



The Government of the District of Columbia



CHILD AND FAMILY SERVICES AGENCY

2013

ANNUAL PROGRESS AND SERVICES REPORT



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INTRODUCTION

The Child and Family Services Agency's (CFSA, or Agency) *Title IV-B Annual Progress and Services Report (APSR)* addresses a large number of very prescriptive qualitative and quantitative federal reporting requirements associated with the following programs:

- Title IV-B of the Social Security Act (the Act) Sub-Part I (Stephanie Tubbs Jones Child Welfare Services [CWS] Program)
- Title IV-B Sub-Part II (Promoting Safe and Stable Families [PSSF] Program)
- Child Abuse Prevention and Treatment Act (CAPTA) State Grant Program
- Chafee Foster Care Independence (CFCIP) and Education and Training Vouchers (ETV) Programs

This document provides information to interested stakeholders, particularly the federal audience, on the District's progress regarding the achievement of goals, objectives, and measures previously outlined and approved for the Agency's *2010-2014 Child and Family Services Plan (CFSP)*. While the 2013 APSR report makes specific mention of CFSA, information and references herein are inclusive of the entire District child welfare system, including the social workers and staff of CFSA's contracted private agency partners.

This APSR satisfies the federal regulations (45 CFR 1357.16) by providing updates to the federal Administration for Children and Families (ACF) on the District's annual progress for the previous fiscal year and planned activities for the upcoming fiscal year.

Overview of the Child and Family Services Agency

CFSA is the Title IV-E single State agency¹ for the District of Columbia. The Agency is responsible for funding or providing services to promote the safety, well-being, and permanency of children and families along the child welfare continuum. Services range from those that strive to keep children safe in their homes whenever possible, that is, to prevent children and families from entering the District's child welfare system, to services that address child abuse and neglect "after the fact". At the point where a home removal is necessary and a child does enter foster care, District services strive to move these children quickly to permanency. To support children as they transition out of foster care, the District dedicates resources to maintain permanency. Key to the Agency's mission are services and interventions designed to ensure the physical, dental, and mental health of children and youth, along with their academic well-being, notwithstanding where a child or youth may find themselves along the continuum.

¹ Under 45 [CFR 1355.20](#), the Title IV-E single State agency (i.e., the agency designated to receive Title IV-E funds) is responsible for administering the Title IV-E State Plan or supervising the administration of the Plan by local political subdivisions/Tribal service area. It has the authority to make rules and regulations governing the administration of the Plan that are binding on such subdivisions/service areas. The Title IV-E plan is mandatory upon the subdivisions/service areas and is in effect throughout the State/Tribal service areas.

The District's child welfare continuum begins with CFSA's Entry Services division, staff of which receives and vets reports of alleged child abuse and neglect via the District's Child Abuse and Neglect Hotline (202-671-SAFE). For reports of moderate- to high-risk allegations, Child Protective Services (CPS) investigative social workers perform comprehensive investigations of the allegations to ensure child safety and to mitigate risk. CFSA has also implemented a Differential Response (DR) model, which is a practice approach that allows for alternatives to the traditional CPS investigation for allegations of child abuse and neglect referred to the Hotline. Through DR, CFSA has implemented Family Assessment, which responds to certain reports of neglect allegations with low- to moderate-risk allegations. These FA social workers engage families to address and overcome the issues and crises that precipitated the initial Hotline report. These FA social workers engage families to address and overcome the issues and crises that precipitated the initial Hotline report. In 2013, CFSA is building capacity to respond to referrals eligible for FA through with the additional of designated FA division. The District provides a cadre of community-based organizations that specialize in family stabilization and support for these families. The Agency also offers in-home case management services and interventions following investigations of families presenting with risk factors.

Also integral to the Entry Services division is CFSA's Health Services Administration (HSA). Through HSA, children who enter out-of-home care (or children experiencing a change in current placement) receive timely physical, dental, and mental health screenings. Further, through HSA's nurse care manager (NCM) program, social workers receive case consultation regarding well-being issues for children on their caseloads.

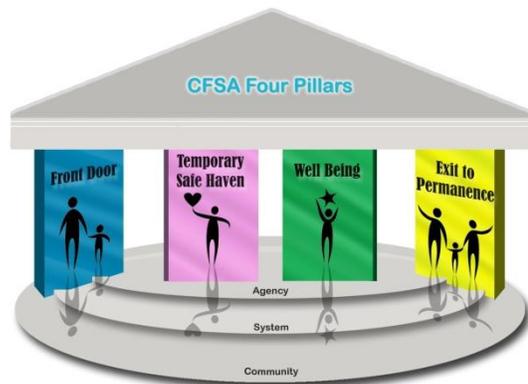
If out-of-home placement is required, CFSA has a range of placement options that include kinship caregivers, traditional foster family care, independent living, and special residential treatment facilities. CFSA always endeavors, however, to first place children and youth with willing and able kin caregivers. Much of the Agency's resources have been allocated toward early identification and engagement of kin, especially for children at risk of entering into foster care. If they cannot be placed with kin, CFSA strives to place the child in the most family-like setting possible, but it also maintains an array of placement types in order to meet the needs of children or youth who cannot be served in such settings. Most importantly, the Agency strives to meet the individual needs of children and youth by targeting recruitment efforts and providing tailored training and supports to placement providers with the capacity to meet each child and youth's particular needs.

When a child is placed in foster care, CFSA works closely with the child's immediate family and the District's Family Court to determine the most appropriate permanency goal, including a concurrent goal. The Agency also promotes time-limited reunification services, adoption, and guardianship, as well as supportive independent living services as permanency options. As well, the Agency closely collaborates with community stakeholders, advocacy groups, and service providers to support the achievement of safety, permanency, and well-being for all the children it serves.

I. TITLE IV-B NARRATIVE UPDATE

INTEGRATION OF THE CHILD AND FAMILY SERVICES REVIEW (CFSR) PROGRAM IMPROVEMENT PLAN (PIP)

The goals of the 2010-2014 CFSP are purposefully aligned with the requirements of CFSA’s 2007 CFSR PIP requirements. These provided CFSA with a blueprint for refining the District’s child welfare standards to ensure focused attention on specific outcomes associated with child safety, permanence, and well-being. In addition to improving areas that may have been underperforming, the PIP simultaneously provided opportunities for enhancing the Agency’s strengths.



The CFSA PIP has greatly directed and informed the Agency’s development of the *2012 Strategy Plan*, which features the *Four Pillar Strategic Framework* around which CFSA’s current case practice flows. This framework is a bold offensive to improve outcomes for children, youth, and families involved with District child welfare. Each pillar represents an area of practice that is ripe for improvement and features a values-based foundation, set of evidence-based strategies, and series of specific outcome targets.

Pillar One: Front Door

CFSA strategies and services are geared toward affording children the opportunity to grow up safely at home with their families. Prevention programs and evidence-based approaches, such as the Differential Response model, are CFSA’s vehicles for family stabilization and support. When children come to its attention, CFSA’s priority is to reach out, locate, and engage relatives at the earliest possible stages of case planning.

Pillar Two: Temporary Safe Haven

Out-of-home placements are interventions of last resort. When placement into foster care is necessary, CFSA aims to make such placements short-lived by planning the child’s exit from the child welfare system on the same day he/she enters care. The Agency immediately seeks out relative placements. If relative options are inappropriate or unavailable, the most appropriate and family-like setting is sought. Regardless of placement setting, CFSA keeps youth in foster care connected to their schools and communities. Additionally, the Agency promotes and preserves both maternal and paternal relationships, alongside sibling connections, through frequent, intentional, high-quality visits. CFSA also focuses its efforts on moving children quickly out of foster care by way of a legal relationship (i.e., reunification, guardianship, or adoption).

Pillar Three: Well-Being

Every child is entitled to a nurturing environment that supports his or her growth and development into a healthy, self-assured, and educated adult. Accordingly, CFSA and its partners take steps to address educational, mental health, and physical health issues to ensure that children receive the supports they need to thrive. For example, CFSA is incorporating evidence-based practices to address underlying issues of trauma and mental health as well as chronic diseases and other medical issues. Educational achievement is another Agency goal for all children in care, from early childhood education through high school and college, or vocational school.

Pillar Four: Exit to Positive Permanency

It is CFSA's goal that every child exits foster care to a well-supported family environment or lifelong connection as quickly as possible. Once permanence is achieved, CFSA staff offers support to families to ensure the sustainability of that permanence, including supports to maintain stable family connections and to reduce the likelihood that the child will re-enter the system. Older youth exit foster care with the proper skills to ensure self-sustainability, including appropriate community-based aftercare services, an appropriate education, and the life skills necessary to help them become successful, self-supporting adults.

**PROGRESS IN ACCOMPLISHING CFSP GOALS AND OBJECTIVES
IN THE PROVISION OF CHILD WELFARE SERVICES**

To support full implementation of the *2012 Strategy Plan*, CFSA undertook a series of organizational realignments to re-focus resources on the Four Pillars mentioned above, including expansion of the Differential Response model, and increasing the resources and front-door focus of the Kinship Support Unit. Toward the end of 2012 and into 2013, CFSA implemented additional new practice initiatives, including utilization management reviews during the foster care placement process, the Review Evaluate Direct (RED) Team (which reviews reports to the Hotline), and JumpStart case reviews for older youth in foster care who are preparing to exit the system.

These and other organizational and practice updates are highlighted in the narrative on the 11 high-level goals for service delivery and practice improvement. These goals are tailored to reflect a more comprehensive, coordinated, and effective service delivery system in order to improve positive outcomes for the safety, permanency, and well-being of children and families. In addition to these identified goals, there are realistic, specific, quantifiable, and measurable objectives that CFSA and the District is undertaking for ensuring goal achievement. Each objective focuses either on specific, positive outcomes for children and families, or on elements of service delivery closely linked to those outcomes.

Safety

Goal 1: *Prevent children from entering the child welfare system.*

Following the implementation of the *Four Pillars Strategic Framework* in 2012, CFSA has greatly fortified efforts to prevent children and families from entering the “front door” of the District’s child welfare system. This has been accomplished first by addressing the needs of children and families who may require assistance but whose situations do not yet rise to the level of concern that warrants a report for child abuse or maltreatment. By providing a series of diverse family assistance, education and support services and interventions at the “front porch” or the “front yard” of child protective services, CFSA is able to divert more formal involvement with the child welfare system.

CFSA also utilizes federal Community-Based Child Abuse Prevention (CBCAP) funding, as well as dedicated local prevention funds, and other funding to support the following array of primary and secondary child abuse and neglect prevention programs:

- home visiting programs for families with children age 0-5
- parent-teen conflict resolution
- parenting education and support
- a father-child attachment program

These programs for parents include direct skill training in child behavior management and home safety, enhancing parent-child communication and building nurturing parenting skills and culturally-specific interventions to strengthen healthy family relations.

CFSA’s ongoing vision for a comprehensive continuum of child welfare services for District children and families stems from an expanded definition of the child welfare system to include *all services and resources in the District* that support families. In other words, every public and private agency that has a role in helping families to access the supports and services necessary for stabilization and strengthening is also part of the prevention strategy. To continue efforts to enhance this “village”, CFSA has diligently explored the capacity of current programs to meet the demand, in particular the increase of families being served in their homes. This has become particularly prudent in 2013, as CFSA has experienced an increase in the number of families receiving in-home services, which surpassed families with children in foster care, as well as a need to expand the capacity of community-based providers to support in-home families. CFSA conducted this exploration in partnership with other District agencies, contracted providers, and local community-based organizations, which has further strengthened these relationships and offered strategies for capacity building. Information on these partnerships is detailed in the following objectives that support the overall goal of preventing children from entering the child welfare system.

Objective: Create a community-based preventive services program for at-risk children and families.

In support of the first pillar—*Front Door*—CFSA continues to partner with community-based providers to develop a continuum of preventive services for at-risk children and families. Efforts include primary prevention programming through the Parent Education and Support Project (PESP), through collaboration with The DC Children’s Trust Fund (DCCTF), through locally-funded prevention programming, and through the *Grandparent Caregiver Program*, all of which are described in detail below.

Parent Education and Support Project (PESP)

Under the PESP, four community-based organizations receive grant funds to deliver programs that strengthen vulnerable families and promote positive parenting. Grant awards were made in FY 2010 and will continue through the end of FY 2013. The following are the PESP grantees:

- *CentroNia* serves parents and families with children in grades pre-K through 12 throughout the District, targeting low-income African American, Latino and multi-ethnic parents and families from varied cultural and socio-economic backgrounds. CentroNia features bilingual services for Spanish-speaking parents. CentroNia’s program is modeled after the Response to Intervention (RTI) approach, which is a three-tiered intervention to support low-income, bilingual, and immigrant families. It leverages “[The Incredible Years](#)” educational curriculum to educate participants about acceptable, healthy and sustainable parenting, as well as providing direct support services, emergency support, economic stabilization, comprehensive counseling, case management, and referrals.
- *Columbia Heights/Shaw Collaborative* targets low-income parents, including those who are court-ordered to receive services in Wards 1 and 2. The program, which also accommodates Spanish speakers, is for parents whose children attend District public schools, charter schools, and childhood development facilities. It is comprised of parenting workshops, anti-violence curricula, and solution-focused brief therapy.
- *East of the River Family Strengthening Collaborative* engages parents (including teen parents) of children (from infancy to high school age) in Ward 7 through the “Powerful Families United” program, which focuses on effective parenting methods and enhancing parenting skills without the use of physical discipline. The program also provides parent education, parent support groups, mental health services, behavioral and social skills development, educational and vocational support services, housing assistance, counseling, as well as recreational and treatment services.
- *The Healthy Babies Project, Inc.* targets pregnant and parenting teens, including high school-aged custodial and non-custodial fathers, and teen parents of medically fragile and/or developmentally delayed children. Participants are residents of Wards 5, 6, 7 and 8, and referred through the Teen Parents Empowerment Program (TPEP). The project provides health education and additional services to young adults ages 13-21, allowing them to be responsible parents, prevention of repeat pregnancies, completion of high school or GED programs, college, and/or other post-high school options. The project focuses on teen domestic violence reduction and utilizes components of the acclaimed and culturally competent Effective Black Parenting Program and the Nurturing Parenting Program.

In 2013, CFSA and its grantees focused on the provision of technical assistance and training on program evaluation, as well as expansion of existing continuous quality improvement mechanisms. Each CFSA prevention grantee is required to engage in a programmatic evaluation to determine the impact of services. Grantees are responsible for monitoring and evaluating all program activities including a review of the appropriateness, quality and timeliness of each service, as well as achievement of program objectives, with a year-end evaluation report summarizing the results.

The DC Children's Trust Fund (DCCTF)

While CFSA has been designated as the lead agency for the CBCAP program in the District of Columbia, the Agency continues to partner with the DC Children's Trust Fund (DCCTF) who, under the terms of a grant agreement, receives and administers CBCAP funding to support expansion of the District's network of coordinated child abuse prevention resources and activities. The role of DCCTF is to strengthen families and protect children from abuse and neglect through public education and parent support programs. Specifically, DCCTF:

- Develops public education materials that promote the primary prevention of child maltreatment.
- Develops messages that emphasize and promote ways to strengthen families and develop healthy children.
- Develops monetary, programmatic and in-kind resources to support primary prevention efforts by leveraging funds and resources.

DCCTF builds the capacity of local groups to implement child abuse prevention programs through targeted funding and technical assistance. DCCTF is an accredited Parents Anonymous® provider for the District of Columbia with an ongoing priority to expand accessible parent support and concurrent children's groups throughout the District. Training and technical assistance for the establishment and implementation of Parent Anonymous® groups are provided by DCCTF staff and consultants. Other areas of training in program development include life skills education, non-violent conflict resolution education, prevention of child maltreatment, cultural competence, and domestic violence prevention. Educational workshops are also offered on developing positive relationships, mandated reporting requirements, child abuse prevention protective factors, and the District of Columbia's child maltreatment laws.

In FY 2013, DCCTF established "The Center for Excellent Parenting & Communities" to better address the training needs of parents. The "Center" focuses on three broad categories:

1. Parent Education
 - Provides a culturally responsive evidenced-based parent training curriculum.
 - Provides financial literacy seminars and career coaching.
2. Parent Support
 - Serves as a resource on prevention models, programs, strategies, and materials.
 - Promotes programs that support parents and prevent child abuse and neglect.

- Facilitates the establishment of more parent support groups.
 - Promotes parent leadership development.
 - Provides program development and implementation training and technical assistance to local groups.
 - Provides grants to community-based organizations to add prevention components to their services.
3. Community Awareness
- Develops public education materials that promote primary prevention and messages that emphasize and promote ways to strengthen families and develop healthy children.
 - Conducts outreach to policy-makers and advocates for the inclusion of prevention services as a component of human services.

Other Prevention Programming

CFSA also utilizes its grant-making authority to leverage local funds with federal Community-Based Child Abuse Prevention (CBCAP) funds for community-based prevention efforts including the following:

- *Parent and Adolescent Support (PASS)*—Beginning in 2013, CFSA and the Department of Human Services (DHS) have entered into a Memorandum of Understanding to support expansion of the DHS Parent Adolescent Support Service (PASS). The PASS program is a voluntary program open to families of District youth ages 10-17 who are committing status offenses. Status offenses include truancy, running away, curfew violations and extreme disobedience, among other behaviors that are illegal for young people under the age of 18. PASS works cooperatively with families and service providers to reduce these challenging behaviors before child welfare and/or juvenile justice intervention is needed. As part of this increased inter-agency collaboration, CFSA and DHS anticipate an increase in the number of youth and families served through PASS. The goal is to continue to support efforts to narrow the front door and divert those reports to the Hotline that can be better served through PASS rather than involving families with child welfare.
- *Home Visitation*—In 2012, CFSA awarded multi-year grants to two community-based organizations: Mary’s Center for Maternal and Child Care (Mary’s Center), and Community Family Life Services. Both organizations have implemented home visiting programs for families with histories of trauma, intimate partner violence, and mental health or substance abuse issues. Services can begin prenatally or shortly after the birth of a baby, and are offered voluntarily, intensively, and over the long-term (through the child’s 5th birthday).

The goal of Mary’s Center’s *Healthy Start Healthy Families* program is to decrease the incidence of child abuse and neglect through the provision of intensive home- and community-based services. A team of family support workers (FSWs), in addition to a community health nurse, are responsible for providing access to a range of services that can address the medical, behavioral, and educational needs of the individual. This model includes home-based supports through the “Parents As Teachers” curriculum, “Ages and Stages” questionnaire, and linkages to community resources.

The Community Family Life Services' program utilizes a team of case managers (e.g., licensed graduate social worker and registered nurse) who are responsible for providing access to home- and community-based services to address medical, behavioral, and educational needs.

In addition, CFSA is part of the DC Home Visiting Council and a key stakeholder with the DC Department of Health (DOH) on the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. When DOH was awarded a 2-year grant from the U.S. Department of Health and Human Services in 2012, the Health Resources and Service Administration began to enhance the infrastructure and expand evidence-based MIECHV services to priority populations throughout the District, including families involved with CFSA.

- *Father-Child Attachment*—This unique program was established in response to an identified need to serve fathers whose partners and children were coming to the attention of the Mary's Center's *Healthy Start Healthy Families* program. The *Father-Child Attachment* program is a home- and community-based intervention that draws from the Chicago Parent Program, utilizing video technology and parent individual and group discussions. FSWs conduct home visits and videotape interactions between the father and his child. The video is then used as a learning tool to promote increased awareness and understanding of the impact of parental behavior on child responses. The program has shown improvement in the attachment between the father and child, and an increase in protective factors, as well as positive improvement in the relationships and interactions between the father (usually the non-custodial parent) and the child's mother.

In addition, the District continues to fund the *Grandparent Caregiver Program* (GCP), which provides monthly financial assistance (on a first-come, first-served basis) to low-income District grandparents or granduncles and aunts who are raising grandchildren, great grandchildren, or great nieces or nephews outside the child welfare system. When parents are unavailable to take care of their children, grandparents often assume care for them, and this program helps offset the financial burdens that come with that new responsibility. The program mitigates family financial risk factors that might otherwise result in greater involvement in the child welfare system for the youth involved. In 2012-2013, CFSA has focused on enhancements to the program to ensure they are receiving adequate support. These efforts include phone calls to families to confirm payments are timely, to check on the status of the children and to see if the family needs to access additional resources. To increase security and timeliness of GCP payments, the Government of the District of Columbia replaced paper subsidy checks that came through the mail with a personalized Visa® prepaid debit card that loads when the city deposits funds in the cardholder's account. Advantages to the debit card include immediate access to funds on the same payment date every month and security through a personal identification number (PIN). CFSA has also taken steps to process applications for the program quickly to prevent a waiting list through enhanced monitoring of program participants and potential applicants. As of April 30, 2013, the program was serving 429 families and 658 children, including 36 children newly enrolled during this calendar year.

Objective: Provide access to a continuum of community-based services that meet families' needs.

In an effort to enhance the continuum of community-based services available to District families, CFSA created a new Community Partnerships administration in 2013 through an Agency re-alignment. Community Partnerships is comprised of In-Home Services and a Collaboratives and Community Services division, which includes the liaison to the Healthy Families/Thriving Communities Collaboratives, all of which is described in greater detail below. The purpose of this new administration is to enhance the use of the community-based resources, increase partnerships with other District agencies, improve case integration and planning for families involved with multiple District agencies, and support the Collaboratives in their development as “community hubs” where families can access services that meet their needs.

To further the Agency’s vision of an enhanced continuum of services, CFSA submitted an application for a Title IV-E Child Welfare Waiver in 2013. This waiver would allow the Agency to use funds that were previously allotted solely for foster care services for prevention and in-home services. If awarded the waiver, CFSA will expand the accessibility of prevention services and implement family preservation and post-reunification services. The new Community Partnership administration will assume responsibility for the implementation of the waiver upon approval.

CFSA also continues to work closely with other District agencies, contracted providers, and community-based organizations to provide District families with a comprehensive continuum for services. With these collaborative relationships, CFSA has identified and addressed gaps in services, as well as barriers, to ensure families experience a seamless process as they seek help to address their needs. Information on these partnerships and other strategies to enhance the District’s service continuum are detailed below.

Healthy Families/Thriving Community Collaboratives

The Healthy Families/Thriving Communities Collaboratives (henceforth referred to as “the Collaboratives”) help families access community-based services to children and families in the neighborhoods in which they live. CFSA maintains a strong contractual partnership with the Collaboratives, which are strategically located in five District neighborhoods that have large numbers of families who have historically come into contact with the child welfare system. The Collaboratives increasingly serve as a “one-stop shop” or as “community hubs” that facilitate the provision of the community resources and supportive services needed by these vulnerable families. CFSA refers families to the Collaboratives for supportive services and/or case management activities to prevent removal of children from the home and in support of families when children are returning from out-of-home care:

- *Information and referral*—The family is in need of information and linkage to community-based services and there are no findings of abuse or neglect.
- *Short-term crisis support*—The family’s basic needs (e.g., housing, food, and utilities) can be addressed through short-term emergency assistance.
- *Community diversion*—CFSA has determined that the family does not require a formal CFSA investigation and the family’s needs can be effectively addressed through community-based services.

The Collaboratives also receive family referrals from other community-based providers or self-referrals from families not involved with CFSA. In addition, CFSA referrals to the Collaboratives frequently involve families with an in-home or out-of-home case. The Collaboratives provide supportive services to the family as part of the case plan, as well as assisting with the transition toward case closure, and supporting the family following safe case closure.

Further, CFSA contracts with the Collaboratives to provide a continuum of community-based services to address the needs of families within their communities. These services fall into the following categories:

- Family Supportive Services
 - Emergency assistance
 - Family preservation
 - Crisis intervention
 - Homemaker services
 - Respite services
 - Financial guidance and skill building
 - Employment support
 - Housing referrals
 - Parenting education and support groups
 - Family Group Conferencing
 - Fatherhood engagement
 - Coordination of day care services
 - Visitation Services

- Case Management Services

These services are for families assessed to have low or moderate risk factors. The family either does not warrant the opening of a CFSA case or is preparing for case closure because they have made sufficient progress on their family functioning and service goals.

- Youth Aftercare

These services include the provision of intensive case management and supportive assistance to youth before, during, and after their transition from the foster care system. An FSW from the Collaboratives partners with the youth and his or her social worker (either from CFSA or a private agency) during the months leading up to the youth's independence from foster care. Following the youth's exit from CFSA custody, the FSW assumes full case management and responsibility for up to 24 months or until the youth has achieved the various goals of his/her transition plan.

- Community Capacity Building

The Collaboratives partner with other community agencies and supports to strengthen and expand the neighborhood resources available to community residents. These efforts include fostering and/or improving collaborations among neighborhood service providers, and improving the ability of communities to respond to their own needs by developing various issue-based activities and initiatives.

The entire CFSA/Collaboratives partnership is intended to strengthen families by enhancing the prevention and family preservation supports that are presently available to the District's children and families in their own neighborhoods and communities.

The Family Treatment Court Program (FTC)

The FTC program is a District-wide partnership among the Family Court, CFSA, the DC Office of the Attorney General (OAG), the DOH Addiction Prevention and Recovery Administration (APRA), a contracted residential treatment provider, and various community-based agencies and service providers. The FTC is a court-supervised comprehensive treatment program for substance-abusing parents that provides support, treatment, and access to services that will protect children, reunite families, when safe to do so, and expedite permanency. The objective of the program is to increase the capacity of the Family Court to intervene with adults who are involved with the court as a result of child abuse and neglect issues, and who are faced with substance-abuse and are willing to stipulate to allegations that their substance abuse impacts their parenting. FTC further supports CFSA and the Family Court in complying with the federally-mandated timelines of the Adoption and Safe Families Act (ASFA) to achieve timely permanency for children. In addition, FTC allows the Family Court to monitor a parent's progress in drug treatment and to measure specific outcomes.

In its current form, FTC is a voluntary residential program that provides substance abuse treatment to women with dependent children who are the subject of a child neglect case. In FY 2013, CFSA, the Family Court and the DC Department of Health's Addiction, Prevention and Recovery Administration (APRA) collaborated on the creation of a re-design the current FTC program to expand its scope of services, as well as the population eligible for services. Under the new model, CFSA and its partners are looking to include a continuum of treatment services based on the assessed need of identified clients, e.g., home-based, out-patient, intensive out-patient, and residential services. In addition, the target population will include any mother, father, or guardian who stipulates to the Family Court that substance abuse impacts their ability to parent. Non-custodial parents who are potential custodial resources will also be eligible for services if they acknowledge a substance abuse problem that impacts their ability to parent.

The re-design will further include two designated FTC case managers, who would be certified addiction counselors (CAC) and co-located at the Court. The case managers would only be responsible for families involved with FTC to coordinate and integrate the parent's treatment plan and the CFSA case plan. CFSA and its partners are looking to implement the new model beginning in FY 2014.

In addition, CFSA and the Family Court collaborated on a federal grant application to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), seeking funding for technical assistance for the re-designed model and for the development and implementation of a formal program evaluation process. The evaluation would measure the impact of an enhanced continuum of services on permanency and well-being outcomes for children. Recognizing the importance of the re-design in achieving the identified goals for families in FTC, CFSA and its partners will move forward with its implementation if not awarded the grant.

Community-Based Mental Health Programs

CFSA maintains a strong partnership with DMH to address the mental and behavioral health needs of children in the child welfare system. For example, DMH has received a multi-year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the District's System of Care. A System of Care is an organizational philosophy and framework that involves collaboration across agencies, families, and youth to improve access and expand the array of coordinated community-based and culturally- and linguistically-competent services and supports for children (with a serious emotional disturbance) and their families.

CFSA's efforts are closely aligned with DMH. In combination with the 5-year grant CFSA received from the Administration for Children and Families (ACF) to make trauma-informed treatment the foundation of local child welfare practice, the District may well become a model mental health system for children. Trauma-informed child welfare practice will be reflected in the implementation and adherence to fidelity screening tools and functional assessments that inform outcome-oriented case planning. In addition, there is the provision of specialized training to child welfare staff, including senior leadership, mental health providers, and the resource parents who have responsibility for maintaining a standard of care for children involved in the child welfare system. This system transformation includes long-term reduction in the use of psychotropic medication as a first-line treatment strategy, and increases the use of behavioral or non-pharmacological treatment approaches in response to the mental health needs of children in foster care. This cooperative effort will afford families a comprehensive and cohesive set of supports based upon their direct input and involvement. With active family participation, supports will be solution-focused and focused on improving the quality of life for all members in the household, promoting District-wide system change.

With the support of CFSA, DMH developed a 3-to-5 year [Children's Plan](#), which outlines specific actions to treat more children and youth, intervene at an earlier age, and to expand community-based services shown to improve functioning in the family, at school, and other interactions. Published in 2010, the following goals are included in the Children's Plan:

- Implement an array of evidence-based practices shown to have good outcomes.
- Expand the capacity of wraparound and other community-based services that support children and youth and their families within the community.
- Reduce the number of youth in out-of-home residential placements.
- Increase the array of services available to children five years of age and younger.
- Increase family involvement in all levels of the system.
- Facilitate the continued development and maintenance of formal cross-agency planning and decision-making processes.

The District has already implemented the following among the Children's Plan action steps:

- *Co-Location of DMH Mental Health Staff at CFSA* – The co-located team, including a clinical psychologist, consults with CFSA clinical staff, manages referrals, tracks services, and evaluates mental health programming on behalf of CFSA-involved clients.

- *Expansion of Evidence-Based Practices* – DMH continues to train local clinicians on evidence-based practices to improve functioning in the home, school, or community, including [Trauma Focused Cognitive Behavioral Therapy](#), [Functional Family Therapy](#), [Parent Child Interaction Therapy](#), and [Multi-systemic Therapy for youth with Problem Sexual Behavior](#).
- *Implementation of the Choice Provider Network* – This network is a designated cohort of the District’s mental health rehabilitation services (MHRS) core service providers (CSAs). It functions as a clinical home for children being served by the public mental health system. DMH continues to expand the number of providers participating in the network.
- *Healthy Futures Program* – This early childhood mental health consultation initiative focuses specifically on children between the ages of 0 to 5 years. It locates early childhood mental health clinicians in 24 child development centers across the District and offers screening services for early identification of emotional concerns so children and families can get the help they need.
- *Parent Infant Early Child Enhancement (PIECE) Program* – This program is currently located in Ward 8 of the District. It involves a partnership with the DOH *Healthy Start* program and provides short-term parent coaching with a therapist who demonstrates effective parental responses to child behaviors that challenge parents.
- *School-Based Mental Health Program (SMHP)* – SMHP provides intervention and prevention services in 53 public and charter schools throughout the District. SMHP also includes the *Primary Project*, which provides school-based interventions for youngsters in grades pre-K through 1st grade in 16 schools and 14 child development centers throughout the District.

Throughout the *Children’s Plan*, CFSA has worked with DMH to ensure that CFSA-involved children and families benefit from the aforementioned programs. CFSA will also continue to collaborate with DMH to support the District’s efforts to address various issues that remain in the area of mental health services, including the following steps:

- Continue to reduce the number of children and youth placed in psychiatric residential treatment facilities (PRTFs).
- Improve the quality of available mental health services, including improving the timeliness of initial assessments and subsequent delivery of recommended services.
- Continue the momentum of the *Healthy Futures* program to increase availability of early screening and intervention services for childhood mental and behavioral health conditions.
- Continue to expand the availability of high-quality school-based mental health services.

Outcomes:

- Improved coordination of service delivery to families will result from collaboration with other community partners (public and private), including the Collaboratives.
- Children will be safely maintained in their own homes whenever possible and appropriate.

- The network of community-based resources and District partners providing services to at-risk children and their families will be expanded.

Goal 2: *Develop and implement organizational and practice improvements that will position CFSA to ensure safety for children and youth that are the subject of reports of abuse and neglect.*

As noted above under Goal 2, the implementation of *Four Pillars Strategic Framework* in 2012, specifically the first pillar—*Front Door*—has resulted in the development and implementation of organizational and practice improvements to further ensure the safety of children. This has included the implementation of a system-wide assessment process to review reports of child abuse and neglect, as well as the enhancement of CFSA’s use of the Structured Decision Making® (SDM) system, and an organizational realignment, in addition to ongoing continuous quality improvement processes to ensure timeliness and quality. Below are the three primary objectives for achieving the goals outlined in the first of the four pillars.

Objective: **Improve the timeliness of the responses to investigate reports of child abuse or neglect.**

CFSA has implemented various organizational and practice improvements to ensure timely responses to reports of child abuse and neglect. At the heart of these improvements has been a re-design of the implementation of a consistent, system-wide assessment process to “review, evaluate, and direct” practice, otherwise referred to as the “RED” team process. This process is conducted in a collaborative setting that includes 6-8 participants comprised of individuals from CFSA’s Child Protective Services (CPS) administration, in-home services, mental health and kinship representatives, and a representative from the Collaboratives. CFSA’s intent is to implement the RED team process at various decision points throughout the case process. For example, the Agency started by implementing the RED team process at the CPS Hotline, which is responsible for receiving all reports of child abuse and neglect in the District of Columbia. The Hotline RED Team is conducted daily (including weekends) to address the referrals taken at the Hotline. The only referrals that are not reviewed by the RED team are those for which the allegation warrants an immediate response.

With this implementation of the RED team at the Hotline level, CFSA has not only been able to ensure a *timely* response, the Agency has also been able to ensure the *most appropriate response*. It should be noted that the RED team process is different from most screening panels in that it uses a consultation and information sharing framework that includes the following components:

- Creation of a genogram or eco-map for each family that is the subject of a referral
- Discussion on the reason for referral
- A review of the family’s history with CFSA, if applicable
- An examination of safety factors, family strengths, challenges, and “gray” areas on the family’s situation that may be unclear, based on available information.
- Determination of the most appropriate response, based on the review and evaluation of the information

CFSA has also worked to improve the timeliness of responses to Hotline reports through enhancement of the SDM system. SDM is a battery of assessments that aid social workers with critical decision-making around risk and safety during key points in a case when working with children and families. In 2012, CFSA partnered with the Children's Research Center (CRC) to develop and implement a *screening and response priority assessment tool* specifically for reports of child abuse and neglect. This tool provides a structured process to support consistency when determining whether the allegations in the report constitute maltreatment based on local regulatory requirements and whether the allegation warrants a response from the Agency. For those reports that warrant a response and are screened in, the SDM screening and response priority assessment assists Hotline workers with determining how quickly a contact must be made with the family, based on the information in the report. This assessment tool has helped to ensure that a rapid response is initiated when there is likely to be immediate danger, and to identify those referrals that can safely wait for a response within 1 day. CFSA is further integrating the SDM screening priority and response assessment tool with the District's statewide automated child welfare information system (SACWIS) which is known to CFSA social workers as FACES.NET. This integration will further provide another level of accountability, allowing supervisors and management to review the timely screening of and response to reports of child abuse and neglect.

Another organizational change that CFSA made to the Hotline process in 2013 was the addition of a specialized unit to address reports of educational neglect for children age 13 and younger. This unit was created to address ongoing challenges with referrals for educational neglect, such as missing information on the family and their situation, as well as referrals that did not meet the definition of educational neglect according to District legislation. This new unit is comprised of five family support workers (FSWs) and one supervisor, whose primary responsibility is to triage referrals of educational neglect to ensure they are complete and warrant a referral to the Hotline. In addition, the FSWs will contact the reporter to address the missing information and provide guidance on what information must be included in the referral. While this unit is still in its infancy, CFSA is confident it will prove helpful in improving the timeliness of response to referrals for educational neglect.

In January 2012, CPS also implemented a tool to aide supervisors in monitoring efforts to initiate timely investigations. In accordance with CFSA's [Investigations Policy](#), formal initiation of an investigation requires that the investigative social worker make face-to-face contact with the alleged victim child and to interview the child (if age appropriate) outside of the presence of the parent or caregiver within 24-hours of receipt of the Hotline report. If the social worker has made attempts to make contact with the child, but is within 48-hours of receipt of the report, supervisors use the tool during supervision as a guide to discuss "good faith efforts" made by the social worker to initiate timely contact with the victim child. The policy notes that the following good faith efforts must be executed and documented in an effort to see the victim child:

- Visiting the child's home at different times of the day
- Visiting the child's school and/or day care (if applicable and known)
- Contacting the reporter, if known, to elicit additional information about the child's location

- Reviewing CFSA’s FACES.NET and other information systems, for example the Automated Client Eligibility Determination System² (ACEDS) or the DC Public Schools’ electronic attendance record system
- Contacting the police for allegations that a child’s safety or health is in immediate danger, to be determined on a case-by-case basis

In addition to the practice and organizational enhancements described above, CFSA continues to provide guidance to social workers and supervisors on CPS-related requirements and best practices. CFSA has also developed a Hotline Procedural Operational Manual (HPOM) that provides Hotline staff members with detailed, step-by-step guidance on how to respond to the various reports on child abuse and neglect that CFSA receives daily. CPS also ensures that Hotline staff members receive annual “refresher” training on the HPOM to maintain up-to-date awareness and regular use of the quality practices outlined in the manual. In addition to the HPOM, CFSA has revised and updated its former [Hotline Policy](#) to provide HPOM-complementary, overarching guidelines for implementing the steps and actions that are required when CFSA receives a report of child maltreatment. Both the *Hotline Policy* and the HPOM were updated in 2012 to ensure that CPS practice standards serve as effective, up-to-date resources that promote a timely and consistent response to abuse and neglect reports made to the Agency.

Objective: Improve the timeliness of completed investigations.

CFSA continues to improve both the timeliness and the quality of completed investigations, including contact with the family within 24 hours of receipt of a Hotline report, and completing investigations within 30 days of the same. In order to achieve these performance benchmarks on a consistent basis, CFSA developed the Investigations Procedural Operations Manual (IPOM) which outlines CPS’ investigations’ practice guidelines and procedures. The IPOM provides CPS investigative social workers with ready access to detailed procedural guidelines via step-by-step instruction on how to respond to the family’s immediate needs, how to address safety concerns, and how to plan for the child’s well-being and permanency. In addition to its focus on compliance and enhancing the quality of investigation practice, the IPOM reinforces the guiding principles of the CPS administration:

- Quality and Competence
- Excellence
- Accountability
- Efficiency
- Timeliness

CFSA has also developed an [Investigations Policy](#) to ensure that policy and procedures are complementary. Both the policy and the IPOM were revised in 2012 to incorporate feedback from the social workers who use these documents to guide their daily practice, as well as to

² ACEDS is a database used by DC’s Department of Human Services for individuals who are receiving or have received Temporary Aid for Needy Families (TANF) benefits.

ensure both documents include updated changes in practice and procedures. All CPS staff members were trained on the information and practices detailed in the updated policy and IPOM.

Similar to the Hotline RED team, CFSA has also implemented a RED team for investigations. As previously noted, the RED team provides the Agency with a consistent, system-wide assessment process to review, evaluate, and direct information that is family-specific in an effort to determine the best course of action. The RED team process for investigations occurs at the 10-day mark for all investigations, and at the 15-day mark for all family assessments. Both time frames focus on safety, risk factors, and any services that could be implemented at that time to stabilize the family. Participants further discuss preliminary findings of the investigation and suggest next steps to ensure timely completion of the investigation.

Objective: **Ensure full and systemic analysis of family situation and risk factors during investigation.**

CFSA has implemented several practice improvements to ensure that decisions made during the investigation process are based on a comprehensive assessment of the family's current situation. Since the implementation of the *Four Pillars Strategic Framework* in 2012, the Agency has established an Entry Services division that was further fine-tuned in 2013 to include the following administrations:

- Child Protective Services (CPS)—responsible for receiving and responding to reports of child abuse and neglect
- Health Services—an on-site clinic and a team of nurse care managers to support the immediate assessment of medical needs and coordination of medical care for children and youth
- Family Assessment—a newly created administration under the Differential Response (DR) model, a promising practice that allows for more than one response to reports of child abuse and neglect

With this realignment, the Agency is strengthening its first response to cases that must enter the child welfare system for the safety of the child with the goal of supporting a temporary stay in foster care that leads to successful and expedited permanency outcomes. The realignment further emphasizes CFSA's commitment to conducting a full and systemic analysis of each family who is the subject of a report of maltreatment. The addition of the Family Assessment (FA) administration allows CFSA to build capacity to respond to all reports of child neglect that meet the FA criteria under the DR model, that is, the FA pathway is specifically designed to address the needs of families who have no identified safety concerns. The process centers on a strength-based, family-centered assessment leading to services the family wants, needs, and can use. FA differs from a traditional investigation in that the FA social worker utilizes clinical skills to partner with the family, who must agree to participate, to develop a comprehensive or "big picture" understanding of the family's situation. From this picture, the Agency can tailor a response specific to the family's individualized needs. The assessment then leads to service

options the family can choose to accept, but unlike an investigation, there is no finding or substantiation that could lead to entry of names into the Child Protection Register.³

FA referrals are also under the scrutiny of the Hotline RED Team whereby individuals review the information in the referral and determine whether the family should be referred for a Family Assessment. In addition to having no safety concerns, the FA referral can only be for the following neglect allegations, singly or in combination:

- Caregiver is unwilling (or unable) to provide care for a youth 13 years or older and the parent has not been arrested.
- Inadequate shelter
- Inadequate food
- Inadequate clothing
- Inadequate physical care
- Educational neglect
- Newborn positive toxicology

CFSA implemented the first FA Unit in 2011 and added a second unit in 2012 with each unit comprised of five social workers and one supervisor. CFSA soon learned that while effective, two units were not sufficient to address the number of families who were eligible for the FA pathway. The result was the creation of an FA administration that, when fully implemented, will include 10 FA units. Currently, CFSA is in the process of hiring for an administrator for this new administration as well as identifying qualified social workers from both current CPS staff and hiring new staff.

As noted earlier, CFSA has also worked with CRC to enhance staff use and knowledge of the updated SDM system. Both investigative and FA social workers use the SDM risk assessment tool to determine whether the families are at risk for future abuse and neglect. This tool assigns the family a level of risk (e.g., low, moderate, high, or intensive) that the social worker uses, along with their clinical judgment, to guide the decision-making process. This may include whether or not to open a case, refer the family to one of CFSA's community-based partners (i.e., the Healthy Families/Thriving Communities Collaboratives or "Collaboratives"), or to close the investigation without additional services. For FA social workers, the risk assessment helps them to determine whether the risk is too high for the family to be served through the FA pathway and needs to be referred for a traditional investigation. Social workers must complete the SDM risk assessment tool for each investigation and family assessment.

In addition to the 10-day RED team, CPS employs additional case-specific reviews to provide immediate feedback for the purpose of improving CPS case practice. One such review, conducted by CPS management, looks at any investigation that has been open for at least 18 days. This process provides CPS with another checkpoint to monitor progress, address challenges, and discuss next steps to ensure completion of the investigation within the required

³ The Child Protection Register (CPR) is a database of names of individuals who have been substantiated as perpetrators of child abuse or neglect. At present, names are permanently recorded although individuals do have the right to appeal the CFSA decision through the Agency's Office of Fair Hearings and Appeals.

30-day window. Additionally, the Quality Assurance Unit monthly “grand rounds” utilize a multi-disciplinary team discussion to uncover the strengths, needs, and systemic challenges of investigative practice in two randomly-selected investigations. All of these enhancements support the full and systemic analysis of family circumstances, improving the quality of investigations, subsequent interventions, and timely responses to families in need.

Outcomes:

- Investigations of alleged child abuse and neglect will be initiated within 48 hours of Hotline screening.
- Investigations of alleged child abuse and neglect will be completed within 30 days of Hotline screening (with the exception of institutional investigations of group homes and other congregate care settings, which will be completed within 60 days).
- Appropriate family functioning and risk assessments will be completed within agency designated timeframes during the investigation process.

Safety & Permanency

Goal 3: *Enhance community-based in-home case management and support services so that CFSA-involved children are safely maintained in their homes whenever possible, and families have enhanced capacity to provide for their children’s needs.*

Objective: Ensure that family functioning and risk assessments are completed periodically and appropriately, as required by Agency policy.

CFSA has experienced a shift in the populations served by the District’s child welfare system. The number of children in out-of-home care is steadily decreasing while the number of families involved with in-home cases increases. Recognizing this change, CFSA has taken steps to ensure that social workers have the necessary tools and resources to regularly assess risk and a family’s strengths and needs to determine their level of functioning. As noted earlier, one such resource is the SDM system, which includes assessment tools that aid the social worker with gathering longitudinal information on each family as they move toward safe case closure. As mentioned previously in this report, CFSA has made improvements to the SDM system, including a screening and response priority assessment at the Hotline level to determine whether the reported allegation of child abuse or neglect rises to a threshold that warrants an investigation based on local regulatory requirements. When a family is referred for an investigation, CPS social workers complete an SDM Family Risk Assessment within 30 days of receipt of the maltreatment referral. This information provides a baseline of family functioning to which the ongoing social workers can compare subsequent assessments for families who are referred for in-home services.

As part of the SDM system, ongoing social workers use three different tools to assist them in assessing risk and family functioning at various times during the family’s involvement with in-home services. The assessments are based on information gained during the social workers’ interactions with and observations of the family members. These SDM tools also provide the

social worker with a mechanism to empirically rate the family's level of functioning and the level of risk in the home. The tools are embedded within FACES.NET. Completion of the SDM assessment tools are required as part of the case planning process, which must be completed for each family involved with in-home services. Additionally, the inclusion of the tools within FACES.NET provides the supervisor and CFSA management with the ability to utilize the following assessment tools at regular intervals throughout the family's involvement with in-home services:

- Parent and Child Strengths and Needs Assessment/Re-Assessment – This tool is completed for each parent or caregiver and each child in the home. Information gathered for this assessment is related to the child's well-being and the family's functioning, such as health, educational achievement, and mental health status of the child or caregiver, as well as other items. Findings from this assessment help the social worker and family identify services and resources that will best match the needs of the family and help them to move toward case closure. This assessment is completed every 6 months.
- In-Home Safety Assessment – Social workers complete this assessment immediately upon learning any new information about the family that may impact the safety of the children. This tool assists the social worker with determining whether to put additional supports in place to ensure the safety of the children, as well as whether the children may need to be removed from the home.
- Risk Re-assessment – Social workers assess risk throughout the family's involvement with in-home services. As previously noted, the initial risk assessment is completed by the CPS investigative social worker during the investigation. The ongoing social worker completes the re-assessment every 90 days for the duration of the case. This assessment helps to monitor the family's progress and determine if they need to alter the frequency of visits with the family or other aspects of the case plan to address any identified concerns. This tool also aids the social worker and supervisor in making important decisions related to safe case closure.

In addition to the SDM tools noted, ongoing supervisors also monitor the completion of family functioning and risk assessments. Supervisors meet with social workers on a weekly basis to discuss the progress of individual families, including any challenges they may be experiencing, and practical steps to address the families' needs. Weekly supervision also serves as an opportunity to review progress on the case management tasks to ensure that the social worker has met timeframes for required assessments and case plans and to address anything that may be outstanding. It further provides a venue to discuss the findings from the assessments and how to proceed based on those findings.

Objective: Ensure that family visitation takes place in a timely and effective manner.

Conducting quality visitations with children and families to address their evolving needs is essential for family stabilization, and for ensuring the safety, permanency, and well-being of children. CFSA has implemented various strategies to ensure frequent, purposeful visitation, and ongoing contact between social workers and children, and between social workers and families. This includes written policy and procedures to ensure that family visitation occurs in a timely

and effective manner. CFSA has implemented a [Visitation](#) policy that details requirements related to timeframes for visitation and expectations for items to address during the visit, such as assessing for safety and risk. Frequent contact consists of at least twice a month visits with the child and family, with one of the visits occurring in the family home. In addition, the child must be seen outside of the presence of the parent or caregiver once a month. These visits generally occur at the child's school or day care setting. Social workers have been provided further guidance for conducting effective, quality visits with families through the In-Home and Out-of-Home Procedural Operational Manual (POM), which details best practice tips for intentional visitation, that is, a thoughtfully planned approach to visitation that guides social workers to role model for the parent or caregiver, and to use critical thinking skills to determine the intensity and focus of visitation. Both the policy and the POM have shown to be beneficial resources to promote timely and effective visitation.

In addition, the Agency implemented a "dashboard" feature in 2012 within FACES.NET. The dashboard keeps social workers up-to-date on their progress for completion of requirements, such as visitation for every family on their caseload. Information in the dashboard is updated every 4 hours, allowing social workers to view accurate information on a daily basis for timely completion of visits or the need to address outstanding visits to ensure timeliness. Supervisors, program managers, and administrators also have access to the dashboard of social workers assigned under each respective administration. In addition, CFSA also uses management reports from FACES.NET to review and monitor aggregate data related to family visitation. Lastly, data has shown that CFSA is consistently exceeding performance benchmarks for in-home visitation of children and families.

Objective: Expand the network of community-based entities and service providers working with families receiving in-home services.

CFSA has been actively collaborating with other District agencies and community-based service providers to expand the network of services and resources available to families receiving in-home services. CFSA has experienced changing trends in its population in the past few years with a decrease in the number of children in foster care and an increase in the number of families involved with in-home services. To address this shift and to better meet the needs of this population, the Agency has put an emphasis on enhancing and increasing the services and resources available to families receiving in-home services and to make them more accessible within the communities the families live.

CFSA has partnered with the DC Department of Human Services (DHS) to expand opportunities to work collaboratively with families receiving in-home services and Temporary Assistance for Needy Families (TANF). Starting in spring 2013, DHS and CFSA have each co-located staff at one another's agency to serve as resources for families involved with both agencies. The DHS staff located at CFSA will be available to conduct on-site assessments and re-assessments as required for families for their TANF eligibility. In addition, co-located DHS staff consults with CFSA staff on any questions related to the families' TANF benefits. The co-located CFSA staff will be based out of the Virginia Williams Family Resource Center, which provides services to families who are homeless or at-risk of being homeless.

Co-located CFSA staff assists DHS staff with identifying the assigned social workers for families receiving in-home services so that the DHS and CFSA social workers can work jointly and expedite the family's access to necessary services. In addition, CFSA and DHS are implementing a process to create an integrated case planning process for families involved with both agencies. Through this process, the CFSA social worker and the DHS case manager jointly partner with the family to develop goals for one case plan that is recognized by both agencies. Implemented with a small number of families in 2012, CFSA and DHS will be expanding this process to all eligible in-home families in the following year.

CFSA has also worked to expand access to mental health and substance abuse services to in-home families through partnerships with the DC Department of Mental Health (DMH) and the DC Department of Health's (DOH) Addiction Prevention and Recovery Administration (APRA). DMH has assigned a liaison whom CFSA management or social workers can contact directly to address challenges experienced while helping families with in-home cases to access mental health services. The DMH liaison has already been able to clarify the services for which families qualify and to link those families with the necessary services in a more timely fashion than previously.

With regard to substance abuse, CFSA has worked with APRA to expedite the process for referring in-home families for substance abuse assessments. As a result, CFSA's Substance Abuse Coordinator is able to make direct referrals to APRA for families involved with in-home services. This process has allowed for increased access to substance abuse treatment for families receiving in-home services.

As noted previously, CFSA has applied for a Title IV-E child welfare waiver in an effort to expand the network of community-based services available to families receiving in-home services. In the application, CFSA proposed the following expansion of prevention services as well as implementation of family preservation services for families receiving services in the home:

- Expansion of Home Visiting and Parent Education Support Programs (PESP) – In 2012, community-based organizations received local and federal grant money to deliver programs that strengthen vulnerable families, and promote positive parenting and home visiting programs. These programs offer a variety of family-focused services to expectant parents and families with new babies and young children. The funding sources, however, limited the programs to families who were receiving out-of-home services so CFSA is proposing to use the waiver to expand the services to make them also available to families involved with in-home services.
- Implementation of Family Preservation Services – In the Title IV-E waiver application, CFSA proposed the implementation of Homebuilders, an intensive family preservation services treatment program designed to avoid unnecessary out-of-home placement of children and youth.⁴ An evidenced-based program, the Homebuilders model engages families by delivering services in their natural environment at times when families are

⁴ http://www.institutefamily.org/programs_IFPS.asp

most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning.

In addition to the previously described initiatives to expand services for in-home families, CFSA and the Collaboratives are continually working to expand the network of organizations and service providers that work with the families involved with the child welfare system. In 2013, CFSA and the Collaboratives are increasing the focus on capacity building within communities to ensure residents can access the services they need close to home. This further emphasizes the importance of the role of the Collaboratives as the “hub” of human services, maintaining relationships with organizations and agencies that provide quality services. Simultaneously, the Collaboratives are promoting an awareness of the services and supports to the residents they serve. Examples of capacity-building efforts include providing space to local providers for conducting parenting classes, partnering with neighborhood churches wishing to adopt families for the holidays, or working with a local food pantry to address a family’s immediate need.

Objective: Help families build independent support systems to allow for safe case closure.

Identifying and building upon family support systems is critical to safe case closure. CFSA emphasizes the importance of engaging the family’s supports early in their involvement with the Agency to ensure involvement throughout the case. This focus is maintained so that the family is aware of whom they can call on when in need of assistance once their case has closed. One resource that social workers rely on to identify and engage the family’s supports is the Family Team Meeting (FTM). In-home social workers may refer a family for an at-risk FTM when the family’s situation is such that there is viable potential that the child may need to be removed from the home unless certain safety concerns are addressed. The purpose of an at-risk FTM is to develop a plan with the family and their supports to ensure assistance from both formal and informal supports, to stabilize the family and prevent the removal, and to identify potential resources among the family’s supports who could care for the child should a removal become necessary. FTMs serve as important opportunities to build the support roles of family, friends, and community members in the short and long-term. Again, FTMs also highlight to the family those whom they can call upon when in need of assistance. While mothers are at the head of the majority of single-parent families involved with CFSA, CFSA emphasizes the importance of including fathers and paternal relatives in FTMs to highlight their value and to discuss the roles they have in supporting the family and the healthy development of their children.

The co-location of CFSA in-home staff at each of the five Healthy Families/Thriving Communities Collaboratives has also proven to be beneficial in the development of families’ independent support systems. This agreement allows social workers to work within the communities in which the families reside, which allows for greater awareness of the resources and supports available to families. As well, co-location opens the door to greater opportunities for connecting families with community supports that they can continue to rely upon following safe case closure. It also provides families with the opportunity to become familiar with the Collaboratives and the services they offer. As CFSA staff develops their relationships with the Collaborative staff, such as the Collaboratives’ family support workers, they can together provide linkages to nearby services and supports that are made available through the Collaboratives’ capacity-building efforts. Furthermore, as the family approaches safe case

closure, CFSA works with the family to develop a transition plan. If the family agrees, the Collaborative social worker is also included in transition planning, and able to work with and provide support to the family after the CFSA case is closed.

CFSA has outlined requirements and guidelines for safe case closure procedures in the [In-Home Services](#) policy and the In-Home and Out-of-Home POM. Both the policy and the POM reinforce strategies, such as those described above, to partner with the family to develop independent support systems through the following steps:

- Coaching families to advocate for themselves, and modeling self-advocacy, patience, and problem-solving skill sets
- Assisting the family to identify its service needs
- Exploring how families have solved problems in the past and identifying what formal or informal supports may have been helpful in the past
- Encouraging mothers to identify fathers early in the case, and explaining to the mothers the benefits to their children when the father and/or paternal family members are involved with the child's growth and development

Furthermore, once the family has achieved its treatment goals, and has consistently demonstrated its ability to function without need of ongoing CFSA supports and interventions, and there have been no substantiated reports of abuse or neglect within a 3-month period (and the risk of future abuse or neglect has been appropriately lowered), the social worker conducts the following required case closure activities:

- Visit the family within 30 days of the case closure date.
- Interview each child of appropriate age and complete an SDM assessment that indicates low risk.
- Discuss family progress and family functioning while emphasizing specific gains.
- Highlight informal and formal supports whom the family can call upon for continued support following safe case closure.
- Complete a comprehensive safe case closure summary.
- If the case is being referred to a Collaborative for ongoing supportive services, participate in a case transition staffing prior to closure.

All social worker supervisors must provide a formal review and consultation of closing activities prior to the actual safe closure of the case.

Outcomes:

- Strengths and needs assessments in addition to safety and risk assessments are completed within 30 days of case opening and every 6 months thereafter.
- Social workers make twice-monthly visits to each family, at least one of which will occur in the family home.

Goal 4: *Strengthen decision making and case planning for service delivery to abused and/or neglected children and their families.*

Objective: **Emphasize use of family-involved team meetings.**

Early engagement of kin in case planning has long been a practice expectation for social workers throughout the child welfare system but the introduction of the Four Pillars Strategic Framework in 2012 refocused and revitalized practice and resources toward that end. In the years immediately prior to this strategic framework, CFSA and its partners put great emphasis on developing and refining a variety of family-involved meetings as an effective means of obtaining familial “buy-in” for participation in case planning, be it for children and youth being served in their homes or in foster care. The following evidence-based, family-involved meeting models have been included at various stages in the life of a CFSA case to maintain family engagement in case planning:

- *Family Action Meetings* facilitate the development of Family Action Plans for families who are not involved in the foster care system but who voluntarily take part in CFSA’s Safe and Sound initiative.
- *Family Team Meetings* (FTM) convene key family, community, and Agency stakeholders at the time of a child’s home removal, or when it becomes evident that there is imminent risk of removal.
- *Family Group Conferences* (FGC) are facilitated meetings that empower the families of youth in foster care who have a goal of reunification to develop a self-determined plan to ensure that imminent reunification is lasting and successful.
- *Listening to Youth and Families as Experts* (LYFE) Conferences are for teenagers in foster care who are preparing for independence while at the same time taking stock of the family connections and supports that will be available to them along the way.
- *Youth Transition Planning* (YTP) Meetings are youth-driven and family-inclusive team meetings convened by older youth in care who are preparing to exit the foster care system.

These various team-meeting models vary in their focus because of the myriad of case and family situations to which they are customized.

Over time, CFSA has done much work to implement a host of proven family-meeting models, and to create a culture of positivity among the workforce around their respective processes. In recent months, CFSA has also implemented an important reform to broaden the effectiveness of family meetings by opening up attendance to FTM meetings to a larger population of potential participants.

There exist several types of FTMs to address a variety of circumstances during a foster care case. For example, “Removal FTMs” are held for youth who have recently experienced a home removal, while “Pre-Placement FTMs” are held for those who were at risk of a home removal. Recently, CFSA assessed the definition of “at-risk” that the Agency was using to determine whether an FTM was warranted. It found that its definition was too narrow, and that children and families who could have benefited from Pre-Placement FTMs did not receive them,

including children who never actually came into foster care. Therefore, in an effort to capitalize on the good practices around the FTM model, and to allow more children and families to be impacted by those practices, CFSA broadened the definition of “at-risk”.

Beginning in October 2012, the following situations for children and families are deemed “at-risk” for the purpose of scheduling a Pre-Placement FTM:

- Families with ongoing CFSA cases whose SDM risk assessment indicated an intensive need for service intervention
- Families who became court-involved through the “community papering” process⁵
- Children determined by a qualified clinician as “failing to thrive”
- Families under child protective investigation due to a positive toxicology screening at childbirth
- Mothers under the age of 21 years who have two or more children
- Families who, in the clinical judgment of the assigned social worker and supervisor, would benefit from a Pre-Placement FTM

For families presenting with one of the above risk factors, CFSA schedules an FTM as soon as the “at-risk” assessment is completed. At the FTM, CFSA’s Kinship Support Unit staff take great care to bring the child’s kin into the case planning process. This includes not only helping them to understand the focal youth’s current crisis and issues, but it also includes explaining their rights, responsibilities, and benefits as the youth’s kin.

1. Legal Rights - The Kinship Support Unit’s FTM Facilitator explains to kin that their level of legal involvement may only need be obtaining the power of attorney to assist youth through a situational crisis (such as educational neglect on the part of the caretaker and poor school attendance); and conversely, where there are issues of egregious abuse of the youth at the hands of his/her primary caretaker, the kin may wish to consider legal custody through adoption or guardianship.
2. Financial Options - During discussion of potential placement with kin, the potential kinship caregiver is advised of the availability of financial support in the form of foster care board payments, adoption or guardianship subsidy payments, and coverage of certain non-recurring adoption or guardianship costs.
3. Administrative Processes - Kinship Support Staff carefully explain the various facets of the foster care licensing process and offer tangible support to facilitate placement and licensure.
4. Continuous Engagement - Kinship Support Staff ensure the youth’s kin that if being a kin caregiver is not an option, there are myriad other ways to lend a hand to case planning, and to provide support to the youth, be it through visiting the child, providing occasional transportation, respite care, or simply being available to the youth and his/her social worker to provide information.

The consistent use of family-involved team meetings, and the approach to kinship engagement, promotes and increases the likelihood of positive permanency outcomes because family

⁵ “Community papering” occurs when a family is receiving in-home services, but there is risk for removal and the Office of Attorney General petitions the Family Court to open a case on the family.

involvement begins at the earliest junctures of the case. While the approach is family-focused and strength-based, the overarching goals remain tied to child safety and permanency.

Objective: Engage all youth and family members (whenever possible) as full partners in case planning and team decision-making.

In FY 2012 and 2013, CFSA furthered a number of ongoing CFSA strategies and programs that are specifically geared toward family engagement. These efforts emanated from the Agency's 2007 Child and Family Services Review (CFSR) Program Improvement Plan (PIP), which was completed in FY 2011 that are specifically geared toward family engagement. As a result, enhanced teaming, enhanced community partnerships, and enhanced inter-agency cooperation have been fully implemented into CFSA's practice.

Enhanced Teaming

The family-meeting models described earlier outline ways in which CFSA has integrated an ongoing vehicle for family engagement into its approach to working with families and youth to direct permanency and transition planning. The models are nuanced, but there are basic tenets that are common to them all.

Family members are actively sought out and engaged shortly after the family becomes involved with the Agency.

Corresponding to the first pillar (Narrowing the Front Door) of the Four Pillar Strategic Plan, CFSA enacted a series of action steps to quickly identify potential kin resources for youth who were removed or at risk of removal. Toward that end, all CPS investigative social workers are required to make formal referrals to the CFSA Diligent Search Unit (DSU) at the same time they make a referral for an FTM. The DSU staff dispatches its considerable resources toward locating relatives and providing contact information to the FTM staff members who work quickly to open communication with and engage parents, grandparents, and other family members. Additionally, FTM staff solicits family attendance at the meeting and keeps them actively engaged throughout their involvement with the Agency.

Toward the end of FY 2012, the District of Columbia Metropolitan Police Department (MPD) agreed to work with CFSA to make immediate efforts to find adult family members and potential kin of caregivers who were arrested, and whose children faced potential foster care placement as a result of the arrest. Helping MPD understand how kinship resources help ensure child safety and well-being during (and following) a traumatic experience like witnessing a parent's arrest is critical toward the goal of Narrowing the Front Door. Having law enforcement inquire about and help identify kinship caregivers at (or immediately after) a family crisis does just that. The intent of these efforts is to connect CFSA and at-risk children with a larger pool of potential kinship caregiver resources and supports.

Meetings are facilitated in a safe environment by respectful and culturally-competent staff.

The various team meetings that take place throughout a case afford family members, social workers, clinical professionals, and age-appropriate children or youth themselves the opportunity to be heard and to take ownership of action steps toward safety and permanency. The CFSA

professionals facilitating these meetings are respectful of the families and encourage them in an environment that fosters candor, honesty, and respect from all involved. Moreover, social workers and facilitators employ a strength-based approach to engagement and case planning with client participants. Doing so promotes ownership of case planning and encourages pro-active attention to action steps.

Clients are partners in team planning and decision-making, utilizing their own experience, wisdom, and knowledge to determine their particular needs and services.

Case plans and their related service agreements are developed organically with the client and with family insight and input, which is carefully elicited by the family meeting facilitator or social worker. To the extent that families can objectively identify the issues and barriers facing them, they will be more likely to take ownership for their resolution. This approach and level of involvement dissolves boundaries between the family and the system because the family's insights and contributions are clearly respected and incorporated in the case-planning process. CFSA has also put in place a series of strategies that target specific sub-populations, especially fathers. These engagement strategies emanate from the Agency's recent experience implementing the PIP, during which time the Agency published a series of important policy updates to provide guidance to social workers on how best to [locate and engage non-custodial parents](#) and family members, [incarcerated parents](#), and family members who have experienced [domestic violence](#). While the Agency made significant progress in integrating fatherhood engagement techniques into practice, there remains room for improvement with fatherhood engagement.

To address this particularly important facet of family engagement, CFSA partnered during 2010 and 2011 with researchers from the Howard University School of Social Work who conducted an in-depth study of the challenges facing social workers when they are trying to engage the fathers. The study not only sought to answer specific questions about systemic barriers but also to delve into the life experiences and perceptions of social workers, and how these impact the engagement of fathers. The findings of the final report, which was published in January 2012, were enlightening and instrumental in framing CFSA's strategic response to overcome many of the barriers to engaging fathers.

The study included (1) a series of focus groups made up of a cross-section of direct service staff and (2) an online survey of direct service staff that assessed their experiences and attitudes toward gender roles, prisoner re-entry, and domestic violence.

The data revealed that effective fatherhood engagement is hindered in three major ways: (a) on a systemic level, (b) at the Agency level, and (c) at a very personal level within the families themselves.

- *Systemically*, there is lack of coordination and a perception of competing priorities among the various District agencies that interface with fathers. By way of example, CFSA's motives for locating and engaging fathers differ from those of the Department of Corrections, the DC Superior Court system, and child support enforcement. Fathers are frequently unwilling to engage with any government agencies since these systems are not

necessarily offering support or services to assist the fathers. Even more to the point, the majority of District services and interventions are mother-focused; these services do not place enough value on the father's role in parenting the child.

- At the *Agency* level, there are structural and process issues that have presented subtle but formidable barriers to paternal engagement, such as the practice of “naming” the case after the child's mother, even if the mother is in no way involved with the child or family. Focus group participants opined that this simple practice immediately disempowers fathers and perceptually removes them from owning responsibility for their child's well-being. Perhaps less subtly but more importantly, the attitudes, perceptions, and life experiences that social workers themselves bring into their case practice can impact the extent to which they engage fathers.
- At the *familial* level, the often-fractured relationships between mothers and fathers present barriers to engaging the non-custodial parent, which is usually the father. Social workers find themselves on tenuous footing in managing a case where the mother does not want the father involved with his children. Yet, the social worker must somehow work toward engaging him. Moreover, family dynamics are often complicated in cases where there are multiple fathers or paramours involved with one mother.

While the research for this study was underway, CFSA was already developing the Connecting Dads campaign to raise systemic awareness of the importance of the role of fathers in the family. This campaign continues to emphasize to social workers the need to make concerted efforts to engage fathers, and to equip direct service staff with the tools and techniques to do so efficiently and effectively. The strategic framework for implementing the Connecting Dads program is based on CFSA's innovative PADRE model:

Practice Standards – CFSA clarifies and distributes core values and procedures regarding fatherhood engagement. Its approach elucidates and strengthens existing policies and procedures while forging partnerships with external agencies and organizations to expand resources.

Accountability – CFSA measures social worker adherence to practice values, standards, and procedures through management monitoring, oversight, and enforcement.

Documentation – There is appropriate and timely documentation of all fatherhood engagement activities in the FACES.NET management information system.

Responsibility – There is top-to-bottom ownership of fatherhood engagement at all levels of the Agency.

Education – CFSA's Child Welfare Training Academy (CWTA) strengthens fatherhood-related aspects of pre-service and in-service trainings for social workers as well as resource parents. Within the Connecting Dads campaign, which celebrated its launch in May 2012, CFSA has committed to addressing the findings of the study in the following ways:

Develop Inter-Agency Strategic Partnerships – CFSA has formed a partnership with DC Child Support Services Division and is working to forge a similar pact with the Department of Corrections and the Court Services and Offender Supervision Agency (CSOSA). The purpose of these partnerships is to clearly define the goals and priorities of each stakeholder with respect to engaging fathers, and to implement strategies for achieving these goals for each stakeholder without risk to the functions of other stakeholders.

Enhanced Staff Training – CWTA’s in-service offerings with respect to fatherhood engagement are now mandatory for direct service staff. Moreover, the curriculum for these sessions has been updated to include key areas of focus brought to light by the Howard University School of Social Work research study, including the following considerations:

- The trainings address social worker life experiences and attitudes, and provide attendees with a framework to identify earlier work and life experiences and attitudes that may impede their own ability to successfully engage fathers and steward the best interests of the children on their caseload.
- Social workers receive conflict resolution training specifically geared toward helping mothers and fathers who are no longer in a familial relationship to address and work past their personal issues in order to address co-parenting issues. The goal here is for the parents to achieve the common interest of their children’s safety, permanency, and well-being.
- Social workers will be provided firm guidance on rules regarding confidentiality and disclosure as these relate to multiple fathers on single and on multiple caseloads. CFSA is partnering with the DC Office of the Attorney General to receive technical assistance regarding confidentiality requirements that impact sharing or disclosure of case information.
- Social workers are trained on practical approaches and tips for obtaining a father’s “buy-in” and support of his child’s case planning, regardless of his relationship with the child’s mother.

Improving Services to Fathers Specifically – The Connecting Dads steering committee compiled and distributed the Connecting Dads Resource Directory to social workers throughout the District’s child welfare system. The directory contains referral information for services and systems that address common needs among fathers, including affordable legal representation, housing assistance, disability services, and educational support services. Additionally, CFSA developed and rolled out the “Dad Connect” form to facilitate ongoing monthly monitoring of paternal engagement and service referrals by CFSA social workers.

In the coming months, and years, CFSA intends to continue and build upon the momentum gained with the launch of the Connecting Dads initiative in order to affect ongoing positive change in the levels of paternal engagement.

Another key strategy toward engaging and empowering families in the case planning process for their children involves CFSA’s partnership with the Parent Advocate Project (PAP). This program is designed to facilitate and support faster, safer, and permanently lasting reunifications for families with children in the foster care system. This innovative PAP pairs parents of youth in foster care with a goal of reunification with trained mentors who have (in the past) had open cases with CFSA and who successfully reunified with their own children. The mentors offer their experience and provide consultation for services and referrals, as well as one-on-one support to parents seeking a similar outcome with their own children.

Because mentors speak from a position of experience with successful interaction with the child welfare system, they have tremendous gravitas with the clients with whom they are paired.

Mentors approach parents as peers. They empathize with parents who are traumatized when their children are removed from their home, and who may be hesitant to work with their social worker. Based on their own experiences, and successful outcomes, they offer valid counsel and sound advice. Truly, PAP mentors facilitate engagement between parents and social workers and promote a parent's progress toward case goals while fostering hope for parents who might otherwise be in despair.

Lastly, CFSA is working in collaboration with the District's Department of Human Services (DHS) to develop an Integrated Case Plan (ICP) process for families being served by both agencies at the same time. The goal of the ICP is to introduce case management efficiencies into service provision for families accessing multiple systems. By partnering in the case planning process and combining the shared goals into one, each family will have one unified case plan for achieving family stability and self-sufficiency, in addition to safety, permanency, and well-being for children. The agencies will team with the client to develop the goals for the case plan, which will be managed by one agency (chosen based on input by the family). The ICP program is currently in a pilot phase, involving 10 families who have cases open with DHS and are also being served through CFSA's Partnership for Community-Based Services (PCBS), i.e., co-located staff partnering with staff at the Healthy Families/Thriving Communities Collaboratives. The ICPs provide a vehicle for DHS and CFSA to pool resources and coordinate effective services for families, including those addressing vocational training and employment.

Objective: Enhance involvement of family members, youth and stakeholders in the Administrative Review process (now called Structured Progress Reviews - SPRs).

At the end of 2012, following a comprehensive review of how Agency resources were being deployed with respect to practice needs, CFSA discontinued the practice of holding discrete Structured Progress Reviews. A number of factors influenced the final decision but foremost among them was the fact that system-wide advances made in the areas of family engagement, teaming, and quality assurance, which had been the initial focus areas of the SPRs, now made SPRs duplicative and obsolete.

The original intent of the SPR was to gather key stakeholders in each foster care case and to ensure that all parties moved together toward the common goal of permanency along the common path of the case plan. For a time, the SPR was integral to CFSA's promotion of the Adoptions and Safe Families Act (ASFA) goal that no child should languish in foster care. The SPR provided an important regular forum for teaming, case planning, and decision making. Still, CFSA's progress in promoting family teaming at various stages of case-involvement, and in all facets of case planning, is well-documented in the previous objectives. Family teaming and engagement have been so widely integrated into practice that the SPRs came to evolve into mere status meetings more so than the decision-making forums they had originally represented. Further, permanency hearings at the Family Court (which are held no less than every 6 months) already represented status meetings. Lastly, the data-gathering and evaluative aspects of the SPRs had been largely integrated into the Agency's robust continuous quality improvement processes, which are detailed in the Quality Assurance section of this report.

For these reasons, this objective is no longer part of Agency practice, and the corresponding SPR measure in Section II of this Annual Public Services Report has been removed.

Outcomes:

- CFSA engages families in team meetings within 72 hours of a child's removal from the home, and regularly thereafter throughout the life of the foster care case.
- With the family's input, CFSA develops timely, comprehensive, and appropriate case plans that reflect family needs.
- The attendance of family members and other supportive adults at SPRs increases. [Note: as indicated above, CFSA is no longer conducting SPRs.]

Permanency

Goal 5: *Achieve permanency in a more timely manner for children in foster care.*

Objective: Minimize placement disruptions for children in foster care.

Quality services and supports for foster parents and the children in their care are critical to assuring placement stability and positive outcomes. An effort that has proven effective in supporting foster and birth families is the *Placement Stability Project*. In May, July, and October of 2012, CFSA partnered with external stakeholders including the Foster and Adoptive Parent Advocacy Center (FAPAC), the DC Family and Youth Initiative, and private foster care agencies to host day-long trainings for foster parents and social workers. Approximately 120 foster parents participated in the training and benefited from its lessons.

The purpose of the project, which was first implemented in September 2011, is to provide practical approaches to parenting children who are overcoming trauma and to work through strategies to mitigate risks to placement disruptions. While the overall population of children in foster care continues to ebb downward, placement stability for those children who are in care remains a decisive priority for practice focus. CFSA (and private agency) program management staff meets on a quarterly basis to assess whether foster families are receiving the services and support they need. Placement stability is addressed and assessed at each meeting through the following strategies:

- Evaluating teaming and communication between foster parents and direct service staff
- Discussing placement stability challenges with older youth in foster care
- Sharing foster parent insights and common frustrations experienced by foster parents
- Addressing other systemic barriers that impact placement stability

CFSA further provides cross-training between social workers and foster parents to address the issues raised during placement stability meetings. CFSA recognizes how the relationship between foster parents and social workers can have a significant impact in the overall course of placement. Sharing information and fostering a teaming approach throughout the case promotes timely reunification, placement stability, and better emotional development for the child.

In the fall 2012, CFSA also partnered with FAPAC to develop and implement *DC Family Link* a model of birth parent-foster parent shared parenting. CFSA recognizes the benefits for all parties when the foster parent connects with the birth parent. This best practice known as “shared parenting” or “co-parenting” can provide the following assistance:

- Give the foster parent a better understanding of the child and his/her needs.
- Make care more consistent and personal for the child, greatly smoothing and reducing the disruption of removal.
- Maintain the connection between the birth parent and child, lessening trauma and often speeding up reunification.
- Improve the stability of placements.
- Support birth parents in enhancing their parenting skills.

The *DC Family Link* model features a facilitated “ice breaker” meeting to bring the birth parent and foster parent together within 1-2 days of the child’s placement. The ice-breaker meeting is an informal meeting where the focus is the child’s needs. It provides the birth parents and foster parents an opportunity to exchange information about themselves, their family routines and traditions, and how to help the child through this period of separation. The model also includes short, user-friendly questionnaires that aid the birth parent, foster parent, and child (when age appropriate) in providing insights into their needs, preferences, expectations, hopes, and concerns. Furthermore, CFSA is tracking ongoing data on families to assess well-being and permanency outcomes for children whose families were involved with *DC Family Link*.

Another strategy that CFSA implemented in FY 2013 to minimize placement disruptions was the *Child Needs Assessment* (CNA). The CNA is completed by the CFSA resource development specialist, who is responsible for identifying the placement for the child, in collaboration with the CFSA or private agency social worker. This assessment provides a profile of the child’s strengths and needs in an effort to find the best match at the time of placement or if the child needs to transition to a new placement with the goal of preventing disruptions. The CNA is completed when the child enters foster care and is updated at scheduled intervals (e.g., 30 days, 90 days, and 6 months) to ensure the information on the child or youth remains accurate and up-to-date, as well as to assess progress and determine if children can be stepped down to a less restrictive placement setting.

In addition to the initiatives and resources described above, the Child and Adolescent Mobile Psychiatric Service (ChAMPS) program is another resource that CFSA utilizes to help stabilize children and youth in their placements. ChAMPS is funded by DMH and provides 24-hour, 7 days-a-week intervention for youth facing a behavioral or mental health crisis. ChAMPS is free to any child residing in Washington, DC, including any children receiving CFSA in-home services, or DC wards residing in Maryland foster homes. The primary goal of the program is to help keep children in their homes while helping them manage extreme emotional behavior. The ChAMPS’ highly trained crisis teams are deployed to the home to assess the situation and to determine the best course of action.

Lastly, the Agency’s Child Welfare Training Academy (CWTA) reinforces practice and communication among the entire case management team in its “Parenting Partnerships” in-

service training series. The *Permanency Planning* class is open both to social workers and to foster parents, and is designed as a cross-training opportunity for both populations. It delves into the collaborative relationship between social worker and resource parent. This is a critical collaboration throughout a child's stay in foster care, but especially during initial placements, placement changes, and instances of potential placement disruptions. The training addresses strategies for teaming and good communication, including exercises on stating needs and expectations. It provides methods & materials that promote effective team-work, increased cooperation, and understanding between the social worker and resource parents. The training reinforces the aspects of the Placement Services Administration redesign that promote common understanding and expectations among all case stakeholders, and that reduce stressors and disruptive occurrences in foster placements.

Objective: **Increase the number of children who achieve permanency within 12 months of entry into out-of-home placement.**

The *Four Pillars* framework, in particular Pillar Two—*Foster Care as a Temporary Safe Haven*—highlights CFSA's commitment to achieving timely permanency for children. In 2012-2013, CFSA took steps to reinforce the sense of urgency toward achieving permanency for children and youth. This included an organizational realignment, new practice initiatives, and technical assistance from the National Resource Center for Permanency and Family Connections (NRC-PFC). These enhancements have translated into positive outcomes for children and youth, as indicated by the steady decline in CFSA's foster care population in the past 2 years with more and more exiting to positive permanency. Details of these enhancements are detailed below.

In 2012, CFSA disbanded its Out-of-Home and Permanency administration (OHPA), whose staff was responsible for partnering with the social workers to provide consultative support to achieve positive permanency outcomes. The 2012 realignment supported the Agency's philosophy that permanency is everyone's responsibility. Staff from the former OHPA was re-assigned to different roles within CFSA as case-carrying social workers or the newly-created "case practice specialist" position. Case practice specialists have been assigned to work with specific CFSA administrations and with each private agency to consult with social workers and supervisors on any barriers they may be experiencing in achieving permanency, and to help guide the team toward permanency. The case practice specialists remain with the child or youth from their entry into out-of-home care until permanency is achieved.

In 2013, CFSA further fine-tuned the organizational structure to support the changing demographics of the populations served by the Agency. The former In-Home and Permanency Administrations I and II were then separated, such that the In-Home staff moved to a newly-created Office of Community Partnerships and the Permanency staff, who work with families with children in out-of-home care, remained in program operations. In addition, each administration was combined, so instead of four separate administrations, CFSA now only has one In-Home and one Permanency administration. This re-alignment provides the Agency with greater ability to focus on the unique needs of each population.

Concurrent to the organizational realignment, CFSA implemented *Permanency on the Move*, a review of children and youth in foster care, to answer the question, "What will it take to achieve

permanency?” The purpose of the review was twofold: 1) to emphasize the sense of urgency to achieve permanency for all children and youth in foster care, and 2) to address the difference between placement stability and permanency, as some children and youth may be stable in their placements but efforts toward permanency have stalled. The review team included representatives from CFSA’s program operations administration, the Office of the Attorney General (OAG), and the foster care resources division. The review team went to the two permanency units within CFSA and to each of the private agencies to present data for the children and youth on their caseloads, focusing on the length of time in foster care, permanency goal, length of time in that permanency goal, and other factors to identify areas of strength and areas for improvement. In addition to a data analysis, the review team conducted child-specific reviews to identify barriers to permanency, solutions to address them and next steps. While it has only been a short period of time since the review process was completed, CFSA has experienced a slight increase in permanency achievement.

In an effort to maintain the momentum gained from *Permanency on the Move* CFSA has implemented a 30-day meeting for all children and youth in foster care. The purpose of these meetings is to assess progress toward permanency and to eliminate any barriers as they arise with the overall goal of expediting permanency. The meeting is also an opportunity to maintain the birth family’s engagement in the planning process and to ensure their involvement in all key decisions. In addition to the social worker and the family, the case practice specialist also participates in the meetings, which occur every 30 days that the child or youth is in foster care. Similar to the *Permanency on the Move* review process, CFSA analyzes length of time in foster care, length of time in permanency goal, and other relevant data. In addition, findings from the 30-day meetings are aggregated to identify trends and systemic barriers that can be addressed by Agency leadership. This process has helped to keep permanency at the forefront of everyone’s mind.

In addition to the organizational realignment and the initiatives described above, CFSA has also requested assistance from NRCPPFC to increase the number of children and youth who achieve timely permanency. NRCPPFC conducted an assessment of CFSA in January 2013 and facilitated brainstorming sessions in May 2013 with representatives from various areas of CFSA, the OAG, and private agencies. Moving forward, NRCPPFC will work with CFSA leadership in the summer of 2013 to identify priority areas that need to be addressed, as well as technical assistance regarding how to do so.

As noted earlier, CFSA has also applied for a Title IV-E child welfare waiver to further support the Agency’s vision of timely permanency for children and youth in foster care. In the application, CFSA proposed the implementation of post-reunification services that can aid families prior to, during, and following the child’s transition home. CFSA’s proposed target population for these services are families with children in foster care for at least 6 months with the goal of expediting permanency and decreasing the likelihood of re-entry into foster care. As of the date of the publication of the APSR, CFSA is awaiting completion of the terms and conditions agreement, which will begin the negotiation process for the waiver.

Objective: Expedite permanency for children placed in pre-adoptive homes.

In alignment with the *Four Pillars Strategic Framework*, the fourth pillar, *Exit to Permanence*, CFSA is committed to ensuring that all children exit foster care positively, safely and efficiently. When at all possible, children are reunified with their families and in the event that is not possible, it is imperative that adoptive families are identified and adoptions take place timely. Therefore, for those children placed in pre-adoptive homes, it is a critical mission that permanency is expedited.

As previously above, CFSA created the “case practice specialist” position in 2012 to yield more positive results in expediting permanency for children. In addition to working with CFSA social workers and private providers to achieve timely permanency for children and youth by removing barriers and creating opportunities for permanency, the case practice specialist provides ongoing support to enhance timely permanency for children in pre-adoptive homes through specialized case reviews, barriers staffing, case mining, and multidisciplinary staffing. Lastly, CFSA has also included two case practice specialists in CFSA’s Permanency Administration and has designated one to work with each of the private agencies.

Once adoption petitions are filed, case practice specialists receive their official assignment to assist the on-going social worker to answer the Superior Court with regards to the contents of the petition via Interim, Status, and Final Adoption Reports. Nevertheless, prior to filing, if there are any barriers to be worked through, they assist to ensure that the filing of the adoption petition can be expedited. As stated above, via routine case reviews with the on-going social work teams, the cases are quickly identified for the case practice specialists to begin working through any barriers that exist.

In addition to the strategies described above, CFSA implemented the following child-specific initiatives to achieve positive permanency outcomes for children and youth in pre-adoptive homes:

- Recruitment supervisors continue to review monthly management reports to identify children who have had their goal changed to adoption that month.
- CFSA recruiters are now connected to each private agency or CFSA case-carrying administration, and will serve as single, consultative resources for their assigned business units with respect to recruitment and adoption-related activities.
- Recruiters follow the case of each child who has a goal of adoption but is not currently placed in a pre-adoptive home. The recruiters work diligently either to get a referral to the recruitment unit or to ensure that FACES.NET is updated when a home has been identified.
- Once social workers make a referral to identify a pre-adoptive resource, recruiters work in collaboration with the matching staff members, who either identify an existing family or send the referral on to CFSA’s Family Resource Division for child-specific recruitment.
- Recruiters conduct case mining and utilize diligent search engines to locate family members.
- Recruiters advise program staff on how best to engage family members to build a team around placement resources.

- Recruiters create digital videos of all children needing pre-adoptive homes, and use appropriate Agency-sanctioned websites to stream these videos to an appropriate audience for increasing recruitment outreach.

Two outside resources that support timely permanency for children in pre-adoptive homes is the Center for Adoption Support and Education (CASE) and the Post Permanency Family Center (PPFC). These agencies provide a milieu of services in order to support both pre-adoptive and pre-guardianship families throughout the process of adoption/guardianship. CASE and PPFC offer the services in the family's home or in their offices with a focus on preparing children, youth, and foster parents who may be ambivalent about moving forward with the adoption or guardianship process, as well as individual and family therapy after permanency has been achieved. CASE and PPFC each have a solid partnership with CFSA, which allows for continuous development of strategies that provide the best services possible and optimize the potential for expeditious permanency for children and families in the District.

Objective: Increase parental, sibling and social worker visits for children in out of home placements.

CFSA recognizes the importance of frequent, quality visitations for minimizing placement disruptions and expediting permanency for children and youth in foster care. To ensure ongoing and effective visitation, CFSA takes steps to engage the family early in the case process and to develop a viable visitation plan that can be implemented shortly after the child or youth's entry into foster care. Following the removal, CFSA policy requires a family team meeting (FTM) occur within 72-hours of the child's removal from the home. In 2013, CFSA required that the ongoing social worker or supervisor also attend as a critical step in engaging the family early in the case and ensuring a seamless transition from the investigation process to the ongoing case. Also as part of the FTM, participants discuss and fill out a visitation template that includes frequency, duration, location, and other relevant information, such as whether the visit will be supervised or unsupervised. The template is filled out with and signed by the family. The ongoing social worker or supervisor's participation in the FTM allows them to be involved with the creation of the visitation plan so that everyone is on the same page from the beginning, resulting in timely implementation of the plan. Addressing visitation early in the case further demonstrates to the family that CFSA is committed to working with them toward reunification. CFSA also maintains a [Visitation Policy](#) that details the requirements for visitation among and between parents, children, siblings, and social workers. The policy outlines how often each of the visits is to occur and clarifies the roles and responsibilities of direct service staff to increase accountability for conducting and/or facilitating visitation. In addition to the policy, CFSA also has an In-Home and Out-of-Home Procedural Operations Manual (POM) which includes guidance for ongoing social workers on the role of visitation in achieving permanency, the environment where the visit is held, and on the intensity, frequency, and focus of the visits. The POM further provides best practice "tips" to ensure the time is used effectively and as a strategy to progress toward permanency. The following tips are just but two examples of many included in the POM:

Visitation should occur as frequently as possible, starting out with a high number of visits in the beginning of the process—in order for

this frequency to occur, a team of individuals who know and care about the child must be engaged to support the visitation process... Visits should only occur in the office when there are safety concerns.

As noted in Goal 3, the Agency implemented a “dashboard” feature in FACES.NET in 2012. This dashboard keeps social workers up-to-date on daily progress towards completion of requirements, such as visitation for every family on their caseload. Information in the dashboard is updated every 4 hours, allowing social workers to view accurate information on completion of visits and the need to address outstanding visits in a timely fashion. Supervisors, program managers, and administrators also have access to the dashboard of social workers assigned under each respective administration. In addition, CFSA also uses management reports from FACES.NET to review and monitor aggregate data related to family visitation.

Outcomes:

- Children will have permanency and stability in their living situations.
- Children will have appropriate permanency goals consistent with ASFA and DC ASFA requirements.
- The continuity of family relationships and connections will be preserved for children.
- Children will be in permanent settings after a shorter period in foster care.
- The number of disruptions of permanent placement will be reduced.
- The number of guardianships will be increased.

Goal 6: *Improve placement resources for children in foster care.*

Objective: Ensure that children are placed in the least restrictive and most family-like setting that will meet their needs.

Kinship care is always the most desired placement setting for children in foster care. In the past 2 years, CFSA has enhanced practice and made organizational changes to support kin engagement at the very outset of a child’s involvement with the child welfare system. Various Agency functions, such as Family Team Meeting (FTM) coordination and diligent searches, conducted by the Diligent Search Unit (DSU), are strategically aligned at the first pillar (*Narrowing the Front Door*) of the Agency’s *Four Pillars Strategic Framework*. In this manner, CFSA is able to identify, engage, and involve kin in the earliest stages of case planning. Over and above identifying kinship resources, the Agency has also taken significant steps to enhance the array of appropriate family-like placement resources within the District, and to reduce the number of children placed in group homes and congregate care settings.

CFSA partnered in 2012 with the Annie E. Casey Foundation to complete a comprehensive review and assessment of congregate care placement resources, as well as private family-based resources located outside the boundaries of the District. The need for this review and assessment was partly initiated due to the recommendations of the Agency’s *2011 Needs Assessment*, and partly due to CFSA’s commitment to placing children in family-based homes located in the

District. Pragmatically, the ongoing decrease in the number of children and youth in out-of-home care necessitated the review. As a result, the review became an exercise in stewardship by which CFSA “right sized” its contractual agreements with private group home providers as well as some private family-based foster care providers.

In FY 2013, CFSA took the next step to more effectively marshal Agency resources in child placement practice with the implementation of “utilization management” (UM). UM is a family-centered, multi-departmental, integrated approach to identifying, coordinating, and linking appropriate resources/services to meet the needs of children in care. The process is managed by a CFSA resource development specialist (RDS) who administers a formal Child Needs Assessment tool for youth in this category. Following the assessment, the RDS and social workers hold a team meeting with the youth and the youth’s family members to discuss needs, services, and placement recommendations. Based on the results of the assessment and the consensus of the team, the youth is placed in a setting that best meets his/her unique needs.

UM reinforces CFSA’s existing case management approach with respect to engaging family and working with kin. It also enhances intra-team communication and decision making while tightening accountability. UM team discussions center around placement stability strategies, mental and physical health needs, educational issues, exploration of kinship resources and lifelong connections, and moving the case toward permanency.

Phased implementation of the UM review began in February 2013. The initial cohort included children and youth newly entering foster care as well as those in care who were imminently at-risk of a placement disruption. Currently, the Agency is in the second phase of implementation, which involves a methodical review of every child and youth in care to identify those who can “step down” to less restrictive placements and to strategize on how best to go about that step down.

Once the initial implementation reviews are concluded, the ongoing frequency of UM assessment and review depends on the child or youth’s circumstances and may vary from case to case, but the general guidelines are as follows:

- Those children requiring a higher level of care (e.g., psychiatric residential treatment facilities or PRTFs) have reviews held every 30 days until discharge.
- Therapeutic/traditional group home and therapeutic/specialized foster care cases are reviewed every 90 days.
- All young people placed in traditional foster care are reviewed every 6 months.
- If a disruption occurs, the RDS convenes a meeting regarding 30-day notices from foster parents and placement providers to explore and address concerns and to review services to determine the actual need for replacement.
- In cases where an immediate replacement is needed, the RDS convenes a review within 72 hours of the new placement.

UM’s effectiveness hinges on the proactive procedures that CFSA has put in place around discharge planning, concurrent planning, placement pre-authorization, and regular and periodic reviews. Through these procedures, the CFSA Placement Services Administration (PSA) ensures that children in foster care do not linger in inappropriately restrictive placements.

Objective: Implement and strengthen foster care services that reflect a continuum of levels of care (LOC) based on children’s specific needs, including traditional and specialized foster homes.

Although the UM review addresses appropriateness of placement, CFSA also allocates resources toward ensuring that there are adequate placement slots for variable child needs along an entire placement continuum. These may range from kinship homes to high-end residential placement facilities for youth who require an elevated level of supervision and treatment to address their myriad needs.

CFSA’s Kinship Support Unit is responsible for engaging kin and identifying relatives who are willing and able caretakers for children entering the foster care system. The Agency dedicates considerable time and resources ensuring that kinship options are thoroughly explored before looking beyond relatives for safe and stable foster care placements for children and youth. In the event that a viable kinship caregiver cannot be identified, CFSA has in place a diverse array of placement types that are identified during the UM review to meet the individual needs of the child.

In addition to the above efforts, in the last 18 months, CFSA has embarked on a large-scale effort to recruit traditional foster family homes within the District of Columbia. This recruitment focus also drives the following overarching goals:

- Enhance community awareness of the needs of local children in foster care and the opportunities to foster and adopt.
- Reduce the rate of community displacement caused by fostering children to outside neighborhoods.
- Increase the number of resource parents in the District for traditionally “hard to place” populations, including sibling groups, children with developmental delays or medically-fragile circumstances, and youth who self-identify as LGBTQ (lesbian, gay, bisexual, transgender, questioning).

Targeted Foster Home Recruitment in the District - With respect to increasing the volume of available foster family homes in the District, CFSA has expanded the array of community partners with which it works to recruit. While CFSA continues to partner closely with the local Collaborative agencies to recruit and engage potential resource parents from local communities, since 2012 CFSA has also been working with the faith community in DC, targeting large churches in different wards to recruit between 10 and 50 new foster family homes. Eight churches have agreed to formulate “Safe Haven” ministries, with the specific intent of recruiting foster parents within their member ranks. Integral to that recruitment effort is the work of CFSA and church leaders to form support circles of foster parents from within these communities. As is the case with the Mockingbird Family Model (see narrative write-up below), the faith-based support circles will provide ready-made supports for foster parents who come on board together, and will be able to serve as “extended family” supports for large sibling groups who may not be able to be placed in the same home (although that is always CFSA’s first priority in finding placements for young people).

CFSA also capitalizes on the willingness of its existing foster parents to act as spokespersons or ambassadors to their own professional and social communities. They are the largest source of

new referrals of prospective foster family parents. CFSA has specifically targeted existing Mockingbird constellations to develop customized recruitment plans to grow and strengthen current constellations. CFSA also offers an incentive of \$250 to existing foster parents if they refer a prospective foster provider who completes the licensing process. Finally, the CFSA Family Resource Division hosts periodic social functions in order to facilitate such referrals.

Placements for Developmentally-Disabled & Medically-Fragile (DD/MF) Youth – CFSA contracts with four local organizations to provide placement resources that include foster parents who are specially trained to accommodate the unique medical and mental health needs of children in this category.

Placements for Children and Youth who Self-Identify as Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ) – CFSA has made tremendous progress in identifying and recruiting foster family homes for this population. Key to this success is the relationship that CFSA has built with organizations and community leaders who serve the District’s LGBTQ population. Currently there are 25 self-identified LGBTQ individuals and families working with youth in foster care. The goal for the end of FY 2013 is to have increased LGBTQ foster parents by 30 percent.

Teen Bridge Program – This program continues to serve teens in need of a transitional living option to prepare for independence. The clientele is typically not prepared for traditional independent living programs (ILPs), so the program bridges the gap between ILPs and traditional group homes. Staff is especially trained and experienced in supporting and developing these residents. The program continues to be a highly valued placement option.

*Stabilization and Respite (ST*A*R) Homes* -The ST*A*R model provides continuous emergency placement capacity for any child or youth cleared for placement, with the exception of those requiring psychiatric care. The first home opened 6 years ago and continues to serve children and youth until 21 years old (although most ST*A*R beds are utilized by teenagers). Under this model, children, youth, and families are provided essential support immediately following initial home removals or placement disruptions. In addition, the program provides support for returning absconders and other youth during circumstances where an emergency placement is required. The program also provides short-term (up to 10 days) 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. At any one time, CFSA may have between 12 and 15 available ST*A*R slots available, which is currently meeting placement needs among the target population.

The Mockingbird Family Model (MFM) – In 2012, CFSA maintained a total of eight MFM “constellations” throughout all four quadrants (NE, NW, SE, and SW) in the District. Within the eight constellations, there are 50 participating homes, of which 43 are traditional foster homes and seven are kinship homes. A constellation is formed out of a cluster of five to ten resource homes or “satellites”, each of which may house one or two children or youth in foster care. In each constellation, there are parents who are responsible for providing various support services to the satellite parents from a centralized home (the “Hub home”). The purpose of the model is to increase quality support and respite services for resource parents, which in turn benefits the safety, well-being, and permanency of the children in the homes.

CFSA implemented the first constellation for kinship homes in early FY 2012. The Agency is working closely with these kinship providers to gather feedback to inform the continued expansion of the Mockingbird Model for kinship homes. In addition, CFSA's Family Resources Division has conducted on-site trainings to private agency partners to continue promotion of the MFM as an effective, evidence-based strategy to provide support to foster parents and the children in their care. These trainings have included information on the lessons learned during the planning and implementation process so that private agencies will have the benefit of this knowledge should they decide to implement their own constellations.

Congregate Care – CFSA continues to offer congregate care services for youth whose needs require that they receive a higher level of supervision and treatment intervention than can be offered in a foster family home, or even in a therapeutic foster home. The Agency has nevertheless devoted time and resources in recent months toward reducing the number of youth in such placements by working to “step down” youth to appropriate family-based providers. (See the narrative in the objective below.)

Objective: Decrease the number of children in congregate care settings.

CFSA partnered with the Annie E. Casey Foundation (AECF) during FY 2012 to conduct a comprehensive review of the Agency's use of congregate care placements. The objective of this review was to gather sufficient information on placement to further support CFSA's ongoing efforts to reduce congregate care placements while simultaneously increasing kinship placements and other family-based placements in the District. AECF's initial assessment concluded that while CFSA had already implemented some effective strategies to reduce the use of congregate care, there were a few areas that could benefit from additional attention. One such area concerned the use of therapeutic group homes located out-of-state, some of which are more than 100 miles outside of the District (i.e., in Maryland and Virginia). With technical assistance from AECF, CFSA conducted individual case reviews of all youth placed in therapeutic homes located in other states, in addition to youth placed in traditional group homes in the District.

The congregate review sample included 84 youth in care. The following activities and data resulted from the review process:

- 32 percent (n=27) of the youth in the review sample transitioned to a family.
- 55 percent (n=45) of the youth remained in a therapeutic, specialized, or traditional group home.
- The remaining 13 percent (n=12) exited from care, were incarcerated, or transitioned to an independent living program, a transitional living program, or a teen parent program or other setting.
- 40 percent (n=15) of the youth who were placed 100 miles or more from the District (n=35) transitioned to placements within or closer to the District.

CFSA continues to inquire, “What will it take to transition the youth to a family?” For cases where it is determined that the youth is ready to transition to a family, a plan is developed and implemented to provide supports both for the youth's transition and for the family receiving the youth. In circumstances where it is determined that the youth is not yet ready to transition, the cases are monitored to ensure that the youth is transitioned to a family when ready.

Since the introduction of the congregate care review process, CFSA observed a more rapid reduction in group home placements than seen in the last 2 years for the same time periods. For example, between May and September 2012, group home placements decreased by 22 percent in comparison to a 14 percent decrease in 2011 and a 5 percent decrease in 2010.

Outcomes:

- More children are placed in the least restrictive and most family-like setting possible.
- Fewer children are placed in congregate care settings.

Goal 7: *Enhance services to assure that all teens and young adults in foster care are prepared for adult living.*

Objective: Refine existing youth services program model to best meet needs of the older youth population.

The mission of CFSA's Office of Youth Empowerment (OYE) is to empower and educate young adults to think beyond today and envision a tomorrow with vigor, focus, and a plan for their future. Since the *2012 Annual Progress and Services Report*, OYE has undergone sweeping and exciting reforms within its staffing structure, its case management tools and supports, and its service array. These reforms align the goals and outcomes for older youth directly within the existing structure of the Agency's *Four Pillars Strategic Framework*.

Staffing

OYE's focus remains on preparation of youth in foster care (or formerly in foster care) for living on their own as adults. Its mission statement - empower and educate young adults to think beyond today and to envision their tomorrow with vigor, focus, and a plan for their future - is unchanged. What has changed, however, is the staffing and organizational structure within OYE that works to affect the goals of that mission statement.

OYE has long maintained a team of specialized social workers trained to address the specific challenges facing older youth in foster care. These dedicated social workers provide case management services to most but not all youth between the ages of 18 and 21 years. (In certain cases, such as when an older youth is the member of a sibling group, the youth may be assigned to a social worker outside of OYE.) The case management and planning activities for these youth focus both on their preparation to successful adulthood and on identifying lifelong connections that can support them after their time in care.

In 2012, OYE conducted a self-assessment of its structure and performance relative to its expected outcomes for transitioning youth. It determined that it needed to put in place a targeted approach to working with a specific sub-population of youth: pregnant and parenting teams (both male and female). The assessment, which included data analysis and youth surveys, revealed that this sub-population struggled more than their non-parenting counterparts, and there were specific and difficult challenges facing them as they prepare for the transition out of the foster care system. OYE further determined that it needed to refocus resources toward ensuring that the *Four Pillars Strategic Framework* was being upheld for pregnant and parenting teens.

Concurrent to OYE's self-assessment, DC became one of four child welfare jurisdictions to participate in the Center for the Study of Social Policy's (CSSP) National Peer Learning Network (NPLN) on Pregnant and Parenting Youth in Foster Care. Over a 2-year period, the Peer Network is focusing on improving key outcomes for its target population while also informing best practices in working with them. An intended outcome of the NPLN is the identification of an evidence-based model for pregnant and parenting youth in foster care that can be adapted/customized to various jurisdictions based on the specific challenges within those jurisdictions.

As a result of its self-assessment and its involvement in the NPLN, OYE formed the Generations Unit which is staffed by social work case managers whose caseload is made up exclusively of pregnant and parenting youth in foster care. They specialize in working with youth and their young children to navigate through the child welfare, educational, employment, health care, and housing systems. A key facet of case management for this population is the interface between OYE and the nurse care managers (NCM) of CFSA's Health Services Administration (HSA). In addition, woven into the navigation of numerous systems is the overarching goal of ensuring that youth are prepared for post-transition challenges, and that they either have (or have the tools to develop) resources and support systems to help them through those challenges. The Generations Unit is committed to the following six measurable goals as guides for its work with the pregnant and parenting youth on its foster care caseload:

- Decrease the number of pregnant and parenting youth in foster care.
- Decrease repeat births to youth in foster care.
- Increase the number of youth who complete high school or obtain a general education degree (GED).
- Increase the number of youth who enroll in a post-secondary educational or vocational training program.
- Increase the number of children (of youth) who are enrolled in a high quality childcare or early childhood development center.
- Increase the number of children (of youth) who enter kindergarten, and who meet expected benchmarks.

The Generations Unit is supported by a team of dedicated specialists with specific areas of focus for pregnant and parenting teens:

- Independent living specialists perform a number of critical functions in support of each youth's transition out of foster care but most important among them is coordinating and facilitating critical transition planning meetings.
- A resource development specialist (RDS) mentors and coaches the youth, holds workshops covering important life skills, and addresses important topics specific to the population. The RDS also coaches and supports the Generations Unit social workers on best practices for working with pregnant and parenting youth.
- A special populations coordinator through the District of Columbia Public Schools (DCPS) New Heights Program (see write-up below) teams with the youth (and his/her

social worker) to ensure that he/she accesses a host of services and interventions available through DCPS.

OYE also maintains its own team of clinical consultants who provide technical assistance to case-carrying social workers throughout the District's child welfare system, including those employed at CFSA's private agency partners. In addition to independent living specialists and resource development specialists who perform the duties outlined above for OYE's general caseload (and for all older youth in care), the following individuals also make up the OYE team:

1. Consultative independent living specialist/social workers - The consultative model provides case carrying social workers from CFSA and its private agency partners with access to one-on-one consultation to help them move older youth on their caseloads toward independence. These specialists are available for informal mentoring of case-carrying social workers, case consultation, facilitation of transition planning meetings, coaching on the [Foster Club Transition Toolkit](#), and assistance with exit interviews immediately prior to youth achieving permanency.
2. Education Specialists – OYE's team of education specialists coordinate the Agency's readiness efforts on behalf of all youth looking forward to continuing their education. They work with social workers and youth to plan educational goals, research programs, complete applications and financial aid forms, coordinate college visits, provide linkages to student academic supports, and manage macro-level data on educational outcomes for CFSA youth.
3. Employment Specialists – OYE's approach to job readiness and vocational training services has changed since the last APSR. First, there was a significant piece of local legislation in 2012 that facilitated youth employment efforts. The *Foster Youth Employment Amendment Act of 2012* introduced a number of provisions to assist current and youth who were formerly in foster care to find jobs. Principal among them is a 10-point hiring preference for Career Service jobs in District government. This has opened doors into employment opportunities that have not been previously available to youth who were formerly in care.

Employment specialists continue to assess, advise, and encourage youth in care to explore employment and vocational options and opportunities. Additionally, beginning in 2013, the specialists have been working with community partners and resources to build up a subsidized vocational training and employment program specifically for youth in CFSA's care. The program links youth to vocational training in areas where there is projected job growth for the Metro DC area. The program subsidizes their training and sponsors a paid internship with an employer that ideally leads to gainful full-time employment. The employment specialists conduct an in-depth assessment of each youth participating in the program to ensure that he/she is appropriately matched and set up for success. CFSA's primary partner in this is the DC Department of Employment Services (DOES).

OYE's case consultation is available for all older youth preparing for life on their own, regardless of who is providing their direct case management. In this manner, OYE fosters uniformity of case practice, youth assessments, and service referrals.

Case Management Tool and Supports

In December 2012, OYE entered into a contract with the [Foster Club](#), a national support network for young people in foster care. As a result, CFSA now benefits from a customized, user-friendly [Foster Club Transition Toolkit](#) for older youth in foster care. This tool more readily promotes teaming and strength-based case planning than other skill set assessments used by CFSA in the past. Further, the tool addresses a broader array of issues and considerations that are key for youth to experience a successful transition out of foster care. It can be used as a scoring and assessment tool or as a straight case-planning tool. Its flexibility is geared specifically toward engaging youth who have lived through a myriad of circumstances and who are at various ages and stages of the transition process. In this way, the tool is invariably topical and resonates with the users.

This is a self-directed tool that is designed, literally, as a subway map toward independence. At the same time, it highlights the importance of having a metaphorical global positioning system (GPS) to guide the youth's case management team, to encourage, reinforce, and support the youth's progress in the transition. In this regard, the toolkit addresses 10 life domains (or categories) for the youth to introspect:

- *Finances & Money Management* addresses skill areas regarding financial literacy, including budgeting, banking, savings, credit, and leveraging financial resources for long term planning.
- *Job & Career Planning* focuses on skill areas related to work goals, resume building, job readiness, and work place communication.
- *Housing* addresses skill areas needed for a positive transition into the community. This domain includes understanding housing agreements, tenant rights and responsibilities, homeowner responsibilities, and contingency planning.
- *Permanence* focuses on educating the youth on permanency options as well as developing skills necessary for relating to family, friends, and other supportive adults, and cultivating lasting and worthwhile relationships.
- *Life Skills* includes home-life skills and safety, legal issues (and participation in Family Court in the build up to transition), recreation and leisure, and positive decision-making with respect to personal health and hygiene, sexuality and relationships, and use of alcohol, drugs, and tobacco.
- *Education* addresses stewardship of school records, setting out academic goals and planning to achieve them, and self-assessment for various higher-education (or continuing education) options.
- *Identity* emphasizes the importance of gathering and maintaining personal documentation, such as government-issued identification (e.g., birth certificate, social security card, passport, or immigration documentation for youth born outside of the U.S.), credit reports, and foster care records.
- *Self Care and Health* promotes healthy physical and emotional development, and it highlights the importance of being able to navigate the health care system, understand insurance requirements and health care costs, identify services (including substance abuse services) and know how to access them, and to understand the importance of a health care proxy.

- *Community, Culture, and Social Life* addresses skill areas needed for integration into the community, including forging connections, feeding the spirit, fostering friendships and peer relationships, developing cultural customs, and meeting civic responsibilities (such as voting and registering for the selective service).
- *Transportation* specifically addresses transportation needs within the context of the various interests and commitments that a foster youth identifies. It encourages the youth to compare options with full knowledge of what each option entails, and to learn and utilize navigation tools such as maps, smart phones applications, and GPS.

Across all of the above 10 domains are the following common approaches:

- Figure out what assets I already have.
- Identify additional resources that I need.
- Plan out what I want to accomplish.
- Figure out how ready I am to achieve my goals.

The Foster Club Toolkit also has supplementary domains specific to pregnant and parenting teens. For example, the tool prompts discussion and action for pregnant youth surrounding prenatal care and maternal health, nutrition, family history, home readiness, applying for available support programs, and birth planning. For parenting youth, the domain addresses infant health and home care, child care, parent education, self-care, and child development. Considering the systemic needs that brought about the creation of the Generations Unit, these two supplemental domains are important toolkit elements.

Service Array

Older youth in foster care have at their disposal a team of specialists with specific areas of expertise that can help them through their transition-related challenges. Additionally, OYE maintains contracts and strategic partnerships with various community-based agencies and area non-profits that deliver specific education, training, and support services to older youth in foster care. Lastly, OYE maintains an ever widening network of partners and providers to assist in the mission to get youth ready for life on their own. In FY 2012 and FY 2013, the following partnerships were included:

1. **Bank on DC/ESCROW** - The District is home to over 72,000 households that frequently use expensive and unnecessary financial services (such as check cashers who charge fees) rather than opening a bank account. *Bank on DC* is committed to helping these unbanked or “under-banked” District residents to obtain low-cost, safe, financial accounts and services as well as high-quality financial education. *Bank on DC’s* partnership with CFSA is called the Establishing Savings Creating Revenue Obtaining Wealth (ESCROW) program. It is a multi-faceted education and training program featuring an online financial literacy course, financial education seminars, account enrollment, financial mentoring, and peer learning. Through ESCROW, youth in foster care between the ages of 15 and 20 are fostering positive financial habits, understanding available wealth-building resources and tools, and avoiding the pitfalls of financial mismanagement that can lead to long term financial distress, such as incurring

unmanageable credit card debt. These are integral skills for the successful transition to independence.

2. **New Heights Teen Parent Program** – The New Heights program is a unique school-based collaboration among DC Public Schools (DCPS) and local public and private human services agencies. The program assists pregnant and parenting students to stay in school, further their education, become gainfully employed, and contribute to their own health and wellness as well as that of their children. The program is quite unique in the support and guidance it provides to participants. They have ready access to what they need in order to handle the responsibilities of raising a child and graduating from high school. They are provided linkage and access to educational, employment, housing, and support services, in addition to information about community resources until their 20th birthday. The program is currently operative at 15 DCPS high schools and charter schools.
3. **United Planning Organization (UPO)/Next Steps** - UPO is an organization that has been working with DC's poor and marginalized populations for over 60 years. It sponsors community-based education and training programs to help DC residents obtain and maintain gainful employment in a variety of career and trade arenas. The *Next Steps* program features an employment readiness program directed at youth who are between the ages of 18 and 20 and who have obtained a high school diploma or GED. It is a multi-faceted program for youth along a wide spectrum of interest and skill levels. Services range from college readiness and long-term career planning to vocational certification in the hospitality and/or construction industries. All participants partake of a standard curriculum of life skills training, financial literacy training, work readiness, and career preparedness. Participants also take part in mandatory drug testing. Upon completion of the program, participants are placed with area employers for on-the-job training. They also receive ongoing assistance toward securing permanent full-time employment.
4. **Washingtonians for Children (WFC)** - This program targets youth in foster care who are enrolled at the University of the District of Columbia (UDC), Trinity College in the District, or Prince George's County Community College. WFC provides educational support in the form of real world experience through mentorships, internships, and meaningful work experience. The internships are "high-impact" in that they are customized to each youth's area of interest and skill level, and are intended to lead to potential (eventual) full-time employment.
5. **University of the District of Columbia Community College (UDC-CC) Workforce Development Program** - UDC-CC serves CFSA youth by integrating workforce preparation, employability skill development, quality education and remediation, economic development, employment networking, and school-to-career training. The Workforce Development Program provides older youth who are 18 and 21 years old with skills education they need for employment. The program focuses on industries where there are available jobs in the DC metro area, including hospitality, construction, information technology (IT) and software development, and medical office assistance training.
6. **ImageWorks Consulting (IWC)** - IWC is a professional development and image consulting firm based in Washington, DC. It provides workforce development training, corporate training, and individual image mentoring and consulting. CFSA's partnership with IWC goes hand-in-hand with the UDC-CC workforce program. It is a bridge

program between vocational certification and employment. Youth who have completed the UDC-CC program then receive IWC's comprehensive readiness training for 2 weeks before enrolling into an internship program with a permanent employment track.

7. **FAMTreats** - OYE also funds the Foster, Adopt, Mentor! (FAM) Treats program, which is a 12-week paid culinary arts internship during which youth interns learn the skills of licensed food handlers. The program focuses on youth in foster care who are not engaged in any other educational or employment setting. Youth are exposed to hands-on lessons in food preparation while making weekly site visits to area restaurants to learn and practice their trade.
8. **Bennett Career Institute** offers CFSA youth a certification program for general cosmetology, instructor certifications, salon management, make-up artistry, barber-styling, and braiding.
9. **Career Technical Institute** has a program to which CFSA refers youth for training in office administration, healthcare services, and IT.
10. **Excel Institute** provides training for certification in Automotive Service Excellence (ASE) and National Automotive Technicians Education Foundation Specialty Training.
11. **Prince George's Community College** has a certification program in early childhood development leading to a Child Development Associate (CDA) certificate.
12. **Vital Management Team** is a training program for Certified Nursing Assistants and Home Health Aides.
13. **Westlink** offers a training program in Emergency Medical Services (EMS).

OYE also administers a cadre of additional educational and life skills support services through the Chaffee Foster Care Independent Living Program (CFCILP). These services are discussed later in the CFCILP section of this report.

Objective: Improve permanency planning for youth by improving the quality of, and youth involvement in, transition planning meetings

A key strategy toward achieving OYE's mission is to empower youth to take ownership and control of their own transition plans. At every turn, social workers emphasize to the young men and women on their caseloads that they themselves are responsible for driving this process. This strategy emanates from the [Bill of Rights for District of Columbia Youth in Care](#), which states that youth have the right to attend and lead their own team meetings and transition planning meetings. As is indicated therein, CFSA and OYE's vehicle for effective transition planning is the team meeting. The Agency devotes many resources to ensure that youth themselves exercise these transition planning-related rights. While transition planning is youth-driven, OYE still provides guidance, context, and a framework for developing and implementing a transition plan. This guidance buffers the process and sets the youth up for success.

CFSA's *Four Pillars Strategic Framework* dovetails the Agency's micro- and macro-level practice standards for ensuring positive outcomes for children and youth who interface with the child welfare system. The efforts of CFSA staff and their community partners are geared toward supporting these pillars. They are woven and integrated into the activities of every person working in the child welfare arena. Inside of that framework, youth transition planning is

supported by four equally important OYE commitments: (1) early introduction of planning, (2) effective planning tools, (3) timely teaming, and (4) family and lifelong connections.

Early Introduction of Planning and Consistent Practice

In 2012 OYE published and distributed throughout the child welfare system a *Blueprint for Empowering Youth in Transition*. This concise and straightforward document tracks the domains of the Foster Club Toolkit and provides CFSA and private agency social workers with uniform, reliable, and age-appropriate transition benchmarks. As an example, transition planning begins when a youth in care turns 15 years old, and the housing domain for 15 year olds includes basic education about housing options and costs. It's more of an overview. For 20 year olds, however, the *Blueprint* highlights preparation for a rental agreement and budgeting for an actual residence.

For any youth 15 years of age or older, no matter what issues or circumstances they may be facing in care, social work practice involves ongoing and consistent inquiry and support around transition planning. Social workers instill transition strategies into the youth and continue to address, emphasize, and modify (as necessary) them for the remainder of the youth's time in foster care.

Effective Transition Planning Tools

The Foster Club Toolkit, which is outlined above, is the primary case management tool for transition planning.

Timely Teaming

OYE's existing transition planning model occurs in three phases, based on the age range of the youth and the proximity to his/her exit date from the foster care system. The first phase commences within a month of the youth's 15th birthday when the youth, with guidance of his/her social worker, completes the Foster Club Transition Toolkit. This provides a baseline assessment of the youth's strengths, needs, and interests. It is key to the formation of a learning plan that focuses on those strengths and areas needing improvement. The toolkit is followed by the individual transitional independent living plan (ITILP) meetings. During these meetings, the learning plan is integrated into a greater transition plan that draws together the youth's experiential and historical information (including medical, dental and mental health histories), past and present living arrangements, existing supports and services, and cultural interests and characteristics. The ITILP meeting attendees are guided by the youth himself/herself to develop the service supports and action steps to which various team members, the youth included, are held accountable as the youth moves toward independent living. No less than every 180 days (and more frequently if necessary), the youth's case management team reconvenes to discuss progress on the transition plan, to strategize on how to strengthen it, and to generally make sure that all stakeholders are doing their parts to ensure a successful transition to adulthood for the youth.

The second phase of transition planning begins 30 days prior to a youth's 18th birthday with the youth transition planning (YTP) meeting. These meetings occur every 6 months when the youth is 18 and 19 years old, and then every 90 days after the youth turns 20. YTP meetings are facilitated by OYE IL specialists and social workers but, again, they are led and driven by the youth themselves. The social workers and IL specialist guide the discussion while the youth provides the summary of ongoing services and supports that he/she is receiving, as well as an update on progress toward the identified goals. The youth also owns the discussion of recent

accomplishments and challenges, and is responsible (when applicable) for suggesting and implementing changes to the ITILP.

The third and final phase of the transition planning process is the JumpStart review, which is an intensive team meeting that occurs 180 days prior to the youth's exit date. OYE instituted these reviews in the latter half of calendar year 2012 as a "catch-up" process for youth who were aging out between August and December. These reviews are an opportunity for a transitioning youth's social worker and supervisor to identify critical last minute needs that a youth may need to address prior to exit from care. As importantly, OYE also uses these reviews as a learning opportunity to identify what additional systemic supports need to be put in place for social workers and young people to improve transitional outcomes. The aftercare support enhancements that came out of the lessons learned from the Jumpstart reviews are outlined in the narrative for the next objective.

Family & Community Connections and Supports

CFSA and OYE's approach to family connections and engagement empowers youth themselves to identify the supportive adults (be they kin or non-relatives) whom they want to be part of the transition planning process. These adults are invited and engaged to the extent they wish to be.

Irrespective of the transition planning stage, the team meetings require open dialogue with stakeholders (i.e., family, identified friends and adults of importance to the youth, community-members, and service providers) who are invested in the youth's future. Together, the youth and his or her team develop a sound plan for transition. If necessary, the transition team will assist the youth to refocus goals, as appropriate.

The community connections involved in transition planning include the employment and vocational readiness services described earlier in this section, as well as the after-care support services outlined below.

Objective: Improve aftercare support services for transitioning youth.

Through an array of local and federal partnerships, CFSA and its community partners maintain an array of aftercare support services that ameliorate near-term challenges during the youth's transition to independent living. At the end of FY 2012 and into FY 2013, CFSA fine-tuned its policies and services in this regard to improve the timing and effectiveness of service delivery to youth, and to improve upon transition-related outcomes.

Pathways for Young Adults Program (PYAP)

CFSA partners with the DC Department of Employment Services (DOES) to link youth in foster care with the Pathways for Young Adults Program (PYAP). OYE makes referrals for youth who are at-risk of "slipping through the cracks" due to lack of engagement in academic or employment/vocational resources that they may have at their disposal. The program is open to District youth who are 18 to 24 years of age, and who have a high school diploma or GED. PYAP also provides youth with education supports, case management, and job readiness training.

When the program first commenced in 2012, it was a 6-week certification program that included a rigorous work-readiness training module, occupational training with the University of the

District of Columbia Community College (UDC-CC), and on-the-job training with area employers. In FY 2013, the program expanded into a 6-month program with mentoring and coaching supports, covering “industry focus areas” in DC that have demonstrated a continuing demand for hires, including information and technology, hospitality/culinary arts/tourism, allied health, and construction and property management.

As was the case from its inception, the program also features a partnership with the District’s Office of the State Superintendent of Education (OSSE) and DC Public Schools (DCPS) to promote continuing education and to provide service interventions and referrals for youth who are literacy deficient. PYAP’s case management component includes career coaching to promote employability and life skills attainment and improvement.

Rapid Housing Program (RHP)

Through the locally-funded RHP, CFSA continues to provide time-limited financial assistance to subsidize certain housing expenses for youth exiting from the foster care system. In many cases, especially with respect to rental agreements, leases and security deposits, housing-related expenditures require fast action. In order to streamline the RHP operation and better accommodate the time sensitive nature of these transactions, CFSA moved the RHP component for older youth transitioning from care under OYE’s purview. Along with this organizational move, CFSA tightened the eligibility requirements for the program to ensure that the housing arrangement into which the youth is entering is sustainable once the Rapid Housing funding has been liquidated. This includes a personal interview at which time OYE IL specialists revisit housing-related rights and responsibilities, and review and approve the youth’s post-transition housing plan. Also new to the RHP process is the requirement for the Agency’s director to approve every application.

After Care Referrals

CFSA continues to contract with the Healthy Families/Thriving Communities Collaboratives to provide aftercare/community case management services for youth exiting from foster care. The Collaboratives provide these youth with a supportive network of resources to ensure greater success in their transition to independence within the community.

Youth Ambassador Program

The Youth Ambassador Program is comprised of older youth in care who are selected through a rigorous application process to serve as mentors and advocates for their peers in care. The vision for the Youth Ambassadors is to provide a voice to older teens in the DC foster care system. Ambassadors undergo professional leadership training to prepare them for their roles, which also includes an internship at the OYE office. The internship encompasses various activities and duties that specifically foster engagement between the Ambassadors and other youth in care. In addition, select projects are included in the program, e.g., OYE web-development, the OYE quarterly newsletter, and OYE’s Beautification Project.

The program fosters leadership skills and builds self-confidence and self-awareness among its participants (and its non-Ambassador beneficiaries) through mentoring, networking, public speaking, community outreach, and meaningful employment. Further, youth benefit from the Youth Ambassador Alumni Network where personal connections and opportunities to discuss

real-life issues and challenges are available. All in all, the program offers youth an integral and meaningful introduction to the responsibilities that they will have to take on when their time in foster care is left behind them.

John H. Chafee Foster Care Independent Living Program (CFCILP)

OYE leverages federal funding through the CFCILP to provide an array of supportive services to older youth who are either preparing to transition out of foster care, or who have recently done so. CFCILP-funded services are outlined in the CFCILP section of this APSR.

Objective: Enhance youth capacity to create and maintain lifelong connections.

At each stage of the transition planning process, OYE emphasizes the identification and engagement of a lifelong connection (LLC) in the case planning process. LLCs are committed adults who are safe, stable, and able to provide the following components of a supportive relationship:

- Physical, emotional, social, cognitive, and spiritual well-being
- Respect for racial and ethnic heritage and traditions
- Respect for maintaining natural bonds with the birth family
- Lifelong support, guidance, and supervision

Social workers help the youth identify LLCs who are willing and able to function in the role, and then they encourage (and monitor) regular visitation and engagement between both parties. Visitation is an effective forum to prepare for the transition and to clarify roles and responsibilities post-permanency. If the LLC lives out of town, social workers arrange for the LLC to visit with youth and/or vice versa. LLCs are invited to all transition planning meetings and (if permitted by the youth) may engage the social worker directly regarding the youth's transition plan.

Outcomes:

- APPLA is the goal of last resort.
- Youth, families, and identified supporters attend LYFE Conferences.
- Youth are invested in their YTPs.
- Services for youth transitioning to adult living to ensure stability in living, vocational and/or educational arrangements are strengthened.

Goal 8: Enhance and broaden CFSA outreach and communication efforts to prospective foster and adoptive family resources.

Objective: Develop neighborhood-based foster care resources.

Under Goal #6, CFSA discusses the continuum of available foster care placement resources for a broad population of children with wide-ranging needs. In addition to the Agency's position that the first and best option for foster care is placement with kin, CFSA also seeks to achieve the

broader goal of maintaining children in the least restrictive and most family-like setting appropriate to the child's needs. For CFSA, this also means developing safe and secure placement options within children's neighborhoods of origin.

An important illustration of this commitment to neighborhood-based placements is the Mockingbird Family Model (MFM). The MFM project features "constellations" of five to ten resource homes or "satellites", each of which may house one or two children or youth in foster care. In each constellation, there are parents who are responsible for providing various support services to the satellite parents from a centralized home (the "Hub home"). The purpose of the model is to increase quality support and respite services for resource parents, which in turn benefits the safety, well-being, and permanency of the children in their homes. In 2012, CFSA maintained a total of eight MFM "constellations" throughout all four quadrants (NE, NW, SE, and SW) in the District. Within the current eight constellations, there are 50 participating homes, 43 of which are traditional foster homes and seven of which are kinship homes.

In keeping with the Agency's priority to promote kin as the first option for placement, the first "kinship constellation" was implemented in early FY 2012. The Agency continues to work closely with these kinship providers to inform the ongoing expansion of the Mockingbird Model for potential relative caregivers who may not realize the supports that are available if they elect to provide for the needs of their kin's children. In addition, CFSA's Family Resources Division (FRD) has provided on-site trainings for private agency partners to continue promotion of MFM as an effective, evidence-based strategy for supporting all resource parents and children in foster care. These trainings included information on the lessons learned during the planning and implementation process of the constellations so that private agencies will have the benefit of this knowledge should they decide to implement their own MFM constellations.

CFSA is also committed to providing resources and support to foster family providers near their places of residence. Toward that end, FRD continues to partner with the neighborhood-based Healthy Families/Thriving Community Collaboratives. FRD staff is assigned to each of the District's five Collaboratives, ensuring that foster families are better able to identify and access the community supports available to them. Further, CFSA continues to work with community leaders and merchants to identify and implement additional resources both for current and prospective foster families throughout the District.

The Foster and Adoptive Parent Advocacy Center (FAPAC) is another important resource available to District foster and adoptive parents. As a local advocacy group, FAPAC empowers providers to advocate for themselves and the children in their care. CFSA's partnership with FAPAC assures that foster and adoptive parents have access to critical training and support services within their communities. FAPAC also provides assistance and logistical support with the coordination of issue-specific support groups, such as those dealing with grief and loss, fostering older youth, educational advocacy, and working with birth parents. In addition, FAPAC is also an ongoing, dedicated partner with CFSA for addressing the Child and Family Services Review (CFSR) and Program Improvement Plan (PIP) activities.

To educate the community on the various resources available to adoptive, foster and kin families, CFSA's FRD also distributes a quarterly newsletter. The newsletter includes information on CFSA administrations, local resources, District laws, and Agency policies that impact foster and kinship providers, as well as the children in their homes.

Objective: Enhance the Agency’s recruitment campaign.

CFSA engages in a wide range of ongoing recruitment activities focused on increasing the capacity of family-based foster care within the District. Efforts include utilizing local media outlets to publicize the District’s need for safe and secure placements for maltreated youth. Additionally, there are recruitment efforts within certain neighborhood or demographics. Highlights of the Agency’s overall foster family recruitment plan are included below.

Local Media and Advertising

Advertising continues to be an effective strategy for raising awareness of the importance of and need for adoptive and resource parents in the District. Television, radio, and print media, as well as websites and social networking have each proven valuable in generating interest in prospective resource providers.

Television— CFSA has a longstanding relationship with the *Wednesday’s Child* segment on NBC4. Segments feature specific youth who are in need of an adoptive family. In fact, *Wednesday’s Child* is among the Agency’s largest referral sources for prospective adoptive parents, especially those with no previous interaction with the child welfare system.

Radio—The Metropolitan Washington Council of Governments and the Freddie Mac Foundation continue to sponsor a radio advertisement campaign on the “Praise” 104.1 FM (Radio One) *Morning Show with Yolanda*, whose focused age demographic coincides on various levels with CFSA’s resource parent targets. During a 2-week time frame in February 2013, there were 75 recruitment commercials aired, each for 30 seconds. Radio One also streamed the segments digitally.

Print media—CFSA uses paid advertising space in smaller, neighborhood-based media outlets, such as the *Hill Rag*, *The Blade*, and the *Washington Informer*.

Websites and Social Networking—Online resources are consistently useful recruitment tools. For example, the [Freddie Mac Heart Gallery](#) for Washington, DC is an online exhibit featuring photos and personal profiles of 40 children in DC who are in need of a loving, adoptive home. The site allows viewers to explore the profiles of these children, as well as stories of children who were successfully matched with a home as a result of this site. CFSA also uses other adoption-specific websites to feature the profiles of children legally free for adoption or children in foster care who CFSA has been able to obtain a confidentiality waiver. A few of the local or national websites include [adoptionphotolisting.org](#), [adoptuskids.org](#) and the “Kids Need Families Like Yours” page on Facebook.

There are other numerous CFSA strategies designed to meet the recruitment targets for populations (e.g., teens, medically fragile children, infants) for whom placement in a family-based setting is a challenge due to lack of available homes. Capacity building within the District for these very specific child populations is a major focus. Strategies for reaching out to prospective caregivers who can meet their needs are outlined in the narrative for the ensuing objective.

Objective: Recruit and approve foster, kinship, and adoptive parents in the District.

Since 2012, CFSA has consistently moved towards building family-based placement capacity in the District. Keeping children in their own communities with access to their family, friends, and their support system is of utmost importance toward that goal. The Agency employs two concurrent recruitment approaches to build this level of local capacity. One approach is to cast a wide net throughout the District in search of prospective resource parents. This approach includes the macro-level strategies outlined in the objective above, utilizing press and mass communication resources.

CFSA also engages in recruitment efforts based on the prevalence of need among a particular foster care population. For example, CFSA's bi-annual *Needs Assessment* has revealed service needs among some foster care sub-populations (e.g., older youth, youth and children who are diagnosed with medically fragile challenges, or youth and children who self-identify as lesbian, gay, bisexual, transgender, or questioning [LGBTQ]). Recruitment directs efforts towards covering those needs. Moreover, CFSA's efforts include community-oriented recruitment, whereby a specific neighborhood or community niche is explored for prospective resource parents.

Foster and Adoptive Parents for Older Youth— CFSA's stated goal is to reduce the number of youth in foster care residing in congregate care but in order to reach that goal there have to be adequate placement resources in which to move these youngsters. CFSA continues to commit to placing older youth with families and to increase opportunities for these youth to achieve permanency through guardianship or adoption (when reunification is not possible). In keeping with these efforts, recruitment and trainings for resource parents (both prospective resource parents and currently licensed resource parents) educate resource parents on the particular needs and issues facing older youth. Trainings include sessions called Unpacking the No⁶ and the [3-5-7 Model](#), each of which addresses some of the reasons that youth say "no" to a permanency goals of guardianship or adoption. These trainings are offered to Agency staff, resource families, and youth. The intent is to address the barriers facing youth who may need placement with families (psychologically and emotionally) but are not necessarily willing to address this path to permanency. Another critical part of the review process is the opportunity to hear from the youth regarding their thoughts on being placed with family. For each case under review, the social worker will speak with the youth regarding where he or she wishes to live. This information is later used when the review team considers the best strategies to transition the youth to a family.

Outreach to Prospective Foster and Adoptive Parents who Self-Identify as Lesbian, Gay, Bisexual, and Transgender or Questioning (LGBTQ) – Recent efforts to increase foster and adoptive homes that are supportive of youth who self-identify as LGBTQ have proven to be effective. This includes dialogues with [Capital Pride](#), an annual popular celebration of the LGBTQ community in the District. The event publicizes the need for foster and adoptive parents among the celebrants. CFSA also continues to be an active participant in the Human Rights Campaign's "[All Children – All Families](#)" initiative, which is a national movement to implement

⁶ Both trainings are conducted by Michael Sanders, MSW, who is a contractor with The Annie E. Casey Foundation.

policies and practices that welcome all prospective resource parents regardless of their gender identity or sexual orientation.

As a result of increased dialogue with the LGBTQ community, as well as marketing materials, CFSA is making strides in helping others view the Agency as supportive and open to working with families of all compositions and diversity. The result of these efforts indicates their success. In the last 5 years, CFSA has increased the number of placement resources that self-identify as LGBTQ from one home in 2009 to over 20 in 2013.

CFSA has also worked to engage families who have successfully fostered or adopted an LGBTQ youth through the Speaker's Bureau, which includes a family and youth's public appearances and speaking engagements to share their stories with other prospective foster and adoptive parents.

Recruitment of Homes for Children Diagnosed as Medically Fragile (MF) – Similar to older youth and youth who identify as LGBTQ, youth or children diagnosed as MF face placement challenges. The Agency has engaged families who have had positive experiences with fostering or adopting youth and children from this special population. They also share their experiences with prospective resource families. CFSA has further explored schools and practitioners who work with youth and children known to deal with MF diagnoses for collaboration on events, conferences, or other opportunities to recruit prospective resource parents.

Targeted Foster Home Recruitment in the Faith Community - While CFSA continues to partner closely with the five neighborhood Collaboratives to recruit and engage potential resource parents from local communities, since 2012 CFSA has also been working with the faith community in DC, targeting large churches in different wards to recruit between 10 and 50 new foster family homes. Eight churches have agreed to formulate "Safe Haven" ministries with the specific intent of recruiting resource parents within their member ranks. Integral to that recruitment effort are the support circles of foster parents formed within these communities. As is the case with the Mockingbird Family Model (see narrative write-up above), the faith-based support circles provide ready-made supports for resource parents who become licensed together, and are able to serve as "extended family" supports for large sibling groups who may not be able to be placed in the same home. It is important to note sibling placement is CFSA's first priority in finding placements for young people.

Foster Parent Ambassadors - CFSA capitalizes on the willingness of its existing resource parents to act as spokespersons or ambassadors to their own professional and social communities. These foster care ambassadors are the largest source of new referrals of prospective resource family parents. CFSA has specifically targeted existing MFM constellations to play this ambassador's role. CFSA also offers an incentive of \$250 to existing resource parents if they refer a prospective provider who completes the licensing process and has a child placed in that home. Finally, CFSA's Family Resource Division hosts periodic social functions in order to facilitate such referrals.

Outcomes:

- Foster care resources in the District are expanded.
- More children with special needs are placed in permanent homes.

Goal 9: Improve supportive services for existing foster and adoptive parents.

Objective: Strengthen and expand resources and support services for foster parents.

CFSA is continuously strategizing and creating new and innovative ways to support resource parents. One continuing strategy that has certainly proved successful is the Mockingbird Family Model (MFM) Project. This is a resource family support model based on the “extended family” concept where a “hub” family provides respite and support to kinship, traditional, and pre-adoptive families. The hub family is joined by its “satellite” families to make a “constellation”. Currently, there are eight constellations

The MFM model increases quality support and respite services for resource parents, which in turn, benefits the permanency, well-being, and safety of the children in the homes. Additionally, with the creation of the Office of Entry Services, CFSA has placed tremendous emphasis on ensuring that diligent efforts are made regarding investigating every possible family member for all children that have to enter foster care for purposes of placement. On October 1, 2012, CFSA began the new Emergency Kinship Placement Process. Essentially, in the event that a child is removed from the home, the Child Protective Services (CPS) administration quickly engages the biological parent(s) to identify relatives or kin as potential placement options. The Kinship Licensing Unit then takes every measure to ensure that the family can be cleared for placement quickly. Hence, social workers in this licensing unit are employed on a 24/7 tour of duty. Commensurately, the Diligent Search Unit employees have established an on-call process for the same purpose. Both units are able to immediately address any after-hour removals.

A kinship support fund was also established to provide immediate assistance to the kinship caregivers. This financial assistance can apply to housing needs, child care, utility assistance, clothing, food, transportation, and lead abatement. These supports are provided on a temporary emergency basis until the resource parents’ subsidy is received. Additional supportive efforts are continuing; for example, the kinship division is currently working on a kinship resource directory that will allow kinship parents to easily peruse services in the District of Columbia that range from child care to para-transit services for individuals with disabilities.

In addition to the above supports, CFSA continues to employ resource development specialists whose sole responsibility is to provide support to all resource parents (i.e., foster, kinship, and pre-adoptive families) within the District of Columbia. Each resource development specialist (RDS) responds promptly to any child-related issues and crises that may arise in the home. The RDS also ensures that the resource parent clearly understands CFSA policies and procedures for, but not limited to, payments, administrative meetings, court hearings, adoptive services, and educational/day care services. Lastly, the RDS informs resource parents about training opportunities, as well as local and national conferences or meetings that can develop or refresh parenting skills.

New efforts to support resource parents include the implementation of the Family Connection Program, which was initiated in May 2013. The program model is based on clusters, or groupings of resource parents throughout the District who are assigned to the group based on geographical proximity. Focused on the concept of “extension of family”, the program encourages the strengthening of peer relationships within the resource parent community and

development of healthy emotional relationships among children in care. The Cluster Coordinator for each group provides respite, organizes monthly meetings and social activities, assists with conflict resolution within the cluster and serves as a point of information for community resources. Currently, there are 11 Family Connection Clusters in the District, with 10-15 families assigned to each cluster.

CFSA believes that when the resource parent community is well-trained to meet and handle complex emotional, developmental, and behavioral needs, then children in CFSA's custody will benefit from one of the most significant resources the District's child welfare system can offer. For this reason, CFSA has partnered with a supportive entity, the Resource Parent Training Coalition (RPTC). RPTC continues to make top quality training readily available to the foster, kinship, adoptive, and guardian parents of DC children.

RPTC began in 2007 with a small partnership between CFSA and the Foster & Adoptive Parent Advocacy Center (FAPAC), the DC Metropolitan Foster & Adoptive Parent Association (DCMFAPA), and the Adoptions Together/Post-Permanency Family Center. Since the inception of this partnership, membership has significantly increased. Currently active members of the Coalition include the Board of Child Care, CFSA, the DC Family and Youth Initiative, Family Matters, FAPAC, Foundations for Home and Community, Kayla's Village, Kidsave, Latin American Youth Services, the National Center for Children and Families, the Post-Permanency Family Center, and Serraj Family Programs.

Supported by a grant to FAPAC from the Consumer Health Foundation, the Coalition launched its website in 2010. The website (www.dcrptc.org) has a joint training calendar that allows resource parents to learn about and attend trainings offered by member agencies. The Coalition also provides member agencies with the opportunity to develop significant partnerships, including offerings of larger multi-agency trainings as well as specific agency-to-agency partnerships. Additional plans include building upon the strengths of the various member agencies to develop "train-the-trainer" programs, to increase jointly-sponsored specialized trainings, and to develop curricula or "tracks" for resource parents, based on needs of the individual child and family.

The aforementioned community-based supports provided by FAPAC help to reinforce the work of CFSA's cadre of RDS staff. Again, the RDS prepares resource parents for their service to children and families in the District through access of supportive services that also help to prevent the disruption of beneficial foster care placements. The following list includes supportive services that are available to all resource parents:

- Pre-Service training, screening, and licensing
- In-Service training that provides resource parents with voluntary opportunities to gain or improve upon parenting skills vis a vis the foster care population, including a linkage to supportive literature and materials
- Participation in family-involved meetings as a valued member of the child-specific team
- Regular visits from the RDS, who is assigned specifically to the resource provider and not to the children placed therein
- Crisis intervention services to de-escalate circumstances or dynamics that threaten the continuity of a particular placement

- Referrals for mental health support services that allow birth parents, foster/adoptive parents, kinship caregivers, and group care providers to access emergency assistance from qualified professionals for children who display extreme behavior but do not require hospitalization
- Referrals for specialized services, such as child care services for working resource parents, educational assessments, tutoring, or transportation to medical and other appointments
- Referrals to the [Work of Heart Respite Care Program](#), which offers safe care for children in resource homes when the resource parent needs to travel or attend to personal business, etc.
- Linkages and funding for mentoring, tutoring, and summer camps for school-age children and youth
- Linkages to advocacy groups such as [FAPAC](#), which administers the [Peer Advocacy Training Program](#) that provides resource parents and kin caregivers with tools to better advocate for children in their care and to better understand the system under which they are operating

Finally, CFSA publishes the quarterly *Resource Parents Journal*, which is an excellent source of information and inspiration for the entire resource parent community. The *Journal* contains everything from inspirational stories of fostering to a community calendar with information on activities and training, to service and contact information for quick and easy (and healthy) dinner recipes, to parenting tips.

Objective: Strengthen and expand post-permanency services for children and families.

Within the Agency's *Four Pillars Strategic Framework*, the fourth and final pillar centers around ensuring that all children exit the foster care system with positive and sustainable permanency. CFSA and its contractual partners, the [Post-Permanency Family Center](#) (PPFC) through Adoptions Together and the Center for Adoption Support and Education (CASE) offers supports and services for guardianship or adoptive families to assure that children exit foster care to a well-supported family environment as quickly as possible. Post-permanency services are available for any family, child, and youth who has achieved permanency via adoption or guardianship, no matter the length of time since permanency has been achieved.

CFSA currently has two staff persons dedicated to manage Post Permanency Services. These services are for children, youth, and families who have exited DC's foster care system and have achieved permanency via adoption or guardianship. The services include crisis management, referrals for services, triaging, and overall linkages to a variety of community supports. As indicated above, CFSA maintains support for this work through its contracted partners, PPFC and CASE.

Post-permanency services can essentially be broken down into two main areas: (1) pre-services and (2) post-services. During the pre-services phase, the post-permanency social workers (PPSWs) receive referrals from on-going social workers for their clients to receive specific therapeutic services that relate to ensuring that the stated permanency goals (i.e., adoption or

guardianship) are achieved successfully. The PPSW receives referrals and assesses which type of support would be necessary for the referred families.

CFSA notifies the referred families of the available post-permanency referral and supportive services through PPFC and CASE. Both organizations are equipped to offer in-home therapeutic services to all referred families. Given the level of intensity and the type of clinical supports each case brings, PPSW then determines the more appropriate service provider. The PPFC, in particular, helps families prepare for the transition to guardianship or adoption while also providing support once permanency has been achieved. CASE is additionally equipped to manage more challenging cases. These include, for example, cases that involve overturned adoptions, competing adoptions and any that are more heavily court- involved.

During the pre-permanency phase, the PPSWs are available to consult on a variety of challenges that the on-going social work staff may experience: (1) ambivalence towards the permanency goal itself, (2) hesitancy on the part of the youth and family to achieve the permanency goal, (3) difficulty accessing the necessary clinical supports to sustain permanency, and (4) challenges related to accessing overall community resources.

During the post-permanency phase, PPSWs work solely on cases where permanency has been achieved via guardianship or adoption. In rare cases, a PPSW will assist youth who have transitioned from foster care and who may need referrals for a variety of services and community supports. Similarly, PPSWs may assist families who have achieved permanency but contact the PPSW with a variety of challenges. The family may be having a hard time managing certain behaviors of their adopted child, or challenges in the home could result in the adoption placement being disrupted. The PPSW may also need to assist families to select and legally identify a successor guardian if the legal parent becomes incapable of continuing in that role. Typically, all families who contact a PPSW are referred either to CASE or PPFC.

PPSWs also generate internal referrals to CFSA's Family Team Meeting (FTM) unit on behalf of families who have achieved permanency but for whom specific challenges could potentially lead to a disruption. FTMs bring all pertinent parties to the table to discuss a range of preventive services that will assist the family to diminish any current crises and maintain family stabilization.

In addition to the services for guardianship and adoptive families described above, PPFC offers parenting classes, monthly respite services, and crisis support 24 hours a day, 7 days a week. Respite services include a program called, "A Place to Go and Grow", which targets kinship, foster, adoptive, and guardianship families caring for children ages 8 to 14 who exhibit emotional and behavioral challenges. The purpose of this program is to prevent disruptions by providing respite to caregivers and a therapeutic environment where children can interact with peers and develop self-esteem.

PPFC also offers a wide range of direct services and community and peer supports for foster and adoptive families. Direct services include case management and advocacy to assist families with accessing services and resources to meet their individualized needs. In addition, PPFC provides individual and family counseling, as well as support groups for children, teens, and adults. The services provided through PPFC help guardianship and adoptive families to feel well-supported as they welcome the child or youth to become a permanent member of their families.

Throughout the year, PPFC offers trainings on various topics related to adoption, permanency, and attachment. Some of these trainings provide continuing education units (CEU) for licensed professionals, including CFSA social workers. To better accommodate the busy schedules of legal guardians and adoptive parents, trainings are available evenings, weekends, and online. PPFC further maintains a resource library comprised of up-to-date research, literature, and other information on topics related to child safety, well-being, and issues that may arise post-finalization of guardianship or adoption. As well, PPFC publishes a bi-monthly newsletter that includes recent research on such issues as attachment disorders, anger, grief and loss, in addition to recommended readings and a calendar of events.

While PPFC is well-utilized by adoptive families, post-guardianship families have been less likely to take advantage of the available services. CFSA continues its ongoing commitment to engaging more post-guardianship families in services and connecting them with supports to ensure stability of the guardianship. Together, CFSA and PPFC continue to share the mutual goal of increased outreach and support to post-guardianship families.

Finally, CFSA partners with the neighborhood-based Collaboratives to support children and families during the transition process as the family prepares for safe case closure. As previously mentioned, the Collaboratives offer families a wealth of resources such as housing and job assistance, parenting support, and other services that can help family stability and prevent future involvement with the child welfare system. The Collaboratives also provide assistance to guardianship and adoptive families post-permanency.

Objective: Provide foster and adoptive parents with the tools and skills to attend to the varying needs of children in foster care.

CFSA continues to utilize the evidence-based pre-service training curriculum for resource parent training entitled, *Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting* (PS-MAPP). PS-MAPP is a 10-week program that highlights the benefits of strength-based approaches to fostering. It includes a range of approaches to familiarize parents with what to expect from a child placed in their care, and provides opportunities for the child's birth and resource family to team with service providers. These opportunities are essential for positive child permanency outcomes because resource parents add their direct experience with the child during case planning and decision making.

After pre-service training and licensure, resource parents continue to benefit from in-service trainings provided by CFSA's Child Welfare Training Academy. Resource parents receive 15 hours of in-service training per calendar year in order to maintain their resource parent license in good-standing. They may select from a variety of carefully crafted, relevant topics in order to broaden their capacity for caring for children, and promoting safety, permanency, and well-being. The following required and elective topics are included but not limited to the trainings offered by CWTA:

- American Heart Association's Cardio-Pulmonary (CPR)/First Aid Training
- Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis

- Emergency Preparedness for CFSA Families and Children
- Child Passenger Safety Workshop
- Medication Administration
- Mental Health First Aid
- Psychotropic Medication
- Rebuilding the Emotionally Broken Child
- Working with Youth Who Self-Identify as Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)
- Understanding Mental Illness in Child Welfare
- Trauma 101/Trauma 102/Trauma 103/Trauma 104
- Attachment, Grief, and Loss

To ensure that in-service training is readily accessible to resource parents, CWTA provides several options for evening training locales: in the homes of resource parents, in community locales (e.g., a public library), and at a private agency. As a result of these scheduling options, there have been noticeable increases in training attendance. Further ideas to increase in-service training attendance, as well as the numbers of resource parents who successfully seek relicensing, include *Marathon Training Weekends* that began in fiscal year (FY) 2012. Currently, these weekends occur once every three months. The trainings occur at CFSA on Friday evenings, and then all day Saturday, plus Sunday morning. This “marathon” training session allows resource parents to meet deadlines and to “catch up” on hours that they may be missing. Additionally, CWTA-approved on-line training is available at the following two websites: www.fosterparentcollege.com and www.fosterparentstest.com.

Outcomes:

- Placements for children in foster care will be stable.
- Foster parents are better able to meet the needs of children.
- More children with special needs will be placed in permanent families.
- Children achieve stability in their permanency arrangement.

Well-Being

Goal 10: *Improve the assessment of educational needs and the achievement of positive outcomes for children involved in the child welfare system*

Objective: Identify educational decision-maker for children in foster care.

The third pillar of CFSA’s *Four Pillars Strategic Framework* is *Well-Being*. This pillar focuses on the assessment of educational needs, and positive well-being outcomes for children involved with the child welfare system. An essential factor for achieving these outcomes is ensuring that all children in foster care have someone to make decisions related to their education. Accordingly, CFSA has two designated education specialists who provide guidance and consultation to social workers and resource parents regarding the educational needs of children and youth on their caseloads. Specifically, the education specialists emphasize the importance of

ensuring that all school-age children have an educational decision-maker. While social workers do not serve as the educational decision-maker for a child or youth, they are required to ensure that the child's educational goals and needs are met.

In addition to guidance from the education specialists, social workers may also refer to CFSA's [*Educational Services*](#) policy. This policy provides direction both for social workers and resource parents on the process for identifying the educational decision-maker for a child in foster care. In general, a child's parents or legal guardian maintains decision-making responsibilities following the child's removal from the home. Parents or guardians may, however, be relieved of these responsibilities under the following circumstances:

- The child has reached age 21.
- Parental rights have been terminated.
- The DC Family Court has appointed an educational surrogate parent (ESP) because the parent has not engaged in educational decision-making, despite reasonable efforts from the social worker and/or supervisor to encourage the parent to do so.

CFSA's recommendation to the Family Court for the appointment of an ESP occurs only after a great deal of consultation among the case management team. The *Educational Services* policy provides guidance on the decision points that the case management team must follow in order to determine whether the parent is adequately engaged and may remain the child's education decision-maker. These decisions are made in conjunction with CFSA's legal team and the assigned education specialist.

CFSA and the Family Court reinforce together the importance of the educational decision-maker for every child, including a check list provided by CFSA to Family Court judges to ensure that certain aspects of the child's education are addressed during court proceedings, e.g., language in all court orders must indicate whether or not the parent maintains education decision-making authority. If it is noted that the parent is no longer appropriate to fill this role, the specific individual who will serve as the educational decision-maker is named in the court order. Again, this is discussed at every court hearing and updated as needed. Furthermore, the presiding Family Court judge also has the ability to order implementation of educational services that have been deemed necessary if the parent is refusing to consent.

Objective: Improve educational teaming, planning and decision-making between child welfare and the state and local education agencies (SEA & LEA).

CFSA maintains positive relationships with the Office of the State Superintendent of Education (OSSE) and the District of Columbia Public Schools (DCPS). Partnerships with both of these entities ensure that developmental screenings are completed within 30 days of a child's entrance into the foster care system. The youngest children, ages 0-3, are screened in CFSA's Healthy Horizon Clinic. Children ages 3-5 are screened by CFSA's education specialists. If delays are revealed at the completion of the screenings for children ages 0-3, they are referred to *Strong Start* through OSSE. If delays are revealed at the completion of the screenings for the 3-5 population, the children are referred to *Early Stages* through DCPS. The primary focus of this cross-system coordination between CFSA, OSSE, and DCPS continues to be the timely sharing of information to support children's educational needs.

To further support effective information sharing, CFSA has a formal agreement with DCPS that gives investigative social workers direct access to the school system's student management information system. This system includes important information about the child's school enrollment and recent attendance status. In addition, CFSA and DCPS developed a memorandum of agreement (MOA) within the last year that now allows the two agencies to exchange information regarding District wards in CFSA custody. As a result, CFSA's education specialists have access ("read only") to DCPS' student tracking system as well as its special education management information system. DCPS further provides CFSA with a monthly attendance report for all District children and youth in foster care. This report serves as an additional safeguard so that CFSA can assure that children and youth are attending school regularly and, as needed, can address any concerns timely. This important case-specific information has proven critical in the development of education plans for each school-age child.

Beyond its collaboration with DC LEAs, CFSA continues its collaboration with DC Superior Court. As noted above, court orders now include information that addresses a child's educational status. Such orders ensure that the Family Court has addressed educational information and/or issues at the hearing in accordance with the *Educational Checklist for Judicial Officers*. In addition, there is a section on the court order that prompts the judge to verify whether the parent maintains education decision-making authority and if not, who has those rights.

Another important CFSA collaboration is with *Raise DC*, a city-wide partnership focused on raising educational outcomes for District of Columbia youth. This is a growing partnership composed of committed local business, philanthropic, government, education, and non-profit leaders. Specifically, CFSA is part of two of the *Change Networks* within Raise DC: (1) *Early Childhood* and (2) *College and Credential Completion (C3N)*. The two primary goals for Early Childhood are for every child to be (a) prepared for school, and (b) to succeed in school. For C3N, the goal is for every youth to attain a post-secondary credential (i.e., college or an industry-recognized license or certification). Outcomes have been established for each goal to measure progress. Participants in the respective Change Networks organize tasks in order that the goals are ultimately met.

Further, CFSA's Office of Youth Empowerment has established a partnership with *Washingtonians for Children*, a local organization that advocates for youth in college. The mission of this organization is to ensure that youth not only enter college but that they remain in school, have a successful experience, and graduate. To facilitate this mission, Washingtonians for Children has partnered with local colleges, such as Trinity College, University of the District of Columbia, University of the District of Columbia-Community College, and Prince George's County Community College. As a result, CFSA has direct contact information for college officials who can address any questions or concerns in a timely manner. This partnership has resulted in an overall support network to ensure the success of our youth in college.

In 2013, CFSA also hired an Education Supervisor in the Office of Well Being to provide direct oversight of all education-related matters affecting CFSA-involved children and youth, particularly school-aged youth. A primary responsibility of the Education Supervisor is to serve

as the primary point of contact and liaison to government and community partners for education-related child welfare practice issues.

Objective: Conduct timely and thorough assessments of children's educational needs.

CFSA has established a process to ensure that educational assessments are conducted for all school-aged children. First, social workers complete education/vocation assessments (EVAs) twice a year (in November and April) for all children and youth in care ages 5-21. The standard EVA assessment includes a tool that assesses the educational strengths and needs of children on their caseload. This information is critical to identifying individual educational needs. The EVAs also enhance accountability, and ensure that referrals and interventions are completed, as deemed necessary. In addition, EVAs provide system-wide baseline data on educational issues, which allow for longitudinal analyses that identify needs and trends used for policy and practice decisions.

To ensure that the assessment process is continually improving according to the needs of children, the Agency is working on the following initiatives to support children's educational needs:

- The Agency has revised its contract with a tutoring provider, Alternatives for Crime (AFC) Scholarship Foundation, to conduct educational assessments for all school-age children and youth before the end of FY 2013. These assessments use the A+ Learning Link tool to determine student proficiency and to target areas where more support is needed.
- Beginning in July 2013, CFSA will have access to OSSE's Statewide Longitudinal Data System to track educational records for all children in out-of-home care who attend DC public schools, charter schools, or special education programs in surrounding counties.
- Beginning in the fall of 2013, CFSA will also have access to education records for children and youth in foster care who attend school Prince George's County.
- Educational outcomes will be captured through multiple proposed assessment tools, including the Child's Needs Assessment (CNA)

In addition, under the purview of CFSA's Health Services Administration (HSA), the Healthy Horizons Assessment Center (HHAC) conducts thorough assessments on all children, ages 0 to 3, within 30 days (or sooner if indicated) of the child's entrance into care. If, after the assessment, a concern with the child's development is revealed, then that child is referred immediately to Strong Start within OSSE. HSA collects and tracks the data collection on the assessments and referrals for these children. Children ages 3 to 5 years old are assessed through CFSA's Office of Well Being. Any developmental delays identified in children in this population are immediately referred to Early Intervention within DCPS. As with HSA, the Office of Well Being gathers data on the assessments and referrals of children ages 3 to 5.

Objective: Improve educational stability for children in care.

In alignment with the first pillar, *Narrowing the Front Door*, CFSA continues to emphasize the importance of building a strong foster care network within the District of Columbia whereby children, when they absolutely have to be removed from their homes, can potentially remain in

their community, and therefore in their school or daycare of origin. Additionally, kinship resources are identified quickly due to the realignment of the Family Team Meeting (FTM) unit, the Diligent Search Unit, and the Kinship Licensing Unit under Entry Services. Entry Services, which also houses CFSA's Child Protective Services Administration, has contributed greatly to the timely discovery and preparation of kinship resources for placement of relative children. In addition, CFSA contracts with a transportation provider to bring youth to and from their schools of origin following a home removal or a placement change.

Since passage of the *Fostering Connection to Success and Increasing Adoptions Act* (HR6893/PL110-351), CFSA has worked diligently to achieve the educational stability requirements outlined in the legislation. This included the development of a practice protocol to assist social workers with decisions regarding educational stability, as well as documentation requirements. CFSA has also worked closely with OSSE and LEAs from surrounding jurisdictions to ensure all related entities are aware of the requirements of the legislation. In addition, to facilitate "best interest" determinations for impacted youth, CFSA and OSSE have developed a helpful guide to highlight the stability requirements and the importance of teaming with child welfare social workers for DCPS administrators and teachers.

Lastly, due to the geographical size and location of the District, and its relative proximity to the bordering jurisdictions of the State of Maryland and the Commonwealth of Virginia, CFSA has made it a priority to [facilitate local school enrollment](#) for District youth placed in those jurisdictions. To do so, CFSA provides social workers with the enrollment requirements for these neighboring counties so in the event that a child or youth in foster care cannot remain in his/her school of origin, the enrollment in the new school may occur without any unnecessary delay.

Objective: Strengthen early intervention supports and services for children in foster care ages Zero to Five.

As of the first day of FY 2013, CFSA's population of children in care between the ages of birth and 5 years was 368, or 24% of the overall population. Over the past three years, CFSA has experienced a significant drop in the overall foster care population, and the population of children age birth to five has dropped commensurately. The overall population and the population of children birth to five are projected to continue a modest decline throughout the rest of FY 2013, such that by the first day of FY 2014 there projects to be 344 of these youth in foster care. This projection is based on historical population trends for this age group.

Pursuant to the third pillar (*Well Being*) of the *Four Pillars Strategic Framework*, CFSA recognizes the unique needs of young children in foster care and the importance of strengthening early interventions, supports, and services to address the specific needs of children ages 0 to 5 years old. These supports and services are critical to identifying and addressing any concerns related to the child's social, emotional, or physical development with the purpose of enhancing the child's overall well-being. As previously noted, CFSA assesses all children between the ages of 0 to 5 within 30 days of entry into foster care. If any delays are discovered, the children are immediately referred to the appropriate entity, based on their age, for further evaluations and service provision.

The federal *Individuals with Disabilities Education Act* (IDEA), Part C, along with the *District of Columbia Public Law 1-2-119* both mandate that infants and toddlers with disabilities and their families receive coordinated services early enough to make a difference. When delays are identified for a child ages 0 to 3, a referral is made to Strong Start DC, a statewide, comprehensive, coordinated, multidisciplinary system that provides early intervention, therapeutic, and other services for infants and toddlers with disabilities and developmental delays. Services are also provided for these children's families. These services are flexible, culturally responsive, and most importantly, tailored to meet the individual needs of the child and the family.

Again, as cited above, *Early Stages* is a DCPS diagnostic center for children between the ages of 3 to 5. The Office of Well-Being refers children in this age group to Early Stages to further assess identified delays and to arrange for services to address them. Early Stages also works to engage the child's educational decision-maker and to receive their consent for any necessary evaluation and services. Children who attend a DC public school, or who are home-schooled, or have not yet entered the school system are also able to access the services.

In addition, the Family Court Division contributes to overseeing the well-being of this age group, aside from the typical information solicited at every hearing. For example, at each hearing, the assigned judge must complete the *Education Checklist for Judicial Officers*. This checklist includes sections that specifically address the needs of children ages 0 to 5. Questions from each section are designed to guide the judge's information gathering process, i.e., whether a baseline assessment of the child's development was completed and if the assessment noted developmental challenges, and information on how the challenges were being addressed. The checklist further prompts judges to ask questions regarding case management planning for the child's developmental transitions from early intervention to early childhood. This includes interventions from early childhood to school age, as well as information on the specific types of service(s) the child is receiving, where applicable. This checklist provides an extra level of accountability to ensure the developmental needs of young children are being met.

CFSA also participates in the State Early Childhood Development Coordinating Council (SECDCC), which was created in the District of Columbia in 2010 to ensure greater overall academic outcomes for children ages 0-5. In accordance with DC law, the overarching goal of SECDCC is to "improve collaboration and coordination among entities carrying out federally funded and District-funded pre-k and other early childhood programs to improve school readiness."⁷ The SECDCC further supports the overall healthy development of young children across multiple areas of focus, highlighting the importance of positive outcomes for children in the areas of health, social/emotional, and academic progress.

SECDCC developed an ambitious goal-oriented agenda in FY 2013 with outcome measures that focus on children and families, as well as service professionals, community capacity-building, and enhanced access to services for all children. The following goals are included for the current fiscal year:

⁷ DC Law 17-202; DC Official Code § 38-271.01 et seq.

- Coordination of federal and state-funded programs – SECDCC conducts a thorough review of existing programs for children birth to 5 years old to create program profiles, assess linkages across programs, identify potential barriers to collaboration, and to provide policy and program recommendations.
- Coordination of Early Childhood Data Systems – Assess the District’s early childhood data systems to identify elements of current data systems being used, potential gaps in data collection, and identification of potential linkages across sectors for child, staff, program, and system level data. Subsequent recommendations for the development of an early childhood unified data system will be developed for dissemination.
- Development of a Summative Report – Finalize a summary report of all SECDCC activities, actions taken, deliverables completed, and accomplishments for distribution to the Federal government.
- Development of Early Childhood Web Resources – Develop supplemental web text and assist with outreach and dissemination of the early childhood component of the learndc@dc.org web portal. This web portal is intended to be comprehensive in nature and to provide parents, providers, and stakeholders with information on the DC early childhood system.
- Early Literacy/Family Engagement Public Awareness Campaign – This campaign is designed to raise awareness of the importance of parents and caregivers singing, talking, and reading to their children age birth to 8 years old. The campaign targets parents and caregivers, primarily women, who are 18 to 50 years old, and who have children from birth to 8 years old.
- Universal School Readiness Conference- Leadership Track – SECDCC is developing several informative and instructional tracks for early childhood development providers attending the 2013 Universal School Readiness Conference on April 27, 2013 at Wilson Senior High School. These tracks focus on building leadership capacity.
- The Month of the Young Child Launch Event – As a national leader in early childhood, the District of Columbia joined a handful of other states in hosting events during the month of April in celebration of the *Month of the Young Child* (MOYC). Events centered on early childhood learning and development as part of celebrations connected to the national *Week of the Young Child* events celebrated across the country.

Finally, SECDCC has supported [Raise DC](#), the District's comprehensive cradle-to-career initiative developed by Mayor Vincent Gray. The effort lays out a set of measurable outcomes and targets to ensure that all District youth are career-ready by age 24. It joins a national movement of cities working to bring together a cross-sector group of leaders organized around a set of common goals and committed to using data to drive improvements. Specifically, members of DC Council have served on the executive team, data committee, and the Raise DC early childhood change network. Additionally, SECDCC has worked to support OSSE’s ongoing efforts to improve the quality rating improvement system (QRIS) and to initiate a Kindergarten Entrance Assessment in the District.

Outcomes:

- Children receive services to meet their educational needs.
- Children succeed academically.

Goal 11: Provide health and well-being services for children receiving CFSA services.

With the implementation of the *Four Pillars Strategic Framework* in 2012, CFSA continues to reinforce the importance of child health and well-being throughout a family's involvement with the child welfare system. As noted earlier, CFSA has a designated Health Services Administration (HSA) to oversee health-related services for children by providing direct service provision or by coordinating services with the network of local providers. HSA also provides a variety of quality services (detailed below) to assure that children's health and well-being needs are being met.

Healthy Horizons Assessment Center

CFSA operates the Healthy Horizons Assessment Center (HHAC) as an on-site 24-hour medical clinic to serve some of the medical needs of children and youth newly entering care and custody, or experiencing a re-placement in foster care. HHAC is staffed daily by one nurse practitioner, one medical assistant, and one medical records technician. Clinic staffing effectively performs various screenings and assessments for the purpose of early identification, diagnosis, and referral of health-related issues for children. The following services are delivered at HHAC:

- **Medical screenings**
 - Screenings occur immediately upon initial placement in foster care or upon a change in foster care placement.
 - The screenings are intended to identify any urgent medical needs, including signs of trauma, psychiatric needs, medications, and food allergies.
 - Results of the screening are passed on to the child's social worker to thoroughly inform the placement process.

- **Comprehensive health assessments**
 - Assessments occur within 30 days of a child's initial placement in foster care. These assessments follow the requirements of the federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services program (known locally as DC HealthCheck).
 - DC HealthChecks incorporate the following components:
 - Complete recording of child's medical and developmental history
 - Physical examination by a qualified health care practitioner
 - Preventative services such as immunizations and health and reproductive education as appropriate
 - Development of a current and previous diagnosis list
 - Development of healthcare treatment plan
 - Referral for mental and behavioral health screening and/or developmental screening and assessment

Following the comprehensive assessment, children are referred back to their primary care provider (PCP) of record or they are assigned a new PCP for ongoing health care needs while in

foster care. Social workers follow the governance in CFSA's health care policies to monitor those ongoing needs.

In order to continue ensuring that children and youth are consistently seen within 30 days of entering foster care, CFSA launched the Health Assessment Marathon in December 2012. On the last Saturday of each month, HHAC opens for the entire day to see children and youth who need their initial DC HealthCheck, or children and youth who require a placement change medical screening. Thus far, this has yielded very positive results, to ensure children are seen by a medical professional as required.

Nurse Care Managers

The nurse care managers (NCMs) staffed at CFSA play a critical role in ensuring optimum health and well-being for children and youth in foster care. The NCM program began at CFSA in 2010. Currently, the Agency employs 14 registered nurses (RN) who provide case management and support services for children with heightened needs, as well as consultative services for the social workers working with these youth and their families. NCMs also reduce crises through its preventive and supportive focus, yielding positive results for children and youth. It further has positive long-term implications for enhancing the safety, well-being, and quality of a child or youth's life through seamless service provision.

Following the comprehensive health assessment, youth who have significant physical or mental health care needs and require services beyond that are required by children generally are also assigned an NCM.

NCMs perform the following activities and services:

- Completing comprehensive assessments on medical, mental health, social, and emotional well-being
- Developing and maintaining care plans to address medical, educational, social, and other unique needs
- Coordinating, facilitating, and implementing health and mental/behavioral health services
- Educating clients, providers, and social workers about activities supportive to health and any related social and educational outcomes (otherwise known as health promotion)
- Monitoring and evaluating service outcomes and the progress of client patients
- Advocating for options and services to meet individual health and related social, educational, and other needs in a comprehensive and proactive manner through communication, linkage, and resources available to promote quality and cost-effective outcomes

Child Protective Services (CPS) Nurse Consultants

CFSA has detailed two RNs to the CPS administration to offer consultative support to CPS social workers during the investigative stage of the case. In instances where medical neglect specifically may be a mitigating factor, or if there are any children in the home who appear to have health-related issues generally, the CPS nurse consultants are quickly available to review and discuss case specifics with the investigative social worker. Accordingly, the RNs provide recommendations for conducting a thorough investigation of presenting factors. Through their involvement, RNs help the Agency make early identification of (and interventions with respect to) child health issues.

Dental Services

In March 2013, CFSA launched a new dental program in partnership with the Children's National Medical Center (CNMC). This program ensures that children entering foster care are able to access dental services within 30 days of their removal from the home. Through this partnership, CNMC brings a "Dental Van" to CFSA on a monthly basis to provide services on site. Services include cleanings, examinations and screenings, as well as the application of sealants and minor fillings when applicable. While the program is only in its infancy, CFSA is hopeful that it will prove effective in identifying and addressing dental needs early in the child or youth's involvement with the Agency.

In addition to the initiatives described above, CFSA has also implemented a series of health care policies to guide practice in this area. These policies include [Health Care Coordination](#); [Initial Evaluation of Children's Health](#); [HIV, Sexual, and Reproductive Health Services](#); [Medical Consents](#); [Medical Records Maintenance](#); [Medication Administration and Management](#); and [Preventative and Ongoing Healthcare](#).

Objective: Improve medical documentation and follow-up for children in foster care.

In an effort to maintain effective medical documentation and applicable follow-up treatment for children in foster care, CFSA has developed a series of policies and updated existing governance in this area (see also above listings of health-related policies). Specifically, the [Medical Records Maintenance](#) policy provides guidance to CFSA social workers and health practitioners on the requirements for health care documentation for children in foster care. The goal of this policy is to standardize practice in relation to medical documentation, thereby improving information sharing and increasing the efficiency of service provision, in addition to monitoring and follow-up services by the child's social work team.

The policy provides guidance on documentation for the following areas:

- Individuals who may access child medical records, when they may access them, and under what circumstances is such access appropriate
- Maintenance of medical records, including the minimum of information needed to fulfill data requirements, the use and alignment of hard copy and FACES.NET-related records, and use of medical consent forms
- Confidentiality of documentation and records, including special provisions for children and families affected by HIV/AIDS
- Billing requirements for services and clients that are eligible for Medicaid reimbursement

In regards to Medicaid, CFSA has created comprehensive processes to ensure that children who enter foster care are provided with Medicaid coverage within 5 days of entering care, and that issuance and receipt of the card occurs within 45 days on entering care. While CFSA has routinely met mandates for ensuring coverage, resource parents have previously experienced challenges with receiving the Medicaid card for the children in their home in a timely manner. Despite the occasional delays for distribution of the actual card to the resource parent, resource

parents are informed that if medical care is needed for the children in their home, the medical provider can access the children's Medicaid information and eligibility via the DC Medicaid interactive voice response (IVR) system. CFSA has found great success with the processes that are currently in place to ensure that the Medicaid cards are properly and efficiently distributed.

Objective: Improve mental health service provision for children entering foster care.

The DC Department of Mental Health (DMH) continues to partner with CFSA to expand the system of qualified community service providers in order to meet the on-going mental and behavioral health needs of the children and youth serviced by CFSA. This partnership remains critical to ensuring that the District is providing quality mental health services to CFSA's children. Collaboration is also important to share the mental health needs of CFSA's children so these needs can ultimately be addressed most effectively via service provision.

Children who enter CFSA's care undergo a mental health screening as a part of the comprehensive health assessment that occurs within HHAC. The screening is completed within 30 days unless there are urgent challenges recognized sooner. Clinical practitioners (i.e., one psychologist and one clinical social worker, co-located from DMH) conduct the screenings for all children and youth ages 1 year and older. The purpose of the mental health screening is to obtain a complete picture of the child in order to identify any emotional and behavioral needs, issues or problems, or risk arising from their unique situation. On the basis of the initial screening, children and youth are referred for ongoing treatment, if appropriate, to a selected mental healthcare practitioner who provides specific diagnostic information and develops treatment plans that include treatment objectives, methods, interventions, and services.

One major project within DMH, [Family First](#), is an evidenced-based initiative jointly created by DMH and CFSA to expand the range of mental health services for families and children. Some examples of the types of evidenced-based treatment modalities in this initiative include Parent-Child Interaction Therapy (PCIT), Functional Family Therapy (FFT), and Trauma-Focus Cognitive Behavior Therapy. These practices are proven to strengthen family life; to meet the needs of the children and youth who experience depression, anxiety and acting out behaviors in reaction to trauma and/or violence; and to help avoid more complex, long-term challenges.

Eligibility for these specialized treatment programs includes District children, youth, and their families (including biological, foster, and adoptive families, and caregivers), as well as children and youth who are wards of the District of Columbia but living in Maryland and Virginia. Family First services are provided by qualified [community-based providers](#) who receive comprehensive training and coaching to deliver these services.

Regarding crisis services, DMH also offers the Children and Adolescent Mobile Psychiatric Service (ChAMPS). ChAMPS provides on-site immediate help to children facing a behavioral or mental health crisis whether in the home, school or community. Services are geared toward children and youth ages 6 to 21 years old. ChAMPS' goal is to stabilize the child and avert

inpatient hospitalization or placement disruptions in the case of children in foster care. The mobile crisis teams also make follow-up visits and connect the family to necessary supportive services. This on-call, mobile emergency service is available 24 hours a day, seven days a week.

Perhaps CFSA's most exciting program innovation with respect to child mental health is implementation of a new system-wide trauma-informed organizational model. Through a \$3.2 million 5-year federal grant *to improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare*, CFSA is implementing the transformational Trauma Systems Therapy (TST) model. Key facets of this transformation include building a trauma-informed workforce that recognizes the prevalence of trauma among children who interface with the child welfare system. With specialized training, social workers and other staff will quickly become adept at identifying children and families dealing with trauma. TST also hinges on CFSA's (and its partners') ability to build service capacity in evidence-based practices (EBP) that are specifically designed to help children and families work through trauma-related behaviors and issues.

Trauma-informed care charges the following principles as core tenets of evidence-based child welfare practice:

- Trauma-informed care is a **philosophy of practice** and **fundamental professional belief system** about the children and families within the child welfare system, the experiences they have endured, and professional role of social workers, clinicians, and other support staff in facilitating their recovery.
- Trauma-informed care provides a common, **strengths-based language** to use with families to more effectively engage and communicate with them.
- The children and families who enter the front door are first and foremost **victims and survivors of trauma**.
- Many of them have been victims of **multiple types of trauma over long periods of time**.
- Children & families should be acknowledged as survivors, respected for the experiences they have survived, and **empowered to discover the potential for healing** that exists within all of us.
- It is the **responsibility** of a child welfare system, all of its programmatic parts and components, to fundamentally acknowledge these concepts as relevant.
- Only through **concerted teaming and collaboration** will the Agency's physical environment, organizational culture, and programs and services become "safe places" that truly facilitate the healing of children and families and aid in recovery from multiple and chronic traumatic life events.

Principles of trauma-informed care are inextricably linked to and congruent with the core tenets of the CFSA Practice Model with one important caveat. Just as physical safety and well-being are paramount to the protection of children, so too is **emotional safety** imperative in facilitating an environment where children and caregivers can appropriately utilize an array of treatment and support services to effectively engage in the process of healing and change.

II. BASELINE INFORMATION AND MEASURES OF PROGRESS

In the Spring of 2012, CFSA marshaled and refocused Agency resources toward CFSA’s *Four Pillars Strategic Framework*, which pervades every aspect of case practice and program support. As a result, the Agency has put in place a series of ambitious, measurable objectives to allow management and other stakeholders to evaluate the Agency’s progress toward affecting the Four Pillar outcomes. For the sake of alignment, and to make the APSR measures more meaningful, CFSA has integrated many of these new outcomes-oriented measures into the APSR. At the same time, the Agency has removed some process-oriented measures that had been in place since CFSA’s Child and Family Services Plan (CFSP) was developed in 2009 but now no longer meaningful or relevant under the objective.

Making these modifications to the APSR data measures this year facilitates the establishment of baselines and performance projections for the new CFSP, which will be submitted for federal review and approval in June 2014. In the tables below, a bracketed “NEW” indicator highlights the Four Pillar measures that have been added to this year’s APSR, and a “MODIFIED” indicator signifies that the existing measure has been slightly edited for Four Pillar alignment. Meanwhile, underneath the table for each objective, a short narrative describes the old process-related measure that has been replaced.

Safety

1. *To prevent children from coming into the child welfare system.*

Measure	Baseline as of 9/30/12	Actual as of 4/30/13	Goal FY13/FY14
Decrease new entries into foster care (Source: PLC 208) [NEW]	350	176	300
Decrease repeat reports of maltreatment (Source: ACF DC Data Profile) [NEW]	4.5%	[Reported Annually]	5.4%

The prior measure for this objective tracked the average number of CFSA-diverted families served monthly by CFSA’s community based partners, the Healthy Families/Thriving Community Collaboratives. This measure was process-oriented and was not easily correlated to the objective, whereas the new outcomes-oriented measures speak directly to the objective.

2. To develop and implement organizational and practice improvements that will position CFSA to ensure safety for children and youth that are the subject of reports of abuse and neglect.

Measure	Baseline as of 9/30/12	Actual as of 4/30/13	Goal FY13/FY14
The percentage of child protection investigations initiated within 48 hours of Hotline screening or good faith efforts were documented whenever the alleged victim child(ren) could not be reached (Source: INT052) [MODIFIED]	71%	78%	95%
The percentage of non-institutional child abuse and/or neglect investigations completed within 35 days (Source: INV004)	63%	44%	90%

CFSA removed the measure pertaining to completion of the Structured Decision Making® (SDM) family functioning and risk assessments during investigation due to the implementation of the Differential Response model (Family Assessment Unit). Currently, CFSA is revamping the manner in which it is deploying its SDM tool. Risk assessments are now part of the Hotline’s abuse/neglect report screening process. This now informs the referral assignment process (whether an investigator for a full investigation, or a referral to the family assessment unit for a differential response intervention). CFSA is re-installing APSR measures for Hotline risk/safety assessment, as appropriate, since the Hotline protocols with respect to SDM deployment have been formalized.

Safety & Permanency

3. To enhance community-based in-home case management and support services so that CFSA-involved children are safely maintained in their homes whenever possible, and families have enhanced capacity to provide for their children’s needs.

Measure	Baseline as of 9/30/12	Actual as of 4/30/13	Goal FY13/FY14
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The percentage of cases receiving twice-monthly visits to each family, at least one of which occurs in the home. (Source: CMT166)	93%	90%	85%
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The APSR measure pertaining to completion of safety and risk assessments is no longer germane to this objective. CFSA is revamping its safety/risk assessment processes for in-home families within the implementation of Trauma Systems Therapy and its Title IV-E Waiver. New risk assessment tools and processes that are aligned with a trauma-informed system are being put into place. Moreover, a condition for completing/updating a case plan (which must be done every 6 months for as long as a case is open with CFSA) is the completion of the Family Risk Assessment (or Reassessment). CFSA has utilized the case plan measure under Objective #4 below as a reasonable proxy for risk assessment completion rates. This measure will continue until the aforementioned practice modifications are fully implemented.

4. To strengthen decision making and case planning for service delivery to abused and neglected children and their families.

Measure	Baseline as of 9/30/12	Actual as of 4/30/13	Goal FY13/FY14
The percentage of children for whom there is an FTM or FGC within 72 hours of a child’s removal from the home. (Source: Manual Data)	65%	67%	[Not yet established]
The percentage of current child case plans. (Source: CMT163)	96%	96%	90%
% of children in out of home placement with 1 or more monthly visits from their social workers. (Source: CMT165) [MODIFIED]	95%	97%	95%
% of children in out of home placement with 2 or more monthly visits from their social workers. (Source: CMT165) [NEW]	93%	96%	90%

In previous APSRs, the measure pertaining to the percentage of children in out-of-home placement with monthly visits from their social workers was included under objective #5. CFSA has moved it here under the case planning objective, including greater specificity (at least one visit). CFSA also included an additional measure tracking the children who had at least 2 monthly visits, which is the District requirement for all children in out-of-home care. Social worker home visitation is the primary vehicle for engaging children, families, and resource families in service planning. It is a more appropriate measure (than timely permanency) under this objective. Moreover, CFSA has removed the measure pertaining to Structured Progress Reviews (formerly Administrative Reviews) because the Agency discontinued this process in FY 2012.

5. To achieve permanency in a more timely manner for children in foster care.

Measure	Baseline as of 9/30/12	Actual as of 4/30/13	Goal FY13/FY14
% of children in out of home placement with a goal of reunification who have weekly visits with their parents. (Source: CMT012)	67%	72%	85%
% of reunifications that occur within 12 months of the child's entry into foster care. (Source: CMT367)	26%	18%	[Not yet established]
% of finalized adoptions that occur w/in 12 months of placement into a pre-adoptive home. (Source:ADP075)	44%	45%	90%
% of children who experience re-entry into foster care system within 12 months of reunification. (Source: PLC238)	4%	4.6%	9.9%
Decrease average months to reunification (Source: CMT 367) [NEW]	14	17	12
Decrease average months to guardianship (Source: CMT 367) [NEW]	38	37	30
Decrease average months to adoption (Source: CMT 367) [NEW]	46	48	36
Decrease the number of youth who age out of care (Source: CMT 367) [NEW]	24%	24%	18%
Increase exits to a permanent home (Source: CMT 367) [NEW]	72%	76%	83%

CFSA put in place a number of new and meaningful outcome-oriented measures that speak specifically to timeliness to permanency. Moreover, in prior APSRs under this objective, there was a measure tracking the percentage of children in out-of-home placement for at least 8 days but less than 12 months who experienced two or fewer placements. This measure was moved in this year's APSR under goal #9 because it speaks as much to resource parent supports and resources as it does to timely permanency.

Additionally, in prior APSRs, under this objective, there was a measure pertaining to monthly social worker visits with children in out-of-home care. That measure is more germane to the case-planning focus of objective #4, whereto it was moved and modified for greater clarity of purpose.

Lastly, the measure addressing the appropriateness of a child's permanency goal (with respect to the standards outlined by the Adoption and Safe Families Act) was eliminated because it was too process-oriented and not as meaningful as the newly-introduced measures.

6. *To improve placement resources for children in foster care.*

Measure	Baseline as of 9/30/12	Actual as of 4/30/13	Goal FY13/FY14
The percentage of children in out of home placement who are placed in the least restrictive and most family-like settings (kinship or foster homes). (Source: CMT232)	81%	82%	90%
The number of children placed in non-family based settings located more than 100 miles outside of the District. (Source: PLC205) [MODIFIED]	35	26	40
Increase relative (kinship) placements (Source: CMT232) [NEW]	16%	20%	26%
Decrease placements in group homes (Source: CMT232) [NEW]	5%	4%	4%

The measure pertaining to non-family-based settings located more than 100 miles away has been modified slightly since last year’s APSR in which its language addressed psychiatric residential treatment centers (PRTC’s) specifically. This language modification measures any non-family-based setting more than 100 miles away, not only those categorized as PRTC’s.

Additionally, in previous APSRs under this objective, there was a measure tracking the number of children aged 12 and younger placed in congregate care settings for more than 30 days. CFSA eliminated this measure and created two simpler and more meaningful outcomes oriented measures in its place.

7. To enhance services to assure that all teens and young adults in foster care are prepared for adult living.

Measure	Baseline as of 9/30/12	Actual as of 4/30/13	Goal FY13/FY14
The percentage of youth with a goal of APPLA who attended a LYFE Conference prior to the goal change. (Source: Manual Data)	62%	76%	[Not yet established]
Increase youth in foster care who complete vocational training and/or receive industry certification. (Source: CMT391) [NEW]	26%	20%	30%
Increase engagement of youth in after-care services (Source: Manual Data) [NEW]	62%	[Data not yet available]	75%
Increase youth aged 20+ who are employed or in post-secondary education (Source: CMT391) [NEW]	56%	81%	50%

Increase youth with stable housing upon exiting care (Source: Manual Data) [NEW]	38%	83%	80%
The percentage of youth, ages 18 to 20, with a YTP developed every six months and those youth age 20 and older with a YTP developed every three months. (Source: Manual Data) [MODIFIED]	77%	55%	90%

One of the measures from last year’s APSR tracked whether or not a youth’s goal of alternative planned permanent living arrangement (APPLA) was appropriate for his/her age. This measure has been eliminated for 2013 and has been replaced with four new measures that are specific to independent living outcomes and the youth’s level of preparation for living on their own. Further, the measure pertaining to youth transition plans (YTP) has been modified for clarity.

8. To enhance and broaden CFSA outreach and communication efforts to prospective foster and adoptive family resources.

Measure	Baseline as of 9/30/12	Actual as of 4/30/13	Goal FY13/FY14
Increase foster care placements within the District (Source: CMT232) [NEW]	39%	43%	50%
The number of foster/adoptive homes recruited for the FY13 fiscal year. (Source: PRD 097)	181	127	160 (for the entire FY)

9. To improve supportive services for existing resource and post-permanency parents.

Measure	Baseline as of 9/30/12	Actual as of 4/30/13	Goal FY13/FY14
The percentage of children who re-enter foster care within 12 months of achieving permanency. (Source: PLC208)	9%	7%	5%
% of children in out of home placement for at least 8 days but less than 12 months who experience two or fewer placements. (Source: PLC234) [MOVED FROM Objective #5]	80%	81%	83%
% of children in out of home placement for at least 12 months but less than 24 months who experience two or fewer placements. (Source: PLC234) [NEW]	56%	56%	60%
% of children in out of home placement for at least 24 or more months who experience two or fewer placements. (Source: PLC234) [NEW]	78%	76%	75%

In previous APSRs under this objective, there was a measure tracking the percentage of children in out-of-home placement who have experienced three or more placements in the last 12 months. CFSA has eliminated this measure and added the two new measures above that track time in care and placement disruptions along a slightly different scale to tell the same story with respect to placement stability.

Well-Being

10. To improve the assessment of educational needs and the achievement of positive outcomes for children involved in the child welfare system.

Measure	Baseline as of 9/30/12	Actual as of 4/30/13	Goal FY13/FY14
Increase children ages 0-5 getting a developmental screening upon entering into foster care (Source: Manual Data)	78%	77%	85%
Increase children in foster care and in 3 rd grade who perform at grade level (Source: Manual Data)	66%	[Data not yet available]	[Not yet established]
Increase youth in foster care who graduate from high school (Source: Manual Data)	[Data not yet available]	[Data not yet available]	60%
Increase youth in foster care who graduate from college (Source: Manual Data)	[Data not yet available]	[Data not yet available]	30%

Again, since last year’s APSR, CFSA has enhanced its tracking of educational achievement and outcomes. All of the measures listed above are new and much more meaningful than the single measure from the last APSR. That measure tracked the completion of an educational assessment tool, and was more process-oriented than outcomes-oriented.

11. To provide health and well-being services for children receiving CFSA services.

Measure	Baseline as of 9/30/12	Actual as of 4/30/13	Goal FY13/FY14
The percentage of children who receive a health screening at point of entry, re-entry and placement change in foster care. (Source: HTH004) [MODIFIED]	79%	80%	95%

The percentage of children, with placement activity in last three months, who receive a (medical evaluation) comprehensive EPSDT assessment within 30 days of entry into foster care. (Source: HTH005) [MODIFIED]	69%	75%	85%
Decrease number of teen mothers, ages 12 and older, in foster care (Source: CMT075; CMT366) [NEW]	18%	17%	17%
Increase the number of children and youth who receive a mental health screening (Source: Manual Data) [NEW]	49%	55%	90%
Youth age 11+ receive a substance abuse screening before a foster care placement. (Source: Manual Data) [NEW]	73%	87%	90%

The two measures pertaining to health screenings and comprehensive medical evaluations have been modified to reflect CFSA’s tracking of these processes not only for youth entering care, but for those re-entering or going through a placement disruption as well.

There are also three new outcomes-oriented measures for health and well-being pertaining to three areas of focus for CFSA: (1) teen parenthood, (2) mental health, and (3) substance abuse.

III. ADDITIONAL PROGRAM AND SERVICE UPDATES

Identifying Populations at Greatest Risk of Maltreatment

The District is small geographically relative to its neighboring states, and the child welfare arena in DC is rather intimate. In the District, target areas of service implementation (for child welfare and other arenas, such as public safety) are neighborhoods and city blocks as opposed to counties, cities and towns. The vast majority of child maltreatment reports in the District (and hence the majority of children in foster care) originate from Wards 5, 7 & 8, where is concentrated the greatest incidence of poverty, unemployment, and also the largest population of children. Almost 70% of the entire District foster care population are from Wards 7 (23%) and 8 (46%).

The District of Columbia has one of the highest percentages of children living in poverty (approximately 30% compared to 22% nationally)⁸ in the country, and has a high proportion of children in foster care. Recent census data indicates approximately 101,000 of the District’s residents are under the age of 18. Moreover, according to the Census Bureau’s 2010 Demographic Profile Data, 1.7% of all children and youth in the District are in the foster care system (although the actual number of children in out-of-home care has been declining over the past 12 months). The census data also indicate a disproportional distribution of the youth

⁸ Child Welfare League of America (2012), State Fact Sheets <http://www.cwla.org/advocacy/statefactsheets/statefactsheets12.htm>

population throughout the eight wards of the District. Six of the eight wards account for almost 90% of the District's youth, yet the majority (69%) of children in foster care originate from the abovementioned two wards east of the Anacostia River. Families involved with in-home cases also have the highest representation in Ward 7 and 8.

Racial and ethnicity composition for youth in the District of Columbia varies from 63% Caucasian in Ward 3 to over 90% African American in Ward 7. Children in the District's foster care population are about equal in gender distribution, older than in most jurisdictions and over 90% are African American. CFSA-involved children are at higher risk for poor educational outcomes, chronic health issues, early parenthood, long-term dependence on public assistance, increased rates of incarceration, homelessness, and unemployment.

Through its web-based management information system, FACES.net, CFSA tracks geographic and demographic information for all abuse and neglect reports to the CFSA Hotline, but it also has at its disposal Geographic Information Systems (GIS) technology. The GIS application allows the Agency to produce statistically overlaid maps and charts that inform decisions about allocating resources effectively and efficiently, by visually assessing statistical information at a detailed level.

Since 2003, CFSA has conducted a variety of geographic analyses, producing very useful and crucial information.

- CFSA uses the GIS technology to analyze socio-demographic characteristics of neighborhoods against abuse/neglect reports (by Ward and zip code) to inform the Collaborative Council about the neighborhoods that are in greatest need of prevention and family support services. The GIS information has been crucial in informing the Collaboratives' process of resource allocation to address neighborhood-based needs.
- During the congregate care facilities licensing process, GIS information informs CFSA's Facilities Licensing Unit of potential regulatory conflicts that may arise if prospective facilities applying for licensure are out of compliance with local regulations that prohibit congregate care facilities from being within certain proximity of one another.
- CFSA utilizes GIS to map the locations of fatalities throughout the District to support and inform the work of the Child Fatality Review unit.

Quality Improvement Administration

Per an August 2012 request from CFSA's director, the Agency's Quality Improvement (QI) division completed an exhaustive review of the Agency's continuous quality improvement (CQI) activities. To do so, a review team was established that included representatives from different administrations and various levels (e.g. deputy director, administrator, supervisor, social worker, etc.) within CFSA, the private agencies, and the Center for the Study of Social Policy (CSSP). CFSA also received technical assistance from Casey Family Programs with this review. The carefully-selected review group was charged with addressing any identified gaps in the current CQI activities, as well as determining the impact of each CQI process on practice improvement.

In addition to the expertise provided by the core group members, the CQI review was informed by the Administration for Children and Families' (ACF) information memorandum (IM) on *Establishing and Maintaining Continuous Quality Improvement Systems in State Child Welfare*

Agencies, which was used to guide discussions, to assist with identifying gaps in the current CQI activities and to help frame next steps. After consideration of the overall results, the review group made the recommendations that detailed in the [*Review of CFSA's Quality Assurance Processes: Strengthening Practice through Continuous Quality Improvement*](#) that was completed in October 2012. The recommendations for FY2013 include:

- *Partner QA Staff with Program Operations and Private Agencies* – CFSA's quality assurance (QA) unit will be closely partnered with CFSA and private agency program staff and provide ongoing feedback about the trends and patterns that are being highlighted through the various CQI activities. This feedback will help to shape practice improvement strategies and the follow-up to measure progress. In this role, QA staff will be a defined part of the team that is supporting the front-line staff for improved outcomes.
- *Combine Quality Services Review (QSR) and ChildStat Processes* – Beginning in FY13, a combined QSR and ChildStat process will include both the pertinent elements of a case recently reviewed through the QSR process (explained in greater detail below) and the relevant data from the current ChildStat process. This enhanced process is referred to as DC KidStat and remains a macro-level case review process that looks at both systems and practice issues by reviewing a case in the context of Agency performance, while also taking a critical look at how decisions are made, what promotes effective decision-making and what components of the system need improvement. The changes that were made this year include the following:
 - The cases for KidStat are pulled from Quality Service Reviews in order to better track recommendations and progress.
 - The setting is smaller for the KidStat reviews to allow for a more comfortable environment where social workers and supervisors feel safe consulting on their cases.
 - The cases reviewed with the private agencies are conducted on-site.
- *Publish and Disseminate Quarterly Trend Report* – Beginning in October 2012, the QI Division has developed and distributed a quarterly "Trend Report" that focuses specifically on CQI-related themes revealed both by quantitative *and* by qualitative data gathered by various sources, such as FACES.NET, qualitative review processes and others. The current monthly data report published by CFSA's Office of Agency Performance focuses on quantitative data against required performance benchmarks. In response to the need for a more user-friendly mechanism for sharing information and impacting practice, the QA trend report will add qualitative data and highlights patterns and themes that program staff can clearly identify for practice enhancements.

As part of the dissemination of the quarterly trend report, the QA staff also meets with the program staff and walks through the report, highlighting particular trends or themes in the data. Jointly, the QA and program staff identify recommendations or action steps that will be taken to address the findings. Each quarter, the QA staff continue to collect information and provide feedback on the impact of the changes so that when the next trend report is released, staff is able to see what impact their changes have actually had on practice.

- *Clearly Delineate the Roles and Functions of the QI Division and the Office of Agency Performance* – As noted above, the Office of Agency Performance is responsible for gathering, analyzing and monitoring quantitative data related to mandated performance measures, while the QI Division is charged with focusing on the ongoing assessment of quality practice, including activities that allow for continuous feedback from and to staff in order to advance strategies for self-assessment and for improving outcomes. One of the results of the review of CQI activities has been to reinforce the need for the QI division to be closely involved in all internal CQI functions. As a result the QI Division has been instrumental in the implementation and revision of several internal review mechanisms and special studies.

In conjunction with the proposed partnering between QI staff and CFSA Program Operations, as well as CFSA-contracted private agencies to participate in QI activities, the QI Division has begun to explore development of employee-driven QI activities. Each program area is reviewing its current CQI activities with the QI Division and determine which to continue, modify or eliminate, as well as which will be done based on the impact derived from each. The activities may also include the Child Welfare Training Academy's (CWTA) involvement in training staff to discern circumstances where QI opportunities exist, as well as their individual and collective capacity to influence QI outcomes that reach beyond the circumference of current benchmarks.

In addition to the above enhancements that are detailed in the information above, other example of ongoing CQI practices integrated into program case practice include:

- **Hotline** – In 2012, CFSA implemented a consistent, system-wide assessment process to “review, evaluate, and direct” practice, otherwise referred to as the “RED” team process. CFSA’s intent is to implement the RED team process at various decision points throughout the case process in an effort to employ shared decision-making, review progress and with ongoing cases, partner with the family to plan for the safety, permanency and well-being of the child. This process is conducted in a collaborative setting that includes 6-8 participants comprised of individuals from CFSA’s Child Protective Services (CPS) administration, in-home services, mental health and kinship representatives, and a representative from the Collaboratives. CFSA began by implementing the RED team process at the CPS Hotline, which is responsible for receiving all reports of child abuse and neglect in the District of Columbia. The Hotline RED Team is conducted daily (including weekends) to address the referrals taken at the Hotline, discuss appropriate response and case assignments, and promote team understanding and information and resource sharing in determining the best Agency response to each. The only referrals that are not reviewed by the RED team are those for which the allegation warrants an immediate response.
- **Investigations & Family Assessment** – Following the implementation of the Hotline RED Team, CFSA added RED teams at the 10-day mark of all investigations and the 15-day mark for all family assessments. Both time frames focus on safety, risk factors, and any services that could be implemented at that time to stabilize the family. Participants further discuss preliminary findings of the investigation and family assessment and suggest next

steps to ensure safety concerns are being address, to identify services to meet the families' needs, and to achieve timely completion.

Moreover, CFSA continues to use the CPS Grand Rounds, which includes a focus on Agency investigations practice with respect to families with prior agency involvement. The QA reviews three open investigations that are randomly selected and reviewed each month, including at least one investigation in which this is the fourth or greater investigations by the Agency. This provides an opportunity to evaluate the quality of performance and identify trends when there has been prior involvement with the family. Further, additional agency representatives, including ongoing program and private agency supervisors, are invited to participate in the Grand Rounds.

Other processes employed during the investigation include a monitoring tool to capture attempts to contact children within the first 48 hours of an investigation. QA has also taken steps to ensure review findings are shared more quickly with CPS managers to improve their ability to make changes in practice.

- Office of Fair Hearings (OFH) – OFH continues to team with internal and external stakeholders to inform the Agency's continual evaluation of the fair hearing process. OFH publishes an annual report that is informed from feedback from multiple entities including social workers, appellants, general counsel attorneys, and hearing examiners. The report highlights issues and trends specifically noted by fair hearing examiners, which inform practice (and OFH) improvement strategies going forward.
- Quality Service Reviews (QSR) – The QSR/Case Practice Unit conduct ongoing reviews of foster care cases. Specifically, the QSR unit ensures that cases are reviewed throughout every unit both at CFSA and with the private agencies. The QSR remains very inclusive of supervisors and social workers, who receive the benefit of immediate feedback on case practice; both positive and constructive feedback is provided. The QSR enhances practice accountability through its follow-up component, which involves a meeting of the reviewer and the case management team within 60 days after the review to discuss the status of the case with respect to what the QSR specifically found as well as recommended. In 2012 CFSA collaborated with Human Systems and Outcomes, Inc (the organization that developed the QSR model) and the District's Department of Mental Health (DMH) to update the current QSR protocol and developed one that can be used seamlessly by both child welfare and mental health practitioners. In FY 2013, the CFSA and DMH have partnered on several cases that are shared in order to evaluate not only case practice but teaming process between the two agencies.
- Child Fatality Review – Child Fatality Reviews are conducted on any fatalities of children who had contact with the Child and Family Services Agency (CFSA) within the most recent four years. The term "contact" includes (1) current, active cases; (2) cases active in the past but now closed; and (3) reports that were investigated and found to be unsupported. CFSA designates one unit within the agency to conduct the reviews; the unit is led by the Supervisor who oversees all of the agency's Quality Assurance. The unit conducts the reviews monthly and compiles extensive on deaths of children with

CFSA contact, and uses the findings to modify practice to eliminate child deaths that potentially were preventable. Additionally, the Agency utilizes this review process and procedures that are in place to better understand service delivery, identify systemic issues, improve case practice, suggest refinement to policies and procedures, and to identify training needs for staff.

- **Management Meetings** – The senior management of CFSA meets monthly to review data performance regarding the Agency’s progress toward meeting national and self-imposed standards. At these meetings, responsible parties, primarily staff, lead discussions on the data which impacts their division or staff, explaining any movement or lack of progress, and describing in detail what steps are being taken to improve the Agency’s outcomes. Beginning in 2012, reporting has been reformatted to reflect the new performance benchmarks and standards under the *Four Pillars Strategic Framework*. The reports detail quantitative measures to be maintained and Agency performance on a quarterly basis. For some measures, new FACES reports are being generated or logic changes to existing reports will be required over the course of the year. This format creates a forum where senior management can probe deeper into the factors impacting performance on standards, recognize successes, and revisit concerns in a consistent manner.
- **Needs Assessment** – On a bi-annual basis, the Agency completes a Needs Assessment that is not limited to, but focused on, current and projected placement and placement resource services for children, youth and families served by the child welfare system. Information for the Needs Assessment is gathered through various methods that include quantitative data analysis of FACES.NET and other information sources and quantitative data analysis from surveys, interviews and focus groups to gain information and feedback from birth parents, youth, resources parents, CFSA staff at all levels, community partners and other key stakeholders.

In 2013, the Agency’s Needs Assessment will assess placement support services, to determine what services are available, and the number and categories of additional services and resources, if any, that are necessary to meet the needs of children and families served by CFSA. Additional information will be explored on entry and re-entry into foster care, investigations, family assessment and in-home and out-of-home services. Findings from the Needs Assessment directly inform the Agency’s *Resource Development Plan (RDP)*. The RDP is also informed by formal reports and programmatic assessments, including quality assurance reviews, published periodically by internal and external stakeholders. These quantitative and qualitative assessments provide an effective feedback loop along with useful insight into the needs of CFSA’s service population. Together with the strengths and challenges of system-wide child welfare practice, the RDP weighs all gathered information to inform specific action steps, which are developed during the six-month period between the completion of the Needs Assessment and submission of the RDP. The RDP is updated internally on a quarterly basis, providing senior leadership with the opportunity to address challenges or concerns with proposed action steps throughout the implementation period to make adjustments as needed based on current fiscal and other constraints.

In 2013, CFSA has also partnered with the Child Welfare Policy and Practice Group for consultation and technical assistance as the Agency looks for additional strategies to enhance its CQI activities.

Fatherhood Engagement

CFSA's accomplishments and activities with respect to fatherhood engagement are outlined in the narrative of Goal #4 of this APSR.

PROGRAM ADDITIONS/CHANGES

Agency Reorganization and Realignment

In 2012-2013, CFSA implemented important organizational and process realignments to further support the vision and identified goals of the *Four Pillar Strategic Framework* (described in detail in the Introduction). Information on the realignment are described below.

In 2012, CFSA disbanded its Out-of-Home and Permanency administration (OHPA), whose staff was responsible for partnering with the social workers to provide consultative support to achieve positive permanency outcomes. The 2012 realignment supported the Agency's philosophy that permanency is everyone's responsibility. Staff from the former OHPA was re-assigned to different roles within CFSA as case-carrying social workers or the newly-created "case practice specialist" position. Case practice specialists have been assigned to work with specific CFSA administrations and with each private agency to consult with social workers and supervisors on any barriers they may be experiencing in achieving permanency, and to help guide the team toward permanency. The case practice specialists remain with the child or youth from their entry into out-of-home care until permanency is achieved.

In 2013, CFSA further fine-tuned the organizational structure to support the changing demographics of the populations served by the Agency. The former In-Home and Permanency Administrations I and II were then separated, such that the In-Home staff moved to a newly-created Office of Community Partnerships and the Permanency staff, who work with families with children in out-of-home care, remained in program operations. In addition, each administration was combined, so instead of four separate administrations, CFSA now only has one In-Home and one Permanency administration. This re-alignment provides the Agency with greater ability to focus on the unique needs of each population.

In addition to In-Home services, Community Partnerships is comprised of a Collaboratives and Community Services division, which includes the liaison to the Healthy Families/Thriving Communities Collaboratives, all of which is described in greater under Program Updates below and in Goal 1 of this report. The purpose of this new administration is to enhance the use of the community-based resources, increase partnerships with other District agencies, improve case integration and planning for families involved with multiple District agencies, and support the Collaboratives in their development as "community hubs" where families can access services that meet their needs.

In addition to the organizational realignment described above, CFSA took the next step to more effectively marshal Agency resources in child placement practice with the implementation of “utilization management” (UM). UM is a family-centered, multi-departmental, integrated approach to identifying, coordinating, and linking appropriate resources/services to meet the needs of children in care. The process is managed by a CFSA resource development specialist (RDS) who administers a formal Child Needs Assessment tool for youth in this category. Following the assessment, the RDS and social workers hold a team meeting with the youth and the youth’s family members to discuss needs, services, and placement recommendations. Based on the results of the assessment and the consensus of the team, the youth is placed in a setting that best meets his/her unique needs.

UM reinforces CFSA’s existing case management approach with respect to engaging family and working with kin. It also enhances intra-team communication and decision making while tightening accountability. UM team discussions center around placement stability strategies, mental and physical health needs, educational issues, exploration of kinship resources and lifelong connections, and moving the case toward permanency.

Phased implementation of the UM review began in February 2013. The initial cohort included children and youth newly entering foster care as well as those in care who were imminently at-risk of a placement disruption. Currently, the Agency is in the second phase of implementation, which involves a methodical review of every child and youth in care to identify those who can “step down” to less restrictive placements and to strategize on how best to go about that step down.

Once the initial implementation reviews are concluded, the ongoing frequency of UM assessment and review depends on the child or youth’s circumstances and may vary from case to case, but the general guidelines are as follows:

- Those children requiring a higher level of care (e.g., psychiatric residential treatment facilities or PRTFs) have reviews held every 30 days until discharge.
- Therapeutic/traditional group home and therapeutic/specialized foster care cases are reviewed every 90 days.
- All young people placed in traditional foster care are reviewed every 6 months.
- If a disruption occurs, the RDS convenes a meeting regarding 30-day notices from foster parents and placement providers to explore and address concerns and to review services to determine the actual need for replacement.
- In cases where an immediate replacement is needed, the RDS convenes a review within 72 hours of the new placement.

UM’s effectiveness hinges on the proactive procedures that CFSA has put in place around discharge planning, concurrent planning, placement pre-authorization, and regular and periodic reviews. Through these procedures, the CFSA Placement Services Administration (PSA) ensures that children in foster care do not linger in inappropriately restrictive placements.

Program Updates

The narrative elements of the Goals, Objectives, and Measures section of the APSR provide a great deal of detail on the various new and continuing initiatives that CFSA is undertaking with respect to the four focal areas of the Title IV-B Subpart II (Promoting Safe and Stable Families) program. Below, CFSA concisely highlights those initiatives.

Child Protective Services

The implementation of *Four Pillars Strategic Framework* in 2012, specifically the first pillar—*Front Door*—has resulted in the development and implementation of organizational and practice improvements to further ensure the safety of children. In support of the framework, the Agency has established an Entry Services division that was further fine-tuned in 2013 to include the following administrations:

- Child Protective Services (CPS)—responsible for receiving and responding to reports of child abuse and neglect
- Health Services—an on-site clinic and a team of nurse care managers to support the immediate assessment of medical needs and coordination of medical care for children and youth
- Family Assessment—a newly created administration under the Differential Response (DR) model, a promising practice that allows for more than one response to reports of child abuse and neglect

With this realignment, the Agency is strengthening its first response to cases that must enter the child welfare system for the safety of the child with the goal of supporting a temporary stay in foster care that leads to successful and expedited permanency outcomes.

Another improvement has been a re-design of the implementation of a consistent, system-wide assessment process to “review, evaluate, and direct” practice, otherwise referred to as the “RED” team process. This process is conducted in a collaborative setting that includes 6-8 participants comprised of individuals from CFSA’s Child Protective Services (CPS) administration, in-home services, mental health and kinship representatives, and a representative from the Collaboratives. CFSA’s intent is to implement the RED team process at various decision points throughout the case process. For example, the Agency started by implementing the RED team process at the CPS Hotline, which is responsible for receiving all reports of child abuse and neglect in the District of Columbia. The Hotline RED Team is conducted daily (including weekends) to address the referrals taken at the Hotline. The only referrals that are not reviewed by the RED team are those for which the allegation warrants an immediate response.

It should be noted that the RED team process is different from most screening panels in that it uses a consultation and information sharing framework that includes the following components:

- Creation of a genogram or eco-map for each family that is the subject of a referral
- Discussion on the reason for referral
- A review of the family’s history with CFSA, if applicable

- An examination of safety factors, family strengths, challenges, and “gray” areas on the family’s situation that may be unclear, based on available information.
- Determination of the most appropriate response, based on the review and evaluation of the information

Similar to the Hotline RED team, CFSA has also implemented a RED team for investigations. The RED team process for investigations occurs at the 10-day mark for all investigations, and at the 15-day mark for all family assessments. Both time frames focus on safety, risk factors, and any services that could be implemented at that time to stabilize the family. Participants further discuss preliminary findings of the investigation and suggest next steps to ensure timely completion of the investigation.

Another organizational change that CFSA made to the Hotline process in 2013 was the addition of a specialized unit to address reports of educational neglect for children age 13 and younger. This unit was created to address ongoing challenges with referrals for educational neglect, such as missing information on the family and their situation, as well as referrals that did not meet the definition of educational neglect according to District legislation. This new unit is comprised of five family support workers (FSWs) and one supervisor, whose primary responsibility is to triage referrals of educational neglect to ensure they are complete and warrant a referral to the Hotline. In addition, the FSWs will contact the reporter to address the missing information and provide guidance on what information must be included in the referral. While this unit is still in its infancy, CFSA is confident it will prove helpful in improving the timeliness of response to referrals for educational neglect.

The organizational realignment further emphasizes CFSA’s commitment to conducting a full and systemic analysis of each family who is the subject of a report of maltreatment. The addition of the Family Assessment (FA) administration allows CFSA to build capacity to respond to all reports of child neglect that meet the FA criteria under the DR model, that is, the FA pathway is specifically designed to address the needs of families who have no identified safety concerns. The process centers on a strength-based, family-centered assessment leading to services the family wants, needs, and can use. FA differs from a traditional investigation in that the FA social worker utilizes clinical skills to partner with the family, who must agree to participate, to develop a comprehensive or “big picture” understanding of the family’s situation. From this picture, the Agency can tailor a response specific to the family’s individualized needs. The assessment then leads to service options the family can choose to accept, but unlike an investigation, there is no finding or substantiation that could lead to entry of names into the Child Protection Register.⁹

FA referrals are also under the scrutiny of the Hotline RED Team whereby individuals review the information in the referral and determine whether the family should be referred for a Family Assessment. In addition to having no safety concerns, the FA referral can only be for the following neglect allegations, singly or in combination:

⁹ The Child Protection Register (CPR) is a database of names of individuals who have been substantiated as perpetrators of child abuse or neglect. At present, names are permanently recorded although individuals do have the right to appeal the CFSA decision through the Agency’s Office of Fair Hearings and Appeals.

- Caregiver is unwilling (or unable) to provide care for a youth 13 years or older and the parent has not been arrested.
- Inadequate shelter
- Inadequate food
- Inadequate clothing
- Inadequate physical care
- Educational neglect
- Newborn positive toxicology

CFSA implemented the first FA Unit in 2011 and added a second unit in 2012 with each unit comprised of five social workers and one supervisor. CFSA soon learned that while effective, two units were not sufficient to address the number of families who were eligible for the FA pathway. The result was the creation of an FA administration that, when fully implemented, will include 10 FA units. Currently, CFSA is in the process of hiring for an administrator for this new administration as well as identifying qualified social workers from both current CPS staff and hiring new staff.

CFSA also made enhancements to its Structured Decision Making (SDM) System. SDM is a battery of assessments that aid social workers with critical decision-making around risk and safety during key points in a case when working with children and families. In 2012, CFSA partnered with the Children's Research Center (CRC) to develop and implement a *screening and response priority assessment tool* specifically for reports of child abuse and neglect. This tool provides a structured process to support consistency when determining whether the allegations in the report constitute maltreatment based on local regulatory requirements and whether the allegation warrants a response from the Agency. For those reports that warrant a response and are screened in, the SDM screening and response priority assessment assists Hotline workers with determining how quickly a contact must be made with the family, based on the information in the report. This assessment tool has helped to ensure that a rapid response is initiated when there is likely to be immediate danger, and to identify those referrals that can safely wait for a response within 1 day. CFSA is further integrating the SDM screening priority and response assessment tool with the District's statewide automated child welfare information system (SACWIS) which is known to CFSA social workers as FACES.NET. This integration will further provide another level of accountability, allowing supervisors and management to review the timely screening of and response to reports of child abuse and neglect.

CFSA has also worked with CRC to enhance staff use and knowledge of the updated SDM system. Both investigative and FA social workers use the SDM risk assessment tool to determine whether the families are at risk for future abuse and neglect. This tool assigns the family a level of risk (e.g., low, moderate, high, or intensive) that the social worker uses, along with their clinical judgment, to guide the decision-making process. This may include whether or not to open a case, refer the family to one of CFSA's community-based partners (i.e., the Healthy Families/Thriving Communities Collaboratives or "Collaboratives"), or to close the investigation without additional services. For FA social workers, the risk assessment helps them to determine whether the risk is too high for the family to be served through the FA pathway and needs to be referred for a traditional investigation. Social workers must complete the SDM risk assessment tool for each investigation and family assessment.

Family Preservation and Support

In an effort to enhance the continuum of community-based services available to District families, CFSA created a new Community Partnerships administration in 2013 through an Agency re-alignment. Community Partnerships is comprised of In-Home Services and a Collaboratives and Community Services division, which includes the liaison to the Healthy Families/Thriving Communities Collaboratives, which are referenced in greater detail below. The purpose of this new administration is to enhance the use of the community-based resources, increase partnerships with other District agencies, improve case integration and planning for families involved with multiple District agencies, and support the Collaboratives in their development as “community hubs” where families can access services that meet their needs.

To further support the *Four Pillars Strategic Framework*, CFSA has strengthened efforts to prevent children and families from entering the “front door” of the District’s child welfare system. This has been accomplished first by addressing the needs of children and families who may require assistance but whose situations do not yet rise to the level of concern that warrants a report for child abuse or maltreatment. Efforts preserve and support families include:

Community-Based Child Abuse Prevention (CBCAP)

CFSA is the District’s designated lead agency for Community-Based Child Abuse Prevention (CBCAP) funds, and it continues to support an array of prevention resources in the District. CFSA utilizes its CBCAP funding to support the Parent Education and Support Project (PESP), which promotes sustained engagement of parents in specialized parent education programs and development of ongoing or peer supported post-intervention programs. Its community-based grantees are non-profit organizations that work within specific neighborhoods and/or address specific populations with unique needs. In addition to CBCAP funding, CFSA utilizes dedicated local prevention funds, and other funding to support the following array of primary and secondary child abuse and neglect prevention programs:

- home visiting programs for families with children age 0-5
- parent-teen conflict resolution
- parenting education and support
- a father-child attachment program

These programs for parents include direct skill training in child behavior management and home safety, enhancing parent-child communication and building nurturing parenting skills and culturally-specific interventions to strengthen healthy family relations. These programs are described in greater detail in *Goal 1* of this report.

Healthy Families/Thriving Community Collaboratives

CFSA continues its partnership with the Healthy Families/Thriving Communities Collaboratives (henceforth referred to as “the Collaboratives”). The Collaboratives work with families to help

them access community-based services in the neighborhoods in which they live. The Collaboratives are strategically located in five District neighborhoods that have large numbers of families who have historically come into contact with the child welfare system. The Collaboratives increasingly serve as a “one-stop shop” or as “community hubs” that facilitate the provision of the community resources and supportive services needed by these vulnerable families. CFSA refers families to the Collaboratives for supportive services and/or case management activities to prevent removal of children from the home and in support of families when children are returning from out-of-home care:

- *Information and referral*—The family is in need of information and linkage to community-based services and there are no findings of abuse or neglect.
- *Short-term crisis support*—The family’s basic needs (e.g., housing, food, and utilities) can be addressed through short-term emergency assistance.
- *Community diversion*—CFSA has determined that the family does not require a formal CFSA investigation and the family’s needs can be effectively addressed through community-based services.

The Collaboratives also receive family referrals from other community-based providers or self-referrals from families not involved with CFSA. In addition, CFSA referrals to the Collaboratives frequently involve families with an in-home or out-of-home case. The Collaboratives provide supportive services to the family as part of the case plan, as well as assisting with the transition toward case closure, and supporting the family following safe case closure.

Further, CFSA contracts with the Collaboratives to provide a continuum of community-based services to address the needs of families within their communities. These services fall into the following categories:

- Family Supportive Services
 - Emergency assistance
 - Family preservation
 - Crisis intervention
 - Homemaker services
 - Respite services
 - Financial guidance and skill building
 - Employment support
 - Housing referrals
 - Parenting education and support groups
 - Family Group Conferencing
 - Fatherhood engagement
 - Coordination of day care services
 - Visitation Services
- Case Management Services

These services are for families assessed to have low or moderate risk factors. The family either does not warrant the opening of a CFSA case or is preparing for case closure

because they have made sufficient progress on their family functioning and service goals.

- Youth Aftercare

These services include the provision of intensive case management and supportive assistance to youth before, during, and after their transition from the foster care system. An FSW from the Collaboratives partners with the youth and his or her social worker (either from CFSA or a private agency) during the months leading up to the youth's independence from foster care. Following the youth's exit from CFSA custody, the FSW assumes full case management and responsibility for up to 24 months or until the youth has achieved the various goals of his/her transition plan.

- Community Capacity Building

The Collaboratives partner with other community agencies and supports to strengthen and expand the neighborhood resources available to community residents. These efforts include fostering and/or improving collaborations among neighborhood service providers, and improving the ability of communities to respond to their own needs by developing various issue-based activities and initiatives.

The entire CFSA/Collaboratives partnership is intended to strengthen families by enhancing the prevention and family preservation supports that are presently available to the District's children and families in their own neighborhoods and communities.

The Family Treatment Court Program (FTC)

The FTC program is a District-wide partnership among the Family Court, CFSA, the DC Office of the Attorney General (OAG), the DOH Addiction Prevention and Recovery Administration (APRA), a contracted residential treatment provider, and various community-based agencies and service providers. The FTC is a court-supervised comprehensive treatment program for substance-abusing parents that provides support, treatment, and access to services that will protect children, reunite families, when safe to do so, and expedite permanency. The objective of the program is to increase the capacity of the Family Court to intervene with adults who are involved with the court as a result of child abuse and neglect issues, and who are faced with substance-abuse and are willing to stipulate to allegations that their substance abuse impacts their parenting. FTC further supports CFSA and the Family Court in complying with the federally-mandated timelines of the Adoption and Safe Families Act (ASFA) to achieve timely permanency for children. In addition, FTC allows the Family Court to monitor a parent's progress in drug treatment and to measure specific outcomes.

In its current form, FTC is a voluntary residential program that provides substance abuse treatment to women with dependent children who are the subject of a child neglect case. In FY 2013, CFSA, the Family Court and the DC Department of Health's Addiction, Prevention and Recovery Administration (APRA) collaborated on the creation of a re-design the current FTC program to expand its scope of services, as well as the population eligible for services. Under the new model, CFSA and its partners are looking to include a continuum of treatment services based on the assessed need of identified clients, e.g., home-based, out-patient, intensive out-patient, and residential services. In addition, the target population will include any mother, father, or guardian who stipulates to the Family Court that substance abuse impacts their ability

to parent. Non-custodial parents who are potential custodial resources will also be eligible for services if they acknowledge a substance abuse problem that impacts their ability to parent.

The re-design will further include two designated FTC case managers, who would be certified addiction counselors (CAC) and co-located at the Court. The case managers would only be responsible for families involved with FTC to coordinate and integrate the parent's treatment plan and the CFSA case plan. CFSA and its partners are looking to implement the new model beginning in FY 2014.

In addition, CFSA and the Family Court collaborated on a federal grant application to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), seeking funding for technical assistance for the re-designed model and for the development and implementation of a formal program evaluation process. The evaluation would measure the impact of an enhanced continuum of services on permanency and well-being outcomes for children. Recognizing the importance of the re-design in achieving the identified goals for families in FTC, CFSA and its partners will move forward with its implementation if not awarded the grant.

Community-Based Mental Health and Substance Abuse Programs

CFSA maintains a strong partnership with the DC Department of Mental Health (DMH) to address the mental and behavioral health needs of children in the child welfare system. For example, DMH has received a multi-year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the District's System of Care. A System of Care is an organizational philosophy and framework that involves collaboration across agencies, families, and youth to improve access and expand the array of coordinated community-based and culturally- and linguistically-competent services and supports for children (with a serious emotional disturbance) and their families.

CFSA's efforts are closely aligned with DMH. In combination with the 5-year grant CFSA received from the Administration for Children and Families (ACF) to make trauma-informed treatment the foundation of local child welfare practice, the District may well become a model mental health system for children. Trauma-informed child welfare practice will be reflected in the implementation and adherence to fidelity screening tools and functional assessments that inform outcome-oriented case planning. In addition, there is the provision of specialized training to child welfare staff, including senior leadership, mental health providers, and the resource parents who have responsibility for maintaining a standard of care for children involved in the child welfare system. This system transformation includes long-term reduction in the use of psychotropic medication as a first-line treatment strategy, and increases the use of behavioral or non-pharmacological treatment approaches in response to the mental health needs of children in foster care. This cooperative effort will afford families a comprehensive and cohesive set of supports based upon their direct input and involvement. With active family participation, supports will be solution-focused and focused on improving the quality of life for all members in the household, promoting District-wide system change.

CFSA has also worked to expand access to mental health and substance abuse services to in-home families through partnerships with the DC Department of Mental Health (DMH) and the DC Department of Health's (DOH) Addiction Prevention and Recovery Administration (APRA).

DMH has assigned a liaison whom CFSA management or social workers can contact directly to address challenges experienced while helping families with in-home cases to access mental health services. The DMH liaison has already been able to clarify the services for which families qualify and to link those families with the necessary services in a more timely fashion than previously.

With regard to substance abuse, CFSA has worked with APRA to expedite the process for referring in-home families for substance abuse assessments. As a result, CFSA's Substance Abuse Coordinator is able to make direct referrals to APRA for families involved with in-home services. This process has allowed for increased access to substance abuse treatment for families receiving in-home services.

Title IV-E Waiver

CFSA has applied for a Title IV-E child welfare waiver in an effort to the network of community-based services available to families receiving in-home services. In the application, CFSA proposed the following expansion of prevention services as well as implementation of family preservation and support services for families receiving services in the home:

- Expansion of Home Visiting and Parent Education Support Programs (PESP) – In 2012, community-based organizations received local and federal grant money to deliver programs that strengthen vulnerable families, and promote positive parenting and home visiting programs. These programs offer a variety of family-focused services to expectant parents and families with new babies and young children. The funding sources, however, limited the programs to families who were receiving out-of-home services so CFSA is proposing to use the waiver to expand the services to make them also available to families involved with in-home services.
- Implementation of Family Preservation Services – In the Title IV-E waiver application, CFSA proposed the implementation of Homebuilders, an intensive family preservation services treatment program designed to avoid unnecessary out-of-home placement of children and youth.¹⁰ An evidenced-based program, the Homebuilders model engages families by delivering services in their natural environment at times when families are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning.

As of the date of the publication of the APSR, CFSA is awaiting completion of the terms and conditions agreement, which will begin the negotiation process for the waiver.

Time-Limited Reunification Services

Early engagement of kin in case planning has long been a practice expectation for social workers throughout the child welfare system but the introduction of the Four Pillars Strategic Framework

¹⁰ http://www.institutefamily.org/programs_IFPS.asp

in 2012 refocused and revitalized practice and resources toward that end. In the years immediately prior to this strategic framework, CFSA and its partners put great emphasis on developing and refining a variety of family-involved meetings as an effective means of obtaining familial “buy-in” for participation in case planning, be it for children and youth being served in their homes or in foster care. The following evidence-based, family-involved meeting models have been included at various stages in the life of a CFSA case to maintain family engagement in case planning:

- *Family Action Meetings* facilitate the development of Family Action Plans for families who are not involved in the foster care system but who voluntarily take part in CFSA’s Safe and Sound initiative.
- *Family Team Meetings* (FTM) convene key family, community, and Agency stakeholders at the time of a child’s home removal, or when it becomes evident that there is imminent risk of removal.
- *Family Group Conferences* (FGC) are facilitated meetings that empower the families of youth in foster care who have a goal of reunification to develop a self-determined plan to ensure that imminent reunification is lasting and successful.
- *Listening to Youth and Families as Experts* (LYFE) Conferences are for teenagers in foster care who are preparing for independence while at the same time taking stock of the family connections and supports that will be available to them along the way.
- *Youth Transition Planning* (YTP) Meetings are youth-driven and family-inclusive team meetings convened by older youth in care who are preparing to exit the foster care system.

These various team-meeting models vary in their focus because of the myriad of case and family situations to which they are customized.

The consistent use of family-involved team meetings, and the approach to kinship engagement, promotes and increases the likelihood of positive permanency outcomes because family involvement begins at the earliest junctures of the case. While the approach is family-focused and strength-based, the overarching goals remain tied to child safety and permanency.

Another key strategy toward engaging and empowering families in the case planning process for their children involves CFSA’s partnership with the Parent Advocate Project (PAP). This program is designed to facilitate and support faster, safer, and permanently lasting reunifications for families with children in the foster care system. This innovative PAP pairs parents of youth in foster care with a goal of reunification with trained mentors who have (in the past) had open cases with CFSA and who successfully reunified with their own children. The mentors offer their experience and provide consultation for services and referrals, as well as one-on-one support to parents seeking a similar outcome with their own children.

Because mentors speak from a position of experience with successful interaction with the child welfare system, they have tremendous gravitas with the clients with whom they are paired. Mentors approach parents as peers. They empathize with parents who are traumatized when their children are removed from their home, and who may be hesitant to work with their social worker. Based on their own experiences, and successful outcomes, they offer valid counsel and

sound advice. Truly, PAP mentors facilitate engagement between parents and social workers and promote a parent's progress toward case goals while fostering hope for parents who might otherwise be in despair.

In the fall 2012, CFSA also partnered with the Foster and Adoptive Parent Advocacy Center (FAPAC) to develop and implement *DC Family Link* a model of birth parent-foster parent shared parenting. CFSA recognizes the benefits for all parties when the foster parent connects with the birth parent. This best practice known as "shared parenting" or "co-parenting" can provide the following assistance:

- Give the foster parent a better understanding of the child and his/her needs.
- Make care more consistent and personal for the child, greatly smoothing and reducing the disruption of removal.
- Maintain the connection between the birth parent and child, lessening trauma and often speeding up reunification.
- Improve the stability of placements.
- Support birth parents in enhancing their parenting skills.

The *DC Family Link* model features a facilitated "ice breaker" meeting to bring the birth parent and foster parent together within 1-2 days of the child's placement. The ice-breaker meeting is an informal meeting where the focus is the child's needs. It provides the birth parents and foster parents an opportunity to exchange information about themselves, their family routines and traditions, and how to help the child through this period of separation. The model also includes short, user-friendly questionnaires that aid the birth parent, foster parent, and child (when age appropriate) in providing insights into their needs, preferences, expectations, hopes, and concerns. Furthermore, CFSA is tracking ongoing data on families to assess well-being and permanency outcomes for children whose families were involved with *DC Family Link*.

Concurrent to the organizational realignment (described above), CFSA implemented *Permanency on the Move*, a review of children and youth in foster care, to answer the question, "What will it take to achieve permanency?" The purpose of the review was twofold: 1) to emphasize the sense of urgency to achieve permanency for all children and youth in foster care, and 2) to address the difference between placement stability and permanency, as some children and youth may be stable in their placements but efforts toward permanency have stalled. The review team included representatives from CFSA's program operations administration, the Office of the Attorney General (OAG), and the foster care resources division. The review team went to the two permanency units within CFSA and to each of the private agencies to present data for the children and youth on their caseloads, focusing on the length of time in foster care, permanency goal, length of time in that permanency goal, and other factors to identify areas of strength and areas for improvement. In addition to a data analysis, the review team conducted child-specific reviews to identify barriers to permanency, solutions to address them and next steps. While it has only been a short period of time since the review process was completed, CFSA has experienced a slight increase in permanency achievement.

In an effort to maintain the momentum gained from *Permanency on the Move* CFSA has implemented a 30-day meeting for all children and youth in foster care. The purpose of these

meetings is to assess progress toward permanency and to eliminate any barriers as they arise with the overall goal of expediting permanency. The meeting is also an opportunity to maintain the birth family's engagement in the planning process and to ensure their involvement in all key decisions. In addition to the social worker and the family, the case practice specialist also participates in the meetings, which occur every 30 days that the child or youth is in foster care. Similar to the *Permanency on the Move* review process, CFSA analyzes length of time in foster care, length of time in permanency goal, and other relevant data. In addition, findings from the 30-day meetings are aggregated to identify trends and systemic barriers that can be addressed by Agency leadership. This process has helped to keep permanency at the forefront of everyone's mind.

CFSA further recognizes the importance of frequent, quality visitations for minimizing placement disruptions and expediting permanency for children and youth in foster care. To ensure ongoing and effective visitation, CFSA takes steps to engage the family early in the case process and to develop a viable visitation plan that can be implemented shortly after the child or youth's entry into foster care. Following the removal, CFSA policy requires a family team meeting (FTM) occur within 72-hours of the child's removal from the home. In 2013, CFSA required that the ongoing social worker or supervisor also attend as a critical step in engaging the family early in the case and ensuring a seamless transition from the investigation process to the ongoing case. Also as part of the FTM, participants discuss and fill out a visitation template that includes frequency, duration, location, and other relevant information, such as whether the visit will be supervised or unsupervised. The template is filled out with and signed by the family. The ongoing social worker or supervisor's participation in the FTM allows them to be involved with the creation of the visitation plan so that everyone is on the same page from the beginning, resulting in timely implementation of the plan. Addressing visitation early in the case further demonstrates to the family that CFSA is committed to working with them toward reunification. CFSA also maintains a [Visitation Policy](#) that details the requirements for visitation among and between parents, children, siblings, and social workers. The policy outlines how often each of the visits is to occur and clarifies the roles and responsibilities of direct service staff to increase accountability for conducting and/or facilitating visitation. In addition to the policy, CFSA also has an In-Home and Out-of-Home Procedural Operations Manual (POM) which includes guidance for ongoing social workers on the role of visitation in achieving permanency, the environment where the visit is held, and on the intensity, frequency, and focus of the visits. The POM further provides best practice "tips" to ensure the time is used effectively and as a strategy to progress toward permanency. The following tips are just but two examples of many included in the POM:

Visitation should occur as frequently as possible, starting out with a high number of visits in the beginning of the process—in order for this frequency to occur, a team of individuals who know and care about the child must be engaged to support the visitation process...

Visits should only occur in the office when there are safety concerns.

As noted earlier, CFSA has also applied for a Title IV-E child welfare waiver to further support the Agency's vision of timely permanency for children and youth in foster care. In the application, CFSA proposed the implementation of post-reunification services that can aid

families prior to, during, and following the child's transition home. CFSA's proposed target population for these services are families with children in foster care for at least 6 months with the goal of expediting permanency and decreasing the likelihood of re-entry into foster care.

Adoption Promotion and Support Services

In alignment with the *Four Pillars Strategic Framework*, the fourth pillar, *Exit to Permanence*, CFSA is committed to ensuring that all children exit foster care positively, safely and efficiently. When at all possible, children are reunified with their families and in the event that is not possible, it is imperative that adoptive families are identified and adoptions take place timely. Therefore, for those children placed in pre-adoptive homes, it is a critical mission that permanency is expedited.

CFSA created the "case practice specialist" position in 2012 to yield more positive results in expediting permanency for children. In addition to working with CFSA social workers and private providers to achieve timely permanency for children and youth by removing barriers and creating opportunities for permanency, the case practice specialist provides ongoing support to enhance timely permanency for children in pre-adoptive homes through specialized case reviews, barriers staffing, case mining, and multidisciplinary staffing. Lastly, CFSA has also included two case practice specialists in CFSA's Permanency Administration and has designated one to work with each of the private agencies.

Once adoption petitions are filed, case practice specialists receive their official assignment to assist the on-going social worker to answer the Superior Court with regards to the contents of the petition via Interim, Status, and Final Adoption Reports. Nevertheless, prior to filing, if there are any barriers to be worked through, they assist to ensure that the filing of the adoption petition can be expedited. As stated above, via routine case reviews with the on-going social work teams, the cases are quickly identified for the case practice specialists to begin working through any barriers that exist.

In addition to the strategies described above, CFSA implemented the following child-specific initiatives to achieve positive permanency outcomes for children and youth in pre-adoptive homes:

- Recruitment supervisors continue to review monthly management reports to identify children who have had their goal changed to adoption that month.
- CFSA recruiters are now connected to each private agency or CFSA case-carrying administration, and will serve as single, consultative resources for their assigned business units with respect to recruitment and adoption-related activities.
- Recruiters follow the case of each child who has a goal of adoption but is not currently placed in a pre-adoptive home. The recruiters work diligently either to get a referral to the recruitment unit or to ensure that FACES.NET is updated when a home has been identified.
- Once social workers make a referral to identify a pre-adoptive resource, recruiters work in collaboration with the matching staff members, who either identify an existing family

or send the referral on to CFSA's Family Resource Division for child-specific recruitment.

- Recruiters conduct case mining and utilize diligent search engines to locate family members.
- Recruiters advise program staff on how best to engage family members to build a team around placement resources.
- Recruiters create digital videos of all children needing pre-adoptive homes, and use appropriate Agency-sanctioned websites to stream these videos to an appropriate audience for increasing recruitment outreach.

CFSA and its contractual partners, the [Post-Permanency Family Center](#) (PPFC) through Adoptions Together and the Center for Adoption Support and Education (CASE) offers supports and services for guardianship or adoptive families to assure that children exit foster care to a well-supported family environment as quickly as possible. Post-permanency services are available for any family, child, and youth who has achieved permanency via adoption or guardianship, no matter the length of time since permanency has been achieved.

CFSA currently has two staff persons dedicated to manage Post Permanency Services. These services are for children, youth, and families who have exited DC's foster care system and have achieved permanency via adoption or guardianship. The services include crisis management, referrals for services, triaging, and overall linkages to a variety of community supports. As indicated above, CFSA maintains support for this work through its contracted partners, PPFC and CASE.

Post-permanency services can essentially be broken down into two main areas: (1) pre-services and (2) post-services. During the pre-services phase, the post-permanency social workers (PPSWs) receive referrals from on-going social workers for their clients to receive specific therapeutic services that relate to ensuring that the stated permanency goals (i.e., adoption or guardianship) are achieved successfully. The PPSW receives referrals and assesses which type of support would be necessary for the referred families.

CFSA notifies the referred families of the available post-permanency referral and supportive services through PPFC and CASE. Both organizations are equipped to offer in-home therapeutic services to all referred families. Given the level of intensity and the type of clinical supports each case brings, PPSW then determines the more appropriate service provider. The PPFC, in particular, helps families prepare for the transition to guardianship or adoption while also providing support once permanency has been achieved. CASE is additionally equipped to manage more challenging cases. These include, for example, cases that involve overturned adoptions, competing adoptions and any that are more heavily court-involved.

PPSWs also generate internal referrals to CFSA's Family Team Meeting (FTM) unit on behalf of families who have achieved permanency but for whom specific challenges could potentially lead to a disruption. FTMs bring all pertinent parties to the table to discuss a range of preventive services that will assist the family to diminish any current crises and maintain family stabilization.

In addition to the services for guardianship and adoptive families described above, PPFC offers parenting classes, monthly respite services, and crisis support 24 hours a day, 7 days a week. Respite services include a program called, “A Place to Go and Grow”, which targets kinship, foster, adoptive, and guardianship families caring for children ages 8 to 14 who exhibit emotional and behavioral challenges. The purpose of this program is to prevent disruptions by providing respite to caregivers and a therapeutic environment where children can interact with peers and develop self-esteem.

PPFC also offers a wide range of direct services and community and peer supports for foster and adoptive families. Direct services include case management and advocacy to assist families with accessing services and resources to meet their individualized needs. In addition, PPFC provides individual and family counseling, as well as support groups for children, teens, and adults. The services provided through PPFC help guardianship and adoptive families to feel well-supported as they welcome the child or youth to become a permanent member of their families.

Throughout the year, PPFC offers trainings on various topics related to adoption, permanency, and attachment. Some of these trainings provide continuing education units (CEU) for licensed professionals, including CFSA social workers. To better accommodate the busy schedules of legal guardians and adoptive parents, trainings are available evenings, weekends, and online. PPFC further maintains a resource library comprised of up-to-date research, literature, and other information on topics related to child safety, well-being, and issues that may arise post-finalization of guardianship or adoption. As well, PPFC publishes a bi-monthly newsletter that includes recent research on such issues as attachment disorders, anger, grief and loss, in addition to recommended readings and a calendar of events.

While PPFC is well-utilized by adoptive families, post-guardianship families have been less likely to take advantage of the available services. CFSA continues its ongoing commitment to engaging more post-guardianship families in services and connecting them with supports to ensure stability of the guardianship. Together, CFSA and PPFC continue to share the mutual goal of increased outreach and support to post-guardianship families.

Finally, CFSA partners with the neighborhood-based Collaboratives to support children and families during the transition process as the family prepares for safe case closure. As previously mentioned, the Collaboratives offer families a wealth of resources such as housing and job assistance, parenting support, and other services that can help family stability and prevent future involvement with the child welfare system. The Collaboratives also provide assistance to guardianship and adoptive families post-permanency.

Independent Living Services

Foster Club Transition Toolkit

During the latter half of FY 2012, CFSA began a collaborative relationship with the [Foster Club](#) to develop a tool that is more user-friendly and germane to the youth of today, more readily promotes teaming and strengths-based case planning, and addresses a broader array of issues and considerations that are key to a successful transition out of foster care. The Foster Club

Transition Toolkit is a self-directed tool for youth that is designed, literally, as a subway map toward independence. It addresses ten life domains (or categories) for the youth to introspect:

- Finances & Money Management
- Job & Career Planning
- Housing
- Permanence
- Life Skills
- Education
- Identity
- Self-Care and Health
- Community, Culture, and Social Life
- Transportation

The Foster Club Toolkit also has supplementary domains that are specific to pregnant and parenting teens. Staff training will address uniformity and reliability in applying the tool.

Blueprint for Empowering Youth in Transition

In 2012, CFSA's Office of Youth Empowerment (OYE) published and distributed throughout the child welfare system a *Blueprint for Empowering Youth in Transition*. This concise and straightforward document tracks the domains of the Foster Club Toolkit and provides CFSA and private agency social workers with uniform, reliable, and age-appropriate transition benchmarks. As an example, transition planning begins when a youth in care turns 15 years old, and the housing domain for 15 year olds includes basic education about housing options and costs. It's more of an overview. For 20 year olds, however, the *Blueprint* highlights preparation for a rental agreement and budgeting for an actual residence.

For any youth 15 years of age or older, no matter what issues or circumstances they may be facing in care, social work practice involves ongoing and consistent inquiry and support around transition planning. Social workers instill transition strategies into the youth and continue to address, emphasize, and modify (as necessary) them for the remainder of the youth's time in foster care.

Timely Teaming

OYE's existing transition planning model occurs in three phases, based on the age range of the youth and the proximity to his/her exit date from the foster care system. The first phase commences within a month of the youth's 15th birthday when the youth, with guidance of his/her social worker, completes the Foster Club Transition Toolkit. This provides a baseline assessment of the youth's strengths, needs, and interests. It is key to the formation of a learning plan that focuses on those strengths and areas needing improvement. The toolkit is followed by the individual transitional independent living plan (ITILP) meetings. During these meetings, the learning plan is integrated into a greater transition plan that draws together the youth's experiential and historical information (including medical, dental and mental health histories), past and present living arrangements, existing supports and services, and cultural interests and characteristics. The ITILP meeting attendees are guided by the youth himself/herself to develop the service supports and action steps to which various team members, the youth included, are held accountable as the youth moves toward independent living. No less than every 180 days (and more frequently if necessary), the youth's case management team reconvenes to discuss progress on the transition plan, to strategize on how to strengthen it, and to generally make sure

that all stakeholders are doing their parts to ensure a successful transition to adulthood for the youth.

The second phase of transition planning begins 30 days prior to a youth's 18th birthday with the youth transition planning (YTP) meeting. These meetings occur every 6 months when the youth is 18 and 19 years old, and then every 90 days after the youth turns 20. YTP meetings are facilitated by OYE IL specialists and social workers but, again, they are led and driven by the youth themselves. The social workers and IL specialist guide the discussion while the youth provides the summary of ongoing services and supports that he/she is receiving, as well as an update on progress toward the identified goals. The youth also owns the discussion of recent accomplishments and challenges, and is responsible (when applicable) for suggesting and implementing changes to the ITILP.

The third and final phase of the transition planning process is the JumpStart review, which is an intensive team meeting that occurs 180 days prior to the youth's exit date. OYE instituted these reviews in the latter half of calendar year 2012 as a "catch-up" process for youth who were aging out between August and December. These reviews are an opportunity for a transitioning youth's social worker and supervisor to identify critical last minute needs that a youth may need to address prior to exit from care. As importantly, OYE also uses these reviews as a learning opportunity to identify what additional systemic supports need to be put in place for social workers and young people to improve transitional outcomes. The aftercare support enhancements that came out of the lessons learned from the Jumpstart reviews are outlined in the narrative for the next objective.

Family & Community Connections and Supports

CFSA and OYE's approach to family connections and engagement empowers youth themselves to identify the supportive adults (be they kin or non-relatives) whom they want to be part of the transition planning process. These adults are invited and engaged to the extent they wish to be.

Irrespective of the transition planning stage, the team meetings require open dialogue with stakeholders (i.e., family, identified friends and adults of importance to the youth, community-members, and service providers) who are invested in the youth's future. Together, the youth and his or her team develop a sound plan for transition. If necessary, the transition team will assist the youth to refocus goals, as appropriate.

The community connections involved in transition planning include the employment and vocational readiness services described earlier in this section, as well as the after-care support services outlined below.

Through an array of local and federal partnerships, CFSA and its community partners maintain an array of aftercare support services that ameliorate near-term challenges during the youth's transition to independent living. At the end of FY 2012 and into FY 2013, CFSA fine-tuned its policies and services in this regard to improve the timing and effectiveness of service delivery to youth, and to improve upon transition-related outcomes.

Pathways for Young Adults Program (PYAP)

CFSA partners with the DC Department of Employment Services (DOES) to link youth in foster care with the Pathways for Young Adults Program (PYAP). OYE makes referrals for youth who

are at-risk of “slipping through the cracks” due to lack of engagement in academic or employment/vocational resources that they may have at their disposal. The program is open to District youth who are 18 to 24 years of age, and who have a high school diploma or GED. PYAP also provides youth with education supports, case management, and job readiness training.

When the program first commenced in 2012, it was a 6-week certification program that included a rigorous work-readiness training module, occupational training with the University of the District of Columbia Community College (UDC-CC), and on-the-job training with area employers. In FY 2013, the program expanded into a 6-month program with mentoring and coaching supports, covering “industry focus areas” in DC that have demonstrated a continuing demand for hires, including information and technology, hospitality/culinary arts/tourism, allied health, and construction and property management.

As was the case from its inception, the program also features a partnership with the District’s Office of the State Superintendent of Education (OSSE) and DC Public Schools (DCPS) to promote continuing education and to provide service interventions and referrals for youth who are literacy deficient. PYAP’s case management component includes career coaching to promote employability and life skills attainment and improvement.

Rapid Housing Program (RHP)

Through the locally-funded RHP, CFSA continues to provide time-limited financial assistance to subsidize certain housing expenses for youth exiting from the foster care system. In many cases, especially with respect to rental agreements, leases and security deposits, housing-related expenditures require fast action. In order to streamline the RHP operation and better accommodate the time sensitive nature of these transactions, CFSA moved the RHP component for older youth transitioning from care under OYE’s purview. Along with this organizational move, CFSA tightened the eligibility requirements for the program to ensure that the housing arrangement into which the youth is entering is sustainable once the Rapid Housing funding has been liquidated. This includes a personal interview at which time OYE IL specialists revisit housing-related rights and responsibilities, and review and approve the youth’s post-transition housing plan. Also new to the RHP process is the requirement for the Agency’s director to approve every application.

After Care Referrals

CFSA continues to contract with the Healthy Families/Thriving Communities Collaboratives to provide aftercare/community case management services for youth exiting from foster care. The Collaboratives provide these youth with a supportive network of resources to ensure greater success in their transition to independence within the community.

COLLABORATION

The successful achievement and culmination of CFSA’s *Four Pillars Strategic Framework* depends heavily on CFSA’s ability to effectively partner with sister District agencies, the Family Court of the DC Superior Court, the DC Public Schools system (DCPS), and various community-

based organizations like the Healthy Families/Thriving Communities Collaboratives. These partnerships require the commitment of the entire community to become the mortar securing the foundation of the Four Pillars.

Pillar One: Narrowing the Front Door – Children should have the opportunity to grow up with their families and should be removed only when necessary to keep them safe.

In September 2011, CFSA implemented a Differential Response (DR) system that reformed the Agency's "Front Door". Details on how the program works are included in the narrative in Section I, Goal 2 of this report. CFSA's collaborative practice with other District government agencies and private partners has contributed to the DR system's success and expansion. Each sister agency, unique in its role and responsibility for service delivery, has committed resources, ancillary services, and case management treatment to District families. CFSA has consistently convened its partners together, including DCPS, the Public Charter School Board, the Parent Education and Support Project roundtable, and the DC Department of Human Services' (DHS) Strong Families program.

When CFSA determines that a child is at risk of removal from the home, Flexible Family Services (FFS) funding allows the Agency to help with clothing needs, responses to environmental issues (such as mold abatement), food, furniture, homemaker services, home repair and maintenance, housing support, security deposit, transportation, and utility assistance. FFS is a short-term intervention geared at stabilizing families in the midst of a momentary crisis and averting child home removals that result from such crises. Through inter-agency collaboration, CFSA establishes whether or not a family meets one or more of the following FFS eligibility criteria:

- The family has exhausted their 5-year TANF threshold.
- The family is homeless and unable to be served by local homeless services resources because of a lack of space or available placements.
- The family includes children who are truant (i.e., more than 10 unexcused absences within the school year).

Perhaps the longest-standing and most visible collaboration between CFSA and the greater District community is the Agency's partnership with the Healthy Families/Thriving Community Collaboratives (Collaboratives). The Collaboratives are community-based, social services organizations that are strategically located in five District neighborhoods with a high representation of families who are in contact with the child welfare system. For the families in its vicinity, an individual Collaborative serves as a gateway access point to government resources and services, and also to nearby community resources. The CFSA/Collaborative partnership is multi-faceted and involves various activities within the prevention continuum. In total, the entire CFSA/Collaborative partnership *narrows the front door* by stabilizing and strengthening families first, and then enhancing the prevention and family preservation supports that are available in their own neighborhoods and communities.

- Under the individual contracts with CFSA, each Collaborative provides a range of family supportive services aimed at preventing child abuse and neglect, and preventing the possible home removals that may have resulted because of it. Families occasionally self-

refer to the Collaborative in their neighborhood, but most families get referred to Collaborative services by CFSA's CPS investigative social workers, i.e., following an investigation of an abuse or neglect allegation with a finding that the family is at low-to-moderate risk. These are families who may require short-term intervention, assistance, and/or supervision but who do not require Agency services, a home removal, or Family Court involvement.

- Beyond family supportive services, the Collaboratives are also engaged in the Partnership for Community-Based Services (PCBS), which involves joint case management and teaming with CFSA on cases that are open with the Agency but do not involve a home removal. PCBS intervention is designed to stabilize families in their home environment and mitigate risk factors that might otherwise lead to a child's entry into foster care. Under this arrangement, the efforts and interventions of Collaborative social workers (and family support workers) complement those of their CFSA peers, essentially broadening (and maximizing efficiencies for) staffing, case management, and services for families.
- CFSA also provides financial support for Collaborative projects that are completely outside the "Front Door". For example, the Collaboratives are involved in various ongoing community capacity building activities. They work with community partners and residents within their catchment areas to strengthen and expand the neighborhood resources available to community residents, as well as to foster awareness of abuse and neglect issues.

CFSA also collaborates with sister District agencies, including DHS, and local community-based agencies to fund and administer prevention programming through federal Community-Based Child Abuse Prevention (CBCAP) funding, as well as dedicated local prevention funds. Prevention grants support the following array of primary and secondary child abuse and neglect prevention programs:

- home visiting programs for families with children age 0-5
- parent-teen conflict resolution
- parenting education and support
- a father-child attachment program

These programs for parents include direct skill training in child behavior management and home safety, enhancing parent-child communication and building nurturing parenting skills and culturally-specific interventions to strengthen healthy family relations. Details on the specific programs funded through these prevention grants are included in the narrative under Section I, Goal #1 of this APSR.

CFSA's partnership with DC DHS also expands opportunities to work collaboratively with families receiving in-home services and Temporary Assistance for Needy Families (TANF). As of March 2013, DHS and CFSA co-located staff at one another's agency to serve as resources for families involved with both agencies. The DHS staff located at CFSA conduct on-site assessments and re-assessments as required for families for their TANF eligibility. In addition, co-located DHS staff consults with CFSA staff on any questions related to the families' TANF benefits. The co-located CFSA staff are based at the Virginia Williams Family Resource Center,

which provides services to families who are homeless or at-risk of being homeless. The co-location arrangement facilitates access to necessary services for at-risk families.

CFSA also maintains a close working relationship with the District's Citizen Review Panel (CRP). As is mandated by the Child Abuse Prevention and Treatment Act (CAPTA), CRP is a panel of interested DC residents, child welfare professionals, and community advocates who convene regularly to review CFSA service delivery and to make formal recommendations to the CFSA director for service and/or practice improvements.

Pillar Two: Foster Care as a Temporary Safe Haven – Foster care should be first and foremost a temporary safe haven with permanency planning beginning the day a child enters foster care. CFSA has long been collaborating with the member agencies of the Consortium for Child Welfare (CCW) to provide services along the entire out-of-home care continuum. CCW is a coalition of private community-based human services providers that for over 30 years has worked to develop and maintain a responsive and accountable system of care. CFSA maintains service contracts with various individual members of the coalition, and works with CCW to ensure that social work practice and philosophy are aligned across the District's system of care.

CFSA also continues to work with community-based organizations that focus on providing supports and resources to the resource parents who keep District wards safe in their homes while the child's case management team works toward permanency for them. These organizations offer supports to resource parents and address issues and barriers affecting their recruitment and retention. Principal organizations include the Foster and Adoptive Parent Advocacy Center (FAPAC) and the DC Metropolitan Foster/Adoptive Parents Association (DCMFAPA). CFSA leadership maintains a close and ongoing dialogue that informs Agency policy and provides feedback that helps the Agency plan implementation of various system changes and practice reforms that impact resource parents and the children in their care.

In 2012 and 2013, CFSA broadened its resource parent recruitment efforts by reaching into the faith-based community to increase the number of available foster homes in the District. Eight churches have agreed to formulate "Safe Haven" ministries with the specific intent of recruiting resource parents within their member ranks. CFSA's 2013 target is to recruit enough foster homes to yield a bed capacity of 150 in the District. Integral to that recruitment effort is the work of CFSA and church leaders to form support circles of resource parents from within these communities. As is the case with the Mockingbird Family Model, the faith-based support circles will provide ready-made supports for resource parents who come on board together, and will be able to serve as "extended family" supports for large sibling groups who may not be able to be placed in the same home (although that is always CFSA's first priority in finding placements for young people).

Pillar Three: Ensuring Child Well-being – Every child is entitled to have a nurturing environment that supports growth and development as a healthy, self-assured, and educated adult.

In October 2012, CFSA was awarded a \$3.2 million 5-year grant from the US Department of Health and Human Services' Administration for Children and Families under the *Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral*

Health Services in Child Welfare. This award represents the first competitive federal grant that CFSA has received. CFSA is implementing the Trauma Systems Therapy (TST) organizational model, which will transform child welfare in the District into a trauma-informed system.

Key facets of this transformation include building a trauma-informed workforce that recognizes the prevalence of trauma among children who interface with the child welfare system. With specialized training, social workers and other staff will quickly become adept at identifying children and families dealing with trauma. TST also hinges on CFSA's (and its partners') ability to build service capacity in evidence-based practices (EBP) that are specifically designed to help children and families work through trauma-related behaviors and issues.

CFSA is collaborating with the DC Department of Mental Health (DMH) to implement the trauma grant, the activities of which will also be integrated into the District's System of Care (SOC). SOC agencies, which include those falling under the purview of the Deputy Mayor for Human Services (Human Services Cluster) are strong supporters of the objectives of CFSA's trauma grant and have endorsed the application of CFSA's trauma-informed changes to the entire SOC system. Inter-agency coordination and collaboration allows the District to maximize resources and achieve economies of scale as CFSA and the SOC work together toward the common goal of ensuring child well-being and transforming family-serving agencies to achieve better outcomes for clients.

In May 2013, CFSA sponsored a "kick-off" symposium that included an overview training of TST by KVC Health Systems, Inc., which has successfully implemented the model in other child welfare jurisdictions. In attendance were the leadership of SOC agencies, private agency partners, community-based organizations, and legal and judicial communities. Moving forward, TST implementation will include the training of resource parents, social workers and staff from family-serving agencies (such as CFSA, DMH, and other SOC agencies), clinicians from the direct service provider community, and also community-stakeholders who work with the target population of children in foster care. This training approach fosters a shared understanding among decision-makers and among those who have direct or tangential influence organizationally when working with children and families. Training will occur through FY 2014.

The following additional, collaborative efforts between CFSA and DMH are TST-focused:

- DMH and CFSA convened a core grant project team that meets weekly to coordinate key activities for Trauma and SOC grant implementation.
- The agencies work together to determine the feasibility of utilizing a common child functional assessment tool for clients interfacing with both the child welfare and mental health systems. The tool is completed by CFSA social workers or DMH clinicians. Shared information informs case and treatment planning within both systems.
- The agencies executed a Memorandum of Understanding (MOU) that co-locates an additional mental health coordinator on-site at CFSA. The coordinator supports expanded coverage (after-hours). In addition, the MOU includes a funding agreement for the external evaluator for both grants.

Moving forward into the grant period, CFSA and DMH (and the SOC) will continue to collaborate on the development of a formal communication plan to keep all stakeholders abreast

of TST implementation activities, and conducting organizational readiness assessments, and surveys of the respective provider communities, to determine how each system is currently functioning within a trauma-informed framework.

CFSA has developed a series of partnerships that assist youth who have medically-fragile and developmentally-delayed diagnoses to transition out of the child welfare system.

- A partnership with the Department in Disability Services (DDS) ensures quality services for children transitioning from CFSA to DDS through systematic, multi-disciplinary, multi-agency, and multi-modality review of procedures and policies. DDS also identifies housing that is appropriate to meet the needs of the youth making the transition.
- The Rehabilitative Services Administration (RSA) operates an Independent Living Services (ILS) program that promotes self-sufficiency despite the presence of one or more significant disabilities. The objectives of ILS include, but are not limited to, living independently, decreasing dependence on family members, decreasing the need for supervision in activities of daily living, and increasing a self-directed lifestyle.
- The Department of Health Care Finance (DHCF) operates the Elderly and Individual Physical Disability (EPD) waiver program. This is a choice program for the elderly and persons with physical disabilities who are able to safely receive supportive services in a home and community-based setting. This service assists youth who do not meet the criteria for DDS intervention to transition independently or with family members.

Finally, in the educational arena, in July 2012, CFSA and the District of Columbia Public Schools (DCPS) finalized a Memorandum of Agreement (MOA) to facilitate the exchange of important educational enrollment and achievement data for District wards in CFSA care and custody. Before enactment of the MOA, the two agencies exchanged information only for school-age youth who are the subject of a CPS investigation. Under the MOA, CFSA education specialists have “read only” access to the DCPS student tracking system, as well as its special education management information system. This latter system provides important case-specific information to be used by CFSA social workers as they steward the development of educational plans for each school-age child.

Pillar Four: Exits to Positive Permanency –Every child and youth should exit foster care to a well-supported family environment or lifelong connection as quickly as possible.

Positive permanency refers not only to the timeliness of the child’s exit from foster care into a caring home environment, but also to its sustainability. CFSA and its collaborative partners work to make sure that youth who achieve permanency do not have to re-enter the foster care system. Toward that end, there are numerous examples of Agency partnerships with external stakeholders that remove barriers to permanency and strengthen post-permanency homes and services.

Lasting Reunification

CFSA partners with Adoptions Together, Inc. to offer birth parents resources and support through [the Parent Advocate Project](#) (PAP). The project utilizes trained parent mentors who have, in the past, successfully reunified with their children under CFSA supervision. Parent mentors provide families with one-on-one support and guidance as they navigate

the child welfare and Family Court systems. Mentors further help parents obtain support services that expedite reunification with their child. In 2013, the project was further enhanced with the addition of two parent mentors on-site four-days a week to increase their accessibility to provide support and consultation to birth parents, resource parents and social workers.

Adoption and Guardianship

The [Post Permanency Family Center \(PPFC\)](#) is a resource that prepares families for the transition to permanent guardianship or adoption, while also providing support once permanency has been achieved. CFSA maintains a contractual partnership with Adoptions Together, Inc., a community-based organization, to administer services to children and families throughout the District through the PPFC. In preparing families for the transition and finalization of the guardianship or adoption, CFSA notifies adoptive and guardianship families of the availability of post-permanency referral and supportive services through this “one-stop shop” for all things permanency related. PPFC also offers direct service case management, advocacy, family counseling, information, and resource and service referrals. There are support groups and parenting classes for adults as well as support groups for children, teens, and adults. Additionally, PPFC offers regular trainings throughout the year on topics germane to permanency. It also maintains a vast information and resource library for guardians, adoptive parents, and professionals.

Successful Transition to Independent Living

The Director’s Youth Advisory Board is made up of older youth, ages 17 to 21, who meet regularly to advise the CFSA director about how the Agency can do more to address issues and meet their needs as they prepare to live independently. Youth members of the board receive leadership training and other growth opportunities in return for their involvement and input that help to improve the foster care experience for all youth in care.

The Rapid Housing Program (RHP) is a collaborative effort among CFSA, the Collaboratives, and The Community Partnership for the prevention of Homelessness (TCP). RHP provides short-term assistance to families in need of stable 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. Funded by CFSA, TCP administers the assistance of payments, and the Collaboratives provide case management and support services.

CFSA also partners with the DC Department of Employment Services to administer a subsidized employment program for older youth in care. The program features job readiness training and services, paid internships, and mentoring and coaching for youth in foster care. The intent of the program is to transition youth into stable full-time jobs as they are leaving the District foster care system.

Collaboration with the Family Court

CFSA's collaborative relationship with the DC Superior Court Family Court Division (Family Court) and the Court Improvement Project (CIP) is illustrated by the various initiatives highlighted below:

The Safe and Sound Program

Safe and Sound is an alternative in-home intervention for at-risk families. This partnership with the Family Court intends to reduce the number of children in the child welfare system whose cases move from in-home to being court-involved due to interventions when families exhibit the early signs of child neglect. The families receive resources and services when more serious issues require court intervention to ensure the safety of the child.

In the Safe and Sound program, the family's support team includes a judge in a non-judicial role who contributes as an *equal* among members of the family team. While the traditional role of a judge in the courtroom is directive and characterized by final authority and decision-making power, the role of a judge in the Safe and Sound project is informative and facilitating. The program does not involve formal court hearings or proceedings. Rather, through the convening of periodic Family Action Meetings, the intervention team (including family members and their invited stakeholders) engages in open discussion regarding the risk factors. Together, they make determinations for how best to overcome these factors. Families are recruited and invited to participate in the initiative if they meet the criteria indicating that they are at high risk for removal of children from the home. By 2013, the program served 24 families, 13 of which successfully completed the program. Data gathered from cases at entry and exit from the program inform CFSA about the barriers to successful closure of in-home cases and enabling the Agency to enhance its practice with this population.

The Family Treatment Court Program (FTC)

For 8 years, FTC has been an effective partnership among the Family Court, CFSA, the DC Office of the Attorney General (OAG), DMH, the Department of Health's (DOH) Addiction Prevention and Recovery Administration (APRA), a contracted residential treatment provider, and various community-based agencies and service providers. FTC is a 15-month comprehensive voluntary substance abuse treatment program for mothers (or female guardians) whose children are the subject of an abuse or neglect case. The program gives mothers the chance to rebuild their lives and families without losing legal custody of their children. It particularly assists mothers whose cases involve a nexus between substance abuse and child neglect. FTC further enhances family reunification through the provision of comprehensive substance abuse treatment and supportive services. This program supports CFSA and the Family Court in complying with the federally-mandated timelines of the Adoption and Safe Families Act (ASFA) to achieve timely permanency for children.

The program begins with a 6-month voluntary residential (inpatient) program, which is CFSA-funded and coordinated through the Family Court. CFSA and the Family Court work with participants and monitor their progress in drug treatment. Children are placed with willing and able kinship resources or in traditional resource family homes while their mother completes the inpatient program. While in the facility, mothers participate in drug education, life skills development, parenting training, and relapse prevention classes. Also available to mothers (and children) through community-partnerships are mental health services such as psychiatric or

psychological counseling, educational assessments, developmental evaluations, speech and bonding evaluations, GED preparation classes, job-skills training, tutoring, family counseling, play therapy, and summer camp opportunities for children.

Following completion of the inpatient portion of the program, mothers graduate to out-patient community-based interventions. They may return to the housing arrangement in which they previously resided, or there is also transitional housing. At this point, they are reunited with their children, but they are surrounded by supports and services to help them stay sober and keep their children safe. They are also subject to ongoing drug testing.

In 2013, the FTC program is undergoing a redesign that is intended to increase program access for fathers (and male caregivers) and to build capacity for a continuum of available and appropriate interventions. The requirement that all participants enter a treatment facility is limiting in terms of voluntary engagement, and the lack of available inpatient facilities in the area is another limitation to growing the program. The redesign expands the scope of the existing model to include a continuum of treatment services for males and females, based on their assessed needs (and those of their families). Services will include home-based, outpatient, intensive outpatient, and residential services. The program's goal is to enhance safety, permanency, and well-being outcomes for participants, and also to improve engagement, access, and retention among those who could most benefit from participating in it.

The Mayor's Services Liaison Office (MSLO)

The Mayor's Services Liaison Office (MSLO) collaborates with the Family Court as mandated by the District of Columbia Family Court Act. This is a multi-agency partnership where liaisons from various District agencies are assigned to an onsite service center at the Family Court. MSLO representatives work together with families to provide information and referrals about available services, to facilitate access to those services, to coordinate and facilitate the interactions between families and the legal system, and to report to the Family Court about the needs of the children and families soliciting their assistance. Agencies represented in MSLO include CFSA, DCPS, DMH, the Department of Youth Rehabilitation Services, DDS, DC Housing Authority, Metropolitan Police Department, Department of Human Services, Department of Employment Services, APRA, the Rehabilitative Services Administration, and the Hill Crest Family & Children Center.

Title IV-E Foster Care Eligibility Reviews

CFSA always works closely with the CIP on all aspects of the Title IV-E Foster Care Eligibility Reviews. A representative from the CIP participated as a District team case reviewer in the week-long Title IV-E Foster Care Eligibility Secondary Review that took place in September 2012.

Court Order Revisions

In 2012, the Family Court created new official court orders (and standard forms) for use in abuse and neglect proceedings. CFSA and the Family Court collaborated on language modifications to align the documents with the requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008, the Safe and Timely Interstate Placement of Foster Children Act of 2006. New orders were piloted in 2012 then further modified before being finalized and fully implemented in January 2013.

Case Data Interface

In 2012, CFSA and the Family Court worked together to update electronic communication protocols between the two entities, enabling the two-way transmission of electronic case filings. The updated electronic interface allows the Family Court to accept and integrate CFSA social worker reports, documents, and other filings, and provides the Family Court with a mechanism to transmit data (and image files of actual court orders) for abuse and neglect cases to CFSA. These efforts increased efficiencies at both agencies by reducing data entry errors, eliminating manual document scanning, decreasing paper volumes, and streamlining the delivery of case-specific reports to judicial officers. Further enhancements are planned in 2013 to streamline communication among the Family Court, CFSA, and the Council for Child Abuse and Neglect (CCAN) attorneys who represent parties in abuse and neglect proceedings.

Family Celebration Day

In June 2012, the Family Court and CFSA jointly sponsored the second annual Family Celebration Day to celebrate families involved in the child welfare system who have successfully reunified following CFSA's intervention. The intent of the event is not only to recognize the accomplishments of the families who have reunified but also to demonstrate to other families that are still working toward the goal that it is possible to confront and resolve the issues that led to their separation. More than 30 families participated in the event, which was held at the Family Court.

PROGRAM SUPPORT ADDITIONS/CHANGES

Training

CFSA's Child Welfare Training Academy (CWTA) remains responsible pre-service and in-service training as well as specialized leadership and management training for new supervisory social workers. The CWTA also administers in-service training to the Agency's resource parents.¹¹

Among the most significant modifications to the CWTA Training Plan for 2013-2014 is the enhancement of the Applied Professional Training (APT) element of the overall pre-service training for incoming direct service staff. In previous years, short APT sessions immediately followed each of the seven Tier I (Pre-Service) training modules. The CWTA learned based on trainee and participant feedback that APT should be extended to a six-week program and also customized to the area of practice into which the trainees transfer once their pre-service obligations are met. This modification has had profound impact on work-force readiness and has fostered a direct service staff that is more able to "hit the ground running".

The CWTA's 2013-2014 Training Plan contains further details regarding the CWTA's mission, philosophy, approach, and anticipated outcomes with respect to training. It also contains highlights of the CWTA's course offerings for various audiences.

¹¹ The Model Approach to Partnerships in Parenting (MAPP) pre-service training for prospective foster parents is delivered by CFSA's Foster Care Resources Administration.

Technical Assistance

In 2012-2013, CFSA has sought and received federal approval for training or technical assistance (T/TA) from the following National Resource Centers (NRC) for the following purposes:

- The NRC for In-Home Services provided consultation and technical assistance on:
 - CFSA's development of an implementation plan for a continuum of prevention and intensive in-home services.
 - Assessing and addressing how staff are using existing safety assessment/family functional assessment tools and, based on findings, develop training recommendations and coaching opportunities to improve their use in the development and execution of in home case plans and safe case closure strategies
 - Family engagement strategies specifically related to training and supervision
 - Clarifying roles among community partners and CFSA social workers enhance teaming efforts to ensure families have access to existing self-sufficiency services and to improve safety and family functioning.
- The NRC for Permanency and Family Connections and the NRC for Adoptions provided consultation and technical assistance on assessing the Agency's current process to achieve permanence to identify and address barriers to timely permanency.
 - Identify gaps in knowledge of organizational resources
- The NRC for Child Welfare Data and Technology in collaboration with the above mentioned NRCs to provided consultation and technical assistance on:
 - Increasing and improving the Agency's use of data at all levels to support case-level and administrative decision-making by providing training and on-site coaching.
 - Taking inventory of what data are available to monitor and assess its effectiveness.
 - Discuss areas where data is collected but currently not effectively analyzed to improve agency performance
 - Identify and discuss areas where there may be a gap in available data

Research and Evaluation

CFSA engages in various program research, evaluation, and quality assurance activities, all of which inform policy enhancements and practice improvements resulting from the insight and information they yield. The quality assurance related elements of this approach are highlighted in the Quality Assurance/ Continuous Quality Improvement section of this APSR, and below are the highlights of CFSA's ongoing program research and evaluation activities. Principal among these activities are the bi-annual Needs Assessment and the annual Resource Development Plan (RDP). The Needs Assessment and RDP are complimentary documents in that the findings and recommendations of the former allow the Agency to effectively allocate and plan resources within the latter.

Bi-Annual Needs Assessment

Every two years, conducts its comprehensive Needs Assessment to assess existing placement needs in light of available resources, and to project future placement needs based on historical

data. It is an exhaustive process through which CFSA gathers the insights and experiences of out-of-home care from the multiple perspectives of children and youth, families, providers, collateral stakeholders, and social workers. CFSA integrates survey data and focus group results with statistical information from the FACES.net management information system to pull into focus the placement needs that presently exist and those that will come to bear in the near future, so that the Agency can develop and put in place appropriate interventions. The Needs Assessment also examines services and resources needed to prevent entry or re-entry into foster care, as well as supports and resources needed for children and youth to be more stable in their placements. Most importantly, it seeks to identify placement-related factors that support or hinder achievement of permanency goals for children and youth in care. CFSA is currently at work developing the 2013 Needs Assessment, which is due for publication at the end of December 2013.

Resource Development Plan

The RDP is the roadmap for action with respect to the issues and needs identified in the Needs Assessment. In response to Needs Assessment findings, CFSA sets its program and placement development agenda in the RDP, and then uses it quarterly to track progress on its action steps. The RDP concisely lays out service development goals, and helps CFSA to manage processes and maintain accountability for their timely implementation. The RDP is published annually at the end of June. The RDP's priority areas for 2013 are those that came about following publication of the 2011 Needs Assessment:

- Implementation of 4 pillars framework and Agency strategic plan
- Implementation of kinship strategy to increase placement of children with kin and expedite kin licensure
- Review of children in congregate care and identification of youth who can be moved to a family-based or less restrictive setting
- Finalization of placement contracts for FY 2013

When the 2013 Needs Assessment is completed at the end of December, CFSA will continue the program evaluation cycle by completing a new RDP by the end of the following June. The Agency will continue quarterly updates on the document for the ensuing 18 months.

Management Information Systems

In 2006, the District of Columbia became the first jurisdiction in the country to fully implement an internet-accessible Statewide Automated Child Welfare Information System (SACWIS) thereby making the system available to workers anywhere there was an internet connection. The District's web-based system, called FACES.NET, lays the technological groundwork for relocating CFSA staff closer to the communities served.

All data related to Federal reporting measures; AFCARS, NCANDS, Monthly Visitation, and NYTD; are recorded in and generated from FACES.NET, the District's SACWIS. Additionally, the vast majority of data pertaining to the LaShawn A. v. Gray Implementation and Exit Plan is captured in the system. The application generates over 100 monthly reports that are used by managers to monitor best practices and case management activities. CFSA understands that improved data quality allows the District to make better decisions for children and families.

Accordingly, CFSA continues to make substantial progress in data quality which has been demonstrated by tracking performance on several management reports in addition to looking at the data longitudinally. Employees are consistently held accountable for updating information in real time (for the Hotline) or within 48 hours for all data requirements.

In FY2012, the District completed a number of enhancements to the SACWIS; including upgrading the Microsoft .NET version, the design and development of a worker dashboard, case timeline, and improving the identification of duplicate clients and the client merge process.

To take advantage of the next generation of .NET capabilities and present an enhanced experience to the users, the District upgraded the .NET foundation for its SACWIS application from 3.0 version to the 4.0 version. The project will involve an upgrade of the .NET baseline version, the Team Foundation Server (TFS) Studio software repository and the associated SQL version of the software.

The worker dashboard was designed to assist workers in managing their workloads and to create the following advantages:

- Put data ownership in the hands of social workers and supervisors and assists in tracking tasks and activities
- Display aggregated data in a concise, actionable and interactive format
- Integrate with-in FACES, eliminating need to toggle between two systems
- Display data in real-time
- Help users realize a “sense of achievement” or “reap the fruits of labor”
- Work seamlessly with the FACES infrastructure and technology platform and not increase application maintenance costs
- Leverage existing resources
- Be extensible and lay the foundation for dashboard for supervisors, managers and executive staff.

The District also is developing a time related snapshot of key case activities since the beginning of a family’s involvement with CFSA. The timeline will be a consolidated view of the key events during a child’s or family’s experience and will provide workers a holistic view of key milestones. This view helps the case management team understand the family history and contribute to better case management practices.

The Client merge analysis effort which was initiated in FY 2011 and gave CFSA the opportunity to dig deeper into the root causes of creation of duplicate clients in FACES.NET. CFSA came to the conclusion that majority of the clients with multiple identifying records in FACES.NET are created at the time of intake/investigation phase due to lack of identifying information present at the time of reports of abuse or neglect.

Based on discussions held with the CFSA program staff and observing the business process of accepting calls for abuse and neglect, CFSA came to a threefold conclusion to resolve the issue of duplicate clients:

- **Prevention:** The first approach would be to reduce the creation of duplicate clients in FACES.NET.
- **Early Intervention:** The second approach would involve enhancing the current functionality in FACES.NET to allow for performing client merges effectively allowing for better data integrity.
- **Chronic:** The third approach would involve both the improve merge functionality but also an improved business process for addressing long-standing duplicate clients. It would require user analysis and data cleanup in FACES.NET.

The above mentioned approaches would form the strategic course of action to be initiated in FY 2012 following the upgrade of the FACES.NET platform to Microsoft .NET 4.0.

AFCARS Improvement Plan

The District has made significant improvements in the areas identified for improvement in the AFCARS Improvement Plan which was issued in April 2005, as a result of findings from the AFCARS Assessment Review conducted by ACF in December 2004. The review focused on AFCARS data submission (2004B) for the reporting period between April 1, 2004 and September 30, 2004. As a result of the review, ACF found data quality and accuracy to be areas in need of improvement and required the District to provide quarterly updates to ACF that include tracking improvements in the specific areas identified. The District made its final AFCARS Improvement Plan submission in May 2008.

The AFCARS Improvement Plan focuses on three main areas in need of improvement: (1) enhancement of processes to capture timely and accurate information, (2) provision of training to users, and (3) the creation and utilization of management reports based on the AFCARS Data Quality Utility and Frequency Utility tools. These main areas are all addressed by activities cited within the Improvement Plan.

On October 20, 2009 the District received a new version of the AFCARS IP based on ACF's review of the data from the 16 AFCARS Test Deck Case Scenarios that were part of the District's AFCARS IP closeout.

The District informed ACF that its AFCARS extraction code has changed as a result of the system upgrade from Microsoft .Net version 1.1 to version 3.0 since its last AFCARS IP submission. ACF requested that the District resubmit its AFCARS extraction code from 3.0.

On January 21, 2010, the District submitted the 3.0 version extraction code to ACF and is awaiting a response from ACF regarding possible resubmission of the AFCARS 16 Test Deck Cases. At this time, the District has no further update on the AFCARS PIP.

The District is currently developing responses to an AIP update received on June 3, 2013.

CONSULTATION WITH PHYSICIANS OR APPROPRIATE MEDICAL PERSONNEL

CFSA's approach to well-being includes consultative activities with physicians or medical personnel that are both internal and external to the agencies. These activities are highlighted in Section I, Sub-section B, Goal 11 as well as the attached Health Care Coordination Plan.

DISASTER PLAN

CFSA's Continuity of Operations Plan (or Disaster Plan) is a "living document" that is periodically updated. It is included as an attachment to this report. CFSA has not been affected by a natural disaster since the last APSR submission and has not needed to deploy its action steps during that time.

MONTHLY CASEWORKER VISITS

While CFSA is making efforts to reduce the number of children placed outside the District, kinship resources and specialized placements sometimes require medium to long-distance travel for social workers to visit youth in those settings. CFSA utilizes Monthly Caseworker Visitation (MCV) funds to cover costs associated with such travel for visitation of youth in foster care. The federal MCV allotment covers such costs as airfare, rail tickets, car rentals and other expenses that facilitate social worker visits to youth placed in other states, as well as mileage reimbursement for local visitation.

CHILD ABUSE PREVENTION & TREATMENT ACT (CAPTA) PLAN UPDATES

There have been no substantive changes to local law or regulation that affect the District's eligibility for the Child Abuse Prevention and Treatment Act (CAPTA) State grant.

There has been no significant change to the CAPTA plan in terms of how CFSA plans to use funds to support the fourteen CAPTA program areas. For the foreseeable future, CFSA's CAPTA-sponsored activities are focused on reinforcing the "front door" to the child welfare system, including:

- Intake, assessment, screening, and investigation of reports of abuse and neglect;
- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; and
- Enhancing the child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of Differential Response (DR).

CFSA's core service under CAPTA is the intake and investigation of child abuse and neglect allegations. CFSA expends the majority of its CAPTA allotment on direct services for children and families on the CPS caseload. The District also uses its CAPTA funding to support the activities of the District's Citizen Review Panel (CRP), which is comprised of citizens who meet regularly to examine CFSA policies, procedures and practices and periodically evaluate the extent the Agency is effectively discharging its child protection responsibilities under CAPTA.

Pursuant to CAPTA, CPS personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports are required to meet the following minimum educational requirements and qualifications established by the District:

- Master's Degree in Social Work from a Council of Social Work Education accredited school.
- DC Graduate or Independent Social Worker License
- Valid driver's license
- At least one year of specialized experience to equip the applicant with the particular knowledge, skills, and abilities to perform successfully the duties of the position, including:
 - Thorough knowledge of the child welfare field to provide social work services for individuals and families.
 - Knowledge of related psychiatric, psychological and medical practices used in the evaluation and treatment of children and families, to serve as an effective member of the multi-disciplinary treatment team.
 - Thorough knowledge of human behavior dynamics; sensitivity to cultural diversity, age, and religious differences affecting child rearing, family and kinship patterns; attitudes about illness and medical care; and communication patterns. This knowledge is specific to the staff member's ability to conduct home visits or investigations, develop case plans, and to provide counseling.
 - Knowledge of pertinent resources, legal status, and related policies and procedures as they affect children and families.
 - Ability to communicate effectively orally and in writing.

At present, all social workers currently employed by CFSA meet the educational requirements and qualifications established by the District. Nonetheless, CFSA operates on a grade/step promotional system, and approximately 10% of all CPS social workers have an Independent Clinical Social Worker License (LCSW) in addition to meeting the qualifications above.

With respect to the CPS organizational structure, the CPS administrator oversees the three program divisions. Each division falls under the purview of a program manager, under whom there are six to eight social worker units. CFSA's current breakdown of CPS social worker units is as follows:

- Ten Traditional Investigation Units – these homogenous units are made up of MSW-level staff members who are responsible for investigating Hotline-screened reports of abuse or neglect.
- One Special Abuse Unit – the homogenous Special Abuse Unit is made up of MSW-level staff members who investigate child fatalities, sexual abuse of children of all ages, and allegations of severe physical abuse of children under the age of five.

- One Institutional Unit – the homogenous Institutional Unit is made up of MSW-level staff members who investigate allegations of neglect and/or abuse (including some allegations of sexual abuse) reported in foster homes, congregate care or residential hospital facilities, boarding schools, daycare facilities or homes, and “New Beginnings”, which is a juvenile detention facility in Laurel, MD that falls under the jurisdiction of DYRS.
- Two Hotline Unit – the homogenous Hotline unit is made up of MSW, MA, and BSW-level staff members who are responsible for taking reports of abuse and neglect over the CFSA Hotline.
- Six After-Hours Units – these are heterogeneous units comprised of Hotline workers and investigators (all MSW-level staff), who take reports and conduct investigations after normal business hours.
- One Family Assessment Unit – the homogenous Family Assessment Unit is responsible for implementing CFSA’s new DR model. The staff members work with families who are screened by the Hotline as low-to-moderate risk families based on the allegations reported.

The caseload of each worker conducting investigations of reports of abuse and/or neglect does not exceed the standard of 12 open cases, and no individual investigator has a caseload greater than 15 cases at any time¹².

Child Fatality and Near Fatality Reporting

CAPTA requires states and the District of Columbia to have provisions allowing for public disclosure of findings and information about a case of child abuse or neglect resulting in a child fatality or near fatality. Federal policy (CWPM section 2.1A.4 Q/A 8 (September 9, 2012)) dictates that the following information be disclosed to comply with CAPTA disclosure requirements:

1. The age and gender of the child.
2. The cause and circumstances regarding the child fatality or near fatality.
3. Information describing any previous reports of child abuse or neglect that are pertinent to the abuse or neglect that led to the child fatality or near fatality.
4. Information describing any previous investigations pertinent to the abuse or neglect that led to the child fatality or near fatality.
5. The result of any such investigations.
6. The services provided by the State and actions of the State on behalf of the child that are pertinent to the child abuse or neglect that led to the child fatality or near fatality.

The District is required to disclose findings and information related to a child fatality or near fatality pursuant to D.C. Official Code § 4-1303.31 *et. seq.* These code provisions cover CAPTA disclosure

¹² Social worker caseload may *temporarily* exceed these standards if caseload equity challenges associated with workforce attrition come to bear.

requirements two through six as enumerated above. However, District law does not require that the child's age or gender be disclosed for child fatality and near fatality cases.

CFSA will work with the DC Council to amend the definition of "findings and information related to a child fatality" found in D.C. Official Code § 4-1303.31(5) to include the age and gender of the child. In the meantime, because there is no legislative prohibition in D.C. Official Code § 4-1303.32 (Disclosure of findings and information) on disclosure of age and gender information for child fatalities and near fatalities, CFSA will provide such information upon request as long as doing so does not countermand the prohibitions set for in paragraph a(2) of the above citation.

The District's CAPTA Coordinator is:

Rishaunda M. Ewings
Program Manager, CFSA Office of Planning, Policy, and Program Support (OPPPS)
200 I Street SE
Washington, DC 20003
(202) 724-7100
rishaunda.ewings@dc.gov

IV. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

DESCRIPTION OF PROGRAM DESIGN AND DELIVERY

CFCIP programming comprises an integral part of the Office of Youth Empowerment's (OYE) service delivery to transitioning youth. OYE's service delivery model involves both case management for older youth and specialty consultation for youth (and their social workers) to address particular issues that may arise during transition planning. The narrative in Section I, Goal 7 contains detailed information about OYE's organizational structure and program design.

In an effort to increase the community's accessibility to CFSA resources and service, the Agency has recently interspersed child-serving social workers and specialist throughout community-based offices in the District. In keeping with that trend, in 2011 the OYE relocated to a repurposed school building in the Georgia Avenue/Petworth section of the city. It is a thriving and active neighborhood with myriad public transportation options in the immediate vicinity. OYE has become an active and integrated community partner, forging stronger local ties and accessing supports from community-based organizations. Its location has also increased the accessibility of staff and services to youth.

The location also helps ameliorate some of the psychological barriers to youth engagement, as OYE has seen an increase in the number of youth who consistently stop by the office to participate in activities or to receive support with life skills activities. Moreover, the building itself, because it is a converted school building, is aesthetically less "clinical" and is a more comfortable and familiar environment for youth.

OYE utilizes CFCIP funding for various educational and vocational supports and transitional aftercare services. The services and resources listed below compliment those outlined in the narrative of Section I, Goal 7.

Support for Transitioning to Adulthood and Aftercare

In DC, youth do not age out of the foster care system until they turn 21 years of age, and at the age of 15 years, youth in foster care begin with work with OYE on their own transition plans. There are instances where youth over the age of 18 exit the foster care system to an independent living situation before they actually reach 21 years of age, and in those instances, OYE offers Chafee Aftercare Services. Youth must demonstrate proof of financial need (i.e. signed lease, utility bill, etc.) and show that Chafee funding is the sole subsidy for meeting the youth's housing needs, i.e., the youth cannot be receiving Rapid Housing Program (RHP) assistance, Section 8, or funding for transitional living programs. To receive support for educational or vocational activities, the youth must be enrolled in an educational or vocational program and demonstrates satisfactory academic standing or employment (as applicable). Finally, the youth must be participating in life skills training or agree to complete money management and budgeting workshops.

The following services are included under the program:

- *Financial Assistance* (when available and based upon need) - an eligible youth may receive up to \$4,800 of accumulated payments and up to \$800 per month to cover the cost of rent, utilities, and security deposits.
- *Counseling* - youth who struggle with daily or personal challenges related to transitioning to adulthood are eligible for counseling.
- *Independent Living Skills Training* - services include but are not limited to career planning, communication skills, daily living, education, home life, housing, money management, self care, social relationships, study skills and work life.
- *Assistance with Referrals to Community Resources* - assistance may include but is not limited to financial, medical, child care, and/or other services on an as-needed basis.

For those youth still in foster care who are preparing for imminent exit, OYE offers a Transitional Care Package that includes up to \$500 in gift cards to be used to procure household items and other particulars following (or in preparation for) emancipation from foster care. Before emancipating from foster care, youth complete a transition interview (which provides OYE with information regarding transitional outcomes to identify future service needs) and obtain a supporting request memorandum from the case carrying social worker.

CFSA continues to contract with the Healthy Families/Thriving Community Collaboratives to provide aftercare services for recently emancipated youth. Youth Aftercare cases focus on community-based support for youth preparing to exit or already having exited the child welfare system. Collaborative staff work with the youth on the practical real-life application of many of the tools, resources, and skills that they obtained during their transition planning work with their social workers. Collaborative staff are integrated into their neighborhood communities and have insight and inroads into community-based resources toward which they can direct Youth

Aftercare participants. Staff are creative in motivating, coaching and inspiring these youth to become upwardly mobile and independent.

Lastly, while not funded with Chaffee dollars, the Rapid Housing Program (RHP) is also a valuable source of assistance for youth aging out of foster care. RHP is a partnership between The Community Partnership for the Prevention of Homelessness (TCP) and CFSA's contracted community partners, Health Families/ Thriving Communities Collaboratives, which provides time-limited housing assistance to youth aging out of foster care and into adulthood.

Educational and Vocational Services

CFSA leverages CFCIP funding to augment the aforementioned (in Section I, Goal 7 narrative) educational and/or vocational interventions and support services for older youth. Among the CFCIP services that are available to youth are:

For youth interested in pursuing higher education at a college or university, the *OYE College Prep* curriculum for 10th through 12th graders provides educational resources and college awareness to help facilitate post-secondary educational options for all participating youth in foster care between the ages of 15-21. Former foster care youth committed to CFSA at 15 years of age (and older) also qualify for services until the age of 23. Youth are able to access these services through weekly group workshops or individual guidance and counseling sessions arranged by the youth, the social worker, and the educational specialist.

Beginning in 10th grade, OYE Educational Specialists "start the conversation" about college with youth in foster care, and through their completion of 11th grade, they facilitate various activities that move the youth toward secondary achievement, including:

- Developing an educational plan to complete [Carnegie Units](#);
- Providing encouragement for the youth to enroll in classes that engage and challenge them;
- Introducing and discussing various career fields;
- Identifying and enrolling in college preparation classes (including SAT/ACT preparation and tutoring classes);
- Monitoring community service hours; and,
- Supporting and encouraging involvement in extracurricular activities.

During a youth's 12th grade year, OYE educational specialists support youth and their caregivers through the college application and financial aid process, ensuring the smooth processing of ETV payments, and providing guidance and support to youth attending post-secondary institutions. The educational specialists in OYE provide pre-college support for youth in high school, including securing resources for SAT/ACT prep, determining college readiness, etc. The educational specialists also support youth and their parents through the college application and financial aid process, ensuring the smooth processing of ETV payments, and provide guidance and support to youth attending post-secondary institutions.

Additionally, each spring and fall, OYE offers youth the opportunity to attend a college tour to expose them to post-secondary educational experiences. These tours generally extend over a three-day period and provide cultural and educational experiences that can inspire the youth to examine concerns and personal interests during the college selection process. The tours are an

effective vehicle for youth to explore and envision their college options, compare and contrast programs of interest, and make educated decisions about where they apply.

OYE also works with youth enrolled in post-secondary education programs. Education Specialists are sure to identify on-campus supports for youth in foster care and to link CFSA youth with those services and supports. Moreover, OYE organizes regular group meetings and college forums for returning college students to address various college-related concerns and challenges, and to provide an opportunity for foster youth in college to support each other as they work toward their respective degrees.

OYE Special Events

OYE also sponsors many special events that provide opportunities for youth to build leadership skills and explore options for furthering their educational or vocational experiences. These OYE-sponsored services are available to committed youth aged 15-21. Former foster care youth committed to CFSA at 15 years of age (and older) also qualify for services until the age of 23. The following special events are sponsored by OYE based on available funding and staff resources. Some of the events take place annually, and others may occur when interest and support are identified and direct OYE intervention is warranted.

Vocational Tours (September – March)

OYE's vocational specialist arranges "prospective employer" tours for youth in the District of Columbia. These tours are interactive and allow the youth to gain insight and exposure to career fields of their interest. This is a hands-on approach to helping youth determine their career paths and to develop connections with local businesses and business owners.

Kick-Off (October)

Each fall OYE begins the new school year with a Kick-Off celebration to present and inform the youth and community of plans for supports and services that help youth develop independent living skills. The Kick-Off is an opportunity for CFSA and OYE to get out into the community and provide information regarding youth services and sessions surrounding education, vocation, life skills, aftercare, rapid housing, transitional planning, and online life skills assessments. Youth are able to speak directly to OYE IL specialists and to obtain information on the various services. The Kick-Off also provides an occasion to inform and educate CFSA's stakeholders about its services and partnership opportunities.

Youth Holiday Gala (December)

Each December OYE hosts an Annual Youth Holiday Gala to provide an opportunity for youth to enhance their social relationships, peer and adult communication skills, and daily functioning while celebrating the holidays in a youth-engaging and family-friendly environment. This event is an opportunity for siblings in care who are not placed together to bond, and for youth to practice social networking with various community partners and stakeholders. The youth are especially encouraged to build relationships that they can maintain after exiting foster care and to

reconnect with foster care youth with whom they may have resided in the past. The youth play a pivotal role in planning the event.

Youth Mixer (February)

OYE targets 17-year-old youth during the Youth Mixer to educate them about the transition planning process, and about the National Youth in Transition Database (NYTD). The carnival-themed event offers prizes and snacks for youth who demonstrate an understanding of the transition planning terms, requirements, and roles and responsibilities. It also offers tips for successful transition out of foster care. Additionally, the Youth Mixer provides OYE with another good opportunity to inform youth about the various services offered through OYE and its community and contracted partners. Importantly, the event provides youth with a chance to interact with peers with shared or similar experiences, which can normalize their experiences and enhance social relationship building skills.

Career Fair (April)

This venture is another opportunity for youth to explore future career options and to meet potential employers in the workplace in the local area. Each year approximately 30-40 vendors from Washington, DC businesses, DC government agencies, and community organizations gather to learn more about youth in foster care and to meet their potential “future employees”. The youth are exposed to diverse career settings and connected with internship as well as employment opportunities.

Fashion Show (May)

Each spring the youth help to plan and host a fashion show to express themselves artistically and creatively through fashion. The show is an uplifting way to celebrate their academic and community successes. Merchandise for the show is donated both from local and from national designers. This annual fashion show, where all the models are youth in care, serves as a hallmark event for CFSA, bringing together our children, staff, and families in a festive environment.

Youth Permanency Forums

These forums bring youth, public agencies, and community partners together to discuss permanency and its impact on the District of Columbia’s community, families, and children. The purpose of these forums is to establish a broadened and collective definition of youth permanency, strengthen the shared commitment of all stakeholders, and to enhance the capacity among public agencies and community partners to support youth permanency in the District of Columbia.

Serve DC/Global Youth Service Day (Community Service) (April)

Youth in care participate in community service projects established by Serve DC, a District Government agency dedicated to promoting service. Among many of the service-oriented activities youth have completed include painting murals and planting gardens at schools, removing trash and debris around the Anacostia River, educating youth on emergency

preparedness, organizing a “senior prom” for local senior citizens, and preparing meals for homeless individuals.

Youth Recognition Ceremony (July)

This annual ceremony honors youth in foster care for their academic accomplishments throughout the school year. High school, college, and vocational graduates are all honored during this ceremony for accomplishing their educational goals despite the obstacles they face as youth in the foster care system.

Summer Enrichment Program (June-August)

This program is held during the summer months. Youth participate in weekly activities while CFSA employees are encouraged to share their talents and skills as part of the activity offerings. Youth have participated in visits to museums, poetry writing, drama classes, dance and yoga, visits with the Metropolitan Police Department’s Horse Mounted Unit, and other activities that have engaged youth.

National Independent Living Conference (August/September)

Each year OYE offers youth the opportunity to attend Independent Living/Leadership Conferences that bring together youth service professionals, independent living professionals, and youth aged 15 and older. These conferences provide a myriad of special sessions and workshops, including but not limited to leadership/team building and advocacy activities that are designed to help meet the needs of older youth preparing to transfer from care. Presenters include experts in the field of independent living from around the country. Youth also are able to network and build relationships with various resources that may offer them opportunities for their future endeavors. Former youth in foster care are also invited. In addition, this conference inspires youth to develop their own workshops so they can participate and present in the future. CFSA youth have presented workshops at various conferences, receiving many accolades from conference participants.

CFSA has also forged strategic partnerships with various sister agencies and community organizations to deliver educational, vocational and employment services to older youth in care.

Education and Training Vouchers (ETV)

District wards have various federal (such as the Free Application for Federal Student Aid program) or local (such as the DC One Student aid program) resources to assist them with education-related expenses, and OYE encourages all youth in foster care to explore and utilize these and other available resources (such as local community-based scholarships). The ETV program provides CFSA with a federal funding resource to cover higher-educational costs that are uncovered by these other resources. Based on need, youth may be eligible to receive up to \$5,000 in financial assistance per year. In order to receive ETV benefits, first-time applicants must be at least 18 years old but still younger than age 21. District regulations also require that a youth be in foster care on or after his or her 15th birthday, or be adopted from foster care with the adoption finalized after age 16.

The table below outlines the current distribution of ETVs that CFSA administered to District youth and young adults as of May 2013.

PERIOD	NEW AWARDS	ONGOING AWARDS	TOTAL AWARDS
FY12	51	65	115
FY13	43	60	103

CFCIP-Specific Training Initiatives

OYE's training priorities for FY 2013 are centered around implementation of the Foster Club Transition Toolkit, as well as reinforcing best practices around issues that are particular to older youth in care.

During the latter half of FY 2012, CFSA began a collaborative relationship with the [Foster Club](#) to develop a tool that is more user-friendly and germane to the youth of today, more readily promotes teaming and strengths-based case planning, and addresses a broader array of issues and considerations that are key to a successful transition out of foster care. The Foster Club Transition Toolkit is a self-directed tool for youth that is designed, literally, as a subway map toward independence. It addresses ten life domains (or categories) for the youth to introspect:

- Finances & Money Management addresses skill areas regarding financial literacy, including budgeting, banking, savings, credit, and leveraging financial resources for long term planning.
- Job & Career Planning focuses on skill areas related to work goals, resume building, job readiness, and work place communication.
- Housing addresses skill areas needed for a positive transition into the community. This domain includes understanding housing agreements, tenant rights and responsibilities, homeowner responsibilities, and contingency planning.
- Permanence focuses on educating the youth on permanency options as well as developing skills necessary for relating to family, friends, & other supportive adults and cultivating lasting and worthwhile relationships.
- Life Skills includes home-life skills and safety, legal issues (and participation in court in the build up to transition), recreation and leisure, and positive decision-making with respect to personal health and hygiene, sexuality & relationships, and use of alcohol, drugs and tobacco.
- Education addresses stewardship of school records, setting out academic goals and planning to achieve them, and self-assessment for various higher-education (or continuing education) options.

- Identity emphasizes the importance of gathering and maintaining personal documentation, such as government-issued identification (birth certificate, social security card, passport, or immigration documentation (for youth born outside of the U.S.)), credit reports, and foster care records.
- Self Care and Health promotes healthy physical and emotional development, and it highlights the importance of being able to navigate the health care system, understand insurance requirements and health care costs, identify services (including substance abuse services) and know how to access them, and to understand the importance of a health care proxy.
- Community, Culture, and Social Life addresses skill areas needed for integration into the community, including forging connections, feeding the spirit, fostering friendships and peer relationships, developing cultural customs, and meeting civic responsibilities (such as voting and registering for the selective service).
- Transportation specifically addresses transportation needs within the context of the various interests and commitments that a foster youth identifies. It encourages the youth to compare options with full knowledge of what each option entails, and to learn and utilize navigation tools such as maps, smart phones applications, and GPS.

The Foster Club Toolkit also has supplementary domains that are specific to pregnant and parenting teens. Staff training will address uniformity and reliability in applying the tool.

CFSA's Connecting Rainbows Initiative promotes among staff and stakeholders the Agency's philosophy that youth in foster care, resource parents, and employees who are, or who are perceived to be LGBTQ deserve to be treated with respect and dignity and must be afforded the same rights, privileges, services, and protections as all children, youth, resource families and employees. In support of this philosophy, the Child Welfare Training Academy's (CWTA) in-service training curriculum includes a six-hour module for social workers and foster parents on how to best work with the LGBTQ population. It presents clear definitions and experiential exercises that allow participants to better understand the thoughts, feelings, issues, concerns, and challenges of LGBTQ youth.

Preparation to Implement the National Youth in Transition Database

CFSA is pleased to have fully implemented the National Youth in Transition Database (NYTD).

V. SUPPORTING INFORMATION

JUVENILE JUSTICE TRANSFER

The District retains custody of children in foster care regardless of their juvenile justice status until they age out of the child welfare system or until their commitment to the Agency is terminated through court order. Youth who are in the juvenile justice system and the foster care system are known as “dual-jacketed” youth and are tracked by both systems. As of May 2013, there were 66 dual-jacketed youth in CFSA custody.

INTER-COUNTRY ADOPTIONS

CFSA does not routinely have a role in inter-country adoptions. CFSA refers individuals who contact CFSA regarding inter-country adoption to private agencies. Families who adopt outside the United States have a host of support groups and other resources available to them, including post-adoption services from numerous private adoption agencies in the area. According to the federal guidelines in the ACF Child Welfare Policy Manual:

States must report as a “disruption” a child who came to the United States for the purpose of adoption but entered foster care prior to the finalization of the adoption regardless of the reason for the foster care placement.... States must report such disruptions even if the child’s plan is reunification with the prospective adoptive parents and the stay in foster care is brief.

States must report as “dissolution” a child who was previously adopted overseas (whether the full and final adoption occurred in the foreign country or domestically) but entered foster care as a result of a court terminating the parents’ rights or the parents is relinquishing their rights to the child. Since the child’s legal relationship with his or her parents may not be severed until some time after the child enters foster care, States must also report to ACF children adopted from overseas who are already in foster care at the time that the adoption is dissolved.

A State need not report a child who enters foster care after a finalized adoption if the parents’ legal rights to the child are intact. In sum, the State need only report those children who enter foster care as defined in 45 CFR 1355.20 as a result of disruption or dissolution.

Since the last APSR, CFSA has no documented reports of children adopted in foreign countries who subsequently entered the District foster care system. Reports of abuse or neglect of any such child residing in the District would be assessed through the abuse and neglect hotline and the Agency would respond in the same manner as any other referral.

CHILD WELFARE DEMONSTRATION PROJECT

In January 2013, CFSA submitted an application for a Title IV-E Child Welfare Waiver. In the application, CFSA proposed to redirect funds that would have been used to support foster care room and board expenditures into services that follow children and families into the community to fully engage and support them in their homes. These services included the proposed implementation of intensive family preservation and post-reunification services, as well as the expansion of community-based prevention programs.

- Expansion of Home Visiting and Parent Education Support Programs (PESP) – In 2012, community-based organizations received local and federal grant money to deliver programs that strengthen vulnerable families, and promote positive parenting and home visiting programs. These programs offer a variety of family-focused services to expectant parents and families with new babies and young children. The funding sources, however, limited the programs to families who were receiving out-of-home services so CFSA is proposing to use the waiver to expand the services to make them also available to families involved with in-home services.
- Implementation of Intensive Family Preservation Services – In the Title IV-E waiver application, CFSA proposed the implementation of Homebuilders®, an intensive family preservation services treatment program designed to avoid unnecessary out-of-home placement of children and youth.¹³ An evidenced-based program, the Homebuilders model engages families by delivering services in their natural environment at times when families are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning.
- Implementation of Post-Reunification Services – CFSA further proposed the implementation of Project Connect, an evidence-based model that works with high-risk families who are affected by parental substance abuse, mental health issues and domestic violence and are involved in the child welfare system. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services. The program also offers home-based parent education, parenting groups, and an ongoing support group for mothers in recovery. While the goal for most *Project Connect* families is maintaining children safely in their homes, when this is not possible, the program works to facilitate reunification, which is CFSA's intension for the program. The target population is high-risk, substance-affected families involved in the child welfare system.

The flexible Title IV-E funding will allow CFSA to implement and expand evidence-based programs to make improvements in permanency, well-being and safety, and child abuse and neglect rates. CFSA has been in ongoing communication with the Administration for Children and Families regarding the status of its waiver application and at the time of submission of this report, the Agency was awaiting receipt of the Terms and Conditions for the waiver.

¹³ http://www.institutefamily.org/programs_IFPS.asp

FOSTER AND ADOPTIVE PARENT RECRUITMENT

Section I, Sub-section B, Goal 8 of this APSR outlines CFSA's progress on its Foster and Adoptive Parent Recruitment and Retention Plan. The Agency's overarching recruitment goals are to heighten public awareness of the need for caregivers and to develop an ample and diverse pool of prospective foster and adoptive parents. In recent years, CFSA has been focusing its recruitment efforts on prospective caregivers within the District of Columbia so as to build nearby placement resources for children who may need temporary foster placement.

ADOPTION INCENTIVE PAYMENT

Adoption incentive payments are utilized to support adoption promotion and support services. Previous adoption incentive payments have been utilized to enhance the Agency's marketing and public relations strategy for recruitment and retention of adoptive parents.

CHILD MALTREATMENT DEATHS

CFSA participates on a District-wide Child Fatality Review committee and it uses information from the Metropolitan Police Department and the District Office of the Chief Medical Examiner (CME) when reporting child maltreatment fatalities to NCANDS. CFSA interfaces with the Vital Records Division of the District Department of Health, but generally does not utilize this entity as a source for child maltreatment death information as it is generally redundant to the information that CFSA receives from the CME.

VI. FINANCIALS

Federal funds provided to the District of Columbia under Title IV-B are not used to supplant federal or non-federal funds for existing services and activities that promote the purposes of Title IV-B. For FY 2013, the total amount to be spent on family preservation, family support, time-limited family reunification, and adoption promotion and support will equal or exceed the amount spent in FY 2012 for family preservation and family support services. CFSA will furnish reports to the Secretary of the Department of Health and Human Services, at such times, in such format, and containing such information as may be required to demonstrate the District's compliance with the above prohibition.

CFSA's local share expenditure amounts for the purposes of title IV-B, subpart 2 was \$15 million for FY 2011. The District's 1992 base year amount was \$270,000. Thus, the District meets the non-supplantation requirements in section 432(a)(7)(A) of the Act. Since FY 2005, CFSA has not spent title IV-B, subparts 1 and 2 funds on child care, foster care maintenance, or

adoption assistance payments. Moreover, CFSA does not spend any title IV-B, subparts 1 and 2 funds on administrative costs.

Under the areas of Title IV-B, subpart II, Promoting Safe and Stable Families Program (PSSF) (see CFS-101 Part I), CFSA has allocated 40% of total expenditures to community-based family support (i.e., prevention and support services). The goals of child safety, permanency, and well-being are strongly supported by preventive services that use community-based resources to ensure child safety and support, to strengthen families, and to prevent children from coming into the child welfare system. The remaining PSSF expenditures are equally distributed (20%) among family preservation, time-limited family reunification, and adoption promotion and support services.

ATTACHMENTS

1. CFS 101 Forms
2. Title IV-E Training Plan
3. Health Care Coordination Plan
4. Continuity of Operations Plan (COOP, or Disaster Plan)
5. 2012 Citizen Review Panel Annual Report
6. 2013 Citizen Review Panel Annual Report
7. Review of CFSA's Quality Assurance Processes: *Strengthening Practice through Continuous Quality Improvement*