

# Leading Under a Cloud

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I don't get it. By most national standards, the District of Columbia Child and Family Services Agency (CFSA) is a high-performing child welfare agency. Over the years, we have reduced the number of children in foster care by 75%, shifting intentionally from an agency focused on *bringing kids into care* to one that helps families *safely care for their own children*. We have been early adapters of research-based innovative practices; we relentlessly manage with data, identifying trends and solving problems proactively; we have professional master's-level social workers with enviably low caseloads; and the list goes on. We often host child welfare colleagues from across the country and even from other parts of the world, and we are proud to showcase our innovative practices and really cool building that houses our own health clinic, among other things. Yet we continue to live under the cloud of a 30-year class action lawsuit. I think I'm feeling the same cognitive dissonance that many of our families feel when they have done everything we asked them to do, and yet we still won't give their kids back.

My cloud's name is LaShawn, and I've never met her. She was four years old in 1989, when the lawsuit was first filed, and the District's child welfare system, which was then buried inside of an umbrella human services agency, was failing on many levels. Caseloads were so high that even the best-intentioned workers were always in crisis mode, training was sorely lacking, and if there were policies and casework standards, they were kept well under wraps. The state of the District's child welfare system was so bad that social workers were among the leading witnesses in the lawsuit. At first, the agency was placed under receivership by the Federal court, detaching it from sister social services agencies, making

the point that social isolation isn't conducive to meaningful change. Little tangible progress was made during the receivership years.

In 2001, the mayor negotiated an exit plan to create a separate Cabinet agency with a host of commitments designed to achieve the 88 required performance measures. Of course, these things take time, and over the years, the District has achieved 71 of the 88 measures, most of which have been sustained for many years. As we get closer to the end, it seems as though we will never reach the goal post, or for football fans, as if we just can't get out of the red zone.

Dozens of child welfare jurisdictions have been faced with class action lawsuits, with only a handful ever exiting successfully. No child welfare agency is perfect, and some are really struggling, but it is debatable whether or not a lawsuit is the best use of resources to change failing systems. That's not the point of this article, however. I am sharing CFSA's story to help other child welfare directors avoid the trap of being lawsuit managers, instead of visionary leaders driving to create world class child welfare agencies. That's what I set out to do when I came back to the DC Child and Family Services Agency in 2012.

At that time, CFSA was under another kind of cloud, the kind that often brings child welfare agencies to their knees: a horrible, high-profile tragedy. While this incident had occurred *five years prior*, it was still the tag line associated with CFSA. The aftermath was sadly predictable, with hotline calls skyrocketing, social workers fleeing the agency, and political and media oversight so stifling that the agency couldn't regain its footing. Two mayors and two directors later, I was asked to come back to lead the agency. (I had previously served as Chief of Staff and then Director from 2001–2005 and then Cabinet Secretary for the Maryland Department of Human Resources, followed by a brief stint as a vice president at the Annie E. Casey Foundation.)

In addition to the inevitable low morale, the agency also suffered from a lack of respect and, more importantly, a lack of an articulated vision. As often happens when a beleaguered agency is under the spotlight, it gets hit with a barrage of advice and guidance about what needs to happen to turn it around. Here again, it reminds me of what we sometimes do to

families: give them an overwhelming list of requirements that may or may not address the original reason they came to our attention, then fail them for not complying.

The perception about CFSA, both internally and externally, was that “it was all over the place.” That left a lot of room for second-guessing and priority setting from external stakeholders, and by default, LaShawn became the guiding force. In my opinion, that’s the tail wagging the dog. Let me be clear: I am keenly aware of my responsibilities as the child welfare director to comply with the lawsuit. The vast majority of the requirements are good practice and entirely appropriate and necessary, including caseload standards, health care requirements, placement and mental health services, and many of the visitation measures. The lawsuit also requires a commitment from the mayor to ensure adequate funding and cross-systems collaboration. Over the years, especially in the early years, the lawsuit was critical to leveraging adequate resources and, yes, to ensure accountability.

But a lawsuit ordered nearly 30 years ago, (even one refined in 2010 as ours was) cannot possibly include the critical elements of a 21st-century, high-performing child welfare agency. We are in a different environment now. Thankfully, the field has changed, and we have evolved from the days when the only way to keep children safe was to remove them from their families and keep them in long-term foster care. We have learned from science about brain development and the impact of trauma. We know that most child maltreatment is due to neglect correlated with poverty, and we understand how much more effective it is to provide upstream prevention services that stabilize families. We know that children do best in family settings and that relatives can and should be supported to care for their kin whenever possible. We no longer keep foster parents and birth parents at arm’s length; instead we facilitate shared parenting because that’s in the best interest of the children. These are the core values underlying good practice, when child welfare leaders lead with value-based agendas, we will eventually satisfy even the most demanding lawsuits.

These lawsuits can weigh heavily on an agency’s psyche. They say to the world that the agency cannot be trusted to manage and monitor

itself without court oversight. Never mind that all child welfare agencies have multiple “overseers,” starting with the Federal government, along with layers of state and local elected and appointed leaders. There are also advocates and other watchdog organizations, the media, and local courts and lawyers. The added layer of a lawsuit under Federal court jurisdiction usually comes with an appointed court monitor and of course, more lawyers.

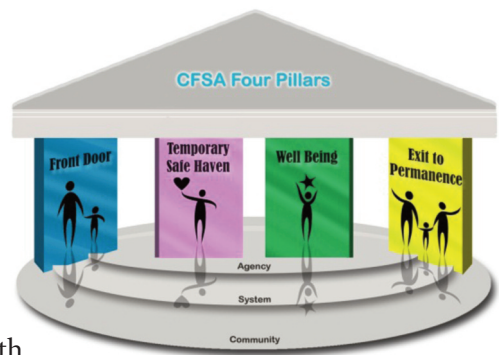
Managing a lawsuit requires an inordinate amount of time, money and the ability to keep the agency motivated and focused on the bigger picture. It’s also a defensive posture, which is typically not a winning strategy for driving positive, lasting change. It’s also not very inspiring. To break through the clouds, I knew it was important to articulate a bold, big picture vision that everyone could understand and embrace. We call our big picture, values-based framework the Four Pillars, and it provides the guideposts for all of our work:

1. Narrowing the Front Door
2. Temporary Safe Haven
3. Well Being
4. Exit to Permanence

The value behind **Narrowing the Front Door** safely is that we

want more children to grow up with their families, so we remove children only when necessary to keep them safe. To accomplish this, we have invested in a comprehensive community-based prevention system in partnership with community collaboratives based in the neighborhoods where most of our families live. This long-standing partnership was boosted by CFSA’s IV-E waiver program launched in 2013 and will serve as the foundation for our Family First plan.

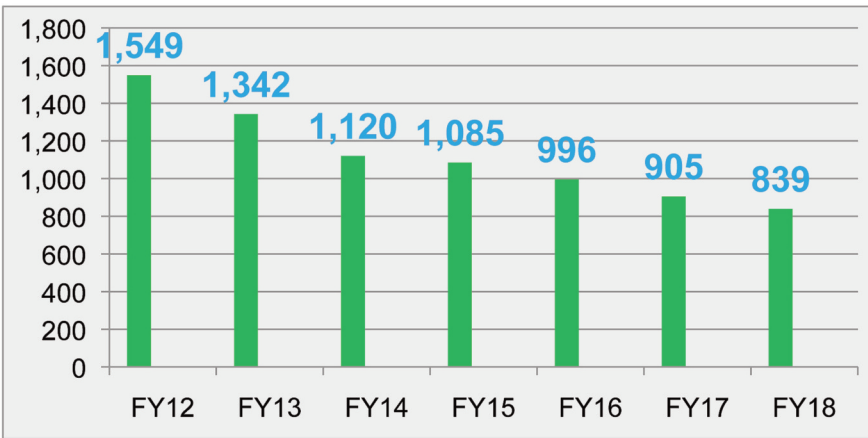
To ensure that we are making good decisions about whether or not to remove a child, we have implemented a strong decision-making process. We use Structured Decision-Making at our hotline and a RED (Review, Evaluate, Direct) team decision-making process to vet all screen



outs and to determine the best pathway for an investigation. These RED teams include a hot line worker, social worker, supervisor, nurse, and attorney in a facilitated process that draws on the family’s history and risk factors.

Our results have been impressive and consistent. Fewer kids are entering foster care, and we are serving more families in-home:

## DC Children in Foster Care



### In-Home Cases



The pillar of **Temporary Safe Haven** is the very definition of foster care, which should not be a life sentence for kids, but a temporary place to keep them safe. Our expectation is that permanency planning begins the day a child enters care. We begin with facilitated Family Team Meetings designed to engage parents and identify relatives and other supports to help them successfully navigate the system. In the last few years, we have introduced shared parenting to form bonds between the birth parents and the foster parents focused on reunification. We are especially proud

of our PEERs (Parent Engagement and Education Resources), whose history of having their children removed and successfully reunified opens the door to meaningful engagement with birth parents.

The **Well Being** pillar stands for every child's right to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement. In 2012, we created a new Well Being Administration to take the lead in coordinating good-care programs, and in 2013 we received a five-year federal grant to build our trauma-informed system.

All children who enter foster care first go to our child-friendly onsite clinic, where they receive a physical exam and trauma and mental health screenings. For many years, we partnered with our mental health agency and its core service providers for our children's mental health needs, but we discovered that the wait for services was weeks or even months, with low quality services and high staff turnover rates. In 2018, we decided to build our own mental health capacity with a small team of mental health therapists providing therapy onsite. This, we believe, will be a game changer, with our kids getting immediate mental health services to reduce trauma and help them on the path toward healing.

Supporting academic achievement is also high on our agenda, and we partnered with the ABA Center on Children and the Law to establish an Education Blueprint covering policy, practice, and academic enrichment. This work is supported by a team of educational specialists who work with our social workers on services and strategies to enhance educational outcomes.

Finally, the **Exit to Permanence** pillar is about ensuring that every child and youth leaves foster care as quickly as possible for a safe, permanent home or life-long connection and that older youth in care master the skills to succeed as adults.

CFSA has always extended foster care to youth up to 21 years old, well before Fostering Connections, and we have invested in a host of services and supports for our older youth, including college and vocational tuition and supports, driver's education, matched savings, home visiting and parenting services for teen parents. Years ago, our older youth

represented the largest cohort of our foster care population, and at our high (or low) point, as many as 300 youth aged out of foster care. Today, as a result of our narrowed front door and improved permanency outcomes, we have 50-60 youth who age out each year. Of course, that's still too many, but we have put significant after care services in place to support these young adults. We fund several specialized housing programs for our young parents and youth with mental health needs, and we also established our own housing subsidies to support working youth or those in college so that no youth who ages out becomes homeless. Recently, we were selected as one of four child welfare agencies in the country to implement the highly regarded YVLifeSet program developed by Youth Villages to ensure even better outcomes for our older youth.

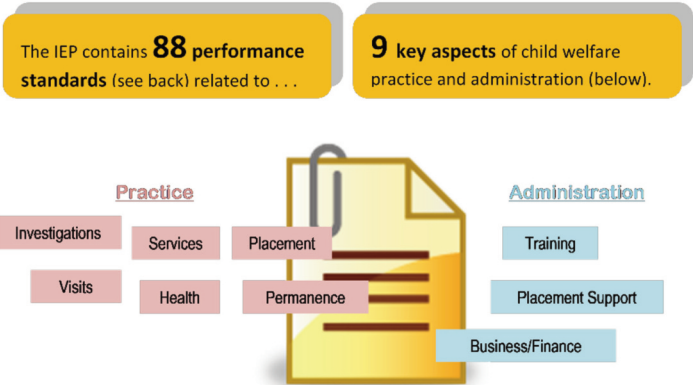
Our Four Pillars framework, which everyone in our agency and all of our stakeholders can describe, provides the over-arching agenda for our work. It is the lens through which we vet priorities, problems and opportunities. The examples above are merely highlights of the strategies and investments we have made to make the DC Child and Family Services Agency a high performing, world class child welfare system.

These strategies were not dictated, or even considered, by the LaShawn lawsuit, most of which is a checklist of accountability measures. The way I look at it, if we had met every LaShawn measure, we would be an *okay but not great* child welfare agency. We're well within striking distance, and the last few stubborn measures are taking longer than anticipated. Perhaps if I had focused narrowly on only ending the lawsuit, we might have hit every mark by now. But I chose to focus on a bigger vision—to get out from under the cloud—and I would make that choice every time.

# LaShawn: The Final Chapter

In 1989, the American Civil Liberties Union (later Children’s Rights, Inc.) filed the *LaShawn A. v. Barry* lawsuit over the quality of services the District of Columbia was providing to abused and neglected children in its care. Today, the District is working to meet all requirements of an Implementation and Exit Plan (IEP) negotiated in December 2010, so that Federal Court will return full control of local child welfare to the city.

## What’s required?



## Why does it matter?

Investigations		Speedy first response protects children from abuse/neglect and prompt services help troubled families. Families stay together whenever possible.
Services		Sufficient array of effective resources helps children and families overcome crises, change circumstances that place children at risk, and heal.
Placement		Less trauma of removal for children placed in safe, stable, quality settings for the shortest possible time.
Visits		Monitor safety, support child and family progress in healing, maintain family connections, and support foster parents
Health		Promote children’s overall healthy growth and development while identifying and taking care of any special needs
Permanence		Expedite adoption for children who can’t return to their birth families
Training		Social workers, supervisors, managers, and foster parents build and maintain the skills and knowledge for optimum performance
Placement Support		License, manage, and maintain an array of placement options that meets the needs of children and youth who can’t be safe at home
Business/Finance		Operate strong quality assurance, information technology, and other administrative functions and maintain adequate staff and funding to meet demand for services and to continue reforms