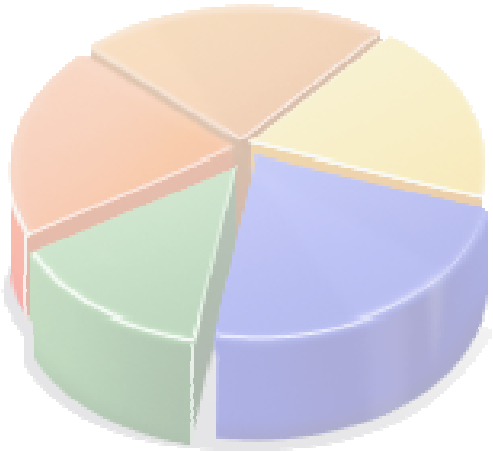
2006 Annual Public Report



Annual Public Report

Implementing the Adoption and Safe Families Amendment Act of 2000 in the District of Columbia

MEETING THE NEEDS OF THE DISTRICT'S CHILDREN AND FAMILIES THROUGH IMPLEMENTATION OF DC ASFA

District of Columbia Government
Child and Family Services Agency

Implementing the Adoption and Safe Families Amendment Act of 2000 in the District of Columbia

District of Columbia Government

Child and Family Services Agency

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Executive Summary

Child Safety-Related Requirements of DC AFSA

1. Abused and neglected children have a case plan that is reviewed periodically to determine the child's safety and progress toward achieving permanence.
2. Reasonable efforts are made to reunify children with their families unless contrary to the child's safety.
3. Reports of abuse and neglect are expeditiously investigated, and appropriate action is taken.
4. Families of abused and neglected children are provided the necessary services to ameliorate problems and, where possible, to reunite the children with their families.
5. Where family preservation or reunification services are unsuccessful, quick action is taken to implement a permanency plan of adoption or alternative placement.
6. Criminal records checks are performed for all individuals seeking approval or licensure as adoptive parents, foster parents, legal guardians, or kinship caregivers.
7. Administrative reviews and permanency hearings are held in a timely manner for all children adjudicated as neglected.
8. Notice and Opportunity to be heard in neglect and parental termination cases is provided to certain individuals.
9. Procedures related to interstate adoptions and medical assistance are established.

Background

The Adoption and Safe Families Amendment Act of 2000 (D.C. ASFA Amendment Act) became District law in March 2000. Based on service delivery requirements and best practices outlined in the federal Adoption and Safe Families Act of 1997 (ASFA), D.C. ASFA seeks to incorporate operational improvements in local child welfare, leading to more positive outcomes for abused and neglected children throughout the District. In compliance with the Child and Family Services Agency (CFSA) Establishment Act of April 2001, CFSA prepares an annual report to inform the Mayor, District Council, and community of the District's achievements and challenges in implementing D.C. ASFA. An overview of requirements for this report appears in Appendix A.

This report for Fiscal Year 2006 uses data from CFSA's federally approved Statewide Automated Child Welfare Information System (SACWIS)—known locally as FACES—and from reports of the federal Administration for Children and Families (ACF), the Center for the Study of Social Policy (court-appointed monitor under the *LaShawn* lawsuit), the District's Court Improvement Project (CIP), and CFSA's Office of Organizational Development and Practice Improvement (ODPI). It reviews specific programs that supported achievement of safety, permanence, and well being for children in foster care and their families. It also integrates findings and strategies from CFSA's *2005 Needs Assessment* and subsequent *2005 Resource Development Plan*, which details actions to address identified needs. The *LaShawn* Final Implementation Plan requires CFSA to develop these documents bi-annually to inform stakeholders of needs of the local child welfare service population.

FY06 Highlights

Fiscal Year 2006 proved to be one with increased ASFA compliance, with progress in each of the ASFA requirements. The Agency is implementing a number of operational strategies to accomplish the ASFA requirements in compliance with their federally imposed performance criteria. CFSA has established new principles for case practice that include the participation of the child and family and that guide social workers and support staff. These principles ensure that each case plan addresses the child's safety, permanency, and well being. Furthermore, CFSA reviews each foster care case every six months,

through an administrative review and a permanency hearing (in court) to monitor and strategize around the child's changing needs and priorities.

In addition to this, CFSA has advanced a number of proposed goals into accomplishments during FY 2006:

- The Administration for Children and Families (ACF) found CFSA's Title IV-E foster care eligibility determination and claiming practices to be in substantial compliance with federal statutory and regulatory requirements.
- ACF determined that CFSA met all but one performance benchmark in its Child and Family Services Review (CFSR) Program Improvement Plan (PIP).
- The Rapid Housing Program provided valuable short-term housing assistance to families and youth aging out of care.
- The first full year of Family Team Meetings (FTMs) improved outcomes for children and families and strengthened case practice.
- Temporary kinship foster home licensing increased capacity to place children quickly and safely in family settings.
- Expansion of permanent guardianship programs has increased effectiveness in assisting older youth in care to achieve permanence.
- CFSA is now completing the majority of child abuse/neglect investigations within 30 days.
- Recognition of the growing number of older District youth in care is driving significant improvements in services to this population.
- CFSA made critical advances in the area of staff recruitment and retention.

While the agency made many advances toward meeting ASFA requirements, challenges remain for FY 2007 and beyond:

- There are significant gaps in children's mental health services resulting from both a shortage of resources and significant gaps in the service array to address the needs of children and families affected by child abuse and neglect.
- CFSA requires more flexible placement capacity to meet the needs of District children requiring out of home placement.
- It is a challenge for CFSA to find foster and pre-adoptive placements for children whose permanency goal is adoption.
- The complex educational needs of children in CFSA's care and custody requires CFSA and District of Columbia Public Schools (DCPS), as well as neighboring Maryland school systems, to coordinate efforts and work together effectively.

CFSA's ability to reach so many of its goals reflects the continuing support of the Mayor, the District's Council, stakeholders and partners, and the children, families, and communities of the District. Each of CFSA's accomplishments to date are in large part due to the active participation of CFSA's stakeholders, and the agency looks forward to improving the lives of the District's children and families.

1: Evaluation of CFSA Services to Children and Families

Methods of Evaluation

Several program and service evaluative processes are occurring simultaneously, and CFSA uses findings from all of them to formulate policy, practice, and program improvements.

- The Administration for Children and Families (ACF), the major federal child welfare oversight and funding authority within the U.S. Department of Health and Human Services, conducts periodic reviews of CFSA program and administrative operations to ensure District compliance with federal statutes and regulations and adherence to national best practices. Following reviews, ACF publishes formal reports about District child welfare strengths, areas of concern, and fiscal penalties/disallowances with respect to Titles IV-B and IV-E of the Social Security Act. When federal reviewers require it, CFSA develops corrective action plans to guide improvements. In FY06, ACF reviewed District compliance with the city's Child and Family Services Review (CFSR) Program Improvement Plan (PIP) and also conducted a Title IV-E Foster Care Eligibility Secondary Review.

- The court-appointed monitor under the *LaShawn* lawsuit publishes semi-annual reports that evaluate CFSA achievements and shortfalls in complying with the *LaShawn* Implementation Plan. They include analyses of CFSA progress in meeting both quantitative and qualitative performance goals, many of which directly reflect requirements in the federal and D.C. AFSA legislation.

- The Quality Service Reviews (QSR) provide CFSA with the opportunity to evaluate its programs and operations twice annually. CFSA's quality improvement efforts then focus on those program and practice areas identified in the QSR as "in need of improvement". The QSRs also track CFSA's progress from review period to review period, highlighting accomplishments and identifying areas that need more focused attention in order to improve.

- CFSA also publishes a semi-annual Quality Assurance Report. This report details new and ongoing activities to improve the quality of direct services to children and families, and it outlines the key administrative functions supporting that work. It also describes results stemming from practice improvement initiatives, special projects, and ongoing quality assurance efforts throughout the agency.

The recent findings of these processes make up the accomplishments and challenges outlined in the subchapters below.

Accomplishments

The Administration for Children and Families (ACF) found CFSA's Title IV-E foster care eligibility determination and claiming practices to be in substantial compliance with federal statutory and regulatory requirements.

This is a major accomplishment for the agency, as this federal review came on the heels of the August 2003 federal primary review, which the agency failed. In the three years since that primary review, CFSA completed a program improvement plan and devoted time and resources toward a series of programmatic, systemic, and administrative improvements to bring its Title IV-E operations into compliance with federal requirements. Had ACF not found CFSA in substantial compliance, the agency faced steep financial disallowances in the millions of dollars.

Following its case review of 150 children in foster care, the federal reviewers noted a number of strengths and model practices in CFSA's Title IV-E operation that reflect its improvement in ASFA compliance.

- Court orders at the time of a child's removal from the home, and throughout the child's permanency planning were clear, child-specific, and timely.

- CFSA's efforts to improve its foster care provider licensing system were evident, and the agency had achieved major advancements in this area since the last federal review.

- CFSA's collaboration with the D.C. Family Court had a significant positive impact on the children and families in the cases reviewed, and permanency plans were finalized in a timelier manner [than was evident during the primary review of 2003].

- CFSA's program, fiscal, and information technology staff have an ongoing collaborative relationship that contributed to the vast improvements since the primary review.

CFSA looks forward to building on this momentum to further improve Title IV-E eligibility and claiming operations. The next federal review will occur in 2009.

ACF determined that CFSA met all but one performance benchmark in its Child and Family Services Review (CFSR) Program Improvement Plan (PIP).

In July 2001, ACF conducted a CFSR to evaluate CFSA's performance in delivering services to District children and families. ACF determined that the agency was not in substantial conformity with six of seven outcome measures and three of seven systemic indicators related to child safety, permanency, and well being. Federal regulations required CFSA to develop a Program Improvement Plan (PIP) to serve as a blue print for achieving substantial conformity with these measures. The District worked diligently over a five-year period to correct its inadequacies through the PIP, and it demonstrated to ACF throughout that time a high level of achievement of PIP benchmarks. As a result of these efforts, ACF notified CFSA in May 2006 that all areas, with the exception of *Well-being Outcome 2: Children receive appropriate services to meet their educational needs*, were approved as completed. Substantial conformity with 99% of its PIP reflects CFSA's level of effort in meeting the needs of clients, and achievement of national standards with respect to child welfare case practice.

The Rapid Housing Program provided valuable short-term housing assistance to families and youths aging out of care.

This program is a partnership with the Community Partnership for the Prevention of Homelessness (TCP), and the Healthy Families/Thriving Communities Collaboratives. It

provides short-term assistance to families in need of housing for preservation or reunification. The program also assists youth aging out of foster care with time-limited assistance to facilitate their transition out of foster care and into adulthood and independence. CFSA provides funding for housing resources, TCP administers the funding, and the Collaboratives provide case management and support services. In FY 2006, the program served 51 families and 155 children, as well as 85 transitioning youth (24 of these were teen parents with a total of 31 children).

The first full year of Family Team Meetings (FTMs) improved outcomes for children and families and strengthened case practice.

The FTM is a vehicle for improving CFSA's overall case practice model by engaging families in case planning and emphasizes their strengths and needs. Through September 30, 2006, CFSA facilitated 705 FTMs, addressing circumstances, needs, and services for 1,098 children. Non-custodial fathers took part in 30% of all FTMs, and other non-relative family supporters such as clergy, godparents, therapists, and friends have taken part. A primary goal of the FTM process is to prevent removals and placement disruptions for children already in foster care. Beginning in July 2006, CFSA now tracks the timeliness of FTMs (whether they occur before of after placements) to measure their effectiveness as preventative measures.

Comparison of Family Team Meetings, FY05-06

Type of FTM	*FY05*	*FY06*
Removal	240	293
Placement	37	297
At-Risk of Removal	6	106
Other	0	4
Total FTMs	**286**	**705**
Total Children Served	**565**	**1,098**

Temporary kinship foster home licensing increased capacity to place children quickly and safely in family settings.

National best practice regarding child placement is always to place a child in the least restrictive and most family-like setting: kin caregivers provide such a setting. To place children with kin in the District quickly and safely in an emergency, CFSA temporarily licenses kin based on a Child Protection Registry check, a criminal records check through the National Criminal Information Center (NCIC), and a basic home study. The kin caregiver commits to complete licensing requirements within 120 days from the time of placement. Regulations for emergency licensing of kin have been in effect since April 2004. In FY06, CFSA temporarily licensed 136 new kinship caregiver families in the District.

Expansion of permanent guardianship programs has increased effectiveness in assisting older youth in care to achieve permanence.

"Helping Families Stay Together" is the District's permanent guardianship subsidy program that provides financial assistance to kinship families caring for relative children. Guardianship allows relatives to provide a permanent home for children without terminating parental rights. Both District and out-of-state kinship caregivers are eligible for guardianship subsidies. The subsidy continues until the child leaves the home or reaches age 18. In FY 2006, 184 children achieved permanency through the guardianship process.

When parents are unavailable to take care of their children, grandparents often step in. The Grandparent Caregivers Pilot Program Establishment Act of 2005 became effective on March 8,

2006. It established a CFSA pilot program through which eligible grandparents, great-grandparents, or great aunts and great-uncles residing in the District of Columbia may receive monthly subsidy payments for the care and custody of a child residing in their home but not involved with CFSA. The program began approving the first subsidies in April 2006 and by fiscal year end had enrolled 347 children. Funding for this pilot has been expanded to $4.5 million through FY07 and is expected to support approximately 480 children (funds are available on a first come, first served basis).

CFSA is now completing the majority of child abuse/neglect investigations within 30 days.

CFSA achieved a sustained reduction in the investigations backlog from 807 in 2001 to 313 in 2005 to 44 as of September 30, 2006. This is a major accomplishment for the agency, as during FY 2005 and 2006, CFSA devoted considerable time and resources to recruitment, training, and retention of capable staff persons. It increased support for investigators by holding case staffings with upper level management on a regular basis, providing line staff a formal forum to seek input and insight from their supervisors and program managers. Because of the size and duration of the backlog in past years, CFSA has also become more data-driven in its approach to managing the abuse/neglect investigation process. Upper level managers monitor progress closely via semi-monthly staff meetings and the dissemination of periodic reports. Issues that arise in the investigations process are dealt with quickly and decisively.

Recognition of the growing number of older District youth in care is driving significant improvements in services to this population.

In response to recommendations made in CFSA's 2005 Youth Services White Paper: *Revamping Youth Services,* the agency's Office of Youth Development refined existing programs and implemented a series of new programs to help youth develop personal skills, make life long family connections, and connect with community supports as they work toward self-sufficiency. CFSA identified this issue as one of its greatest challenges in the FY 2005 Annual Public Report, and the agency has made great efforts to strengthen its services and capacity to serve this growing foster care population.

For foster youth who wish to attend college, CFSA implemented its Pre-College Services program in June 2006. The program provides an overview of higher education options and entrance requirements, assistance with college searches and coordination of college visits, assistance with the application process, limited fee payments for college preparatory exams, and consultation on course selection. Since its inception, the program has assisted 36 youth toward fulfilling their educational goals.

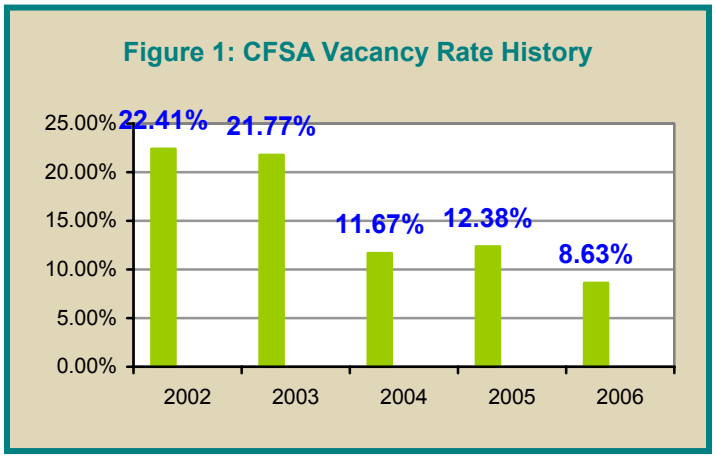
For foster youth who seek post-secondary education and training, CFSA redesigned its administration of the Educational and Training Voucher program (ETV), which is federally funded through the John Chafee Foster Care Independence Program. ETVs provide up to $5,000 per academic year in financial assistance for students attending institutions for higher education, including colleges, community colleges, and vocational training institutions. The money can be used for tuition, books, room and board, supplies, transportation, and technology. The new program design ensures that all foster youth are properly apprised of the opportunities that the ETV program offers, that CFSA staff determine eligibility for services uniformly, and that the agency spends the allotted funding on allowable services in a timely manner. In FY 2006,

CFSA provided 115 ETVs to youth seeking to better themselves through education and/or training.

In FY 2006, CFSA also began phasing in the Youth Connections program, which prepares youth 14-21 years for Adult Living. It provides a continuum of services, which ensures youth an opportunity of having a life long family connection as they prepare for adulthood. Between the ages of 17-21, the final Youth Transition Conferences are held to discuss transition planning, and if necessary the further exploration of life long family connections that the youth will have long after they transition from care. This past year, CFSA and the Healthy Families/Thriving Community Collaboratives held quarterly Youth Transition Conferences for 196 youth, age 20 and 21 years, who were aging out of care. As OYD and the Collaboratives develop capacity, they will gradually roll out the Youth Transition Conferences for all age groups of foster youth.

CFSA made critical advances in the area of staff recruitment and retention.

In FY 2006, CFSA reduced the vacancy rate for all positions to an all-time low, and it reduced the time to fill vacancies from an average of six to eight weeks to two to four weeks. CFSA regularly attends social work career fairs, and in FY 06 it also re-vamped its recruitment packet to provide more comprehensive information to prospective job applicants. Also, the recruitment team maintains contact with new graduates and unlicensed applicants to encourage them to obtain licensure and/or to determine their progress in becoming licensed. This is a time-consuming yet effective practice that allows HR to demonstrate CFSA's commitment to customer service while increasing the applicant pool.



In addition to the successes in hiring qualified staff persons, CFSA improved its employee retention rate. CFSA offers a Loan Repayment Program, which offers qualified staff up to $15,000 toward their student loans. The Rewards and Recognition Program is a new incentive that has already proven to be effective. It recognizes dedicated employees, acknowledges significant individual and group contributions, and retains valuable employee commitment.

CFSA is also working to understand why workers leave the agency. Managers rely on data from exit interviews to improve retention by addressing issues with recurring themes. Developing staff, promoting from within, and providing training at all levels to help employees succeed in current or new roles continue to be part of the agency's focus.

Challenges

The increasing number of older children in foster care requires CFSA to offer a greater array of mental and behavioral health services.

At the end of FY05, youth age 12 and older accounted for nearly 57% of the District's foster care population. One year later, that figure was 61%. While the total foster care caseload declined over the past three years, the children and youth remaining in care require more specialized mental and behavioral health and treatment services, which are more complex to develop, more distant to access, and more costly to deliver.

Older children are more likely to remain in care for an extended period, to experience multiple placements, and to require therapeutic services. They are less likely to be adopted and they require greater attention from CFSA social workers, the Family Court, and service providers. These children require specialized services such as treatment for youthful sex offenders, child victims of sexual abuse, and youth struggling with sexual identity.

There are several unresolved issues undermining local efforts to provide a full range of quality, evidence-based mental/behavioral health services to children and families in the child welfare system, including lack of Medicaid funding for needed mental health services and the lack of a strong nuanced array of mental health services in the District. As CFSA implements best practices in its service delivery, a great challenge is to create infrastructure with its existing staffing and funding resources to support those best case practices.

CFSA requires more flexible placement capacity to meet the needs of District children requiring out of home placement.

Roughly 60% of children in District foster care are youth age 12 or over. This population has unique psychosocial, educational, and placement needs; they are difficult to place due to shortage of beds among placement providers. In FY 2007, CFSA will implement a number of strategies to create a more varied foster placement array and to increase capacity across all placement types.

The Teen Bridge program will target youth (ages 16-21) with histories of abscondence and/or unsuccessful foster care placements. They are children in group care settings who are not mature enough to be in an independent living environment and who require a unique array of independent living and life skills, and support services. The Teen Bridge program provides such services for up to nine months.

CFSA is also partnering with the Department of Youth Rehabilitation Services to coordinate Multi-Dimensional Treatment Foster Care (MTFC), a model of highly structured specialized foster care for youth ages 13-16 with complex behavioral health needs and a history of placement disruption. The program will commence in the first half of 2007.

It is a challenge for CFSA to find foster and pre-adoptive placements for children whose permanency goal is adoption.

The recruitment of traditional foster family homes remains an issue in the District. The goal of the agency's FY 2007 Foster/Adoptive Parent Recruitment Plan is to expand and diversify the

pool of foster and adoptive families for youth ages 15 and older; sibling groups; and children available for adoption.

At the end of FY 2006, there were 550 foster children with the permanency goal of adoption, 318 (58%) of whom were not yet in pre-adoptive placement. As is the case with foster parents, CFSA is also facing a shortage of willing and able pre-adoptive parents with whom to place children in need of adoption. CFSA is managing cases efficiently and changing the goal plans of foster children to adoption when necessary and appropriate, but without adoptive resources there is no way to finalize adoptions in a timely manner for the children who await them.

The complex educational needs of children in CFSA's care and custody requires CFSA and District of Columbia Public Schools (DCPS), as well as neighboring Maryland school systems, to coordinate efforts and work together effectively .

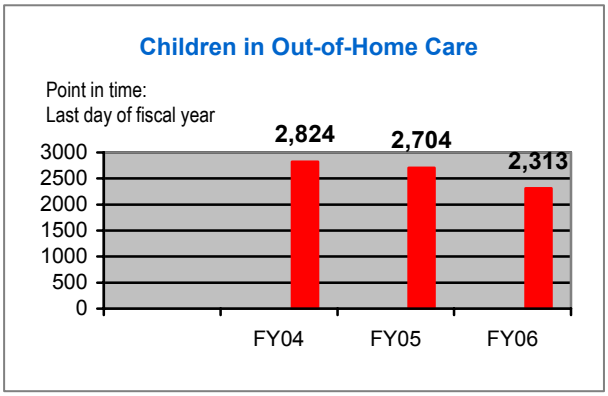
In addition to ACF's finding on this performance benchmark, the Spring 2006 Quality Service Review also indicated that a lack of communication and coordination between CFSA and DCPS (or its Maryland counterparts) contributed to issues of chronic school absences, unreported truancy, and unaddressed educational neglect among CFSA children and families. CFSA is strategizing with DCPS and Maryland school systems to tighten communication and collaboration in order to properly address the numerous issues and challenges facing foster children in the public education system.

2: Statistical Analyses of Foster Care Cases and Permanency Outcomes

In compliance with requirements for this report, a number of detailed tables appear at the end of this section. Following are highlights of 2006 findings about children and youth in the District child welfare system.

Highlights

Number of children in out-of-home placement declined 18 percent over the past three fiscal years.

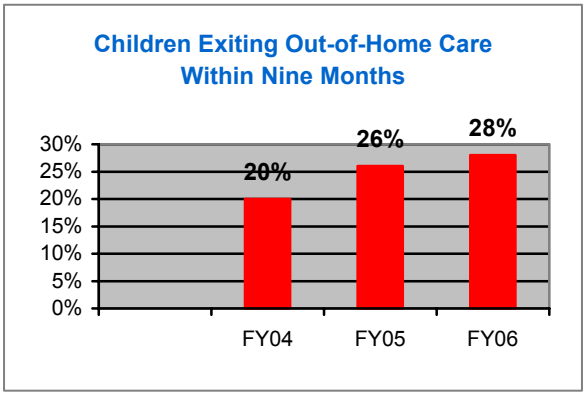


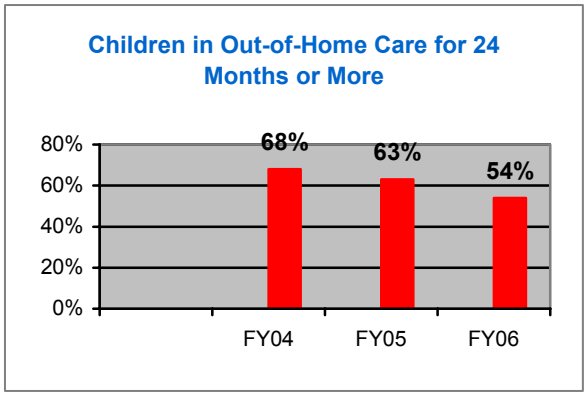
During FY06, 673 children entered out-of-home care for the first time, a reduction from 987 initial entries in FY 05. Children monitored at home dropped from 2,872 at the end of FY05 to 2,102 at the end of FY06.

Despite these caseload reductions, the varied and specialized needs of the children who remain on CFSA's caseload have resulted in an increase to the overall per child cost of care.

These caseload reductions reflect CFSA's improved ability to achieve permanence for more children more quickly through reunification, guardianship, or adoption and to close in-home cases safely within a shorter period. They also reflect full implementation of the FTM process. They also reflect capacity of the Healthy Families/Thriving Community Collaboratives to accept cases of families CFSA has assessed as low to moderate risk but still requiring intervention to stabilize. The Collaboratives' capability to provide services to at-risk children and families before CFSA becomes involved may also be helping to preempt instances of abuse and neglect, resulting in fewer children in the child welfare system.

Length of stay of children in foster care steadily declined.





During the last three fiscal years, children who entered out-of-home care were increasingly more likely to exit within the first nine months of placement. At the same time, they were less likely to remain in out-of-home care for two years or more.

FY06 statistics reflect that children are increasingly more likely to be adopted within 24 months of entering out-of-home care. In 2004 and 2005, CFSA implemented a major initiative to complete Termination of Parental Rights proceedings that were long overdue, resulting in finalization of 720 adoptions. Ninety-two percent (662) of those children had been in care for more than two years. However, only 170 children adopted in FY06 had been in care for more than two years. While not as dramatic, the same general trend holds true for guardianships. In FY04 and FY05, 79% of children who left care for guardianship had been in care for more than two years—and decreased slightly to 77% in FY06.

FY06 data also demonstrate success in reunifying more children with their families in a timely manner. The longer a child remains in out-of-home care, the less likely he/she is to reunify with family. The vast majority of children who leave care within nine months of entry reunify with their primary caretaker. CFSA continues to make progress toward the ASFA goal of reducing the number of children languishing in out-of-home care.

Statistical Analyses

The following tables are based on management information reports from FACES as of October 15, 2006, which reflected the status of children on the last day of FY06 (September 30, 2006). Groups of tables address information requirements for this report as listed in the Child and Family Services Agency Establishment Act of April 2001 (Appendix A).

Information requirement:
Total number of children in care, their ages, legal status, and permanency goals

District Foster Children by Age
Point in Time: End of FY06

Age (in years)	# of Children
<1	46
1	86
2	90
3	59
4	78
5	70
6	63
7	67
8	62
9	88
10	89
11	98
12	116
13	152
14	139
15	188
16	188
17	198
18	164
19	149
20	120
21	3
Total	2,313

District Foster Children by Legal Status
Point in Time: End of FY06

Status	# of Children
Committed	2,057
Shelter Care	174
Administrative Hold	45
Data Unavailable	30
Protective Supervision	3
Private/Third-Party Placement	2
Conditional Release (Third Party)	1
Relinquished	1
Total	2,313

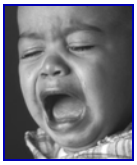
District Foster Children by Permanency Goal
Point in Time: End of FY06

Goal	# of Children
Alternative Planned, Permanent Living Arrangement (APPLA)*	766
Adoption	565
Reunification	520
Guardianship	349
Data Unavailable	113
Total	2,313

* APPLA includes goals of Independent Living, Long-Term Foster Care, and Long-Term Residential Treatment.

Information requirement:
Number of children who entered care during the year (by month), their ages, legal status, and primary reasons for entering care

In FY06 . . .



- **A total of 673 children and teens entered out-of-home care.**
- **Youngsters in just seven age groups (infants age 1 and younger and youth ages 12 to 16) accounted for 54% of placements.**

- **Top three legal status categories of children who entered care were administrative hold (50%), shelter care (16%), and commitment (11%).**
- **Top three reasons why children entered care were neglect, physical abuse, and parental drug abuse.**

District Children Entering Care by Age and by Month, FY06

Age	2005			2006									Total by age
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
<1	11	5	8	4	8	4	7	6	3	8	11	6	69
1	6	3	5	7	3	4	6	2	2	4	4	4	50
2	5	4	2	4	7	3	1	3	2	1	2	5	39
3	4	3	1	2	5	3	1	1	2	1	5	1	29
4	3	5	1	5	5	4	2	3	2	2	4	5	41
5	5	3	5	2	3	2	2	1	1	1	3	1	29
6	3	1	2	3	5	4	2	1	2	1	4	3	31
7	5	3	1	1	4	0	0	4	2	1	2	2	25
8	6	4	1	4	4	1	5	2	1	1	2	1	32
9	2	4	4	1	0	3	1	2	0	1	2	5	25
10	6	2	3	5	2	2	1	1	0	0	0	3	25
11	6	2	2	4	1	4	3	3	2	0	1	2	30
12	7	4	4	5	4	4	4	3	1	1	4	1	42
13	8	2	3	6	1	9	2	0	0	3	3	4	41
14	6	4	5	5	2	4	4	7	2	5	2	1	47
15	10	1	4	12	2	3	2	3	1	3	1	2	74
16	4	3	2	2	3	4	3	4	2	6	6	1	40
17	6	3	2	5	1	1	1	4	0	1	2	2	28
18**	1	0	0	1	0	0	0	0	0	0	0	0	2
19**	0	1	0	0	0	1	1	0	0	0	0	0	3
20**	0	0	0	0	0	0	0	0	1	0	1	0	2
Total by mo.	104	57	55	78	57	64	45	49	26	41	58	52	686*

* CFSA actually did 673 new placements in FY06. These data reflect 13 children who entered, exited, and re-entered out-of-home placement during the year.
** These young people were in care before the start of FY06 but are included here following third-party placement or abscondence.

District Children Entering Care by Legal Status and by Month, FY06

Status	2005			2006									Total by status
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Administrative Hold	44	32	32	55	26	34	21	26	10	16	30	21	338
Shelter Care	25	7	5	9	8	11	7	4	7	5	7	16	111
Data Not Available	9	1	6	5	14	4	11	11	4	3	9	11	88
Committed	17	5	9	3	5	6	3	4	3	12	1	2	71
Protective Supervision	4	2	3	2	4	3	4	2	2	0	1	3	30
Private/Third-Party Placement	4	2	0	2	0	1	0	2	0	4	4	0	19
Non-Ward	0	0	0	1	0	0	0	0	0	0	0	0	1
Conditional Release (Parent)	1	0	0	1	0	4	0	0	0	1	0	0	7
Conditional Release (Third Party)	0	0	0	0	0	0	0	0	0	0	2	0	2
Non-Ward	0	0	0	1	0	0	0	0	0	0	0	0	1
Total by month	104	57	55	78	57	64	45	49	26	41	58	52	686*

* CFSA actually did 673 new placements in FY06. These data reflect 13 children who entered, exited, and re-entered out-of-home placement during the year.
** These young people were in care before the start of FY06 but are included here following third-party placement or abscondence.

District Children Entering Care by Primary Reason and by Month, FY06

Reason	2005			2006									Total by reason
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Neglect (alleged/reported)	57	40	37	48	39	43	22	17	18	26	45	37	429
Physical Abuse (alleged/reported)	18	11	8	24	24	15	13	17	6	4	3	9	152
Drug Abuse (parent)	12	3	4	5	2	13	2	11	4	7	3	8	74
Child Behavior Issue	5	2	3	7	2	5	4	2	4	6	0	2	42
Inadequate Housing	7	1	3	7	5	5	0	2	0	2	4	2	38
Caretaker ill/Unable to Cope	2	0	8	3	0	1	2	4	2	4	7	2	35
Incarceration (parent)	11	2	1	2	0	5	3	5	1	0	2	2	35
Voluntary**	8	2	1	3	0	0	1	2	1	0	2	1	21
Alcohol Abuse (parent)	1	0	0	1	1	1	1	3	1	1	1	1	12
Abandonment	1	1	1	1	0	0	1	1	0	1	1	3	11
Sexual Abuse (alleged/reported)	1	1	0	2	1	1	0	2	0	0	1	1	10
Death of Parent	1	0	0	1	0	2	0	1	0	2	0	0	7
No Reason Specified	3	0	0	0	0	1	0	0	0	0	1	0	5
Child Disability	1	2	0	0	0	2	0	0	0	1	0	0	5
Drug Abuse (child)	1	0	0	0	0	1	0	0	0	2	1	0	5
Relinquishment	1	0	0	0	0	0	2	0	0	0	0	0	3
Alcohol Abuse (child)	0	0	1	0	0	0	0	1	0	0	0	0	2
Non-committed Child of Teen	0	0	0	1	0	0	0	0	0	0	0	0	1
Total placements by month	104	57	55	78	57	64	45	49	26	41	58	52	686*

* CFSA actually did 673 new placements in FY06. These data reflect 13 children who entered, exited, and re-entered out-of-home placement during the year.
** CFSA obtained court custody of all children in this category. "Voluntary" describes the mindset and attitude of the parent/caretaker but is not a descriptor of the legal custody status of the child. These were not voluntary placement agreements.

Information requirement:
Number of children in care for 24 months or longer by length of stay in care including: length of stay by permanency goal, number of children who became part of this class during the year, and ages and legal status of these children

In FY06 . . .

- **1,355 children and youth were in care for 24 months or more.**
- **Most of these youngsters (79%) had permanency goals of Alternative Planned, Permanent Living Arrangement (APPLA) or adoption.**
- **A total of 365 children and youth reached or passed the 24-month mark in care. Over half of these young people (56%) were ages 15 to 21.**
- **Fully 98% of children and youth who reached or passed the 24-month mark in care had commitment as their legal status.**

District Children in Care for 24 Months or Longer by Permanency Goal and Length of Stay
Point in Time: End of FY06

Goal	Length of Stay in Months (FY06)						Total Children
	24-30	31-36	37-42	43-48	49-60	61+	
APPLA*	43	44	25	33	53	355	648
Adoption	87	36	38	33	29	200	423
Guardianship	52	41	20	14	18	35	180
Reunification	33	13	8	7	6	10	77
Data Unavailable	4	1	3	2	5	12	27
Total Children	227	138	98	97	122	673	1,355

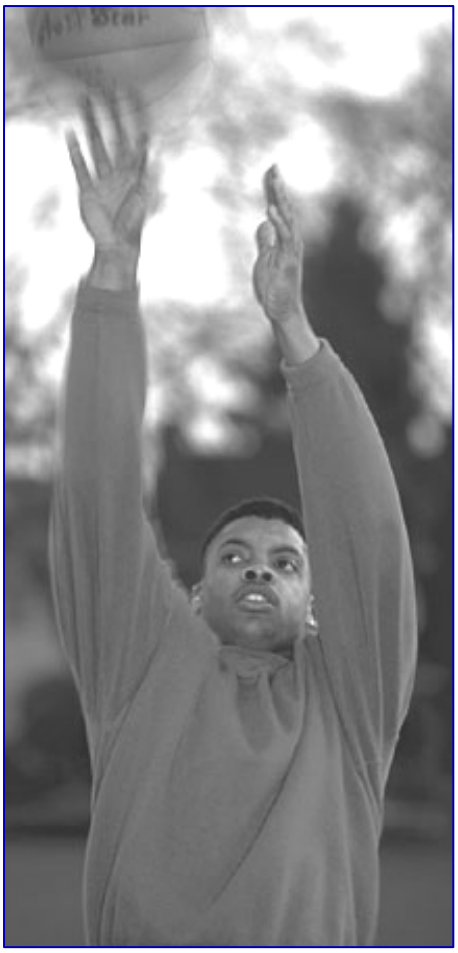
* Alternative Planned, Permanent Living Arrangement (APPLA) includes goals of Independent Living, Long-Term Foster Care, and Long-Term Residential Treatment.

District Children Who Became Part of This Class in FY06 by Age and Length of Stay

Key: ■ Children who entered class in FY06

Age (in years)	Length of Stay in Months (FY06)						Total Children
	24-30	31-36	37-42	43-48	49-60	61+	
<1/1	0	0	1*	0	0	0	1
2	22	7	0	0	0	0	29
3	9	8	2	0	0	0	19
4	8	7	6	5	3	0	29
5	16	5	3	3	3	2	32
6	4	1	4	3	6	3	21
7	13	2	2	3	2	11	33
8	9	4	2	1	1	13	30
9	14	7	3	6	0	20	50
10	11	2	5	3	4	26	51
11	6	8	12	5	8	26	65
12	10	9	6	3	7	31	66
13	10	8	5	7	10	57	97
14	17	3	5	5	6	37	73
15	19	16	7	9	11	60	122
16	21	15	8	5	11	59	119
17	17	11	10	9	15	76	138
18	12	7	11	9	10	83	132
19	8	12	4	13	11	89	137
20	1	6	2	8	14	79	110
21	0	0	0	0	0	1	1
Total Children	227	138	98	97	122	673	1,355

* Child's birth date was not entered in FACES



District Children Who Became Part of This Class in FY06 by Legal Status and Length of Stay

Key: ■ Children who entered class in FY06

Goal	Length of Stay in Months (FY06)						Total Children
	24-30	31-36	37-42	43-48	49-60	61+	
Commitment	216	134	96	94	118	666	1,324
Shelter Care	5	4	2	2	3	3	19
Administrative Hold*	4	0	0	0	1	0	5*
Data Unavailable	2	0	0	1	0	1	4
Private/Third-Party Placement	0	0	0	0	0	1	1
Relinquishment	0	0	0	0	0	1	1
Conditional Release (Third Party)	0	0	0	0	0	1	1
Total Children	227	138	98	97	122	673	1,355

* This represents a data anomaly in FACES.

Information requirement:
Number of children who exited care by month, number of children in this class who had been in care for 24 months or longer, ages and legal status of these children, and reasons for their exit from care

In FY06 . . .

- **A total of 1,075 children and teens exited out-of-home care. The ratio of exits to initial entries was 1.5:1.**
- **Slightly more than half the children who exited (54%) had been in care for 24 months or more.**
- **Although 61% of the out-of-home care caseload was composed of youth age 12 or older, 58% of those exiting were ages 1 to 12.**

- **Sixty percent of children and teens exiting care had the legal status of commitment.**
- **Top four reasons for exiting care were reunification (40%), followed by emancipation, adoption, and guardianship—all at 17%.**

District Children Exiting Care by Length of Stay and by Month, FY06

Stay (in months)	2005			2006									Total by stay
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
<1	16	3	7	15	12	4	3	13	2	8	6	8	96
1-4	14	12	23	16	10	11	10	20	9	5	5	6	141
5-8	7	6	10	5	2	0	10	3	4	4	11	3	65
9-12	4	1	5	6	1	3	8	2	12	3	8	4	57
13-23	4	13	21	8	3	7	13	5	27	12	12	18	143
24+	52	50	52	62	36	34	35	51	55	59	54	46	586
Total exits by mo.	97	85	118	112	64	59	79	93	109	91	96	85	1,075*

* This is the unduplicated number of children who exited care at least once. Rows and columns do not add up to this number because data include some children who cycled in and out of care more than once during the year.

District Children Exiting Care by Age and by Month, FY06

Age (in years)	2005			2006									Total by age
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
<1	3	2	2	3	0	1	2	0	3	1	3	1	21
1-5	23	16	27	30	13	13	23	30	30	13	21	12	249
6-12	32	31	53	33	16	23	27	25	36	37	32	35	373
13-15	11	12	18	17	8	8	7	14	15	14	16	12	149
16-17	12	15	2	11	12	6	7	7	7	10	6	10	105
18+	16	9	16	18	15	8	13	17	18	16	18	15	179
Total exits by mo.	97	85	118	112	64	59	79	93	109	91	96	85	1,075*

* This is the unduplicated number of children who exited care at least once. Rows and columns do not add up to this number because data include some children who cycled in and out of care more than once during the year.

District Children Exiting Care by Legal Status and by Month, FY06													
Status	***2005***			***2006***									***Total by status***
	Oct.	***Nov.***	***Dec.***	***Jan.***	***Feb.***	***Mar.***	***Apr.***	***May***	***June***	***July***	***Aug.***	***Sept.***	
Committed	50	51	73	66	40	34	45	52	62	67	60	52	647
Protective Supervision	16	13	26	20	8	9	28	16	33	10	25	19	222
Administrative Hold	10	2	7	7	7	6	2	5	6	9	6	8	75
Shelter Care	9	10	7	7	4	4	1	8	7	4	3	1	65
No Court Involvement	4	4	3	0	4	1	0	4	0	0	0	2	22
Conditional Release (Parent)	2	3	1	5	0	4	0	2	0	0	0	0	16
Data Unavailable	3	0	0	2	0	0	1	4	0	0	1	3	14
Private/Third-Party Placement	2	1	0	2	0	1	1	1	1	0	1	0	10
Non-Ward	0	1	0	0	0	0	1	1	0	0	0	0	3
Relinquished	0	0	0	2	0	0	0	0	0	1	0	0	3
Conditional Release (Third Party)	0	0	0	1	1	0	0	0	0	0	0	0	2
Voluntary Placement	1	0	1	0	0	0	0	0	0	0	0	0	2
Total by month	97	85	118	112	64	59	79	93	109	91	96	85	1,075*

* This is the unduplicated number of children who exited care at least once. Rows and columns do not add up to this number because data include some children who cycled in and out of care more than once during the year.

District Children Exiting Care by Primary Reason and by Month, FY06													
Reason	***2005***			***2006***									***Total by reason***
	Oct.	***Nov.***	***Dec.***	***Jan.***	***Feb.***	***Mar.***	***Apr.***	***May***	***June***	***July***	***Aug.***	***Sept.***	
Reunification	45	33	60	39	20	29	35	39	40	23	40	30	425
Emancipation	17	11	16	20	18	6	14	16	17	16	17	19	187
Adoption	13	20	23	21	9	9	11	23	16	22	16	4	186
Guardianship	18	15	14	13	8	5	15	9	22	22	18	26	184
Living with Other Relatives	3	2	2	11	6	3	3	4	8	2	4	3	49
Placement/Custody with Other District Agency	1	2	2	4	3	4	1	3	6	5	1	3	35
Death of Child	0	2	1	2	0	2	0	0	0	1	0	0	8
Non-Relative Third-Party	0	0	0	2	0	1	0	0	0	0	0	0	3
Total exits by month	97	85	118	112	64	59	79	93	109	91	96	85	1,075*

* This is the unduplicated number of children who exited care at least once. Rows and columns do not add up to this number because data include some children who cycled in and out of care more than once during the year.

Information requirement:
Number of children who left care by permanency goal, their length of stay in care by permanency goal, number of children whose placements disrupted by placement type, and number of children who re-entered care

In FY06 . . .

- **Reunification or Alternative Planned, Permanent Living Arrangement (APPLA) were the permanency goals of just over half (53%) of children and teens who exited out-of-home care. An additional 36% had goals of adoption or guardianship.**
- **Children with the goal of reunification had the shortest stays in care. Youth with the goal of APPLA had the longest stays, followed by children with the goals of adoption or guardianship.**
- **Three-quarters of children who experienced a placement disruption and who exited care had been in traditional (non-kinship) foster homes or kinship homes.**
- **Only 166 children re-entered out-of-home care during the year. .**

District Children Exiting Care by Permanency Goal and by Month, FY06

Goal	2005			2006									Total by goal
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Reunification	28	26	51	28	15	23	35	26	46	18	32	26	350
APPLA**	17	14	17	26	20	10	18	19	20	17	21	20	219
Adoption	16	20	24	24	9	11	11	23	17	23	16	5	198
Guardianship	16	17	17	17	10	8	14	7	22	23	19	24	189
Data Unavailable	19	8	9	17	10	7	1	18	4	10	8	9	120
Family Stabilization	1	0	0	0	0	0	0	0	0	0	0	1	2
Total by month	97	85	118	112	64	59	79	93	109	91	96	85	1,075*

* This is the unduplicated number of children who exited care at least once. Rows and columns do not add up to this number because data include some children who cycled in and out of care more than once during the year.
** Alternative Planned, Permanent Living Arrangement (APPLA) includes goals of Independent Living, Long-Term Foster Care, and Long-Term Residential Treatment.

District Children Exiting Care by Permanency Goal and Length of Stay, FY06

	Length of Stay in Months (FY06)						
	0	1-4	5-8	9-12	13-23	24+	
Reunification	20	116	54	37	80	48	350
Adoption	2	1	2	3	20	171	198
Guardianship	2	5	3	9	29	146	189
APPLA*	0	1	1	4	7	206	166
Data Unavailable**	73	18	5	4	7	13	120
Family Stabilization	0	0	0	0	0	2	2
Total Children	96	141	65	57	143	586	1,075***

* Alternative Planned, Permanent Living Arrangement (APPLA) includes goals of Independent Living, Long-Term Foster Care, and Long-Term Residential Treatment.
** This represents a data anomaly in FACES.
*** This is the unduplicated number of children who exited care at least once. Rows and columns do not add up to this number because data include some children who cycled in and out of care more than once during the year.

District Children Whose Placements Disrupted by Placement Type and by Exit Month, FY06

Placement Type	2005			2006									Total by type
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Non-kinship Foster Home	44	38	50	54	27	22	38	47	55	37	52	30	488
Kinship Home	20	20	36	31	21	9	29	26	38	30	35	34	323
Group Home	15	12	20	12	10	11	12	10	9	21	13	16	153
Other*	4	4	9	9	6	16	8	12	10	12	15	14	113
Independent Living	5	5	7	12	6	3	10	9	11	8	13	13	102
Data Unavailable**	7	6	10	8	1	6	1	3	0	1	3	2	48
No Disruptions	3	4	3	7	2	3	1	3	0	0	0	1	27
Residential Treatment	0	3	2	1	2	1	2	1	3	2	3	4	23
Third Party	1	0	0	0	0	0	0	0	0	0	0	0	1
Total by month	97	85	118	112	64	59	79	93	109	91	96	85	1,075***

* Includes hospitals, juvenile correction facilities, substance abuse treatment, etc.
** This represents a data anomaly in FACES.
*** This is the unduplicated number of children who exited care at least once. Rows and columns do not add up to this number because data include some children who cycled in and out of care more than once during the year.

3: Progress in Implementing DC AFSA

The D.C. Adoption and Safe Families Amendment Act of 2000 (D.C. ASFA) is one of many statutory/regulatory enhancements meant to improve outcomes for children and families in the child welfare system. Along with the federal Child and Family Services Reviews, Family Court Act of 2001, and *LaShawn* Implementation Plan (completed in April 2003), D.C. ASFA has provided the District with best practice requirements for serving abused and neglected children and troubled families. Numerous synergies exist among these regulatory documents. For example, many performance measures in the *LaShawn* Implementation Plan reflect federal and D.C. ASFA requirements.

The Child and Family Services Agency is a learning organization. To effectively and efficiently serve a clientele with complex and ever-changing needs, and to meet the requirements enumerated in D.C. ASFA, it continually seeks to understand those needs and to adapt its services accordingly. In FY 2006, CFSA underwent a series of re-organizations to strengthen its service delivery to the District's children and families. At the same time, it continued to measure its successes, to identify its weaknesses, and to better prepare to meet the challenges ahead.

Agency Reorganization and Redesign

In FY06, CFSA restructured two agency functions and prepared to reorganize a third. It also made progress in overhauling how it contracts for placement services to improve quality and increase provider accountability for outcomes.

CFSA created the Office of Organizational Development and Practice Improvement (ODPI) to make continuous quality improvement a cornerstone of the agency agenda.

In January 2006, ODPI assumed responsibility for promoting and supporting institutionalization of CFSA's Practice Model (Appendix B). ODPI incorporated CFSA's robust Quality Assurance and Training functions and is also responsible for developing practice guidance to improve achievement of both quantitative and qualitative performance goals.

ODPI reviews and analyzes management information reports and other data and produces internal and external progress reports on various measures. While CFSA has become increasingly data driven and quality oriented over the past five years, ODPI helps to enhance agency focus on these critical perspectives—and to ensure continuous quality improvement through practice evaluation, training, and corrective action. ODPI is also spearheading provider performance improvement strategies, including leading CFSA's performance-based contracting initiative.

CFSA restructured case-carrying social work units to improve service to children at home while continuing performance progress in serving children in care.

The Fall 2005 Quality Service Review (QSR) revealed that out-of-home care cases rated higher on child, parent, and system status indicators than in-home cases. Under the QSR rating system, this meant that children involved with the child welfare system but living at home, often with their maltreater and without court involvement, were not receiving as much concentrated attention from social workers as children in out-of-home care who routinely have court oversight. This was a grave concern since these children are the most vulnerable on the child welfare caseload.

To correct this shortfall, CFSA divided case-carrying social workers into dedicated in-home or out-of-home care units. In-home social workers now focus exclusively on monitoring children at home and engaging parents in positive change without the burden of court appearances, preparation, and reporting they faced when they carried both in-home and out-of-home cases. Early indications are that this organizational redesign led to increased visitations, which is expected to improve child safety and permanence.

CFSA researched and developed a new approach to achieving permanence for more children more quickly.

Following a yearlong planning process in 2006, CFSA will disband existing Adoption and Guardianship units and embed those social workers in out-of-home care units throughout the first six months of 2007. "Permanency Teams" will share case responsibilities from the moment a child enters the system, eliminating transfer of cases when children's goals change from reunification to adoption or guardianship.

This teaming approach will allow both ongoing and "permanency" social workers to form and maintain a bond of trust with children and families from the outset of each case. Their joint involvement will support early and comprehensive concurrent planning. This means they will work toward reunification while it is appropriate to do so. But in the event reunification for a particular child is no longer possible, the Permanency Team will have been working all along on alternatives for the child, providing the foundation for a seamless transition to a different permanency plan.

CFSA continued to move toward performance-based contracting to expand and improve the quality of purchased case management and placement services and to enhance provider accountability for outcomes.

CFSA is making steady progress in preparing for performance-based contracting (PBC), particularly for case management and placement services. Since half of CFSA's caseload is privatized and since CFSA contracts for a large number and variety of essential out-of-home care settings for children and youth, goals of this initiative are to:

- Expand and improve the quality of placement services, especially for the growing number of teens in the District foster care population.

- Make providers full partners in achieving case management and other performance requirements that will allow the District to shed federal court oversight of child welfare under *LaShawn*.

We released a Request for Information (RFI) detailing a proposed approach to PBC, including financial incentives and performance requirements/goals, in October 2006, and held a public meeting in November. Interested parties submitted written comments on the RFI in December. CFSA is now deciding how best to modify the original proposed approach to PBC based on feedback from stakeholders.

Understanding Client Needs and Improving Services

CFSA's approach to service delivery is to strengthen existing services and case practices, identify additional service and resource requirements, and implement strategies to better serve children and families in or at risk of entering the child welfare system. The agency employs a series of tools to better understand service needs of children and families and to identify strategies to meet them.

- Every two years, CFSA completes a Needs Assessment to identify child, family, and foster parent service needs, followed by a Resource Development Plan that details strategies for addressing identified service needs.

- CFSA reviews every child fatality in the District where the agency had any contact with the decedent within the past four years. The goal is to learn all we can about preventing as many child deaths as possible.

- Semi-annual Quality Service Reviews (QSRs) delve below quantitative benchmarks in the *LaShawn* Implementation Plan to look at how well CFSA is serving its children and families and to identify system strengths and areas in need of improvement. Each QSR targets a specific sub-group within the overall child welfare population.

Needs Assessment

To date, CFSA has conducted two bi-annual Needs Assessments. The first in 2003 identified services, resources, and supports that help prevent child entry into the system, maintain safe and stable foster care placements, and support foster children in returning home safely. It also assessed client family needs with regard to mental heath, housing, educational, and substance abuse services.[1] The 2005 Needs Assessment greatly deepened CFSA's understanding of resources critical to foster children and their families. Birth parents, foster parents, foster youth, social workers, and other stakeholders provided candid and insightful feedback about placement issues, housing, domestic violence, mental health, trauma and community violence, and the troubling prevalence of HIV/AIDS among foster youth and birth families.

Resource Development Plan (RDP)

Building on the 2005 Needs Assessment, the 2006 RDP identified services and resources important to children, families, and those who support them. It outlined action steps to develop and implement services in the critical areas of:

[1] Child and Family Services Agency. (2004*). 2003 Needs Assessment*. Report. Office of Planning, Policy and Program Support. Washington, DC: Author

- Housing (strategies for working with District partners to identify additional funding/resources).

- Mental health services (strategies for working with the D.C. Department of Mental Health to propose alternatives to the existing system of care).

- Substance abuse services (strategies with the Addiction Prevention and Recovery Administration to continue to expand services to and broaden access for families in the child welfare system).

- Family Support (strategies for meeting the service needs of children and birth families with special focus on maternal depression and reunification).

- Placement supports (strategies for developing new placement resources to meet the diverse and changing needs of the District's foster care population).

- Domestic violence (strategies for creating awareness among clients, CFSA staff, and providers of local services available to victims of domestic violence and for working with District agencies and community-based organizations to expand service capacity).

- HIV/AIDS (strategies for addressing the connection between HIV/AIDS and child welfare in the District).

Quality Service Reviews (QSR)

To balance heavy emphasis on quantitative performance benchmarks in the *LaShawn* Implementation Plan, CFSA conducts two Quality Service Reviews (QSRs) annually to gain insights into how well CFSA is serving children and families. The basic approach involves selecting a group of cases, conducting case record reviews, and interviewing key stakeholders in each case. Structured interviews of the child or youth, family members, social worker, foster parents, other service providers, and legal professionals generally produce candid comments and a wealth of rich feedback about services. Reviewers then document this valuable information in detailed "case stories."

The QSR process allows reviewers to judge whether safety and risk assessments and other evaluative information are informing case planning and case decisions and how well existing case plans reflect what is actually happening to a child and/or family. CFSA management uses the QSR results to:

- Understand whether current case practices are working or not working for children and families, and why.

- Identify systemic patterns of strong and weak practice.

- Implement improvements in case practices, policies, programs, and services.

Child Fatality Reviews

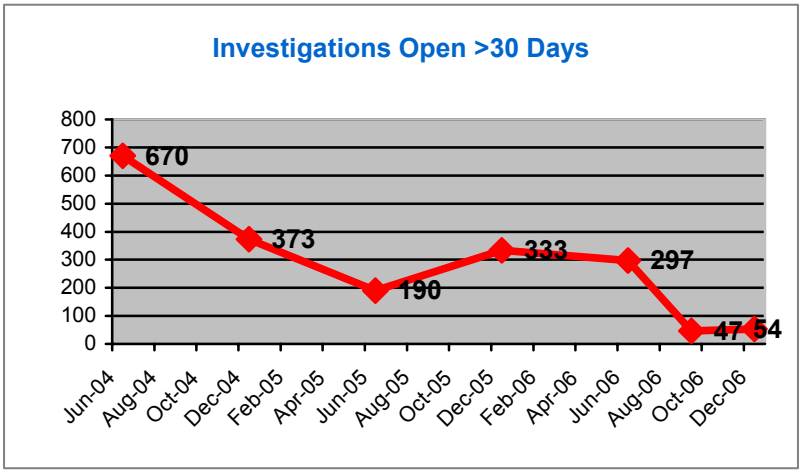
CFSA reviews all fatalities of children who had any contact with the agency within four years of the fatality. The term "contact" includes: current, active cases; cases active in the past but now closed; and reports that CFSA investigated but determined to be unfounded. CFSA's Quality Improvement Administration (QIA) conducts child fatality reviews monthly, compiles extensive data on deaths of children with CFSA contact, and uses findings to learn more about eliminating preventable child deaths. CFSA also uses this forum/process to better understand service delivery strengths and weaknesses, identify systemic issues, improve case practice, recommend improvements in policies and procedures, and reveal training needs for social worker staff.

In 2006, 28 children and youths who had contact with CFSA at some point between 2001 and 2006 died.[2] Tragically, the leading cause of death was violent homicide, mostly gunshots during street violence totally unrelated to child abuse. Intensive child fatality reviews following these tragedies resulted in numerous recommendations for improving case practice, policy, training, and other areas.

Program Implementation

D.C. ASFA mandates a number of specific programmatic responses to the needs of abused and neglected children and their families. CFSA and its partners have established numerous processes, programs, and services to achieve positive outcomes for the District children and families in the child welfare system. The following sections report on significant progress in FY06.

Timely Investigation and Adjudication of Abuse and Neglect Reports[3]

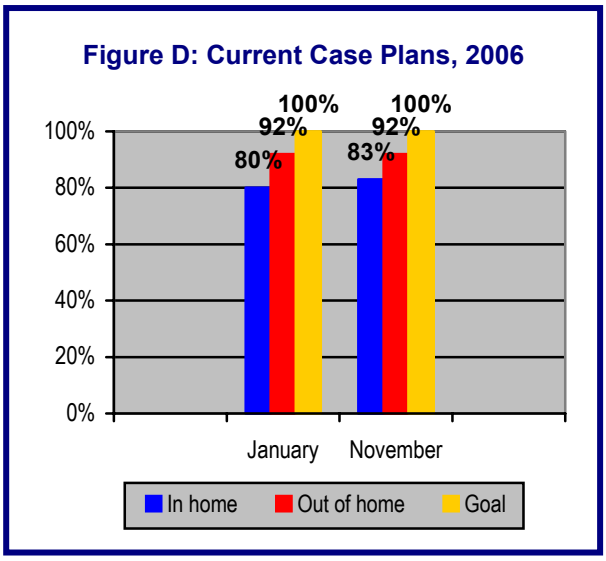


D.C. ASFA requires expeditious investigation and appropriate action to determine the validity of reports of abuse and neglect and maintenance of a program of treatment and services for families that allows children in foster care to return home (when safe and appropriate). CFSA made dramatic improvements in meeting this requirement in FY06.

For most of FY06, Child Protective Services (CPS, the child welfare investigative function) worked to hire a full complement of staff. Steady progress throughout the year resulted in virtually full staffing of this critical function by early FY07 (November 2006), with all supervisory positions filled and only two investigator vacancies. CPS top management cites staffing up as a major factor in performance improvements in FY06. Chief among these was dramatic reduction of the backlog

[2] As reported in FACES Management Report INV054 MS: Investigations Closed by Fiscal Year, Wards, and Findings.
[3] Adoption and Safe Families Act of 2000 effective June 27, 2000, D.C. Law 13- 136, Sec. 201(d); D.C. Official Code 4-1303.03(a) (2001)

of child abuse/neglect investigations open for more than the mandated 30 days to less than 100 in September, and maintenance of this low level in the first quarter of FY07. Given CFSA's long history of a high and intransigent backlog of investigations unresolved within the mandated time frame, this is a monumental achievement.



In FY06, CFSA fully implemented use of the Structured Decision Making™ (SDM) Family Risk Assessment tool. It gives investigators (and ongoing social workers) a uniform and actuarially based means of assessing risk to children from the point of first contact throughout the life of the case. CFSA Training Services trained over 400 managers, supervisors, investigators and ongoing social workers, contracted provider staff, and Community Collaborative staff to use this state-of-the-art tool.[4]

CPS also initiated a series of practice improvements. Among these were assigning investigations based on complexity, installing a new telephone system at the hotline that records calls, and holding Grand Rounds in which program managers conduct monthly forums for investigators to discuss active investigations (particularly those most complex and difficult) and to collectively consider options for resolving them efficiently and effectively.

Effective Case Planning[5]

In child welfare, a formal, written case plan serves as the roadmap to permanence for each child in the system. It assesses child and family issues and needs, establishes a permanency goal for the child, details actions (including use of specific services) the family must take to improve safety and reduce risk, identifies services to increase the child's well being, designates time frames for achieving permanence for the child, and generally clarifies circumstances for safely closing the case.

D.C. ASFA requires development and periodic review of case plans for abused and neglected children. Social workers must regularly assess child and family movement in achieving positive change toward permanence and update the case plan to reflect progress, new strategies to support greater progress, or changes in the child's permanency goal. A number of other significant blueprints—such as the *LaShawn* Implementation Plan, CFSA Practice Model, and federal Child and Family Services Review—echo this essential best-practice approach to child welfare practice.

CFSA has made significant progress in timely development of case plans. The percentage of children at home with current case plans will rise as units of social workers dedicated to in-home cases steadily focus on implementing best practices.

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[4] CFSA's FY 2007 Training Plan

[5] Adoption and Safe Families Act of 2000 effective June 27, 2000, D.C. Law 13- 136, Sec. 201(b); D.C. Official Code 4-1301.09(d) (2001)

CFSA's extremely high level of timely Administrative Reviews for all children in out-of-home care indicates good work in monitoring the quality of case plans and ensuring steady progress toward permanence.. Throughout FY06, CFSA completed 99% of Administrative Reviews every 180 days (twice annually) for children in care as both the federal and D.C. ASFA mandate. [6] Also by the end of FY06, 98% of children in out-of-home care for at least 14 months had a timely permanency hearing in Family Court.[7]

Family Preservation, Reunification, and Support Services[8]

D.C. ASFA requires an array of services to help families resolve issues and situations that pose risk to their children, to keep as many families together as possible, and to reunite children in care with their families whenever possible. Under contract with CFSA, the Healthy Families/Thriving Community Collaboratives provide neighborhood-based family preservation and support services, time-limited family reunification services, and adoption promotion including post-adoption services that support adoption of children with special needs.

Family Preservation Services: The Collaboratives offer services for abuse/neglect prevention, family and foster care support, and after care. They include case management, home visits, housing assistance, parent/caregiver support, foster parent support, and information about and referral to additional neighborhood-based services. The Collaboratives also provide after-care services to District young people placed in Maryland who are aging out of foster care. A detailed map of the catchment areas of each Collaborative is in Appendix C.

CFSA routinely refers so-called "community cases" to the Collaboratives for family preservation services. These are situations where calls to the hotline—and, in some instances, CFSA investigations—identify families not involved with the child welfare system but in need of intervention to resolve issues and prevent entry into the system. Other agencies also refer families to the Collaboratives, and some families seek Collaborative assistance directly. The Collaboratives maintain full responsibility for community cases and for providing services such as mental health referrals, financial assistance, housing support, education assistance, employment assistance, day care, home visits, and parenting skills training. In FY06, the Collaboratives served 1,394 community cases, 101% of their target capacity.

Neighborhood-Based Family Support and Time-Limited Reunification Services: The Collaboratives provide *supportive assistance* to children and families who have a CFSA social worker with full case management responsibility. Supportive assistance connects families with open CFSA cases to neighborhood-based support. All families CFSA serves are eligible for referral for supportive assistance as long as the birth family, foster parent, kin care provider, or young adult in care is living a Collaborative target area. Supportive assistance services are identical to those the Collaboratives provide to community cases. In FY06, the Collaboratives provided supportive assistance to 478 families, 124% of their target capacity.

A child's physical return home is only the first step in successful family reunification. CFSA and the Collaboratives offer after-care and support services to empower reunified families to maintain safe, stable living environments. Under *time-limited reunification services*, CFSA or Collaborative social workers remain involved for three to six months after a children/youth

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[6] Ibid.
[7] CFSA's *LaShawn* Implementation Plan Outcome Status Report for September 30, 2006
[8] Adoption and Safe Families Act of 2000 effective June 27, 2000, D.C. Law 13- 136, Sec. 201(d); D.C. Official Code § 4-1303(b) (2001)

reunites with parents; goes to a kinship, guardianship, or adoptive home; or ages out of the child welfare system. They provide case management and *youth after-care services* to help build a community-based support network. The Collaboratives facilitate meetings with the youth, his/her family members, and other supporters to ensure continued progress in self-sufficiency. In FY06, the Collaboratives provided 285 families with after-care services, 119% of their target capacity.

The Collaboratives provide children and families with *information and referral services* to community resources for immediate and long-term needs such as job placement, legal services, food and transportation assistance, mental health services, domestic violence services, medical services, and housing assistance programs. When appropriate, the Collaboratives refer families and individuals to services and resources in the District that they can access independently. The Collaboratives maintain a community resource list for this purpose. In FY06, the Collaboratives delivered 6,264 individual information and referral services, 122% of their target capacity.

The Collaboratives' *capacity building initiatives* develop internal and community resources to meet the needs of residents in their target areas. The Collaboratives actively seek to develop and link residents to service providers by holding monthly community meetings, training sessions, and forums. Each Collaborative has a roster of community partners and community-based organizations that address the needs of the community through joint ventures. The Collaboratives engage in a variety of staff and partner development activities including technical assistance, training, and Board of Directors' development. They facilitate internal and external training, distribute prevention and resource information to new residents and entities in the community each month, develop new strategic partnerships, and maintain a database of resources to address various needs.

Adoption Promotion and Support Services: The Adoption Resource Center continues to serve District families at any stage of the adoption process. It offers support groups, training, information about and referral to community services, a resource library, and a 24-hour crisis help line. The Center also provides short-term counseling and referrals for on-going clinical services as necessary. CFSA has entered into a contract with Adoptions Together, Inc. to provide specialized clinical training to private mental health providers who accept Medicaid. The goal is to increase the capacity of mental health providers to provide therapeutic services to children and families after adoption or guardianship finalization. CFSA also has entered into a contract with the Center for Adoption, Support and Education, Inc. (C.A.S.E.) to provide clinical services for children and families going through the adoption process.

In January 2006, CFSA established a post-permanency unit of two social workers. They serve as a liaison between adoptive children and families using the Adoption Resource Center and providers of newly purchased supports and resources to promote family well-being.

To address the clinical needs of adopted children, CFSA and the D.C. Department of Mental Health (DMH) investigated ways to increase availability of therapeutic services for children struggling with issues around adoption such as processing their experiences of abuse or neglect, abandonment, grief, and loss and bonding with their adoptive parents. In FY05, DMH made three new mental health services available to post-adoption, post-guardianship, and post-reunification families: Multi-Systemic Therapy (MST), Mobile Response and Stabilization Services (MRSS), and In-Home Community Based Services (IHCBS). Due to funding constraints that led to low utilization and provider instability, DMH discontinued the MRSS contract by the middle of FY 2006. However, the other two services continue to thrive.

Mental Health, Substance Abuse, and Housing Services[9]

The various mental health, substance abuse, housing, and employment issues facing families served by CFSA require a high level of coordination and integration of services among the various District government agencies, the Family Court, and the Healthy Families/ Thriving Communities Collaboratives. To better address these issues, CFSA has spearheaded the effort to improve coordination with partner agencies in the District.

Mental Health Services: CFSA has partnered with the D.C. Department of Mental Health (DMH) to streamline intervention and therapeutic services to children involved with both agencies.

Multisystemic Therapy (MST) provides four to six months of community-based treatment for youth, age 10-17, with complex clinical, social, and educational problems. This evidence-based model of practice targets youths who need a community-based, family-focused program as an alternative to out-of-home placement due to antisocial behavior. It also targets youths in therapeutic foster homes or residential treatment centers due to antisocial behavior who are ready to return to less restrictive care settings. In FY06, DMH provided MST services to 70 children.

Intensive Home- and Community-Based Service (IHCBS) includes a broad range of interventions for high-risk children involved in multiple systems. It is available 24 hours a day, 7 days a week, targeting children and youth with serious emotional/behavioral disorders and multiple service needs who require prompt access to an array of mental health services and supports. DMH serves children and youth where they live (at home or in care). IHCBS is designed to prevent out-of-home placements and to allow youths in intensive care to "step down" to less restrictive placements. In FY06, 46 families received services through this program.

Substance Abuse Services: In both 2003 and 2005, CFSA Needs Assessments identified the need for more local substance abuse treatment services as a critical Parental substance abuse continues to be a major factor in children entering care. Substance abuse caused many families involved with CFSA to exhaust their personal support networks. Substance abusing parents are more likely to neglect their children, have mental health issues, and be involved with a violent partner. Their children are more likely to have frequent absences from and perform poorly in school and experience depression.[10]

The Family Treatment Court (FTC) is a voluntary substance abuse treatment program for mothers/female guardians of children involved with CFSA due to neglect. Through collective efforts of the Family Court, D.C. Department of Health's Addiction Prevention and Recovery Administration (APRA), and CFSA, this residential program allows participants to have up to four children (under age 10) with them while in treatment. The FTC allows Family Court to better monitor a parent's progress in drug treatment and to measure specific outcomes. The FTC enhances family reunification through front-end services and complies with permanency time lines in the federal Adoption and Safe Families Act (ASFA). Family Court, APRA, and CFSA

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[9] Adoption and Safe Families Act of 2000 effective June 27, 2000, D.C. Law 13- 136, Sec. 201(d); D.C. Official Code § 4-1303(b) (2001)

[10] Government of the District of Columbia. (2003). *First Citywide Comprehensive Substance Abuse Strategy for the District of Columbia*. Report. Mayor's Interagency Task Force on Substance Abuse Prevention, Treatment & Control. Washington, DC: Author.

started the program in January 2003 and admitted the first client in June of that year. Services include:

- Residential treatment for up to nine months in a home-like facility with a capacity for 18 families.
- Individual/group substance abuse counseling, therapy, and nutritional counseling/meal preparation.
- Parenting skills classes.
- Transportation for children to and from school and/or daycare.
- On-site child-care.
- Referrals/links to after-care services following completion of residential treatment.
- Intensive out-patient or out-patient substance abuse treatment in the community-based aftercare phase as well as services related to housing, employment, education, and mental health.

During Calendar Year 2006[11], 35 women and their children entered the in-patient treatment program, while 19 women (with 34 children) graduated into after care.

The Pilot Intensive Out-patient Program (IOP) is a 20-week substance abuse treatment program piloted from May through December 2005 for CFSA referrals of substance using mothers. During the pilot, an average of nine clients received services each week. CFSA funded and APRA administered the pilot. Clients attended the program four days a week for a maximum of 12 weeks, followed by a maximum of eight weeks in after care. Clients and providers collaborated in treatment and rehabilitation planning as well as clinical case management. Participants received a mix of group and individual addiction counseling and psychotherapy treatment, family counseling, medical services (as necessary and appropriate), drug screening and laboratory services, discharge and aftercare services, assessment and referral for vocational rehabilitation, and childcare. Because CFSA identified it as a priority, the *Effective Black Parenting Program (EBPP)*, a 15-week evidence-based parenting model, was embedded within the pilot IOP. EBPP instructors have been trained and certified in this culturally specific model, which seeks to strengthen families and increase parenting capacity. The IOP pilot program provided CFSA and APRA with invaluable "lessons learned" to improve the programs structure, organization, stakeholder communication, and participant enrollment in FY07. APRA will continue to administer the CFSA-funded EBPP component as part of the broader continuum of care which includes day treatment and out-patient services.

CFSA, APRA, and Family Court have collaborated to develop a strategic plan for improving substance abuse treatment services to children and families. Representatives from each organization formed the *Family Recovery and Accountability Team (FRAT)* to formally solidify this multi-system planning effort. To bridge identified service gaps, the FRAT is implementing its FY 2005 Strategic Plan. In FY06, CFSA dedicated Intake Substance Abuse Specialists (ISAS) to its Child Protective Services administration to streamline the process of intake, referral, and delivery of substance abuse treatment to CFSA clients. The challenge moving forward is to identify funding to sustain these jointly supervised positions, perhaps leveraging APRA's successful community-based intake model, Project Threshold. This grant-funded program provides community-based intake workers with tools and resources to perform clinical assessments of substance abusing clients.

[11] FTCP data is recorded and tracked according to calendar year as opposed to fiscal year.

FRAT is also coordinating efforts between CFSA and APRA to more efficiently share information on substance abuse referrals and treatment services for clients involved with both agencies. Currently, the two agencies have only limited capacity for information sharing. APRA has begun to phase in an automated data system that will allow closer monitoring of clients in treatment and is considering CFSA's proposal to support easier data exchange.

Housing Support Services: CFSA is working to identify resources within the District to alleviate affordable housing issues that affect so many clients. The 2003 and 2005 Needs Assessments both indicated that lack of safe, stable, permanent housing is a principle barrier to family preservation, reunification, and permanence for children. In recent years, CFSA introduced a series of services to secure dependable and affordable housing for the people it serves. Of particular concern is housing for youth aging out of the foster care system.

In FY05, in collaboration with the Community Partnership for the Prevention of Homelessness, CFSA and the Healthy Families/Thriving Communities Collaboratives implemented the *Rapid Housing Program*, which provides housing resources and support to families whose barrier to reunification is a lack of housing and to youth aging out of foster care. This program offers financial assistance with rent, utilities, and move-in costs; furniture; support services; and budget planning and credit counseling.

Through partnerships with area landlords, the program served 51 families with 155 children and 85 youths leaving foster care in FY06. Of these youths, 24 were parents with a total of 31 children.

Criminal Background Checks of Prospective Substitute Care Providers[12]

Both CFSA and a network of child placement licensing agencies recruit and license foster and adoptive homes. Federal and District laws mandate that, among other requirements, people seeking to become foster or adoptive parents must submit to local and national criminal background checks through fingerprinting.

CFSA enforces this requirement both at the initial licensing stage and during license renewal for homes licensed in the District. The agency does not issue a license without the results of local and federal FBI criminal background history checks. Prospective foster and adoptive homes in other states must also complete criminal background checks, although the process for renewal may differ from District practice due to state regulations.

In the past, prospective foster and adoptive parents reported to local law enforcement agencies for fingerprinting. CFSA then waited 90 to 120 days for results. In 2006, CFSA purchased technology to process fingerprints in-house and send them to the Metropolitan Police Department (MPD) and Federal Bureau of Investigation (FBI) electronically. LiveScan technology allows CFSA to collect fingerprints, send them to the MPD, and receive a ten-print verification from the local law enforcement database within minutes. MPD then transmits the fingerprints to the FBI, which responds with results within seven to ten days. During FY06, CFSA fingerprinted 321 prospective and current foster parents.

In the final report from the federal Title IV-E foster care eligibility secondary review, federal reviewers noted that CFSA had made "major advancements" in administering the Title IV-E

[12] Adoption and Safe Families Act of 2000 effective June 27, 2000, D.C. Law 13- 136, Sec. 201(f); D.C. Official Code 4-1305.02 (2001)

foster care program, including complying with licensing and safety requirements for foster care providers.

Reasonable Efforts Determinations[13] and Timely Permanency Planning[14]

The overarching goal of D.C. ASFA is to move foster children out of substitute care and into "safe and loving permanent homes" as quickly as possible. While complying with D.C. AFSA mandates regarding legal processes and documentation has been a challenge, CFSA has made significant progress. CFSA and Family Court are working collaboratively to bring the child welfare system into full compliance with D.C. ASFA and to dramatically improve timeliness in achieving permanence for children.

When a child enters foster care, federal ASFA requires a "permanency hearing" no later than 14 months after the child's removal from home and at least once every 12 months thereafter for as long as the child remains in care. D.C. ASFA goes further to require that at the initial and subsequent permanency hearings, Family Court must approve the child's permanency plan. In addition, D.C. AFSA requires the court to rule that CFSA has made "reasonable efforts" to implement the child's permanency plan. As a result, Family Court updated permanency hearing court orders to prompt judges to clearly articulate the reasonable efforts CFSA made to implement children's permanency plans. Current Family Court statistics indicate that 98% of children in care for 12 months or more received a permanency hearing within ASFA designated timeframes.[15]

In their final report following the federal Title IV-E foster care eligibility secondary review, federal reviewers noted that CFSA and the D.C. Family Court had, in many cases, exceeded federal requirements for permanency hearings and reasonable efforts determinations. They wrote:

> *During the review, it was found that the judicial findings on the child's permanency plan, particularly for the period under review, were issued timely and more frequently than is required under Title IV-E regulations. These court orders contained detailed, child-specific information, and clear judicial expectations for actions to achieve the desired permanency outcomes. . . . [O]verall compliance with this requirement is a vast improvement over the District's last review.*[16]

Notice and Opportunity to be Heard in Neglect and Parental Termination Proceedings[17]

D.C. ASFA requires that D.C. Family Court and CFSA follow specific protocols regarding parties who should be notified about a court or administrative hearing. Before the Act, attorneys were required to inform birth parents of any Family Court neglect or termination hearing involving their biological child. However, the Act requires additional notification of Family Court hearings to key

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[13] Adoption and Safe Families Act of 2000 effective June 27, 2000, D.C. Law 13- 136, Sec. 201(c); D.C. Official - Code § 1301.09a (2001)
[14] Adoption and Safe Families Act of 2000 effective June 27, 2000, D.C. Law 13-136, Sec. 201(b)
[15] CFSA's *LaShawn* Implementation Plan Outcome Status Report for September 30, 2006
[16] Administration for Children and Families (November 2006). *District of Columbia Title IV-E Foster Care Secondary Eligibility Review Final Report for October 1, 2005 – March 31, 2006* (p. 11)
[17] Adoption and Safe Families Act of 2000 effective June 27, 2000, D.C. Law 13- 136, Sec. 301(b); D.C. Official Code § 16-2304(b)(4)(A) (2001)

stakeholders in the child's life. They include the child's current resource parents, the child's therapist, and/or a relative or other individual with whom the child is currently placed.

As required by D.C. ASFA, CFSA began issuing notifications of regularly scheduled Family Court Hearings to key stakeholders in March 2004.[18] For Administrative Review Hearings, CFSA complies with its updated Administrative Review Hearings Policy, which provide explicit instructions for social workers, administrative reviewers, and hearings officers regarding who they must notify about scheduled administrative hearings[19].

Administration of Interstate Adoptions and Adoption Subsidies[20]

D.C ASFA requires that any child eligible for adoption assistance payments during an initial adoption on or after October 1, 1997, maintain that eligibility in a subsequent adoption if the initial adoption was disrupted because the adoptive parents died or their parental rights were terminated. The Act also requires CFSA to have procedures related to interstate adoptions and medical assistance.

CFSA has a series of policies regarding administration of adoptions. Following passage of D.C. ASFA, CFSA updated Adoption Subsidy policies to clearly reflect mandated requirements:

> *Any child who was receiving a federal adoption subsidy on or after October 1, 1997, shall continue to remain eligible for the subsidy if the adoption is disrupted or if the adoptive parents die*.[21]

CFSA also has policies regarding special-needs interstate adoptions that clearly spell out the tenets of and requirements for medical coverage.[22]

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[18] Council for Court Excellence. (May 2004). *District of Columbia Child Welfare System: Compliance with the Adoption and Safe Families Acts and the DC Family Court Act*. (p. 28) Report. Washington, DC: Author

[19] CFSA's Administrative Hearings Policy, Procedure E: Scheduling of Hearings delineates notice requirements that comply with ASFA requirements.

[20] Adoption and Safe Families Act of 2000 effective June 27, 2000, D.C. Law 13- 136, Sec. 405; D.C. Official Code § 4-323 (2001)

[21] CFSA Policy as stated in the Adoption Services/Adoption Supports/Subsidies section of the online policy manual.

[22] CFSA Policy as stated in the Adoption Services/ASFA Requirements/Special Needs section of the online policy manual.

4: Recommendations for Additional Legislation or Services to Overcome Challenges

The challenges facing CFSA as it attempts to improve its services to the District's children and families are many. The progress that CFSA has made in recent years is significant. CFSA's intent in FY 2006 is to work with the Mayor's office in ushering through the legislative process the following:

Issues	Description	Justification of Need
Foster Care and Adoption License Plates	CFSA intends to recruit more foster and adoptive families in the District of Columbia. These license plates will raise awareness for the importance of securing families that are willing and able to open their homes to a child(ren) in care.	Increased foster and adoptive parent recruitment is an important element in CFSA's overall strategies for developing placement resources to meet the needs and permanency goals for children in care. The proceeds from the issuance of the tags shall be used for promoting the District's adoption and foster care recruitment activities.
Timeliness of Family Team Meetings (FTM) following the placement of a child into foster care	This legislation would require that the shelter care hearing no later than three calendar days after the child has been taken into custody, and to permit CFSA to hold the FTM within the three day period.	Current law requires the shelter care hearing and the FTM to occur within 72 hours of a child's placement into foster care. However, for children placed in the early morning hours, the agency frequently lacks the time to coordinate the various aspects of the FTM within the 72 hours.
Healthy Families Thriving Communities Collaborative (HFTCC) Referrals	This legislation would give the Director the authority to refer low and moderate risk cases to the HFTCCs, which are the agency's vehicles for neighborhood-based child welfare services.	This amendment would allow CFSA to enter into sole source contracts with HFTCC resulting in continuity of services to children and families. Research shows that for low and moderate risk cases, using children's protective services does not significantly affect the rate of recurrence of maltreatment, subsequent injury or removal. Therefore, low and moderate risk cases are referred to other community-based services so that children's protective services' resources can continue to be strategically directed toward serving and impacting the needs of high and intensive risk cases. CFSA is currently working with the Collaboratives in this capacity and would like to see this partnership sustained and enhanced through statue.
Trial Home Visits	This legislation would give the court another placement option for foster children where CFSA retains legal custody and the parent has physical custody of the child for a period not to exceed six months.	The trial home visit placement would benefit foster children by providing continuity of health insurance coverage for the child despite changes in his or her placement. A foster child who is eligible for Title IV-E Medicaid upon entry into the foster care system would continue to receive Medicaid when the parents receive physical custody of the child during a trial home visit. Currently, the court can place a child with a parent under protective supervision where the parents have physical and legal custody of the child while receiving services from CFSA. However, the child in this placement option would not eligible for Title IV-E Medicaid during this placement.
Grantmaking Authority; Child Abuse and Neglect Record Access		These two legislative items are currently in effect as emergency and temporary. CFSA will submit permanent forms of the two bills for approval and enactment in order to continue service delivery that will benefit children in care.

5: Comments from the Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN)

COMMENTS ON CFSA'S ANNUAL REPORT
Submitted by Kinaya C. Sokoya, Acting Chair

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) is pleased to comment on the 2006 annual report of the Child and Family Services Agency (CFSA).

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) was established by legislation passed in 1988 to advise the Mayor and the directors of selected governmental agencies on matters relating to the protection of abused and neglected children and the prevention and treatment of child abuse and neglect. The Committee consists of twenty-one (21) members who are appointed by the Mayor. Members from the private sector serve three-year terms of office and members from governmental agencies serve at the pleasure of the Mayor. The Chair of the Committee is from the private sector and the Vice Chair is from the public sector. Each officer serves at the pleasure of the Mayor. Members are child advocates, health and mental health professionals, individuals experienced in working with children with disabilities and parents, and representatives from selected governmental agencies such as the Department of Human Services, the Metropolitan Police Department, Superior Court of the District of Columbia, Office of the Corporation Counsel, and the DC Public Schools.

Purpose and Functions

The Committee is charged to undertake the following activities:

- promote public awareness programs,
- advise on public concerns regarding child abuse and neglect,
- assist in improving services and coordinating the activities of public and voluntary agencies concerned with the prevention and treatment of child abuse and neglect,
- study and make appropriate recommendations with respect to assessments, proposals, policies, legislation, and the annual report on implementation of the Child Abuse Prevention and Treatment Act of 1977,
- advise on standards for staff qualifications, case load levels, and supervision requirements for agencies involved in the District's handling of abused and/or neglected children,
- serve as the multi-disciplinary task force for the purpose of the Children's Justice Act Grants under Public Law 100-294, the Child Abuse and Treatment Act of 1988. This program helps States to develop, establish, and operate programs designed to improve the investigation and prosecution of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child; and to improve the handling of cases of suspected child abuse or neglect related fatalities. The CAPTA amendments of the Keeping Children and Families Safe Act of

2003 authorizes federal grants from this program to address the handling of cases of children with disabilities and serious health problems who are victims of child abuse or neglect,

- issue an annual report on its activities, and
- undertake such other duties as may be assigned.

The Committee operates by task forces. There is a task force on Education, Public Policy, and the Intersection between Child Abuse and Neglect. Task forces meet monthly.

Comments on the CFSA Report

The Committee is pleased at the great strides made by the Agency this past year. The CFSA report will be a helpful tool for the Council. In tracking the progress of CFSA's Program Improvement Plan, there was some concern regarding the regular visitation of foster children with their families where reunification is a goal and the lack of foster care providers for vulnerable children. CFSA has addressed or is in the process of addressing these concerns. The Agency has now set up a system to ensure that referrals to the Family Strengthening Community Collaboratives actually get 'accepted' by the parents and services delivered, or notice is sent back to the Agency for further investigation if the children remain at risk. Another area that is noteworthy is the decrease of the number of children in foster care and the on-going OAG/CFSA work to get TPR's filed in cases within 30 days of the day a child's ASFA permanency goal is switched to adoption. We also commend the Agency for its ongoing effort to recruit more adoptive homes. More support is needed for relatives who are caring for vulnerable children. Currently some support is provided for grandparents. This needs to be extended to other relatives. We look forward to continual progress on the behalf of children.

MACCAN ACTIVITIES AND OTHER RECOMMENDATIONS

Child protection is the responsibility of the entire system, not just CFSA. A systemic approach is needed to ensure the safety of children. Through funding from the Children's Justice Act, MACCAN looks at how the entire system responds to vulnerable children, particularly hard to reach populations, children who have been sexually abused and children with special needs. Following is a report of the activities and/or recommendations of MACCAN during the 2006 fiscal year by each category of responsibility.

Promotion of Public Awareness Programs

The Committee partnered with the DC Children's Trust Fund, the lead Title II Prevention Agency for the District of Columbia, to promote National Parent Leadership Month (February) and Family Strengthening Month (April).

MACCAN co-sponsor a Blue Ribbon Award Program for individuals and organizations that have made contributions to prevent child maltreatment in the District of Columbia.

Public Concerns Regarding Child Abuse and Neglect

Statute of Limitations on Reporting Child Sexual Abuse: MACCAN responded to an inquiry from a citizen regarding the District of Columbia's statutes of limitations for reporting child abuse. This individual had been abused as a child and wanted to report the abuse as an adult. The Committee was advised that there is no statute of limitations on the civil side; however, there was a time limit to report the act as a crime. The matter is still under review.

Leaving Children at Home Unsupervised: MACCAN has concern that the District's child abuse and neglect laws include no language on when and under what conditions it is legal for a parent or guardian to leave a child at home unsupervised. There is considerable confusion in this area among District residents as the surrounding municipalities have appropriate language in their laws. The current language in the law prohibits babysitting and/or child care by individuals younger than age 18. This puts parents at risk of unknowingly violating the statute.

Un-emancipated Youth Who are Living on their Own: As a result of presentations on mandated reporting of child abuse and neglect made by MACCAN members at schools, MACCAN was made aware of students who were not living at home, but were on their own. To obtain more information on the issue, MACCAN partnered with the DC KIDS COUNT Collaborative to conduct a study on the prevalence and needs of children in this situation in the District of Columbia. The study was completed and a report was released in September 2006 entitled *The Un-emancipated Youth Project*. The study was conducted in two phases from March to June 2005. Eleven (11) organizations participated in the effort. Six (6) focus groups were conducted with youth ages 13 – 18 (most were 15 & 16). A total of 40 youth participated. When asked why they left home, some said they left voluntarily. Others were **a**sked to leave. Reasons for leaving included:

1. Abuse and/or neglect & "perceived" rejection, "Not being treated right"
2. Avoidance of compliance with parents' rules ("being disobedient and refusing to follow rules")
3. Family Problems (drug abuse, poverty, poor parenting)
4. Stressful Environment (Neighborhood is not safe)
5. Conflict regarding Sexual Orientation

Most were living with someone they trust or with who they felt safe (i. e., relatives and friends) and others were living on the streets. They supported themselves with part-time or low wage jobs, assistance from family and friends, and illegal activities (drug sales & prostitution). When asked what they needed, they said:

- Basic necessities (food, clothing, shelter, medical care)
- Financial resources
- Job skills/education & vocational training
- Independent living skills
- Adult guidance and emotional support

Youth stressed that they did not want involvement of Child Protective Services and/or Juvenile Justice.

Based on the findings in this study and comments by parents, MACCAN recommend that the District address the following:

- Lack of resources for families who have youth with challenging behaviors,
- Need to re-establish a Persons in Need of Supervision (PINS) program that has a therapeutic approach, and
- Need qualifying language for mandated reporting laws.

Full copies of the report can be downloaded from www.dcctf.org or call the DC Children's Trust Fund at 202-667- 4940.

Child Sexual Abuse: The Committee remains concerned about the lack of uniformity of public agencies in addressing this problem. While all of the necessary provisions on child sexual abuse are included in the current laws, there is significant confusion on the appropriate response to this problem, particularly abuse of teens. MACCAN held a summit on this topic in 005 and sponsored a conference entitled *the Multi-cultural Aspects of Child Sexual Abuse* in April 2006. Because of the tremendous response, approximately 100 people had to be turned away. This conference will be repeated in April 2007, giving priority to those who were unable to attend in 2006. Another summit that develops and begins implementation on a plan to address this area is needed.

Improving Services and Coordinating the Activities of Public and Voluntary Agencies Concerned With the Prevention and Treatment of Child Abuse and Neglect,

During 2005-2006, the full Committee met in October, November, January, February, March, April, May, June, and September. During these meetings, the following presentations were made:

Topic	Presenter
Youth Development Strategy	Amoretta Morris, Office of the Deputy Mayor for Children, Youth, Families, and Elders
CFSA Program Improvement Plan	Clare Anderson, Center for the Study of Social Policy
Closing of the Devereux Children's Center	Anne Schneiders, National Association of Counsel for Children
2005 KIDS COUNT Data on child well-being	Peter Taitan & Jessica Cigna The Urban Institute
Mental health services for children	Councilman Adrian Fenty
Services for PINS children	Denise Robinson, Superior Court Social Services Division

	Deborah Shore, Sasha Bruce Network
Statute of Limitations for Reporting Child Sexual Abuse	Child Abuse Survivor

Areas of interest and/or concern that were the catalysts for or that emanated from these presentations were information on child well-being for district residents, the reported lack of progress of CFSA with its Program Improvement Plan, the low rate of Medicaid reimbursement for providers, the extended time for vendors to receive reimbursements from CFSA, the movement of mental health funds from direct service providers (e.g. Strong Families) to coordinating entities (the Community Collaboratives), the reaction of parents to regular screening for mental health at schools, support needed by relatives who are caring for children, and the lack of dedicated services for PINS children.

Recommendations with Respect to Assessments, Proposals, Policies, Legislation, and the Annual Report on Implementation of The Child Abuse Prevention and Treatment Act of 1977

CFSA Standard Decision Making Tool used for assessing allegations of child abuse or neglect: Members of the Committee reviewed the tool. It includes a section to determine if there is violence in the household but lacks a measure for determining the safety of victims and children given the violence. To increase safety in these families, MACCAN recommends that CFSA obtain a domestic violence lethality assessment tool from the DC Coalition Against Domestic Violence and incorporate regular training for its investigators on the use of the tool.

MACCAN submitted written testimony on the Youth Development Strategy and Bill 16-110, the "District of Columbia Unattended Children in Motor Vehicle Safety Act of 2005. The committee for the youth development strategy sunseted in December 2006. It needs to be reestablished with a wider focus on positive youth development in addition to the reduction of juvenile delinquency. This strategy should be folded into a comprehensive child abuse prevention plan that addresses all areas of child well-being for children and youth from birth to age 24.

The Intersection between Child Abuse and other Forms of Family Violence: MACCAN has sponsored training on child protection for domestic violence providers in October and training on domestic violence for child welfare professionals in April. We suggest that CFSA partner with provider agencies to institutionalize this practice so that this training will occur for all practitioners every year.

Outreach to Special Populations: Special efforts are needed for the limited English speaking populations, particularly the Latino community; families with children that have special needs, and sexual minority youth who are being abused because of their sexual orientation. MACCAN is working with Latino service providers to produce a video in Spanish on mandated reporting and the child abuse and neglect laws. Assistance is needed with promotion, distribution, and coordination of effort. Similar outreach is planned to service providers of families that have children with special needs.

Counsel on Standards for Staff Qualifications, Case Load Levels, and Supervision Requirements for Agencies Involved in the District's Handling of Abused and/or Neglected Children

Most of the Committee's time and attention has been focused on CFSA's Program Improvement Plan, which includes all of the areas in the above heading. We commend CFSA for the progress it has made on the plan. We suggest adding components that address primary prevention to the plan.

Appendix A:
Excerpt from the Establishment Act of April 2001

(10) Prepare and submit to the Mayor, the Council, and the public a report to be submitted no later than February 1 of each year; which shall include:

(A) A description of the specific actions taken to implement the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850);

(B) A full statistical analysis of cases including:

(i) The total number of children in care, their ages, legal statuses, and permanency goals;

(ii) The number of children who entered care during the previous year (by month), their ages, legal statuses, and the primary reasons they entered care;

(iii) The number of children who have been in care for 24 months or longer, their length of stay in care, including:

(I) A breakdown in length of stay by permanency goal;
(II) The number of children who became part of this class during the previous year; and
(III) The ages and legal statuses of these children;

(iv) The number of children who left care during the previous year (by month), the number of children in this class who had been in care for 24 months or longer, the ages and legal statuses of these children, and the reasons for their removal from care; and

(v) The number of children who left care during the previous year, by permanency goal; their length of stay in care, by permanency goal; the number of children whose placements were disrupted during the previous year, by placement type; and the number of children who re-entered care during the previous year;

(C) An analysis of any difficulties encountered in reaching the goal for the number of children in care established by the District;

(D) An evaluation of services offered, including specific descriptions of the family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services including:

(i) The service programs which will be made available under the plan in the succeeding fiscal year;

(ii) The populations which the program will serve; and

(iii) The geographic areas in which the services will be available;

(E) An evaluation of the Agency's performance;

(F) Recommendations for additional legislation or services needed to fulfill the purpose of the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850); and

(G) The comments submitted by a multidisciplinary committee that works to prevent child abuse and neglect and which the Mayor designates to receive and comment on the report.

Appendix B:
CFSA Practice Model

D.C. Child and Family Services Agency

Primary Goals

CFSA's mission is to improve the safety, permanence, and well being of abused and neglected children and to strengthen troubled families in the District of Columbia. Our child welfare practice strives to achieve **four principal outcomes**.

Children are safe.

Safety of children is our paramount concern, and we address it in every intervention, every plan, and every contact. We assess risk factors and engage birth, foster, and adoptive families in keeping children safe.

Families are strengthened.

Perhaps the greatest challenge in child welfare is balancing the goals of (1) preserving birth families while (2) ensuring children's safety within their development need for permanence. The importance of family and significance of a child's attachment to parents are immeasurable. We make every effort to engage and support birth families to prevent child placement. When we must place children for their safety, foster care is a short-term intervention. We make every effort to assist parents in overcoming difficulties through services, to strengthen ties between children and parents, and to achieve reunification. When reunification is not possible within 15 months, we achieve permanence for children through guardianship or adoption.

Children and teens have permanence.

All children need a stable, nurturing family to grow and develop to their full potential. When birth families cannot or will not ensure the safety and well being of their children, we locate a family to which the child can belong. We find permanent families quickly for every child, teen, and young adult and finalize guardianships and adoptions within 27 months. When young adults age out of foster care, they have a permanence family or enduring connection to a caring adult committed to serving in a parental capacity and to a network of mentors and friends in the community.

Child and teen developmental needs are met.

Children and youth require assistance to achieve healthy physical, intellectual, social, and emotional development. We identify needs consistent with different stages of a child's development and coordinate resources to meet them. We prepare young people for self-sufficiency, including developing their abilities to meet their basic needs, communicate, form relationships, make decisions, solve problems, and resolve conflicts. We recognize permanence as an essential component of child and adolescent well being. ■

D.C. Child and Family Services Agency

Core Principles and Values

Child welfare social workers use a professional helping relationship as the vehicle for achieving desired outcomes for children. They assess, respond to, and influence family decisionmaking, behaviors, and circumstances. They take the lead in promoting urgency about permanence based on a child's sense of time. Program Operations supervisors and managers set standards, communicate expectations, monitor performance, coach and model effective behavior, provide developmental feedback, and show concern for how workers are experiencing their job. All other CFSA functions and employees support social workers, supervisors, and managers in serving abused and neglected children and families.

Children First

Child safety, permanence, and well being are our top priorities.

Family

Families are the focus of child welfare: preserving families, supporting foster families, building new adoptive families, and ensuring child and teen attachment to families. We recognize that all families have strengths and deserve a voice in decisions about their children. We serve families from diverse cultural backgrounds in a responsive manner.

Respect

All clients are worthy of **respect**. We inform them of their rights and responsibilities. We safeguard confidentiality and ensure due process.

Urgency

A child's sense of time and the **urgency of permanence** drive our practice. We aim to effect change so that children achieve outcomes within time frames that meet their need for permanence, as embodied in the Adoption and Safe Families Act. All parties cooperate and remain accountable to the child.

Leadership

We assume **primary responsibility** for ensuring child safety, influencing family change, leading the drive to permanence, and promoting teamwork among all parties in the best interests of the child.

Assessment

We identify behaviors and conditions that place children at risk of abuse or neglect or of not achieving permanence. We focus our actions and resources on **what drives problem behaviors and conditions** rather than on symptoms or trigger incidents. We recognize that poverty, substance abuse, mental illness, and other severe difficulties strongly influence behavior, and we factor them into assessments and intervention/change strategies.

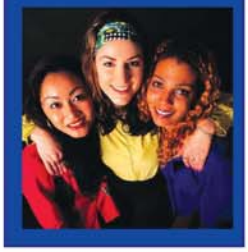
Intervention

The social worker relationship with clients is **proactive, focused,** and **time limited**. We influence underlying factors that create or sustain problem behaviors and conditions. We use a **professional helping relationship** to encourage family change that leads to positive outcomes for children. We regularly monitor children at home and in out-of-home care to ensure their safety and well being. We modify intervention/change strategies and case plans as child and family needs change.

Authority

We have a legal obligation to protect children and to engage families in taking action. We use **child welfare and court authority** when necessary and appropriate to ensure child safety while maintaining a helping relationship with the family. We fully disclose to parents the consequences of and time frames for their behavior. We do meaningful, timely concurrent planning.

Placement



Removal from home is traumatic for children, even when it safeguards their welfare. We place children in out-of-home care **only when they cannot be safe in their birth homes.** When we must place children, they deserve to:

- Know why they are entering foster care.
- Be safe from further abuse or neglect in our care.
- Be placed with their siblings.
- Be placed with kin whenever possible.
- Have a stable, nurturing faster care setting that meets their needs.
- Be in foster care only as a short-term, interim step to permanence.

Team Work

A system of partnerships among preventive, foster care, legal, service, and other resources is essential to achieve safety, permanence, and well being for children. We **assemble, coordinate,** and **lead** appropriate and inclusive multidisciplinary teams in providing prompt, effective, quality services to children and families. ■

D.C. Child and Family Services Agency

Leadership Principles

for Social Work Supervisors and Managers

Focus

- **Get results through others.** Do not merely delegate but provide leadership, direction, education, and support that achieve results. Link tasks and outcomes to the agency mission and primary goals.
- **Use power and influence.** Be comfortable gaining staff commitment and compliance and shaping their behavior toward necessary outcomes.
- **Be visible.** Achieve agency goals along with responding to staff needs. Stay constantly visible to those above and below in making difficult decisions.
- **Manage conflict.** Communicate expectations clearly and directly and give negative feedback effectively, when necessary. Allow for conflict of ideas in support of positive change.

Production

Focus on results and emphasize the urgency of achieving them. Set high standards of quality and excellence. Model excellence.

Coummunication of Expectation

Articulate expectations of the job. Have clear practice standards and communicate them effectively. Ensure clarity of work assignments. Engage staff in setting goals and objectives that reflect the underlying values of their work.

Coaching

Emphasize practice protocol, set developmental goals with staff, and provide regular counseling to them to improve performance. Observe worker performance and provide feedback to enhance existing skills. Model effective behavior and decisionmaking.

Control

Systematically monitor performance against expectations. Track case activity and progress on delegated assignments.

Feedback

Give frequent prositive, negative, and developmental feedback that is very specific. Compare results against expectations to clarify performance issues.

People

Demonstrate concern for how workers experience the job. Listen to work concerns. Be genuine with staff. Build trust. ■

D.C. Child and Family Services Agency

Practice Protocol
for Social Work

Respond and Engage

Accept and investigate reports of child abuse and neglect wherever they may occur in the city. Build rapport with parents, children, extended family members, and other supporters through respect, honesty, and professionalism. Balance the mission and desire to help with the need to protect and authority to intervene.

Assess

Identify the current situation and underlying factors. Understand family strengths, needs, and wishes. Listen and observe. Assess child safety and degree of risk. Justify and document findings.

Plan

Partner with parents, children (when appropriate), extended family, and other supporters to select interventions, supports, and services that build on strengths while addressing underlying factors, needs, and wishes. Establish a goal of reunification within 15 months or guardianship/adoption within 27 months. Communicate directly about desirable outcomes, requirements for case closure, time frames, rights, and responsibilities. Develop a comprehensive case plan promptly (and in advance of initial court activity when the court is involved).

Coordinate and Lead

Assemble internal resources, other agencies, and community service providers to support the case plan. Coordinate service team activities. Lead the drive to meet child and family goals. Advocate for the child and family with the service team, as needed.

Serve

Ensure prompt, effective delivery of services to fulfill case plan requirements and meet the child's goal within mandated time frames. Encourage and support parents, the child, and others in engaging (not merely participating) in services.

Monitor and Evaluate

Visit regularly to check child safety, child-family engagement in services, and effectiveness of services in stimulating positive change. Communicate directly about achievements and areas in need of improvement. Reassess child safety and risk throughout the life of the case. Ensure steady progress toward the child's goal. Document findings from every visit.

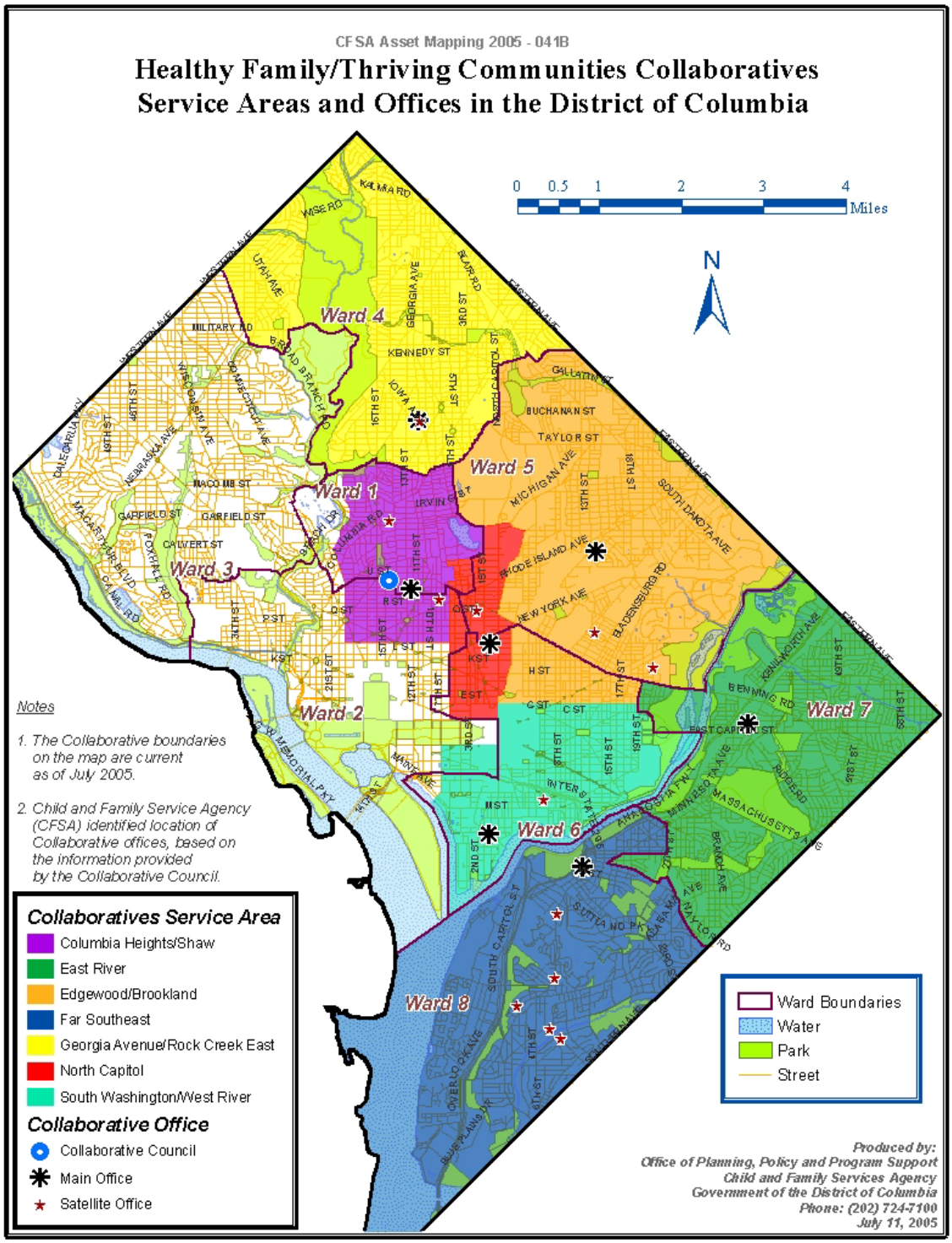
Adjust

Adapt requirements and services to address changing circumstances. Update the case plan. If necessary, change the child's goal.

Reassess and Close

Achieve permanence for every child, teen, and young adult through reunification, guardianship, adoption, or other lifelong connections. Ensure safety and stability for children and teen/young adult mastery of self-support skills. Arrange for appropriate, time-limited aftercare and post-permanency services. Document results of the final assessment and overall outcomes. Close the case. ■

Appendix C:
Healthy Families/Thriving Communities Collaboratives' Service Areas and Offices



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