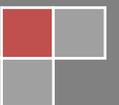


2013

Annual Public Report

District of Columbia Child and Family Services Agency



MISSION

The mission of the Child and Family Services Agency (CFSA) is to promote the safety, permanence, and well-being of children and families in the District of Columbia.

PHILOSOPHICAL STATEMENT ON PERMANENCY

Permanency is reunification, adoption, guardianship or legal custody.¹ When these options are exhausted, CFSA will assure the establishment of an enduring connection with at least one committed adult who is safe, stable and able to provide the following components of a supportive relationship:

- 1) physical, emotional, social, cognitive, and spiritual well-being
- 2) respect for racial and ethnic heritage and traditions
- 3) respect for maintaining natural bonds with the birth family
- 4) lifelong support, guidance and supervision to the youth as the youth transitions from foster care to self-sufficiency

¹ "Legal custody" refers most commonly to permanency with a previously non-custodial parent.

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INTRODUCTION

The Child and Family Services Agency's (CFSA) 2013 Annual Public Report (APR) outlines CFSA's activities and accomplishments towards maintaining the safety, permanency, and well-being of children and families in the District of Columbia. Two essential pieces of legislation continue to guide and support these efforts: (1) the federal Adoption and Safe Families Act of 1997 (ASFA), which amended the Adoption Assistance and Child Welfare Act of 1980 [Public Law 96-272], and (2) the DC Adoption and Safe Families Amendment Act of 2000 (DC ASFA).

Both pieces of legislation require the timely placement of children in safe and enduring permanent living arrangements. To that end, child welfare agencies must meet an array of statutory practice and process requirements, including making "reasonable efforts" to place children in permanent homes, and establishing firm time requirements for petitioning to terminate parental rights for children who cannot be reunified with their parents. In addition, agencies are mandated to increase the timeliness of adoptions out of foster care.

CFSA's 2013 APR is a legislatively-mandated snapshot of the Agency's permanency efforts and successes during fiscal year (FY) 2013 (October 1, 2012 – September 30, 2013). The report focuses on the following information:

- An outline of the Agency's DC ASFA-related accomplishments and practice improvements within the Four Pillar strategic agenda
- A summary of statistical data on entry, placement, and exit information for CFSA's foster care population
- The methodology used to evaluate and assess the quality and effectiveness of service provision, including results from internal and external sources that indicate areas for improvement
- Priority areas of focus for FY 2014 for solidifying case practice and achieving positive permanency outcomes for children
- Recommendations for new legislation that can help to further the mission and goals of CFSA

The APR addresses the Agency's progress in complying with DC ASFA within the context of the Four Pillar strategic agenda that CFSA adopted in early 2012 to focus case practice and to strengthen child welfare outcomes. Accordingly, Agency accomplishments for FY 2013 along with areas of focus

Requirements of DC ASFA

1. Abused and neglected children shall have case plans reviewed periodically to determine safety and progress toward achieving permanence.
2. Reasonable efforts are made to reunify children with their families, unless contrary to the child's safety.
3. Reports of abuse and neglect are expeditiously investigated and appropriate action is taken.
4. Families of abused and neglected children are provided necessary services to ameliorate problems and, when possible, to reunify.
5. Quick action is taken to implement a permanency plan of adoption or another appropriate alternative planned permanent placement if family preservation or reunification services are unsuccessful.
6. Criminal record checks are performed as part of the licensing process for all prospective kinship caregivers, foster or adoptive parents, or legal guardians.
7. Administrative reviews and permanency hearings are held in a timely manner for all children adjudicated as neglected.
8. Notice and opportunity to be heard in neglect and parental termination cases is provided to a child's placement resource, foster or pre-adoptive parent, kinship caregiver, legal guardian, as well as the child's therapist.
9. Procedures related to interstate adoptions and medical assistance are established.

for the coming fiscal year are discussed in relationship to the pillars under which they fall.

Pillar One: Narrowing the Front Door

CFSA’s strategies and services are geared toward affording children the opportunity to grow up with their families; therefore home removals are a last resort. To prevent entrance through the front door of the child welfare system, CFSA implements programs and evidence-based approaches that stabilize and support families, while contracted community-based partners provide services and interventions. These services and interventions are tailored for families who come into contact with the Agency through a report of abuse or neglect but whose risk factors are low-to-moderate and who therefore can be served best in their own homes.



Pillar Two: Foster Care as a Temporary Safe Haven

When imminent risk to a child’s safety makes it imperative to place the child in foster care, CFSA immediately begins the planning process to ensure the child’s expedient exit to permanence. As a first step, CFSA seeks placements with the child’s relatives, always aspiring to place the child in the most appropriate and family-like setting possible. Regardless of placement setting, CFSA keeps children connected to their schools and communities. Further, through frequent and high-quality visits, CFSA also promotes and strives to

preserve both maternal and paternal relationships, alongside sibling connections.

Pillar Three: Ensure Child Well-Being

Children are entitled to a nurturing environment that supports their growth and development into healthy, self-assured, and educated adults. CFSA commits to working collaboratively with public and private agencies to provide resources to secure such an environment, while addressing child education, mental health, and physical health care so that children thrive.

Pillar Four: Exit to Positive Permanency

CFSA strives to ensure that every child exits foster care as quickly as possible to a well-supported family environment or lifelong connection. Families may also receive ongoing support after positive permanency is achieved in order maintain stability and to reduce the likelihood that the child will re-enter the system. The Agency strives to ensure that older youth exit care with appropriate community-based aftercare services and the education and skills necessary to become successful, self-supporting adults.

1. Review of CFSA Accomplishments in FY 2013

As a result of the Agency's efforts within the Four Pillar strategic agenda, there have been a number of positive trends among the service population. These trends are evidenced through various initiatives implemented along the child welfare continuum. CFSA is reducing the number of children who come into foster care while also moving those in foster care to permanency in a more timely manner than in years past.

- Since September of 2012, there has been a 14.5 percent reduction in the foster care population. In terms of numbers, as of September 30, 2013, there were only 1,318 children in foster care, which is an all-time low in the 10 years that CFSA has been publishing the APR.
- There has been a resultant shift in the Agency's case mix whereby the population of children and families being served in their own homes ("in-home cases") represents 58 percent of all open cases. By the end of FY 2013, only 42 percent of cases managed by CFSA (or its private agency partners) were out-of-home cases involving at least one child in foster care.
- The [*LaShawn Implementation & Exit Plan*](#) (IEP) contains 92 individual performance standards related to nine key aspects of child welfare practice and administration. By the end of FY 2013, CFSA had achieved 68 of those performance standards while coming within close reach of achieving four others (i.e., within 3 percentage points of the performance target or partially achieved).

The various program-related reforms and initiatives that CFSA has in place all support one or more of the four pillars outlined in the 2012 strategic agenda and as well as the comprehensive standards of the IEP. Many of these also serve the dual purpose of furthering CFSA's progress in complying with local and federal permanency requirements.

I. Pillar One: Narrowing the Front Door

CFSA employs various prevention strategies aimed at mitigating a family's risk for entering the District's child welfare system. Such strategies include funding community-based agencies that have proven to be adept at reducing risks, which helps eliminate the need for Agency intervention at all. For those families who do indeed require some level of intervention because of a presenting abuse or neglect issue, "Front Door" strategies also involve stewarding Agency resources and social workers toward helping families to overcome their risk factors and to ensure child safety quickly and effectively.

Community-Based Prevention

Families who have not yet become involved with the system but are still at risk of Agency involvement are considered to be "out in the neighborhood" of the child welfare system. To prevent these families from entering the system, or the front door, the District annually directs competitive grants toward effective community-based prevention programs. These programs administer neighborhood-based prevention services that help reduce placements into foster care and provide families with the necessary tools to remain intact. In FY 2013 and continuing into FY 2014, these grants include the following evidence-based services:

- *Parent Education and Support Project (PESP)* – Four grantees throughout the District provide in-home visitation, classroom education, and support services specifically geared toward equipping parents with tools and strategies to keep children safe and to nurture and promote healthy development and academic achievement. The program also links

families to clinical services, support groups, and direct assistance programs.

- *Father-Child Attachment Program* – One grantee provides home visitation and consultation services in District wards that have disproportionate reports of abuse and neglect. The program is designed to help fathers forge lasting bonds with their children. Program goals include increasing protective factors by improving relationships and interactions between the father (non-custodial in most cases) and the child’s mother.
- *Home Visitation* – CFSA awarded multi-year grants to two community-based organizations that provide voluntary, intensive home-visiting services for up to 150 families. Families served may have histories of trauma, intimate partner violence, and mental health or substance abuse issues. Services begin prenatally or shortly after the birth of a baby and may continue through the child’s 5th birthday.
- *Parent and Adolescent Support Services (PASS)* – In 2013, CFSA and the Department of Human Services (DHS) 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 have committed a “status offense”, which includes truancy, running away, curfew violations and extreme disobedience. PASS works cooperatively with families and service providers to reduce these challenging behaviors before child welfare or juvenile justice intervention is needed.

In order to build further momentum on the successes of CFSA’s locally funded prevention programs, in FY 2013 the Agency applied for and won a federal Title IV-E demonstration project award (IV-E Waiver). Under this IV-E Waiver, CFSA will be able to leverage federal Title IV-E funding to augment front door prevention and family stabilization services. This is a major achievement for CFSA as it gives the Agency greater flexibility to shift resources toward family and community-based programming to keep children out of the foster care system. Details of the CFSA’s IV-E Waiver plan of action are highlighted in Section 4 of this report.

CFSA’s ongoing vision for a comprehensive continuum of child welfare services for District children and families includes *all services and resources in the District* that support families. Toward that end the Agency maintains its ongoing commitment to fund effective services and interventions outside of its own purview, and continues to seek and expand available resources in support of families outside the front door.

Differential Response²

Community-based grantees administer the aforementioned programs without the direct involvement of CFSA. Despite such interventions, there are often circumstances where a person in the community, be it a family member, educator, doctor, member of the clergy, or neighbor, makes a report to the Child Protective Services (CPS) Hotline that a child may be a victim of abuse or neglect.

Historically, CPS Hotline calls have initiated a full-scale protective services investigation of the family to determine the veracity of the allegation and assess the level of risk to the child and family. Substantiated allegations would mean entry of the caregiver’s (i.e., perpetrator’s) name on

² Differential Response (DR) is an evidence-based practice that allows CFSA to respond to referrals based on the allegation and the family’s situation. Additional information is located on CFSA’s website:

<http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPS%2520DR%2520Family%2520Assmnt%2520GUIDE.pdf>

the Child Protection Register³ and a referral for ongoing services with either a CFSA in-home social worker or family support worker at a local Healthy Families/Thriving Communities Collaborative (Collaborative).

At the end of FY 2011, CFSA implemented a Differential Response (DR) program to address needs of families who came to the Hotline's attention, but whose allegations, while concerning and warranting some level of intervention, did not necessarily put the child's safety at imminent risk. The CPS Hotline refers such cases to CFSA's *Family Assessment (FA)* unit, which moves forward with strength-based, family-centered engagement that leads to services that the family needs, wants, and finds useful. Unlike the investigative process, participation in the FA path is voluntary for the family. When a family agrees, the FA social worker utilizes clinical skills to partner with the family to develop a comprehensive understanding of the family's situation. From this perspective, the Agency tailors an action plan and appropriate services that are specific to the family's individualized needs. There is no finding or substantiation that leads to entry into the system, and the caretaker's name is not entered into the Child Protection Register.

By the end of FY 2013, FA had a complement of 8 units, each comprised of five social workers and one supervisor. The Agency's goal is to eventually staff 10 full FA units. Now in its third year of operation, FA has strengthened and diversified its first response to abuse and neglect reports.

Hotline and Investigations "RED" Team Reviews

CFSA has implemented various organizational and practice improvements to ensure timely completion of child protective investigations following accepted reports of child abuse and neglect. At the heart of these improvements has been the implementation of a consistent, system-wide assessment process to "review, evaluate, and direct" practice, otherwise referred to as the "RED" team process. This group decision-making process is conducted in a collaborative setting that includes 6-8 participants comprised of representatives from CFSA's CPS administration, In-Home and Permanency, Office of Well Being, Kinship Resources, and the Collaboratives.

While CFSA's intent is to implement the RED team process at various decision points throughout the case continuum, the Agency introduced RED teams within the practices of the CPS Hotline and Investigations. RED team reviews occur daily (including weekends) to address the referrals taken at the Hotline. They involve consultation and information-sharing 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

The only referrals that are not reviewed by the RED team are those for which the allegation warrants an immediate response.

In addition to Hotline reviews, CFSA has also implemented a RED team for CPS investigations. These reviews occur 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

³ Pursuant to District law, CFSA maintains a Child Protection Register (CPR). This database is the District's confidential index of perpetrators with substantiated or inconclusive findings of child abuse and neglect. These findings are the direct result of evidentiary disposition decisions made by investigative social workers under the purview of the Agency's CPS administration. Unless a name is expunged from the CPR database as the result of an appeal, it is maintained in the database for life.

the investigation and suggest next steps to ensure timely completion of the investigation. Through RED team reviews, CFSA has improved the timeliness of the Agency's response to Hotline calls and CPS investigations, thus improving practice and appropriateness around both processes.

Educational Triage Unit

A recent change in District legislation regarding educational neglect precipitated a spike in Hotline calls for that allegation. Many of these allegations did not meet the statutory definition of educational neglect and did not require a child welfare response. Nonetheless, the volume of such reports created a drain on CPS resources. To address this issue, CFSA added a specialized unit to respond to reports of educational neglect for children between the ages of 5 and 17 years. The Educational Triage Unit is comprised of seven 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. FSWs from the unit physically respond to schools that make multiple reports. They also hold face-to-face meetings with school administrators, educators, and social workers to discuss the circumstances of each report.

The unit supervisor has also undertaken a great deal of school outreach in DC public and charter schools to clarify reporting requirements and to orient administrators on the correct process for making a report to the Hotline. The effectiveness of the Educational Triage Unit has allowed CFSA to effectively steward its CPS resources toward reports that require a timely child welfare response.

FY 2013 Front Door Outcomes

As the District's overall foster care population continues to decline, the end of FY 2013 marked the third consecutive annual decline in the number of entries into foster care. Moreover, of the children who experienced a substantiated occurrence of abuse or neglect, over 95 percent of them *did not* experience a repeat maltreatment report within 6 months of the original substantiation. On this statistic, CFSA exceeded the national standard of 94.6 percent. These statistics support CFSA's successful efforts at reducing the number of children who come into foster care and at keeping safe from repeat maltreatment those children who come to the Agency's attention.

II. Pillar Two: Foster Care as a Temporary Safe Haven

Children are only removed from a household due to a substantiated allegation of abuse or neglect, based on imminent risk to the child's safety or life. When removals do occur, CFSA works quickly to establish and achieve the child's permanency goal. While the child is temporarily and safely placed in foster care, (i.e., becoming a part of CFSA's out-of-home caseload), CFSA works directly with the family to assess risks towards safety, to develop safety plans, and to offer services that ensure family stabilization. Since the inception of the Four Pillar strategic agenda in 2012, CFSA has put various initiatives into place to actuate progress toward its stated goals of reducing entry into care and securing positive permanency outcomes for those children who must enter care.

KinFirst

CFSA always endeavors to place children with willing and able kinship caregivers before seeking appropriate non-relative foster care. As part of the Agency's efforts, the KinFirst program coordinates the expertise of multiple interagency resources, including CFSA's Family Team Meeting (FTM) Unit, Diligent Search Unit (DSU), and Kinship Licensing Unit. Collectively, these

resources identify and engage family at the earliest possible stages of a case. The KinFirst initiative helps to divert some children from entering care by finding relative caregivers for those children who must be placed into out-of-home care.

To further support placement of children with their relatives, the Agency offers a temporary licensure process that allows kinship caregivers to receive a child into their home immediately, and then to complete various licensing requirements while their young relative remains in their care. Because CFSA does not have to wait for full licensure to place a child with their relatives, this approach minimizes placement changes and promotes placement stability.

Placement and Matching Best Practices

The practice of matching a child with an appropriate placement resource is crucial to a child's safety and well-being, as well as to the child's potential for achieving permanency. Successful matching also effectively minimizes placement disruptions. In order to improve practice with respect to appropriate placement and matching for children in foster care, CFSA implemented *Comprehensive Child Needs Assessments (CNAs)* and *Utilization Management (UM) Reviews*.

CNAs are first completed when a child enters foster care and are then updated at scheduled intervals. The assessment information provides social workers with a profile of a child's strengths and needs with an eye toward finding the best foster care placement match. The information is used to ensure appropriateness of the placement type and to ensure that prospective providers have the necessary tools, qualifications, and skill sets to meet each child's unique placement needs.

UM reviews are a family-centered, multi-departmental, integrated approach to identifying, coordinating, and linking appropriate resources and services for children who currently reside in a restrictive level of care, or who are at risk of such a placement. It follows the CNA and involves a team meeting with the age-appropriate child and his or her family members in order to discuss holistic needs, appropriate services, and placement recommendations. Based on the results of the assessment and the consensus of the team, the child is then placed in a setting that best meets his or her unique needs.

Additionally, in partnership with the Foster and Adoptive Parent and Advocacy Center (FAPAC), CFSA has implemented the *Family-Link* model to informally bring birth parents and foster parents together within 1-2 days of the child's placement. This facilitated "ice breaker" meeting provides both sets of parents with an opportunity to exchange information about themselves, their family routines, and their traditions. With this personal information in mind, the parents can strategize together for how to help the child through this period of separation and transition. The model also reinforces the importance of birth parent participation in the child's case plan while providing invaluable information to the foster parent about the child's needs, preferences, expectations, hopes, and concerns.

Foster and Adoptive Parent Supports

CFSA provides various supports and services to help foster parents manage the challenges of fostering. These include extensive training, a dedicated FSW, linkage to local foster and adoptive parent organizations and support groups, short-term respite care, and home renovations, equipment, and supplies to accommodate children with special needs (as applicable). As an example, the Foster Family Connections (FFC) program represents a promising practice that features "constellations" of five to ten resource homes or "satellites" that revolve around a "hub" home. Hub home parents then provide various support services to the satellite parents caring for children in foster care. Serving as a peer-support network model, FFC facilitates access to quality supports and respite services for resource parents. In turn, the resource parents are better equipped and energized to promote the safety, well-being, and permanency of the children in the

homes. There are currently eight FFC constellations operating within the cadre of traditional foster family homes in DC, and CFSA is endeavoring to expand the model to all District-based foster family homes.

CFSA also recently put into place Mobile Crisis Stabilization services that provide foster parents with prompt, expert assistance in handling crises involving children placed in their homes. In addition to the above-mentioned supports, adoptive parents also receive subsidy payments and access to the District-based Post-Permanency Family Center.

The Rapid Housing Program (RHP)

RHP is a shared effort among the Collaboratives, the Community Partnership for the Prevention of Homelessness (TCP), and CFSA. TCP administers short-term assistance payments (with funding provided by CFSA) while the Collaboratives provide case management and support services to families in need of stable housing for preservation or reunification. RHP also assists eligible youth aging out of foster care with time-limited assistance to facilitate their transition out of foster care and into adulthood and independence.

In FY 2013, the RHP assisted the housing stability of 108 older youth transitioning out of foster care as well as 131 families that were either at risk of a home removal, or reunifying following a child stay in foster care.

FY 2013 Temporary Safe Haven Outcomes

By the end of FY 2013, CFSA's placement statistics and reporting revealed a number of positive developments with respect to the distribution of children in appropriate placement settings. Foremost among them was an increase in the percentage of children in family-like settings, especially those in kinship care. Of all children in foster care, 82 percent are placed in foster family homes. The percentage of the foster population placed with relatives is 24 percent, which is up from 16 percent at the end of FY 2012. By comparison, only 4 percent of the out-of-home population resides in congregate care settings. Due to the successes in placing children with kin and freeing up space in traditional non-relative foster family homes, short term diagnostic assessment centers and emergency shelter placements have been eliminated completely.

Commensurate with the efforts to ensure that children reside in the least restrictive and most family-like setting, there have also been gains in placement stability. By the end of the fiscal year, of the children who had been in care for a year or more, 77 percent of them experienced two or fewer placements during the past 12 months.

III. Pillar Three: Ensure Child Well-Being

Well-Being initiatives support the Agency's efforts to ensure the growth and development of each CFSA-involved child into a healthy, self-assured, and educated adult. To accomplish these objectives, CFSA works collaboratively with other public and private agencies, addressing education, mental health, and physical health care. In this manner, each child receives the particular services he or she needs to thrive.

Since implementation of this pillar, the Agency has employed evidence-based practices to address underlying issues of trauma and mental health as well as chronic diseases and other medical issues. Educational achievement is also a prominent Agency goal for all children in care, starting from early childhood education and continuing through high school and college or vocational school. Lastly, CFSA has increased efforts to reduce teen pregnancies among youth on its caseload.

Trauma Systems Therapy (TST) Implementation

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 began implementation of the transformational Trauma Systems Therapy (TST) model. One key facet of the TST model includes 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 staff 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. By the end of FY 2013, over 1,800 social workers, clinicians, foster parents, and other child welfare stakeholders had received training on the TST organizational framework and trauma-informed case practice.

Substance Abuse Treatment/Family Treatment Court

The Family Treatment Court (FTC) program is a District-wide partnership among the Family Court of the DC Superior Court, the DC Child and Family Services Agency (CFSA), the DC Office of the Attorney General (OAG) the DC Department of Behavioral Health's Addiction Prevention and Recovery Administration (APRA), and various community-based agencies and service providers. At its core, it is a drug court program designed to promote safety and permanency for children of substance abusing parents whose children are subjects of neglect allegations.

The objective of the FTC program is to increase the Family Court's capacity to intervene with adults who are faced with the following co-occurring issues:

- (1) Involved with the court as a result of child abuse and neglect issues
- (2) Struggling with substance-abuse
- (3) Willing to stipulate to allegations that their substance abuse impacts their parenting
- (4) Willing to address their substance issue with the goals of protecting their children, reuniting as a family (when safe to do so), and expediting permanency

FTC further supports CFSA and the Family Court in complying with federally-mandated timelines set forth by ASFA to achieve timely permanency for children, and program coordinators monitor a parent's progress during treatment and to measure specific outcomes.

In FY 2013, the FTC stakeholders collaborated on a re-design of the program to expand its scope of services and make them available to a larger population of families. Currently, FTC is a voluntary residential program that provides substance abuse treatment only to women with dependent children who are the subject of a child neglect case. The program expansion, which is occurring through a federal grant, is discussed in section 4 of this report.

To provide support for those not directly involved with FTC but still dealing with substance abuse issues, CFSA partners again with APRA to provide linkage and access to services. This move is expected to greatly reduce or remove bureaucratic obstacles to care coordination by increasing the number of substance abuse providers who work with adults. To support substance abuse detection and prevention efforts for children and youth in care, the Agency increased efforts to screen for substance use both at entry and re-entry points. These screenings take place at the Healthy Horizons Assessment Center (HHAC), which is CFSA's on-site clinic for front door health screenings.

Educational Assessment

The Well-Being pillar also focuses on the assessment of educational needs. By ensuring that the current educational status and needs of children are accurately determined, social workers and a child's team can appropriately set goals for higher achievement and identify necessary resources to support those goals. For example, during the summer of 2013, the Office of Well Being (OWB) coordinated administration of the *A+ Learning Link™ Educational Assessment* over a series of weekends to 526 (70 percent) of the 740 school-aged children and youth in care. This assessment measures the level of skill, comprehension, and mastery of basic reading and mathematical function. The Agency continues to support successful and efficient school enrollment through a coordinated OWB process that supports social workers and, ultimately, ensures better outcomes for children.

FY 2013 Well-Being Outcomes

During FY 2013, CFSA and its partners collaborated to reduce the average wait time for access to adult substance abuse intervention services from 14 days to 36 hours. For children entering care, 87 percent of youth age 11 years or older received a pre-placement substance abuse screen so as to identify children who had an immediate service need. With respect to educational outcomes, by the end of FY 2013, over 70 percent of youth who had reached graduation age had successfully graduated from high school. Additionally, during FY 2013 there were decreases in the number of teen mothers and the occurrence of repeat births to teens in foster care.

IV. Pillar Four: Exits to Positive Permanency

CFSA continues to focus Agency resources and initiatives on decreasing the amount of time children spend in foster care and increasing supports to promote positive, lifelong outcomes once they do exit. Many of these resources and initiatives are specific to increasing positive permanency outcomes for older youth. The innovative approaches that come out of CFSA's Office of Youth Empowerment (OYE) are especially focused on preparing youth for independence and self-sufficiency after they leave the child welfare system.

Specific examples of practice improvements to support an older youth's timely exit to permanency are discussed below.

Services for Older Youth in Care

- 1) *Generations* – The Generations Unit is a specialized unit of social workers assigned to cases of pregnant and parenting youth between the ages of 17 and 20 years. The social workers in this area receive special training on youth engagement and parenting, as well as child development. Through this Generations Unit, participating youth are also connected to a CFSA nurse care manager who ensures well-being outcomes both for the youth parent and the child. Further, these youth are referred to the New Heights Teen Parent Program to ensure that the youth have necessary academic supports to fulfill their educational goals. Lastly, the youth are also linked to community-based partners such as Metro TeenAIDS: Stable Families program, the Healthy Babies/Teen Alliance for Prepared Parenting, and the DC Department of Human Services.
- 2) *Framework for Youth Financial Security* – A series of integrated financial literacy and readiness activities help to improve financial readiness for older youth. This framework involves access to stipends and allowances, linkage employment opportunities through the DC Summer Youth Employment Program (SYEP) and job readiness programs, financial literacy and banking education through the Bank on DC program, tax education, and asset building through a matched savings program.

- 3) *Career Pathways* – This program is designed for youth who are not on the college or university track. It provides them with opportunities for exposure to and experience in vocational and technical fields of interest that can lead to careers. To bolster this program, OYE has forged relationships with local businesses in the fields of cosmetology, information and technology, electrical work, plumbing, HVAC (heating, ventilation, and air conditioning), construction, medicine, hospitality, culinary arts, law enforcement, emergency services, and retail. The Career Pathways program also includes career assessment, discussion of interests and options, and linkage to appropriate opportunities.

Youth Transition Toolkit

The toolkit encourages youth to prepare an individualized transition plan with the supportive adults involved in their lives (e.g., foster parents, teachers, or mentors), and is designed to help youth assess their assets, identify resources, and plan for life after foster care.

The toolkit also provides a "Readiness Scale" for youth to track their progress in 10 critical areas, including but not limited to finances and money management, job and career choices, education, self-care and health, housing, and other life skills related to community, culture, and social life.

Youth Ombudsman

In FY13, CFSA employed a full-time youth ombudsman, who is dedicated to assisting youth with navigating through the system, obtaining basic needs or transition services, or handling other matters, such as college registration or financing.

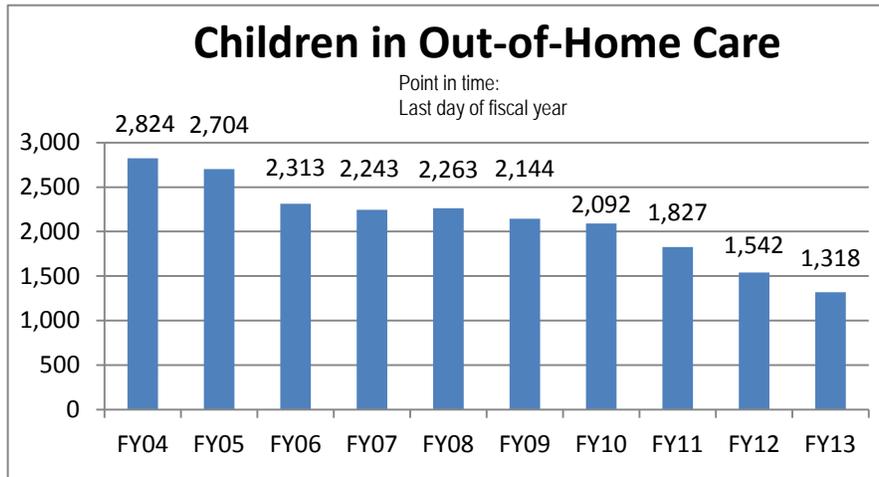
FY 2013 Exits to Positive Permanency Outcomes

As a result of targeted programs that support an older youth's preparation for adulthood, the following measurable improvements for youth outcomes were successfully achieved for FY2013:

- Employment for youth increased from 56 percent in FY 2012 to 61 percent in FY 2013.
- The number of youth able to access aftercare services also increased in FY 2013.
- Youth graduating from college increased from 1 percent to 18 percent.

2. Statistical Analysis of Foster Care Cases and Permanency Outcomes

The *CFSA Establishment Act of 2001* requires the Agency to publish an annual report detailing demographic, entry, and exit information about the foster care population. Accompanying the data are brief longitudinal analyses with trend highlights. CFSA's FACES.NET system generates the reports based on data entry of social workers and other direct service staff.



The foster care population has dropped by more than 50 percent over the last decade.

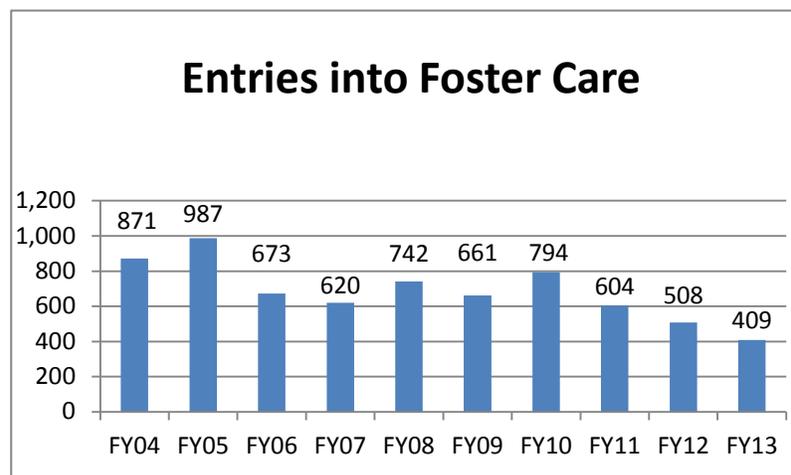
The overall population of youth in out-of-home care continues to trend downward, and there has been a 53 percent reduction in the foster care population since the end of FY 2004 when there were 2,824 children in care. At the end of FY 2013, there were 1,318 children and youth

foster care. Of that population, 678 of the youth were between the ages of 13 and 21 years old (51 percent of the total foster care population). This figure indicates a 1 percent decrease from FY 2012, but continues a trending decline since a high of 58 percent in FY 2007.

Also worth noting, there were a number of permanency-goal related “firsts” for the Annual Public Report, which CFSA began publishing in 2004. The permanency goal of *guardianship* was this year’s most common goal among children in foster care (30 percent), edging out *reunification* at 28 percent. As well, the percentage of youth in care with a goal of *Alternative Planned Permanent Living Arrangement (APPLA)*⁴ fell to 17 percent, an all-time low.

In FY 2013, CFSA experienced a 19 percent drop from FY 2012 in the number of entries into foster care.

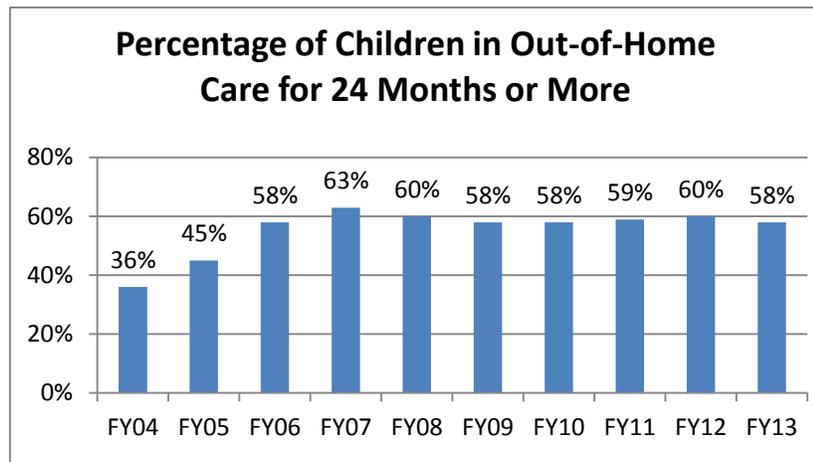
CFSA continues to *narrow the front door* to the child welfare system. In FY 2013, there were 409 entries (including re-entries of children who had previously been in foster care) into foster care, which is down from 508 in FY 2012 and is a 48 percent reduction from the 8-year high of 794 foster care entries in FY 2010.



⁴ Alternative Planned Permanent Living Arrangement (APPLA) is a term coined by the U.S. Congress during the writing of the *Adoption and Safe Families Act (ASFA)* and came into existence as a result of federal concern for youth who were languishing indefinitely in the foster care system. APPLA is *only* a viable permanency option if CFSA documents a compelling reason for why it would not be in the interests of the youth to return home, or to be referred for termination of parental rights, or placed in a pre-adoptive home with a fit and willing relative, or with a legal guardian.

In FY 2013, there was a decrease of 2 percent since FY 2012 in the number of youth in foster care for more than 24 months.

One of the overarching goals for both the federal ASFA and DC ASFA is to reduce the number of children “languishing in foster care” without achieving permanency through reunification, guardianship, or adoption. One of the Agency’s successful initiatives to eradicate “languishing” is



the KinFirst program, which focuses on early identification of relative placement resources for children at-risk of entering into foster care. KinFirst serves both to expedite permanency for children who have been in a long-term placement (more than 24 months) as well as to prevent youth from entering this cohort. By the end of FY 2013, 58 percent of youth in foster care had been there for 24 months or more.⁵ This was a slight decrease from the end of FY

2012. Commensurate with the significant drop in the out-of-home population, the number of youth (174) who entered into this cohort during FY 2013 decreased significantly from FY 2012 (246).

Statistical Analyses

The following tables reflect the status of children on September 30, 2013, the last day of FY 2013. The tables specifically address information requirements listed in the *CFSA Establishment Act of April 2001* (Appendix A).

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

At the end of FY 2013 . . .

A total of 1,318 youth were in out-of-home care, which is an all-time low for the 10 years that CFSA has been publishing the Annual Public Report.

The percentage of older children (ages 13-21) dropped from 52 percent in FY 2012 to 51 percent of all children in out-of-home care.

The permanency goal of *APPLA* applies only to youth in care whose other permanency options have been explored and exhausted. The downward trend of youth with a goal of *APPLA* continued in FY 2013, with 17 percent of youth in this category.

Guardianship is now the most common permanency goal among all youth in foster care.

⁵ In the FY 2008 Annual Public Report, CFSA erroneously reported that its percentage of children in foster care for greater than 24 months in FY 2004 and FY 2005 was 68 percent and 63 percent respectively. Those figures were corrected to 36 percent and 45 percent, respectively, for the FY 2009 report. They have been carried over into this FY 2013 report.

District Foster Children by Age	
<i>Point in Time: End of FY 2013</i>	
Age (in years)	# of Children
<1	42
1	54
2	47
3	70
4	52
5	62
6	40
7	50
8	39
9	49
10	48
11	44
12	43
13	45
14	59
15	67
16	79
17	86
18	116
19	114
20+	112
Total	1,318

District Foster Children by Permanency Goal	
<i>Point in Time: End of FY 2013</i>	
Goal	# of Children
Guardianship	395
Reunification	363
Adoption	290
Alternative Planned, Permanent Living Arrangement (APPLA)	228
Legal Custody**	3
Data Unavailable#	39
Total	1,318
<p>** For these youth, the goal is custody with the non-custodial parent. # Data entry anomalies prevent actual goals from being reflected. The majority of these children have been in care between 6 and 12 months, but their goal of reunification is not reflected in the FACES.net management information system as "Court Approved". Permanency goals for youth in care for more than 180 days must be "Court Approved" to be validated in FACES.net reports.</p>	

District Foster Children by Legal Status	
<i>Point in Time: End of FY2013</i>	
Status	# of Children
Committed	1,096
Shelter Care	132
Administrative Hold	85
Data Unavailable#	5
Total	1,318
<p>#Data entry anomalies prevent actual statuses from being reflected. Totals in this category should be evenly distributed among the other status categories.</p>	

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

In FY 2013. . .

There were a total of 409 foster care entries, which is a 19 percent reduction from last year and is also a 10-year low.

As it has been every year since 2004, neglect was the most prevalent causal factor for entries into foster care. Neglect was a factor in 74 percent of all entries.

There was an increase in physical abuse as a causal factor in foster care entries. Of 409 entries, 21 percent (86) indicated physical abuse as a causal factor. This is up from 16 percent in FY 2012.



From FY 2012 to FY 2013, parental drug and alcohol abuse decreased by 5 percent as causal factors for entry into foster care.

Foster Care Entries by Child Age and by Month, FY 2013

Age	2012			2013									Total by age
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
<1	4	5	7	7	6	4	10	4	5	8	4	4	67
1	3	2	5	3	1	2	0	1	3	7	3	3	33
2	0	2	1	4	3	4	4	1	7	1	2	2	31
3	1	1	0	1	2	2	1	1	3	0	1	2	15
4	2	2	1	3	1	2	5	4	0	0	1	1	22
5	0	0	0	3	0	1	3	2	4	0	3	0	18
6	1	2	1	3	0	1	2	1	2	0	2	4	19
7	0	1	0	2	1	4	1	1	1	1	1	2	15
8	1	1	1	1	0	0	2	3	2	3	1	0	15
9	2	1	1	4	0	1	3	1	3	2	0	0	18
10	0	2	2	2	0	2	2	1	2	2	2	3	20
11	0	1	0	1	0	5	0	1	1	2	2	0	13
12	1	4	1	3	1	0	2	1	2	2	5	1	23
13	2	0	3	0	1	3	3	1	1	2	2	0	17
14	1	1	1	1	2	2	4	3	0	1	1	0	16
15	2	2	0	3	2	0	4	0	2	1	1	1	18
16	1	2	2	1	1	2	0	2	3	0	2	2	18
17	4	2	1	3	3	3	4	1	2	0	2	0	25
18+*	0	0	0	0	1	0	0	0	1	1	0	0	3
Total by mo.	25	31	27	45	26	39	50	29	44	33	35	25	409**

* These three 18+ youth had been living with a parent under court-ordered protective supervision following a stay in foster care. During the reporting period, their respective protective supervision arrangements disrupted and they re-entered foster care.

** CFSA actually placed 406 unique children in FY 2013, but three of these children entered, exited, and re-entered out-of-home placement during the year.

Foster Care Entries by Legal Status and by Month, FY 2013

Status	2012			2013									Total by status
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Administrative Hold	18	19	21	30	20	36	40	28	33	29	28	22	322
Commitment	1	7	3	6	3	2	5	0	0	2	3	2	34
Shelter Care	6	2	3	8	1	1	2	1	8	2	4	1	39
Data Unavailable#	0	3	0	1	2	0	3	0	3	0	0	0	12
Total by month	25	31	27	45	26	39	50	29	44	33	35	25	409*

Data entry errors prevent actual legal status from being reflected. These 12 children should be evenly distributed among all legal status types.

*CFSA actually placed 406 unique children in FY 2013, but three of these children entered, exited, and re-entered out-of-home placement during the year.

Primary Reason for Entry into Foster Care, FY 2013	Number of Placements in which Primary Reason was a Factor*
Neglect (alleged/reported)	303
Physical Abuse (alleged/reported)	86
Drug Abuse (parent)	44
Incarceration of Parent(s)	26
Child's Behavior Problem	13
Inadequate Housing	13
Caretaker Ill or Unable to Cope	12
Abandonment	12
Voluntary**	12
Death of Parent(s)	10
Alcohol Abuse (parent)	9
Sexual Abuse (alleged/reported)	9
Child's Disability	2
Drug Abuse (Child)	1

*Children may have multiple primary reasons for entering care. CFSA actually placed 406 unique children in FY 2013.

** CFSA obtained court custody of all children in this category. "Voluntary" describes the mindset and attitude of the parent or caregiver but is not a descriptor of the legal custody status of the child. These were not voluntary placement agreements.

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

In FY 2013 . . .

- 758 children and youth were in care for 24 months or more, which is 58 percent of all youth in foster care, and is a decrease from 60 percent in FY 2012.
- The percentage of these youth with the permanency goal of *APPLA* continues to decline. In FY 2008, over 52 percent of these youth had a goal of *APPLA*, while that percentage stood at 28 percent by the end of FY 2013. Conversely, the goal of *guardianship* among this population has increased 27 percent during that same time period.
- Only 174 youth, or 13 percent of the population of youth in foster care, reached or passed the 24-month mark in care during FY 2013. This is the lowest number to enter into this cohort in 6 years.

District Children in Care for 24 Months or Longer by Permanency Goal and Length of Stay					
<i>Point in Time: End of FY 2013</i>					
<i>Goal</i>	<i>Length of Stay in Months (FY 2013)</i>				<i>Total Children</i>
	<i>24-35</i>	<i>36-47</i>	<i>48-59</i>	<i>60+</i>	
Guardianship	82	78	39	89	288
APPLA	18	19	14	463	214
Adoption	46	57	25	76	204
Reunification	22	8	4	10	44
Legal Custody	1	1	0	0	2
Data Unavailable#	5	0	0	1	6
Total Children	174	163	82	339	758

Data entry errors prevent actual permanency goals from being reflected. These permanency goals should be evenly distributed among the other categories in this table.



District Children Who Became Part of This Class in FY 2013 by Age and Length of Stay					
Key: ■ Children who entered class in FY 2013					
Age (in years)	Length of Stay in Months (FY 2013)				Total Children
	24-35	36-47	48-59	60 +	
2	12	0	0	0	12
3	14	16	0	0	30
4	8	14	3	0	25
5	12	11	3	3	29
6	6	7	5	2	20
7	4	7	9	1	21
8	5	3	3	4	15
9	12	9	1	5	27
10	8	6	4	5	23
11	10	5	4	6	25
12	5	9	0	6	20
13	1	6	5	11	23
14	12	7	2	12	33
15	13	12	2	15	42
16	13	9	5	22	49
17	8	10	7	35	60
18	12	11	10	52	85
19	14	18	10	66	108
20	5	3	9	94	111
Total Children	174	163	82	339	758

District Children Who Became Part of This Class in FY 2013 by Legal Status and Length of Stay					
Key: ■ Children who entered class in FY2013					
Goal	Length of Stay in Months (FY 2013)				Total Children
	24-35	36-47	48-59	60 +	
Commitment	154	156	82	335	727
Shelter Care	14	7	0	2	23
Data Unavailable#	6	0	0	2	8
Total Children	174	163	82	339	758
# Data entry errors prevent actual legal status from being reflected.					

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

In FY 2013 . . .

- There were a total of 642 exits from foster care, 18 percent of which occurred within 9 months of the child's entry into foster care.
- Only 6 percent of exits occurred within 1 month of entry into foster care, compared to the 23 percent of exits that occurred within 1 month of entry in FY 2010.
- 22 percent of all exits (139) came via legal guardianship, which is the highest figure in terms of both percentage of exits and gross exits in the 10-year history of the Annual Public Report.



Exits from Foster Care by Length of Stay and by Month, FY 2013

Stay (in months)	2012			2013									Total by stay
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
<1	4	2	1	1	3	2	4	1	8	1	5	5	37
1-4	6	3	0	0	2	7	3	0	1	7	1	0	30
5-8	8	3	3	4	1	2	0	4	4	5	3	10	47
9-12	1	3	3	1	3	1	6	1	3	0	2	4	28
13-23	12	11	8	13	1	11	14	6	17	5	10	6	114
24+	26	60	53	21	29	34	35	29	24	23	27	25	386
Total exits by month	57	82	68	40	39	57	62	41	57	41	48	50	642*

*A total of 641 unique youth exited care in FY 2013. One child exited care, returned to foster care, and exited again within the reporting period.

Exits from Foster Care by Age and by Month, FY 2013

Age (in years)	2012			2013									Total by age
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
<1	0	3	0	0	1	1	2	0	0	0	0	1	8
1-5	16	26	13	13	6	13	17	11	22	10	15	12	174
6-12	11	21	18	12	7	15	18	10	12	15	12	21	172
13-15	7	8	11	2	6	5	6	2	13	2	6	3	71
16-18	9	5	8	4	6	3	6	6	3	5	2	3	60
19+	14	19	18	9	13	20	13	12	7	9	13	10	157
Total exits by mo.	57	82	68	40	39	57	62	41	57	41	48	50	642*

*A total of 641 unique youth exited care in FY 2013. One child exited care, returned to foster care, and exited again within the reporting period.

Exits from Foster Care by Legal Status and by Month, FY 2013

Status	2012			2013									Total by status
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Commitment	38	76	58	37	34	43	52	40	49	36	42	39	544
Administrative Hold	5	3	2	1	5	6	6	1	6	3	4	9	51
Shelter Care	11	2	5	2	0	6	4	0	0	2	2	2	36
Data Unavailable#	3	1	3	0	0	1	0	0	2	0	0	0	10
Relinquishment	0	0	0	0	0	1	0	0	0	0	0	0	1
Total by month	57	82	68	40	39	57	62	41	57	41	48	50	642*

Data entry errors prevent actual legal status from being reflected. These 10 children should be evenly distributed among all legal status types.

*A total of 641 unique youth exited care in FY 2013. One child exited care, returned to foster care, and exited again within the reporting period.

Exits from Foster Care by Primary Reason and by Month, FY 2013

Reason	2012			2013									Total by reason
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Reunification	24	20	17	18	15	18	23	13	23	15	20	21	227
Emancipation	13	20	16	9	12	17	11	11	5	9	12	11	146
Guardianship	8	13	26	5	9	10	17	8	16	9	9	9	139
Adoption	8	29	7	6	3	8	11	8	9	7	4	5	105
Living with other relatives	3	0	2	1	0	3	0	1	3	1	2	4	20
Placement/Custody to be provided by another District Agency#	1	0	0	0	0	0	0	0	1	0	1	0	3
Death of Youth	0	0	0	1	0	1	0	0	0	0	0	0	2
Total exits by month	57	82	68	40	39	57	62	41	57	41	48	50	642*

Examples of Other District Agencies to which these children exit include (but are not limited to): Department of Behavioral Health, Department of Disability Services, Department of Youth Rehabilitation Services, and Department of Corrections.

*A total of 641 unique youth exited care in FY 2013. One child exited care, returned to foster care, and exited again within the reporting period.

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

In FY 2013 . . .

- Children living in traditional foster care remained almost three times more likely to experience a placement disruption than children living with relatives in kinship care.
- Children living in group homes are four times more likely to experience a placement change than a child living with relatives in kinship care.
- Ninety-six children re-entered out-of-home care during the year.⁶ This is a decrease of 17 children when compared to FY 2012.

Exits from Foster Care by Permanency Goal and by Month, FY 2013													
Goal	2012			2013									Total by goal
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Reunification	26	21	13	17	13	20	21	9	21	15	22	23	221
Guardianship	9	13	30	6	9	12	18	11	16	9	9	9	151
APPLA	13	19	16	9	13	14	11	10	7	9	11	11	143
Adoption	8	29	7	6	3	8	11	7	9	7	5	5	105
Data Unavailable††	1	0	2	2	1	0	1	4	3	1	1	2	18
Legal Custody	0	0	0	0	0	3	0	0	1	0	0	0	4
Total by month	57	82	68	40	39	57	62	41	57	41	48	50	642*

†† Data entry anomalies prevent actual goals from being reflected. The majority of these children had been in care between 6 and 12 months, but their goal of reunification was not reflected in the FACES.net management information system as "Court Approved" at the time of exit. Permanency goals for youth in care for more than 180 days must be "Court Approved" to be reported as valid in FACES.net reports.
 *A total of 641 unique youth exited care in FY 2013. One child exited care, returned to foster care, and exited again within the reporting period.

Exits from Foster Care by Permanency Goal and Length of Stay, FY 2013							
Goal	Length of Stay in Months (FY 2013)						Total Children
	<1	1-4	5-8	9-12	13-23	24+	
Reunification	36	30	30	21	62	42	221
Guardianship	0	0	3	5	29	114	151
APPLA	0	0	0	0	2	141	143
Adoption	0	0	3	1	12	89	105
Data Unavailable††	1	0	11	1	5	0	18
Legal Custody	0	0	0	0	4	0	4
Total Children	37	30	47	28	114	386	642*

†† Data entry anomalies prevent actual goals from being reflected. The majority of these children had been in care between 6 and 12 months, but their goal of reunification was not reflected in the FACES.net management information system as "Court Approved" at the time of exit. Permanency goals for youth in care for more than 180 days must be "Court Approved" to be reported as valid in FACES.net reports.
 *A total of 641 unique youth exited care in FY 2013. One child exited care, returned to foster care, and exited again within the reporting period.

⁶ A foster care re-entry pertains to a child who had exited foster care in the past, but later re-entered.

Placement Disruption Data, FY 2013		
Total # of Children in Foster Care at Some Point During FY 2013	# Who Experienced at Least One Placement Change	# of Actual Placement Changes
1,904	734	1,285

Placement Change* Report, by Placement Type, FY 2013	
Placement Type	Ratio of Placement Changes to Total Placements
Kinship	.19 to 1
Pre-Adoptive	.25 to 1
Specialized Foster Care (Medically Fragile/Developmentally Disabled)	.33 to 1
Independent Living Settings	.40 to 1
Traditional Foster Care	.53 to 1
Residential Treatment Facility	.58 to 1
Therapeutic Foster Care	.69 to 1
Group Homes	.77 to 1

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

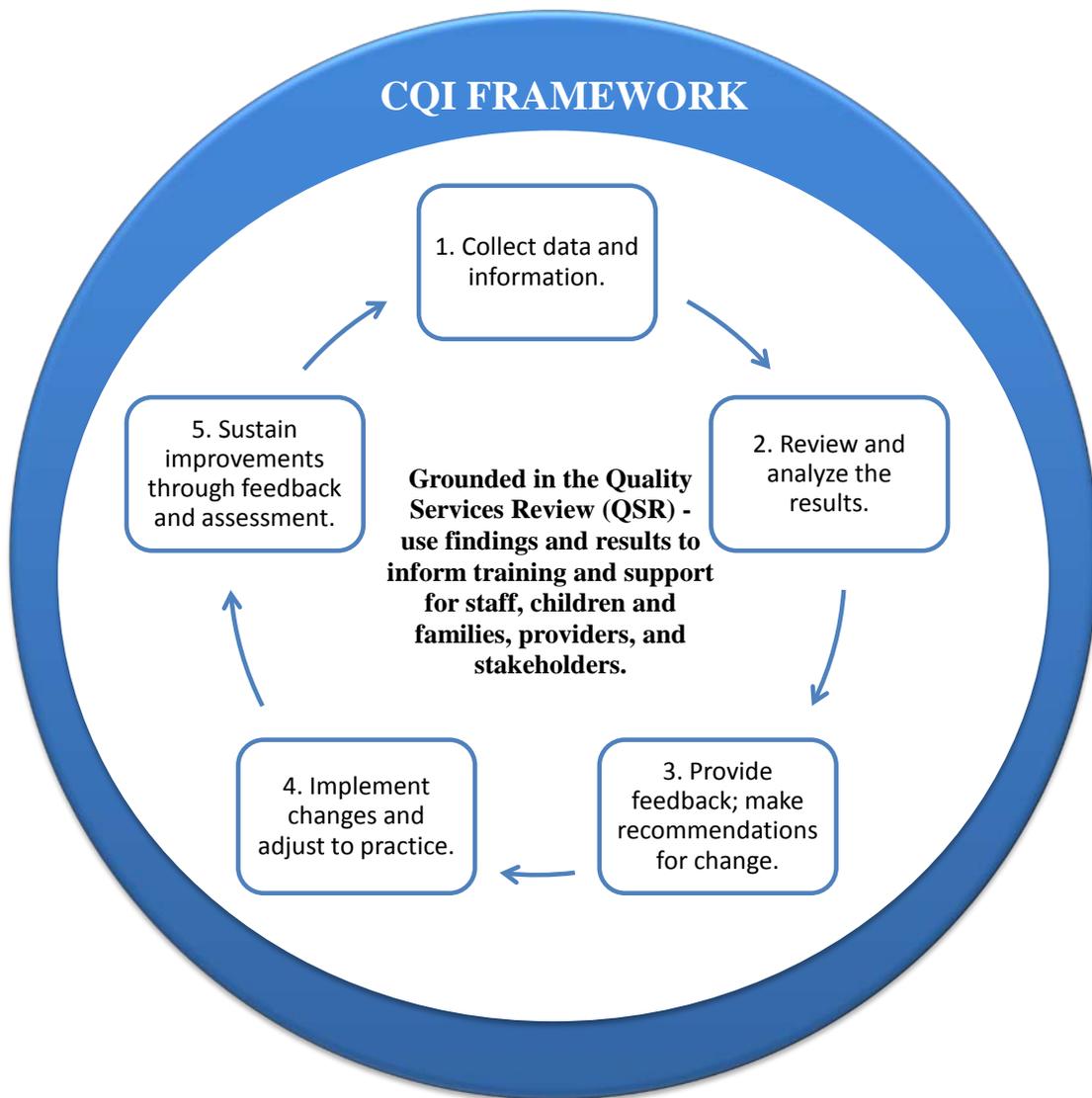
CFSA's FACES.NET information system does not specifically track unplanned placement changes (or "disruptions"). Rather, the system tracks only placement changes in general, be they planned or unplanned. As result, ratios in this table reflect the total number of FY 2013 placement changes in general, as opposed to disruptions specifically within each placement type.



3. Methods of Assessment and Evaluation

CFSA's Quality Improvement (QI) division employs a strategic Continuous Quality Improvement (CQI) framework across a series of concurrent quality assurance activities and processes. QI uses these processes to advise senior management about the effectiveness of case practice and service provision, to inform practice change, and to improve outcomes for the safety, well-being, and permanency for children and families.⁷

QI's various quality assurance activities are outlined in the following paragraphs but the common thread among all of them is the framework depicted in the graphic below.



⁷ CFSA's FY 2011 Continuous Quality Improvement Plan is available online at: <http://cfsa.dc.gov/publication/continuous-quality-improvement-plan>

The following common functions are part of CFSA's comprehensive CQI process:

- 1) *Data Collection (quantitative and qualitative)*: QI staff collects data and information to assess whether practice adheres to clearly defined expectations that achieve desired outcomes.
- 2) *Data Analysis*: QI staff reviews data and identifies areas of strength and challenges.
- 3) *Feedback and Recommendations*: QI staff provides feedback and collaborates with program staff to recommend practice changes to improve performance and outcomes.
- 4) *Implementation of Change*: In response to the recommendations, changes are implemented and practice is adjusted as necessary.
- 5) *Change Management*: QI staff supports and sustains practice improvements through ongoing feedback and assessment.

In addition to the above framework, the specific CQI activities and processes outlined below are designed to improve practice across the child welfare system and subsequently improving outcomes for children and families.

Quality Service Reviews (QSRs)⁸

In partnership with the Center for the Study of Social Policy (CSSP), CFSA began using this best practice process in October 2003, particularly to supplement ongoing collection and assessment of quantitative data. Today, CFSA's QSR staff gathers data and provides feedback about individual child welfare cases and the system as a whole. In addition, CFSA partners with the District's Department of Behavioral Health on shared child welfare mental health cases to promote District-wide consistency for assessing the quality of services and measurements of improvement.

Overall, the QSR process examines case practice, system performance, and outcomes for individual children and families in order to identify strengths and areas that need enhancement. Together, quantitative and qualitative data provide a deeper understanding of family dynamics, needs, and service delivery system performance.

Child Fatality Reviews (CFR)

Learning from experience and including the views of stakeholders are two essential components of CFSA's approach to CQI. As such, the District has a two-tiered process for reviewing child fatalities: a micro-level review specific to internal cases and a macro-level review that includes the District government at large.

Micro-Level Reviews

CFSA's internal CFR process, as outlined in the [Child Fatality Review policy](#), focuses only on cases that have had CFSA-involvement within 4 calendar years preceding the child's death. This process includes the opportunity for staff to conduct an honest and open discussion of the system's involvement with the child and family, specifically for learning and system improvement (versus assigning blame or finding fault).

⁸ During the QSR process, a case is rated across two domains: (1) *Child/Youth & Caregiver Status*, and (2) *System Performance*. The former includes the following 12 indicators: (a) safety of the child, (b) behavioral risk to self or others, (c) stability, (d) permanency, (e) living arrangements, (f) physical health, (g) emotional/ functioning, (h) academic status, (i) preparation for adulthood, (j) caregiver support of child, (k) family functioning/resourcefulness, and (l) voice and choice. *System Performance* includes these following 9 indicators: (a) responsiveness to cultural identity and need, (b) engagement, (c) team formation functioning and coordination, (d) assessment and understanding, (e) pathway to case closure, (f) case planning process, (g) supports and services, (h) medication management, (i) managing chronic health concerns, and (j) tracking and adjustment. Cases are rated as either acceptable or unacceptable, based on each indicator along a 6-point scale.

Recommendations regarding policy, training, documentation, or other issues made by participants are recorded, collected, and shared with Agency management as well as other individuals for follow up as needed. When applicable, observations and recommendations from the fatality review are elevated to senior leadership for immediate attention, in addition to being included in the Agency's *Quarterly Quality Assurance (QA) Trend Analysis Report*. Data from this report are also included in the final *Child Fatality Report*, which is published annually and details fatality trends, findings, and recommendations. The CFR report is built upon individual case reviews, and analyzes the fatalities during a year as a whole, identifying demographic trends, geographical factors, types of fatalities, and comparisons with prior years. The report is also published on the CFSA website to ensure availability to external stakeholders.

Macro-Level Reviews

Under the direction of the Office of the Chief Medical Officer, the macro-level, citywide Child Fatality Review Committee (CFRC) is comprised of multi-disciplinary representatives from public and private agencies in the field of education, health, mental health, human services, jurisprudence, law enforcement, and public safety. Participants meet monthly to identify broad systemic issues that influence child fatalities. Based on these meetings, CFRC issues an annual report of citywide statistics and recommendations. Each respective agency reviews the recommendation and reports back on the action steps taken.

Disproportionality

The federal Department of Health and Human Services (HHS) requires state child welfare agencies and the District of Columbia to submit race and ethnicity data via the Adoption and Foster Care Analysis Reporting System (AFCARS). In turn, AFCARS requires that states submit this information on 90 percent of children in foster care. In preparation for compliance to this requirement, CFSA staff continually enters and analyzes the demographic data through CFSA's state automated child welfare information system (SACWIS), known to staff as FACES.NET.

Tracking and Monitoring

The CFSA QA unit reviews FACES.NET management reports on a monthly basis to identify cases with any missing data on race or ethnicity, and to determine if information previously flagged as missing has subsequently been entered. The unit then submits any information in need of correction to CFSA administrators and private agency directors for ensuring that the race and ethnicity data is entered. If race and ethnicity data are missing for more than one month, the QA unit flags the individual cases for elevation to the deputy director who oversees the administration or the executive director of the assigned private agency.

As a member of the District of Columbia Superior Court's Model Court Collaborative on the Disproportionate Representation of Minorities, CFSA joins other District agencies during quarterly meetings to share updates on specific, measureable, attainable, reliable, and timely goals (SMART goals). The following 2013 goals for CFSA reinforce the Agency's efforts to sustain data integrity with regards to race and ethnicity:

1. Ensure accurate data entry of race and ethnicity information for the all client populations that the Agency serves.
2. Train staff (with special emphasis on CFSA's Entry Services division) on culturally sensitive techniques for requesting race and ethnicity information from children and family members.
3. Reduce the number of minority children in foster care through Differential Response and increased engagement of kin.

Hotline

Each month, recordings of at least five randomly selected Hotline calls are reviewed by QA staff according to the following domains: (1) Customer Service, (2) Reporter and Child Information, (3) Caregiver and Household Information, (4) Safety and Risk Information, and (5) Assessment and Supervisory Consultation. Selection is based, however, on calls that have been previously evaluated and rated by the Hotline worker's supervisor. This review provides another layer of quality assurance with a uniform assessment of Hotline worker practice and efficiency that simultaneously evaluates the efficacy of the supervisory quality control process.

CPS Closed Investigation Reviews and Good Faith Efforts⁹

The District's Official Code and CFSA policy both require that a Child Protective Services (CPS) investigative social worker make contact with an alleged victim child within 48 hours after a referral regarding child abuse or neglect is accepted for investigation by the Agency's CPS Hotline. If contact cannot be made within this timeframe, FACES.NET documentation must clearly state the efforts that were taken to locate and assess the safety of the child.

Accordingly, the FACES.NET management reports identify which investigations indicate where contact has been made with children within the mandated timeframe, and which ones have not. A case review is necessary, however, to determine which of the good faith efforts have been done, and which ones are appropriate. For example, during holidays and school vacations or weekends, it is impossible to contact the child's school so these time periods would not be included in the 48-hour time frame. This sort of information is necessary to review to determine whether the investigative social worker was unable to fulfill certain efforts due to external barriers.

To support CPS compliance with the 95 percent benchmark set forth in the IEP (*see Outcomes and Indicators below*), QA staff completes a monthly review of 10 percent of investigations where children have not been seen within 48 hours. This list is pulled from FACES.NET. Each investigation is then reviewed by QA staff to determine the following information:

1. If the children really were not seen
2. Which of the good faith efforts are applicable
3. Which efforts were attempted within 48 hours

The results of these reviews are then shared with CPS management, along with the names of the individual cases reviewed. The reports also include information on which efforts were most likely to have been missed, what types of allegations were involved, and any other findings that might help in improving performance.

Grand Rounds

QA staff utilizes the Grand Rounds process to facilitate a monthly discussion of open CPS investigations or Family Assessment (FA) referrals. Three randomly selected investigations are reviewed during this process, providing another opportunity to provide feedback to program staff

⁹ CFSA has identified the following basic steps as "good faith efforts", if applicable: (a) visiting the child's home at different times of the day, (b) contacting the individual who made the report, (c) contacting the child's school or daycare, (d) reviewing FACES.NET (the Agency's statewide automated child welfare information system) and other available databases (e.g., school attendance records) for current addresses or other information which may help the CPS social worker locate the child, and (e) contacting the police for assistance if the child is believed to be in immediate danger.

on the quality of performance while also identifying trends and barriers. Investigations are further evaluated for both compliance (such as timeframes for contact and completion of safety assessments) and best practice issues (such as consideration of prior history). Findings and themes from the discussions are shared with practitioners and key managers within the Agency, serving as a reference for future planning and decision-making on practice improvement within the CPS administration.

Multidisciplinary Team Consultations (MDTCs)

Multi-disciplinary team consultation (MDTC) is a voluntary, confidential meeting (or staffing) that provides CFSA and private agency social workers, supervisors, and program managers with a venue to discuss challenging, individual cases that have not been selected for other QA processes. These staffings may complement existing meetings facilitated by other Agency divisions (e.g., Family Team Meetings, legal consults, or clinical staffings) but they are not intended to replace other meetings.

In preparation for an MDTC, QA staff invites professionals with expertise appropriate to the consultation (e.g., clinical, legal, medical, and other professional colleagues). QA also facilitates the scheduling of the meeting. Participants generally include program staff, clinical or medical staff (such as those responsible for substance abuse treatment or domestic violence resources), representatives from placement resources, and legal staff, if needed. On rare occasions, family members or the cognitively age-appropriate child is invited.

Based on the MDTC summaries, non-identifying information related to the challenges reported by casework staff is incorporated into the *Quarterly QA Trend Analysis Report*. This approach allows the process to remain confidential and supportive for individual social workers while still providing the Agency with current information about challenges facing front-line program staff.

KidStat

DC KidStat is a monthly, macro-level case review process that includes both case-specific and Agency-wide data and information. These reviews provide an open atmosphere for QA staff to facilitate discussion among CFSA and private agency front-line social workers, supervisors, and managers assigned to the case. Discussion topics surround practice issues, data collection, systemic barriers, and other factors affecting permanency and case practice. The KidStat reviews include one (or at most two cases) from an administration or private agency that was reviewed within the last year using the QSR process. This step also serves as a feedback mechanism for the QSR process.

KidStat meetings further examine FACES.NET data that are related to CFSA or the private agency's caseload under review. Data indicators provide a glimpse of the caseload in terms of age, gender, length of time in care, types of placements utilized, permanency goals, and the types of exits from care over the previous 12-month period. The software used for this process, *Tableau*, allows for a point-in-time look at practice. Using the point-in-time data greatly enhances the value of discussing how cases are moved towards permanency, what kinds of obstacles are faced in working towards permanency, and how children are exiting care, among others. The above data assist supervisors and managers to discern trends and patterns that reveal where entry of information into FACES.NET may be outdated or incorrect. Additionally, review of KidStat data assists CFSA leadership and front-line social workers to familiarize themselves with the data and to use it for tracking, planning, management, and practice improvement.

All themes related to policy, practice, and training issues that arise from the KidStat reviews are

summarized by the QA unit. In addition to being incorporated into the *Quarterly QA Trend Analysis Report*, this information is revisited during subsequent meetings, including any meetings held with the private agency managing cases under review or meetings related to the *Trend Analysis Report*. Any topics discussed that require immediate attention are forwarded to the appropriate CFSA official for resolution.

Quarterly QA Trend Analysis Report

As noted earlier, CFSA's QI division supports and ensures quality service delivery to children and families through tracking and analyzing trends by using data collection tools. These tools relate to Agency performance outcomes and a variety of service delivery indicators. In addition, on a quarterly basis, the QA unit collects this information, based on the specific review activities, and publishes the results in the *Quarterly QA Trend Analysis Report*.

The primary goal of the *Trend Analysis Report* is to provide a comprehensive picture of the patterns and trends gleaned from the reviews and research conducted by QA staff during each quarter. The primary objective is to interpret and communicate the qualitative and quantitative information that has been collected.

Items and concerns included in this report are based on one or more of the following criteria:

- QA has observed the issue or phenomenon on a significant number of cases.
- The same issue has been identified in more than one unit or private agency.
- The issue may not have appeared frequently but presents a significant risk factor.
- There is an observable increase or decrease in the statistical information over the course of the quarter.
- There has been no positive movement on an indicator despite significant efforts.
- Management has determined that the issue requires regular monitoring.

The exercise of preparing the *Trend Analysis Report* helps to place information in some of the above categories for purposes of reflection on themes or observations that may not attract much interest individually but which can be of great importance when considered collectively. For this reason, the report is intentionally flexible in both length and format, as it needs to be responsive to changing needs, interests, and priorities. Outcome measures are categorized in the report according to the Agency's Four Pillar strategic agenda as well as elements from the CFSA Practice Model.

As part of the dissemination process, QA staff meets with program staff and walks through the report, highlighting particular trends or themes in the data (a new process for FY 2013). Jointly, the QA and program staff identifies the recommendations or action steps that will be taken to address the findings. Action steps include a preliminary draft report, meeting with staff to share findings and gather feedback, revisions to the report, and then finalization and dissemination of the report. Over the subsequent quarter, the QA staff continues 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.

Additional Program-Specific CQI Tools

- *Differential Response (DR)*: QA has been involved with the planning and roll-out of the DR initiative since 2010. Drawing on the experiences and literature gathered from other jurisdictions that have implemented DR, QA identified appropriate approaches to evaluating outcomes for DR in the District. Quarterly, the QA unit conducts an FA

evaluation of 15 recently closed FAs. The evaluation process is comprised of three phases and includes the following tools: (1) FA Employee Satisfaction Survey, (2) FA Evaluation, and (3) the Family Exit and Satisfaction Tool. In 2013, the QA unit reviewed 32 FAs and interviewed those families who had recently been involved with the FA program.

- *Children placed in Least-Restrictive Setting* In March 2012, QA completed a case review of a statistically-valid sample of children in congregate care to determine whether they were in the least-restrictive, most family-like setting. A follow-up study was completed in April 2013 which verified that more than 95 percent of children in these types of placement were in the most appropriate setting.

Ongoing Program Research and Evaluation

Apart from the QA processes built into the CQI framework, CFSA employs a multi-faceted approach to program research and evaluation. Using findings and recommendations from internal and external evaluations of services and processes, the Agency develops (or amends) policy and improves internal operations and practice to achieve quality outcomes for children and families. Principal among these internal evaluations are the bi-annual *Needs Assessment* and the annual *Resource Development Plan (RDP)*. The *Needs Assessment* and RDP are complementary documents insofar as the findings and recommendations of the former allow the latter to detail the Agency's intent to effectively allocate and plan resources according to practice and placement needs.

Bi-Annual Needs Assessment

Every 2 years, CFSA completes a comprehensive, Agency-wide *Needs Assessment* that evaluates current and projected out-of-home placements and support services within the context of helping children to achieve their permanency goals. The *Needs Assessment* acts as a self-evaluation tool for the Agency and offers insights into the experience of out-of-home care from the multiple perspectives of age-appropriate children, families, foster parents, private agencies, and social workers. These insights are combined with statistical analyses of placement and other data to identify needs that presently exist or may exist in the future if appropriate interventions are not put in place. The *Needs Assessment* also examines services and resources necessary to prevent entry or re-entry into foster care, as well as supports and resources needed for children 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 in care.

In 2013, CFSA completed its most recent *Needs Assessment* which identified positive permanency outcomes, such as an increase in family stabilization services, a reduction in the overall time that children remain in out-of-home care, and the projection that the overall number of children placed in out-of-home care will continue to decline. In addition, the document identified challenges such as an increase in guardianship disruptions, revealing a need to explore the causes behind the disruptions and possible solutions. CFSA is using the findings from the 2013 *Needs Assessment* to build upon strategies that have already proven successful and to identify possible solutions to address challenges to placement stability and overall permanency.

Resource Development Plan (RDP)

The RDP is designed to organize and establish the agenda for service development priorities that most closely reflect the results and client needs identified through the previously-mentioned

quantitative and qualitative assessments. In addition, the RDP tracks the continued implementation of action steps that address critical areas highlighted in the bi-annual *Needs Assessment*. On a yearly basis, RDP updates are completed in the context of the significant tasks the Agency has committed to achieving, including the following priority areas for 2014:

- Ongoing implementation of the Four Pillar strategic agenda and Agency strategic plan
- Ongoing implementation of kinship strategy to increase placement of children with kin and to 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 2015

4. Preview of Priority Areas in FY 2014

CFSA's priority areas for FY 2014 have been carefully selected to respond to DC ASFA requirements as well as to needs identified by evaluative processes.

1. Continue Implementation Trauma Systems Therapy throughout the child welfare system.

CFSA is in the midst of implementing the federal *Initiative to Improve Access to Needs-Driven, Evidence-Based/informed Mental and Behavioral Health Services in Child Welfare*. This grant-funded initiative has introduced the "Trauma Systems Therapy" (TST) model to the Agency. It is already attuning social workers to signs and symptoms of trauma among the families with whom they interact. CFSA is in the process of training every front line staff person on TST with all of the following objectives in mind:

- Social workers can move away from the role of "case manager" and return to that of an "interventionist".
- Licensed mental health staff personnel deepen their understanding of trauma in the context of child welfare.
- Each key person on a child's case management team has a basic understanding of trauma and shares the same language of trauma.

The TST recognizes and addresses two fundamental truths about the nexus between trauma and child welfare: (1) many traumatized children or youth in foster care have experienced trauma and cannot regulate their own emotional states and (2) a social environment/system of care must be able to recognize, appropriately respond to, and contain this dys-regulation. The model focuses on the child and on relationships and surroundings. CFSA incorporates clinical and the aforementioned organizational components of TST. Clinical components address resource and capacity building among evidence-based practices and direct interventions that are effective in helping youth work through their traumatic experiences.

Through implementation of TST, the entire child welfare system in the District is on its way to becoming "trauma-informed". During FY 2013, CFSA has trained over 1,600 people in TST. The response to these trainings has been enthusiastic and encouraging. Social workers, foster parents, judges, attorneys, clinicians, and service providers are moving toward a uniform understanding of how trauma impacts the children who come into contact with the system. Every trauma-informed stakeholder will subsequently be equipped to address trauma-related issues and behaviors as they arise.

2. Implement Title IV-E Waiver for In-Home Services Enhancement

While the foster care population continues to decline, CFSA continues to serve many children and families in "in-home" settings whereby a home removal has not occurred, but Agency social workers engage with family members to overcome risk factors that brought them to the Agency's attention. CFSA has refocused its resource development efforts toward building community-based capacity to serve children at risk of abuse and neglect. One promising initiative toward that end is the 2013 award of a federal Title IV-E demonstration project (IV-E Waiver).

Through the IV-E Waiver CFSA is allowed to redirect Title IV-E funding, which is usually earmarked for support of foster care cases exclusively, to support practice and outcomes for children and youth outside of foster care settings and in their own homes. CFSA is using the IV-E Waiver to fund expansion of proven home-based service interventions, including home visitation programs and the Parent Education and Support Project (PESP). These programs offer a variety

of family-focused services to expectant parents and families with new babies and young children. CFSA is using the waiver funding to expand these services to families involved with in-home services. Previously, these programs only provided services to non-CFSA involved families. CFSA is also implementing two new evidence-based models under the waiver:

- Intensive Family Preservation Services – Homebuilders®¹⁰ is an intensive family preservation services treatment program designed to avoid unnecessary out-of-home placement of children and youth.¹¹
- Post-Reunification Services – Project Connect is an evidence-based model that works with high-risk families who are affected by parental substance abuse, mental health issues, and domestic violence. 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, the program also works to facilitate reunification if removal is necessary.

The overarching expectations for the IV-E Waiver are that the implementation of flexible funding in a targeted set of community- and home-based services will 1) reduce entries into foster care, 2) reduce lengths of stay and expedite reunification for children in foster care, and 3) reduce the length of time in-home cases are kept open. An additional hypothesis is that improved outcomes will lead to reduce costs and re-investment of savings into the scaling up of existing and new evidence-based programs to serve families.

3. Utilize RED Team Reviews at key decision points throughout the life of a case.

Based on the positive impact that the RED Team decision making framework has had on Hotline and Investigations practice, CFSA will be integrating the model into key decision points along the child welfare case continuum. So as to provide support for social worker decision-making and to enhance accountability in practice, in FY 2014 RED Team reviews will occur during case transfers, within the Family Team Meeting construct, during child or youth placement changes, at the point of permanency decisions, and in instances where some level of corrective action is needed.

The intent is to align the best practice considerations of the RED Team reviews into everyday practice so as to improve practice and outcomes along the case continuum.

4. Expand Office of Youth Empowerment (OYE) programs to better prepare older youth in foster care for the transition to independence.

CFSA's Office of Youth Empowerment (OYE) is a specialized unit that works specifically with older youth in foster care who are preparing for independence and self-sufficiency after they leave the child welfare system. OYE manages a variety of programs and supports (highlighted in section 2 of this report) designed to equip older youth with the tools they need to succeed in life beyond foster care. In FY 2014, OYE will be broadening program participation among older youth and improving their readiness for adulthood.

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.

¹¹ http://www.institutefamily.org/programs_IFPS.asp

5. Expand the Family Treatment Court (FTC) Program.

The current target population of the FTC Program is mothers (or female caretakers) over the age of 18 in need of substance abuse treatment while addressing the risk factors that contributed to the alleged neglect or abuse of their child(ren). The program as it is currently structured and funded did not meet a great and growing demand for its service. However, CFSA recently won a federal grant from the federal Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) to increase program availability to more participants and to diversify the continuum of substance abuse services available to them.

The FTC partnership is working together to augment the existing service modality, which currently consists exclusively of one inpatient residential treatment facility for women (and their children), to include a more options for residential treatment as well as a larger array of service types, such as intensive outpatient 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.

The re-design will further include two designated recovery specialists dedicated to working exclusively with families involved with FTC. The recovery specialists would work with other case stakeholders 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.

5. Recommendations for Additional Legislation or Services to Overcome Challenges

The action items below comprise CFSA's FY 2014 legislative agenda.

Law/Regulation	Action	Purpose/Justification
16 DCMR, Chapter 39 (Independent Living Regulation Penalties)	Amend Rule	To establish a financial penalty schedule for violations of licensing requirements by independent living programs serving adolescents and young adults.
29 DCMR, Chapters 62 and 63 (Group Home and Independent Living Program Regulations)	Amend Rule	To amend existing regulations to remove barriers to licensing and improve safety, health and well-being of youth placed in group homes and independent living programs.

Appendix A: Excerpt from the CFSA Establishment Act of April 2001

The Director must:

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

- (A) A description of the specific actions taken to implement the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850);*
- (B) A full statistical analysis of cases including:
 - (i) The total number of children in care, their ages, legal statuses, and permanency goals;*
 - (ii) The number of children who entered care during the previous year (by month), their ages, legal statuses, and the primary reasons they entered care;*
 - (iii) The number of children who have been in care for 24 months or longer, their length of stay in care, including:
 - (I) A breakdown in length of stay by permanency goal;*
 - (II) The number of children who became part of this class during the previous year; and*
 - (III) The ages and legal statuses of these children;**
 - (iv) The number of children who left care during the previous year (by month), the number of children in this class who had been in care for 24 months or longer, the ages and legal statuses of these children, and the reasons for their removal from care; and*
 - (v) The number of children who left care during the previous year, by permanency goal; their length of stay in care, by permanency goal; the number of children whose placements were disrupted during the previous year, by placement type; and the number of children who re-entered care during the previous year;**
- (C) An analysis of any difficulties encountered in reaching the goal for the number of children in care established by the District;*
- (D) An evaluation of services offered, including specific descriptions of the family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services including:
 - (i) The service programs which will be made available under the plan in the succeeding fiscal year;*
 - (ii) The populations which the program will serve; and*
 - (iii) The geographic areas in which the services will be available;**
- (E) An evaluation of the Agency's performance;*
- (F) Recommendations for additional legislation or services needed to fulfill the purpose of the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850); and*
- (G) The comments submitted by a multidisciplinary committee that works to prevent child abuse and neglect and which the Mayor designates to receive and comment on the report.*

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

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) commends the District of Columbia Child and Family Services Agency (DC CFSA), Director Brenda Donald and of course the Mayor for the comprehensive report on FY 2013 of activities in the Annual Report of the DC CFSA. We applaud the progress of CFSA as noted in the report and appreciate the opportunity to comment on the draft. We acknowledge CFSA has addressed many challenges and these are well represented in the report through the narrative and in summary charts and tables. Throughout the report, additional data on specific programs and measures used to assess outcomes and areas for improvement would be helpful in charting success, progress and areas for growth. CFSA has many reasons to be proud, including the decrease of the number of children in foster care and increase of children reaching permanency.

We encourage a more explicit vision for the promise of existing and emerging programs which will continue to benefit youths. For example, it is a time of opportunity with Affordable Health Care that children in care may greatly benefit from prevention services for physical and mental health. Recent implementation of trauma informed care shows progress. Trauma systems integration is a new initiative for CFSA. It will be important to monitor its success through measurable outcomes and adjust the program as necessary. Current programs and gap areas for youths which are at high risk and other special populations and needs (e.g. youth transitioning out of care, gender specific interventions, sexually abused children, safety planning for children exposed to violence in their home, transgendered youth, children ages 0 to 5, etc.) remain a concern. MACCAN looks forward to continued reporting and innovative approaches that address high risk and difficult to serve populations.

We look forward to working as a committee to provide advice to the Mayor and to encourage collaborative activities across agencies to address the needs of children in DC served by CFSA. Brief summary comments across the four pillars of CFSA are attached for reference.

Respectfully submitted, Cheryl

Anne Boyce, Ph.D.

Vice Chair, MACCAN

Specific Comments from MACCAN:

- **Pillar One: Narrowing the Front Door**
 - Please specify the agencies funded as well as the results of funding for the “strategies include funding community-based agencies” (page 6, first paragraph).
 - Please name the specific four grantees for the *Parent Education and Support Project* (pages 6-7).
 - Please name the specific grantees for the *Father Child Attachment Program* and *Home Visitation* (pages 6-7).
 - Further clarification is needed about the Father-Child Attachment Program to address the challenges of families in which domestic violence is an issue.
 - The statement “one grantee provides home visitation and consultation services to District wards that have disproportion reports of abuse and neglect.” It is most likely this is in reference to reports from Wards 7&8, which have documented the most known cases in DC, but how does this relate to non-custodial fathers?
 - For the comments regarding the *Educational Triage Unit*, please specific reports which drained CPS resources (page 9).
 - Please specify DCPS and DCPCS schools where the unit supervisor conducted outreach (page 9).
 - *PASS Program*
 - MPD, DCPS and other agencies refer youth to the PASS program. Additional information regarding the limitations should be noted. PASS is “voluntary” without sanctions in place when parents and youth do not participate or the negative behavior continues. Youth in need of a program of this nature was in large demand. The Truancy group was advised they would be hiring additional social workers to administer this program.
 - Please note evidence based for success of the PASS program. Given that it has been in existence for approximately 3-4 years, information on the overall outcomes, parental/guardian participation, reduction in truancy and drop-out rates etc. is of great interest.
 - Process and outcome data from the various community-based programs (PESP, PASS) should be included in the appendices of this report. Since these are volunteer programs, issues of client participation, compliance, evaluation strategies, and challenges in program implementation should be mentioned in the report. This will give a more realistic understanding of cost effectiveness of dollars spent by CFSA.
 - Please note other programs such as Free-State Challenge Academy for youth that have dropped out of school. These programs with quasi-military structured environments serve as an alternative to traditional school. National Guard and other military type settings also provide youth with skills to care for self.
 - *Physical Abuse*. The report (page 19) mentions that physical abuse as a causal factor in foster care entries have increased by 16 percent over last year (2012). Given the efforts in parenting and prevention strategies, there should be some explanation of this finding. The efforts of CFSA to use various prevention strategies to reduce the need for placement are well documented. Evidence-based services are well known for reducing risk of harm to vulnerable children.
 - *Sexual Abuse*. Though the number of reports/alleged cases of child sexual abuse are low, what does that mean as the number of cases reported to MPD. How are data and services coordinated? Are these only intra-family reports/allegations?

- It is excellent that the CFSA statistics exceed the national standards of reduced placement of children in foster care.
- **Pillar Two: Foster Care as a Temporary Safe Haven**
 - It is noted that “CFSA works directly with the family to assess risks toward safety ...” There is no mention of working with the child in this assessment (page 9).
 - When discussing *Placement and Matching Best Practices* it is unclear as to whether there is something in place to evaluate proper placement that best meets the child’s unique placement needs (page 10).
 - In the section referring to the Foster and Adoptive Parent and Advocacy Center, there are concerns about why the foster parent is meeting with the birth parent rather than the social worker representing the other party at this meeting. Foster parents taking care of an abused or neglected child may have reservations about meeting with those who have abused the child in care.
 - Under *The Rapid Housing Program*...the document refers to the Community Partnership for Prevention of Homelessness as (TCP) how is TCP. The acronym is confusing (page 11).
 - Children are benefiting from the efforts such as KinFirst, RHP, and other programs designed to quickly establish and move children in to permanent homes. Kinship placements have been well documented as a significant approach for children that must be removed from their homes.
 - Strategies such as support to foster parents, assistance to promote more stable housing (RHP), and CFSA’s use of UM and Comprehensive Child Needs Assessment (CNAs) are important for matching the child with appropriate placement.
 - The report mentions that RHP has assisted older youth transitioning out of foster care, but several questions should be addressed, such as: “What is meant by time-limited assistance? What support or services are offered to youth who are identified as GLBTQ? (page 11).
 - Though the report indicates that out-of-home placement in congregate care settings have been drastically reduced which is a sign that group homes and other residential group programs are used less often, how do child wellbeing outcomes compare to non-group home placements?
- **Pillar Three: Ensure Child Well-Being**
 - There are several gaps that should be addressed such as services to youth as it relates to sexual and reproductive health, gender specific interventions, services to sexually abused children and safety planning for children exposed to violence in their home.
 - CFSA is advised to mention in report their collaboration with the DC Citizen Review Panel and the work being done to improve outcomes for children in foster care (<http://www.dc-crp.org/index.html>).
 - CFSA should mention the Affordable Care Act (ACA) and implications for youth in the foster care system. This has critical implications for longer coverage health services for youth aging out of care.
 - The public and private agencies that CFSA works collaboratively with for *Well Being* initiatives should be named to highlight these positive programs (page 12).
 - *Trauma*. Without a doubt, the Trauma Systems Therapy (TST) model is likely to address a serious gap in services for CFSA’s families that have experienced trauma. Further the Substance Abuse Treatment Program and Educational Assessment are tremendous assets for interventions with complex family problems.
 - TST is a major investment by CFSA, but to see full benefits of this model, there must be plans to not only train social workers. There is a lack of awareness of the impact of trauma among the public, parents and caregivers.

- Poor systems coordination can also be a factor, thus training of a wide range of stakeholders is essential for successful impact on trauma.
- Integration of the Adverse Child Experiences (ACE) study finding into practice is long overdue and this is likely to demonstrate additional positive outcomes for CFSA clients.
- **Pillar Four: Exit to Positive Permanency**
 - *Youth Ombudsman* – More information and a section with statistics of the youth assisted with transition services, college registration, financing and other matters. If the reports mention that this is being done, it should list the results of such (page 14).
 - Information on services currently in place for youth in transition does not state how early these services become available. Services can begin way before the youth ages out of the system (9th-11th grades) and may become unemployed and/or homeless.
 - Assistance to youth in transition is lacking measurement to ensure youth are actively engaged with their own futures, success of programs, continuing education and survival and not dependent. Sample partnerships include: DCPS, DCPCS, DC Prevention Program, Urban Alliance, Greater Washington Urban League, Free-State Challenge Academy, DC National Guard youth Challenge program, Coast Guard, and other area colleges/community colleges with summer transition programs, area banks, and identified mentors to assist with life-skills, partnership while in school (DCPS or Charter), and through higher education planning.
 - Services to older youth in care are moving in the right direction. The Youth Transition Toolkit will provide a readiness scale to have youth self-track progress in ten critical areas such as Finance & Money Management, Job & Career, Life Skills, Identity, Permanence, Education, Self-care & Health, Housing, Transportation, Community, and Culture & Social Life.
 - The strategies to decrease the amount of time children spend in foster care are improving.

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