Government of the District of Columbia
Child and Family Services Agency

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

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

Government of the District of Columbia
Child and Family Services Agency

Prepared by: Office of Planning, Policy and Program Support

400 6th Street, SW
Washington, DC 20024

February 2008

Table of Contents

Executive Summary 4
Introduction 6

1. Evaluation of CFSA Services to Children and Families 7
Methods of Assessment and Evaluation 7
Agency Accomplishments in FY 2007 8
Agency Challenges in FY 2007 12

2. Statistical Analyses of Foster Care Cases and Permanency Outcomes 15
Highlights 15
Statistical Analyses 16

3. Progress in Implementing D.C. ASFA 26
Update on Agency Reorganization and Redesign 26
Understanding Client Needs and Improving Services 28
Program Implementation 32
- Timely Investigation and Adjudication of Abuse and Neglect Reports 32
- Effective Case Planning 33
- Family Preservation, Reunification, and Support Services 34
- Mental Health, Substance Abuse, and Housing Services 36
- Criminal Background Checks of Prospective Substitute Care Providers 39
- Determinations of Reasonable Efforts and Timely Permanency Planning 40
- Notice and Opportunity to be Heard in Neglect and Parental Termination Proceedings 41
- Administration of Interstate Adoptions and Adoption Subsidies 42

4. Recommendations for Additional Legislation or Services to Overcome Challenges 43

5. Comments from the Mayor's Multidisciplinary Committee 45

Appendices
A: Excerpt from the Establishment Act of April 2001 49
B: CFSA Practice Model 50
C: Healthy Families/Thriving Communities Collaboratives' Service Areas and Offices 55
D: In-Home Redesign Vision Statement 56

Child Safety-Related Requirements of D.C. ASFA

1. Abused and neglected children shall have case plans that are reviewed periodically to determine 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, whenever possible, to reunify the children with their families.
5. If family preservation or reunification services are unsuccessful, quick action is taken to implement a permanency plan of adoption or another appropriate alternative planned permanent 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) became District law in March of 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 system-wide operational improvements in the District's child welfare system, leading to more positive outcomes for abused and neglected children throughout the District. Accordingly, and 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 the community of the District's achievements and challenges in implementing D.C. ASFA. An overview of requirements for this report appears in Appendix A.

The *2007 Annual Public Report* uses data from CFSA's federally-approved Statewide Automated Child Welfare Information System (SACWIS)—internally referred to as FACES. Data is also pulled from the findings of the 2007 Child and Family Services Review (CFSR), which is a comprehensive federal review of the District's child welfare system. Additionally, the report integrates findings from evaluative summaries of the Center for the Study of Social Policy (CSSP), (CFSA's court-appointed monitor under the *LaShawn A.* lawsuit), as well as findings from the following CFSA publications: Quality Services Reviews (QSR), the CFSA biennial *Needs Assessment,* and the annual *Resource Development Plan* published by the Office of Planning, Policy, and Program Support. Lastly, the *Report* provides and overview of the accomplishments and challenges of specific programs that support achievement of safety, permanency, and well-being for children in foster care and their families.

FY 2007 Highlights

CFSA made significant progress in meeting D.C. ASFA requirements in FY 2007, specifically in the areas of guardianship, placement stability, and services to older youth in foster care. The CFSR also highlighted areas of systemic progress for CFSA and the District since the original 2001 review.

However, the agency also encountered challenges that are now being addressed for FY 2008, especially with regard to child protective investigations, timely permanency, and engaging fathers and paternal kin in case planning.

CFSA advanced a number of its proposed FY 2007 goals into accomplishments:

- *The federal Administration for Children and Families found that the District is in substantial conformity with all seven "systemic factors" measured during the 2007 Child and Family Services Review.*

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

- *CFSA addressed placement stability and permanency planning issues with Family Team Meetings (FTMs), which ameliorate potential removal situations to prevent placement disruptions, and to plan necessary placements.*

- *CFSA opened a dialogue with the Maryland Department of Human Resources to overcome longstanding barriers to kinship placements in Maryland for District foster children.*

- *The Grandparent Caregivers Pilot Program is running at full capacity and is serving nearly 500 youth and children to attain and maintain permanent placements.*

- *Permanent guardianship programs for foster children continue to assist older youth in care to achieve permanence.*

- *CFSA continues to respond to the needs of the growing number of older District youth in care and has improved and expanded services to this population.*

- *CFSA expanded its placement capacity to meet the needs of District children requiring out of home placement.*

While the above-mentioned Agency advances brought CFSA closer to meeting D.C. ASFA requirements, challenges remain for FY 2008 and beyond:

- *CFSA needs to implement strategies to reduce each child's length of stay in foster care, and to achieve permanency in a more timely manner.*

- *CFSA needs to improve the quality of its Child Protective Services (CPS) investigations to complement the progress it has made in recent years in terms of timely completion.*

- *CFSA and its private agency partners need to make more concerted efforts to engage fathers and paternal kin in the case planning process for children in foster care.*

CFSA's accomplishments and ability to reach so many of its goals are in large part due to the active participation and continued support of CFSA's stakeholders and partners, including the Mayor and the District's Council, as well as the children, families, and communities of the District. The Agency will continue to work closely with all partners to serve the District.

Introduction

In accordance with the reporting requirements of the *Child and Family Services Agency (CFSA) Establishment Act of April 2001,* CFSA's *2007 Annual Public Report* (APR), describes the particular steps taken to continue full implementation of the *D.C. Adoption and Safe Families Act of 2000* (D.C. ASFA). Included in the report are summary evaluations of services and performances, analyses of data and of obstacles that have challenged the Agency in the effort to accomplish the outlined goals, and recommendations for potential legislation or needed services. In addition, the report includes comments and feedback from the Mayor's Advisory Committee on Child Abuse and Neglect in the District of Columbia.

The CFSA evaluation of services to children and families explores both accomplishments and challenges encountered in FY 2007. Four integral processes are used annually to inform the evaluation, including CFSA's internal Quality Service Reviews and Quality Assurance Report, the federal Child and Family Services Reviews, and semi-annual reports published by the Center for the Study of Social Policy. These are described in greater detail in the first section of this report.

Highlights and trends revealed by the statistical analyses of foster care cases provide an overview of the FY 2007 numbers of children in care, their ages, legal status, and permanency goals. The analyses also include breakdowns in length of stay in care, numbers of children who entered care, and numbers of children who exited care within various time frames.

Both the evaluation of services and the statistical analyses of cases help to frame the subsequent overview of CFSA's progress in implementing the D.C. ASFA. Major components of the Agency's progress are a reorganization and redesign of key administrations, especially adoptions and permanency planning. CFSA's continuing efforts to better understand client needs also underscore the progress it has made toward improving services, both supportive and administrative. CFSA continues to make strides in the timely investigation and adjudication of abuse and neglect reports while simultaneously working to ensure that effective case planning is a top priority. These strides are fully outlined in the third chapter of the report.

CFSA needs legislative support from the council to assist its efforts to serve its clients. The Agency's legislative agenda, which details specific items of import for clients and stakeholders, is included in the fourth chapter. The Agency will work closely with the Council and the Mayor's office to ensure that each item on the agenda is given consideration by local lawmakers.

CFSA also works closely with the Mayor's Multidisciplinary Committee to address issues related to child abuse and neglect. Comments from committee members are incorporated into the last chapter of the *2007 Annual Public Report.*

All combined, the evaluations, analyses, and recommendations of the APR provide the necessary information for CFSA to move forward during the coming year with concrete strategies for service improvement and compliance.

1: Evaluation of CFSA Services to Children and Families

Methods of Assessment and Evaluation

Several program and service evaluative processes occur throughout each year. CFSA uses findings from all of them to formulate and amend policy, align and strengthen practice, and make overall operational and programmatic improvements.

- In June 2007, the Children's Bureau, within the U.S Department of Health and Human Services, conducted its second Child and Family Services Review (CFSR). The CFSR is an intensive review conducted in every state to help improve safety, permanency, and well-being outcomes for children and families who receive services through the child welfare system. The District's first CFSR occurred in 2001. The CFSR culminates in a final report, followed by CFSA's submission of a Program Improvement Plan (PIP) to address the areas that reviewers determine to be in need of improvement. CFSA develops the PIP with measurable and attainable action steps to address requisite areas. The PIP for the recent secondary review is due to Children's Bureau on February 25, 2008, and following its approval, the Agency will produce quarterly reports for the next two years on its progress implementing the PIP action steps.

- The Center for the Study of Social Policy (court-appointed monitor under the *LaShawn A.* lawsuit) publishes semi-annual reports that evaluate CFSA achievements and shortfalls in complying with the *LaShawn A.* 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. ASFA 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 efforts 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 continuous quality improvement (CQI) efforts throughout the agency.

- CFSA's Child Fatality Review Unit reviews all cases of child fatality (where the child has been known to the agency within four years of death) to make recommendations for case specific and systemic change. CFSA conducts a comprehensive review and analysis of the circumstances surrounding each child death and review of the overall quality of Agency case practice and performance. The reviews serve to assist the worker to meet the immediate needs of the family (in the event that the decedent has an open case with CFSA), to improve service delivery for children and families within the

District of Columbia, and to reduce the number of preventable child deaths. When appropriate, the unit makes recommendations to the Director to change Agency policy and practice.

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

Agency Accomplishments in FY 2007

The federal Children's Bureau found that the District is in substantial conformity with all seven "systemic factors" measured during the 2007 Child and Family Services Review .

The CFSR is a comprehensive, system-wide review of the District's child welfare services. It looks not only at the work done at a case-specific level, but also at agency functioning at a macro level. CFSR reviewers measure CFSA's macro-level functioning according to seven "systemic factors" and found that the agency was in substantial compliance with all seven factors:

- Effectiveness of the Statewide Information System (FACES)
- Effectiveness of the Case Review System;
- Effectiveness of the Quality Assurance System;
- Effectiveness of Training;
- Quality, Accessibility, and Depth of the Service Array;
- Level of Agency Responsiveness to the Community; and,
- Foster and Adoptive Parent Recruitment and Retention.

In the District's first CFSR in 2001, Federal reviewers rated the city as meeting standards in only four (57%) of these seven systemic factors. This is a tremendous accomplishment for the Agency and the District, and it reflects the level of progress that has occurred in the last six years.

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 (HFTC) 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 2007, the program served 74 families and 164 children, as well as 85 transitioning youth (28 of these were teen parents with a total of 44 children).

CFSA addressed placement stability and permanency planning issues with Family Team Meetings (FTMs), which ameliorate potential removal situations to prevent placement disruptions, and to plan necessary placements.

FTMs are specially modeled family conferences designed specifically to address the unique issues that are facing participating family and community stakeholders. FTMs emphasize family group decision making and increase family and community involvement in case planning and decision making for children in the child welfare system. Primary goals of the FTM process are to prevent removals and/or placement disruptions for children already in foster care.

Comparison of Family Team Meetings, FY06-07

Type of FTM Held	*FY06*	*FY07*
At Risk Removal	106	128
Removal	293	224
Placement	297	213
System of Care Needs	1	81
Other	3	15
Total FTMs	700	661
Total Children Served	1082	1009

FTMs are held at times of critical decision-making including: circumstances where a child is at risk of removal; immediately post-removal; placement stabilization; system of care needs assessments; and determination of needs of children/youth concurrently involved in the child welfare and juvenile justice systems. Not only do family members actively participate in the meeting, but so too do other non-relative family supporters such as clergy, godparents, therapists, and friends who have an interest in the well-being of the focal child(ren). 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.

In FY 2007, the total number of FTMs held declined by 39 total meetings, but the breadth of circumstances under which the meetings occurred expanded. Average attendance at FTMs has remained stable over the three fiscal year period with an average of eight individuals per meeting. Data on child participation at FTMs began being collected in FY 2007 and demonstrates that 39% of FTMs held in that fiscal year had the child of meeting focus attend the FTM. In FY 2006, non-custodial fathers took part in 26% of all FTMs, and that percentage dropped slightly to 22% in FY 2007. Engagement of fathers (and paternal kin) in case planning has been an ongoing challenge for the agency and in 2008 CFSA will be implementing a series of strategies to increase the involvement of fathers and paternal kin.

CFSA opened a dialogue with the Maryland Department of Human Resources to overcome longstanding barriers to kinship placements in Maryland for District foster children.

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 completing licensing requirements within 120 days from the time of placement. In FY 2007, CFSA issued 104 temporary licenses for kinship caregiver families.

Since 2004, temporary kinship licensure has allowed CFSA to quickly place children with willing and capable relatives soon after removal from birth parents. However, the Agency can extend this licensure only to relatives living within the District. Historically, CFSA has had difficulties creating a temporary licensure process for potential kinship providers who live in Maryland,

where many relatives of District children reside. During the 2007 CFSR, some stakeholders reported that it can take a long time to place a child with a relative if the relative lives in Maryland or Virginia, and this long period of time often results in the child being placed in multiple, unstable placements before finally being placed with the relative. Such delays also prolong the child's journey to permanency. Political, logistical, and programmatic barriers have kept CFSA from quickly accessing these kinship placement resources for many children in foster care.

CFSA has begun discussions with the leadership of Maryland's Department of Human Resources (DHR) to resolve some of these temporary kinship licensing and other Interstate Compact for the Placement of Children (ICPC) issues. Meetings between CFSA and DHR management occurred in September 2007, and will be continuing into Fiscal Year 2008. There was excellent progress made toward overcoming the historical barriers to ICPC resolution and placement stability. CFSA's objective for this ongoing dialogue is to expedite permanency and promote adoption/guardianship for foster children with relatives in Maryland who are potential resources for permanent placement.

The Grandparent Caregivers Pilot Program is running at full capacity and is serving nearly 500 youth and children to attain and maintain permanent placements.

When parents are unavailable to take care of their children, grandparents often step in. The Grandparent Caregivers Pilot Program, which is administered by CFSA, started in 2006 as a three-year pilot program. It provides monthly financial assistance to low-income grandparents and other relatives residing in the District of Columbia who are raising grandchildren, great grandchildren, or great nieces or nephews outside the child welfare system (on a first come, first serve basis). In FY 2007, CFSA received $4.5 million in local dollars to fund the program. With a waiting list of approximately 85 children, the program is currently running at capacity, serving over 300 households with almost 500 children.

Permanent guardianship programs for children in foster care continue to assist older youth to achieve permanence.

In cases where adoption has been ruled out as a permanency option, either because a child older than 14, refuses to consent or because kin feel uncomfortable seeking the termination of parental rights, CFSA is able to offer guardianship as an alternative. Guardianship provides financial assistance at the same rate as adoption subsidies to kinship families caring for relative children. Both District and out-of-state kinship caregivers are eligible for guardianship subsidies which continue until the child leaves the home or reaches age 18. In FY 2007, 143 children achieved permanence through the guardianship process.

CFSA continues to respond to the needs of the growing number of older District youth in care and has improved and expanded services to this population.

At the end of FY 2007, 918 (41%) of all children in foster care were over the age of 15. It is a population that continues to grow in proportion to the total foster care population. CFSA continues to respond the existing and emerging needs of these youth with programming and services geared toward independent living, self-sufficiency, positive youth development and the healthy transition to adulthood.

For youth in foster care who wish to attend college, the Pre-College Services 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. In FY 2007, the program assisted 69 youth, nearly twice as many as last year, toward fulfilling their educational goals.

For foster youth who seek post-secondary education and training, CFSA redesigned its administration of the Education and Training Vouchers (ETV) program, 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 of 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 2007, CFSA provided 100 ETVs to youth for education and/or training.

In 2007, CFSA's Office for Youth Development (OYD) redesigned the Center of Keys for Life (CKL), a CFSA program that offers independent living skills training and educational and supportive services to youth up to age 21 in out-of-home care. In FY 2007, OYD served approximately 345 active participants in CKL.

CFSA has developed a taskforce of internal and external stakeholders, along with youth who identify as Lesbian, Gay, Bisexual, Transgender, Questioning and/or Intersexed (LGBTQI), to ascertain effective strategies for serving the LGBTQI population. In collaboration with the Child Welfare League of America and the Mayor's Office, the District is in the process of developing LGBTQI training for its child welfare staff. CFSA will also track placements and replacements of LGBTQI youth to identify appropriate services for them.

CFSA expanded its 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, and 41% are age 16 to 21. Older children have complex psychosocial, educational, and placement needs; they are difficult to place due to shortage of beds among placement providers, and they are statistically more likely than the general foster care population to experience multiple placements. In FY 2007, CFSA implemented a number of strategies to create a more varied foster placement array and to increase capacity across all placement types.

In June 2007, CFSA partnered with the D.C. Department of Youth Rehabilitation Services (DYRS) to select two contractors to recruit, train, and support specially-selected foster parents to provide Multi-Dimensional Treatment Foster Care (MTFC) for children and youth between the ages of 12 and 17 with specialized behavioral needs. This small pool of specially trained foster parents is readily available to provide youth with stable placements and supportive living environments. The CFSA MTFC implementation team has been working with vendors and the MTFC model developer to determine how to increase the number of appropriate referrals to the program. Although there are some obstacles yet to overcome, the model is a solid one that has proven successful in other jurisdictions; CFSA is committed to its implementation.

As a measure to prevent emergency shelter placement in congregate care facilities, CFSA developed the ST*A*R foster home program (Stabilization and Respite Homes). ST*A*R homes provide round-the-clock placement capability for any child or youth who is medically cleared and not in need of acute psychiatric services. The placement capability includes placement after initial home removals, after placement disruptions, return from abscondence, and/or other circumstances where a child may require emergency assistance. The program is designed to serve children and youth of any age, but most children in ST*A*R homes are teenagers. The ST*A*R Program also provides 5- to 10-day emergency placements in a family setting for children who come into placement after regular work hours (with the average stay being 7 days). During this time, services and resources are put into place to facilitate a smooth transition into an appropriate foster home. The first ST*A*R home opened in August 2006. Currently, CFSA administers 12 ST*A*R homes throughout the District. The current capacity appears to be meeting current needs for emergency shelter placements.

CFSA has also been successful in maintaining its commitment that no child shall stay in an emergency placement for more than 30 days. Only in circumstances where a child has been court-ordered into a particular emergency shelter, or when it is prudent to allow a child to remain in such a placement for a number of days pending the approval of a kinship care placement will a child remain in an emergency shelter for more than 30 days.

To address the particular needs of medically fragile and developmentally-delayed children in need of placement, CFSA has recently awarded family-based contracts to three high-quality care providers for a capacity of 40 beds. Implementation is currently underway. Building future capacity for this population, which comprises a large percentage of children in need of emergency shelter placements, will dramatically impact the need for emergency shelter placements.

CFSA developed a Teen Bridge Program designed to serve teens who need extra support and assistance to prepare for independence but who are not ready for traditional Independent Living Programs (ILP). Contracted to one of the Agency's private providers, the program is a model that bridges the gap between ILP and traditional group homes. The current program has a capacity to serve 6 female youth. Trained and skilled workers who are familiar with the particular needs and challenges of the female teens staff the program. Typically, the girls placed there have had behavioral issues, and most have been in foster care for years. Most of the girls are thriving in their Teen Bridge placement and based on its current success, the Agency has purchased additional beds for the program. A complementary program for teen males will also be implemented. Once the Teen Bridge Program is expanded to serve males, there will be a total of 16 placement slots.

Agency Challenges in FY 2007

CFSA needs to implement strategies to reduce each child's length of stay in foster care, and to achieve permanency in a more timely manner.

The 2007 CFSR indicated that of the 39 foster care cases included in the intensive review, only 16 had substantially achieved the outcome of having permanency and stability in their living situations. Additionally, the State Data Profile, which is a uniform data report used by the Children's Bureau to measure the performance of the child welfare systems in all 50 states and in the District, indicated that the District did not meet national standards for any of the four

permanency-related composite measures. Clearly, this is an area in need of improvement for the agency. Anecdotal findings from the CFSR included:

- Some children tended to be in foster care for long periods of time before their permanency goals were achieved.
- Although many of the children in the cases reviewed experienced placement stability, the agency was not consistently effective in placing children in stable homes.
- Permanency goals were not established in a timely manner on a consistent basis, particularly when the goal was changed from reunification to adoption.
- There was a general lack of concurrent planning. Only two cases in the sample had concurrent goal.

In its Program Improvement Plan (to be submitted to the Administration for Children and Families in February 2008), CFSA proposes a series of strategies to improve performance on this outcome measure, including:

- Development of a communication plan to clarify the new roles, processes, and responsibilities of all stakeholders with regard to the re-organization of CFSA's In-Home and Reunification social worker units (known as the "Permanency Redesign");
- Implementation of agency-wide concurrent planning initiatives to improve time to permanency for all children in care, no matter what their primary permanency goal may be;
- Implementation of a formal approval process for establishing a goal of Alternative Planned Permanent Living Arrangement (APPLA), whereby any goal change recommendation to APPLA must be formally approved and documented by an agency administrator before being presented to the D.C. Family Court.
- Continued cooperation with neighboring states to overcome longstanding issues regarding the Interstate Compact for the Placement of Children (ICPC), which have historically limited agency access to viable kinship placement resources outside the District; and,
- Ongoing dialogue with the Family Court and the D.C. Court Improvement Project (CIP) to align CFSA and Family Court priorities regarding the establishment of permanency goals for foster children.

The PIP and its strategies represent the mechanism by which the agency intends to dramatically improve its performance on the achievement of permanency outcomes for foster children.

CFSA needs to improve the quality of its Child Protective Services (CPS) investigations to complement the progress it has made in recent years in terms of timely completion.

CFSA achieved a sustained reduction in the investigations backlog from 807 in 2001 to 313 in 2005 to 49 as of September 30, 2007. While this was a major accomplishment for the agency, a study by the Center for the Study of Social Policy (CSSP), found that the agency's efforts at completing quality investigations was lacking. Specifically, CSSP found that while agency efforts to comply with the timeliness requirements of the *LaShawn A.* Amended Implementation Plan (AIP) were evident, "[p]arallel attention has not been given to enhancing the quality of the interactions with families and the decisions that are made. An effort must be made to both

comply with timeliness and ensure that investigations comprehensively and systematically assess families' circumstances[1]."

In 2008, CFSA will be assessing its investigation policies and processes to guide case practice and improve the quality of investigations.

CFSA and its private agency partners need to make more concerted efforts to engage fathers and paternal kin in the case planning process for children in foster care.

Like many jurisdictions nation-wide, the District of Columbia has struggled in its efforts to engage fathers in the lives of children involved in the child welfare system. National studies state the problem clearly – fathers are not included in the child welfare process. "While research shows father involvement benefits children's well-being, the child welfare system seems to contradict this in its practice at all levels of the continuum i.e., child protective services, foster care, kinship care, adoption and family preservation."[2]

Results from the CFSR confirmed that this bias is evident in child welfare practice in the District. Reviewers concluded that CFSA and its private agency partners need to make greater efforts to ensure that paternal family members and kin are more involved in the case planning process at all stages of a case. Therefore, the District will focus on improving efforts to engage and involve all family members and kin in case planning and service provision, with particular emphasis on fathers and paternal kin. Some of the potential strategies under consideration for the Program Improvement Plan include:

- Providing direct service staff with on-going training to bolster critical competencies to engage foster families, birth families and kin in case planning;
- Establishing protocols for diligent search and identification of non-custodial birth parents early on in the case;
- Requiring ongoing periodic diligent searches for absent birth parents throughout the life of the case;
- Identifying resources and gaps in services targeting fathers and removing barriers to engagement, so that fathers and paternal kin become engaged and remain engaged in the lives of foster children; and,
- Forming a standing Father/Paternal Kin Engagement Committee to continue to identify barriers to engagement of fathers, develop strategies and resources to improve engagement, and review the District's progress with engaging fathers and paternal kin.

---

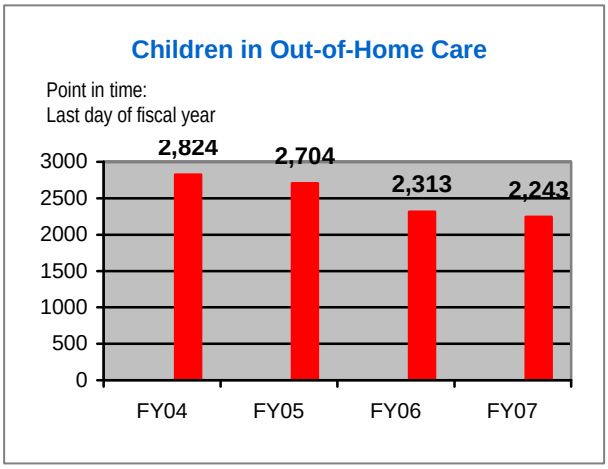
[1] *An Assessment of the Quality of Child Abuse and Neglect Investigative Practices in the District of Columbia.* Center for the Study of Social Policy (in collaboration with CFSA). November 2007. (p. 2)

[2] From "*Father Involvement in Child Welfare: Estrangement and Reconciliation*," Best Practice, Next Practice, National Child Welfare Resource Center for Family-Centered Practice, Summer 2002.

2: Statistical Analysis 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. Highlights of 2007 findings about children and youth in the District child welfare system follow.

The number of children in out-of-home placement declined for the fourth consecutive fiscal year.



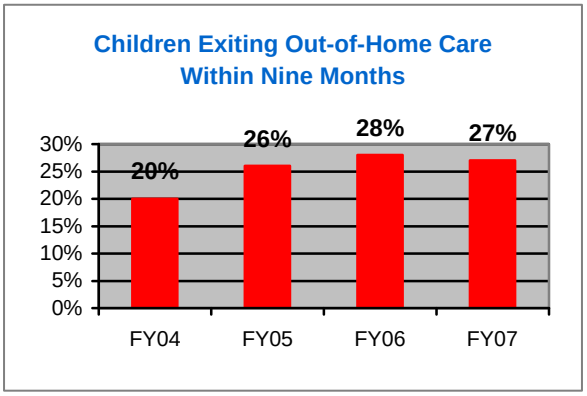
During FY 2007, 620 children entered out-of-home care for the first time, a reduction from 673 initial entries in FY 2006, and 973 initial entries in FY 2005.

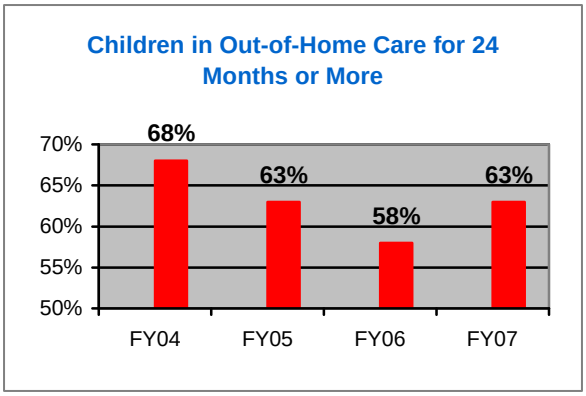
Older youth continue to represent a growing proportion of the overall foster care population. Despite caseload reductions over the past four years, the varied and specialized needs of the children who remain on CFSA's caseload have resulted in an increase to the overall per child cost of care. In FY 2006 and FY 2007, the Agency dedicated considerable resources toward the development of specialized placement services for older youth as well as supportive programming for youth who are transitioning to independent living and adulthood.

The reduction in initial entries over the past three years, and the reduction in the overall caseload reflects CFSA's improved ability to achieve permanence for more children more quickly through reunification, guardianship, or adoption and to maintain children in their own homes safely. They also reflect full implementation of the FTM process.

The reduction can also be attributed to the work of the Healthy Families/Thriving Community Collaboratives, which offer an array of services for abuse/neglect prevention, family and foster care support, and aftercare services. These services represent points along the continuum of child welfare supports - from prevention through permanency - including case management, visitation, housing assistance, parent/caregiver support, foster parent support, information and referrals, and aftercare services for local youth aging out of care.

Length of stay of children in foster care rose slightly from FY 2006 to FY 2007.





FY 2007 statistics reflect that children are as likely to exit foster care within nine months of entry as they were in FY 2006. 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.

However, children who were in care for more than 24 months represented a greater proportion of the overall foster care population in FY 2007 than in FY 2006. This trend is perhaps best attributed to the growing percentage of older youth in the foster care system. As their age increases, so to do the barriers to permanency, and the likelihood of a longer stay in foster care increases.

Statistical Analyses

The following tables are based on management information reports from FACES as of October 15, 2007, which reflected the status of children on the last day of FY 2007 (September 30, 2007). 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

At the end of FY 2007 . . .

- **A total of 2,243 children and teens were in out-of-home care.**
- **54% of all children in out-of-home care were ages 13-21.**
- **36% of all children in out-of-home care had a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA)**

District Foster Children by Legal Status
Point in Time: End of FY07

Status	*# of Children*
Committed	2,012
Shelter Care	162
Administrative Hold	46
Data Unavailable	18
Protective Supervision	3
Conditional Release (Third Party)	1
Relinquished	1
Total	2,243

District Foster Children by Permanency Goal
Point in Time: End of FY07

Goal	*# of Children*
Alternative Planned, Permanent Living Arrangement (APPLA)*	813
Adoption	519
Reunification	495
Guardianship	288
Data Unavailable	128
Total	2,243

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

District Foster Children by Age
Point in Time: End of FY07

Age (in years)	*# of Children*
<1	50
1	70
2	86
3	76
4	52
5	76
6	61
7	58
8	70
9	60
10	74
11	87
12	103
13	108
14	150
15	144
16	220
17	198
18	204
19	156
20	139
21	1
Total	2,243

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

In FY 2007 . . .

- **A total of 620 children and teens entered out-of-home care.**
- **Youngsters in just seven age groups (infants age 1 and younger and youth ages 12 to 17) accounted for 56% of placements.**
- **Top three reasons why children entered care were neglect, physical abuse, and parental drug abuse.**

District Children Entering Care by Age and by Month, FY07

Age	2006			2007									Total by age
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
<1	7	6	7	9	12	11	2	4	9	6	8	5	86
1	5	7	2	7	4	2	1	4	2	5	4	1	44
2	4	3	3	2	1	1	3	0	2	2	4	1	26
3	0	1	2	2	1	2	3	4	4	1	4	1	25
4	4	1	3	1	4	3	2	2	1	2	2	0	25
5	5	1	4	3	2	0	3	4	5	1	3	4	35
6	2	2	3	3	3	3	2	4	3	2	1	2	30
7	3	3	4	4	1	1	3	2	4	0	2	3	30
8	3	1	7	3	1	3	0	2	0	2	1	1	24
9	3	1	1	2	2	2	4	1	2	3	1	3	25
10	3	5	0	2	2	3	1	2	3	0	1	4	26
11	3	3	2	1	5	3	1	1	2	0	2	5	28
12	3	4	1	3	4	4	1	4	3	1	0	4	32
13	3	3	4	2	3	1	4	5	2	0	3	3	33
14	4	4	3	1	3	2	0	3	2	4	1	1	28
15	7	6	6	3	3	7	5	5	3	6	4	1	56
16	3	5	4	3	4	6	2	4	3	1	3	1	39
17	5	3	2	4	1	1	4	3	1	0	3	2	29
18**	0	0	0	0	0	1	1	0	1	0	1	0	4
19**	1	0	0	0	0	0	1	0	0	0	0	0	2
20**	2	1	0	0	0	0	0	0	0	0	0	0	3
Total by mo.	70	60	58	55	56	56	43	54	52	36	48	42	630*

* CFSA actually did 620 new placements in FY07. These data reflect 10 children who entered, exited, and re-entered out-of-home placement during the year.
** These young people were in care before the start of FY07 but are included here following third-party placement or abscondence.

District Children Entering Care by Legal Status and by Month, FY07

Status	2006			2007									Total by status
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Administrative Hold	35	26	27	28	40	26	27	30	33	19	30	27	348
Shelter Care	14	15	14	7	7	6	5	5	6	2	6	1	88
Data Not Available	8	7	4	6	6	11	4	5	3	7	9	9	79
Committed	4	7	12	8	3	7	6	5	6	3	2	4	67
Protective Supervision	5	2	1	5	1	3	1	3	2	4	2	1	30
Private/Third-Party Placement	4	1	0	1	0	2	0	5	2	1	0	0	16
Conditional Release (Parent)	0	1	0	0	0	1	0	1	0	0	0	0	3
Non-Ward	0	1	0	0	0	0	0	0	0	0	0	0	1
Total by month	70	60	58	55	57	56	43	54	52	36	49	42	632*

* CFSA actually did 620 new placements in FY07. These data reflect 10 children who entered, exited, and re-entered out-of-home placement during the year. Two children had multiple legal status entries in the FACES information system, which accounts for the inflated count of 632 children.

District Children Entering Care by Primary Reason and by Month, FY07

Reason	2006			2007									Total by reason
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Neglect (alleged/reported)	45	39	42	30	35	40	30	40	38	28	34	25	419
Physical Abuse (alleged/reported)	15	14	11	11	20	6	10	9	2	2	9	5	114
Drug Abuse (parent)	12	6	9	17	6	6	2	5	5	5	4	3	80
Incarceration (parent)	3	5	3	0	5	5	2	4	5	2	5	4	43
Child Behavior Issue	4	2	2	4	3	5	3	2	1	2	2	2	32
Sexual Abuse (alleged/reported)	2	2	3	0	2	2	0	0	6	5	2	4	28
Caretaker ill/Unable to Cope	1	2	0	3	2	5	1	2	2	1	0	5	24
Inadequate Housing	4	2	2	2	2	2	0	1	0	0	1	6	22
Alcohol Abuse (parent)	1	1	5	0	6	0	0	1	0	0	0	4	18
Abandonment	4	0	2	0	1	2	1	3	3	0	0	1	17
Voluntary**	0	1	0	0	0	2	1	1	0	1	0	1	7
Drug Abuse (child)	1	0	0	1	1	3	0	0	0	0	0	0	6
Death of Parent	2	0	1	2	0	0	0	1	0	0	0	0	6
Child Disability	0	1	0	0	0	0	0	1	2	0	0	1	5
Relinquishment	1	0	0	2	0	0	0	0	0	0	0	0	3
No Reason Specified	0	0	0	1	0	0	0	0	0	1	0	0	2
Alcohol Abuse (child)	0	0	1	0	0	0	0	0	0	0	0	0	1
Non-committed Child of Teen	0	0	1	0	0	0	0	0	0	0	0	0	1
Total placements by month	70	60	58	55	56	56	43	54	52	36	48	42	630*

* 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 FY 2007 . . .

- **1,407 children and youth were in care for 24 months or more, which is a 4% increase from FY 2006.**
- **50% of these youngsters had permanency goals of Alternative Planned, Permanent Living Arrangement (APPLA), and 30% had a goal of adoption.**
- **A total of 405 children and youth reached or passed the 24-month mark in care. 65% of these young people were ages 14 to 21.**

District Children in Care for 24 Months or Longer by Permanency Goal and Length of Stay
Point in Time: End of FY07

Goal	*Length of Stay in Months (FY07)*						*Total Children*
	24-30	*31-36*	*37-42*	*43-48*	*49-60*	*61+*	
APPLA*	68	42	63	43	70	423	707
Adoption	87	52	44	18	55	161	417
Guardianship	65	18	18	15	14	16	146
Reunification	50	13	14	5	4	6	92
Data Unavailable	10	0	3	3	6	21	43
Total Children	280	125	142	84	149	627	1,407

* 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 FY07 by Age and Length of Stay
Key: ■ Children who entered class in FY07

Age (in years)	*Length of Stay in Months (FY07)*						*Total Children*
	24-30	*31-36*	*37-42*	*43-48*	*49-60*	*61+*	
2	31	5	0	0	0	0	36
3	15	6	8	2	0	0	31
4	12	3	4	2	1	0	22
5	17	7	4	4	5	1	38
6	8	9	3	2	3	1	26
7	9	6	4	1	5	4	29
8	12	2	8	1	5	9	37
9	7	6	5	2	2	9	31
10	7	6	7	2	7	16	45
11	16	7	5	0	5	25	58
12	14	2	5	4	11	25	61
13	13	5	9	6	8	31	72
14	15	5	6	6	9	61	102
15	16	5	13	1	9	34	78
16	27	12	19	12	11	70	151
17	21	14	15	13	15	66	144
18	19	12	12	10	20	90	163
19	14	9	7	7	15	95	147
20	7	4	8	9	18	90	136
Total Children	280	125	142	84	149	627	1,407

District Children Who Became Part of This Class in FY07 by Legal Status and Length of Stay
Key: ■ Children who entered class in FY07

Goal	*Length of Stay in Months (FY07)*						*Total Children*
	24-30	*31-36*	*37-42*	*43-48*	*49-60*	*61+*	
Commitment	272	120	139	81	148	621	1381
Shelter Care	4	2	1	2	1	3	13
Administrative Hold*	0	1	1	0	0	1	3*
Data Unavailable	4	2	0	1	0	0	7
Private/Third-Party Placement	0	0	1	0	0	0	1
Relinquishment	0	0	0	0	0	1	1
Conditional Release (Third Party)	0	0	0	0	0	1	1
Total Children	280	125	142	84	149	627	1,407

* 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 FY 2007 . . .

- **A total of 829 children and teens exited out-of-home care. The ratio of exits to initial entries was 1.33:1.**
- **55% of the children who exited had been in care for 24 months or more.**
- **Although 54% of the out-of-home care caseload was composed of youth age 13 or older, 56% of those exiting were ages 1 to 12.**
- **Top four reasons for exiting care were reunification (38%), followed by emancipation (20%), and adoption (19%).**

District Children Exiting Care by Length of Stay and by Month, FY07

Stay (in months)	*2006*			*2007*									*Total by stay*
	Oct.	*Nov.*	*Dec.*	*Jan.*	*Feb.*	*Mar.*	*Apr.*	*May*	*June*	*July*	*Aug.*	*Sept.*	
<1	12	12	7	14	12	10	3	18	11	10	3	7	119
1-4	0	10	8	3	6	6	5	5	5	1	7	4	60
5-8	2	3	5	2	6	2	2	7	5	2	2	5	43
9-12	4	9	2	4	2	7	1	3	0	6	2	2	42
13-23	6	16	13	10	16	7	5	10	12	10	5	2	112
24+	38	49	49	29	33	33	36	29	56	41	36	31	460
Total exits by mo.	62	99	84	62	75	65	52	72	89	70	55	51	836*

* A total of 829 children left care during the reporting period, but these data reflect the seven children who cycled in and out of care twice during that time.

District Children Exiting Care by Age and by Month, FY07

Age (in years)	*2006*			*2007*									*Total by age*
	Oct.	*Nov.*	*Dec.*	*Jan.*	*Feb.*	*Mar.*	*Apr.*	*May*	*June*	*July*	*Aug.*	*Sept.*	
<1	2	5	4	0	1	1	2	4	3	4	2	2	30
1-5	11	33	22	14	23	14	8	17	14	11	11	9	187
6-12	12	34	19	18	26	22	18	21	30	23	11	16	250
13-15	9	15	20	5	11	8	7	9	14	7	10	7	122
16-17	9	5	7	8	5	12	11	8	8	8	2	5	88
18+	19	7	12	17	9	8	6	13	20	17	19	12	159
Total exits by mo.	62	99	84	62	75	65	52	72	89	70	55	51	836*

* A total of 829 children left care during the reporting period, but these data reflect the seven children who cycled in and out of care twice during that time.

District Children Exiting Care by Legal Status and by Month, FY07													
Status	*2006*			*2007*									*Total by status*
	Oct.	*Nov.*	*Dec.*	*Jan.*	*Feb.*	*Mar.*	*Apr.*	*May*	*June*	*July*	*Aug.*	*Sept.*	
Committed	42	63	62	34	51	37	39	35	55	48	36	35	537
Protective Supervision	6	17	8	9	5	14	9	16	17	7	13	7	128
Administrative Hold	10	9	6	12	8	10	0	13	10	3	2	6	89
Shelter Care	2	5	5	3	3	1	3	3	3	5	3	2	38
No Court Involvement	0	3	1	3	1	2	0	0	1	6	0	0	17
Conditional Release (Parent)	1	1	1	1	4	1	1	4	0	0	1	0	15
Data Unavailable	1	0	0	0	2	0	0	0	2	1	0	1	7
Conditional Release (Third Party)	0	0	0	0	0	0	0	1	1	0	0	0	2
Non-Ward	0	1	0	0	0	0	0	0	0	0	0	0	1
Relinquished	0	0	1	0	0	0	0	0	0	0	0	0	1
Private/Third Party Placement	0	0	0	0	1	0	0	0	0	0	0	0	1
Total by month	62	99	84	62	75	65	52	72	89	70	55	51	836*

* A total of 829 children left care during the reporting period, but these data reflect the seven children who cycled in and out of care twice during that time.

District Children Exiting Care by Primary Reason and by Month, FY07													
Reason	*2006*			*2007*									*Total by reason*
	Oct.	*Nov.*	*Dec.*	*Jan.*	*Feb.*	*Mar.*	*Apr.*	*May*	*June*	*July*	*Aug.*	*Sept.*	
Reunification	19	34	29	26	20	31	15	39	30	32	23	17	315
Emancipation	20	9	11	17	9	11	7	12	21	19	18	14	168
Adoption	12	26	32	4	14	10	9	12	19	6	9	7	160
Guardianship	9	21	10	11	25	9	19	5	12	11	4	7	143
Living with Other Relatives	1	5	1	2	4	3	1	3	5	1	1	0	27
Placement/Custody with Other District Agency	1	2	0	1	3	1	1	1	2	0	0	5	17
Death of Child	0	1	0	1	0	0	0	0	0	1	0	0	3
Non-Relative Third-Party	0	1	1	0	0	0	0	0	0	0	0	1	3
Total exits by month	62	99	84	62	75	65	52	72	89	70	55	51	836*

* A total of 829 children left care during the reporting period, but these data reflect the seven children who cycled in and out of care twice during that time.

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 FY 2007 . . .

- **Reunification or Alternative Planned, Permanent Living Arrangement (APPLA) were the permanency goals of half (50%) of children and teens who exited out-of-home care.**
- **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.**
- **Children living in Traditional Foster Care are four times more likely to experience a placement disruption than children living in Kinship Care.**
- **Only 166 children re-entered out-of-home care during the year.**

District Children Exiting Care by Permanency Goal and by Month, FY07

Goal	2006			2007									Total by goal
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Reunification	9	26	21	16	18	18	12	26	22	23	18	13	222
APPLA**	22	12	12	18	9	16	10	14	24	18	19	16	190
Adoption	11	27	30	4	13	10	9	12	21	6	10	8	161
Guardianship	10	22	11	11	30	9	19	5	12	14	5	7	155
Data Unavailable	10	11	10	13	5	10	2	14	10	9	3	7	104
Family Stabilization	0	1	0	0	0	2	0	0	0	0	0	0	3
Total by month	62	99	84	62	75	65	52	72	89	70	55	51	836*

* A total of 829 children left care during the reporting period, but these data reflect 7 children who cycled in and out of care twice during that time, which accounts for the total of 836 children who left care for the month.
** 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, FY07

Goal	Length of Stay in Months (FY07)						Total Children
	0	1-4	5-8	9-12	13-23	24+	
Reunification	27	36	30	34	49	46	222
APPLA*	1	1	2	5	10	171	190
Adoption	1	5	3	1	11	140	161
Guardianship	4	0	7	2	42	100	155
Data Unavailable**	82	18	1	0	0	4	105
Family Stabilization	3	0	0	0	0	0	3
Total Children	118	60	43	42	112	461	836*

* 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.
*** A total of 829 children left care during the reporting period, but these data reflect seven children who cycled in and out of care twice during that time, which accounts for the total of 836 children in the far right column.

Placement Change* Report, by Placement Type, FY 2007		
Placement Type	*# of Children Placed*	*# of Placement Changes*
Non-Kinship/Traditional Foster Care	1,919	1,227
Group Homes	514	419
Other	321	280
Independent Living	320	183
Kinship	662	101
Residential Treatment Facility	215	97
Third Party	43	3
Total	3,025	2,310*

*IMPORTANT NOTE: While CFSA attempts to maintain the placement stability of all foster children, in many cases, placement changes are planned with the intent of furthering the child's progress to permanency. In other cases, unforeseen circumstances or crises arise that require CFSA to make an unplanned placement change to a more stable living environment for the child.

CFSA's FACES information system does not track unplanned placement changes (or "disruptions") specifically. Rather, the system tracks only placement changes in general, be they planned or unplanned. Therefore, this report reflects the total number of placement changes, by placement type, that occurred for all children during FY 2007.

**There were a total of 2,310 planned or unplanned placement changes affecting 642 unique children over the course of FY 2007. Many of these children experienced multiple placement changes during that time.

3: Progress in Implementing DC ASFA

The D.C. Adoption and Safe Families Amendment Act of 2000 is one of many statutory/regulatory enhancements meant to improve outcomes for children and families in the child welfare system. Historically, along with the federal Child and Family Services Review standards, the Family Court Act of 2001, and the *LaShawn A.* Implementation Plan (ratified in April 2003), D.C. ASFA has provided the District with best practice requirements for serving abused and neglected children and troubled families.

In December of 2006, the U.S. District Court for the District of Columbia determined that CFSA had not met all of the required benchmarks of the *LaShawn A.* Implementation Plan by the required date of December 31, 2006. In February 2007, along with the agency's court-appointed monitor, the Center for the Study of Social Policy, CFSA developed the *LaShawn A.* Amended Implementation Plan, which details the outcomes to be achieved/maintained, and a strategic plan with action steps to achieve critical safety, permanence, and well-being outcomes for children and families in the child welfare system. The Agency is required to meet the benchmarks in the AIP by December 31, 2008 in order to emerge from the oversight of its court monitor.

The requirements and benchmarks of the AIP effectively reinforce the regulatory requirements of D.C. ASFA as well as the federal Adoption and Safe Families Act and the CFSR standards. The goals and standards are high, and in its efforts to attain them, CFSA has become a learning organization. Over time, new evidenced based best case practices have emerged, and CFSA has adapted to serve clients with complex and ever-changing needs. The Agency continually seeks to apply effective philosophy to its practice, to understand the needs of its clients, and to modify its services as necessary.

As is its practice, the Agency initiated or participated in a number of evaluative processes in FY 2007 to better understand the needs of its clients and to measure its capacity to meet those needs.

Update on Agency Reorganization and Redesign

In FY 2007, CFSA completed a series of re-organizations that it began in FY 2006. The Partnership for Community Based Services and the Permanency Redesign are strengthening the agency's service delivery at both ends of the child welfare spectrum. It also modified its conceptual framework and approach to implementation of Performance Based Contracting (PBC) for FY 2008..

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

The Partnership for Community-Based Services is one of the Agency's newest initiatives, promoting the shared mission of CFSA and the HFTC Collaboratives to "improve the long-term safety, permanence, and well-being of children and to strengthen their families." Through this joint process, CFSA and the HFTC Collaboratives have created a practice model for in-home services. The new community-based model seeks to keep children safe and to provide

avenues, resources and supports for strengthening the family system while keeping families together. (See *Appendix D* for the initiative's vision statement and logic model.)

To effectively implement this community-based model, all 10 CFSA in-home units (supervisors and social workers) will be co-located with the HFTC Collaboratives by early 2008. Once co-located, workers will be teaming on cases to improve outcomes for families who come to the attention of the child welfare system.

CFSA fully implemented a new approach to achieving permanence for more children more quickly.

Beginning in January 2007, CFSA implemented a new initiative to achieve timely permanence for children and youth. The Agency spent many months researching best practices for achieving permanence for children, developing an approach to meet local needs, and planning how best to implement such a broad-based internal change. A work group of social workers and other agency employees made recommendations that informed an overall change strategy.

The Permanency Redesign involves the assignment of a permanency specialist to each case management unit. Through a collaborative approach to permanency, a Permanency Team shares case responsibilities from the outset. Under this team approach, caseworkers, who previously worked separately and in succession when a child's goal changed from reunification to adoption, team up as a "Unit of One." The development of such partnerships between social workers who focus on engaging ongoing services for clients and others who are focused on the permanency process increases the potential for successful outcomes in safety and well-being for all children served. The anticipated outcome is greater efficiency in achieving permanence for children through elimination of the case-transfer process when their goal changes from reunification to adoption.

The Permanency Redesign is a new collaborative model of permanency practice. Throughout 2007, CFSA expanded from 24 units of social workers serving out-of-home cases in three agency administrations to 29 units in four administrations. The agency disbanded the existing Adoption and Guardianship units and is embedding specialized permanency planning social workers in each out-of-home unit. Within each unit, out-of-home social workers and the permanency planning social worker function as a team from opening through closure of every case.

Moving forward, the agency will continue to articulate policy and procedure surrounding practice changes to all staff and stakeholders (i.e. community agencies, family court, attorneys), to ensure the Permanency Redesign has the desired effect on social work practice and permanency outcomes.

CFSA expanded the planning process for implementation of Performance Based Contracting to include a large array of child advocates, stakeholders, current and prospective contractors, and community-based interests.

PBC is a service procurement initiative that aligns contracted-service provider compensation with performance in affecting positive outcomes for the children and families they serve. CFSA's goals in implementing PBC are principally:

- to expand and improve the quality of placement services, especially for the growing number of teens in the District foster care population, by enhancing provider accountability for outcomes; and,

- to make providers full partners in achieving case management and other performance requirements that will allow the District to move out of the oversight of the federal court monitor under *LaShawn*.

In October of 2006, the agency released a Request for Information (RFI) detailing a proposed approach to PBC, including financial incentives and performance requirements/goals, and the following month CFSA hosted a public meeting to discuss the initiative in an open forum. The feedback from interested parties indicated that CFSA make concerted efforts to involve the greater child welfare community in the PBC planning process.

In March and April of 2007, CFSA hosted five PBC meetings to seek insights from advocates, stakeholders, current and prospective contractors, and other interested parties for integration into the PBC implementation plan. The meetings were accessible to all interested parties, either in-person or via web-conferencing. The agency utilized feedback from the child welfare community and modified the scope of services and implementation plan accordingly.

CFSA's next step is to release a formal Request for Proposals (RFP) in the spring of 2008. In the interim, the Agency has extended its existing contracts with family-based foster care providers through the end of January 2009.

Understanding Client Needs and Improving Services

CFSA's continues to improve service delivery by strengthening existing services and case practices, identifying additional service and resource requirements, and implementing strategies to better serve children and families in or at risk of entering the child welfare system. The Agency utilizes a series of internal and external evaluation tools to better understand service needs of children and families and to identify strategies to meet them. The processes below involve communication with clients themselves, via interview or focus group, to solicit feedback on their experiences with the Agency and child welfare system as a whole.

- The Child and Family Services Review is a comprehensive federal review that assesses the quality of casework, the array of services, the availability of resources, and the achievement of positive outcomes for the children and families in the District's child welfare system. The first CFSR in the District took place in 2001, and the second round CFSR occurred in June 2007. The product of this review is a final report, authored by the federal reviewers, that CFSA uses as a foundation to build a Program Improvement Plan that focuses on the areas in need of improvement highlighted during the review.

- 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.

- The Quality Service Review (QSR) unit delves 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. In FY, the QSR unit performed a large-scale review of foster children being served by the Agency's contracted service providers in the Consortium for Child Welfare. Additionally, beginning in February 2007, the QSR unit performed smaller-scale monthly reviews within each unit of case-carrying CFSA social workers.

Child and Family Services Review

The CFSR is the most comprehensive evaluation in which all state-level child welfare systems participate. It is a three-tiered process involving a written self-evaluation, followed by on-site case review by representatives from the Children's Bureau and child welfare professionals from other states, and completed with the development and implementation of a Program Improvement Plan.

- *Statewide Assessment*: The Statewide Assessment is a tool developed by the Children's Bureau that all states must use, prior to the CFSR On-Site review, to perform a self-evaluation of the strengths and weaknesses of their respective child welfare systems. CFSA prepared comprehensive written responses to the Statewide Assessment tool's forty-four questions, which address every aspect of the District's child welfare system.
- *On-Site Review:* The process continues with an intensive, weeklong on-site review of the District's child welfare system, during which a team of federal reviewers performs a thorough examination of 65 randomly selected cases that were open with the Agency between April 1, 2006 and June 25, 2007. The on-site review involves review of case documentation as well as personal interviews with case-involved social workers, legal representatives, therapists, family members, and children. The goal of the on-site review is to assess the quality of case management and array of services from CFSA, the D.C. Family Court, the Healthy Families/Thriving Communities Collaboratives, and other local public and private service providers.
- *Program Improvement Plan:* Following the On-Site Review, the federal review team publishes a Final Report with its findings. The report details the strengths and areas needing improvement across the entire system. Subsequently, CFSA develops a PIP with measurable and attainable action steps to address those areas in need of improvement. The PIP for the recent secondary review is due to Children's Bureau on February 25, 2008, and following its approval, the Agency will produce quarterly reports for the next two years on its progress implementing the PIP action steps.

Needs Assessment

During FY 2007, CFSA commenced work on its third biennial Needs Assessment. The Needs Assessment is a system-wide evaluation of the needs of the entire spectrum of child welfare populations, but each assessment also focuses on an area/population that the Agency understands to have unique issues or concerns to be addressed.

- 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.[3]
- The 2005 Needs Assessment greatly deepened CFSA's understanding of resources critical to meeting the needs of children in foster care and their families. Birth parents, foster parents, youth in foster care, 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 youth in foster care and birth families.
- The 2007 Needs Assessment was an intentional evaluation of current and projected placement and placement resource services for children, youth, and families served by the child welfare system. It particularly examines the resource needs of siblings, children with special needs, children age 0-3 years, older youth, and youth who experience multiple placements.

Resource Development Plan

In addition to projected placement and placement resource needs, the 2007 RDP provides an update for CFSA and its stakeholders on the continued implementation of action steps to address the critical areas ascertained in the *2005 Needs Assessment* including:

- 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 (DMH) to propose alternatives to the existing system of care).

- Substance abuse services (strategies with the D.C. Department of Health (DOH) – Addiction Prevention and Recovery Administration (APRA) 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).

Quality Service Reviews

To balance heavy emphasis on quantitative performance benchmarks in the *LaShawn* Implementation Plan, CFSA conducts large-scale Quality Service Reviews semi-annually to gain insights into how well CFSA is serving children and families. Additionally, in FY 2007 the

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

QSR unit also began performing monthly “unit-based” reviews, whereby they review a case for each case carrying social worker within a supervisory unit.

The basic approach involves selecting a sample 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 share this valuable information in a debriefing with the social worker and supervisor and in detailed written “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.

During FY 2007, it its traditional review and “unit-based” reviews, the QDR unit reviewed a total of 61 cases. Compared to previous years, overall QSR results for children, parents, caregivers, and the system were higher than ever. Specifically, leadership by social workers, as well as frequency of teaming among service providers, family members, and children were areas that improved the most.

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.

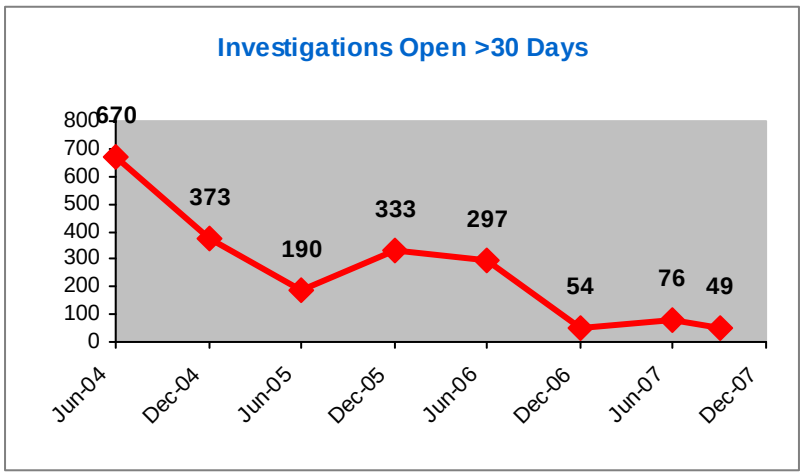
During the FY 2007, there were a total of forty-nine (49) fatalities of children whose families were known to CFSA within four years of their deaths. Twenty-two (22) of the fatalities were due to natural causes; eleven (11) fatalities were as a result of homicide (10 were from gunshot wounds and one was from multiple stab wounds); one (1) was a suicide; two (2) were because of accidents; the cause of death for five (5) of the fatalities was undetermined and the cause of death of eight (8) are still pending.

Program Implementation

D.C. ASFA mandates a number of specific programmatic responses to the needs of abused and neglected children and their families. Based on the tenets of CFSA's Practice Model (Appendix B) 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 FY 2007.

Timely Investigation and Adjudication of Abuse and Neglect Reports[4]

D.C. ASFA requires expeditious investigation and appropriate action to determine the validity of reports of abuse and neglect. The *LaShawn* Amended Implementation Plan (AIP) requires investigations to be completed within 30 days of the report. In FY 2006, CFSA made dramatic improvements in meeting this requirement, and maintained a high level of compliance with timeliness. As of September 30, 2007, there was a backlog of 49 investigations open for more than 30 days, which is the smallest fiscal year end backlog since the Agency began tracking the statistic in 2004.



CFSA's progress with regard to timely investigations can be traced in part to the increased staffing of key Child Protective Services positions. Additionally, the Agency made a concerted effort in 2007 to modify its fleet scheduling process so that cars are consistently more available for investigators. CPS workers also carry agency-issued cell phones and laptop computers to maximize efficiencies in communication and information management. Social workers also have access to mapping software through CFSA's FACES management information system that helps locate children and families in the District. FACES further furnishes investigators with critical information by automatically checking whether families have had prior reports of child maltreatment.

Despite the Agency's achievement toward meeting D.C. ASFA and *LaShawn* outcomes' measures, there remain a number of challenges regarding the quality of investigations and the initiation of services to children and families during the investigation process. In their respective 2007 reviews, the federal Department of Health and Human Services Children's Bureau and the Center for the Study of Social Policy both pointed out that in addition to timeliness requirements, for each CPS investigations, investigators must conduct a comprehensive and systematic assessment of the family's circumstances and issues, and that they must make appropriate service referrals as quickly as possible.[5] CSSP's November 2007 report indicated that agency

[4] 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)

[5] *An Assessment of the Quality of Child Abuse and Neglect Investigative Practices in the District of Columbia.* Center for the Study of Social Policy (in collaboration with CFSA). November 2007.

efforts regarding investigations have been heavily focused on timeliness of case processing, and that parallel attention must be given to improving the quality of family/agency interactions and the decisions that the agency makes during the course of an investigation.

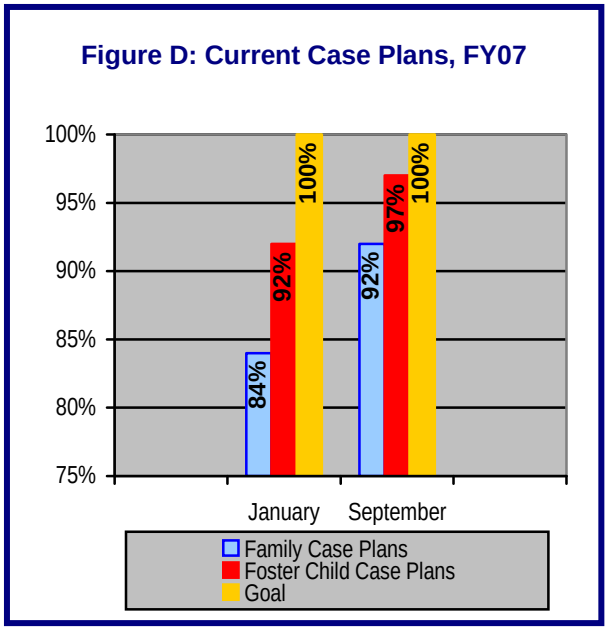
At the close of FY 2007, CFSA was in the process of drafting its Child and Family Services Review – Program Improvement Plan. Among the strategies outlined therein for 2008 and beyond is the development of training to equip CPS workers and supervisors to engage families throughout the CPS investigation and increase staff competencies in the following areas:

- Using a strengths-based perspective in gathering facts and being able to recognize that which is relevant to confirming or ruling out allegations of maltreatment;
- Empathizing with families experiencing emotional trauma related to crisis;
- Identify the benefits of forming partnerships with families in the child welfare process.
- Recognizing the different/unique experiences of families.
- Initiating services and supports that will assist clients in meeting child welfare goals.
- Develop self-care techniques through understanding how worker experiences and stress may affect one's perceptions, professional performance and well-being.

Just as CFSA made considerable improvements in the timeliness investigations of investigations in FY 2007, so too will the agency be making concerted efforts in FY 2008 to improve the quality of its investigative case practices.

Effective Case Planning[6]

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 strengths 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 standards—echo this essential best-practice approach to child welfare practice.

[6] 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 has made significant progress in timely development of case plans. Nonetheless, the 2007 CFSR found that the Agency needs to improve its efforts to engage children and families in case planning, and particularly fathers and paternal kin. The CFSR noted that case carrying social workers have not made consistent efforts to identify and/or engage birth fathers to participate in case planning, family stabilization, and permanency planning for their children. Moreover, the child welfare system needs to emphasize the engagement of paternal kin as potential permanency resources for children in the foster care system. CFSA will address these issues in its Program Improvement Plan.

It is critical that once social workers have identified, located, and engaged fathers and paternal relatives in the case planning process, that there are services and supports that are available to meet their needs and keep them engaged. As such, CFSA will work to identify resources that target fathers and remove barriers to engagement.

For example, CFSA and the Healthy Families/Thriving Communities Collaboratives are partnering with community-based agencies throughout the District to develop and create access to fatherhood programs for the fathers of children on the CFSA caseload. For participants, the fatherhood programs will:

- foster awareness of the importance of paternal involvement in the life of a child;
- educate fathers on their rights and responsibilities as parents;
- provide parenting skills and tools to help fathers positively interact with, relate to, and attend to the needs of their children;
- provide (linkage to) support services to alleviate barriers to their involvement in their children's lives; and,
- encourage fathers stay involved in the lives of their children.

As part of CFSA's effort to recruit participants in fatherhood programs, the agency will work with various District stakeholders to address and overcome the barriers to engaging fathers and paternal relatives of children in the child welfare system. Some of these efforts include, but are not limited to:

- working with neighboring states to overcome Interstate Compact issues that present barriers to placing children with capable and willing paternal relatives; and
- collaborating with the D.C. Superior Court and the D.C. Counsel for Child Abuse and Neglect (CCAN) Office to ensure increased diligence in the engagement and legal representation of absent parents, with an emphasis on fathers.

Family Preservation, Reunification, and Support Services[7]

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.

[7] 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)

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 youth placed in Maryland who are aging out of foster care.

CFSA routinely refers "community cases" to the Collaboratives for family preservation services. These are situations wherein reports to the CFSA Hotline—and, in some instances, CFSA investigations—identify families not involved with the child welfare system but in need of intervention to resolve challenges 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 FY 2007, the Collaboratives served 1,279 community cases, 93% 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 in a Collaborative catchment area. Supportive assistance services are identical to those the Collaboratives provide to community cases. In FY 2007, the Collaboratives provided supportive assistance to 326 families, 85% 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 child(ren)/youth 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 FY 2007, the Collaboratives provided 264 families with after-care services, 110% 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 FY 2007, the Collaboratives delivered 5,198 individual information and referral services, 101% 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: With the restructuring of the permanency unit, CFSA has put an emphasis on concurrent planning, which encourages social workers to have in place an alternative permanency plan for the child in case reunification is no longer viable. While out-of-home social workers move toward reunifying children in foster care with their birth families, a permanency planning social worker simultaneously seeks potential adoptive/ guardianship resources for the same child. When reunification is no longer an option for the child, he/she does not have to languish in foster care while other permanency plans are made because CFSA has already laid the groundwork toward permanency. To further enhance the case planning efficiencies of concurrent planning, the Agency is now working diligently to strengthen the partnership with both the Court and the attorneys to ensure that termination of parental rights (TPR) trials are held expeditiously and efficiently; doing so eliminates confusion for the child and helps establish the bond between the child and the pre-adoptive parent.

CFSA contracts with the Post-Permanency Resource Center, which is operated by Adoptions Together, Inc. to provide information, referral, and post-adoption supportive services to parents. In the adoption process as well as post-adoption, families receive support services that promote timely permanency and help maintain stability in the family. To address the clinical needs of adopted children, CFSA and the D.C. Department of Mental Health offer mental health services to post-adoption, post-guardianship, and post-reunification families. Through Multi-Systemic Therapy (MST) and In-Home Community Based Services (IHCBS), CFSA has been able to increase the 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.

CFSA funds outreach for the recruitment of families for youth with special medical needs. Families are invited to visit and participate in discussions at hospitals and with individuals who specialize in special needs children. One of CFSA's media-centered strengths for recruiting adoptive parents is its collaboration with NBC4, the Freddie Mac Foundation, and the Metropolitan Washington Council of Governments. These three entities jointly sponsor weekly segments of "Wednesday's Child", a program that invites interested families from Virginia, Maryland and other states to adopt children from CFSA. CFSA has added a second adoption recruitment unit of five recruitment workers, and has also been awarded a one-year grant through the Dave Thomas Foundation (Wendy's Wonderful Kids). This grant funds the salary of a recruiter to implement the child-focused, adoptive parent recruitment strategy based on the proven effective, Wendy's Wonderful Kids Model.

Mental Health, Substance Abuse, and Housing Services[8]

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.

[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)

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

Multisystemic Therapy 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 youth who need a community-based, family-focused program as an alternative to out-of-home placement due to antisocial behavior. It also targets youth in therapeutic foster homes or residential treatment centers who are ready to return to less restrictive care settings. In FY 2007, DMH provided MST services to 79 CFSA-involved children.

Intensive Home- and Community-Based Service (IHCBS) includes a broad range of interventions for high-risk children involved in multiple systems. The service is open to, but not exclusive to, CFSA-involved children. It is available 24 hours-a-day, 7 days–a-week, targeting children and youth with serious emotional/behavioral disorders and multiple service needs requiring 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 FY 2007, DMH authorized 303 District-wide community based interventions through this program.

Substance Abuse Services: CFSA has completed three Needs Assessments (2003, 2005 and 2007) and all identified parental substance abuse and the need for substance abuse treatment services as a critical issue for CFSA and other District agencies. Substance abuse is identified as a major factor in children coming into care, and both social workers and birth parents reported that families struggled with parental substance abuse prior to children's entry into care. Many families involved with CFSA had exhausted their personal support networks because of substance abuse or other past behavior. Social workers identified substance abuse services as essential for CFSA clients. Problems that co-exist with child abuse and neglect— substance abuse, domestic violence, and mental health conditions— contribute to high levels of family stress and to an increased potential for entry into the child welfare system. Parents that use illegal substances are often more likely to neglect their children, have mental health issues, and be involved with a violent partner. In addition, children raised by substance abusers are more likely to perform poorly in school, experience depression, suffer from more school delinquency, and comprise a larger proportion of foster care placements.[9] CFSA has collaborated with other District agencies to address issues of substance abuse that heavily impact familial involvement in the child welfare system.

The Family Treatment Court (FTC) is a voluntary, court-supervised substance abuse treatment program for mothers/female guardians whose children are the subject of a child neglect case. A joint effort of the Family Court, the Department of Health's Addiction Prevention and Recovery Administration and CFSA, the residential program allows participants to bring up to 4 children under the age of 10 with them while in treatment. The program was initiated in January of 2003 and admitted its first client in June of that year. The FTC allows the Family Court to better monitor a parent's progress in drug treatment and to measure specific outcomes. The FTC is targeted to enhance family reunification through the provision of front-end services and complies with federally mandated timelines of the Adoption and Safe Families Act (ASFA) to

[9] 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.

achieve timely permanency for children. During the first nine months of the program, clients receive on-site and community-based services in a residential treatment facility (capacity of 18 families). Services provided include:

- Treatment, individual/group substance abuse counseling, therapy, nutritional counseling/meal preparation, parenting skills classes, transportation for children to/from school and/or daycare.
- On-site child care to provide recreational activities.

Participants who successfully complete the residential phase are stepped down to intensive out-patient or out-patient substance abuse treatment as part of the community-based aftercare phase, where they receive continuing care treatment through APRA for up to nine months. Additionally, during the after-care phase, participants receive support in accessing community-based services related to housing, employment, educational, and mental health assistance to allow them to provide a safe and permanent home for themselves and their children. In FY 2007, 17 women graduated from the Family Treatment Court Program.

The *Effective Black Parenting Program (EBPP)* was implemented by CFSA and APRA for women receiving substance abuse treatment whose children are the subject of an active child abuse investigation or on-going case. As part of the intensive out-patient program, clients attend the program 4 days per week for up to 12 weeks and then may be stepped down to basic outpatient care per week for up to 8 weeks. EBPP is embedded within the treatment program for 15 weeks. Clients and providers participate in treatment and rehabilitation planning as well as clinical case management. Participants receive a mix of group and individual addictions counseling and psychotherapy treatment, family counseling, medical services (as necessary and appropriate), drug screening and laboratory services, discharge and aftercare services, and assessment and referral for vocational rehabilitation. Child care services are also included as part of the range of client supports. EBPP is administered by instructors who have been trained and certified in this culturally-specific model. EBPP is targeted to strengthen families and increase parenting capacity. The program was initially piloted from May through December 2005, and was fully implemented in October 2007. APRA provides fiscal management and oversight for the CFSA-funded program.

CFSA, APRA and the Family Court have collaborated to develop a strategic plan for improving substance abuse services to children and families. Representatives from each agency formed the Family Recovery and Accountability Team (FRAT) in order to formally solidify this multi-system planning effort. To bridge identified service gaps, the FRAT has continued implementation of its FY 2005 Strategic Plan. In FY06, CFSA dedicated Intake Substance Abuse Specialists (ISAS) to its Child Protective Services administration to streamline the intake, referral, and services delivery of substance abuse services to CFSA clients. Over the past year, efforts to support more efficient sharing of information on substance abuse referrals and treatment services for clients receiving services from both agencies have begun to show success. CFSA's Substance Abuse Specialists now have access to APRA's Automated Client Information System (ACIS) and both agencies continue to collaborate to enhance the ability of the CFSA Specialists to complete full intake assessments electronically, as well as to closely monitor clients while in treatment. In FY08, the FRAT will reconvene key stakeholders to assess progress to date in meeting the initial objectives of the Strategic Plan as well as to determine the resources that are required to continue to expand the array of substance abuse treatment services and meet the needs of families served by CFSA.

Housing Support Services: CFSA is working to identify resources within the District to alleviate affordable housing issues that affect so many clients. The 2003, 2005 and 2007 Needs Assessments all 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 74 families with a total of 164 children during FY 2007, in addition to more than 85 youth transitioning out of foster care (including 28 teen parents with a total of 44 children).

CFSA has also partnered with the Family Treatment Court to address the lack of available housing and supportive services for women exiting residential substance abuse treatment. The *FTC Transitional Housing Program* is focused on meeting the housing and recovery needs of families, particularly women with children. Beginning in FY06, CFSA has utilized a combination of local and federal resources to formalize agreements with community-based organizations to provide transitional housing and supportive services for eligible families. In FY 2007, 6 families were supported through the FTC Transitional Housing Program.

Criminal Background Checks of Prospective Substitute Care Providers[10]

Both CFSA and its network of child placement licensing agencies recruit and license foster and adoptive homes. Federal and District laws mandate that 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. During FY 2007, CFSA completed over 434 fingerprint checks of prospective and current foster parents. The in-house

[10] 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)

fingerprinting process has greatly improved CFSA's performance in completing timely provider licensure decisions.

Determinations of Reasonable Efforts [11] and Timely Permanency Planning[12]

The overarching goal of D.C. ASFA (and the federal ASFA) is to move foster children out of substitute care and into "safe and loving permanent homes" as quickly as possible. In the meantime, CFSA is to make every effort to place children in the "most family-like" setting possible, and the agency is required to hold 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 further requires that at the initial and subsequent permanency hearings, the Family Court must approve the child's permanency plan. In addition, D.C. ASFA requires the court to rule that CFSA has made "reasonable efforts" to implement the child's permanency plan.

With regard to D.C. ASFA requirements:

- Of the 2,243 children in foster care placement as of September 30, 2007, 71% (1,600 children) were placed in family-based care settings, including with kin, non-relative foster parents, and in pre-adoptive homes.
- The federal reviewers of the Child and Family Services Review found that the agency's case review system was in substantial compliance with all the standard indicators used to measure agency performance[13]. Among the findings:
    - Cases were consistently reviewed at least every 6 months, and permanency hearings were held in a timely manner; and,
    - There is a policy and process in place for filing for termination of parental rights in accordance with the requirements of the Adoption and Safe Families Act (ASFA).
- In its January 2007 status report on child welfare reform in the District, the Council for Court Excellence highlighted the progress of CFSA and the Family Court in holding timely permanency hearings (99% compliance) for children who needed one. Additionally, in 95% of the permanency hearings that took place in 2006, the presiding judge made a determination with regard to the child's permanency goal.[14]
- In their November 2006 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. The agency performance was found to be in substantial compliance with ASFA and Title IV-E federal requirements. Reviewers noted:

    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. . . .

---

[11] 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)

[12] Adoption and Safe Families Act of 2000 effective June 27, 2000, D.C. Law 13-136, Sec. 201(b)

[13] The Administration for Children and Families, as of January 31, 2008, had not finalized its final report on CFSA's performance of the second round of the Child and Family Services Review . Referenced statements are from the "courtesy copy", in draft form, of the report that CFSA received in November 2007.

[14] Council for Court Excellence (January 2007). *District of Columbia Child Welfare System Reform: A Third Progress Report* (p. 14)

> *[O]verall compliance with this requirement is a vast improvement over the District's last review.*[15]

In addition to permanency hearings at the Family Court, CFSA policy requires that the status of each child in out-of-home placement, including children placed out-of-state, be reviewed at an Administrative Review within at least 180 days of a child's entry into the physical or legal custody of CFSA and every 180 days thereafter. The Administrative Review provides an opportunity for the child's biological family, caregivers and children, as appropriate, as well as formal and informal supports to come together with an independent reviewer. At the Administrative Review meeting, participants address case practice and overall progress in achieving case goals and agree on recommendations for future plans to ensure the child's safety, permanency, and well being. 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 FY 2007, CFSA completed 99% of Administrative Reviews every 180 days (twice annually) for children in care as both the federal and D.C. ASFA mandate.[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 stakeholders in the child's life. They include the child's current foster 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. For Administrative Review Hearings, CFSA complies with its updated Administrative Review Hearings Policy, which provides explicit instructions for social workers, administrative reviewers, and hearings officers regarding who they must notify about scheduled administrative hearings[18].

In June 2007, the federal reviewers of the Child and Family Services Review noted as part of its evaluation of CFSA's case review system, that foster parents, relative caretakers, and pre-adoptive parents were consistently notified of reviews or hearings pertaining to the children in their care and had the opportunity to provide their input during the hearings and reviews either in person or via written communication.[19]

---

[15] 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)
[16] Ibid.
[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)
[18] CFSA's Administrative Hearings Policy, Procedure E: Scheduling of Hearings delineates notice requirements that comply with ASFA requirements.
[19] The Administration for Children and Families, as of January 31, 2008, had not finalized its final report on CFSA's performance of the second round of the Child and Family Services Review . Referenced statements are from the "courtesy copy", in draft form, of the report that CFSA received in November 2007.

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 its 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 policies address interstate adoptions and requirements for medical coverage.[22]

[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. Toward that end, CFSA's intent in FY 2008 is to work with the Mayor's office in ushering through the legislative process the following:

Issues	Description	Justification of Need
Child Abuse and Neglect Psychotropic Medication Authorization Amendment Act of 2008	The CFSA Medical Director or designee may authorize non-emergency medical, surgical, dental or psychiatric treatment, or autopsy, when reasonable efforts to consult the parent have been made but a parent cannot be consulted.	Children are admitted to the hospital in need of psychotropic medications and need continued medication for chronic conditions. Many parents are unable to be contacted at the time the child is hospitalized. When the child goes without new or renewed medication their conditions often worsen and they suffer needlessly when ongoing or new medication is withheld. Hospitals will not administer medications without "parental consent." CFSA is encountering a problem in signing consents for inpatient psychotropic medication due to the statutory limitations of DC Code 4-1303.06 (authorizing the Agency to consent for only out patient treatment and 7-1231-14 which limits consent for psychotropic medication to parents, guardians and the court. (CFSA is legal custodian of children in care and legal guardians only after parental rights have been terminated)
Foster Care Cooperation Amendment Act of 2008	To establish the policy of the District of Columbia concerning the relationship between CFSA, child placing agencies and foster parents involved in providing foster care services to abused or neglected children.	The District of Columbia recognizes and acknowledges the significant and important role foster families play in providing nurturance, development and support to the District's children in foster care. The rights to receive training to improve skills in meeting the daily and special needs of foster children; information received timely concerning the foster child that could affect the care provided to the foster child; opportunity to participate in case planning for the foster child; and current information concerning decisions about a foster child made by the court, agency, or a licensed child placing agency, are examples of some of the rights foster parents will have if this bill is enacted.
Safe Haven Amendment Act of 2008	To allow birthmothers to relinquish their newborns legally and confidentially with authorized caregivers, in designated locations, rather than abandoning them unsafely or directly harming them.	The purpose of this legislation will be to reduce the number of infant deaths and traumas through unsafe abandonment in such places as dumpsters, restrooms and neighborhoods. The intention of the statute will be to provide desperate birthmothers a non-threatening escape from their crisis, so they will not harm their child. Once legally relinquished, the infants will be placed for adoption.
Safe and Timely Interstate Placement of Foster Amendment	To amend the Prevention of Child Abuse and Neglect of 1977 and Title 16 of the D.C. Official Code to comply with the Federal requirements. The Act	The Act ensures interstate placements are considered in the areas pertaining to reasonable efforts, case planning and case review requirements.

Issues	Description	Justification of Need
Act 2008	improves protections for children and to hold states accountable for the safe and timely placement of children across State lines, and for other purposes.	
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.

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

Submitted by Kinaya C. Sokoya, Acting Chair

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) is pleased to comment on the 2007 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 that 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

Three-Year Assessment

As part of our requirement under the Children's Justice Act (CJA) Grant, MACCAN generates a three-year assessment on the District of Columbia's systemic response to vulnerable children. This assessment includes how the cases are investigated, administered, and adjudicated; discussion of experimental, model, and demonstration programs; and, legislative reform. In May 2007, an assessment for the period from October 2007 – September 2010 was submitted to the Administration for Children, Youth, and Families. Following is a summary of MACCAN's findings and recommendations. Additional comments have been added based on the 2007 Report of the Child and Family Services Agency.

Findings

Based on presentations, interviews, and review of documents, MACCAN offers the following findings:

A. Children and families are better served than previous years with the number of District children in foster care significantly reduced. CFSA has made significant progress on its Program Improvement Plan.

B. The District has created and funded programs that enhance the options available for relatives who want to care for children.

E. The amount of time children spend in foster care has been reduced, however, efforts to improve in this area should continue.

F. A computerized case tracking and management system has been developed. Cases that reenter foster care after permanent placement are being tracked. Although some strides have been made in tracking cases, the number of allegations received and investigated, and the number of children in care change depending on the reporting entity, CFSA, Council of Court Excellence, Metropolitan Police Department, etc.;

G. A Family Treatment Court Program was established to enable parents who abuse drugs, alcohol, and/or other substances to remain with their children while receiving treatment. While the program has experienced positive outcomes, its capacity to serve families is limited. There is now a waiting list for admission to the program.

H. Approximately 60% of the children in care are age 12 and over. However, the District's child welfare system is designed to protect infants and young children.

I. Although the laws on child sexual abuse are comprehensive, response to sexual abuse is uneven and insufficient.

J. Placing children across jurisdictions continue to take excessive amounts of time, and some children are moved several times before they are placed.

K. Additional refinement of child welfare laws is still needed.

Recommendations

The Committee offers the following recommendations:

A. Investigative, Administrative, and Judicial Handling of Cases

Recommendation 1: CFSA should continue progress on its Program Improvement Plan. Better communication with the Committee on the progress of PIP is desired. MACCAN would like involvement in the Child and Family Service Review process and would like to receive copies of the quarterly reports on progress in implementing the PIP action steps.

Recommendation 2: A coordinated response to child sexual abuse beyond investigative and judicial agencies is needed.

Recommendation 3: Computerized tracking of child abuse and neglect across agencies should be enhanced for consistency in reporting the number, types, and disposition of cases.

B. Experimental, Model, and Demonstration Programs

Recommendation 1: CFSA is commended for the use of family team meetings and its effort to resolve ICPC problems, particularly in the State of Maryland. It is also commended for the Family Treatment Court Program and Grandparents Caregiver Pilot Program. The capacities of the latter two programs should be increased to serve more families and current waiting lists should be eliminated. Before an absentee parent is reengaged with his or her children, CFSA should ensure that an agreement is mediated between custodial and non-custodial parents on parenting issues to reduce the risk of re-traumatizing their children.

Recommendation 2: CFSA should continue efforts to enhance strategies and procedures for addressing the intersection between child maltreatment and other forms of family violence. The Structured Decision-Making tool used when investigating allegation should be revised. A lethality assessment that measures the types and level of violence in the home should be Additionally, CFSA should institutionalize annual cross training that is now offered by MACCAN.

Recommendation 3: CFSA should continue to enhance the response of the system to abused and neglect children living in families that are underserved including limited English-speaking and immigrant children and children with disabilities.

Recommendation 4: CFSA should continue to develop and implement protocols to address the needs of older youth who are entering the child welfare system. It should investigate what is driving the influx of older children and youth into care and take efforts to address finding(s). In addition to providing resources for youth who desire to attend college or seek post-secondary education and training, CFSA should educate and guide youth to these objectives with intentionality as a way of lifting them out of poverty. The capacity of the Teen Bridge Program should be expanded beyond 16 youth. The maximum age for guardianship programs should be increased from 18 to 21 years of age.

Recommendation 5: The District government should develop and implement a protocol to assist parents who are experiencing challenges with youth who exhibit oppositional behavior before the problem escalates to removal from home. Parents and caregivers should be offered support through respite care and support groups that they control. Wrap around accessible services are needed for families in subsidized housing programs.

C. Legislative Reform

Recommendation 1: The District government should establish a dedicated psycho-social program for at-risk youth who are considered Persons in Need Supervision (PINS).

Recommendation 2: The District government should develop an alternative response for un-emancipated youth who are living on their own.

Recommendation 3: The District government should increase the statute of limitations for reporting child sexual abuse.

Recommendation 4: The District government should clarify the age and conditions that parent can legally leave a child at home unsupervised.

Recommendation 5: For the proposed Safe Haven legislation, the District should revisit the requirement that parents must admit negligence to voluntarily relinquish their children. This may serve as a barrier to child safety.

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.

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.

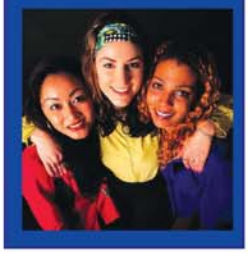
Intervention

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.

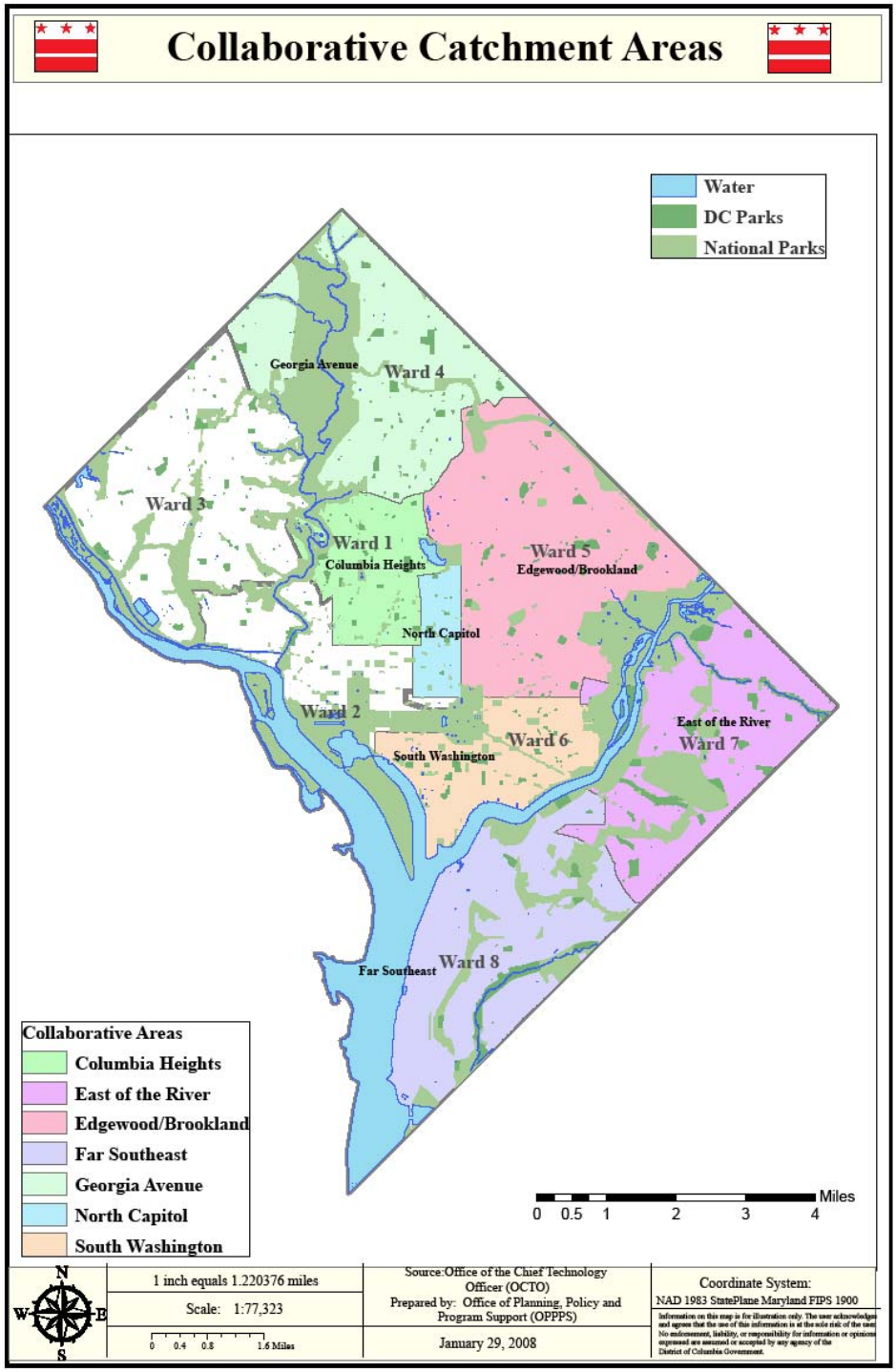
Adjust

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



Appendix D:
Partnership for Community-Based Services

Proposed Vision Statement:

> *Every child in the District of Columbia shall live in a safe, stable, permanent home, nurtured and supported by healthy families, strong communities, and a coordinated cohesive child welfare system of care.*

This Partnership will serve as a national model guiding the work of public, private and community based organizations to build an effective system of care for children and families in the community. The Partnership compels:

- Government systems to integrate principles, values and evidence-based practices that empower families to lead the service delivery process;
- The community to advocate for needed services and participate in supporting families; and,
- Stakeholders to hold the system accountable for family progress.

IN-HOME LOGIC MODEL

Resources	Activities	Outputs (key practice outputs)	Short-Term	Medium-Term	Long-Term	Goal
			Family level outcomes			Families remain stable and intact.
Strengths-based, family-centered practice model	Shared responsibility for engaging the family	# and % of families receiving services jointly from CFSA and Collaborative staff	Caregivers recognize the safety needs of their children.	Caregivers demonstrate improved coping mechanisms and developmentally appropriate nurturance.	Children remain safe.	
Families	Help the family assess (and reassess) its needs and strengths	% of families participating in completion of assessment tools			Caregivers demonstrate adequate and effective parenting skills to promote child safety.	
Credentialed CFSA and Collaborative staff	Help the family decide on a goal and steps toward reaching that goal	# and % of case plans co-written and signed by family members	Families recognize the components of a stable, healthy and secure living environment.	Families demonstrate the ability to maintain a stable, healthy and secure living environment without consistently relying upon emergency intervention.	Families have financial and housing stability.	
Training and education on strengths-based family engagement	Empower family members to generate their own solutions through their active participation in the development and implementation of the activities in the case plan	# and % of case plans meeting the quality standards established in the practice protocol	Families report increased contact with and an understanding of the importance of informal and formal support networks.	Families demonstrate the ability to effectively identify and access necessary formal and informal supports for themselves and their children.	Families have strengthened social connections with formal and informal supports.	
Assessment tools	Help the family make a written plan for pursuing these goals	# of hours engaged in face-to-face contact with families	Families can identify their own strengths and understand the importance of using those strengths to achieve case plan goals.	Families effectively advocate for their own needs.	Families access concrete services and supports independently.	
Neighborhood-based service delivery system	Communicate desirable outcomes, requirements for safe case closure, time frames, and rights and responsibilities clearly and directly	% of home visits meeting the quality standards established in the practice protocol	Families recognize their developmental and well-being needs.	Families address their physical, emotional, behavioral, and academic needs.	Caregiver functioning is adequate to promote child well-being.	
Federal and local funds	Visit the family regularly to ensure child safety, child-family engagement in services, and effectiveness of services in stimulating positive change	% of home visits linked to case plan goals			Family and child well-being is improved.	

IN-HOME LOGIC MODEL

Resources	Activities	Outputs (key practice outputs)	Short-Term	Medium-Term	Long-Term	
Multi-system partners	Advocate for and with a family with other agencies, schools and businesses	% of referrals made that successfully link families to needed resources				Families remain stable and intact.
	Coordinate family meetings, when appropriate	# and % of family meetings held for all families served				
			System level outcomes			
	Facilitate multi-system planning and service provision	% of cases safely closed within 12 months	Multi-system partners identify the processes and supports to function in partnership with families as a multi-system team addressing families' immediate needs and risk factors.	Multi-system partners continue to team to meet the underlying service needs of families.	Abuse and neglect rates are reduced.	
	Increase service collaboration and access	% of family meetings with multiple service providers attending			Community and public resources are used more efficiently.	
		% growth in service array available	Multi-system partners understand strengths-based, family-centered practices.	Multi-system partners continue building strengths-based, family-centered practices.	Family engagement and outcomes are improved.	

District of Columbia Government
Child and Family Services Agency

400 6th Street, SW
Washington, D.C. 20024

Publication design and prepared by:
Office of Planning, Policy and Program Support

(202) 724-7100