



Testimony Before the District of Columbia Council
Committee on Human Services
February 21, 2018

Public Hearing:
Performance Oversight Hearing
Child and Family Services Agency

Judith Sandalow
Executive Director
Children's Law Center

Introduction

Good afternoon Chairperson Nadeau and members of the Committee on Human Services. My name is Judith Sandalow. I am the Executive Director of Children's Law Centerⁱ and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With more than 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. We serve as guardians *ad litem* for hundreds of children in foster care and represent foster parents and caregivers for children who are in or at risk of entering the District's child welfare system.

The District's Child and Family Services Agency (CFSA) is responsible for the welfare of children who often have complex trauma histories and have been failed by many other systems. While CFSA has had some significant achievements this year, Children's Law Center (CLC) is very concerned that CFSA is not operating at a level that allows them to fulfill this important and difficult mission. CFSA must make significant improvements to its operations before it can ensure that children with whom they interact are consistently safer, have the supports they need to heal and leave CFSA custody prepared for adulthood.

Thank you for the opportunity to testify today about CFSA's performance. Fiscal Year 2017 (FY17) and the beginnings of Fiscal Year 2018 (FY18) has been full of

significant changes at CFSA. The Agency took on the substantial task of absorbing the licensing and oversight responsibilities for approximately 50 foster home in DC while simultaneously initiating the transfer of more than 230 foster home licenses to its Maryland partner- National Center for Children and Families (NCCF).

Children's Law Center (CLC) has witnessed the attention to detail, careful planning, good communication and collaborative spirit that the Agency invested (and continues to invest) into this effort. If CFSA brought that combination of detailed planning, clear communication and inclusive collaboration to other parts of its operations, it could become a consistent, successful support for the District's most vulnerable children and families.

My testimony today will address the Agency's FY17 performance in three areas that have been consistently problematic: making quality services available to meet the needs of children in foster care, preparing teenagers in foster care for adulthood, and ensuring that children have safe and stable experiences in foster care. However, first I will describe the Agency's largely successful transition of hundreds of foster families and children to CFSA and NCCF and discuss the aspects of that process that need to be replicated if the Agency is going to successfully address the problematic areas I have identified.

Lessons Learned from the First Steps of the Temporary Safe Haven Redesign

In February 2016, CFSA announced its intent to restructure its foster care

program by reducing the number of private foster care agencies from seven to only one.ⁱⁱ This was the first step in a reform that CFSA has branded the Temporary Safe Haven Redesign. Under this restructuring CFSA became responsible for the licensing and case management of all foster homes in the District of Columbia and a single private agency will soon become fully responsible for all foster homes in Maryland where DC foster children live.ⁱⁱⁱ On August 22, 2017, CFSA announced that National Center for Children and Families (NCCF) would be the single private agency. In the fall of 2017, CFSA completed its relicensing of nearly 50 DC foster homes that were previously licensed and case managed by the local private agencies, while NCCF started the same process for approximately 230 Maryland foster homes. NCCF has completed 75 percent of this process and only 59 foster homes in Maryland remain. Throughout this process, CFSA and NCCF hired additional staff and hosted meetings with foster parents from the various private agencies in order to facilitate accurate information sharing.

It is a result of CFSA's excellent work under the leadership of Stacy Rodgers, the Deputy Director of Program Operations, that while 475 children had their foster homes put at risk by the requirement that they transfer agencies, only 17 children had to change foster homes. This result is largely due to a combination of careful planning, frequent communication with foster parents, and the partnership the Agency demonstrated with the private agencies and advocates for children and families.

After the Public Oversight Roundtable on the Temporary Safe Haven Redesign last September, we continued to participate in regular meetings at CFSA to plan and implement the transition. During these meetings, we voiced our concern that NCCF, by no fault of their own, would be unable to relicense so many foster homes by the time that the other private agencies ended their contracts with CFSA. Under Ms. Rodger's leadership, CFSA began monitoring how many foster home it was relicensing each week and the entire programs operation unit worked tirelessly to help NCCF relicense as many Maryland foster homes as possible. Despite all their hard work, by December 2017 it became clear that some foster homes were going to need additional time to relicense. Prudently, CFSA made short-term extensions to its contracts with two private agencies in Maryland, thereby avoiding disrupting the stability of the children in those homes.

We attribute the successes of the first phases of the Temporary Safe Haven Redesign to CFSA's detailed forethought and planning, the collaboration and communication between all relevant groups, and the Agency's ability to incorporate input from community stakeholders. With Ms. Rodgers leadership, we saw CFSA make a large plan and then implement it in small bites with definitive steps and due dates while communicating and collaborating with many stakeholders. We would be remiss if we did not also acknowledge this Committee's role in encouraging a collaborative tone for this process by hosting a public roundtable that gave the community the chance

to identify areas of significant concern. CFSA's Program Operations unit has continued to collaborate with community stakeholder throughout the process.

Although this effort resulted in only a few foster home changes, it did lead to other significant disruptions that could have been avoided if other parts of the Agency were functioning effectively. Two areas are worthy of note. First, many of our clients were required to change social workers. When surveyed, our attorneys reported that less than five percent of their clients were informed of the change in social worker in a trauma-informed, age-appropriate manner. Children in foster care have, by definition, already lost the continuity of family. The loss of a social worker can be destabilizing and, since such changes will inevitably occur, the capacity to make the transition appropriately should be a basic skill for all CFSA staff. The change in social workers also led to other problems. For example, one client was not able to get to his appointments because his new social worker was not able to transport him. This was not an isolated incident. Our attorney's report that over 25% of the children who changed social workers because of the Temporary Safe Haven Redesign experienced a negative effect on their services or their achievement of permanency.

The first two of four phases of the Temporary Safe Haven Redesign are ending soon. During phase 3, CFSA will work to align practice and policy between itself and NCCF. Throughout FY17, the quality of our clients' case management varied wildly depending on whether the child's case was being overseen by CFSA or a private

agency.^{iv} We are thankful that CFSA and NCCF have invited us to the table as they begin to jointly create policies and practices that we hope will lead to high quality case management for all children in DC's child welfare system. Creating parity between these two agencies with their unique cultures and structures will be challenging, but we are confident that parity can be achieved if CFSA continues to utilize the planning, communication, and collaboration skills it has demonstrated in Phases 1 and 2.

Problematic Performance Areas

Now that the initial phases of the Temporary Safe Haven Redesign are almost complete, I hope CFSA will apply the same rigor to improving other parts of the Agency. Three areas of particular concern are the quality, timeliness and availability of services for children, the lack of adequate support to help teens in foster care prepare for adulthood, and the poor communication, support, and placement matching with foster families that jeopardizes children's safety and stability.

Availability and Quality of Services for Kids in Care

During FY17, we continued to see significant gaps in the availability, timeliness and quality of services needed by children in foster care. The two areas in which those services were most frequently lacking were in mental health services and supports for children who are victims of commercial sexual exploitation.

- *Mental Health Services*

Children in foster care have often experienced significant trauma and need

mental health support. During FY17, we have seen the quality of mental health services deteriorate. Children have been hospitalized and had their placements disrupt because the Agency did not secure timely, quality community-based mental health support. Children have been discharged from in-patient psychiatric hospitalization without prescribed medication. And, children have been discharged from psychiatric residential treatment facilities without the necessary plans about how to address their mental health needs in the community. Although other agencies play a role in the provision of mental health services, better planning by CFSA would ameliorate the harm to children in CFSA's care.

We have seen some evidence of CFSA's ability to plan and collaborate in response to changes initiated by other agencies. During the beginning of FY2018, First Home Care, a very large mental health services provider,^v stopped its relationship with Universal Health Services (a national healthcare corporation) and moved its provision of mental health services under its nonprofit umbrella, Foundations for Home and Community. First Home Care informed its service users (which included more than 240 children) that this transition would require the service users to go without services temporarily or to switch to another mental health service provider. In response, CFSA collaborated with Foundations for Home and Community to ensure the children it was responsible for did not experience any disruptions to their services. It is this level of

focus and planning that is so often missing when a child in foster care needs mental health services.

In addition to ensuring timely access to quality mental health services, CFSA needs to match youth with more significant behavioral and mental health needs to foster parents who are especially equipped to meet their needs. As part of the Temporary Safe Haven Redesign, CFSA is changing the way it works with foster families of children with significant behavioral health needs, taking on more responsibility as an agency for providing these services.^{vi} We understand that CFSA is working with NCCF to ensure that services and supports will be available to children whether they are placed in foster homes in DC or Maryland. Given the current, inconsistent capacity of the Agency to provide therapeutic support to foster families, we believe that it will take extremely focused, detail-oriented and proactive planning as well as the engagement of foster families, youth and their advocates to ensure that proposed solutions successfully meet the needs of youth and their families.

- *Services for Commercially and Sexually Exploited Children*

The last services-related concern I want to raise today involves a subset of extremely vulnerable youth: those who have been commercially and sexually exploited. Commercial and sexual exploitation of children, i.e. child sex trafficking occurs whenever someone is promised or given something of value in exchange for the performance of a sex act by a child under the age of 18.^{vii} The 2015 federal mandate

provided by the Justice for Victims of Trafficking Act's amendments to the Child Abuse Prevention and Treatment Act required CFSA to provide services to all children known or suspected to be victims of sex trafficking, whether or not the child's parent is abusive or neglectful, by April 2017.^{viii}

During FY17, CFSA strengthened its partnerships with high quality community organizations such as Courtney's House, Fair Girls, and the Exodus Project. However, these non-profit providers often have a waiting list and can only do as much quality work as they have the resources and personnel to provide. CFSA will need to provide additional resources to ensure that they meet their obligation to provide services to all children who need them.

CFSA's Office of Youth Empowerment (OYE) has identified more than 40 youth that are confirmed victims of sex trafficking.^{ix} It is likely that the number of commercially and sexually exploited children in CFSA's custody is higher than 40 because community service providers report seeing an increase in the number of victims who are between the ages of 11 and 15, an age range younger than those served by OYE. Finally, as mentioned earlier, CFSA is required by law to provide services to victims and suspected victims of child sex trafficking who are not part of the abuse and neglect system. It would be helpful for this committee to inquire how CFSA is planning to meet the needs of all of these children and, in the FY19 budget discussion, determine

whether the funds requested will be sufficient to help this particularly vulnerable group of children.

We understand that during FY18 CFSA plans to participate in the launch of a special treatment court for a small group of youth in foster care that have been sex-trafficked. We hope this effort will not inadvertently focus CFSA's attention on this small group of children and away from the bigger project of building the capacity of community providers to serve all children in the city who need these services.

Preparing Youth in Foster Care for Adulthood

Each year for the past three years, approximately 100 young adults emancipated from or "aged out of" foster care.^x These former foster youth face the challenges of finding employment and securing housing, oftentimes without the support of their families of origin.^{xi} Sadly, we know of instances in which social workers have driven youth to the Virginia Williams Family Resource Center to enter the homeless services system on their 21st birthday.

Although CFSA has some programs and processes intended to prepare youth for the transition to adulthood, our experience is that few youth are provided sufficient support to be safe and stable after they age out of foster care. We want to highlight concerns about the quality of the following programs and processes: Youth Transition Planning meetings, Aftercare services, and the division of responsibilities between social workers and foster parents.

- *Youth Transition Planning Meeting Quality*

CFSA has a policy that requires case managing social workers to organize Youth Transition Planning (YTP) meetings every six months after a youth turns 15 years old with the goal of helping youth prepare for adulthood. The poor quality of the plans that are created during these meetings often make them ineffective.^{xiii} As envisioned, the YTP meetings prompt youth and their teams to make a plan to ensure that the youth is stable after they age out. The youth identifies people whom they could call upon for guidance or assistance once they age out of foster care. These identified support persons join the youth, their legal and clinical teams and other service providers at the YTP meeting to identify the youth's goals and plan action steps across numerous domains such as housing, career, education, life skills, and permanency.

Many youth identify goals for themselves that require multiple steps to achieve. For example, one of our clients chose a goal of becoming a doctor. Another client had a goal of owning his own home. In each case, the social worker leading the meeting simply wrote down the goal – but did nothing to help the youth take the first step toward success. Nor are action plans developed with accountability for the adults on the youth's team. If YTP meetings involved the same detail-oriented, proactive planning demonstrated in the first phases of the Temporary Safe Haven Redesign, youth would be more likely to have the right supports in place to achieve their goals.

- *Aftercare Services Availability*

CFSA's decision to limit the involvement of its aftercare services provider in youth's transition planning contributes to the poor outcomes for youth who age out of foster care. In February 2017, through a contract with CFSA, Young Women's Project started accepting referrals to provide aftercare services for young women and young men that were preparing to age out of foster care. The Young Women's Project is charged with linking former foster youth to their local Healthy Families/Thriving Communities Collaborative, assist youth with work readiness and money management skills, and provide resources and monetary support to youth who have aged out of foster care. Additionally, the Young Women's Project is supposed to connect former foster youths to employment and education opportunities with its partners at the Career Connections, Project Youth Empowerment, DC Public Schools, and the Department of Parks and Recreation.

The original contract allowed the Young Women's Project to accept referrals for youth once they turned 19 ½ years old. However, in the fall of 2017, CFSA modified the contract, limiting Young Women's Project to referrals for youth only once they turn 20 ½ years old, six short months before the youth emancipates from foster care. As a result, the youths' aftercare workers are not assigned to their teams until a few months before the youths will emancipate. Because CFSA does not provide effective transition planning, the result is that youth lose a full year of planning. This limits the aftercare

workers' ability to make youth aware of the skills required for particular employment opportunities and youth cannot plan to acquire skills that they do not know are needed. Additionally, this limitation condenses the amount of time that the youth has to build a relationship with their aftercare worker. Our clients are often extremely stressed during their last six months in foster care. Every new face and new process puts a strain on their already thinned internal resources. Our clients would have benefitted from having more time with their aftercare providers to develop a trusting relationship and resolve communication issues before they age out of foster care.

We are concerned that CFSA's decision to limit the engagement of the aftercare workers in the youth's transition planning will perpetuate the poor outcomes that we are seeing amongst youth who age out of foster care.^{xiii} We hope that as CFSA assesses the quality of its transition and aftercare services in FY18 that the Agency will engage with stakeholders and use detailed planning process to implement successful transition and aftercare services.

- *Division of Responsibilities between Social Workers and Foster Parents*

For youth to successfully transition to independence, foster parents and social workers must be actively involved in implementing the youth's transition plan— sharing the responsibility of ensuring that youth have the skills to operate in the adult world. Unfortunately, in FY17 we saw youth fail to be properly prepared for adulthood because CFSA did not carefully plan the division of responsibilities between social

workers and foster parents. For example, in order to achieve her goal of enrolling in college, one of our clients had to have her transcript and test scores sent to the college's admission office. The social worker provide her with funds to cover the fees. However, neither the foster parent nor the social worker took responsibility to teach this young woman how to confirm that the college received the requested documents or how to advocate for herself when she was given the administrative run around. She gave it her best effort on her own, but by the time we learned of her frustration, she had decided to give up on her plan to go to college.

Youth in foster care are often not in a position to anticipate and articulate the informal support and concrete assistance they will need to complete tasks in the months leading up to emancipation. Foster parents are also at a disadvantage because CFSA does not formally train them on how to identify that a youth in their care needs informal supports or advocacy training as the youth is aging out. As the agency that is responsible to preparing youth for adulthood, CFSA has to anticipate these needs, communicate them to the youth and their team, and help craft thoughtful plans to address them. Careful planning and timely communication is required so that no need goes unmet.

Poor Communication, Support and Placement Matching Jeopardizes Children's Safety and Stability

Connecting youth in care to loving and capable foster parents is critical to

maintaining their safety and stability. During FY17, CFSA formalized its commitment to supporting foster parents by working with a foster parent advisory board and community stakeholders like CLC to create the Foster Parent Bill of Rights and Responsibilities.^{xiv} What we heard from foster parents during these conversations corroborates what our GAL attorneys regularly report: children's safety and stability are harmed when CFSA fails to communicate or support foster parents and fails to make quality placement matching decisions.

- *Poor Communication*

Communicating important information is a critical, yet often neglected part of ensuring a foster family is prepared to properly support a child. During FY17, we continued to see CFSA place children in homes before the Agency provided the foster parent with adequate information. Too frequently, our attorneys were the first ones to give foster parents essential pieces of information, such as the child's allergies or medication schedule. During FY16 CFSA introduced the Foster DC Kids app and Passport Packets to provide foster parents with information about the child,^{xv} but implementation remains a problem. Foster parents frequently are missing information that CFSA should have provided prior to the youth entering their home. Open communication with the Agency helps foster parents respond properly to crises in a child's life and helps the child's team identify what additional supports the child needs.

In contrast, communication failures put children's health, well-being and stability at risk.

- *Poor Foster Parent Support*

When foster parents do not have the information, training or services necessary to support a child, there is a much greater likelihood that the child's needs will not be met and that the child will eventually change foster placements. We frequently see these distressing results when foster parents are not provided with supports to address children's mental health crises. After cycles of ambulances and behavioral health crisis professionals rushing to the home, foster parents can feel hopeless and youth can start to view themselves as a burden. Often, these children's mental health problems worsen and they are sent to out-of-state psychiatric residential treatment facilities for several months. Then they are placed back with their foster parents, who are not offered any additional training or supports. Not surprisingly, without additional supports or training, the foster parents are still unable to meet the youth's needs and the child eventually has to change foster homes. We understand that CFSA is planning to work with the Department of Behavioral Health during FY18 to improve the delivery of mental health services to youth in care. We encourage the Agency to include foster parents in these discussions and to make a detailed plan on how to provide them with the necessary supports.

- *Poor Placement Matching*

CFSA jeopardizes children's placement stability when it fails to make good placement matching decisions. We frequently see this problem when CFSA places youth in foster homes without considering factors such as the location of the child's services, jobs, or families of origin or the foster parent's work schedule, experience with special needs, or proximity to locations that the youth frequents. During FY17, children in CFSA custody lost or left their jobs, ran away from their foster homes, and stopped going to therapy because the Agency placed them in foster homes that were not situated to adequately meet the youth's needs. Poor placement matches also often result in placement disruptions and foster youth being moved from home to home. Placement changes are socially and emotionally taxing on children.^{xvi} We understand CFSA is planning to develop a more thoughtful placement matching process, and we hope that successful implementation of this new process continues to be a priority.

Conclusion

CFSA has shown this year that the combination of detailed planning, good communication, and collaboration with external partners who are part of the bigger child welfare system is a recipe for success. My colleagues and I at Children's Law Center are eager to work with CFSA on the issues I have raised in my testimony. I believe that the Committee could help lift up community voices by holding public oversight roundtables on the areas I have raised above, especially where other

government agencies play such a critical role, such as mental health services and transition planning for youth aging out of care.

Thank you for the opportunity to testify.

ⁱ Children’s Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With more than 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

ⁱⁱ CFSA previously contracted with Boys Town Washington DC Inc., Family Matters, Latin American Youth Center, Lutheran Social Services, National Center for Children and Families, PSI Services, and Seraaj Family Homes for case management and licensing of foster homes. See, CFSA FY17 Performance Oversight Pre-Hearing Responses, Q84.

ⁱⁱⁱ E-mail from Brenda Donald, Director, CFSA, “From the Director, CFSA: Announcing New Directions.” February 6, 2017.

^{iv} The *LaShawn* court monitor also found that quality service reviews “[d]ata analysis continues to reflect poorer performance for foster care cases managed by one of the seven private agencies as compared to cases managed by CFSA.” Center for the Study of Social Policy. *LaShawn A. v. Bowser Progress Report for the Period January 1-June 30, 2017*. (November 21, 2017),

<https://www.cssp.org/publications/child-welfare/district-of-columbia-lashawn-a-v-fenty/document/LaShawn-A-v-Bowser-Progress-Report-for-the-Period-January-June-2017.pdf>, at 9.

^v First Home Care is one of the Department of Behavioral Health’s core services agencies (CSA). CSAs are services providers certified by the Department of Behavioral Health, to provide mental health rehabilitation services such as diagnostic assessments, therapies, medication management, and community supports. See D.C. Mun. Regs. tit. 22-A, § 3699; For a list of CSAs see also, Department of Behavioral Health. List of Community-Based Service Providers. <https://dbh.dc.gov/page/list-community-based-service-providers>.

^{vi} CFSA has eliminated therapeutic foster homes, which was a category of foster homes that were experienced with meeting more significant behavioral and mental health needs. CFSA has indicated that it intends to increase the therapeutic approach of all foster parents and push professional services directly to the child, instead of relying on a subset of foster parents so heavily.

^{vii} 22 U.S.C.A. § 7102 (10) states the following: The term “sex trafficking” means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

^{viii} Justice for Victims of Trafficking Act of 2015, Pub. L. 114-22 129, Stat. 227, 263-64. “IN GENERAL.—For purposes of section 3(2) and subsection (a)(4), a child shall be considered a victim of ‘child abuse and neglect’ and of ‘sexual abuse’ if the child is identified, by a State or local agency employee of the State or locality involved, as being a victim of sex trafficking (as defined in paragraph (10) of section 103 of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7102)) or a victim of severe forms of trafficking in persons described in paragraph (9)(A) of that section.” Justice for Victims of Trafficking Act of 2015, Pub. L. 114-22 129 Stat. 227, at 264.

^{ix} During a meeting on September 13, 2017, OYE reported that 46 youth had confirmed that they have been sexually and commercially exploited.

^x 123 youth aged out foster care in FY14 and 113 youth emancipated. See, CFSA FY14 Performance Oversight Pre-Hearing Responses, Q67 and Q77. 95 youth aged out foster care in FY15 and 107 emancipated. See, CFSA FY15 Performance Oversight Pre-Hearing Responses, Q76 and Q100b. 75 youth aged out of foster care in FY16 and 91 youth emancipated in FY16. See, CFSA FY16 Performance Oversight Pre-Hearing Responses, Q57 and Q24a.

^{xi} Child Trends reports that 84% of youth over the age of 18 who exited DC foster care in 2015 “aged out”, i.e. emancipated. Child Trends. *Transition-Age Youth in Foster Care in the District of Columbia*. <https://www.childtrends.org/wp-content/uploads/2017/09/Transition-Age-Youth-District-of-Columbia.pdf>, at 2.

^{xii} CFSA. *Transition Services for Youth*.

[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20Transition%20Services%20for%20Youth%20\(final\).pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20Transition%20Services%20for%20Youth%20(final).pdf)

^{xiii} For a summary of well-being and outcomes data for youth aging out of foster care in FY2015, see Child Trends. *Transition-Age Youth in Foster Care in the District of Columbia*. <https://www.childtrends.org/wp-content/uploads/2017/09/Transition-Age-Youth-District-of-Columbia.pdf>.

^{xiv} The creation of this document was in part a response to the federal Preventing Sex Trafficking and Strengthen Families Act (P.L. 113-183; Effective September 29, 2014) which imposed the “reasonable and prudent parent” standard and required child welfare agencies to empower foster parents to engage youth in their care in activities that will promote their social and emotional development. For a summary of the reasonable and prudent parent standard, see CFSA. *Important Facts for Resource Parents*.

<https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Important%20Facts%20for%20Resource%20Parents%20%28Brochure%29%20-%208%202%2016%20%28FINAL%29.pdf>, at 8.

^{xv} See CFSA. *Foster DC Kids App: For Foster Parents Serving DC Children and Youth*.

[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page_content/attachments/Foster%20DC%20Kids%20app%20FAQs%20\(3\).pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page_content/attachments/Foster%20DC%20Kids%20app%20FAQs%20(3).pdf); See also, CFSA. *Important Facts for Resource Parents*.

<https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Important%20Facts%20for%20Resource%20Parents%20%28Brochure%29%20-%208%202%2016%20%28FINAL%29.pdf>.

^{xvi} “Psychiatric emergencies among children in foster care are often precipitated by disruptions in their attachment relationships with foster parents.” B. Troutman, *et al.*, (ND). *The Effects of Foster Care Placement on Young Children’s Mental Health*. University of Iowa Hospitals and Clinics. Retrieved from

https://www.healthcare.uiowa.edu/icmh/archives/reports/Foster_Care.pdf (citing D. Pilowsky & W. Kate, (1996). *Foster children in acute crisis: Assessing critical aspects of attachment*. *Journal of the American Academy of Child and Adolescent Psychiatry*. Vol. 35.).