



DC Action for Children

Testimony:

**Mayor's Proposed FY 2009 Budget for the Child
and Family Services Agency**

before the Committee on Human Services

by

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Good morning Chairman Wells and members of the Committee on Human Services. I am Kate Sylvester, executive director of DC Action for Children (DC ACT). DC ACT is the only independent, nonprofit, multi-issue advocacy organization dedicated to improving the lives of children, youth and their families in the District of Columbia. DC ACT's mission is: publicizing, organizing, and educating to improve conditions for children, youth and their families in the District of Columbia.

Thank you for the opportunity to present testimony on the Mayor's Proposed FY 2009 Child and Family Services Agency (CFSA) budget. DC ACT is pleased to see that that agency was fully funded for FY 2009. This budget reflects CFSA's policy direction and aligns resources to their practice model.

Today I would like to highlight the following topics:

- the \$2.5 million increase in mental health services for children and youth in care;
- the continuation of support and COLA increase for the Grandparent Subsidy Program;
- co-location of social workers into the community
- funding for Family Team Meeting and substance abuse staff in the Office of Clinical Practice;
- targeted case management
- overtime spending by CFSA; and
- budget transparency

I first want to highlight some of the important policy initiatives DC ACT is pleased to see in the FY 2009 Proposed Mayor's Budget.

Mental health services for children and youth in care

The inclusion of an additional \$2.5 million in FY 2009, over and above the \$ 4.5 million that was added in FY 2008, is critical if CFSA is to act on the recommendations of the CFSA/Department of Mental Health 2007 report, "A Mental Health Needs Assessment of Children in Foster Care." Additionally, the Office of Clinical Practice developed a multi-year plan to implement the recommendations of a working group of experts, including Beth Jamieson, senior policy analyst at DC ACT. CFSA is now in the final stages of developing a cost analysis for providing the mental health services identified by the working group.

These additional funds will allow CFSA to provide evidenced-based therapies that are not currently covered by Medicaid or are otherwise unavailable to children and youth in care. This funding will supplement services that will be provided by the Department of Mental Health choice providers; which should be announced soon. This combination of services should go a long way toward ensuring that fragile children and youth in care have access to a range of services that meet their varied needs. As the CFSA/Department of Mental Health report, "A Mental Health Needs Assessment of Children in Foster Care" reported in its finding these services are critically needed in the city. This results from the limited number of providers specializing in evidence-based therapies for children in care willing to take District Medicaid rates and the small number of evidence-based therapies available in the District.

Grandparents Subsidy Program

The Grandparent Subsidy Program is currently running at capacity – serving more than 300 families and nearly 500 children – with a waiting list of approximately 85 children. This program allows low-income grandparents, great-aunts and uncles to receive financial assistance for caring for young family members. We have heard in previous hearings from participants that this program has been instrumental in keeping many children out of the foster care system while helping them maintain critical bonds with their biological families.

DC ACT is pleased to see the continued support of this program, including mayor's decision to give grandparents the same cost-of-living adjustment that foster parents receive. This will help these families with the rising costs of food, clothing, housing and transportation. DC ACT looks forward to continued evaluation of this three-year pilot program to learn about its successes and areas of concern.

The following are areas that are critical to CFSA implementing its practice model:

Family Team Meetings and Substance Abuse Treatment

The agency's Family Team Meetings (FTMs) – which are a best practice that has garnered national and international recognition for CFSA – constitute a core component of the CFSA practice model. These meetings are critical for engaging families, maintaining kinship relationships, and addressing the many placement needs of children and youth in care. From October 2006 through September 2007, there were 918 family team meetings coordinated in the District. These meetings were coordinated by CFSA, the Edgewood-Brookland Family Support Collaborative, the Columbia Heights/Shaw Family Support Collaborative, the Department of

Mental Health and the Department of Youth Rehabilitative Services. CFSA coordinated 307 FTMs, while Columbia Heights Shaw and Edgewood-Brookland each coordinated 240 during that same period, with the remainder being coordinated by the Department of Mental Health and the Department of Youth Rehabilitative Services. (Source: Family Team Meetings Monthly Management Report: September 2007, CFSA Office of Clinical Practice, FTM Unit)

We are pleased to see the continued commitment to FTMs, but want to call to the Council's attention that the nine staff members responsible for this program have been working under personal services contracts (PSCs) in the Office of Clinical Practice for a number of years. These positions were previously funded with federal dollars, but CFSA reports those funds are no longer available. If the District is truly committed to the continuation of this best practice, these positions must be baselined in the budget to ensure that the staff members enjoy the benefits associated with being full-time equivalents and to ensure program continuity. In addition, FTMs should be monitored that they are delivering their full potential for families.

As you know, substance abuse is a major contributor to the problem of child welfare; CFSA reports that fully 75% of its cases with children in foster care involve parental — particularly maternal — substance abuse. Yet the substance abuse specialists referred to in the Mayor's policy initiatives for his FY 2009 Proposed Budget are also working under personal services contracts, and there is no increase in the number of people performing this service. These individuals work with the Addiction Prevention and Recovery Administration (APRA) to ensure that families receive the appropriate services from the point of initial contact with CFSA. We believe that it is critical that these positions also be baselined to ensure continuity of services.

Co-location of social workers in the community

A great deal of time and energy has gone into the development and implementation of a plan to co-locate CFSA social workers at the community-based Collaboratives. CFSA and the Collaboratives are deeply committed to this plan, and they have worked together to develop a joint practice model. Last year, they received \$1.7 million to cover the costs associated with planning and build-out that included obtaining more space and equipment. CFSA plans to move the workers into all the Collaboratives in the next few months.

The Mayor's proposed FY 2009 budget, however, includes only half of the amount requested by CFSA, \$514,000, to cover the **ongoing** costs associated with the co-location. The Collaboratives report that they would need an additional \$636,000 — \$401,000 for operations and \$235,000 for staffing— to assure full funding for co-location. For this practice model to be successful, it is important that staffing levels be adequate and that co-location receive the funding it needs to fully implement the model. We know that CFSA is committed to co-location and, as Dr. Bobo reported at the budget briefing hosted by DC ACT and others, the agency is looking internally for funding, possibly from savings that result when the co-located social workers move into the Collaboratives. We applaud them on their efforts and we look forward to similar efforts from the Collaboratives.

Finally, it is imperative that the Collaboratives continue the research and evaluation efforts already taking place to measure the effectiveness and impact of their services. The Collaboratives must secure funding to complete the data collection already started through their retrospective study of families served by the Collaboratives as well as a Child Trends study on the impact of Collaborative supports on families' future involvement in the child

welfare system. Over the past 11 years, the District has invested more than \$100 million in this model, and as stewards of public funds, the Collaboratives must continue their commitment to evaluating their practice. The Healthy Family Thriving Community Collaborative Council has been coordinating these efforts and has a committee dedicated to the work. Now, the Collaboratives must build on the results of that research and evaluation and share those results with the community on a regular basis.

Targeted Case Management

DC ACT continues to be concerned about the continued discussion of limiting the services that can be billed to Medicaid for Targeted Case Management (TCM). Fortunately, on Wednesday, April 9, Congress granted TCM another temporary reprieve when the House voted on a year-long moratorium on rule changes affecting TCM. Had the moratorium not occurred, CFSA had projected losses of \$12 million from TCM reimbursements from in FY 2009. In FY 2008, the budget included \$ 5 million to cover the loss of revenue. Similar planning must continue, as the moratorium will only remain in effect for one year, meaning that it could still affect the FY 2009 budget. Additionally, if the legislation is not approved by the Senate and signed by the President, CFSA will stand to lose a full \$12 million in reimbursements.

Overtime spending

We believe that it is important to acknowledge that CFSA's core responsibility is investigating child abuse and neglect referrals – even if it means paying overtime to ensure that investigations and services are provided in a timely manner. The Jacks case has brought attention to how an increase in hotline calls demands a great deal of overtime. CFSA must receive support and assistance from the Mayor in securing funding for the overtime funds

needed for the agency to fulfill its core mission. All District agencies should be mindful once a family requires the attention of CFSA, it means that other community and government agencies have failed that family. Thus CFSA should not solely bear the burden of securing funding when overtime is needed.

CFSA Audit Issues

DC ACT was concerned to learn about the results of the Audit on the Child and Family Services Agency's Contracting and Quality Assurance Procedures. While the troubles with contracting and procurement have long been known, the audit highlighted some major problems that occurred over the past several years.

DC ACT supports the recommendations, particularly that the office should be fully staffed and the director should have the necessary skills, knowledge and qualifications to ensure that all laws and regulations are followed. Turnover in this office has led to some of these problems in this office; we believe that consistent leadership is essential. This is particularly important if CFSA is to move forward with its performance-based contracting initiative.

Budget Transparency

Finally, DC ACT would like to take the opportunity to discuss budget transparency, which is clearly the responsibility of the Office of the City Administrator. While, we were pleased to see the inclusion of Table RLO-5 "FY 2008 Approved Budget to FY 2009 Proposed Budget, by Revenue Type" particularly the Mayor's Policy Initiatives, we think it is important for the government to include narrative to show how the budget advances the six citywide goals in the FY 2009 budget. DC ACT has long supported the Children's Budget and is pleased to see that it

is linked to Interagency Collaboration Services Integration Commission (ICSIC) and the six citywide goals. While we understand space limitations, we are concerned that the children's budget does not provide the depth on the issue of child abuse and neglect that it deserves. Keeping children and youth in healthy, stable and supportive families (Goal 5) is a complex issue that goes beyond the mayor's policy initiatives as discussed briefly in the Children's Budget. It is important that the Children's Budget reflect the breadth of issues involved in each of the six citywide goals.

Finally we want to applaud, Dr. Bobo and CFSA for being the first agency to agree to hold a public briefing on an agency budget. It speaks to her commitment to community participation in the process. DC ACT was pleased to have sponsored this event along with the Foster and Adoptive Parent Advocacy Center, Children's Law Center, Healthy Families Thriving Communities Collaborative Council, and Columbia Heights Shaw Family Strengthening Collaborative. Other agencies have followed Dr. Bobo's lead and are participating in similar events.

Thank you for your time today. I would be happy to answer any questions that you may have.