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Testimony Before the District of Columbia Council
Committee on Human Services
February 25, 2021

Public Hearing:
Performance Oversight Hearing
Child and Family Services Agency

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Introduction

Good afternoon Chairperson Nadeau and members of the Committee. My name is Tami Weerasingha-Cote. I am a Senior Policy Attorney at Children’s Law Center¹ 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 nearly 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.

I appreciate this opportunity to testify regarding the performance of the Child and Family Services Agency (CFSA) over this past year. For the past twenty-five years, Children’s Law Center attorneys have served as guardians-ad-litem for children in the care and custody of CFSA.² At any given time, we represent approximately half the children involved with CFSA – several hundred children in foster care and protective supervision each year.³ We are heavily invested in CFSA’s success because, in our view, CFSA succeeding means our clients will have the best opportunities to overcome the traumas they have experienced and achieve positive outcomes in health, education, and family stability. We therefore provide this testimony with the goal of not only supporting the Council in its oversight function, but also with the intent of supporting CFSA in accomplishing its mission “to improve the safety, permanence, and well-being

of abused and neglected children in the District of Columbia and to strengthen their families.”⁴

At the outset, we must commend CFSA for its active engagement with us over the past year. Members of CFSA’s leadership team, as well as key personnel involved in placement and operations, met with us on a regular basis to answer our questions, share critical information, and engage in joint problem-solving for systemic issues. CFSA also facilitated meetings between our team and key placement agencies – including Children’s Choice and the National Center for Children and Families. CFSA included us in their Policy Work Group, inviting us to review and provide input on draft agency policies and procedures. Finally, CFSA encouraged our case-handling attorneys to take case-specific problems up CFSA’s chain-of-command more frequently and were responsive to us in those instances. We appreciate CFSA’s engagement with us this past year and hope to build on our partnership moving forward.

When we consider CFSA’s performance over the past year, it is our view that CFSA has the right long-term vision in terms of focusing on prevention and working hard to support families where they are through alternatives to removal such as diversion and providing in-home services. We share this vision with CFSA, and we applaud CFSA for its work towards these goals. We also recognize, however, that there are problems with the way CFSA is implementing this vision that raise concerns about children’s safety. Specifically, insufficient follow-up protocols for children who are

diverted, lack of comprehensive data collection and reporting around diversion, and lack of available details regarding child fatality and critical incident reviews create risks that we are leaving children who require more intensive interventions in dangerous situations.

Further, we believe CFSA needs to apply the long-term strategic thinking it uses for prevention work to the way the agency approaches meeting the needs of kids who are removed and in CFSA's care. Too many children currently in foster care are struggling to have their needs met. These struggles are reflected in continuing high levels of placement instability, behavioral health challenges, poor education outcomes, and insufficient preparation for independent living. Failing to meet the needs of foster children in these basic and foundational areas often means failing to provide them with a path to a happy, healthy, and stable future.

Although meeting the needs of foster children is one of CFSA's core responsibilities, it is not something we can expect CFSA to do entirely on its own. In the words of Director Donald, CFSA is DC's child welfare agency – not its child welfare system.⁵ To meet the needs of DC's most vulnerable children and families, CFSA needs the support of its sister agencies – including the Office of the Superintendent of Education (OSSE), District of Columbia Public Schools (DCPS), the Department of Youth Rehabilitation Services, the DC Housing Authority, the Department of

Behavioral Health (DBH), the Department of Health Care Finance (DHCF), and the Metropolitan Police Department.

CFSA also needs the support and investment of this Committee and the DC Council to accomplish its mission. In addition to ensuring CFSA has adequate resources to fulfill its mission, the Council can support interagency coordination by holding all relevant city agencies accountable for meeting the needs of child welfare-involved families. To these ends, funding and supporting the implementation of the recently passed Ombudsperson for Children Establishment Act of 2020 will enable the Council to be more fully responsive to CFSA's needs and actively facilitate interagency cooperation to support CFSA's core mission.⁶

My testimony today will first discuss the strengths and weaknesses of several key components of CFSA's prevention work and efforts to minimize removals. My testimony will then address CFSA's services for foster children in four areas: placement, behavioral health, education, and preparation for independent living. For each of these service areas, my testimony will note successful efforts by CFSA over the past year, discuss implementation challenges, and identify where new strategies or longer-term thinking may be required.

CFSA Takes the Right Approach by Emphasizing Prevention and Alternatives to Removal, But Must Include Guardrails to Protect Children's Safety

In recent years, CFSA has successfully brought down the number of children coming into foster care through a combination of heavily investing in prevention work

and supporting alternatives to children entering care – including diversion and providing in-home services.⁷ CFSA’s investments in prevention over the past year include opening the Families First DC Success Centers and implementing a first-in-the-nation statewide prevention plan pursuant to the federal Family First Prevention Services Act (FFPSA). CFSA recently announced plans to expand its prevention work and “reimagine” DC’s child welfare system through participation in the “Thriving Families, Safer Children” program.⁸

We applaud CFSA for its focus on prevention and efforts to avoid removals. We share CFSA’s long-term vision for an approach to child welfare that prioritizes keeping families together by supporting them where they are and strengthens communities so they can support children and families without government intrusion.⁹ Without adequate safety guardrails, however, emphasizing preventing and minimizing removals may leave some children in dangerous situations. For this reason, we urge CFSA to establish additional check-in protocols for children who are diverted because of substantiated allegations of child abuse or neglect, and to comprehensively collect and report data related to safety outcomes for these children. We also ask CFSA to provide more detailed information regarding child fatality and critical incident reviews.

CFSA Is Making Long-Term Investments in Prevention: Implementation of Family First Prevention Services Act; DC Success Centers; and Thriving Families, Safer Children

As we noted in our oversight testimony last year, CFSA was the first child welfare agency in the country to develop an approved prevention plan pursuant to the

federal Family First Prevention Services Act (FFPSA).¹⁰ Over the past year, CFSA has worked with its sister agencies to move forward with implementing this prevention plan, with the stated goals of increasing protective factors for families, reducing child abuse and neglect, and reducing foster care entry and re-entry.¹¹ CFSA and its partners are in the process of assessing DC's current array of evidence-based family strengthening and parent education programs that qualify for federal funding under FFPSA.¹² Using comprehensive and detailed data analytics, CFSA is identifying barriers to participation in these programs, determining whether additional capacity is needed, and seeking ways to make programming more efficient. CFSA intends to expand available programming based on a needs assessment and gap analysis that is currently underway. We hope to see CFSA make full use of federal funds available through FFPSA and continue to build out prevention programming across the city in the years ahead.

CFSA also opened ten Family Success Centers this past year as part of the Families First DC initiative.¹³ Families First DC is a neighborhood-based, neighborhood-driven approach aimed at reducing disparities and creating stronger, more resilient families through meaningful access to District services.¹⁴ CFSA provided grant funding to community-based organizations to open Family Success Centers in ten specific communities in Wards 7 and 8, which were identified based on a review of social determinants of health data, violence prevention, substantiated reports of child

abuse and neglect, and Office on Neighborhood Safety and Engagement data.¹⁵ Family Success Centers are intended to both: (1) support better integration and delivery of existing services to their community, and (2) develop new initiatives to deliver previously unavailable services that meet the specific needs of their community. Services are supposed to be focused on residents residing in the target areas, with an emphasis on families not yet involved with the child welfare system. Since opening in October 2020, the Family Success Centers have reached nearly 2,800 families, and more than 350 families have engaged in ongoing services through the Family Success Centers.¹⁶ Although we have not yet seen significant use of the Family Success Centers by the families we work with at CLC, we hope to see the Family Success Centers playing a greater role in supporting our families this year.

Finally, just last month, CFSA announced its participation in a new prevention initiative launched by the U.S. Children's Bureau and several national foundations: Thriving Families, Safer Children (TFSC).¹⁷ The goal of TFSC is to reshape child welfare with a focus on prevention and equity and to reduce disparities in outcomes for children and their families.¹⁸ Ultimately, TFSC seeks to transform the child welfare system into a child well-being system.¹⁹ CFSA is part of the second cohort of jurisdictions selected to participate in TFSC, which will focus on policy and systemic reforms.²⁰ Although we don't yet know what specific reforms CFSA plans to implement as part of TFSC, CFSA's participation in this initiative reflects a continued focus on

prevention, which we fully support. We look forward to learning more about CFSA's specific plans pursuant to this initiative soon.

CFSA is Committed to Keeping Families Together: In-Home Services and Diversion

CFSA's focus on keeping families together whenever possible is demonstrated by its use of In-Home Services and diversion as alternatives to removal. CFSA's policy is to open an In-Home Services case any time an investigation results in a substantiated finding of abuse or neglect and the family is identified as high or intensive risk, but the agency determines that the child(ren) can be maintained safely in their home with the support of In-Home Services.²¹ The level of services provided to the family is determined by CFSA's assessment of safety and risk, and the services are intended to ensure child safety and promote family well-being.²² Services are provided until all safety issues have been resolved and the case can be closed, or until safety concerns rise to the level requiring removal and the opening of an out-of-home (foster care) case.²³

In situations where CFSA has determined that a child cannot remain safely in their home, CFSA can work with the child's parent(s) to develop a plan for the child to be safely cared for by a relative or another identified caregiver – a practice known as “diversion” or “kinship diversion.”²⁴ The decision whether an investigation can be “diverted” is made by the investigative social worker.²⁵ Although the investigative social worker should identify and offer supports and services to the family based on

their specific needs, diversion results in case closure and requires no further CFSA involvement.²⁶

CFSA offers several programs to provide financial and other supports to caregivers who take in children who would otherwise likely enter foster care – including:

- The Grandparent Caregivers Program, which provides a monthly subsidy to low-income residents who are raising their grandchildren, great-grandchildren, great nieces, or great nephews;²⁷
- The Close Relative Caregiver Pilot Program, which provides a monthly subsidy to low-income residents who are raising their siblings, nieces, nephews, and cousins;²⁸ and
- The Kinship Navigator Program, which offers a helpline connecting caregivers with services and supports, hosts enrichment events for families, and provides flexible funds for one-time or short-term supports.²⁹

Although these programs offer vital supports to family caregivers, they are not sufficiently funded to meet the needs of all eligible families. In FY2020, 64 eligible families were waitlisted for the Grandparent Caregivers Program due to the program running out of funds, and in FY2021 to date, there are 53 families currently on the waiting list.³⁰ We urge the Council to ensure these programs are fully funded to meet the needs of families keeping children out of foster care.

We commend CFSA for its commitment to keeping families together and support its efforts to avoid removal where possible. Children fare better in the care of family members than in foster care – they tend to have more stability and are more likely to maintain connections with their siblings, culture, and community.³¹ CFSA’s efforts in this area have been effective – the number children of children entering foster care shrank from 405 children in FY2016,³² to 360 children in FY2018,³³ to 217 children in FY2020.³⁴ The total number of children in foster care has also steadily decreased over the past ten years – from a high of 2,092 children in FY2010³⁵ to 693 children by the end of FY2020.³⁶

CFSA Needs to Incorporate Child Safety Guardrails into its Long-Term Vision for Prevention and Reduction of Removals

Although we appreciate CFSA’s focus on prevention and alternatives to removal and support the agency’s goal to reduce the foster care population as much as possible, we are concerned that additional efforts are needed to ensure children’s safety is being adequately protected.

CFSA must track the safety of children whose investigations are closed due to diversion and ensure that diversion caregivers have the adequate supports they need to make the caregiving situation work in the long run. CFSA does not currently track how long children whose investigations are diverted remain with the designated caregiver or whether those children are returned to their parents by the designated caregiver.

CFSA also does not keep track of whether the designated caregiver or the parent is able to access the services CFSA refers them to, whether they are able to follow the safety plan developed as a prerequisite for diversion, or whether additional services and supports are required once the caregiver and the child adjust to the new living situation.³⁷

CFSA published an administrative issuance detailing its diversion policies and procedures for the first time in July 2020.³⁸ Although this policy provides for tracking the number of children diverted and collecting some data around the circumstances of their case being diverted, the policy does not provide for any follow-up by CFSA with the child and their caregiver after the investigation is diverted. CFSA has explained to us that in practice, CFSA conducts a review of diversion data every six months, during which the agency examines whether there have been additional hotline reports for children whose cases were diverted pursuant to the diversion policy. While we are pleased that CFSA has this practice in place, and we encourage CFSA to include this practice in their written policy, we believe additional data collection and follow-up is needed in diversion cases.

CFSA should conduct follow-up and track outcomes for diversions similar to what the agency does for cases that are referred to Collaboratives or to the In-Home Services program. For these cases, CFSA tracks whether families are engaged in services; have additional substantiated reports while receiving services or within six

months of case closure; and whether there are instances of repeat maltreatment, court involvement, or removal.³⁹ In its oversight responses, CFSA notes that tracking this information helps the agency “better understand contributing factors that may lead to another occurrence of maltreatment and ways to prevent maltreatment from reoccurring.”⁴⁰ This reasoning applies to diversion cases as well and makes clear why CFSA must track outcomes for these children, too.

To be clear, we are not recommending follow-up for the purposes of burdening diversion caregivers with unnecessary government intrusions. Rather, CFSA should follow-up with children who have been diverted to ensure their caregiver has sufficient supports for the situation to be sustainable in the long run. Further, CFSA’s diversion policy should include an explicit requirement to explain the benefits and drawbacks of choosing to be a foster parent caregiver instead of a diversion caregiver to all potential diversion caregivers. Although diversion helps to keep children out of foster care, in some cases, caregivers may need the full support of the foster care system to provide adequate care for these children. In response to our raising this concern, CFSA committed to expanding the diversion policy checklist of services offered to potential diversion caregivers to include explaining the benefits and drawbacks of becoming a licensed foster parent.

CFSA should also provide a greater level of detail regarding the analyses undertaken in CFSA’s internal child fatality reviews. The goal of CFSA’s internal child

fatality review process is to reduce the number of preventable child deaths by understanding “the reasons behind the deaths of children who have intersected with the child welfare system.”⁴¹ Each year, CFSA publishes an annual report that includes aggregated data and practice recommendations based on CFSA’s internal child fatality reviews over the past year.⁴² Although this report provides high-level information regarding the nature of fatalities for CFSA-involved children, the report does not provide enough detail to determine whether and why the system failed these children.

For example, the most recent report notes that a little over half of the decedent families had CFSA involvement within 12 months of the fatality, and of those, approximately 70 percent had a Child Protective Services investigation within 12 months of the child fatality.⁴³ The report does not explain how many of those cases resulted in an abuse death vs. a non-abuse death, nor does it detail whether CFSA’s policies for handling those cases were followed properly or if there were problems related to how CFSA delivered its services to these families.

Further insight into CFSA’s interactions with these families would be helpful to determining whether our system, as designed, has gaps that need to be addressed; whether the system design is fine and we just need better implementation of existing policies and procedures; or whether these deaths were simply not preventable, even with perfect system design and implementation. In response to our raising these

concerns, CFSA expressed a willingness to explore ways to make CFSA's internal analysis of child fatalities more available – without compromising confidentiality.

As CFSA expands its focus on prevention and works to keep more children in their homes and communities with minimal intrusion by the government, the agency must develop guardrails in the form of policies, procedures, and data tracking and reporting that are explicitly designed to ensure children's safety is being adequately protected. We share and support CFSA's view that keeping children in their homes and communities is what is best for most children, but we urge CFSA to develop mechanisms for making sure we do not overlook the small number of children who may require a more intense level of involvement and intervention by CFSA.

CFSA Needs to Apply a Similar Long-Term Strategic Approach to Providing Better Services and Outcomes for Children in Foster Care

Just as CFSA is a thought leader among child welfare agencies when it comes to prevention, we would like to see the agency apply the same long-term strategic thinking it uses for prevention work to the way it approaches meeting the needs of children who have been removed and are currently in CFSA's care and custody. Based on the experiences of our foster care clients, we believe the services and outcomes CFSA currently provides for children reflect a lack of long-term vision and big-picture perspective regarding our foster children's futures.

DC has a higher responsibility to children in foster care than simply keeping them alive until they turn twenty-one years old. We are responsible for ensuring these

children have the opportunity to achieve physical and mental health, succeed in school, live independently as adults, and build stable families of their own. To do this, CFSA – along with its sister agencies and the Council – must make long-term investments in both the effective implementation of the potentially successful models and programs CFSA has already put into place and the development of new strategies focused on addressing long-term issues and gaps in key service areas (placement, behavioral health, education, and preparation for independent living). The recently passed Ombudsperson for Children will be an effective tool to help CFSA, its sister agencies, and the Council identify and deliver on these investments.

Placement: CFSA Increased Options in Placement Array This Year, But Critical Gaps Remain

CFSA has taken several important steps towards improving its placement array over the past year. Recognizing the need for specialized therapeutic placements for children with high behavioral health needs, in December 2019, CFSA contracted with Children’s Choice, a Maryland-based provider, to provide therapeutic placements for children with diagnosed behavioral health needs who are at risk of placement instability.⁴⁴ Children’s Choice provides foster parents with specialized training and additional resources to support placement stability, including an in-house mental health services support team, in-house transportation services, and crisis intervention services available over the phone.

As part of the settlement agreement in *LaShawn v. Bowser*, CFSA also made commitments to develop a specialized psychiatric residential treatment facility (PRTF) for children and youth in foster care; establish a ten percent built-in surplus of foster care beds to facilitate better matching of children to appropriate homes; and dedicate a full-time staff person to building an appropriate placement array that will meet children's needs and reduce placement instability.⁴⁵

Finally, as part of CFSA's response to the pandemic, CFSA contracted with Sasha Bruce to set up and staff a Community Respite Center designed to quarantine children in care who have been exposed to the coronavirus. Although the number of children who have used this facility to date remains quite low, we appreciate CFSA's proactive pandemic response in setting up the Community Respite Center.⁴⁶

Despite these efforts by CFSA to address the placement crisis, however, the placement array is still not sufficient to meet the needs of DC's foster children. In FY2020, 22 children stayed overnight at CFSA's offices while waiting for a licensed placement.⁴⁷ Eight of CLC's clients have spent the night at CFSA's headquarters over the past year or so – with several of these clients spending multiple nights at the agency. In FY2020, 134 of the 693 children in CFSA's care (approximately 20 percent) experienced three or more placement changes.⁴⁸ This data point was nearly identical in FY2019, with approximately 22 percent of the children in CFSA's care experiencing three or more placement changes.⁴⁹ In FY2020, 50 children stayed at the Sasha Bruce

homeless shelter – with the majority of these children staying at the shelter for more than a week and three children staying at the shelter for more than a month.⁵⁰ Again, these data points are essentially the same as in FY2019.⁵¹ In its most recent report, CFSA’s court monitor noted that placement instability continues to be an issue for CFSA, particularly for children recently entering care, reflecting CFSA’s continuing struggle to build an adequate placement array.⁵²

These numbers, however, only tell part of the story. Placement stability data from CFSA and the court monitor only capture official placement changes – it does not capture other types of placement instability, including abscondence, acute hospitalizations, or respite.⁵³ These numbers also do not include instances where foster children are sent for extended home visits or are kept in hospitals or residential treatment facilities past their discharge dates because of CFSA’s inability to find an appropriate placement for them. We reviewed over 400 CLC cases from the past year or so and found instances of “unofficial” placement instability in nearly a quarter of them – including over 50 children who absconded from their placement (18 of these children absconded three or more times), 14 children placed in respite care because no other placement was available, 10 children sent for extended home visits because no other placement was available, and nine children kept at a residential facility past their discharge date due to a lack of placement options.⁵⁴

CFSA's continued struggle to provide stable placements for foster children reflects, in part, problems with effective implementation of strategies and programs CFSA has already put in place. Although CFSA contracted with Children's Choice with the intent to increase the availability of therapeutic placements for children with high behavioral health needs, our experiences with Children's Choice placements have been mixed. Some of the homes our clients have been placed in have not been able to meet their behavioral health needs – and some have been simply inappropriate from the start. Further, Children's Choice has experienced high staff turnover and inadequate staffing in our cases – leading to problems with communication, coordination, and effective implementation of therapeutic supports and services. While we appreciate that Children's Choice and CFSA are working to address these issues, which are due, in part, to pandemic conditions, the impact on our clients is still problematic. More broadly, high levels of placement disruption and instability reflect continued problems with matching children with appropriate placements, poor communication with and preparation of resource families, and inadequate services to support placement.

CFSA's goals with respect to placement are the right ones – to expand the placement array to include more therapeutic placements and to provide for better matching. Better implementation of current programs is required for them to be effective and truly resolve our placement crisis. More comprehensive data tracking that includes other forms of placement instability – including abscondence, use of respite

care, and extended home and hospital stays – would help CFSA identify and better understand the gaps in its current placement array. CFSA must also continue to develop new strategies to address the placement crisis. Rather than viewing foster care placement as an emergency service, we need thoughtful long-term strategic investments that support successful and stable placements for all foster children.

Behavioral Health: CFSA Recognizes the Need for Behavioral Health Supports, But Is Unable to Fully Meet These Needs Without Better Support from the Department of Behavioral Health

Adequate behavioral health supports are critical to placement stability – children with unmet behavioral health needs are the most likely to experience placement disruption. CFSA recognizes the importance of behavioral health services and has worked to provide access to these services for foster children and their families (resource and birth) over the past year. As noted above, CFSA contracted with Children’s Choice in order to have placement options with built-in behavioral health supports. Pursuant to the *LaShawn* settlement agreement, CFSA established an in-house behavioral health team that includes four therapists, a clinical supervisor, and a psychiatric nurse practitioner.⁵⁵ CFSA also contracts with MBI to provide therapeutic services for foster children.⁵⁶

CFSA also recently launched the REACH Support Line (RSL), which is a telephone-based intervention that provides after-hours support to resource parents and youth experiencing behavioral, emotional, or family dynamic challenges.⁵⁷ RSL staff are

trained to help in an engaging, collaborative, and advocacy-based manner.⁵⁸ Crisis intervention services can be an effective way to support placement stability and help families address behavioral health challenges at home.

Despite CFSA's efforts, however, the behavioral health needs of DC's foster children are not being met. High rates of placement disruption and instability reflect high levels of unmet behavioral health needs amongst our foster population. In both FY2020 and FY2019, CFSA reported that approximately half of the middle-school-aged children in CFSA's care were psychiatrically hospitalized.⁵⁹ Our own clients' experiences confirm that it is a struggle for foster children to access behavioral health services. Many of our clients in foster care struggled to access behavioral health services over the past year – from individual and family therapy sessions, to medication management appointments, to intensive outpatient mental health services. More often than not, the problem was a lack of providers – either the service needed was unavailable, or the waitlist for an appropriate provider was prohibitively long. Further, high turnover among behavioral health providers negatively impacted our clients' ability to maintain consistent services.

Although CFSA has some policies and programs in place to address foster children's behavioral health needs, these policies are not consistently followed. For example, CFSA has detailed policies and procedures regarding the collection, documentation, and distribution of behavioral health information between biological

families, social workers, and resource families.⁶⁰ In practice, however, resource families are often left in the dark about the behavioral health histories and needs of their foster children. This results in children not receiving the treatment and intervention services they need. Further, because resource parents are not adequately prepared to meet the needs of their foster children, this often results in disruption as well.

Further, CFSA's in-house behavioral health team and contracts with MBI and other services providers are intended to ensure all children in CFSA's care receive timely mental health screenings, assessments, and services. Yet CFSA's oversight responses reveal that some children are not receiving the screenings and assessments they are supposed to, that there are long delays between screenings and the delivery of services, and that some children are deemed ineligible for assessments and services provided by CFSA (without clarity as to why).⁶¹

To better meet the behavioral health needs of foster children, CFSA must first address implementation problems with its existing behavioral health policies and programs and ensure Children's Choice is able to deliver the therapeutic care our high-needs children require. CFSA must also develop new strategies focused on supporting the long-term behavioral health of foster children – beyond a reactive approach focused on dealing with crises and emergencies.

To do this, CFSA needs DBH and DHCF to take ownership of and invest in a comprehensive behavioral health system that can meet the needs of all children –

including foster children. DC's behavioral health system for children currently lacks both breadth and depth – it does not include the full spectrum of services our children need, and for the services we do have, the capacity is insufficient to meet the need.

For example, children who undergo mental health screenings and assessments by the CFSA in-house team are often referred to DBH for behavioral health services. In FY2020, 141 children and youth involved in foster care were referred for mental health assessments and treatment through DBH.⁶² In FY2020, DBH reported that for children involved in the foster care system, the average number of days between identifying children as needing mental health services and providing them with those services was an astounding 41 days.⁶³ When you add the time it takes for CFSA to complete the initial screening and assessment, a foster child that is identified as needing services from DBH waits on average 69 days before beginning services.⁶⁴ DBH has significant work to do to decrease the long wait times children in foster care are experiencing when they are being connected with behavioral health services.

Additionally, there are no psychiatric residential treatment facilities (PRTFs) in the DC area. Each year, dozens of foster children are sent all over the country to access PRTF services because we have no local PRTFs.⁶⁵ Being sent to PRTFs far from home can be traumatizing for children and painful for families – it also creates obstacles to reunification. Further, foster children often experience long delays before they can be

admitted to PRTFs, which causes significant instability and mental health harm for the child and their family.⁶⁶

DC's system also lacks sub-acute and partial hospitalization programs for foster children who need intervention but don't require hospitalization or a residential program. When children are forced to spend nights at CFSA's offices or at the Sasha Bruce homeless shelter, it is often because those sub-acute options are not available. We must hold DBH accountable for its part in ensuring DC's foster children have access to the behavioral health services they need. Similarly, DHCF must ensure the behavioral health needs of children – and foster children in particular – are prioritized as it continues to transition DC to a fully managed care Medicaid program.⁶⁷

Navigating DC's Medicaid program and behavioral health system and their connections to our foster care system is complicated. The Ombudsperson for Children will be able to both help individual children and families navigate the interagency issues that arise when seeking behavioral health services and also assist CFSA, DBH, and DHFC with developing effective long-term joint strategies for meeting the behavioral health needs of foster children.

Education: CFSA Worked to Support Foster Children During Remote Learning, But Persistent Engagement and Achievement Struggles Remain

We commend CFSA for its efforts over the past year to coordinate with schools to support students as they made the transition to virtual learning. From the start of the pandemic, CFSA supported foster youth who needed a device to access distance

learning. Additionally, CFSA has piloted a program that creates learning hubs for foster youth.⁶⁸ These hubs establish small groups of similarly-aged foster care students in the home of a resource parent who volunteers to oversee virtual instruction during school hours. While still in its pilot phase, this creative solution addresses a critical issue that has affected placement stability throughout the pandemic. Many of DC's resource parents work jobs that lack the flexibility to work from home. For these families, it has been particularly difficult to oversee and support virtual instruction. The learning hub pilot program is a wonderful resource for foster families, and we hope that CFSA will expand this offering as distance learning continues in the months to come. Finally, CFSA worked closely with DCPS and OSSE to coordinate the logistics around foster children being offered seats in CARES and In-Person Learning classrooms in Terms 2 and 3. Despite these efforts, individual schools still struggled to connect with the correct caregivers of children in foster care when making offers to return to school. Most of our eligible clients, however, ultimately received offers to return to classrooms by Term 3.⁶⁹

While we recognize the ways in which CFSA pivoted to support youth in foster care throughout pandemic learning, we must also recognize the persistent achievement gap that too often leaves foster youth behind. Consistently, foster youth have high rates of truancy,⁷⁰ low rates of graduation,⁷¹ low GPAs,⁷² and low engagement with aftercare services.⁷³ One of CFSA's central responsibilities is to prepare youth in its care for

successful adulthood. A key element of this transition is an education sufficient to enter post-secondary education and/or the workforce. CFSA must broaden their perspective with regard to education for foster youth. Specifically, it is crucial that education not be seen as a secondary concern but rather as a key component to stability, social and emotional development, and preparation for independence – all of which are necessary prerequisites for long-term success in adulthood.

Evidence from CFSA's oversight responses in previous years shows how the academic needs of students in care predates the pandemic. In FY2019, among foster children in grades 3-8, only 5% met or exceeded expectations in math, and only 12% met or exceeded expectations in reading.⁷⁴ The data are even worse for older youth. Among high school students in foster care, only 2% met or exceeded expectations in math, and only 5% met or exceeded expectations in reading.⁷⁵ However, in the same year, data demonstrated that foster youth who received at least six months of in-home tutoring saw significant academic gains in both reading and math.⁷⁶ As learning loss due to the pandemic pushes at-risk students even farther behind their peers, we believe it will be necessary for CFSA to increase offerings of high-dose tutoring for foster youth. We hope that budget and support for the in-home tutoring program will be available in the months to come.

We recognize, however, that CFSA cannot improve educational outcomes for foster children without help from its sister agencies, DCPS and OSSE. DC's educational

agencies and charter LEAs must be held responsible for developing specific strategies to meet the educational needs of foster children and youth. In addition to CFSA, these sister agencies must also own and be invested in academic success for foster children.

The Ombudsperson for Children will be an important tool for foster youth and families in DC who seek case-level support in their dealings with vast and complicated networks of administrative bureaucracies. We believe that this forum for support will be particularly useful for families who come across barriers to services that involve multiple agencies. Take, for example, a foster youth who has experienced multiple placement changes that have disrupted their special education services. Problem-solving for this youth will likely require coordination between CFSA, DCPS (or a charter LEA), and OSSE. The Ombudsperson will be uniquely situated to undergo the necessary fact-finding and agency coordination to address the needs of this student.

The creation of the Ombudsperson for Children is just one example of an innovative strategy needed to support the long-term success of kids in foster care. We urge CFSA and its sister agencies to work together to develop additional new strategies focused on improving educational outcomes for foster children in the long-run.

Preparation for Independent Living: CFSA Supported Extended Care for Older Youth During the Pandemic, But Programs for Older Youth Are Insufficient

DC has long been ahead of other jurisdictions in offering extended foster care to youth age 18-21. This past year, thanks to the leadership of this Committee and

Chairperson Nadeau and with the support of CFSA, the Council passed legislation that gives youth who would otherwise “age out” of care during the pandemic the option of staying in foster care for up to 90 days after the end of the public health emergency.⁷⁷

Giving older youth additional time to prepare for this critical transition during this exceptionally challenging time has provided much relief for many of our clients. Out of the 18 clients we have who turned 21 during the pandemic, all except one elected to remain in care pursuant to the new law. Many of these foster youth expressed heightened feelings of anxiety and stress due to the pandemic, which derailed the plans of many young adults preparing for independence after foster care. The extra time in care that DC is now offering to those who turn 21 during the pandemic has been lifechanging.

Extended care, however, only delays the point in time at which these youth will have to face the significant challenges of transitioning out of foster care and into independent living – challenges which include finding employment, securing housing, and paying for rent and transportation. Unfortunately, many of the programs and services offered to foster youth through CFSA’s Office of Youth Empowerment (OYE) simply fail to sufficiently prepare them for independent living. For example, of the 42 youth who aged out in FY2020, 5 had full-time jobs, 9 had part-time jobs, and the rest, 28 youth, were unemployed.⁷⁸ Also, very few of these 42 youth were able to find independent living situations. Excluding the 17 who stayed in extended care, only 3

had their own apartment, and another 3 were in a college dorm or in a DDS placement.⁷⁹ The rest were all in temporary situations – including staying with family and friends, living in transitional housing, in abscondence, and incarceration.⁸⁰ In particular, we believe OYE needs to re-evaluate its approach to financial literacy, workforce readiness, and housing stability for foster youth.

Financial Literacy

The only financial literacy programming offered by OYE is the Making Money Grow (MMG) program administered by Capital Area Asset Builders (CAAB). This program consists of just one required financial literacy orientation upon entry into the program. From there, youth are able to make deposits into an escrow account, which are then matched by the Agency up to a certain annual limit. Youth can withdraw their savings for a limited number of purposes including:

- Education: Tuition, textbooks, and school fees
- Housing: Security deposits, rent or a down payment on a home
- Vehicle expenses: car, insurance, taxes and fees
- Start-up business pursuits
- Healthcare, health insurance or other medical expenses⁸¹

While these limitations may have theoretical benefits that support making smart financial decisions, in practice, they create a number of administrative hurdles that impact a youth's willingness to continue participating in the program. For example, if a

youth were to try to buy a used car with their savings, they must first submit the withdrawal request to the CAAB program administrator for MMG, CAAB forwards that request to CFSA for approval, the youth then has to wait for approval by CFSA, and then, if approved, try to get a check issued by the bank to the payee before that person sells the car to someone else. From our clients' experiences, these unnecessary delays often make this program too cumbersome for foster youth to find valuable.

In addition to the administrative hurdles involved in the MMG program, there is little financial literacy curriculum taught to the youth who participate. Each participant must undergo an orientation upon opening their account, but this educational programming is only required once and is not scaled to be developmentally appropriate for different ages of youth who are eligible to participate. From their website, it appears that CAAB offers a variety of financial literacy courses to the public. Perhaps these courses could be offered to foster youth on a regular basis through OYE.

Whether by broadening the MMG program or by investing in other financial literacy programs for older youth, it is absolutely essential that OYE create more and better opportunities for youth in care to develop the financial capabilities that they will need to successfully navigate adulthood, particularly in a city like DC with a high cost of living. Without basic financial literacy knowledge and capabilities, youth are not being adequately prepared for how to manage their income and expenses upon

independence. This is likely to lead to housing insecurity and the domino effect of poor outcomes that follow.

Workforce Readiness

In addition to financial literacy, workforce readiness is a necessary element of preparing youth for adulthood and independence. Work experience can also help youth improve their academic performance and engagement, as well as prepare them for college. CFSA offers little programming directed specifically at developing meaningful work experience in youth in its care. In FY2019, the agency ended the Career Pathways program because it “was not yielding the positive outcomes that CFSA wanted and youth deserved.”⁸²

In April of 2019, CFSA began implementation of the YVLifeset program, funded by a three-year grant from Youth Villages, Inc.⁸³ In FY2020, 61 youth were enrolled in the YVLifeset program, and in FY2021 to date, 27 youth are enrolled.⁸⁴ In FY2019, CFSA noted that 100% of youth involved in the early phases of program implementation reported that they were satisfied with the help that YVLifeset provided in helping them meet their independent living goals.⁸⁵ This high satisfaction with the YVLifeset program continued in FY2020 – of the 61 youth enrolled in the program, only one case was closed, and only one youth withdrew or disengaged from services.⁸⁶ Additionally, Youth Villages commissioned an independent evaluation of their program, which found statistically significant impacts in three domains – employment and earnings,

housing stability and economic well-being, and health and safety.⁸⁷ However, YVLifeset is not explicitly a workforce readiness program, and we believe that OYE ought to invest more heavily in connecting older youth to job training or professional development programming.

An additional workforce development program is available to foster youth in DC through the Summer Youth Employment Program (SYEP). In FY2020, only about one-third of foster youth in care aged 14-24 participated in SYEP.⁸⁸ While this program is not limited to foster youth, we urge CFSA to help eligible youth apply and participate in this program to earn money and acquire meaningful work experience during the summer.

Housing Stability

A significant concern for older youth in care is ensuring safe and stable housing upon their exit from care. As part of CFSA's focus on prevention, they have established the Rapid Housing Assistance Program (RHAP). Through this program, youth aging out of care are eligible to apply for RHAP to prevent eviction, cover security deposits, and assist with rent payments. However, per CFSA's FY2020 Oversight Responses, only 24 youth applied for RHAP and, of those, only 22 received assistance.⁸⁹

In addition to RHAP, CFSA offers three other supportive housing programs for youth aging out of care.⁹⁰ However, these programs are limited to specific subpopulations of youth. The Wayne Place Project is for youth transitioning out of a

psychiatric residential treatment facility (PRTF) or who otherwise need intensive behavioral health supports. The other two programs, Genesis and the Mary Elizabeth House, are designed to support transitional living for pregnant and parenting youth.⁹¹

While each of these programs provides important supports for youth transitioning out of care, they are insufficient to meet the needs of all youth. From our research into the YVLifeset program, there are promising signs that this option will increase housing stability for youth who participate in the program. However, until we receive more data from the Agency, it is difficult to know whether the program is being implemented with fidelity and having the desired impact on outcomes for participating youth.

Planning for the Future

DC is not unique in our struggle to improve outcomes for youth who emancipate from foster care. This is a challenge faced by child welfare systems across the country. Data identifying best practices is hard to find. There are specific changes, however, that CFSA could make to refocus efforts and intentions with regard to older youth in care.

First, we believe that CFSA needs to develop a greater willingness to accept Another Planned Permanent Living Arrangement (APPLA) as a permanency goal for older youth in care. From our experience representing children in care, we have repeatedly noted an institutional resistance to creating case plans with an APPLA permanency goal. OYE notes:

“Everyone needs and deserves a family. The first obligation is to find permanent homes with care people for youth in care through reunification with their birth families, legal guardianship (often with relatives), or adoption. At the very least, every young person in care should have a relationship with a caring adult committed to providing life-long guidance and support. Rekindling family or forging new, lasting relationships for these young people is critical”⁹²

While we support this perspective and believe it to be a noble long-term goal for an agency focused on the prevention of system involvement, the perfect seems to have become the enemy of the good. Rather than seeing APPLA as some sort of failure on the part of the Agency, we believe the Agency should reconceptualize these goals as consistent with the core duty of any parent or guardian – to raise a child who is able to be a successfully independent adult. APPLA goals can contain all of the other desires we have for children – financial literacy, educational goals, workforce readiness, housing stability, and other independent living outcomes. When APPLA is understood as a failure by the Agency, it cannot help but be read as a failure by the child when, in fact, it is exactly what we hope for all our children – that we have prepared them such that they can live on their own and thrive.

Additionally, in order to support success for older youth who exit care, CFSA must first develop metrics to measure the long-term outcomes of youth who exit care through emancipation. It is critical that the day of a youth’s emancipation is not the last time we check-in with them. We cannot assess the effectiveness of programming on

outcomes for these youth if we do not have a mechanism by which we track and measure those outcomes.

Conclusion

Thank you for the opportunity to testify today. I welcome any questions the Committee may have.

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 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.

² Lawyers in Children’s Law Center Guardian *ad litem* (GAL) program represent children who are the subject of abuse and neglect cases in DC’s Family Court. GAL attorneys advocate for DC’s abused and neglected children, fighting to find safe homes and ensure that children receive the services they need to overcome the trauma that first brought them into the child welfare system. DC Children’s Law Center, About Us, available at: <https://www.childrenslawcenter.org/content/about-us>.

³ The term “protective supervision” means a legal status created by Division order in neglect cases whereby a minor is permitted to remain in his home under supervision, subject to return to the Division during the period of protective supervision. D.C. Code § 16-2301(19).

⁴ CFSA has eight core values: (1) All children and youth have the right to be safe; (2) Families have the right to be understood, valued, encouraged, and empowered. Families always have a voice in decisions that affect them; (3) Community partnerships are essential to keeping children and youth safe; (4) Our child welfare practice and services draw on inherent strengths to help children, youth, and families achieve positive outcomes; (5) Children and youth deserve opportunities to grow, develop, be physically and mentally healthy, learn, and prepare for successful adulthood; (6) Children and youth have an urgent need to achieve permanence as quickly as possible with a family who loves them unconditionally; (7) Children, youth, and families deserve understanding and respect within the context of their history, traditions, and culture; and (8) Best practices and continuous quality improvement throughout the child welfare system support making a positive difference in the lives of those we serve.

Child and Family Services Agency, About CFSA, available at: <https://cfsa.dc.gov/page/about-cfsa>.

⁵ Casey Family Programs, *Q&A with Brenda Donald, Director, District of Columbia Child and Family Services Agency* (April 6, 2020), retrieved from: <https://www.casey.org/brenda-donald-q-and-a/>.

⁶ *Office of the Ombudsperson for Children*, DC Act 23-617.

⁷ In FY2020, 216 child entered care; In FY2019, 387 children entered care; In FY2018, 360 children entered care; In FY2017, 346 children entered care; and In FY2016, 405 children entered cared. CFSA, *Annual Report FY2020, 24*, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CFSA%20Annual%20Public%20Report%20FY2020_FINAL_01-25-21.pdf; CFSA FY2019 Performance Oversight Responses, response to Q25, available at: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>; CFSA FY2018 Performance

Oversight Responses, response to Q21, available at: <https://dccouncil.us/wp-content/uploads/2019/02/cfsa19.pdf>; CFSA FY2017 Performance Oversight Responses, response to Q15, available at: <https://dccouncil.us/wp-content/uploads/2018/10/cfsa.pdf>; and CFSA FY2016 Performance Oversight Responses, Q16, available at: https://dccouncil.us/wp-content/uploads/2018/budget_responses/CFSA_FY16-17_Pre-HearingPerformanceOversightHearing_Responses.pdf.

⁸ CFSA Stakeholders' Forum (January 28, 2021), slides from presentation on file with Children's Law Center.

⁹ CFSA, *Putting Families First in DC*, October 22, 2019, 2, retrieved from:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC_CFSA%20FFPSA_Title%20IV-E_Prevention%20Plan_Final_APPROVED_Offical%20Copy.pdf.

¹⁰ Judith Sandalow, Children's Law Center, *Testimony Before the District of Columbia Council Committee of Human Services*, (February 12, 2020), available at:

<https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/JSandalow%20CFSA%20FY2019%20Oversight%20Testimony%20FINAL.pdf>. See also CFSA, *The Children's Bureau Approves DC*

Child and Family Services Agency's Federal Family First Prevention Plan (October 30, 2019), PRESS RELEASE, available at: <https://cfsa.dc.gov/release/children%E2%80%99s-bureau-approves-dc-child-and-family-services-agency%E2%80%99s-federal-family-first>.

¹¹ CFSA, *Putting Families First in DC* (Oct. 22, 2019), 13, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC%20Title%20IV-E%20Prevention%20Program%20Five-Year%20Plan_Amended%209.8.20.pdf.

¹² *Id.* at 5.

¹³ *Id.*

¹⁴ CFSA *Putting Families First in DC*, *Families First DC Snapshot* (Accessed February 19, 2021), available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page_content/attachments/FFDC_Fact%20Sheet_wgrantees.pdf.

¹⁵ *Id.* Family Success Centers Ward 7 neighborhoods/grantees: (1) Benning Terrace/Benning Park: East River Family Strengthening Collaborative; (2) Clay Terrace: Sasha Bruce; (3) Mayfair/Paradise: North Capital Collaborative (Project Uplift); (4) Stoddart Terrace/37th St.: Life Deeds; and (5) Benning Rd. & Minnesota Ave.: East River Family Strengthening Collaborative. Family Success Centers Ward 8 neighborhoods/grantees: (1) Woodland Terrace: Smart from the Start; (2) Anacostia: Martha's Table; (3) Congress Heights: Far Southeast Family Strengthening Collaborative; (4) Washington Highlands: A Wider Circle; and (4) Bellevue: Community of Hope.

¹⁶ CFSA FY2020 Performance Oversight Responses, response to Q58(a), available at:

https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

¹⁷ CFSA Stakeholders' Forum (January 28, 2021), slides from presentation on file with Children's Law Center; See New Hampshire Children's Trust, *Thriving Families, Safer Children: A National Commitment to Wellbeing* (Sept. 10, 2020), retrieved from: <https://www.nhchildrenstrust.org/post/thriving-families-safer-children-a-national-commitment-to-well-being>.

¹⁸ CFSA Stakeholders' Forum (January 28, 2021), slides from presentation on file with Children's Law Center; Casey Family Programs, *First-of-its-kind National Partnership Aims to Redesign Child Welfare into Child- and Family Well-being Systems* (Sept. 9, 2020), retrieved from: <https://www.casey.org/thriving-families-safer-children/>.

¹⁹ *Id.*

²⁰ *Id.*

²¹ CFSA, *In-Home Services Policy* (May 30, 2019), Section VI. Sections, Section A: Criteria for Opening an In-Home Services Case, 2, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Policy_In-Home_Services_FINAL.pdf.

²² *Id.* at Section IV. Policy, 1.

²³ *Id.*

²⁴ CFSa, Diversion Process at Investigations Policy (July 13, 2020), *available at*:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/AI_-_Diversion_Process_at_Investigations_Final_July_2020_3.pdf.

²⁵ *Id.*

²⁶ *Id.*

²⁷ CFSa, Grandparent Caregivers Program, *available at*: <https://cfsa.dc.gov/publication/program-grandparent-caregivers-program>.

²⁸ CFSa, Close Relative Caregiver Pilot Program, *available at*: <https://cfsa.dc.gov/publication/ai-close-relative-caregiver-pilot-program>.

²⁹ CFSa FY2019 Performance Oversight Responses, response to Q82, *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

³⁰ CFSa FY2020 Performance Oversight Responses, response to Q73, *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

³¹ Epsetin, Heidi Redlich, *Kinship Care is Better for Children and Families*, American Bar Association (July 1, 2017), *retrieved from*:

https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-and-families.

³² CFSa FY2016 Performance Oversight Responses, response to Q16, *available at*: https://dccouncil.us/wp-content/uploads/2018/budget_responses/CFSA_FY16-17_Pre-HearingPerformanceOversightHearing_Responses.pdf.

³³ CFSa FY2018 Performance Oversight Responses, response to Q21, *available at*: <https://dccouncil.us/wp-content/uploads/2019/02/cfsa19.pdf>.

³⁴ CFSa FY2020 Performance Oversight Responses, response to Q30, *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

³⁵ CFSa, *Putting Families First in DC*, October 22, 209, 6, *retrieved from*:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC_CFSA%20FFPSA_Title%20IV-E_Prevention%20Plan_Final_APPROVED_Offical%20Copy.pdf

³⁶ CFSa, *Annual Report FY2020*, 5, *available at*:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CFSA%20Annual%20Public%20Report%20FY2020_FINAL_01-25-21.pdf.

³⁷ CFSa FY2020 Performance Oversight Responses, response to Q65, *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

³⁸ CFSa, Diversion Process at Investigations Policy (July 13, 2020), *available at*:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/AI_-_Diversion_Process_at_Investigations_Final_July_2020_3.pdf.

³⁹ CFSa FY2020 Performance Oversight Responses, response to Q31(e), *available at*:

https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

⁴⁰ *Id.*

⁴¹ CFSa, Child Fatality Review Policy (January 6, 2020), Section III. Rational, 1, *available at*:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Child_Fatality_Review%20Policy_%28Final_2020%29.pdf.

⁴² CFSa, *Child Fatalities: Statistics, Observations, and Recommendations 2019*, *available at*:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2019_Annual_Child_Fatality_Review_Report_vF_-_11.19.20.pdf.

⁴³ *Id.* at 8.

⁴⁴ CFSA FY2019 Performance Oversight Responses, responses to Q88(e), Q97(l), Q106(d), *available at:* <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

⁴⁵ *LaShawn A. v. Bowser*, Civil Action No. 89-1754 (TFH) Settlement Agreement (August 2020), *available at:* <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Aug%202020%20LaShawn%20A%20v%20Bowser%20Settlement%20Agreement%20%28Fully%20Executed%29.pdf>.

⁴⁶ CFSA FY2020 Performance Oversight Responses, response to Q24, *available at:* https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf (to date, 18 children have utilized the respite center during the public health emergency).

⁴⁷ CFSA FY2020 Performance Oversight Responses, response to Q87, *available at:* https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

⁴⁸ CFSA FY2020 Performance Oversight Responses, response to Q82, *available at:* https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

⁴⁹ CFSA FY2019 Performance Oversight Responses, response to Q92(a), *available at:* <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>

⁵⁰ CFSA FY2020 Performance Oversight Responses, response to Q88, *available at:* https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

⁵¹ CFSA FY2019 Performance Oversight Responses, response to Q102(c), *available at:* <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

⁵² Center for Study of Social Policy, *Lashawn A. v. Bowser* Progress Report for The Period April 1 – December 31, 2019. 54-57, *available at:* <https://cssp.org/wp-content/uploads/2020/06/LaShawn-A-v.-Bowser-Report-for-the-Period-of-April-1-December-31-2019.pdf>.

⁵³ CFSA, Placement and Matching Policy, Section VII. Guidelines, Section A(2)(b), 3, *available at:* https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20Placement%20and%20Matching%20%28final%20-%202014%29_0.pdf. *See also* CFSA FY2020 Performance Oversight Responses, response to Q82 (note), *available at:* https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf (placement types of Hospital (Non-Paid), Abscondence, College and Respite Care are not included in the count of placements).

⁵⁴ For years, we have shared with this committee the research about the traumatic impact that placement disruptions can have on youth in care. It is not uncommon for youth in care to experience significant behavioral and emotional health decline when they must move to a new foster parent. When foster children are bounced from foster home to foster home, they struggle to form healthy attachments to adults, which in turn makes it harder for them to be open to the prospect of reunifying with their parents or being adopted by their foster parents. For the sake of the permanency and wellbeing of the children in its care, CFSA must improve placement stability. *See* Judith Sandalow, Children’s Law Center, *Testimony Before the District of Columbia Council Committee of Human Services*, (February 12, 2020), *available at:* <https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/JSandalow%20CFSA%20FY2019%20Oversight%20Testimony%20FINAL.pdf>; *see also* Center for Study of Social Policy, *Lashawn A. v. Bowser* Progress Report for The Period April 1 – December 31, 2019. 54-57, *available at:* <https://cssp.org/wp-content/uploads/2020/06/LaShawn-A-v.-Bowser-Report-for-the-Period-of-April-1-December-31-2019.pdf>.

⁵⁵ *LaShawn A. v. Bowser*, Civil Action No. 89-1754 (TFH) Settlement Agreement (August 2020), *available at:* <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Aug%202020%20LaShawn%20A%20v%20Bowser%20Settlement%20Agreement%20%28Fully%20Executed%29.pdf>; CFSA FY2020 Performance Oversight Responses, response to Q38, *available at:* https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf (In FY2020, this team provided individual therapy services for 90 foster children and conducted mental health evaluations for 67 children).

⁵⁶ *30-year old Class Action Case Wrapping Up in DC*, Child Welfare Monitor DC (Sept. 14, 2020), available at: <https://childwelfaremonitordc.org/2020/09/14/30-year-old-class-action-case-wrapping-up-in-dc>. See also CFSA FY2019 Performance Oversight Responses, response to Q15, available at: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

⁵⁷ CFSA, *Fostering Connections Monthly Newsletter* (Nov. 12, 2020), available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page_content/attachments/OPI_11-12-2020_Fostering%20Connections%20newsletter%20%28November%202020%29.pdf. See also CFSA FY2020 Performance Oversight Responses, response to Q37(b)-(d), available at: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

⁵⁸ *Id.*

⁵⁹ CFSA FY2019 Performance Oversight Responses, response to Q31(e), available at: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>; CFSA FY2020 Performance Oversight Responses, response to Q36(e), available at: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

⁶⁰ See CFSA, *Family Team Meetings*, available at: <https://cfsa.dc.gov/publication/program-family-team-meetings> (“Family team meetings are structured planning and decision-making meetings that use skilled and trained facilitators to engage families, family supports, and professional partners in creating plans for children’s safety and in laying the groundwork for permanency.”); see also CFSA, *Placement and Matching Policy*, Section VII. Procedures, Procedure F: General Placement Procedures (11), 15, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20Placement%20and%20Matching%20%28final%20-%20202014%29_0.pdf.

⁶¹ CFSA FY2019 Performance Oversight Responses, response to Q31, available at: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>; CFSA FY2020 Performance Oversight Responses, response to Q36(b) and (d), available at: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

⁶² DBH FY2020 Performance Oversight Responses, response to Q20. See also, CFSA FY2020 Performance Oversight Responses, response to Q36(a), available at: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

⁶³ *Id.*

⁶⁴ CFSA FY2020 Performance Oversight Responses, response to Q36(d), available at: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf; DBH, FY2020 Performance Oversight Responses, response to Q20.

⁶⁵ CFSA FY2020 Performance Oversight Responses, response to Q36(g), available at: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf; CFSA FY2019 Performance Oversight Responses, response to Q31(g), available at: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>. CFSA FY2018 Performance Oversight Responses, response to Q34(f), available at: <https://dccouncil.us/wp-content/uploads/2019/02/cfsa19.pdf>. CFSA FY2017 Performance Oversight Responses, response to Q23(f), available at: <https://dccouncil.us/wp-content/uploads/2018/10/cfsa.pdf> (In FY2017 32 children spent time in a PRTEF, 28 children in FY2018, 23 children in FY2019, and 28 children in FY2020).

⁶⁶ DC Children’s Law Center, *Resource Guide: Psychiatric Hospitalization in the District of Columbia*, available at: <https://www.childrenslawcenter.org/sites/default/files/attachments/resources/5.%20Inpatient%20Hospitalization%20%26%20Psychiatric%20Residential%20Treatment%20Facilities.pdf>.

⁶⁷ Children’s Law Center, Children’s National, et. al., *Addressing Children’s Behavioral Health Needs Through Changes to DC’s Medicaid Program*, (February 2020), retrieved from: <https://www.childrenslawcenter.org/resource/Addressing-Children-Behavioral-Health-Needs-Through-Changes-to-DC-Medicaid-Program>.

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- ⁶⁸ CFSA FY2020 Performance Oversight Responses, response to Q23, *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.
- ⁶⁹ Many of our clients were unable to accept these offers due to various circumstances.
- ⁷⁰ OSSE, Attendance Report School Year 2019-2020 (Nov. 30, 2020), 27, *available at*: <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019-20%20Attendance%20Report.pdf>.
- ⁷¹ CFSA FY2019 Performance Oversight Responses, response to Q130, *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>; CFSA FY2020 Performance Oversight Responses, response to Q101, *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf (In FY19, the graduation rate was 73% and in FY20, the graduation rate was 69%).
- ⁷² CFSA FY2019 Performance Oversight Responses, response to Q181, *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>; CFSA FY2020 Performance Oversight Responses, response to Q101(e), *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.
- ⁷³ CFSA FY2019 Performance Oversight Responses, response to Q137, *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>; CFSA FY2020 Performance Oversight Responses, response to Q112, *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.
- ⁷⁴ CFSA FY2019 Performance Oversight Responses, responses to Q46(a), (b), *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>. Standardized testing data from Spring 2020 is not available due to the pandemic see CFSA FY2020 Performance Oversight Response, responses to Q50(a), (b), *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.
- ⁷⁵ *Id.*
- ⁷⁶ CFSA FY2019 Performance Oversight Responses, response to Q46(c), *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.
- ⁷⁷ D.C. Code § 16-2303(b).
- ⁷⁸ CFSA FY2020 Performance Oversight Responses, response to Q113(c), *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.
- ⁷⁹ CFSA FY2020 Performance Oversight Responses, response to Q113(d), *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.
- ⁸⁰ CFSA FY2020 Performance Oversight Responses, response to Q113, *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.
- ⁸¹ Office of Youth Empowerment, *Making Money Grow*, *available at* https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/service_content/attachments/OYE%20Making%20Money%20Grow.pdf.
- ⁸² CFSA FY2019 Performance Oversight Responses, response to Q131, *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.
- ⁸³ *Id.*
- ⁸⁴ CFSA FY2020 Performance Oversight Responses, response to Q96, *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.
- ⁸⁵ CFSA FY2019 Performance Oversight Responses, response to Q125, *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.
- ⁸⁶ CFSA FY2020 Performance Oversight Responses, response to Q26(i), *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.
- ⁸⁷ Erin Jacobs Valentine, et al., *Making Their Way: Summary Report on the Youth Villages Transitional Living Evaluation* (December 2018), MDRC, 7, *retrieved from*: https://www.mdrc.org/sites/default/files/Youth_Villages_Short_Report_2018_final_web.pdf.

⁸⁸ CFSA FY2020 Performance Oversight Responses, responses to Q98, 111(k), *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

⁸⁹ CFSA FY2020 Performance Oversight Responses, response to Q120(f), *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

⁹⁰ CFSA FY2020 Performance Oversight Responses, response to Q122, *available at*: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

⁹¹ *Id.*

⁹² *See* CFSA, Office of Youth Empowerment, *available at*: <https://cfsa.dc.gov/page/office-youth-empowerment>.