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Testimony Before the District of Columbia Council Committee on Human Services September 20, 2017

Public Oversight Roundtable: Child and Family Services Agency's Safe Haven and Safe & Stable Families Redesigns and New Policies on Early Interventions for At-Risk Newborns

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INTRODUCTION

Good morning Chairperson Nadeau and members of the Committee on Human Services. My name is Judith Sandalow. I am the Executive Director of 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 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. We serve as guardians *ad litem*² for hundreds of children in foster care and represent foster parents and relatives caring for children who are in the care, custody, and control of DC Child and Family Services Agency (CFSA).

The Children's Law Center (CLC) appreciates the opportunity to provide comments on CFSA's Safe Haven Redesign, Safe and Stable Families Redesign, and new policies for at-risk newborns. My testimony will describe our top concerns and offer a few thoughts on how CFSA might address the inherent uncertainty and risk that accompany all changes of this magnitude.

Safe-Haven Redesign

In February 2016, CFSA announced its intent to restructure its foster care program by reducing the number of private foster care agencies from seven to only one.³ Currently, CFSA contracts with seven private agencies in DC and Maryland to

provide foster homes and case management for approximately 475 children in CFSA's legal custody.⁴ Under this restructuring, which CFSA has branded the Safe-Haven Redesign, CFSA will be responsible for the licensing and case management of all foster homes in the District of Columbia and a single private agency will be responsible for all foster homes in Maryland where DC foster children live.⁵ All Maryland foster parents will be required to relicense with the single private agency and any foster children in Maryland homes that choose not to relicense will be moved to new families if the children will still be in CFSA custody by January 2018.⁶

On August 22, 2017, CFSA announced that National Center for Children and Families (NCCF) would be the single private agency. NCCF currently serves approximately 105 of the 352 DC foster children who live in Maryland foster homes.

This is not the first time that CFSA has terminated private agency contracts. In December 2014, CFSA ended its contracts with two private licensing agencies that provided 185 foster families for children. Many of these foster families were trained to support children with more intensive needs and welcomed youth with significant challenges. Not only did many children face the loss of caring foster parents who were unwilling or unable to relicense with a new agency, but CFSA immediately experienced a significant shortage of foster families. As a result of the shortage, dozens of children in CFSA custody were made to sleep at CFSA offices, emergency respite placements, or hotels.

We see the continued impact of that crisis today as CFSA is unable to place many of our clients with foster parents whose schedules, skills, and expectations appropriately match with our clients' appointments, challenges, and abilities. This mismatch between families and children often leads to children bouncing from family to family – further exacerbating their trauma.

While we continue to have concerns and do not agree with all of CFSA's decisions, we appreciate the opportunity that CFSA has provided us, under the leadership of Director Brenda Donald, Principal Deputy Director Heather Stowe and Deputy Director of Program Operations Stacey Rodgers, to share our concerns and participate in meetings about the Safe Haven Redesign process.

During these meetings CFSA shared with us its plan for transitioning the licenses of foster parents who work with private licensing agencies in DC to CFSA. We applaud CFSA's efforts thus far, which are currently projected to result in zero placement disruptions for children who are currently in DC homes. This positive result is the fruit of the Program Operations Unit's thoughtful planning, clear communication, and diligent efforts.

While CFSA has a thorough plan for the remaining steps of the Redesign, we are concerned that there is no "Plan B" if the implementation does not go as they expect.

Our chief concerns are (1) that enough foster families will choose not to transition to NCCF and thus there will be more youth in need of families than there are licensed

Maryland foster homes, (2) that some children currently living with Maryland foster families will be taken from those homes and placed in another foster family in the middle of the school year for the sake of the Agency's administrative ease, (3) that children who are required to move foster homes will not be appropriately matched to new foster parents, and (4) that youth who consistently require skilled responses to their medical or behavioral health needs will not receive the therapeutic care that they need in their new foster homes.

Concerns about the Number of Licensed Foster Homes in Maryland

As I discussed earlier, CFSA is on track to avoid any placement disruptions for children placed in DC foster homes. CFSA achieved this result by contacting all the foster parents who are working with a DC private agency, hosting briefings with the foster parents to explain the steps required for transitioning their licenses to CFSA, allowing space for questions, and then asking the foster parents to sign letters of intent. Due to the agency's persistence and attention to detail, we know that there are currently fewer than a handful of DC private agency foster parents who have not informed CFSA of their plans. We understand that NCCF is utilizing a similar practice.

While this practice has worked tremendously well for CFSA thus far, CLC is concerned that certain aspects of the Maryland relicensing process may render this practice less effective with Maryland foster parents. Consequently, we are worried that too few Maryland licensed foster parents will choose to be relicensed by NCCF and

that, of those who intend to relicense, not enough will complete the process by January 2018. One aspect of the relicensing process that may weaken the efficacy of the practice is that Maryland foster parents have to complete a slightly more complicated process than DC private agency foster parents. The relicensing process in Maryland requires foster parents:

- 1. To complete a detailed foster care application
- 2. To undergo a thorough homestudy by NCCF¹⁰
- 3. To secure a copy of the foster parent's driving record
- 4. To secure local, FBI, and Child Protective Registry clearances for every member of the household who is 18 years of age or older¹¹
- To obtain local department clearances for the applicant's child support records.

As NCCF has started assessing the intent of the Maryland foster parents, CFSA has reported that the vast majority of Maryland foster parents who attend the briefings indicate that they intend to be relicensed by NCCF or that they are going to the adoptive parent or guardian of the DC child that is currently in their home. This is very promising news.

We commend CFSA and NCCF for their efforts to find out whether foster parents intend to relicense and transfer. However, we are concerned that there will be a difference between the number of foster parents who say they will relicense or transfer

and the number of foster parents who actually complete the relicensing process by January 1, 2018. We anticipate that some foster parents – most of whom work full-time and are caring for children recovering from significant trauma – will experience life circumstances that will cause delays, thus causing them to change their minds and others may not act on their intent because they find the relicensing process or transfer process too cumbersome.¹²

We acknowledge that NCCF and CFSA are working diligently to reduce the risk of a placement crisis. Even with the most meticulous planning, we contend that a restructuring of this magnitude is going to be very difficult to accomplish in the time remaining. NCCF has almost five times the number of foster families to relicense and half of the time that CFSA had with DC private agency foster parents. CLC is concerned that CFSA will not be able to identify how many children will be moved to new foster homes until the need is critical and, thus, a placement crisis will ensue.

We recommend that CFSA and NCCF include in their transfer and relicensing processes a measure that will alert the agencies if foster parents are not acting on their intent by November 1. This will allow the agencies to update their projections concerning how many children have to move foster homes.

Both agencies have received overwhelming positive responses from the foster parents attended at the briefings. However, we are concerned that not all of the Maryland foster parents are attending the briefings. Even with the follow up process

that NCCF has initiated with Maryland foster parents who have not attended briefings¹⁴ and all the careful planning that CFSA and NCCF have done, CLC anticipates that more foster Maryland foster parents than DC foster parents will refuse to be relicensed with a new agency. We have this expectation because Maryland foster parents are weighing slightly different factors than DC private agency foster parents.¹⁵

Although we certainly hope that the current plan works, we are very concerned that CFSA has not articulated what steps it will take if such a shortfall occurs. We urge the Committee to ask CFSA to submit a written contingency plan for such a shortfall. It is important that the contingency plan address:

- How CFSA is monitoring the ratio between the number of foster homes with space for DC foster children and the number of foster children in CFSA's custody.
- 2. What additional measures (other than the letters of intent) CFSA and NCCF will use to determine whether they are on pace to complete the transferring and relicensing processes by January 1, 2018.
- 3. Whether CFSA has the flexibility to offer single contracts when a clinical team determines that changing the child's foster home might cause a psychiatric crisis or cause a child to runaway.

4. How CFSA will maintain continuity for children who will undergo the trauma of moving to new foster families, especially with therapists and supportive services.

Concerns about Social and Emotional Damage due to Placement Changes

CLC is also acutely concerned that CFSA will damage children's social and emotional well-being by forcing them to change families rather than maintaining flexibility. CFSA has consistently articulated that it will prioritize the foster parent's willingness to transfer to the new agency over the child's need for family connection and stability when making placement change decisions. ¹⁶ Decades of research have shown that moving children and youth between foster homes can have a traumatic impact on them. ¹⁷ While it is comforting to know that CFSA has enough foster parents to move 30 children who currently live in Maryland into DC foster homes if the need arises, ¹⁸ we are painfully aware that utilizing this option could disrupt a child's emotional stability, therapeutic services, and educational placement. ¹⁹

Foster families provide children with more than just a bed for the night. For many of our clients, foster families are a place of comfort during an extremely difficult time in a child's life and often become lifelong connections. It is important that social and emotional well-being of children in foster care are prioritized and that all foster homes changes are minimized.

CFSA has agreed to make one exception to its plan to remove foster children from families that are unwilling to relicense: foster parents that will become the child's adoptive parent or guardian by March 2018. While we applaud this flexibility, we are concerned that this will result in rushed permanency efforts that will be stressful for our clients and their caregivers.

We urge the Committee to ask CFSA to consider the possibility of offering direct private contracts to foster home providers where a change in placement or a rush towards permanency would be detrimental to the child's emotional, psychological, or behavioral health. Our guardian *ad litem* attorneys are situated to provide input to CFSA analysis of potential placement changes and we hope the Committee will support our request to be included in such discussions.

Concerns about Continued Mismatching of Children and Foster Parents

On paper the Safe Haven Redesign can come across as purely a complicated administrative change, but the Safe Haven Redesign touches the very real lives of very vulnerable children. If our clients are forced to move to new foster homes, it will be important that their new foster homes are equipped to address our clients' specific needs. To reach this goal, CFSA will need to implement a sophisticated re-matching process that prioritizes characteristics that the child needs for stability and permanency.

Our experience has shown that when there is a mismatch between the child and the foster parent—such as when a foster youth with a job is placed in a foster home that

is far from their place of employment, or when children with significant behavioral health needs are placed with first-time foster parents, or when foster parents with high authoritarian views of parenting are matched with youth who have survived by being very independent—the children end up leaving those homes fairly quickly.

It is not uncommon for us to see our clients' behavioral and emotional health decline when they have to 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,²⁰ 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.

We are concerned that the time pressures of the Safe Haven Redesign will limit CFSA's and NCCF's ability to prioritize the development of a careful, evidence-based re-matching process.²¹ This concern is compounded by the fact that CFSA has long struggled to increase its number of foster parents and to appropriately match our client who need highly skilled foster parents.²² While CFSA continues to address these issues, it is important that the agency use a re-matching process that takes into account the child's specific characteristics, needs, and routines. We urge the Committee to monitor the re-matching as the Safe Haven Redesign continues.

Concerns about Meeting Significant Medical and Behavioral Health Needs

CFSA has explained that it will eliminate the "therapeutic" foster home category, pledging instead to make a wider array of supportive services for youth with special

needs available to foster parents across all homes in both the District and Maryland.²³ The change will reduce the stipend for foster parents who care for youth with more significant physical and behavioral health needs. This change in stipend is concerning, because historically these payments have allowed foster parents to be compensated for the extra training, time, and efforts necessary to adequately care for children with special needs. CFSA and NCCF are considering providing extra funds directly to service providers for the in-foster home services that the child may need. We are specifically concerned about CFSA's ability to fund these services given last budget cycle's cuts to the Child Placement program and the Family Resources program both of which pay for the cost of placements and the supportive services necessary to support foster children and foster families.²⁴ We have also found that removing foster parents from the in-home service provision process results in more scheduling issues, more billing issues, and, ultimately, a delay in services. Finally, the additional stipend is not just used for services. It is also used to pay for broken windows and furniture, for grocery delivery when a child is so unstable that a parent cannot go grocery shopping with him or her, and for small conveniences that make it possible to work full-time while caring for a child with significant needs who often cannot be left alone, even with a babysitter. We will continue to monitor for any changes in the in-home services and approach that our clients receive and we will report any disruptions to the Committee.

Safe and Stable Families Program Redesign

In February 2016, Director Donald announced that CFSA was launching the Safe and Stable Families Program Redesign in order to revamp the agency's prevention efforts and to support children who can stay safely with birth parents despite prior abuse and neglect. ²⁵ While, Director Donald indicated that the agency will modify the "community hub" model that it uses to deliver prevention services to families that are at-risk of experiencing child abuse and neglect, CLC is not aware of any publicly available information regarding plans for this redesign.

We support the agency's efforts to shift its model toward one that serves families without removing children or jeopardizing their safety, but we are unaware of whether CFSA has gathered community input, identified evidence-based practices, or researched best practices for this redesign. We hope to discuss this redesign with CFSA in the future and will advocate for plans that address the issues of providing families with in-home cases consistent access to high-quality preventions services, providing parents with disabilities accessible assistance and support, and expanding resources for parents who are re-entering the community after incarceration.

New Policies on Early Interventions for At-Risk Newborns

Children's Law Center has not received details yet, but we understand that CFSA is updating its investigations, hotline, and family assessment procedural operations manuals and policies. CFSA has reported that these updates will establish a consistent practice when a newborn that tested positive for an illicit substance or has a

fetal alcohol syndrome disorder is brought to the agency's attention. While CFSA is focused on applying consistent practice once a newborn is identified as being exposed to harmful substances, CLC is concerned that the toxicology screening that is identifying these newborns may be used disproportionately on poor families or communities of color. As CFSA drafts its new manual and policies, we will continue to learn more about the toxicology screening process in order to assess whether it is having a disparate impact.

Conclusion

We support the goals of CFSA's redesigns and we hope CFSA will address our concerns so that we can be assured that the redesigns will be implemented in a way that keeps the district's kids safe, stable, and healthy. Thank you for the opportunity to testify.

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¹ Children's Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to be the voice for children who are abused or neglected, who aren't learning in school, or who have health problems that can't be solved by medicine alone. With 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 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 Guardian *ad litems* are attorneys appointed by a judge to represent the best interest of a child when the government initiates a child abuse and neglect case in the DC Superior Court.

³ CFSA currently contracts with Boys Town Washington DC Inc., Family Matters, Latin American Youth Center, Lutheran Social Services, National Center for Children and Families, PSI Services, and Seraaj Family Homes for case management and licensing of foster homes. See, CFSA FY17 Performance Oversight Pre-Hearing Responses, Q84.

⁴ Calculated from information provided at CFSA's Safe Haven Redesign placement meetings, where it was communicated that there were approximately 123 children in private agency foster homes in DC and 352 DC foster children in Maryland.

⁵ E-mail from Brenda Donald, Director, CFSA, "From the Director, CFSA: Announcing New Directions." February 6, 2017.

- ⁶ CFSA has stated that it will not move children from foster parents who refuse to be relicensed by NCCF if, by January 2018, those children will be reuniting with their parents or if those foster parents are becoming the children's adoptive parents or guardian.
- ⁷ These homes were designated "therapeutic foster homes."
- ⁸ Eight children stayed in hotels during FY15 and the early part of FY16. *See*, CFSA FY15 Performance Oversight Responses, Q83. In addition to the children who stayed in hotels and at CFSA, in FY15, 69 children stayed in respite or emergency placements while awaiting placement, with 15 more children doing so in the first quarter of FY16. *See*, CFSA FY15 Performance Oversight Responses, Q87. Oversight responses do not indicate how many of the children in these settings in FY15 were placed there after the onset of the placement crisis, but CFSA has noted that increasing the number of respite homes and emergency placement options is one of the steps it has taken to ensure that children do not stay in hotels. *See*, CFSA FY15 Performance Oversight Responses, Q89.
- ⁹ Children who are moved to multiple foster homes are 36%-63% more at risk of behavioral problems. *See* D.M. Rubin, *et al.*, (February 2007). *The Impact of Placement Stability on Behavioral Well-Being for Children in Foster Care.*" <u>Pediatrics</u>. Vol. 119(2). Retrieved from
- ,https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2693406/pdf/nihms-92063.pdf. Additionally, boys who experience placement instability in foster care are at increased risk of entering the juvenile justice system. See J. P. Ryan & M. F. Testa, (March 2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. Children and Youth Services Review, Vol. 27(3). Retrieved from http://www.sciencedirect.com/science/article/pii/S0190740904002026.
- ¹⁰ Foster parents will not have to have NCCF complete a homestudy if the foster parent's initial license was issued in or after March 2017.
- ¹¹ It is worth noting that CFSA has reported that Prince George County Sheriff's Office is experiencing a 60-day delay in its ability to complete a clearance request. CLC supports CFSA decision to explore the possibility of co-locating a Sheriff's Office to avoid this delay.
- ¹² CLC is waiting to learn more about what NCCF's homestudy process will entail, but it is important to note that home studies and homestudy updates typically cost money and require a licensing social worker to visit the home and assess the safety of the home. This is a step that could become cumbersome for some foster parents. There are numerous reasons that foster parents who have expressed an intent to be relicensed may not be able to be relicensed. It is possible that some foster parents who indicated that they would be relicensed by NCCF may have jobs that require them to move out of DC. Others may not be able to be relicensed because adult individuals in their households may not pass the local clearance requirement.
- ¹³ In DC, CFSA had six months and 30 extra foster beds as it began to ascertain the intent of approximately 50 foster parents to transfer their licenses to CFSA. However, NCCF has three and half months and an unknown number of extra foster beds as it begins to ascertain the intent of approximately 240 foster parents to be relicensed by NCCF.
- ¹⁴ Thus far, approximately two-thirds of foster parents who are licensed through Lutheran Social Services and PSI Family Services attended their respective briefings. NCCF has explained that it will follow up with the Maryland foster parents who did not attend the briefings individually. Seeraj Family Homes foster parents had a briefing on September 14, 2017 and CLC anticipates that it will learn how many of the foster parents attended and signed letters of intent to be relicensed by NCCF on September 21, 2017. ¹⁵ For example, foster parents who are licensed with Maryland agencies that also provide case management for Maryland foster children could decide to not to take the steps to be relicensed and simply start receiving Maryland foster children into their homes. Another factor that is different for Maryland foster parents, is that those who offer children therapeutic homes could continue that practice

and continue to get the same level of support from their agency if they decide to only receive Maryland

foster children into their homes. DC private agency foster parents did not have either of these factors to consider.

- ¹⁶ CFSA is only making an exception for foster parents who will become the child's adoptive parent or guardian by March 2018.
- ¹⁷ "Psychiatric emergencies among children in foster care are often precipitated by disruptions in their attachment relationships with foster parents." B. Troutman, et al., (ND). The Effects of Foster Care Placement on Young Children's Mental Health. University of Iowa Hospitals and Clinics. Retrieved from https://www.healthcare.uiowa.edu/icmh/archives/reports/Foster_Care.pdf (citing D. Pilowsky & W. Kate, (1996). Foster children in acute crisis: Assessing critical aspects of attachment. Journal of the American Academy of Child and Adolescent Psychiatry. Vol. 35.).
- ¹⁸ However, CFSA reported in September that, based on the past three years of data, it projects that approximately 30 more children will enter foster care between now and the end of the year. If 30 more children enter foster care and are placed in DC foster homes, than CFSA's surplus may wholly vanish. ¹⁹ *See*, supra note 17; *See also* J. MacMahon, (November 2005). *Foster care placement disruption in North Carolina*. Fostering Perspectives. Vol. 10 (1). Retrieved from https://fosteringperspectives.org/fp-v10n1/disruption.htm.
- ²⁰ B. Troutman, et al.,(ND). The Effects of Foster Care Placement on Young Children's Mental Health. University of Iowa Hospitals and Clinics. Retrieved from

https://www.healthcare.uiowa.edu/icmh/archives/reports/Foster_Care.pdf.

- ²¹ CFSA plans to utilize its current placement disruption staffing process when a child has to move as a result of the Safe Haven Redesign. CLC has found that the placement disruption staffing process typically does not provide the child's team the opportunity identify what characteristics a particular child needs in their foster home. Often times, there are only couple of foster homes available for our clients and the team's input is rendered unimportant due to limited foster home options.
- ²² CLC is aware that CFSA is continuing to recruit foster parents while simultaneously assessing why so few people who start the process of foster parent actually complete it.
- ²³ See E-mail from Brenda Donald, Director, CFSA, "From the Director, CFSA: Announcing New Directions." February 6, 2017.
- ²⁴ CLC is also concerned that the Family Resources Program will not have the resources it will need in order to recruit and support an appropriate array of foster home options. The Family Resources Program is responsible for the recruitment and support of foster and adoptive parents. The program will undergo a \$2.15 million cut and a 14 FTE reduction. *See* Government of the District of Columbia (July 2017). *FY2018 Proposed Budget and Financial Plan: DC Values in Action, A Road Map To Inclusive Prosperity,* Table RL0-4, p. E-24-25. Retrieved from

https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/DC%20GOVT%20FY%202018% 20BUDGET%20%E2%80%93%20CONGRESS%20%E2%80%93%20VOL%204.pdf. We are particularly concerned about the impact the Safe-Haven Redesign will have on the number and quality of placement options for children with special physical, behavioral, or psychological needs who are currently placed in Maryland's therapeutic foster homes. These children need appropriate, fully-resourced foster placements for these children. The Safe Haven Redesign aims to make sure all its foster homes are able to provide care to children with a range of needs, but it is unclear how CFSA plans to reach this goal.

²⁵ E-mail from Brenda Donald, Director, CFSA, "From the Director, CFSA: Announcing New Directions." February 6, 2017.