is not possible – to minimize the harm of removal by identifying kin or neighbors who can become foster parents for the child. A year ago, I noted that CFSA was convening very few pre-removal FTMs but had just developed new policies aimed at increasing them. Under Director Donald's leadership, the agency in the past year has taken several positive steps to achieve this practice change. The CFSA unit responsible for administrative reviews, which we have long argued was redundant, was disbanded and the senior and skilled staff from that unit were assigned to pre-removal FTMs. In October 2012, CFSA clarified the criteria that make children eligible for pre-removal FTMs. In FY 12 and FY 13 to date, a total of 99 children have been referral for pre-removal FTMs, as compared to 71 children at the same time last year. Of those referrals, 65 resulted in pre-removal FTMs being held, as opposed to 34 last year.[24] This increase in pre-removal FTMs is promising, but it is just a beginning. CFSA estimates that the FTM unit should receive a monthly average of 82 referrals for pre-removal FTMs, for an annual average of 984 pre-removal FTMs.[25] CFSA projects that the 10 staff in the FTM unit

should be able to handle this increased caseload, but this may be another area where the agency will need additional resources.[26]

Grandparent Caregiver Program

The Grandparent Caregiver Program is a component of CFSA's effort to keep children with kin and out of foster care. In the past year, CFSA has increased the Grandparent Caregiver Program subsidy rate and worked with the Council to expand eligibility for the Grandparent Caregiver Program to include more children at risk of entering foster care. This year, the average subsidy rate was $594 per child, representing an increase of nearly $150 per month over last year's average rate.[27] Although the rate is still approximately $150 less than the average rate in FY 2010 and considerably less than the foster care board rate, the increase was a welcome improvement. Even more importantly, the expansion of eligibility for the program to include children at risk of entering foster care even if they have not yet lived with their grandparent or great-grandparent for the normally-required six months will allow many more children to remain with their extended families when their parents are unable to care for them.

Mental Health

It is extremely important that CFSA provide prompt and effective mental health services to children and families. Providing mental health services can help children heal from abuse and neglect and reunify safely with their families. With proper treatment and care, a foster child is more likely to be able to find permanence with a new family without the need for ongoing government oversight. Mental health services can help families better manage children's behavior and avoid the need for foster care. The Agency has taken some key strategic steps relating to mental health this past year which give us optimism, notably including the creation of a new Well-Being Administration and a new emphasis on trauma-informed care.

In October 2012, the U.S. Department of Health and Human Services' Administration for Children and Families awarded CFSA a $3.2 million grant to transform the District's child welfare system into a trauma-informed system.[28] We congratulate CFSA on receiving its first competitive federal grant. CFSA plans to implement evidence-based and evidence-informed screening, assessment and case-planning practices and is collaborating with the Department of Mental Health and other partners on the implementation of this five-year grant. We have high hopes that this grant will allow CFSA to substantially increase the sophistication and range of its work to address trauma.

Over the past year, unfortunately, there have also been troubling indications that many children's mental health needs remain unmet. CFSA's data shows, and our experience confirms, that the need for mental health services remains high. In FY12, it seems only 25% of children entering foster care received a mental health screen within 30 days,[29] down from 56% in FY11.[30] DC law[31] and CFSA's own policy[32] require these screenings within 30 days of the child coming into care. When children fail to get timely screening it is a substantial impediment to them receiving necessary and appropriate mental health services. CFSA has set an aggressive target of screening 90% of children in FY13 and I look forward to seeing what changes they plan to implement this.

Even for the children who are screened, we are also not confident they are receiving timely care. CFSA notes that the average time it takes from a screening until a linkage to a Choice Provider falls within a five-to-seven day requirement by DMH,[33] but CFSA has not provided data on the time it takes for a child to actually receive services. Our clients' experiences indicate that it often continues to take an unreasonably long time. During this wait, children's conditions often deteriorate, creating challenges for parents and guardians and making living situations more stressful and education placements more tenuous.

It is also concerning that in the past three years the number of psychiatric hospitalizations for youth in foster care seems to have increased from 76 (FY10) to 117 (FY11) to 141 this year.[34] At

the same time, from the information we have, fewer youth were referred for evidence-based programs targeted at stabilizing the most high-needs children. DMH has started offering new evidenced-based mental health services in the past several years.[35] In the past year, CFSA could only report that 47 children definitely received these services, which raises some concern,[36] though as CFSA notes this data includes only children referred directly through CFSA's Clinical and Health Services Administration, which does not capture the universe of all CFSA-involved children referred for evidence-based treatment. Last year, when DMH had fewer services and providers, CFSA reported referring 113 children for those services, so it is surprising that CFSA reports referring fewer children this year.[37] In combination, these statistics are troubling. There may also be other explanations for these trends; we urge the agency to review them carefully and share the results of their review with the Council and the public.

Multiple Placements

In our experience, there is a strong correlation between children with unmet mental health needs and children with multiple placements in foster care. The causation goes in both directions: children with serious mental health disorders often engage in behaviors that disrupt their placements, and children who have experienced many placement changes are at higher risk of mental health disorders. In the past year, the proportion of children with multiple placements has stayed stable at about the same rate as last year. The rate has improved since 2009 but is still concerningly high. The agency reports that between January and June 2012 approximately 20% of children in foster care for a year or less had three or more placements. Approximately 40% of children in care for between one and two years had three or more placements. Approximately 22% of children in care for more than two years had three or more placements in just the most recent calendar year.[38]

While these numbers remaining stable is a start, they are too high and indicate a need for better first placement matching and supports, especially mental health services, early for the children and families. I hope that we will see improvements in these numbers over the coming year. One strategy that I urge CFSA to consider in attempting to reduce the number of children with multiple placements is investing in true treatment foster care providers – foster parents with very specialized training in helping the most difficult children adjust to living in a family environment. While CFSA does contract with many providers of therapeutic foster care, in our experience those therapeutic providers are not substantively different from traditional foster parent in their training or abilities.

Outcomes for Older Youth

As in many other areas, outcomes for older youth showed a promising but modest improvement in the past year. Director Donald's focus on older youth is apparent in her decisions to move the CFSA division focused on older youth, the Office of Youth Engagement, so that it reports directly to her, to hire a Supervisory Employment Specialist to create a subsidized employment program for older youth,[39] and to improve services to teen parents. The improvements to services for teen parents include partnering with the Center for the Study of Social Policy's National Peer Learning Network on Pregnant and Parenting Youth in Foster Care, putting out a request for proposals for teen parent group homes with evidence-based and evidence-informed models of working with teen parents, and partnering with DHS to find a Special Populations Coordinator focused on providing services to teen parents in foster care.[40]

Information-Sharing Between Agencies

In the past year, CFSA improved its information-sharing significantly with APRA and somewhat with the education agencies. APRA is currently providing CFSA with monthly aggregate data on youth and adults who were referred for an assessment, entered treatment, and completed treatment. APRA will soon be able to provide CFSA with individual client information for all clients

who consent to have their data shared with CFSA. This improved data sharing allowed CFSA to report on the substance abuse treatment of youth and parents involved with CFSA in much greater detail than in the past.[41]

CFSA has also taken steps to improve information-sharing with the DC education agencies. After the influx of educational neglect referrals in early summer 2012, CFSA began holding regular meetings with the Office of the State Superintendent of Education (OSSE) and DCPS to share data and set up processes to receive educational neglect referrals in a timely manner.[42] CFSA has also worked with DCPS to obtain access for appropriate CFSA staff to the DCPS databases that have information about children's addresses in order to help investigate social workers locate children.[43]

CFSA and the education agencies still do not share data in a way that allows CFSA to track educational outcomes for children in foster care. As a result, CFSA is not systemically tracking where children attend school, how many times they change school placements, whether they advance from grade to grade, or whether they graduate from high school. We understand that CFSA and OSSE undertook a pilot data-sharing program about a year ago, but to our knowledge that pilot has not resulted in any expansion of data-sharing.

Similarly, DMH and CFSA do not share data in a way that allows for tracking of outcomes. As discussed above, CFSA was able to report only on the number of children referred to DMH's evidence-based programs through CFSA's Clinical and Health Services Administration (CHSA).[44] DMH is not able to identify CFSA-involved children who are not referred through CHSA. For many children, it may be more appropriate for them to be referred through another source. However, information about these children needs to be tracked so that CFSA can holistically assess whether DC's current mental health resources are adequate to meet the needs of children in foster care and at risk of foster care placement.

Federal Revenue

CFSA has done an excellent job of maximizing federal IV-E revenue but has yet to maximize federal Medicaid revenue. In April 2012, CFSA received approval from the federal government for a new rate methodology to better claim IV-E revenue for private agency expenditures for children in congregate care settings.[45] CFSA also received approval for its IV-E State Plan Amendment (SPA) for foster care candidates (i.e., children at risk of entering foster care). This SPA approval allowed CFSA to submit claims retroactive to Nov. 2011.[46] CFSA also recently applied for a IV-E waiver which, if granted, will give it the ability to use its IV-E dollars much more flexibly to promote family stability and reunification.

At this point, CFSA claims Medicaid revenue only for the direct activities of the Healthy Horizons Assessment Center, which does pre-placement screenings.[47] CFSA has been in negotiations for the past several years with the federal Centers for Medicare and Medicaid Services (CMS) regarding DC's State Plan Amendment for Target Case Management. Ultimately, DC hopes to be able to claim Medicaid revenue for the work of nurse care managers and social workers under Targeted Case Management. CFSA has estimated that it could claim an additional $1.1 million in federal funds in FY 13 if the SPA for Targeted Case Management were approved.[48] Once that SPA is approved, CFSA plans to work on federal revenue claiming under the Medicaid Rehabilitation Option. It is not clear to me what the barriers are to approval of the Targeted Case Management SPA. I hope that the Committee will work with CFSA to ensure that the SPA is approved as quickly as possible.

Local Funding

I was concerned to note that $13.8 million was reprogrammed from CFSA to other agencies in FY 12 and $2.8 million has been reprogrammed from CFSA to other agencies so far in FY 13.[49] A large proportion of the reprogrammings went to activities that have little to no connection to the needs of CFSA's children and families. I realize that the decreasing foster care census may make it

appear that CFSA needs fewer resources, but I believe that this is a misperception. For CFSA to succeed in its mission of maintaining children safely in their homes, CFSA will need to reinvest the funds that were previously used to support out-of-home placements into the services that families need to stay together. I hope that CFSA will receive the Title IV-E waiver to allow it more flexibility in spending federal funds to support family preservation and reunification, but it will also be necessary for CFSA to receive adequate local funds to support its work.

Conclusion

Thank you again for the opportunity to testify and I welcome any questions.

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[1] Children's Law Center works to give every child in the District of Columbia a solid foundation of family, health and education. We are the largest provider of free legal services in the District and the only to focus on children. Our 80-person staff partners with local pro bono attorneys to serve more than 2,000 at-risk children each year. We use this expertise to advocate for changes in the District's laws, policies and programs. Learn more at www.childrenslawcenter.org.

[2] Attachment Q16 Four Pillars scorecard FY13.

[3] The Department of Mental Health and Addiction Prevention and Recovery Administration will be combined to be the Department of Behavorial Health on October 1, 2013.

4 In FY 2010, the ratio of placement disruptions to placements was .21 to 1 for kinship placements, .60 to 1 for non-kinship foster homes, and .81 to 1 for group homes. Government of the District of Columbia, Child and Family Services Agency, Fiscal Year 2010 Annual Report at 29 (2011). In FY 2009, the ratio of placement disruptions to placements was 0.17 to 1 for kinship placements and 0.57 to 1 for nonkinship foster care. Government of the District of Columbia, Child and Family Services Agency, Fiscal Year 2009 Annual Report at 37 (2010), http://cfsa.dc.gov/DC/CFSA/About+CFSA/Who+We+Are/Publications/Annual+Report+2009. In FY 2008, the ratio of placement disruptions to placements was 0.64 to 1 for non-kinship foster care and 0.17 to 1 for kinship care. Government of the District of Columbia, Child and Family Services Agency, Fiscal Year 2008 Annual Report, at 34 (2009), http://cfsa.dc.gov/DC/CFSA/About+CFSA/Who+We+Are/Publications/Annual+Report+2008. In FY 2007, 1919 children lived in non-kinship foster care and had 1227 placement disruptions – a ratio of 0.64 to 1 – while 662 children lived in kinship care and had 101 disruptions – a ratio of 0.15 to 1. Government of the District of Columbia, Child and Family Services Agency, Fiscal Year 2007 Annual Report, at 25 (2008), http://cfsa.dc.gov/DC/CFSA/About+CFSA/Who+We+Are/Publications/Annual+Report+2007.

5 Mary Eschelbach Hansen & Josh Gupta-Kagan, Extending and Expanding Adoption and Guardianship Subsidies for Children and Youth in the District of Columbia Foster Care System: Fiscal Impact Analysis at 9, Table 1 (2009), http://academic2.american.edu/~mhansen/fiscalimpact.pdf.

[6] *LaShawn* Court Monitor's Report, Nov. 21, 2012, p. 98.

[7] Email from Michele Rosenberg, CFSA Chief of Staff, to Judith Sandalow. February 25, 2013.

[8] Letter from Brenda Donald to Judith Sandalow, Oct. 24, 2012.

[9] Email from Michele Rosenberg, CFSA Chief of Staff, to Judith Sandalow. February 25, 2013.

[10] Email from Michele Rosenberg, CFSA Chief of Staff, to Judith Sandalow. February 25, 2013.

[11] *LaShawn* Court Monitor's Report, Nov. 21, 2012, p. 102.

[12] These requirements are described in CFSA's Temporary Licensing of Foster Homes for Kin policy at pages 6 and 7.

[13] Summarizing the research, the federal Children's Bureau concluded that "differential response systems have demonstrated positive outcomes, particularly in terms of sustained child safety . . . ." U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau, *Differential Response to Reports of Child Abuse and Neglect*, 9 (2008), http://www.childwelfare.gov/pubs/issue_briefs/differential_response/differential_response.pdf. For specific state studies, *see* Institute of Applied Research, *Extended Follow-Up Study of Minnesota's Family Assessment Response: Final* Report,

5, 27-30 (2006), http://www.iarstl.org/papers/FinalMNFARReport.pdf; L. Anthony Loman and Gary L. Siegel, Differential Response in Missouri after 5 Years at 8-9 (2004), http://www.iarstl.org/papers/MODiffResp2004a.pdf.
[14] Bill 18-667, available at http://www.dccouncil.us/images/00001/20100624152836.pdf.
15 *LaShawn* Court Monitor's Report, Nov. 21, 2012, p. 75.
[16] CFSA FY 13 Oversight Responses, Q19.
[17] CFSA FY 13 Oversight Responses, Q19(a).
[18] CFSA FY 13 Oversight Responses, Q19(a).
[19] LaShawn court monitor's report, p. 64.
[20] CFSA FY 13 Oversight Responses, Q19.
[21] CFSA FY 13 Oversight Responses, Q6(c).
[22] CFSA FY 13 Oversight Responses, Q5.
[23] *LaShawn* Court Monitor's Report, Nov. 21, 2012, p. 72.
[24] CFSA FY 13 Oversight Responses, Q6(a).
[25] *LaShawn* Court Monitor's Report, Nov. 21, 2012, p. 99.
26 *LaShawn* Court Monitor's Report, Nov. 21, 2012, p. 99.
[27] Grandparent Caregiver Annual Status Report, CY 12, p. 6.
[28] CFSA FY 13 Oversight Responses, Q10.
[29] CFSA FY 13 Oversight Responses, Q9(b). The information about the percentage of mental health screenings accomplished within 30 days is not completely clear. The attachment to Q16 states that the "FY12 baseline for children/youth getting a mental health screening" is 49%, but it doesn't state the timeline for this screening so it unclear if these are screenings within 30 days of entry or some other time period.
[30] CFSA FY 2012 Performance Oversight Responses, Q30(c)
[31] "All children in the custody of the Agency shall, to the extent that it is not inconsistent with a court order, receive a behavioral health screening and, if necessary, a behavioral health assessment within 30 days of initial contact with the Agency or a placement disruption." DC Code § 4-1303.03e
[32] CFSA, Initial Evaluation of Children's Mental Health at F.1, May 17, 2011
[33] CFSA FY 13 Oversight Responses, Q9d
[34] CFSA FY 2012 Performance Oversight Responses, AttachmentQ30_FY11CFSA Programs Utilization Update Quarter 4, "Mobile Crisis Services (Child/Youth); and Q9e. However, it is not clear if the data from last year includes all foster children who had psychiatric hospitalizations or only the ones who were referred for such hospitalizations through CHAMPS.
[35] Multi-Systemic Therapy, Functional Family Therapy, Child Parent Psychotherapy for Family Violence, Parent Child Interaction Therapy, Q11
[36] CFSA FY 13 Oversight Responses, Q11
[37] CFSA FY 2012 Performance Oversight Responses, Q31
[38] *LaShawn* Court Monitor's Report, Nov. 21, 2012.
[39] CFSA FY 13 Oversight Responses, Q28.
[40] CFSA FY 13 Oversight Responses, Q38,
[41] Oversight Response Q15.
[42] *LaShawn* Court Monitor's Report, Nov. 21, 2012, p. 66.
[43] *LaShawn* Court Monitor's Report, Nov. 21, 2012, p. 68.
[44] CFSA FY 13 Oversight Responses, Q11.
[45] *LaShawn* Court Monitor's Report, Nov. 21, 2012,, p. 173-4.
[46] *LaShawn* Court Monitor's Report, Nov. 21, 2012, p. 173-4.
[47] *LaShawn* Court Monitor's Report, Nov. 21, 2012,, p. 175.
[48] *LaShawn* Court Monitor's Report, Nov. 21, 2012, p. 175.
[49] CFSA FY 13 Oversight Responses, p. 51-52.