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Introduction

Good morning, Chairperson Nadeau and members of the Committee. My name is Tami Weerasingha-Cote. I am the Supervising 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 stable 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.

Thank you for this opportunity to testify regarding the performance of the Child and Family Services Agency (CFSA) over the past year. Each year, Children's Law Center attorneys serve as guardians-ad-litem for several hundred children in foster care and protective supervision – approximately half of all children in the care and custody of CFSA.² Children's Law Center also has teams of attorneys dedicated to helping families secure special education services for their children, address unhealthy housing conditions, and obtain custody or guardianship of children in their extended family.³ As a result, we not only have expertise in the issues impacting children who are already in the care and custody of CFSA, we also have insight into systemic issues affecting the broader population of families most likely to be impacted by CFSA's policies and practices, including its prevention efforts.

In many ways, this past year reflects the start of a new chapter for CFSA. On June 1, 2021, the court issued a final order approving the settlement agreement in *LaShawn v. Bowser*, ending more than 30 years of federal court litigation and oversight over the agency's operations.⁴ CFSA is also under new leadership – with long-time former Director Brenda Donald leaving the agency, and Robert Matthews taking over as the agency's Director.⁵ Since stepping into his new role, Director Matthews has shared bold and expansive plans to transform DC's child welfare system into a "child well-being system" that is focused on prevention, committed to strengthening families and empowering communities to care for their children, and moving away from government intrusion into families.⁶

Children's Law Center is excited for these changes and generally supportive of the direction Director Matthews wants to take CFSA. We also appreciate CFSA's increased engagement and partnership over the past year. In addition to CFSA's leadership continuing to meet with us regularly and facilitate discussions with CFSA's key placement agencies, CFSA proactively communicated with us regarding major changes to its operations this year. CFSA also worked with Children's Law Center, the Office of the Attorney General, and CFSA's largest placement provider, the National Center for Children and Families (NCCF), to design and implement a joint workshop series intended to improve teaming among all of us. In 2021, CFSA's Office of Youth Empowerment (OYE) met with our attorneys monthly to discuss the status of youth in

extended care due to the pandemic.⁷ Although extended care ended in October 2021, OYE is continuing to host quarterly meetings where advocates can raise systemic issues impacting older youth as well as case-specific questions. CFSA also invited Children's Law Center to join its Citywide Prevention Group, which brings leadership and program staff from across DC government and local community-based organizations together to develop, implement, and provide oversight for the District's efforts to transform its child welfare system into a child and family well-being system.⁸ Overall, we commend CFSA for increasing transparency in its operations, seeking out deeper stakeholder engagement, and working on improving coordination and communication with its sister agencies.

Despite these improvements and exciting plans for system transformation, however, serious problems with CFSA's core functions continue to exist. Too many of our clients struggle to find stable and appropriate placements that meet their needs. Too often, our clients struggle to access quality behavioral health services in a timely manner. These are not new challenges – we have testified about CFSA's placement crisis and inability to provide adequate behavioral health supports for children in care for several years.⁹ Nor are these easy or simple problems to fix. Although CFSA has made efforts to improve its placement array and increase access to behavioral health services over the past year, the agency has not been successful at resolving either issue.

Further, although we are generally supportive of the agency's increased focus on prevention, we are concerned that some of the agency's practices are raising questions about the efficacy of this prevention work. Some advocates and members of the community have even taken the position that CFSA is frequently leaving children in dangerous situations and that the agency should be quicker to remove children from their families.¹⁰ We do not share this position and fully support the agency's efforts to keep children with their families and provide family-strengthening services whenever possible, and to only remove children from their families as a last resort. To be successful and sustainable in the long run, however, CFSA's prevention work must also include improved transparency and accountability mechanisms.

My testimony today will first examine CFSA's placement crisis – specifically, the lack of appropriate placements for older youth and children with significant behavioral health needs – and its consequences for children and youth in care. My testimony will then discuss how CFSA-involved families and children are impacted by the lack of timely access to quality behavioral health supports and services. The final portion of my testimony will describe several promising components of CFSA's prevention work, but also identify two areas where additional transparency, communication, and accountability are needed: safety planning (also known as “diversion” or “informal arrangements”) and child fatality reporting.

CFSA's Lack of Placements for Older Youth and Children with Significant Behavioral Health Needs Continues to Harm Children

CFSA has long recognized the importance of expanding its placement array to include more options designed to meet the needs of special populations of foster children – including older youth and children with significant behavioral health needs.¹¹ Despite its efforts, however, the agency still lacks appropriate placements for foster children requiring higher levels of support. As a result, these children experience high rates of placement disruption and instability, causing them further trauma, anxiety, and pain.¹²

Over the past two years, CFSA has sought to expand its placement array through the establishment of specialized, family-based placements, including:

- Special Opportunity for Youth (SOY) homes, which have specially trained providers for foster youth who require a higher level of support for challenging needs;
- Stabilization, Observation, Assessment and Respite Services (SOAR) homes, which are professional resource parent homes that provide temporary care for children who need comprehensive assessment to identify appropriate placement needs;
- Professional Resource Parents for pregnant and parenting youth, which have professional resource parents who are paid a salary to provide intensive supports to pregnant and parenting youth; and

- Intensive Foster Care, which offers therapeutic placements and additional supports for children with significant behavioral health needs or who are otherwise at risk of placement instability.¹³

In December 2021, CFSA's efforts to improve its placement array suffered a serious setback when Children's Choice, CFSA's intensive foster care provider, asked the agency to terminate its contract.¹⁴ In 2019, CFSA contracted with Children's Choice to provide up to 36 intensive foster care placements for children at risk of placement instability because of prior significant foster care placement disruptions, placement instability prior to entering CFSA's care, and/or multiple incidents of physical or verbal aggression, persistent failure to follow household rules, destruction or stealing of property or pending criminal charges.¹⁵ From the start, Children's Choice struggled to maintain adequate staffing levels (a problem that was exacerbated by the pandemic) and struggled with the complexity of the cases they were assigned, which ultimately led to the early termination of their contract.¹⁶ Although some children still remain in Children's Choice foster homes, all case management services are provided by CFSA and no new placements will be made in Children's Choice homes.

Losing 36 intensive foster care placements has severely impacted CFSA's placement array. Although the agency is working on identifying a new provider for these services, there is no timeline for when this will get done. In the meantime, CFSA has taken steps to increase placement options for children needing higher levels of

support – including the addition of four professional foster parent homes with capacity to serve up to two children each and contracting with St. Vincent’s Villa to provide residential treatment services for children with significant behavioral health needs.¹⁷ Although helpful, neither of these efforts are sufficient to resolve CFSA’s placement crisis – more must be done.

The inadequacy of CFSA’s placement array is reflected in both CFSA’s data reporting and in our own clients’ experiences. In FY21, 148 foster children (approximately 24% of all children in CFSA’s care) experienced three or more placement changes, and of these, 55 foster children experienced five or more placements during the year – all increases compared to FY20.¹⁸ As of December 31, 2021, CFSA reported more than thirty children in abscondence, some for over a year – also an increase compared to the previous year.¹⁹ In FY21 and FY22 to date, 41 foster children stayed at Sasha Bruce’s homeless shelter for youth – approximately half of these children were 14 years old or younger, and 15 foster children stayed at the shelter for three weeks or longer.²⁰

According to CFSA’s FY 2021 Needs Assessment, teens and older youth make up 62 percent of placement disruptions.²¹ CFSA identified the following contributing factors to placement disruption: behavioral and/or psychiatric concerns, criminal justice involvement, child sexual exploitation concerns, substance abuse, intellectual disability with significant mental health concerns, teen parent, and autism with behavioral health

concerns.²² When we consider this information together with the high rates of placement disruption, abscondence, and lengthy homeless shelter stays reported by CFSA, it seems clear that CFSA's placement array lacks appropriate placements for teens and older youth who need higher levels of support – and the resulting instability only causes these children further trauma, anxiety, and pain.²³ This conclusion is further supported by our own analysis of Children's Law Center cases.

We reviewed nearly 400 of our recent guardian-ad-litem cases and found that approximately one-third of our clients experienced some form of placement instability within the last year or so, including:

- Nearly 60 children who absconded from their placement within the last year – most of them on multiple occasions,
- 21 children sent to respite care because no other placement was available,
- Five children sent for extended home visits because no other placement was available, and
- Four children kept at a hospital or residential facility past their discharge date due to a lack of placement options.

Beyond these general categories, dozens of our clients have experienced more particularized forms of placement instability, such as the inability to find a placement due to gender identity, placements that are not supportive of their specific behavioral

health or educational needs, and placements that are unstable due to conflicts with other residents of the home.

The data reported by CFSA, our own internal case analysis, and the stories we hear from our clients show us the consequences of CFSA's inadequate placement array – instability and insecurity for our highest needs foster children and youth. We would like to see CFSA increase its attention and redouble its efforts to build an adequate placement array that meets the needs of all children in care. In particular, we would like to see the agency:

- Continue to invest in and build capacity in specialized family-based placements (including SOY homes, SOAR homes, intensive foster homes, and professional foster homes);
- Proceed with urgency to select a replacement provider for Children's Choice, and set the new provider up for success by providing for adequate staffing, thorough preparation, and effective supports; and
- Increase its capacity to be creative and flexible in developing individualized solutions for foster children who struggle to find stable placements.

Over the last decade, CFSA has successfully narrowed the Front Door to the point where DC only has approximately 600 children in foster care – and an even smaller subpopulation that is struggling with placement.²⁴ The agency should be more willing

and able to craft child-specific solutions for children who find it difficult to find placements within CFSA's existing array. These solutions could include additional independent living or subsidized housing options for older youth and pregnant and parenting youth,²⁵ as well as creating more options for supporting children and youth who are in abscondence or staying in unapproved placements.

We urge this Committee to remain focused on placement as a top priority for oversight and for budget. More specifically, we ask this Committee to support any investments the agency needs to make in expanding its placement array, but also to hold the agency accountable for making measurable progress and improving stability for children in care.

Lack of Behavioral Health Services for CFSA-Involved Children and Families is an Obstacle to Family Stability

In 2018, CFSA's Office of Well-Being redesigned its mental health services program with the twin goals of: (1) ensuring timely and accessible services; and (2) centralizing mental health assessments, in-house direct therapy, and medication management.²⁶ To these ends, CFSA staffed its mental health team with four full-time in-house therapists and one psychiatric mental health nurse practitioner.²⁷ This team conducts initial assessments and screenings, has some capacity to provide short-term treatment services, and provides referrals for longer-term or higher level therapeutic services.²⁸ Recognizing that many foster children need behavioral health services beyond what the in-house team can support, and seeking to facilitate quicker access to

these services, CFSA contracted with mental health provider MBI Health Services in 2019 to provide out-patient therapeutic services for CFSA- involved children, youth, parents, and caregivers.²⁹ CFSA also refers foster children to DBH for therapeutic services.³⁰

Despite these efforts by CFSA, meeting the behavioral health needs of CFSA- involved children and their families ultimately requires the District to have a functioning behavioral health system. The vast majority of behavioral health services needed by CFSA-involved children and families must be provided by DBH, through its core services agencies and DC's network of providers who accept Medicaid. It is simply not possible for CFSA alone to develop the in-house capacity needed to meet all the behavioral health needs of CFSA-involved children and families. To expect this would be akin to expecting CFSA to build a separate healthcare system to meet all the physical health needs of CFSA-involved children and families.

Unfortunately, the District's behavioral health system for children and families is broken. Our system 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.³¹ As a result, over the past year, the services our clients have most frequently struggled to access include some of the most basic services our system should be able to provide them – individual and family therapy, counseling, substance abuse treatment, and medication management appointments.

Far and away the biggest obstacle to our clients accessing critical services is the lack of behavioral health care providers in the District. Our clients are frequently unable to find providers offering the services they need – or if they manage to find a provider, the waitlist for an appointment is prohibitively long.

Even when our clients successfully connect with a provider, they encounter issues of quality and cultural competence (issues that are both rooted in the overall lack of providers), as well as frequent turnover. The services our clients need most – therapy and counseling – rely on interpersonal connections. Providers with appropriate language skills and cultural competence are critical to these services being successful. Frequent turnover and inconsistent provider availability also make it very hard for children to stay engaged with their services. We have also found that some providers lack the time and attention our clients need – resulting in poor communication and inconsistent care. Overstretched providers are undoubtedly another symptom of the District’s overall lack of providers.

Failing to meet the behavioral health needs of foster children and youth undermines their ability to achieve stability and permanency and contributes to the high rates of placement disruption discussed above.³² Further, unmet behavioral health needs are obstacles to children overcoming the traumas they have experienced and can prevent children from succeeding in school, finding stable housing and employment as adults, and building positive relationships throughout their lives.³³

More broadly, DC's lack of a functioning behavioral health system means that CFSA-involved families whose children have not yet been removed – families with in-home cases, and families on CFSA's Front Porch or Front Yard³⁴ – also struggle to access behavioral health supports and services. Families with in-home cases are supposed to access mental health services through DBH. Although CFSA's Office of Well-Being provides some assistance with connecting these families with DBH, CFSA does not track the extent to which the families are able to access these services through DBH.³⁵

CFSA also relies on DBH to provide a variety of interventions for families at risk of having a child removed – yet there are too many instances where families never receive these services.³⁶ For example, in FY2021, CFSA referred 19 families to DBH for Trauma-Focused Cognitive Behavioral Therapy, but zero families actually received services, CFSA referred 27 families to DBH for Functional Family Therapy, but only four families received services, and CFSA referred 12 families for Child Parent Psychotherapy for Family Violence, but only two families received services.³⁷

These are the families that should be the focus of our prevention efforts – where we should be doing everything we can to prevent children from being removed from their families and entering foster care. Access to behavioral health services, for parents, caregivers, and children is mission critical to keeping these families together safely. Failure to provide behavioral health services makes it more likely that these families will end up having their children removed and placed in foster care.

Although CFSA alone cannot reform the behavioral health system for children and families, the agency is still responsible for working towards meeting the behavioral health needs for CFSA-involved children and families. To this end, we would like to see CFSA deepen and expand its relationships with DBH and behavioral health service providers so the agency can create easier and more reliable pathways for children and families to access services. Because overhauling DC's behavioral health system will require the efforts of multiple agencies over many years,³⁸ we also want CFSA to continue to build its in-house capacity for providing behavioral health services.

We ask this Committee to view access to behavioral health services as a top priority for both oversight and budget this year. Further, we urge this Committee to work with the Committee on Health and the rest of the Council to fully reform DC's behavioral health system for children and families. To help with this endeavor, we urge the Council to consider the recommendations made in *A Path Forward – Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia*, a newly released report from Children's Law Center and its partners that provides a comprehensive blueprint for creating a successful public behavioral health system for children and families in DC.³⁹

CFSA Should Continue to Focus on Prevention, but Increased Transparency and Accountability Are Needed

Through our experiences representing children in foster care for over two decades, we have learned firsthand that removing children from their families causes

harm. Sometimes the danger and harm children are experiencing in their homes outweighs the harm of removal, but it's important to recognize that under any circumstances, removing children from their families causes harm – and that harm must be considered when developing policies and practices around when to remove children from their homes.

Over the last few years, CFSA has increased its focus on prevention – building out programs, policies, and practices aimed at identifying families at risk of having their children removed and providing them with the supports and services needed to stay together safely.⁴⁰ More recently, CFSA has expanded this work to include strengthening existing community supports and services – so that families who need help can receive the supports they need to stay together safely without government intrusion or monitoring.⁴¹

Children's Law Center is generally supportive of CFSA's prevention efforts and shares the agency's goal of keeping children safe and together with their families whenever possible. In many ways, removal is the easy choice for the agency – it is much harder to parse out situations where families can safely stay together and provide them with effective supports that remediate risk of harm to the child. We therefore commend CFSA for not defaulting to removal in all circumstances, but rather working to build a nuanced system that views removal as a last resort.

Children’s Law Center is concerned, however, that some of CFSA’s practices related to safety planning (also known as “diversion” or “informal arrangements”) and child fatality reporting are undermining the agency’s prevention efforts. We believe increased transparency, improved communication, and more robust accountability are needed in these areas to help CFSA accomplish its goal of keeping children together with their families safely. The balance that CFSA is trying to strike of keeping families together whenever possible but also not leaving children in dangerous or fatal situations is a tricky one. Transparency and communication are needed for community stakeholders to understand *how* CFSA intends to strike this balance – and accountability is necessary for us all to assess how successfully we are striking the right balance and determine whether adjustments to policy or practice must be made.

CFSA Prevention Work Highlights: Caregiver Subsidies, Family Success Centers, and the Warmline

We want to highlight three particularly promising areas of CFSA’s prevention work from the past year: (1) expanding access to the Grandparent and Close Relative Caregiver subsidies; (2) continuing investment in the Family Success Centers; and (3) developing a Warmline resource to connect families with community supports and services instead of a potential child welfare investigation, when child safety is not an issue.

CFSA’s Grandparent and Close Relative Caregiver subsidy programs provide financial and other supports to caregivers who take in children who would otherwise

be at risk of entering foster care.⁴² In FY21, these programs reached hundreds of families, providing much-needed financial support and stability and almost certainly keeping children out of foster care.⁴³ Given the need for and efficacy of these programs, Children’s Law Center commends CFSA and this Committee for working together on legislation that will increase access to these programs by eliminating certain eligibility requirements.⁴⁴

CFSA opened ten Family Success Centers in FY 2020 as part of the Families First DC initiative – and plans to open an eleventh center this year.⁴⁵ 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. In FY 2021, the ten Family Success Centers collectively served 16,038 families⁴⁶ and received 7,738 requests for services.⁴⁷ During FY 2022 (October and November 2021), the Family Success Centers received 3,452 service requests – indicating a significant increase in engagement by the community.⁴⁸ The most frequently requested services include food, whole family enrichment, youth recreational activities, and housing supports – demonstrating that Family Success Centers are being asked to meet needs that are often at the root of family instability and child welfare issues.⁴⁹ We applaud the agency for its continued investment in Family Success Centers and hope to see increased engagement from the community in this next year as we move further away from the height of the pandemic.

Finally, in FY 2021, CFSA became a Thriving Families, Safer Children jurisdiction, marking an intentional shift in how the Agency views its role in preventing child abuse and neglect.⁵⁰ As part of this work, CFSA is working on establishing a community-based Warmline to redirect calls from the Child Protective Services (CPS) Hotline when they are not safety-related to resources that can provide supports to families without government involvement. Although this work is in its early stages, we are excited to see CFSA take concrete steps towards reframing concepts of poverty and neglect with a view to providing help to families in need (rather than investigating them). We are pleased that CFSA is including community stakeholders (including Children's Law Center) and representatives from a broad spectrum of government agencies in the Committees tasked with developing the Warmline concept and look forward to seeing this project move forward over the coming year.⁵¹

CFSA's Safety Planning Policies and Practices Need Clarity and Accountability

In our experience, CFSA employs several alternatives to removal when the agency has concerns regarding a child's safety or well-being. The most straightforward option is the opening of an in-home case, which occurs when there is a substantiated allegation of abuse or neglect, but the agency determines that the child can be maintained safely in their home with in-home services.⁵² For in-home cases, the agency has fairly well-developed policies and procedures that detail the levels of services,

support, and monitoring cases should receive, as well as established data collection and outcome reporting practices.⁵³

The circumstances under which CFSA employs “diversion,” “safety planning,” or “informal arrangements,” are much less clear. In June 2020, the agency released an administrative issuance intended to provide more clarity around what constitutes a “diversion.”⁵⁴ Disparities between the number of diversions the agency reports occurring (very low) and the number of diversions advocates and families in the community report experiencing (very high), however, suggest confusion remains about the circumstances under which a case is diverted, and what the agency’s process is for determining whether a diversion is appropriate (and what supports will be provided).⁵⁵

Similar confusion exists around safety planning and informal arrangements. Although the agency does have policies governing safety planning, our attorneys have seen safety planning used in many different circumstances – with varying impacts on the living situations of the children we represent and their families. The distinctions between diversion, safety planning, or informal arrangements are not clear to us. As a result, when these situations are harmful to the children we represent or their families, it is not clear to us whether the problem is a policy issue (i.e., we disagree with how the agency has decided to approach this kind of case) or a practice problem (i.e., the agency workers in our case are not complying with agency policy). This is an obstacle to us effectively advocating for the best interests of our clients.

We have shared these concerns with CFSA, and the agency acknowledged there is confusion in this area and indicated they are working to clarifying the relevant policies and practices. We appreciate CFSA's candor in discussing this issue with us and urge the agency to act quickly to clarify its policies and practices. We would like to see the agency be fully transparent about the circumstances under which different alternatives to removal may be employed by the agency and the factors considered – and to communicate this information clearly to agency staff, advocates, community stakeholders, and the families themselves.

Further, we would like the agency to develop more robust accountability measures regarding the use of alternatives to removal. Although we are fully supportive of CFSA seeking to avoid removal whenever possible, there must be accountability for those decisions. When CFSA decides not to remove a child because it believes they can remain safely in their home or with kin, we need to determine whether that child did indeed remain safe, and whether the family got the supports they needed. This can and should be done without heavy-handed government surveillance or intrusion on families – CFSA can cross-check hotline reports, investigations, and substantiated allegations against families who had diversions, safety plans, and informal arrangements. Community organizations can check in with these families to see if they were able to access the supports they needed (or identify new needs). But none of this is possible if CFSA does not track its use of these alternatives to

removal. Currently, CFSA does not track safety plans or informal arrangements – and its data reporting regarding diversions is inconsistent with families’ experiences. We therefore urge CFSA to develop accountability measures for this work, so we can evaluate its efficacy and adjust as needed.

CFSA’s Child Fatality Reporting Has Improved – But Increased Transparency is Needed

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.⁵⁶ Our testimony last year noted the need for greater detail and increased analysis in this reporting.⁵⁷ We were therefore very pleased to see CFSA’s most recent report provided greater detail without compromising confidentiality.⁵⁸ For example, this most recent report provided more details regarding the manner of death in each case, family background, prior CFSA involvement, other system involvement by the child or family, and other relevant factors regarding the child’s history.⁵⁹ Providing this level of information allows for a deeper, more thoughtful analysis of child fatalities in the District.

CFSA’s report, however, still lacks insight into whether improvements to policy, practice, or system structure should be made in response to what we’ve learned from these child fatalities. Although the report contains some useful information regarding the level of involvement families had with CFSA and other government agencies, there is no understanding of how the Agency interprets this data.⁶⁰ There is no discussion of

whether the families in these cases could have been supported better in some way (by CFSA or another government agency) and no discussion of lessons learned. The recommendations made in the report are high level and are unconnected to abuse and neglect deaths or pattern data.

We would like this report to explicitly address the question of whether our system, as designed, has gaps that need to be addressed; whether the system design is working 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. We have raised these concerns with CFSA, and they have expressed a willingness to explore how they would better be able to achieve this level of analysis. We look forward to continuing our discussions with them on this issue.

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. We multiply this impact by advocating for city-wide solutions that benefit all children.

² Children’s Law Center attorneys represent children who are the subject of abuse and neglect cases in DC’s Family Court. CLC attorneys fight 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>. 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).

³ Children’s Law Center, *Our Impact*, available at: <https://childrenslawcenter.org/our-impact/>.

⁴ *LaShawn A. v. Bowser*, Civil Action No. 89-1754 (TFH) Final Order (June 2021). *LaShawn A.* was a Federal class action suit that was filed in 1989 on behalf of the District of Columbia’s abused and neglected children. The lawsuit, initially captioned *LaShawn A. v. Barry*, challenged virtually every aspect of the District’s child welfare system and sought expansive reform of the city’s child welfare agency. Following the trial, Judge Hogan concluded that the child welfare system was in “shambles” and issued a lengthy opinion finding in favor of the Plaintiff children. The District appealed the decision, which was affirmed in part and remanded in part. On remand, Judge Hogan approved an extensive remedial order imposing numerous requirements, changes, and reforms in every area of the child welfare system and bringing a court-appointed Monitor into the case. This Modified Final Order (MFO) controlled the case until June 2021. The Center for the Study of Social Policy (CSSP), a non-profit organization based in the District, served as the court appointed Monitor. See Children’s Law Center, *Overview of the LaShawn A. Litigation*, Practice Kit, available at: https://childrenslawcenter.org/wp-content/uploads/files/attachments/resources/PK4_II.%20LaShawn%20A.%20Information_0.pdf.

⁵ PR24-0396 - Child and Family Services Agency Robert Matthews Confirmation Resolution of 2021, deemed approved, see <https://lims.dccouncil.us/Legislation/PR24-0396>.

⁶ CFSA Stakeholder Engagement Forum, October 2021, slides on file with the Children’s Law Center.

⁷ In 2020, thanks to the leadership of this Committee and Chairperson Nadeau and with the support of CFSA, the Council passed legislation that gave 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. Extended care ended in October 2021. For the temporary amendment to D.C. Code § 16-2303(b), see § 503(b)(1) of Coronavirus Support Second Congressional Review Emergency Amendment Act of 2020 (D.C. Act 23-405, Aug. 19, 2020, 67 DCR 10235).

⁸ Thriving Families, Safer Children Steering Committee, *The District of Columbia’s Child and Family Well-Being System Blueprint*, Version 1.0, 2021, on file with the Children’s Law Center.

⁹ Tami Weerasingha-Cote, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Human Services, p. 19-23, (February 25, 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-Feb.-25-2021-CFSA-Oversight-Hearing_FINAL.pdf; Judith Sandalow, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Human Services, p. 5, (February 12, 2020), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/JSandalow-CFSA-FY2019-Oversight-Testimony-FINAL.pdf>; Aubrey Edwards-Luce, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Human Services, p. 3,5, (February 12, 2020), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/CFSA-Performance-Oversight-Testimony_AEL_Final.pdf; Aubrey Edwards-Luce, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Human Services, p. 3-4, (February 26, 2019), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/AEL-CFSA-FY2018-Oversight-Testimony-FINAL.pdf>.

¹⁰ Jonetta Rose Barras, *Children at risk: Abuse and neglect investigations are opened too late and closed too soon*, The DC Line, (December 23, 2021), available at: <https://thedcline.org/2021/12/23/children-at-risk-abuse-and-neglect-investigations-are-opened-too-late-and-closed-too-soon/>.

¹¹ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 67-69, November 1, 2021, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf. In FY20, CFSA did not reach its goal to add 15 beds for teens in DC, it only added 7 beds for teens. CFSA did not report newly developed homes for pregnant and parenting youth but stated it would continue outreach and design strategies to recruit resource parents for this population. Only two beds in

FY20 were developed for children with special needs, including the medically fragile, intellectually delayed (ID), and children on the autism spectrum. See CFSA FY2020 Performance Oversight Responses, response to Q85 (d), (e), (f), and (g), available at: <https://dccouncil.us/wp-content/uploads/2021/03/FY20-21-CFSA-POH-PreHearing-Responses-FINAL2.pdf>. In FY19, CFSA added 15 new foster beds for teenagers including youth meeting the Specialized Opportunity for Youth (SOY) criteria. Additionally, the Agency met its goal of adding three homes for pregnant and parenting teens. Finally, three out of the 32 homes developed in FY2019, were for children with special needs. See CFSA FY2019 Performance Oversight Responses, response to Q97 (d), (e), (f), and (g), available at: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>. In FY2018, the goal to increase the number of new foster home beds for teenagers by 25 percent was not achieved. CFSA did hire on three professional parents for pregnant and parenting youth. Finally, five out of the 73 homes developed in FY2018, were for children with special needs. See CFSA FY2018 Performance Oversight Responses, response to Q84 (d), (e), (f), and (g), available at: <https://dccouncil.us/wp-content/uploads/2019/02/cfsa19.pdf>.

¹² Fisher PA, Mannering AM, Van Scoyoc A, Graham AM. *A translational neuroscience perspective on the importance of reducing placement instability among foster children*. Child Welfare. 2013;92(5):9-36; Casey Family Programs, *What impacts placement stability?*, Strategy Brief, (August 2018), available at: <https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF-Placement-stability-impacts-2021.pdf>; Vreeland A, Ebert JS, Kuhn TM, Gracey KA, Shaffer AM, Watson KH, Gruhn MA, Henry L, Dickey L, Siciliano RE, Anderson A, Compas BE. *Predictors of placement disruptions in foster care*. Child Abuse Negl. (January 2020), doi: 10.1016/j.chiabu.2019.104283.

¹³ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 75-76, November 1, 2021, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf.

¹⁴ CFSA FY2021 Performance Oversight Responses, response to Q102, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

¹⁵ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 76-77, November 1, 2021, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf.

¹⁶ CFSA FY2021 Performance Oversight Responses, response to Q102, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

¹⁷ This is a congregate care setting, not a family-based setting. Catholic Charities, St. Vincent's Villa, available at: <https://www.catholiccharities-md.org/services/st-vincents-villa/>.

¹⁸ CFSA FY2021 Performance Oversight Responses, response to Q110, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>. In FY20, 134 children and youth in foster care experienced three or more placement disruptions (approximately 20% of all children in CFSA's care), and of these 53 children experienced five or more placement disruptions. See 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>.

¹⁹ Please note that Q102 in CFSA FY2021 performance oversight responses states December 31, 2020, but we believe it's a typo because the number is different from what was reported the prior year (CFSA FY20 performance oversight responses, response to Q81), which reported up until December 31, 2020. See CFSA FY2021 Performance Oversight Responses, response to Q102, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>. For FY2020, CFSA reported that as of December 30, 2020, that twenty-eight children were in

abscondence. In FY2020, four children were in abscondence for 13-24 months and one child was in abscondence for over 2 years. See CFSA FY2020 Performance Oversight Responses, response to Q81, available at: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

²⁰ CFSA FY2021 Performance Oversight Responses, response to Q117, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

²¹ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 67, November 1, 2021, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf. The needs assessment looks to FY 2021 Q1-Q2 (October 1, 2020 – March 31, 2021). CFSA reported for the total of FY21 that teens (age 13-17) and older youth (18+) made up 47 percent of placement disruptions. See CFSA FY201 Performance Oversight Responses, response to Q110, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

²² Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 67-68, November 1, 2021, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf.

²³ Children with multiple placements have a greater risk of developing behavioral challenges than children in stable placements. Moreover, children in multiple placements have been found to have delayed permanency outcomes, academic difficulties, and struggles to develop meaningful attachments. Casey Family Programs, *What impacts placement stability?*, Strategy Brief, (August 2018), available at: https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Placement-stability-impacts_2021.pdf.

²⁴ Child and Family Service Agency (CFSA), *Four Pillars Performance Report*, (January – June 2021), available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/January-June_2021_Four_Pillars_Performance_Report_FINAL_0.pdf; CFSA FY2021 Performance Oversight Responses, response to Q109, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

²⁵ Pregnant and parenting youth require placements that can support and prepare them for independence as well as parenting. Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 60, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf. Mary Elizabeth House is designed to support transitional living for pregnant and parenting youth. CFSA FY2020 Performance Oversight Responses, response to Q123, available at:

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

Youth who are pregnant and parenting may also live with a resource parent, a professional foster home, Caitlin's Place, Wayne Place. CFSA FY2021 Performance Oversight Responses, response to Q145(b), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

In March 2021, 8 of the 32 pregnant and parenting youth in CFSA's care were not in any of these traditional placements – three were in runaway status, two were in an unlicensed placement, two were in a psychiatric residential treatment facility, and one was in youth detention. Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 60, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf. It is deeply concerning that a quarter of pregnant and parenting foster youth are not in placements where they can receive the supports, they need to build their independence and their capacity to parent successfully.

²⁶ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 102, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf.

²⁷ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 106, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf.

²⁸ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 106, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf; CFSA FY2021 Performance Oversight Responses, response to Q36(n), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

²⁹ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 112, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf; CFSA FY2021 Performance Oversight Responses, response to Q36(n)(iii), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

³⁰ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 104-105, 108, 110, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf; CFSA FY2021 Performance Oversight Responses, response to Q36(n), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

³¹ Tami Weerasingha-Cote, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health, (January 24, 2022), available at: https://childrenslawcenter.org/wp-content/uploads/2022/01/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-Jan.-24-2022-DBH-Oversight-Hearing_FINAL-1.pdf. See also *A Path Forward – Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia*, a newly released report that provides a comprehensive blueprint for closing the gaps and creating a successful public behavioral health system for children and families in DC. This report is released by Children’s Law Center, Children’s National Hospital, the District of Columbia Behavioral Health Association, Health Alliance Network, Early Childhood Innovation Network, MedStar Georgetown University Hospital Division of Child and Adolescent Psychiatry, Parent Watch, and Total Family Care Coalition. *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, December 2021, available at:

https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf.

³² We recognize that CFSA’s performance oversight hearing responses appear to suggest that children in the care of CFSA do not have a problem being connected with and receiving behavioral health services. See CFSA FY2021 Performance Oversight Responses, response to Q36, available at:

<https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>. However, this is not consistent with our clients’ experiences, nor is it

consistent with CFSA’s FY2021 Needs Assessment. See Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 102-113, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf.

³³ Casey Family Programs, *What impacts placement stability?*, Strategy Brief, (August 2018), available at: https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Placement-stability-impacts_2021.pdf.

³⁴ “Families in the Front Yard have no child welfare involvement but nonetheless face challenges that could put them at risk of coming to the Agency’s attention. Two primary examples of Front Yard families include young parents (under age 25) with young children (birth-6) experiencing homelessness and grandparents responsible for caring for their children’s children. Although these families are not currently connected to the child welfare system, they may be connected to one of CFSA’s five contracted community-based Collaboratives, 10 Family Success Centers, or six Community-Based Child Abuse Prevention (CBCAP) partners. Families may also be receiving stipends through the Grandparent Caregivers or Close Relative Caregivers Program. Families on the Front Porch have experienced a Child Protective Services (CPS) investigation or open case, but the investigation or case has closed, and families are now receiving services to care for their children safely in the community, without CFSA involvement.” Child and Family Service Agency (CFSA), Four Pillars Performance Report, (January – June 2021), available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/January-June_2021_Four_Pillars_Performance_Report_FINAL_0.pdf.

³⁵ CFSA FY2021 Performance Oversight Responses, response to Q39, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

³⁶ CFSA FY2021 Performance Oversight Responses, response to Q24(g) and (i), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

³⁷ CFSA FY2021 Performance Oversight Responses, response to Q24(g), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

³⁸ *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, (December 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf.

³⁹ *Id.*

⁴⁰ CFSA, DC Families First DC, available at: <https://cfsa.dc.gov/page/families-first-dc>; CFSA, DC’s federal Family First Title IV-E Prevention Program Five-Year Plan: “Putting Families First in DC” (Family First Prevention Plan), (September 23, 2020), 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; Thriving Families, Safer Children Steering Committee, *The District of Columbia’s Child and Family Well-Being System Blueprint*, Version 1.0, 2021, on file with the Children’s Law Center; CFSA, In-Home Services Policy (May 30, 2019), available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Policy_InHome_Services_FINAL.pdf; CFSA, Diversion Process at Investigations Policy (July 13, 2020), available at:

<https://cfsa.dc.gov/publication/ai-diversion-process-investigations#:~:text=CFSA's%20primary%20commitment%20is%20to,referred%20to%20as%20%E2%80%9Cdiversion%E2%80%9D>; CFSA, Safety Plans Policy (May 29, 2019), available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Policy_Safety_Plans_FINAL.pdf.

⁴¹ Thriving Families, Safer Children Steering Committee, *The District of Columbia’s Child and Family Well-Being System Blueprint*, Version 1.0, p. 1, 2021, on file with the Children’s Law Center.

⁴² CFSA, Grandparent Caregivers Program, available at: <https://cfsa.dc.gov/publication/program-grandparent-caregivers-program>.

⁴³ The number of children and families these programs serve makes it clear there is a need for these subsidies. In the FY21, the Grandparent Caregivers Program served 562 families, reaching 894 children. In quarter one of FY21, 68 families (153 children) were on the waiting list due to a lack of funding. However, in quarter two of FY21, the additional funding was received, and the waiting list was eliminated. As for the Close Relative Caregivers Program there was no waitlist. In FY21, the Close Relative Caregivers Program served 33 families, reaching 54 children. See CFSA FY2021 Performance Oversight Responses, response to Q100(a),(b),(d); Q101(a),(b),(e), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

⁴⁴ The Grandparent and Close Relative Caregivers Program Amendment Act of 2021 (“Act”) removes existing requirements that caregivers demonstrate that they have been the child’s primary caregiver and the child has resided with them for the last six months. The Act also allows adult parents who have a medically verifiable disability to reside with the caregiver without disqualifying the caregiver from receiving a subsidy. The Act had its first reading at the Legislative meeting on February 1, 2022. The Act will need a second vote which is slated to take place at the Legislative meeting on March 1, 2022. The Act is expected to pass. Once the Act passes, we hope the Agency will take steps to increase awareness and utilization of these subsidies. See B24-0462 - Grandparent and Close Relative Caregivers Program Amendment Act of 2021, available at: <https://lims.dccouncil.us/Legislation/B24-0462>.

⁴⁵ Families First DC is a neighborhood-based, neighborhood-driven approach aimed at reducing disparities and creating more robust, more resilient families through meaningful access to District services. 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. The Family Success Centers for 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. The Family Success Centers for 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. There are currently only nine family success centers running because CFSA had to re-issue the grant for Washington Highlands. As of December 2021, CFSA was still in the determination phase, but the plan is to launch a new Washington Highlands location in 2022. This will bring the number back up to 10 Centers. See CFSA FY2021 Performance Oversight Responses, response to Q74(a) & 75(a), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>; Child and Family Services Agency, Families First DC, (Accessed February 13, 2022), available at: <https://cfsa.dc.gov/page/families-first-dc>; and Slides from CFSA Stakeholder Engagement Forum, October 2021, on file with Children’s Law Center.

⁴⁶ CFSA FY2021 Performance Oversight Responses, response to Q74, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

⁴⁷ CFSA FY2021 Performance Oversight Responses, response to Q75(b), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ In January 2021, 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). 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. Ultimately, TFSC seeks to transform the child welfare system into a child well-being system. CFSA is part of the second cohort of jurisdictions selected to participate in TFSC, which will focus on policy and systemic reforms. CFSA is employing three strategies to launch the transformation from a child welfare to a child and family well-being system. These strategies are: (1) Deepen the community-capacity-building and support infrastructure of the District's Family Success Centers (FSCs); (2) Stand-up a community-based Warmline to divert calls from the Child Protective Services (CPS) Hotline when they are not safety related; and (3) Create a community-supporter model whereby individuals with lived experience with the child welfare system or above average risk factors respond to the calls that come into the Warmline within their communities. See CFSA Stakeholders' Forum (January 28, 2021), slides from presentation on file with Children's Law Center; 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-saferchildren-a-national-commitment-to-well-being>; and 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/>. See also, Thriving Families, Safer Children Steering Committee, *The District of Columbia's Child and Family Well-Being System Blueprint*, Version 1.0, 2021, on file with the Children's Law Center.

⁵¹ The effort to stand -up the Warmline will include retraining mandated reporters and community members about when to report to the CPS Hotline instead of the Warmline when they are seeking to mitigate risk factors for child abuse and neglect. CFSA will also have to work with advocates, community members, residents, and the TFSC Steering Committee to define necessary changes to mandated reporter laws and child welfare statutes to structurally support this reframing of when to use the CPS Hotline versus Warmline. See Thriving Families, Safer Children Steering Committee, *The District of Columbia's Child and Family Well-Being System Blueprint*, Version 1.0, p. 8, 2021, on file with the Children's Law Center.

⁵² CFSA, In-Home Services Policy (May 30, 2019), available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Policy_InHome_Services_FINAL.pdf.

⁵³ While implementation of services for in-home cases isn't great; families and children with in-home cases struggle to access behavioral house services (see p. 13 of this testimony), we are glad to have the clarity of CFSA's practices and procedures for in-home cases. The policy and procedures detail the levels of services, support, and monitoring cases should receive, as well as established data collection and outcome reporting practices. See CFSA, In-Home Services Policy (May 30, 2019), available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Policy_InHome_Services_FINAL.pdf. 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. See CFSA FY2021 Performance Oversight Responses, response to Q29, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>. 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." See 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.

⁵⁴ CFSA, Diversion Process at Investigations Policy (July 13, 2020), available at: <https://cfsa.dc.gov/publication/ai-diversion-process-investigations#:~:text=CFSA's%20primary%20commitment%20is%20to,referred%20to%20as%20%E2%80%9Cdiversion%E2%80%9D>.

⁵⁵ In FY20, CFSA reported one child was diverted. See CFSA FY2020 Performance Oversight Responses, response to Q63, available at: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf. In FY21, CFSA did not report any diversions. According to CFSA, “diversion is an informal family planning process. As such, we are unable to track this data, since these families are not CFSA-involved.” See CFSA FY2021 Performance Oversight Responses, response to Q79, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>. Based on a review of our own cases over the past year, we estimate nearly a quarter of the children in care that we represent were diverted at least one time before coming into care. This does not line up with CFSA’s own reporting in FY20 and FY21. We believe this reporting discrepancy is likely because there is a significant confusion around the definition of diversion - what CLC (and our clients and their families) consider to be diversion differs from how the Agency is defines diversion.

⁵⁶ CFSA, Child Fatalities: Statistics, Observations, and Recommendations 2020, available at: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

⁵⁷ Tami Weerasingha-Cote, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Human Services, (February 25, 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-Feb.-25-2021-CFSA-Oversight-Hearing_FINAL.pdf.

⁵⁸ CFSA, Child Fatalities: Statistics, Observations, and Recommendations 2020, available at: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

⁵⁹ 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; CFSA, Child Fatalities: Statistics, Observations, and Recommendations 2020, available at: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

⁶⁰ CFSA, Child Fatalities: Statistics, Observations, and Recommendations 2020, available at: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.