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616 H Street, NW · Suite 300
Washington, DC 20001
T 202.467.4900 · F 202.467.4949
childrenslawcenter.org

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Judith Sandalow
Executive Director
Children's Law Center

Introduction

Good morning Chairman Alexander and members of the Committee on Health and Human Services. My name is Judith Sandalow. I am the Executive Director of Children's Law Center[1] 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 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 8 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 child welfare system.

I am pleased to testify today regarding the Child and Family Services Agency. Over the last few years, the child welfare landscape in the District has changed significantly. CFSA is now removing fewer children from home and has partnered with community-based providers and other DC agencies with the goal of making a wider variety of services available to families in the neighborhoods where they live. The foster care population continues to fall, and most children who the agency reaches are served while they remain at home with their parents or primary caregivers. The child welfare system in DC is now one that is designed to rely, first and foremost, on connecting families to supports in their communities, with foster care representing one

among a number of available interventions for families referred to CFSA for possible parental abuse or neglect.

This fundamental change in CFSA's service model requires that we change the way in which we review the agency's performance. While it is important to acknowledge the District's declining foster care population, this decline cannot be the sole, or even the primary, measure of the agency's success. Establishing a variety of different pathways to ensure children's safety is an important step, since it allows the agency to fine-tune its approach to meeting families' unique needs. However, the next, and most important, step in reforming the District's child welfare system is to ensure that, whether they are at home or in foster care, children and families are being effectively linked to the services and interventions they need, and that these services are having positive effects on children's lives.

Today and over the coming year, I urge the Committee to focus its oversight of CFSA on determining:

1. Whether the right families – high risk families – are being identified and connected to needed services;

2. Whether the right services are being offered and utilized; and:

3. Whether children and families achieve safety and stability following agency intervention and how the agency measures these results.

It is crucial that, having started down the path of comprehensive system-wide child welfare reform, CFSA finishes the job, and given the recent changes in the District's

leadership – including the departure of CFSA Director Brenda Donald to become the Deputy Mayor for Health and Human Services – this committee has an important role to play in ensuring that CFSA remains on the right track.

In my testimony today, I will discuss what we know about the needs of the children served by this new District child welfare system, positive service changes that the agency has made in the last year, and areas in which there is a need for further improvement or evaluation. I will focus specifically on the agency's efforts to serve children at home, as well as the needs of the more than 1,000 children who remain in the District's foster care system, with a special focus on teenage and young adult foster youth, who make up the majority of children in foster care.

The Shifting Child Welfare Landscape: Serving Children in their Communities

Over the last few years, one of the key goals of CFSA's reform agenda has been to "narrow the front door" to foster care – that is, to significantly reduce the number of children removed from their families and placed in the District's care and custody. If accomplished safely and with proper in-home supports for families, there are a number of benefits to removing fewer children from home. Fewer children have to undergo the often-traumatic experience of being taken from their families and communities and placed with strangers in other parts of – or even outside of – the District. Fewer children run the risk of languishing in foster care for months or years on end, as changes in family circumstances post-removal can sometimes leave foster

children with nowhere to go once they are in care. Fewer parents and caregivers are pulled into adversarial relationships with the agency, meaning that both families and agency staff can devote more time to working together to address the challenges that triggered agency involvement. And for the children who do ultimately end up in foster care, a smaller foster care population means that the agency should be able to devote more time and resources to addressing children's well-being – including educational, mental health, and other needs – rather than just managing day-to-day issues. Reducing the number of children who must be removed from their homes has been a worthy goal, and, given that in the past, the agency was often criticized for removing children too quickly and too often,[2] the right one for the agency.

"Narrowing the Front Door" and Creating a Community-Based System

Over the last three years, the agency has made a collection of changes aimed at putting fewer families on the path to removal. At the initial stage of the Child Protective Services' referral process, the agency has adopted new decision-making tools – previously tested in a number of other jurisdictions – to improve the way in which agency staff gather information during hotline calls, identify resources in the community that could help families, and ultimately, analyze what is known about individual families to determine the most appropriate agency response[3] – including whether to remove a child or leave the child at home while investigating and working with the family (an "in-home" or "community" case). The agency has also expanded its

differential response system,[4] which identifies families for whom immediate safety risks are low and refers them to Family Assessment Units within CFSA's Entry Services division. Family Assessment workers do not conduct a full CPS investigation (a process that, because it can lead to removal, often turns adversarial), but instead, are trained to identify families' needs, link them to appropriate service providers in the community, and connect them to resources for housing, transportation, substance abuse treatment, and other urgent needs.[5] Finally, the agency has entered into partnerships with other DC agencies and community-based providers so that families who are at risk of child welfare involvement, as well as families with open in-home and Family Assessment cases, can receive the supports they need in their communities. To date, available supports have included mental health and substance abuse specialists, infant and maternal health specialists, and home visiting and fatherhood programming, as well as, more recently, intensive in-home crisis intervention services for families at risk of removal and reunification supports for children returning home after time in foster care.[6] The availability of these services allows families to access supports before they fall into crisis and, at least in theory, makes it more feasible for at least some families already involved with CFSA to safely care for children in their homes while working with the agency.

As a result of these changes, agency data shows a massive shift in how and where CFSA-involved families are being served. Fewer children are being removed,[7]

and the foster care population, which comprised 1,827 children at the end of FY 11,[8] now stands at 1,068 children as of December 31, 2014.[9] As of June, 2014, over 60% of open CFSA cases were in-home cases rather than out-of-home (foster care) cases.[10] And, in addition to opening in-home cases, CFSA has continued referring eligible children and families for Family Assessment rather than investigation, with 2,428 Family Assessment referrals in FY14.[11] Instead of relying on removing children as a primary intervention, CFSA now relies on a system that refers children and families to community-based services, with varying levels of agency supervision and case management based on identified safety risks. Putting a child in foster care is a last resort.

Is the System Working?

The construction of this new system is an important step forward. However, the next challenge is to ensure that it works as intended. Are families who come into contact with the agency being effectively connected to services that meet their specific needs? And, if so, are children safe in the short term and are their families able to remain stable and keep them safe in the future? While I believe that CFSA's vision of a community-based service delivery system is fundamentally sound, the question is now one of execution, and the Committee should pay close attention to how many families are actually being served by community-based services, as well as the effectiveness of these services.

Service Utilization and Outcomes Unclear

Although the community-based interventions discussed above are promising, at this point it is difficult to tell how often they are being utilized. While CFSA has been "narrowing the front door" to foster care for several years now, a number of services for families are actually new and only now in the process of being scaled up. For example, crisis intervention and reunification services began accepting referrals just a few months ago, in September and October, 2014, with crisis intervention services operating in Ward 7 and reunification services operating in Ward 8.[12] Further expansion of these services to other wards is slated to occur over the course of early 2015.[13] Similarly, as of November, 2014, maternal and infant health specialists had been placed in two of the five Healthy Families/Thriving Communities Collaboratives, with further expansion anticipated in the following months.[14] Even for services that have been in available for longer periods of time, the level of utilization of these programs in comparison to the number of families who could benefit from them is still unclear. Assessing data on the number of families who are successfully linked to each specific prevention program offered by the agency or an agency partner, as well as outcomes for families who complete each service, is key to determining whether the linkages on which the system relies are actually occurring.

It is our understanding that, as part of the implementation of its Title IV-E Waiver[15] programming, the agency has worked closely with the Collaboratives (who

host many of these services) and other community partners to improve data collection and assessments of program effectiveness.[16] The agency needs to share any utilization and outcome data it collects for specific programs with stakeholders and this Committee on an on-going basis, to ensure that when children are left at home, their families are fully supported.

Family Engagement During Family Assessment Referrals

Consistent with my concerns around linkage to services, in its most recent report, the *LaShawn* Court Monitor raised an important concern regarding differential response: Although the agency is referring large numbers of families to Family Assessment Units, significant numbers of families are declining services, meaning that they pass through the differential response system without receiving any continuing support. Per the most recent Court Monitor's Report, between March and June, 2014, 41% of Family Assessment cases that closed did so because families declined services.[17] The Monitor also noted that only 8% of Family Assessment referrals that closed during that period were referred to a community service provider, in spite of the fact that Family Assessment's potential for effectiveness rests, in large part, on workers' ability to positively engage with families and connect them to supports in the community.[18] The Monitor expressed concern that the number of community-based referrals from closed Family Assessment cases was so low, especially given that the types of issues that triggered Family Assessment cases during that period included substance abuse,

domestic violence, and housing and mental health issues[19] (issues that often require sustained, rather than one-time, interventions).

CFSA's oversight responses show that more recent data regarding Family Assessment is consistent with the Court Monitor's observations. Of the 2,181 Family Assessment cases that closed in FY14, 37.5% (818 cases in all) closed due to the family declining participation,[20] and only 8.8% of case closures (191) closed due to referrals to a Collaborative, DHS, or Mary's Center for further services.

If the District's differential response system is to be successful over the long term, helping low-risk families before they become higher-risk, it is important that families feel comfortable engaging with Family Assessment workers and accepting offers of further support once the agency's assessment is complete. While the agency is correct in noting that there are many potential reasons why families may decline services – including that some might already be receiving on-going services from somewhere else[21] – and that declining services is a family's choice, it needs to undertake a much closer examination of why such a large number of families are declining supports offered through Family Assessment. The agency then needs to adjust how it engages families accordingly. The agency has indicated that, over the course of 2015, it will conduct an in-depth evaluation of differential response, [22] and I hope that as part of its evaluation, it will gather more detailed data regarding why families decline services.

Overall, the District has taken important first steps to creating a child welfare system that serves children at home rather than in foster care. However, this new system rests on the agency's ability to connect families to outside supports, so it is crucial that we ensure that these connections are being made.

The Children of the District's Foster Care System: A New Opportunity

While much attention has been devoted to the agency's declining foster care population and efforts at prevention, we must not forget that there are still more than 1,000 children in the District's foster care system who continue to need our attention. Daily life for children in foster care can be challenging – they struggle with the trauma of the abuse and neglect they have experienced, the disruptiveness of leaving home and entering out-of-home care, and the uncertainty that comes with being away from their homes and communities indefinitely. The effects of these struggles show up in a variety of ways, as year after year, oversight data show that many foster children struggle in school, experience adverse mental health outcomes, and exit the foster care system unprepared for adulthood.

While CFSA has made a number of efforts to move children to permanent homes more quickly and improve the foster care experience, at this time, there is still much work to be done. The good news is that with fewer youth in foster care, there is a real opportunity for the agency to review and improve its supports for foster youth. Below,

I will identify some areas of concern, giving a special focus to the needs of teens and young adults, who make up most of today's foster care population.

Preparing Teens in Foster Care for Adulthood

Although the foster youth population overall is declining, most of the youth who now remain are teens or young adults. Teenagers and young adults (ages 13 through 20) make up more than half (52.7%)[23] of the current foster care population, with 44.7%[24] of all foster youth falling into the category that CFSA labels as "older youth" (ages 15 through 20) for the purpose of transition planning and certain services. Because so many foster children are teens, how well the District serves its foster children must be measured, in large part, by how well it prepares these young people for adulthood.

Teens and young adults in foster care face unique challenges that set them apart from their younger counterparts. The oldest in this age group are either legal adults or fast approaching adulthood, which means that it is crucial to prepare them for a life in which they will be responsible for making their own decisions and meeting their own needs independently. This means that high-quality services around finding and maintaining employment and housing and completing post-secondary education are essential.[25] Even for younger teens, it is important that we position them to start planning for their futures early, helping them to complete high school and be ready for college and/or vocational training programs that lead to stable employment.

This year's oversight data, viewed in the context of the experiences my colleagues and I have with teen clients, tells us that the outlook for teens in foster care is mixed, and that, while the agency has made some important improvements to its services for older youth, there is still much work to be done.

On the positive side, the number of youth between the ages of 18 and 21 who reported being employed at some point during FY14 increased from FY13, going from 109 to 130.[26] This is likely the result of a subsidized internship program which CFSA's Office of Youth Empowerment (OYE) launched in FY14, which placed 45 youth in paid internships during that time period.[27] OYE's Career Pathways Unit, a program that connects youth ages 18 through 20 with vocational training and assists with employment, also attracted significant interest from youth. After the program was revamped at the end of FY13, it reported enrollment of 105 youth after the first quarter of FY14,[28] with an eventual enrollment of 181 over the full fiscal year.[29] Meanwhile, 93 youth enrolled in four-year and two-year colleges over the course of FY14,[30] with OYE's pre-college services program holding a series of workshops for 11th and 12th graders interested in college and monitoring the performance of youth in college.

Unfortunately, however, even with improved employment numbers for the oldest youth in care, a majority of youth who emancipated from foster care in FY14 were unemployed, with the percentage actually rising from 50% in FY13 to 69.9%.[31] While part of this increase was due to a reported increase in the number of youth who

were disabled and unable to work, there were a variety of other reasons for youth unemployment, with the leading non-disability causes including "early case closure" and "not engaged."[32] Among youth attending college, high numbers of youth dropping out continued to be a problem, with 32 students dropping out of college in FY14, 29 of them after only one year of school.[33]

A consistent theme that we see with our teen clients is that while many of them show great potential and are willing to work hard to achieve their goals, they are not engaged early enough in their teenage years to adequately prepare them for the next steps in their lives. Youth who attend college struggle, not just because they come from poor schools and are often the first in their families to attend college, but also because they genuinely do not realize what will be expected of them academically and socially at the college level, leading them to enter school unprepared. Similarly, youth searching for post-emancipation employment may have ideas about what they want to do for a living as adults, but do not always know what's required to reach their goals at a time when they could be preparing themselves. Instead, discussions around what these youth will do with their futures tend to occur toward the end of their time in care, leading to rushed transitions.

OYE operates a number of programs to assist youth, with many undergoing recent improvements, but the common weakness in these programs is that they tend to reach many youth too late. OYE's pre-college services program, for example, has

specialists assigned to serve 11th and 12th graders, but does not have dedicated specialists or the same level of structured programming for youth early on in high school. This is problematic given that the 9th and 10th grades are when high school students often make decisions (including course selections and extracurricular activities) that ultimately affect their competitiveness in college admissions and overall college-readiness at graduation. Similarly, students who want to explore vocational options or seek part-time employment have to wait until they are 18 to access Career Pathways, leading them to lose precious time that could be spent learning about their options and what they need to do to be ready for training programs or to hold down a job. We are confident that OYE programming can make significant improvements in the outcomes of teens in foster care, and for many individual youth, it already has, but in order to change outcomes for the teen population as a whole, existing programming across the board must be expanded to reach youth in their early teen years so that they are better positioned to succeed.

Education

One area in which CFSA has actively worked to address the struggles of foster youth is education. Over the last year, the agency has worked to improve data collection and agency-wide planning around foster youth educational performance and we look forward to seeing the agency's next steps for the current fiscal year and beyond.

It is well-documented that DC's foster children struggle academically. Last year, I noted that educational assessments conducted by CFSA during FY13 showed clear majorities of foster youth tested performing below grade level in either reading, math or both.[34] DC-CAS scores obtained by CFSA this fiscal year are consistent with what we already know about foster youth's struggles – 70% of students in 3rd grade and above were not proficient in reading and 57% were not proficient in math.[35]

While these numbers are sobering, CFSA has taken steps in the last year that we believe will pay off for foster youth in the long run. As noted in the agency's oversight responses, the agency has worked with education agencies in both DC and Prince George's County to gain access to databases that will provide the agency with a clearer picture of foster youth's educational performance – both individually and in the aggregate.[36] The agency has also maintained efforts it began in FY13 to improve school stability and continuity for youth in care, providing stopgaps to make abrupt school changes during the year less frequent.[37]

Most meaningfully, in late 2013, we learned that the agency would be formulating a comprehensive education strategy to better address the educational needs of foster youth at all ages. While we have not seen the final strategy document, we contributed a number of recommendations during the stakeholder phase of the process and hope that these recommendations have been included in the finished

product. We urge CFSA to release the full final strategy document to the Committee and stakeholders and to continue to involve stakeholders in implementation.

Mental Health Services

In my testimony last year, I noted that the continuing decline in the size of the foster care population provides the agency with an opportunity to take a critical look at how it addresses the mental health needs of foster youth. Given what we know about the prevalence of mental health concerns within the foster youth population, this is an area in which greater attention is sorely needed. Over the last year and the first quarter of FY15, the agency has made several improvements in how it provides mental health supports to foster children, but as the data shows, there is also more work to be done.

The agency has continued to move forward with implementing Trauma Systems Therapy (TST) as a model for making the District's child welfare system more trauma-informed. The agency has continued training child-serving professionals on the nature and effects of trauma, reaching 2,206 individuals since April, 2013.[38] As noted in the agency's oversight responses, DBH is working to increase the availability of TST as an evidence-based intervention for individual children, a key development, given that many foster youth struggle with the effects of trauma – both from abuse and neglect and from experiences while in foster care.

The agency has also taken steps to improve timeliness of mental health screening and lessen delays in connecting youth to mental health services. After reporting last

year that only 50% of youth received mental health screenings within 30 days of entering foster care[39] – a requirement under CFSA's own policies,[40] the agency improved, screening 76% of youth within 30 days in FY14, and 80% over the first quarter of FY15.[41] The number of days that youth had to wait between screening and delivery of services was unacceptably high in FY14, at an average of 76 days.[42] Changes made in the first quarter of FY15, however, have reduced the delay to 30 days.[43] While the agency's performance on both of these measures could still be improved (including sustaining recent improvements over the full FY15), the agency's willingness to address delays in screening and service delivery is encouraging, and I look forward to continuing improvements over the course of the coming year.

Conclusion

Thank you for the opportunity to testify and I look forward to answering any questions.

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[1] 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 be the voice 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 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 8 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.

[2] *See*, DC Citizen Review Panel, *An Examination of the Child and Family Services Agency's Performance When it Removes Children from and Quickly Returns them to their Families*, p. 18, September, 2011 (http://www.dc-crp.org/Citizen_Review_Panel_CFSA_Quick_Exits_Study.pdf) *See*, *also*, Testimony of Judith Sandalow, Executive Director of DC's Children's Law Center, before the DC Council Committee on Human Services, pp. 1-5, March 17, 2011.

[3] *See*, *LaShawn* Court Monitor Report, November 17, 2014, p. 63.

[4] As discussed in the agency's oversight responses, CFSA first began piloting its differential response system in 2011 with one Family Assessment Unit. The agency currently has nine active Family Assessment Units. CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q43(b).
Questions, Q31.

[5] *Id.* at Q43(a).
[6] Each of the latter two services utilize evidence-based models. Crisis intervention services are based on the Homebuilders model, while reunification services are based on a model called Project Connect. *Id*. at Q39.
[7] CFSA removed 604 children in FY11. That number has dropped substantially and appears to be stabilizing at around 400 children per year, with 407 children removed in FY13 and 401 in FY14. CFSA FY 2011 and FY 2012 (1st Quarter) Responses to the DC Council Committee on Human Services Oversight, Q27; CFSA FY 2013 and FY 2014 (1st Quarter) Responses to the DC Council Committee on Human Services Oversight, Q7; CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q23.
[8] CFSA FY 2013 and FY 2014 (1st Quarter) Responses to the DC Council Committee on Human Services Oversight, Q31.
[9] CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q44.
[10] In June, 2014, CFSA had 1,818 open in-home cases and 1,141 out-of-home cases. 61.4% of cases were in-home cases. *LaShawn* Court Monitor Report, November 17, 2014, pp. 10, 102.
[11] CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q19(b).
[12] *LaShawn* Court Monitor Report, November 17, 2014, p. 159.
[13] CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q39.
[14] *LaShawn* Court Monitor Report, November 17, 2014, p. 159.
[15] CFSA received a Title IV-E Waiver from the Federal Government in September, 2013. CFSA FY 2013 and FY 2014 (1st Quarter) Responses to the DC Council Committee on Human Services Oversight, Q1. The waiver allows CFSA added flexibility to spend federal funds on services to prevent children from entering the foster care system.
[16] *See*, CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q39.
[17] *LaShawn* Court Monitor Report, November 17, 2014, p. 78.
[18] *Id*. at 79.
[19] *Id*.
[20] CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q43(h).
[21] *Id*. at Q43(d).
[22] *Id*. at Q43(i).
[23] *Id.* at Q44.
[24] *Id*.
[25] Note that preparing youth for adult life is important, not just for youth who emancipate from foster care at age 21, but also, for youth who exit the foster care system earlier to other forms of permanency (reunification, adoption, or guardianship). All teens, whatever their permanency outcome, are on the road to adulthood, and must be prepared accordingly.
[26] CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q64(a); CFSA FY 2013 and FY 2014 (1st Quarter) Responses to the DC Council Committee on Human Services Oversight, Q18(a).
[27] CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q64(e).

[28] CFSA FY 2013 and FY 2014 (1st Quarter) Responses to the DC Council Committee on Human Services Oversight, Q17(a).
[29] CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q63(a).
[30] *Id*. at Q72.
[31] In FY13, 64 of the 128 youth who aged out were unemployed. CFSA FY 2013 and FY 2014 (1st Quarter) Responses to the DC Council Committee on Human Services Oversight, Q21(a). In FY14, that figure was 86 out of 123. CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q67(a).
[32] CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q67(a).
[33] *Id*. at Q72(c)-(d). Note that the problem of foster youth not completing college is actually a recurring one. In FY13, 22 youth dropped out of college, 20 of them at the end of their freshman year. CFSA has also noted in its 2013 Needs Assessment that its FY13 college graduation rate was on 18%. CFSA FY 2013 and FY 2014 (1st Quarter) Responses to the DC Council Committee on Human Services Oversight, Q16(d); CFSA 2013 Needs Assessment, p. 25 (http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2013%20Needs%20Assessment%20FINAL%2012.31.13.pdf).
[34] Testimony of Judith Sandalow, Executive Director of DC's Children's Law Center, before the DC Council Committee on Human Services, p. 9, February 12, 2014.
[35] CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q60(a).
[36] *Id*. at Q57.
[37] *Id*. at Q58(c)-(e).
[38] *Id*. at Q33(b).
[39] CFSA FY 2013 and FY 2014 (1st Quarter) Responses to the DC Council Committee on Human Services Oversight, Q9(a).
[40] "All children ages one year and older will receive a standardized mental health screening administered by the Department of Mental Health Specialist co-located at CFSA." CFSA Program Policy: Initial Evaluation of Children's Health, Procedure F (http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20Initial%20Evaluation%20of%20Children%27s%20Health%20%28final%29%28H%29_2.pdf).
[41] CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q31(b).
[42] *Id*. at Q31(d).
[43] *Id.*