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Introduction

Good morning Chairwoman Nadeau and members of the Committee on Human Services. My name is Aubrey Edwards-Luce. I am a Senior Policy Attorney at Children's Law Center¹. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With nearly 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. As a member of Children's Law Center's policy team, I am tasked with aggregating our clients' experiences, identifying systemic issues, and advocating for programmatic, policy, and practice changes that will promote the well-being of children and youth in care of DC's Child and Family Services Agency (CFSA).

Fiscal Year 2018 (FY18) was a very busy year for CFSA. The agency completed its Temporary Safe Haven Redesign, said farewell to multiple management-level leaders, obtained an extension for its Title IV-E waiver funds, began planning for the implementation of the federal Family First Prevention Services Act, and closed multiple congregate care placements. Amid all this change and turmoil, we want to raise up two exciting changes: The launch of a new PEER unit to support birth parents and the hiring of in-house mental health care providers to try to address the lack of community-based mental health supports. Unfortunately, Children's Law Center has also seen very

concerning individual child and family level practices as well as some macro-level issues which, taken together, are a detriment to the well-being of DC kids.

We learn about the negative impact of CFSA's practices and policies from our experiences working with hundreds of children, caregivers, and parents. Admittedly, we can only give the Committee the benefit of our perspective based on this experience, which has been limited by CFSA's lack of transparency and community engagement. The remainder of my testimony today will focus on the heartbreaking impact of CFSA's individual child and family level problems and conclude with some of the macro-level issues that we have observed.

Individual Child and Family Level Problems

Throughout FY18, Children's Law Center (CLC) has followed CFSA's request to take individual child and family level problems up through their chain of command and to make CFSA leadership aware of any significant issues. When CLC sees patterns of problems, I work with CLC leadership to make CFSA leadership aware of these problems.² The following are a sampling of individual child and family level issues that we saw throughout the fiscal year: the impact of the placement quantity and stability crises, clinical practice issues, lack of supports to birth and foster parents, and unacceptable older youth outcomes and experiences.

The Placement Quantity and Stability Crises

Starting well before this past year, CFSA has had a shortage of appropriate placements for children. There are two separate but inter-related aspects to this placement crisis: a placement quantity (or adequate array) crisis and a placement stability crisis. These crises have serious impacts on youth in care. Our teenage clients are especially aware of this crisis. Because they know that there aren't other foster home options available, they are often reticent to address aspects of their placements that aren't working for them. For example, several of our teen clients have told us that they are not allowed in the house when their foster parent is not home. But, instead of risking conflict and a potential placement disruption, they bottle up their frustrations, self-medicate, or find risky places to wait.

We completely understand why youth in care do not want to risk losing another home. Placement changes are socially and emotionally taxing on children.³ Can you imagine being one of the 189 children who had more than 3 placement changes in FY18? Although we use the word placement, for children the experience is losing one family after another. After experiencing his third placement change, one of our elementary-school aged clients told his CLC guardian ad litem attorney, "No one wants me." The placement crisis is having a devastating impact on the self-esteem of DC's youngest and most vulnerable clients.

CFSA needs to recruit, retain and properly support more foster parents and make the first placement the best placement in order to turn the tide of this placement crisis. CFSA is aware of the placement crisis and has listed its recruitment goals and identified the barrier to reaching those goals.⁴ However, the Agency has not acted on the suggestions that advocates have provided. Among the many recommendations, CLC has suggested that the Agency develop a placement matching tool that is sophisticated enough to increase placement stability and that they also provide foster parents with more training and supports in order to increase retention. CFSA's Oversight Responses show that it has a foster parent retention rate of 74% while NCCF has a foster parent retention rate of 87%. Without improving these retention rates, our clients are likely to continue to experience stress as these placement crises continue.⁵

Clinical Practice Issues

We are very concerned with the clinical approaches we have seen in the past year. Just a few examples:

- A supervising social worker approving a placement change for a two year old because the child is "too young to remember it."
- A social worker moving a child to kin without a transition process in order to open a foster home placement for another child.
- A social worker who does not speak Spanish relying on a family member to translate when they work with the birth parents.

- A social worker rotating a child between “extended visits” at home and a psychiatric hospital while the child waits to be accepted at a Psychiatric Residential Treatment Facility (PRTF).
- An internal CFSA committee recommending that a youth go to an insecure, non-PRTF placement after a psychological and psychiatric assessment both recommended that the youth go to a secure PRTF.

From our perspective, social workers are being forced to make big life decisions for children without keeping the child’s well-being as the primary concern. Often it seems that administrative ease and scarcity mindsets propel these harmful decisions. The amount of self-harming, running away, and emotional numbing that our child clients do to cope with these failures is completely heartbreaking and isn’t reflected in the Agency’s Oversight Responses.

From a systemic perspective, CFSA continues to supervise process rather than results. For example, we frequently observe social workers who make a referral for services without any further follow up. We rarely see social workers held accountable for ensuring that (or even learning whether) the process has produced the desired outcome: Did the referral lead to a service being offered to the youth? Did the youth really start meeting with the therapist? Were sessions missed? If so, what was the cause? How can the foster parent support the goal of engaging the youth in therapy?

Excellent clinical practice requires this type of nuanced inquiry into the outcomes of the social workers' efforts.

Lack of Birth and Foster Parent Support

Children have longer and more invasive interactions with child welfare agency when CFSA does not provides birth and foster parents with adequate supports or information. For example, when social workers fail to provide parents with the information necessary to engage with a child's medical or educational issues or unapologetically arrive more than 30 minutes late to visits between children and their biological family, they impede parents' ability to demonstrate their parenting capacity. These missteps not only lead to delays in reunification, but they also give the wrong message to children and families: you aren't deserving of the child welfare agency's full attention and best effort.

Birth parents often receive little support and are expected to have the resources and knowledge needed to navigate complex service systems.⁶ As a result, birth parents who could succeed if they had the right encouragement and training often fail to fully engage the services that the Agency recommends. The result is often additional allegations of neglect or abuse. And once a court determines that a birth parents have neglected or abused their child, the birth parent is expected to have the enough emotional and economic resources to trust the same agency that removed them from their parents as a child, to quickly overcome the post-partum depression that led them

to neglect their child, to take off work to visit with their child while still meeting the financial needs of their other children, or to communicate important information to the social worker in a different language. We have seen these types of challenges go unacknowledged or unsupported by the Agency while our child clients count the days to return home to their birth parents.

Additionally, children's health is harmed and permanency is delayed when the Agency does not provide enough support to foster parents. Sometimes the supports that are needed are training and information. For example, one of our client's foster parents were not informed how to respond to this young boy's behavior health crisis. The foster parent took the best step they could think of and isolated the child. The child ended up physically harming himself while he was isolated. Another foster parent was not told that a preteen who had entered her home was discharged from Psychiatric Institute of Washington earlier that day, which made it impossible for the foster parent to follow the preteen's discharge instructions.

Other times, the supports that foster parents need are material. As made public on ABC7 on December 5, 2018, resource parents licensed by NCCF have experienced long delays and even a failure to receive their reimbursements and payments.⁷ The foster parents rely on timely and accurate payment from NCCF in order to meet children's needs. Without these reimbursements foster parents are strapped, stressed, and unable to pay for opportunities that help provide a sense of normalcy to the lives of

children in foster care, like music lessons, camps, or high school dances. Foster parents also describe to us how children's day care providers have not been paid timely and have threatened to stop providing care for the children.

Limited availability seems to be one of the causes of this lack of support. Our attorneys and our clients' foster parents report that neither CFSA nor NCCF social workers are available by phone after 5 pm or on weekends. This schedule limits the Agency's ability to hear birth and foster parents' requests for increased support and constrains the social workers' ability to provide additional supports.

Unacceptable Older Youth Outcomes and Experiences

We are gravely concerned by long-standing poor outcomes for older youth in foster care. The educational outcomes for high school students in foster care are extremely troubling, with approximately 2% of students meeting or exceeding the math skill proficiency level for their grade and approximately 7% of students meeting or exceeding their reading skill proficiency level for their grade.⁸ The mean grade point average for high school students was 1.59 during the 2017-2018 school year.⁹ College and employment outcomes are equally discouraging. During FY18, fewer than 17% of youth in foster care between the ages 18 and 21 were enrolled in a 4-year college full time or part-time.¹⁰ During FY18, less than two-thirds of youth in foster care between the ages 18 and 21 were employed part-time or full time. Additionally, the housing stability of youth who aged out of foster care in FY18 are disappointing, with the

Agency reporting that “stably housed youth” includes 8 youth who were living in transitional housing and 12 youth who were living with family that they (presumably) were unable to reunify with prior to aging out.¹¹

These outcomes are not surprising, given the troubling experiences of older youth in care. Older youth, ages 14 years old and over, make up over 80% of the youth in care who experienced five or more placement changes in FY18.¹² CLC has had multiple teen clients in congregate care or institutional care settings not provided with clothes or shoes. CFSA has still not aligned its case management software to track whether youth are engaging in transition planning at age 14.¹³ Only three-fourths of youth over the age of 15 had a least one Youth Transition Plan meeting, which is supposed to happen at least every 6 months.¹⁴ At a time when young people in foster care need support as they focus on their future and dream of their pathway to success, too many older youth are worrying about their basic needs being met today.

Director Donald has for multiple years now acknowledged a need to generate better outcomes for older youth. We agree with her and think that it is very important that youth in care be engaged in the process of identifying where systems are failing them and what can be done to help them realize their potential and to exit foster care with the skills and resources needed for a successful adulthood. Children’s Law Center would love to work with the Committee to ensure that youth and former foster youth are engaged in improving outcomes for youth in care.

Macro-Level Issues

In an ideal world, I would be able to present clear evidence of the causes of these individual child and family level problems and to provide some helpful suggestions on how they can be resolved. Unfortunately, CFSA's lack of transparency and lack of community engagement make it very difficult to explain why these problems persist or to recommend credible solutions.

Lack of Transparency and Information-Sharing

As Executive Director Sandalow testified, CFSA used to share important information and explain its rationale for decisions. This transparency helped it build the trust necessary for the effective and efficient implementation of its strategy. Now the Agency lacks transparency.

One example of the Agency's lack of transparency with external partners can be found in the CFSA's failure to share information about its efforts to achieve parity in CFSA and NCCF policies and practices. In early 2018, as the first two phases of the Temporary Safe Haven Redesign were wrapping up, CLC was assured by CFSA leadership that NCCF and CFSA would develop parity around a few key issues, develop a process to address some other issues that needed parity, and continue to examine their policies and identify areas where the two organizations need to establish parity. However, the Agency's responses to questions 51 and 52 indicate that the CFSA has not amended any policy to address parity and that it doesn't have any plans to do

so in FY19.¹⁵ We are further disappointed because we know that lack of parity breeds confusion and has in the past led CFSA not to consider private agencies and the families served by them when they are instituting reforms. We would also note that the parity process described in CFSA's oversight responses does not require transparency.¹⁶

However, we are thankful that this year Director Brenda Donald and Deputy Director Stowe acknowledged the Agency's struggles with placements. These leaders explained that the Agency was concerned about the number of placement disruptions children are experiencing and the inadequate number of foster placement options. Unfortunately, the Agency did not share their strategy for solving the placement problem with external partners. As a result, child and family advocates are unable to assist the Agency and are left with the impression that no effective steps are being taken.

Additionally, throughout FY18 CFSA failed to be transparent with advocates continuing the years-long practice of announcing their policy and practice reforms by releasing administrative issuances that are effective at the time of release.¹⁷ Unlike other government entities that follow the notice and comment procedure when making their regulatory changes, CFSA tends to make similar changes by amending or creating new administrative issuances. The notice and comment process provides advocates and community members advance notice about proposed changes and an opportunity to provide feedback. It also lets advocates know when the proposed changes will go into

effect. Without proper advanced notice, advocates are unable to provide feedback about proposed changes and unable to prepare their clients for changes in CFSA policy and practice.

Lack of Community Engagement

The Family First Prevention Service Act (Family First), which was signed into law in February 2018, presents DC with an opportunity to be reimbursed for its investments into trauma-informed, evidenced-based (or evidence-supported) prevention programs that provide mental health treatment and support, substance abuse prevention and treatment, or in-home parenting skills training to the parents or caregivers of children who are candidates for foster care. Given that CFSA plans to access the funding being made available by Family First, ¹⁸CFSA will be required to submit a prevention services and program plan. The prevention services and program plan is required to offer a five-year plan that responds to 10 legislated inquiries that detail the prevention services and programs that DC will utilize, how DC chose the prevention services and programs, how DC will assess children and their caregivers to determine eligibility, and how DC will support and enhance the development of skilled workforce to deliver the services.¹⁹

CFSA has invited other government agencies and the Family Strengthening Collaboratives to its planning meeting, but there are several important stakeholders missing from the table—namely parents. While community engagement is a

requirement for the Family First Prevention Services Plan, we know that *parental* engagement is essential to for successful implementation and community buy-in of any community-based program. DC simply cannot afford to have the Family First Prevention Services Plan generate outcomes like those generated by the Title IV-E waiver programs,²⁰ which suffered from a lack of parental buy-in and engagement. Because we think this opportunity is so important and because we believe that broader perspective can generate more positive results, we are hosting a teach-in and listening session to acquire input from non-government service providers who work with parents. We look forward to sharing the insight we gain with this Committee and the Agency and we ask the Committee to explore options to bring other important perspective to these conversations.

Lastly, advocates for DC's parents should be informed and consulted about the upcoming Entry Services Reorganization. Earlier this year, CFSA announced it would be restructuring its Entry Services Unit in April 2019. This change will eliminate the Agency's differential response model to allegations of child abuse and neglect. For years, CFSA has been able use a structured decision-making model during its investigations which would indicate whether a case qualified for voluntary or involuntary case management. Voluntary case management allowed families to engage with CFSA services as much or as little as they would like, whereas participation in

involuntary case management typically is acquired through the pressure of the court or potential for the removal of children from the home.

CFSA's impending reorganization will eliminate the voluntary case management option and require all substantiated cases to receive involuntary case management. This is a significant change. I appreciated the candid discussion that I had with Deputy Director Robert Matthews about this impending change. His clear communication of his concern for the safety and well-being of children who are in the voluntary cases, his close review and comparison of the outcomes for voluntary n involuntary cases, and his high expectations for the impact that case management has on families are great indicators that he is ready to accept accountability for the outcomes of this reorganization.

However, I am concerned that advocates for DC's parents were not consulted about this change prior to its announcement. I am also concerned that advocates for parents may not know about this impending change and haven't not had opportunity to inform CFSA about how this change will impact interactions, transparency, and trust between parents and CFSA. Advocates need to be informed. I have made Deputy Director Matthews aware of these concerns and I hope the Entry Services Reorganization process will build in opportunities for a wider information dissemination and more feedback from parents and their advocates.

Conclusion

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

¹ Children’s Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With more than 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

² Unfortunately, when we raised these issues with CFSA leadership, the response we often received was a staunch protection of the institution’s practices or an insistent assertion that they are the clinical authorities in these matters.

³ “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.).

⁴ CFSA FY18 Performance Oversight Pre-Hearing Responses, Q84.

⁵ At the end of FY18, CFSA and NCCF had a total of 368 foster homes (i.e. 758 beds) (CFSA FY18 Performance Oversight Pre-Hearing Responses, Q81) available for the 681 children that were in foster care during FY18. CFSA FY18 Performance Oversight Pre-Hearing Responses, Q79.

⁶ Birth parents, who are almost exclusively people of color in DC, are often required to complete services in order to have their children in their care. The systems that provide these services (i.e., the child welfare system, the mental health systems, probation and parole system, or the education system) are often racial biased against the birth parents. These service systems or institutions “routinely produce racially inequitable outcomes for people of color and advantages for white people.” Jessica Pyrce. “Child Welfare is not Exempt from Structural Racism and Implicit Bias.” *The Chronicle of Social Change*. (Jan. 4, 2019). Available at <https://chronicleofsocialchange.org/opinion/child-welfare-is-not-exempt-from-structural-racism-and-implicit-bias>. Note also that birth parents can also be negative impacted by institutional economic and class bias.

⁷ ABC7. “Foster parents say they are being paid late, or not at all” (December 5, 2018). <https://wjla.com/news/local/foster-parents-say-theyre-being-paid-late-or-not-at-all>

⁸ CFSA FY18 Performance Oversight Pre-Hearing Responses, Q65

⁹ CFSA FY18 Performance Oversight Pre-Hearing Responses, Q68. It is also disappointing to see that 621 students were enrolled during the 2017-1018 school year but CFSA only had access to grade point averages for 101 of the students.

¹⁰ CFSA FY18 Performance Oversight Pre-Hearing Responses, Q75.

¹¹ CFSA FY18 Performance Oversight Pre-Hearing Responses, Q77.

¹² CFSA FY18 Performance Oversight Pre-Hearing Responses, Q80.

¹³ CFSA FY18 Performance Oversight Pre-Hearing Responses, Q96a.

¹⁴ CFSA FY18 Performance Oversight Pre-Hearing Responses, Q96b.

¹⁵ CFSA FY18 Performance Oversight Pre-Hearing Responses, Q51 and Q52.

¹⁶ For example, NCCF can enter into independent contracts for services, but CFSA cannot. Additionally, foster parents licensed by CFSA have access to a family support worker to help them navigate systems and crises, but NCCF licensed foster parents do not have such a resource.

¹⁷ Occasionally, CFSA will notify advocates of upcoming amendments to administrative issuances by soliciting input from them.

¹⁸ Statements at the public CFSA FY 19 Proposed Budget Briefing on April 12, 2018.

¹⁹ One legislated inquiry is “(iv) A description of the consultation that the State agencies responsible for administering the State plans under this part and part B engage in with other State agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services, including community-based organizations, in order to foster a continuum of care for children described in paragraph (2) and their parents or kin caregivers.” 42 U.S.C.A. § 671 (e) (5) (B)(iv). See generally, 42 U.S.C.A. § 671 (e) (5) (A) and (B).

²⁰ See CFSA, *Title IV-E Waiver Demonstration Project Interim Evaluation Report*. (Jan. 2017). Available at https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CFSA-IVE-Waiver-Interim-Evaluation-Rpt_Jan_2017.pdf.