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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 and a resident of the District. I am testifying today on behalf of Children's Law Center,¹ 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 District's child welfare system.

I am pleased to testify today regarding the Mayor's proposed budget for the Child and Family Services Agency (CFSA). Overall, CFSA's top-line budget remains flat in comparison to FY15, with a decline of just under \$1.3 million, or about 0.5%.² Within the budget, the Mayor proposes utilizing savings from falling placement costs due to a smaller foster care population to make investments in completing the roll-out of community-based services aimed at preventing abuse and neglect.

Before I discuss trends within CFSA's proposed budget, I would like to note that I am pleased to see that, at a time when the Mayor is working to close a projected gap in the FY16 budget, she has decided to prioritize the needs of our most vulnerable children

and families by not making cuts to CFSA's budget. As we have noted in past testimony, in previous years the savings that CFSA has realized from bringing fewer children into foster care have made the agency an easy target for both budget cuts and reprogramming.³ All too often, funds that should have been reinvested in serving families within the agency's orbit have been used to fund other priorities. We are pleased to see that the Administration has chosen to keep CFSA's savings within CFSA, and because there are a number of places within the agency that require re-investment, we urge the Committee to adopt the proposed budget without any further cuts or diversion of funding to other agencies.

Within the budget, we are broadly supportive of the decision to invest significant resources in completing the launch of community-based prevention and in-home services. Following a multi-year reform effort, the agency now follows a model that depends heavily on reaching families before they are in crisis and serving them before children need to be removed. With this in mind, sizeable investments to ensure that front-end services are fully available to children and families are essential. These investments ensure that when families are diverted from more intrusive interventions, their needs are actually met.

On the other hand, we continue to be concerned that, given the mixed outcomes experienced by teenagers and young adults who remain in foster care, there is insufficient reinvestment of savings into the out-of-home population. We urge the

Committee to ensure that there is sufficient funding in the agency's budget to expand services for teens and young adults in foster care in a way that better prepares these young people to transition to adult life.

Investments in In-Home and Prevention Services

As I discussed during my oversight testimony in February, CFSA has spent the last several years pursuing a reform agenda that, among other things, has sought to build a child welfare system that removes fewer children from their homes and families, while better supporting families at risk of child welfare involvement.⁴

CFSA's efforts to "narrow the front door" to foster care have had two major components. First, the agency has made several changes to its internal decision-making processes to ensure that fewer families are put on the path to removal unnecessarily, and that, for families for whom removal is not warranted, agency staff have the ability to work with them in ways that are less adversarial and disruptive.⁵ But simply removing fewer children is meaningless and potentially dangerous if there are insufficient community-based supports to actually address the concerns that bring families to CFSA's attention. Thus, CFSA has also sought to build or improve partnerships with other District agencies and community-based organizations that serve children and families.⁶

As a result of these efforts, CFSA's caseload looks very different than it did a few years ago. The foster care population and the number of children removed from their homes each year have both dropped substantially.^{7,8} The share of cases handled "in-home" currently exceeds 60%.⁹ And in FY14, more than 2,400 referrals were made for Family Assessment, the non-investigative option within CFSA's differential response system.¹⁰ However, there is still much work to be done to complete the launch of community-based services and to ensure that these services are truly meeting the needs of families. As we noted in February, important services – including crisis intervention services, family reunification services, and maternal health specialists – remained only partially launched as of early this fiscal year.¹¹ Further, high rates of families declining services following Family Assessment referrals suggest the need for CFSA to review how it engages with families, as well as whether there are gaps in current service offerings.¹²

The proposed budget recognizes this reality of a promising but as-yet incomplete build-out of front-end services and allocates a substantial amount of the agency's placement savings to finish the job. The agency projects that child placement costs will decrease by roughly \$8.6 million in the next year¹³ as the foster care population remains relatively low and stable. Correspondingly, it proposes a net increase of just under \$8.2 million in "Community Partnerships Services" spending directed toward community-based supports.¹⁴ This new spending includes roughly \$3.9 million to fully launch crisis

intervention and reunification services, as well as nearly \$1.9 million in new funding directed toward the Healthy Families/Thriving Communities Collaboratives, who are expected to function as coordinators (“community hubs”) for many of the services families need.¹⁵ Funding for the Collaboratives includes “capacity-building” funds that will allow individual Collaboratives to make grants to local child and family-serving organizations to fill service gaps, addressing needs at the community/neighborhood level.¹⁶ Additionally, the agency expects to maintain partnerships with several community-based providers for prevention services, and with other District agencies to access services for families across agency lines.¹⁷ Finally, the agency has allocated \$250,000 in FY16 to fund an evaluation of its Title IV-E Waiver prevention programming.¹⁸ We are hopeful that this evaluation will guide future efforts to improve family engagement.

Overall, we support the Administration’s decision to continue to invest substantially in front-end services. Now that the agency has shifted from relying heavily on removal to a prevention-based model, it is important that all front-end services that families need are fully functional, and that when services gaps are identified, the agency has resources at its disposal to fill them quickly. If these investments are not made, then CFSA will not be equipped to adequately implement its new model, and children and families will fall through the cracks – temporarily spared from removal, but not served in a way that puts them on the path to stability.¹⁹

Greater Reinvestment Needed in Services for Teen and Young Adult Foster Youth

One of the underappreciated benefits of CFSA's efforts to "narrow the front door" to foster care is that, in addition to allowing at-risk families to receive support without being broken apart, the shift to a prevention-based model should also provide the agency with an opportunity to address long-standing problems in its services to children and youth in foster care. With a smaller, more manageable foster care population, CFSA should be able to reinvest at least some of its savings from having fewer placements back into services to better support those children who ultimately come into care. While, as detailed above, we have seen clear evidence of substantial reinvestment on the in-home/prevention side of CFSA's programming, such reinvestment has been less obvious on the out-of-home side – a fact which causes us some concern as we review this year's proposed budget. Of particular concern is the apparent lack of re-investment in service improvements for teens and young adults in foster care. As we have noted both this year and in the past, the struggles of teens in foster care point to a need for significant expansion of services and supports. Yet this need for reinvestment is not reflected in the current proposed budget. We urge the Committee to ensure that sufficient savings from the decreased need for foster care placements is returned to the District's foster children in the form of service expansions for teens in care.

Teens in Foster Care: The Data and the On-the-Ground Reality

In making budgetary decisions for FY16, CFSA is projecting that the foster care population will hold relatively steady at around 1,080 children in out-of-home care.²⁰ If current trends hold, more than half of the foster care population will be teenagers or young adults, as roughly 52.7% of the current foster care population is ages 13 through 20.²¹

As I noted during oversight, for all of the progress that CFSA has made in a number of areas in recent years, data on outcomes for teens in the foster care system continue to show that the agency struggles to adequately prepare young people in foster care for adulthood.²² Oversight data show that a majority of youth who emancipated from foster care in FY14 were unemployed, with the percentage actually rising in the last year.²³ Youth in foster care also continue to drop out of college in high numbers – the number of youth who dropped out of college in FY14 equaled more than one-third of CFSA’s reported total college enrollment, with nearly all FY14 drop-outs occurring after only one year of school.²⁴ And we know from the experiences of our clients, as well as public witnesses who have testified here at the Council over the years, that foster children who exit the system as young adults struggle with a number of aspects of the transition to adulthood, including finding stable housing and negotiating professional and personal relationships. While the young people with whom we work show incredible determination, and we can point to individual success stories even in

the midst of these trends, the outcomes for teens in foster care are incredibly uneven. In a period in which smaller foster care censuses should allow the agency room for greater creativity to address these challenges, this is unacceptable.

One of the key reasons for the unevenness of outcomes among teenage foster children is that, while CFSA offers a variety of teen-related programming, this programming is often offered too late in their time in care to make a meaningful difference in preparing them to transition. We have worked with young people, for example, who express interest in going to college as early as 8th or 9th grade and, yet, CFSA education specialists do not meaningfully assist them in researching colleges, preparing for the college application process, or being prepared for college-level expectations (both academic and social) until the 11th and 12th grades, when their high school careers are at least half over. Similarly, young people who express interest in learning about non-college careers, or even exploring getting a part-time job during the school year, must wait until they turn 18 before they can speak with CFSA's vocational specialists, meaning that, again, all relevant preparation is postponed until a young person is either very late or completely out of high school. The agency currently relies heavily on case-carrying social workers and foster parents to fill gaps in its dedicated teen services, but we have found that, in practice, these individuals must often focus on their children's more immediate needs first, making investing time in long-term planning difficult.

This ultimately leads to a troubling pattern: Even young people who are actively interested in talking to someone about their futures and are open to adult guidance receive very little support through most of their teenage years. This often changes suddenly at age 18 or 19, at which point there is a rush to connect them to services. By this time, however, not only have many youth given up, but those who haven't are hopelessly unprepared for the next step – whether it is college, or some combination of training and employment. These youth must rush to complete planning for life after foster care in an anxiety-inducing shortened timeframe, with a poor foundation. The results are predictable: Youth go to college, only to drop out due to academic or other reasons; youth leave the foster care system with hazy employment prospects; young adults start life on their own without the support that they need and stumble as they progress through their early 20's.

It doesn't have to be this way. The problem is not a lack of services, or even a lack of variety of services. Indeed, CFSA already has a number of services available to youth who are old enough: Pre-college advising, career exploration and vocational training programs, a "subsidized employment" (paid internship) program for 18-20 year-olds, and a specialized unit to serve pregnant and parenting teens. The primary problem is that these services need to be offered earlier in order to build a strong foundation for foster children to build on as they move through their teenage years.

Until this is done, outcomes will continue to be uneven, mirroring the uneven nature of how we talk to our foster youth about adult life.

The Foundation for Reinvestment

From a budgetary standpoint, the solution to this problem is fairly straightforward – take a modest amount of the savings from lower placement costs and direct them back into services for teens so that the agency can add sufficient staff to expand the availability of existing programming around education, training, and employment to all high school-aged foster youth. Youth interested in college could begin making plans and seriously preparing in 9th rather than 11th grade. Youth who want to know about the post-high school career pathways could begin getting information early in high school rather than at the end. Providing youth with clear guidance and expectations earlier would help to positively influence their decision making, making them better prepared when the next step finally comes.²⁵ Such an expansion would not require fundamental programming changes, only the resources to make it feasible. Further, the investment would be modest – funding for two additional staff in the Office of Youth Empowerment’s education unit to serve 9th and 10th graders, for example, and a corresponding two additional staff in the Career Pathways Unit to assist younger teens with career exploration, part-time employment, and job

shadowing/volunteer opportunities. Such reinvestments could be made without significantly impacting the in-home/prevention side of CFSA's budget.

The relative simplicity of this approach is why it is so concerning to see almost no evidence of reinvestment in teens in the proposed CFSA budget. Indeed, the proposed budget shows a cut of \$229,000 to the teen services budget, apparently the result of a \$250,000 cut to the agency's subsidized employment program, a relatively new program that has shown some promise in building youth's work experience.²⁶ We urge the Committee to take steps to correct this, by re-directing a small portion of the funds being taken out of CFSA's child placement budget to fund the staffing increases in teen services outlined above. This modest reinvestment would lay the foundation for getting better outcomes from the teen foster care population.

Youth Aftercare Services: Former Foster Youth and Life Outside the System

You will notice, Chairman Alexander, that in discussing the needs of teens and young adults in foster care, I did not provide specific budgetary or programmatic recommendations for another important program that is highly relevant to this population: Youth aftercare services. This is not because I doubt the importance of these services. Aftercare services, which become available to youth who age out of foster care and last until they turn 23, are intended to assist youth in accessing adult support systems and ease their transition into life after foster care.²⁷

It is clear from the experiences of our former clients, as well as from young people who have testified at past hearings, that there are concerns about the responsiveness and overall effectiveness of youth aftercare services. One of the primary obstacles to reforming the aftercare services program, however, is that there is little data available about what happens to young adults after they leave foster care. Overnight, former foster youth become invisible – they exit a system in which even the most minute details of their daily lives are collected and analyzed, and are dispersed among various adult systems or left to their own devices. Although I believe that it is crucial that we make major changes to aftercare services to address what we repeatedly hear from former foster youth, this lack of data makes identifying specific programmatic, and therefore, budgetary, recommendations difficult.

For this reason, Chairman Alexander, I urge you to direct this Committee's time after budget season to gathering the type of data regarding former foster youth that could better inform aftercare services reform, as well as information about youth's experiences with aftercare from their point of view. In addition to closely monitoring CFSA's joint efforts with the Collaboratives to improve data collection and identify appropriate outcome metrics, the Committee should reach out to District agencies who are likely seeing former foster youth within their service populations to help identify the specific challenges that these young adults face and the types of supports from

across the health and human services sector that would be most beneficial to them going forward.

Conclusion

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

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 CFSA Proposed Budget FY16, p. E-17.

³ See, Testimony of Judith Sandalow, Executive Director of DC’s Children’s Law Center, before the DC Council Committee on Human Services, p. 2, February 12, 2014.

<http://www.childrenslawcenter.org/testimony/testimony-child-and-family-services-agency-2014-oversight-hearing>

⁴ Today I will provide a brief overview of CFSA’s reforms. A more detailed account of these changes, however, is available in my February oversight testimony. See, Testimony of Judith Sandalow, Executive Director of DC’s Children’s Law Center, before the DC Council Committee on Human Services, pp. 3-5, February 18, 2015. <http://www.childrenslawcenter.org/testimony/testimony-child-and-family-services-agency-2015-oversight>

⁵ *Id.*

⁶ *Id.*

⁷ At the end of FY11, CFSA reported a foster care population of 1,827 children. By the end of the first quarter of FY15, the foster care population stood at 1,068 children. In its responses to the Committee’s budget questions, the agency reports a foster care population of 1,044 children as of the end of March, 2015. CFSA FY 2013 and FY 2014 (1st Quarter) Responses to the DC Council Committee on Human Services Oversight, Q31; CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q44; CFSA FY16 Budget Request Responses to the Committee on Health and Human Services, Q3.

⁸ 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.

⁹ 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.

¹⁰ In FY14, CFSA made 2,428 Family Assessment referrals. CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q19(b).

¹¹ CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q39; *LaShawn* Court Monitor Report, November 17, 2014, p. 159.

¹² The issue of Family Assessment families declining services was initially noted by the *LaShawn* Court Monitor, who found that 41% of Family Assessment cases that closed between March and June, 2014 closed because families declined services. CFSA's oversight data confirms this trend, as 37.5% of the cases that closed during FY14 were closed due to families declining participation. *LaShawn* Court Monitor Report, November 17, 2014, p. 78; CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q43(h).

¹³ CFSA Proposed Budget FY16, Table RL0-4, Line 2066, p. E-23.

¹⁴ CFSA Proposed Budget FY16, Table RL0-4, Line 8010, p. E-24.

¹⁵ CFSA FY16 Budget Request Responses to the Committee on Health and Human Services, Q1.

¹⁶ *Id.* at Q2.

¹⁷ *Id.* at Q2.

¹⁸ *Id.* at Q2.

¹⁹ As we discussed in our testimony at the Department of Human Services' budget hearing last week, fully launching community-based services in FY16 is important for another reason. As you know, the Mayor has proposed a one-time, one-year delay in the implementation of the 60-month lifetime limit on TANF benefits. Underlying this request is the understanding that certain supports for families transitioning off of TANF will be in place by that time. As TANF cut-offs are often associated with increases in child welfare involvement for affected families, it is important that, assuming the TANF extension is passed by the Council, all of CFSA's prevention services become fully operational in the coming fiscal year. If not, CFSA could experience a spike in demand for child welfare services without enough of these services actually being available, potentially compromising support for all families in the child welfare system. And, of course, if the Council does not adopt the Mayor's proposed one-year delay, the situation will become more dire, as CFSA is certainly not ready to absorb an increase in demand this October. For a more complete discussion of the relationship between the TANF cut-off and other health and human services systems, please see our DHS budget testimony. Testimony of Sharra Greer, Policy Director of DC's Children's Law Center, before the DC Council Committee on Human Services, pp. 2-9, April 24, 2015. <http://www.childrenslawcenter.org/testimony/testimony-department-human-services-fy16-budget-hearing>.

²⁰ CFSA FY16 Budget Request Responses to the Committee on Health and Human Services, Q3(c).

²¹ CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q44.

²² Testimony of Judith Sandalow, Executive Director of DC's Children's Law Center, before the DC Council Committee on Human Services, pp. 11-14, February 18, 2015.

²³ From 50% in FY13 to 69.9% in FY14. CFSA FY 2013 and FY 2014 (1st Quarter) Responses to the DC Council Committee on Human Services Oversight, Q21(a); CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q67(a).

²⁴ CFSA reported that 93 youth were enrolled in four-year and two-year colleges over the course of FY14. 32 dropped out of college in FY14, with 29 leaving school after only one year. Note that the problem of foster youth not completing college is actually a recurring one in the District's child welfare system. CFSA noted in its 2013 Needs Assessment that its FY13 college graduation rate was only 18%. CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q62(b)-(c), 72(c)-(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>).

²⁵ Not only would earlier preparation yield cohorts of youth who are better prepared for the next steps in life, but by spreading out the advising process across more years, it would provide case workers and specialists more time to devote to youth who may genuinely be drifting or disconnected. There will always be youth who struggle with preparing for the future – long-term planning is a challenge for all teenagers, even those who are not dealing with the trauma of abuse and neglect. But the current system creates a bottleneck by concentrating services for all youth within such a short time window. This ultimately harms both youth who could be reached earlier and those who may take a little more time to begin seriously thinking about their futures.

²⁶ The program was launched once FY14 had already begun and managed to place 45 youth in paid internships over the rest of the year. CFSA FY 2014 and FY 2015 (1st Quarter) Responses to the DC Council Committee on Health & Human Services Oversight, Q64(e). The program's funding was cut by 50% to reflect "the trend in expenditures during the past fiscal year." CFSA FY16 Budget Request Responses to the Committee on Health and Human Services, Q9.

²⁷ Aftercare services are provided primarily by caseworkers at the Collaboratives, with a small number of former foster youth being served by DC CASA.