

Healthy Families ❖ Thriving Communities Collaborative Council

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Testimony of Jacquelyn Henry
On Behalf of the Healthy Families/Thriving Communities Collaborative Council
before the
Committee on Human Services, DC Council
Concerning the
The Child and Family Services Agency's FY09 Budget Hearing
April 12, 2008

Good morning, Chairperson Wells and members of the Committee on Human Services. I am Jacquelyn Henry, Executive Director of the Healthy Families/Thriving Communities (HFTC) Collaborative Council and I am speaking on behalf of the seven Collaboratives. As CFSA's community partner I would like to take this opportunity to share our support and concerns regarding the CFSA FY09 budget.

We were pleased to see that the CFSA budget includes funding for continuation of Family Team Meetings which is both a best practice and a tremendous support to families; funding increases in health services that will improve mental health outcomes for children and youth in the system; and funding to sustain the Grandparent Subsidy program to keep children living with their families. We are also encouraged that CFSA has begun to align its policy initiatives with its funding for co-location of CFSA staff into the Collaboratives. This is a critical component of CFSA's practice model that will bring about systemic change. This initiative, the Partnership for Community-Based Services, seeks to achieve the following family and system level outcomes:

- Children remain safe;
- Caregivers demonstrate adequate and effective parenting skills to promote child safety;
- Families have financial and housing stability;
- Families have strengthened social connections with formal and informal supports;
- Families access concrete services and supports independently;
- Abuse and neglect allegation reports are reduced;
- Access to available community and public resources is improved; and

At the oversight hearing we updated the committee on our progress with co-location. Recently CFSA in-home units have begun visiting the Collaboratives and participating in case reviews that have gone extremely well. This initiative has a lot of momentum and we are assured that working together, we can produce better outcomes for the children and families being served in the In-Home units.

In addition to the implementation of the collocation model, the Collaboratives are also working hard to meet their contractual obligations to CFSA and the community. At the five month (February) mark of our contract with CFSA, we were on track exceed all of our contractual obligations for FY08. Thus far, the Collaboratives have engaged 218 of the 235 CFSA cases of youth aging out of the system, half of the 590 community diverted cases, three fourths of the 755 cases referred from the community, and 81% of the 340 supportive assistance cases with CFSA workers.

The Community response to the tragedy of the Jacks case has impacted not only CFSA but the Collaboratives as well. Referrals to the Collaboratives from both the community and from CFSA have escalated significantly over the past two months. As this committee works with CFSA and the Mayor's office to track the longer-term implications of the increased number of reports and substantiations, we ask that you also consider the impact of these growing caseloads on the Collaboratives.

As a result of conversations we had both with CFSA and this committee following the Jack's case, the Collaboratives have been working to ramp up the number of mandatory providers that they train on child abuse and neglect. We also have put even more effort into advocating for the expansion of early intervention and prevention supports such as home visitation programs. And, we are playing an active role in the Truancy Taskforce to advocate for more aggressive early responses to truancy by both the schools and their community partners.

Our workforce is doing an outstanding job of keeping children safe in their homes, stabilizing families, and helping families to establish social connections. For example, in FY08, the Council has partnered with a number of District agencies such as DCPS on the Truancy program; MPD and other community agencies on the Second Responder program; DMH with the System of Care Initiative; and DHHS with the Fatherhood Initiative. We have also worked with the Community Partnership for the Prevention of Homelessness to place 134 homeless families through the Systems Transformation Initiative.

Maintaining this high level of services and quality partnerships requires continued investment in staff development, training, and support. Unfortunately, the current FY09 CFSA budget does not include funding a COLA for the Collaboratives, making this the second year in a row that the Collaboratives have not received a COLA. Without a COLA, rising operational costs will substantially

limit our ability to leverage capital for services to families, ultimately reducing both our internal and external capacity to successfully deliver services in FY09. Additionally, this continued lack of incentive for staff salaries, fringe benefits and operational costs makes it difficult to provide staff with the training, development and supports they need to deliver services to our families successfully. Therefore, the Collaboratives request a 3.5% increase to cover mandatory inflation of \$464,000 to maintain the existing level of services provided to CFSA.

As an attachment, I have included results of our work with CFSA on:

- Family Team Meeting Coordination
- Rapid Housing
- Youth Aging Out, and
- Community General and Diverted Families

To sustain the \$250,000 investment already made by the District in evaluating our work, we are also requesting an allocation of \$150,000 to continue our research study to show the outcomes of the Collaboratives efforts with families served. (This will include characteristics and experiences of families referred, families' satisfaction, worker assessments of the families as well as the appropriateness, sufficiency, and effectiveness of those services.) Thursday, Child Trends submitted its report on the Data Matching Project with CFSA and the Collaboratives and concluded that the Collaboratives are keeping children safe at home. This report will be made public in the near future.

Again, our request to fully fund the co-location is \$636,000, to provide for the 3 ½ % operational increase is \$464,000, and the evaluation is \$150,000. The total request is \$1,250,000.

On behalf of the Collaboratives, the Collaborative Council looks forward to our 11th year of partnership with CFSA and other District agencies to support children and families in the District of Columbia. Thank you for the opportunity to present our request with you.

Addendum

1. Family Team Meeting Coordination.

The Edgewood/Brookland and Columbia Heights Shaw Collaboratives coordinate Family Team Meetings for CFSA families whose children were at risk of removal from their homes. This support allows CFSA to focus on providing timely and effective facilitation of the Family Team Meeting process that would allow family members to come together to develop a plan of action to help prevent child removal.

2. Rapid Housing

Rapid Housing is a version of Housing First in placing families in permanent housing. It focuses on (1) youth aging out of foster care, (2) families in need of housing to prevent them from coming into care, and (3) reunification for families of children returning home.

In FY07, 17 families with 46 children were referred for rapid housing so they could be reunified. All of these families were placed in permanent housing.

57 families with 118 children were referred for rapid housing to preserve their families. These families were also placed in permanent housing.

93 youth aging out were referred for rapid housing during FY07. 88 of these youth used the rapid housing funds to support their housing goals.

3. Youth Aging Out

Youth are referred to the Collaboratives at the age of 20 so that we can support CFSA in helping the youth to transition at age 21. In FY07, 284 youth were served. Of the 284 youth, 117 emancipated as of August 2007. We recently took a look at those youth who had been emancipated for at least six months. 68% of these youth have maintained stable housing, 54% have been continuously employed, 45% are in an educational program, and 52% have been connected with a supportive caregiver. We continue to work with these youth to enhance their stability.

4. Community General and diverted families

During FY07 the Collaboratives were contracted to provide case management services to 1,382 families that were referred from CFSA, other government agencies or self-referred to the Collaboratives. Of these families about 60% of them were short termed cases and about 40% were long termed cases. The top six services requested from these families were for housing, employment, emergency services, financial management, children's education, and mental health. These ranged from a little under 300 requests for housing to more than 100 requests for mental health services.

For the longer term cases, the Collaboratives recently adopted the Family Assessment Form (FAF) as their primary assessment instrument. The FAF is a comprehensive and standardized instrument that is designed to measure changes in family functioning. It uses a nine point Likert scale that requires workers to rate families between 1 (high-level of functioning) and 5 (poor/crisis level of functioning) on five different factors: Living Conditions, Financial Conditions, Supports to Caregivers, Caregiver/Child Interactions, and Developmental Stimulation. In March 2007, the Collaboratives agreed to fully implement the FAF and administer the instrument to Community Diverted and General families beginning in April 2007.

For an 8 month period from April 2007 through December 2007, 293 families were analyzed with both a pre and post FAF. The results were as follows:

87% of the families improved in at least one area

In the specific areas of the FAF: (greatest in the more concrete areas then those more abstract areas)

61% improved in Living Conditions

60% improved in Financial Conditions

51% improved in Supports to Caregivers

48% improved in Caregiver/Child Interaction

46% improved in Developmental Stimulation

We will be able to perform more meaningful analyses and make the necessary program modifications as we collect more data over the upcoming months.

