
Government of the District of Columbia



Child and Family Services Agency

Testimony of
Brenda Donald
Director

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

Council of the District of Columbia
Committee on Human Services
Brienne Nadeau, Chair

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John A. Wilson Building
1350 Pennsylvania Avenue, NW • Room 500
Washington, DC 20510-6250
12 p.m.

Good afternoon, Chairwoman Nadeau and members of the Committee on Human Services. I am Brenda Donald, director of the Child and Family Services Agency (CFSA). I appreciate this opportunity to provide an update on important strategies that were in the planning stage when I last came before you back in March and April. At that time, we were contemplating some necessary changes to gain performance improvements, and we saw that these proposed changes caused some uncertainty in the child welfare community. Today, I will explain how we have moved those strategies forward to implementation while also strengthening the partnerships we need to serve children and families. I'll also share CFSA's enhanced protocols for responding to reports of infants who test positive for drugs or alcohol at birth.

Temporary Safe Haven Redesign

Temporary Safe Haven refers to one of the Four Pillars in CFSA's strategic agenda. The values behind it are that children who must enter foster care deserve a **stable, quality placement** that meets their needs and the **quickest possible exit** back to a safe, permanent home. However, over many years, with multiple providers delivering varying services and outcomes, we were unable to meet those goals. As a result, I determined that we needed to redesign our placement services system to drive for better outcomes.

In March, we issued a Request for Proposals that sought significant changes in local foster care. The most significant change was that we planned to go forward with only one partner to serve the half of the District foster care caseload placed in Maryland—about 400 children at that time—rather than continuing to work with our current seven providers. We would also eliminate the “traditional” and “therapeutic” categories of foster homes because there has not been a sufficient difference in the level of training or service. Eliminating these distinctions would allow CFSA to create an array of services that promote placement stability, child wellbeing, and speedy permanence.

Today, I want to thank the Council of the District of Columbia for approving our proposed contract with The National Center for Children and Families (NCCF) as our major partner in Maryland. NCCF will have a subcontract for some specialized services with Family Matters of Greater Washington. CFSA has long-standing relationships with both organizations, which are among the seven providers currently under contract. I am excited to be working with Dr. Sheryl Brissett Chapman and her team at NCCF to launch a new model of public-private partnership designed to consistently deliver stability, quality, and permanence for District children in care. With your approval yesterday, we officially moved from the Temporary Safe Haven Redesign into the Temporary Safe Haven Transition.

Because we recognize just how much is at stake for our children in care, we have assembled a thoughtful, skilled, empowered, and enthusiastic CFSA-NCCF team that is leaving no stone unturned to coordinate a careful and orderly transition. I want to describe just some of the key actions in our robust plan for the next three months that will lead to NCCF as our single partner for family-based foster care in Maryland in January 2018.

- Together, we are reaching out to all foster parents licensed by the other providers and encouraging them to join NCCF. This is desirable because when foster parents agree to change agencies, there is no disruption for children placed in those homes—and that is

the top priority for all of us. CFSA helped to make this option more attractive for foster parents by negotiating an agreement with Maryland that simplifies transferring a Maryland foster home license from one agency to another. We have held outreach meetings with each agency's foster parents, and the response has been overwhelmingly positive. While this outreach is still in progress, we are seeing many foster parents agree to join NCCF. A few are still undecided, and some foster parents want to transition out of fostering. In December, we will finalize our count of how many children will change foster homes, but we anticipate that this number will be small.

- We have closely reviewed the needs and circumstances of each child placed in Maryland, with a special focus on those we can safely move to permanence by the end of December.
- We have gained agreement from the majority of provider foster homes in the District to join CFSA, and we are assuming case management of children in those homes.
- To retain experienced social workers, we plan to hold job fairs that will give staff from other providers the opportunity to continue serving District children by joining NCCF.

I understand that this transition in local foster care may have some short-term implications for children, but it will lead to long-term improvements in the quality of care that our children receive. Over the past several months, the focus, care, intelligence, and teamwork that all the many responsible players at CFSA have expended to get us to this point has made me doubly confident that we are on the right path. For both CFSA and NCCF, this process is allowing us to align our work with the values that guide Temporary Safe Haven and will allow us to actualize better outcomes for our kids.

As we make these changes regarding providers, I do want to let you know that we have decided to maintain a contract with the Latin American Youth Center (LAYC). LAYC provides Spanish-speaking foster homes, and we need to retain that specialized capability.

Safe and Stable Families Redesign

The Safe and Stable Families Redesign is CFSA's second ambitious undertaking, prompted by the need to reassess our front-end prevention program. For 20 years, we have partnered with the Healthy Families/Thriving Communities Collaboratives for community-based prevention and family support services. In 2013, this work received a significant boost when we successfully pursued a federal funding waiver. The resulting Safe and Stable Families program encompassed new strategies to expand community-based prevention and family support services. However, three years later, we had sufficient data to see that while the early strategies had delivered for some people, too few families were benefiting. Both the strategies and our overall initial vision of Safe and Stable Families had been too narrow to achieve a meaningful positive impact on the community. In January 2017, we regrouped to more closely address community needs.

At first, I thought the best way to drive significant improvements in our community-based prevention and services framework was to open it to a competitive process. But upon reflection,

we decided on a comprehensive re-negotiation of the Collaboratives' sole-source contracts for FY18, strategically focusing funding on specific target populations and actions.

- We mandated an increased number of Family Support Workers at the Collaboratives to support expanded referrals from CFSA. This includes not only more referrals of families CFSA is serving but also—for the first time—referrals of families at risk but not directly involved with CFSA. These include young families experiencing homelessness, in partnership with the D.C. Department of Human Services, and grandparents participating in the District's Grandparent Caregiver Subsidy Program when those “grand-families” have additional needs for support.
- We negotiated to concentrate Collaborative resources in areas of greatest need in our city, Wards 7 and 8. This includes an array of essential core services to address typical family needs such as funds for emergencies, referrals to mental health or substance abuse treatment, tutoring for school-age children, and parent support groups.
- We included capacity-building grant funds so the Collaboratives can develop needed grassroots programs among other community partners.
- And finally, CFSA's FY18 contracts with the Collaboratives will emphasize accountability through robust data collection and reporting that provide a clear picture of outcomes.

Because CFSA is committed to removing children from home only when necessary for their safety, we must have a viable array of community-based services that help families stay together while addressing their challenges. Through the Safe and Stable Families Redesign, we expect to work with the Collaboratives to develop and target those services.

Early Interventions for At-Risk Newborns

A recent and equally important targeting is CFSA's strengthened response to reports of infants born with positive toxicology. When hospitals identify newborns who test positive for drugs or alcohol, mandated reporter laws require them to call the District's 24-hour hotline for child abuse and neglect. CFSA used to screen in only those reports where the hospital described the infant as suffering medical issues due to the positive toxicology. Beginning in June of this year, we began screening in all reports of positive toxicology. It is important to clarify that “positive toxicology” can include illegal drugs such as PCP and non-prescription opioids, or legal substances such as marijuana, alcohol, or prescription opioids. And what I mean by “screened in” is that social workers and, in some instances, nurses visit the home to check on the child and family. We usually conduct a family assessment, but in the most serious cases—including all reports of PCP, we launch a full investigation.

We also began collecting more data about the newborn positive toxicology reports. From this, we learned that from June through August of this year, we received 52 reports of newborn positive toxicology. Of those, 81 percent involved marijuana. Since we visited a home in response to all these reports, we were also able to document that 42 of the 52 families (81 percent) had a crib or Pack ‘n Play.

In addition, CFSA is monitoring closely the growing incidence of infant deaths where co-sleeping is a factor. From 2015 through August 18 of this year, the Office of the Chief Medical Examiner documented 48 deaths of District infants under one year old. Of these, co-sleeping was a concern in 22 (46 percent). CFSA caseworkers have noticed that these co-sleeping deaths can occur even when a parent has a crib or a Pack 'n Play in their home. The District has several programs that provide cribs or Pack 'n Plays to parents who need a safe sleeping place for their infant. But these resources don't work if parents are too impaired to follow through with placing the infant in the crib. To begin tackling this issue, the Deputy Mayor for Health and Human Services is convening a Directors' working group next week to focus on infant deaths and next steps the District can take.

Conclusion

In conclusion, my first full year back at CFSA has been one of continued progress and action. And as our broad-based redesign efforts show, this is not mere tweaking. Rather, we are refreshing and reconstructing core aspects of our work to address current needs and realities and to deliver better outcomes to those we serve. With these actions, I am confident that we are on track to achieve performance gains in FY18.

As always, I appreciate your concern for the District's most vulnerable children and families and your partnership in doing all we can to assist them. Thanks for your attention today, and I will answer any questions you have.